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The Effect of Violence Experienced in Healthcare on Professional Decision Regret in Students

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ABSTRACT

This study aims to ascertain the prevalence of violence experienced by students in health-related disciplines such as medicine, physiotherapy, nursing, anesthesia, paramedic, medical laboratory, and elderly care. The primary objective is to evaluate the students' career decision regret following exposure to violence, along with an analysis of the influencing factors. A descriptive study was conducted involving 596 students who willingly participated. Data collection utilized a participant form and the Career Decision Regret scale. Statistical analyses, including frequency, correlation, Kruskal Wallis H test, and Mann Whitney U test, were employed for data interpretation. Significant impacts on career decision regret were observed in students exposed to violence based on age, gender, and department ($p<0.05$). Students who did not engage in clinical practice exhibited a significantly higher median value of career decision regret compared to their counterparts who did ($p<0.05$). Furthermore, 65.8% of students attributed violence in healthcare to inadequate education, 59.4% expressed concern about their profession, and 92.4% deemed violence unacceptable. This study advocates for the identification of specific types of violence experienced by university students in health-related disciplines during clinical practice. Urgent implementation of necessary criminal procedures and preventive measures against violence is recommended. Additionally, awareness-raising training programs and further research initiatives are suggested to contribute to a reduction in career decision regret among students.

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ÖZET

Bu çalışmanın amacı tıp, fizyoterapi, hemşirelik, anestezi, paramedik, tıbbi laboratuvar, yaşlı bakımı gibi sağlıkla ilgili disiplinlerde öğrenim gören öğrencilerin yaşadığı şiddetin yaygınlığını belirlemektir. Temel amaç, öğrencilerin şiddete maruz kaldıktan sonra kariyer kararlarından pişmanlık duymalarını, etkileyen faktörlerin analiziyle birlikte değerlendirmektir. Araştırmaya katılmayı kabul eden 596 öğrenci ile tanımlayıcı olarak yapıldı. Veri toplamada katılımcı formu ve Mesleki Karar Pişmanlığı ölçeği kullanıldı. Verilerin yorumlanmasında frekans, korelasyon, Kruskal Wallis H testi ve Mann Whitney U testlerini içeren istatistiksel analizler kullanıldı. Şiddetle karşılaşan öğrencilerde yaş, cinsiyet ve okunulan bölüm mesleki karar pişmanlığını etkilemiştir ($p<0.05$). Klinik uygulama yapmayan öğrencilerin mesleki karar pişmanlık ortanca değeri klinik uygulama yapan öğrencilere göre anlamlı derecede yüksekti ($p<0.05$). Ayrıca öğrencilerin %65.8'i sağlık hizmetlerinde şiddeti eğitim eksikliğine bağlamış, %59.4'ü mesleği ile endişelerini dile getirmiş, %92.4'ü şiddeti kabul edilemez buldu. Bu çalışma, sağlıkla ilgili disiplinlerde öğrenim gören üniversite öğrencilerinin klinik uygulamaları sırasında yaşadıkları spesifik şiddet türlerinin belirlenmesini savunmaktadır. Şiddete karşı gerekli cezai işlemlerin ve önleyici tedbirlerin acilen uygulanması tavsiye edilmektedir. Ayrıca, farkındalık artırıcı eğitim programları ve daha ileri araştırma girişimlerinin, öğrenciler arasında kariyer kararı pişmanlığının azaltılmasına katkıda bulunacağını önermektedir.

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INTRODUCTION

Violence is defined by the World Health Organization (WHO) as "the intentional use of physical force or power against oneself, another person, or a community in the form of threats or reality, leading to adverse outcomes such as bodily harm, death, psychological harm, developmental delay, or deprivation" (WHO, 2022). The National Institute for Occupational Safety and Health (NIOSH) further characterizes workplace violence as a physical assault or threat of assault directed at an individual while they are at work or on duty ([NIOSH], 2022)

Currently, over 5 million individuals are employed in healthcare institutions, with a significant portion facing the challenge of workplace violence ([CDC], 2022). In Turkey, it is noteworthy that approximately half of healthcare workers have encountered workplace violence at least once (Erten et al., 2019). Notably, research involving doctors, nurses, and other healthcare professionals indicates that 61.9% of them have experienced some form of violence, with the incidence varying among different healthcare professions (Liu et al., 2019). Surprisingly, patients being served are often identified as the source of violence in healthcare settings (Aghajanloo et al., 2011). Additionally, various factors contributing to violence in healthcare encompass patients, families, organizations, healthcare professionals, and societal elements (Zorlu & Kurcer, 2020).

Workplace violence in healthcare profoundly affects employee safety, psychological well-being, and overall health, leading to a less efficient workforce and increased labor expenses (Özcan et al., 2014). A study addressing this issue reports that health professionals are four times more likely to take time off work due to violence compared to other types of injuries ([OSHA], 2017). Confronting violence, healthcare professionals endure negative psychological consequences such as fear, irritability, anger, depression, anxiety, guilt, humiliation, helplessness, and frustration. Consequently, those who have experienced violence tend to limit the time spent on patient care, avoid taking risks, and, ultimately, experience reduced employee productivity (d'Ettorre et al., 2018).

Health education necessitates a combination of in-hospital clinical practice and theoretical courses. However, university students in health-related disciplines face challenges due to their limited clinical practice experience, frequent shifts in clinical placements, and difficulties in rapidly establishing relationships with patients, family members, and multidisciplinary teams. Consequently, this group of students is identified as having the highest risk of exposure to violence and the least defensive capabilities (Zhu et al., 2022). Various studies highlight the prevalence of violence against students engaging in clinical practice. Afkhamzadeh et al. (2018) reported that 59% of medical students encountered violence during clinical practice, while Hopkins et al. (2014) found that 25% of nursing students experienced physical violence and 58% faced non-physical violence (Hopkins et al., 2014).

While there is a wealth of literature exploring violence in health among medical and nursing students, it is noteworthy that, to our knowledge, there is a dearth of large-scale studies encompassing university students in diverse health-related disciplines such as physiotherapy, anesthesia, paramedic, medical laboratory, and elderly care. Additionally, there is a gap in research examining the impact of violence on students' career decision-making. Therefore, this study aims to fill this gap by investigating the influence of violence on career regret among students in medical faculty, nursing, physiotherapy, anesthesia, paramedic, medical laboratory, and elderly care departments.

METHOD

Design and Sample

A descriptive, cross-sectional study was carried out from February 2022 to April 2022. The study population comprised 2533 university students enrolled in health-related disciplines at a Turkish university. The sample size was determined using the Open-Epi program, with statistical analysis conducted at a 95% confidence interval and a 90% power analysis. It was calculated, following the methodology OpenEpi (2013), that a minimum of 334 students was necessary for the sample to accurately represent the population. Notably, the study successfully included 596 students, exceeding the calculated requirement.

The inclusion criteria for participants in this study were agreeing to take part, being 18 years of age or older, lacking a diagnosis of a psychiatric condition that would hinder participation, possessing the capability to use a mobile device and the designated data collection application, and being enrolled as a student in one of the health education departments at the university. Conversely, students enrolled in any department outside of health education were excluded from the study.

Data Collection

The participant form, based on the studies by Hopkins et al. (2018), Yalınbaş et al. (2018), and Yılmaz et al. (2021), along with the Career Decision Regret scale, was created online using Google Form. Subsequently, these instruments were shared with the participants via WhatsApp and email.

The Participant Form

The participant form is structured into three sections comprising a total of 11 questions. The first part includes three questions related to sociodemographic characteristics (age, department, gender). The second part contains five questions aimed at gauging students' experiences of violence during clinical practice, covering aspects such as the status of clinical practice, incidents of violence encountered, types of violence experienced, knowledge of the initial steps to take in case of violence, and awareness of the code used in such situations. The third part encompasses three questions to assess participants' perspectives on violence, including their thoughts on violence in health, perceived causes of violence in health, and reflections on their profession following experiences or witnessing incidents of violence.

The Career Decision Regret Scale

The Career Decision Regret Scale, initially developed by Brehaut et al., underwent a validity and reliability study conducted by Erdurcan and Kırdök (Brehaut et al., 2003; Erdurcan & Kırdök, 2017). This scale adopts a 5-point Likert type format, comprising five items within a single dimension. Item responses range from "0: Strongly Disagree" to "4: Strongly Agree," with items 1, 3, and 5 being reversely scored. To calculate the total score, the sum of all item scores is multiplied by five, resulting in a total score range of 0 to 100. Higher scores indicate a higher level of decision regret. Interpretation of the scores is as follows: 0-24 signifies "no regrets about the decision," 25-49 suggests "a little regret about the decision," 50-74 indicates "regrets about the decision," and 75-100 signifies "regrets about the decision a lot." In the current study, the Cronbach's alpha value for the scale was calculated to be 0.91, indicating a high level of internal consistency.

Data Analysis

Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) version 23.0. Prior to conducting statistical tests, the Kolmogorov-Smirnov test was employed to assess data normality, and the results were evaluated at a 95% confidence interval, with $p>0.05$ indicating conformity to normal distribution. Descriptive statistics, including frequency, mean, standard deviation,

and minimum and maximum values, were computed. For comparisons between two independent groups when the normal distribution condition was not met, the Mann Whitney U Test was utilized. In cases involving more than two groups without normal distribution, the Kruskal Wallis H test was applied. For groups of three or more with a normal distribution, the One-way ANOVA test was employed. Subgroup analyses were carried out using the Mann Whitney U Test, and results were interpreted with Bonferroni correction for multiple comparisons.

RESULTS

The ages of the participating students ranged from 18 to 31. Among the students who took part in the research and were exposed to violence, 83% were women, while 77.1% of those not exposed to violence were women. Specifically, 21% of anesthesia students reported experiencing violence, whereas 20.5% of physiotherapy students stated that they were not exposed to violence.

Table 1

The Career Decision Regret Scale Score Distribution According to Exposure to Violence (N=596)

Sociodemographic characteristics	**The Career Decision Regret scale**			
	Exposure to Violence (n=176)		**Not Exposure to Violence (n=420)**	
	n (%)	**Mean±SD Med (Min-Max)**	**n (%)**	**Mean±SD Med (Min-Max)**
Age		20.7±1.9 20(18-31)		20.1±1.2 20(18-30)
p^{test}		0.013**		0.609**
Gender				
Female	146(83.0)	29.4±21.1 30(0-100)	324(77.1)	31.2±19.8 30(0-100)
Male	30(17.0)	53.5±24.3 50(10-100)	96(22.9)	40.4±26.2 35(0-100)
p^{test}		0.000***		0.006***
Department				
Nursing	23(13.1)	33.6±17.3[a] 30(0-80)	68(16.2)	35.0±20.3 35(0-100)
Medicine	10(5.7)	65.0±19.0[b] 70(30-100)	48(11.4)	36.3±24.1 30(0-100)
Anesthesia	37(21.0)	33.6±27.3[a] 30(0-100)	65(15.5)	31.8±17.8 30(0-100)
Physiotherapy	33(18.8)	25.0±21.2[a] 25(0-100)	86(20.5)	34.3±21.9 30(0-90)
Paramedic	31(17.6)	34.3±20.4[a] 35(0-70)	47(11.2)	32.5±26.7 25(0-100)
Elderly Care	24(13.6)	36.0±23.5[a] 35(0-100)	40(9.5)	34.2±22.2 37.5(0-800)
Medical Laboratory	18(10.2)	26.6±19.8[a] 25(5-90)	66(15.7)	29.4±21.1 25(0-95)
p^{test}		0.000*		0.653****

*: One-way ANOVA, **Correlation, ***: Mann Whitney U Test****:Kruskal Wallis H test, a-b: no difference between groups with the same letter.

A notable positive correlation was identified between age and the vocational decision regret scale among students exposed to violence ($p<0.05$). The median value of the Career Decision Regret scale scores for male students exposed to violence (50 (10-100)) was significantly higher than that of female students ($p<0.05$). Furthermore, medical students exposed to violence exhibited a significantly higher mean Career Decision Regret scale score compared to other students ($p<0.05$).

No significant difference was observed between groups regarding the mean scores of the Career Decision Regret scale in terms of age and department among students exposed to violence (p>0.05). However, it is noteworthy that the median value of the Career Decision Regret scale for male students exposed to violence was significantly higher than that of their female counterparts (35 (0-100)) (Table 1).

Table 2
The Career Decision Regret Scale Score Distribution According to Students' Status of Experiencing Violence in Clinical Practice (N=596)

	The Career Decision Regret scale			
	n	**%**	**Mean ± SD Med (Min-Max)**	**p-value**
Have you done clinical practice within the scope of the course?				
Yes	359	60.2	31.5±22.1 30(0-100)	0.007[c]
No	237	39.8	36.1±22.2 35(0-100)	
Have you ever been exposed to violence in clinical practice?				
Yes	176	29.5	33.5±23.5 30(0-100)	0.983[c]
No	420	70.5	33.3±21.8 30(0-100)	
What was the type of violence you experienced?				
Physical	25	4.2	36.0±22.9 30(0-80)	0.937[b]
Verbal	139	23.3	32.9±23.2 30(0-100)	
Sexual	4	0.7	40.0±41.4 27.5(5-100)	
Economic	8	1.3	36.2±22.9 30(0-75)	
Do you know the first action to be taken when you are exposed to violence in the hospital?				
Yes	328	55.0	32.7±22.8 30(0-100)	0.276[c]
No	268	45.0	34.2±21.6 30(0-100)	
Which code is used in cases of violence in the hospital?				
White Code	329	52.5	32.7±23.1 30(0-100)	0.266[c]
Others*	267	44.8	34.1±21.2 30(0-100)	

*Code blue, code pink, code red, b: Kruskal Wallis, c: Mann Whitney U

As depicted in Table 2, the mean score of the Career Decision Regret scale for students who did not engage in clinical practice was significantly higher than that of others (p>0.05). No significant differences were found between groups concerning students' exposure to violence in the clinic, type of violence experienced, knowledge of what to do in case of violence, and awareness of the code to use in such situations (p<0.05). Notably, 23.3% of students reported experiencing verbal violence, and those exposed to sexual violence (0.7%) exhibited a higher level of Career Decision Regret compared to students facing other types of violence. Additionally, 55% of students claimed to know what to do in case of violence in the clinic, and 52.5% were familiar with the Code White application.

Table 3
Distribution Of Students' Evaluations About Violence (N=596)

	N	%
What do you think about violence in healthcare? *		
Violence is absolutely unacceptable.	551	92.4
Current legal regulations are insufficient.	242	40.6
Public service announcements and social media should be used to spread awareness about violence in the health sector.	242	40.6
Legal regulations are the most effective solution.	224	37.6
Patients may be right in some circumstances since violence is a means of demanding rights.	23	3.9
Existing legal regulations are sufficient.	19	3.2
What do you think are the causes of violence in healthcare?*		
Lack of education in society	392	65.8
Unexpected diagnosis of patients/patient relatives	238	39.9
Attitudes and behaviors of staff	228	38.3
Appointment problems	206	34.6
Attitudes and behaviors of service recipients	205	34.4
Lack of security	188	31.5
Long hospital procedures	184	30.9
Patients not knowing which unit to apply to in the hospital	170	28.5
The treatment process not progressing as desired	166	27.9
Lack of staff	158	26.5
Insufficient service area	157	26.3
Having difficulties throughout the examination	148	24.8
The negative impact of social media	144	24.2
Automation system problems	52	8.7
How has experiencing or seeing acts of violence in healthcare influenced your perception of profession?		
I am worried about my profession.	354	59.4
My motivation to do my profession has decreased.	244	40.9
I would like to practice my profession in other countries.	159	26.7
If I had the chance to choose a profession again, I would still prefer the field of health.	159	26.7
People around me make negative comments about my profession because of violence in health.	131	22.0
I may change my profession in the future.	94	15.8
I recommend health-related professions to people around me.	91	15.3
I want to practice my profession in my country.	88	14.8
I do not recommend health-related professions to those around me	63	10.6
If I had the chance to choose a profession again, I would not choose the field of health.	61	10.2
My motivation for my profession has increased.	29	4.9

*Multiple answers

Table 3 presents the students' assessments of violence. Concerning violence in health, an overwhelming 92.4% of students consider violence absolutely unacceptable. Additionally, 40.6% expressed dissatisfaction with the current legal regulations and expressed a desire for public service announcements and social media campaigns to raise awareness about violence in the health sector.

The reported reasons for violence in health include inadequate education in society (65.8%), unexpected diagnoses by patients/patient relatives (39.9%), and the attitudes and behaviors of staff (38.3%). Moreover, experiencing or witnessing violence in the health sector has led to concerns about their profession for 59.4% of students, decreased motivation for 40.9%, a desire to practice their profession in another country for 26.7%, and a wish to choose the same profession if given the chance for 26.7%.

DISCUSSION

This study aimed to assess the impact of violence experienced by university students in health-related disciplines on career regret during clinical practice. Notably, our study revealed that students who did not engage in clinical practice experienced more career decision regret than their counterparts. In a study by Kaur et al., which involved medical and nursing students, simulated violence scenarios were utilized to investigate students' reactions. It was found that students exposed to violence after the simulation were better able to identify and address the triggers before violence occurred. In essence, simulation helped students learn how to manage violent events more effectively (Kaur et al., 2022). Additionally, Zhu et al. emphasized that clinical practice provides students with valuable experiences on how to address problems when confronted with violence and whom to contact within the healthcare setting (Zhu et al., 2022).

Violence in healthcare settings is a pervasive problem globally, affecting all members of the healthcare team, including those in Turkey. Healthcare workers encounter various forms of violence, leading to negative psychological effects such as physical injury, demoralization, anger, guilt, shame, fear, anxiety, and post-traumatic stress disorder. Moreover, violence contributes to decreased job satisfaction, lower productivity among healthcare workers, and an increased intention to leave the institution or quit the profession (Kaur et al., 2022; Wang et al., 2022; Yücens & Oguzhanoglu, 2020). Additionally, exposure to violence impedes healthcare professionals' ability to provide appropriate, competent, and safe treatment (d’Ettorre et al., 2018; Yılmaz et al., 2021). In our study, experiencing violence or its various forms did not impact regret regarding career decisions. The predominant form of violence reported by students was verbal, and those who experienced sexual violence exhibited more career decision regret than those exposed to other forms of violence. Despite the low reporting and incidence of sexual assault, studies emphasize its serious adverse effects on medical workers (Demirci & Ugurluoglu, 2020a; Njaka, 2020). Differences in the perception or definition of violence, along with individual and cultural influences, are thought to contribute to the discrepancy between reported occurrences of violence and its repercussions in cases of sexual violence. Similarly, Yücens and Oguzhanoglu (2020) noted in their study that, while 61.7% of healthcare workers experienced both physical and sexual violence, reporting of sexual violence among healthcare professionals remained low (Yücens & Oguzhanoglu, 2020).

Although not statistically significant, our study's findings indicating that students who experienced sexual violence had more career decision regrets than their peers align with the notion that sexual violence has a more enduring impact on students than other forms of violence. Consistent with these findings, Demirci & Ugurluoglu emphasized that health professionals experiencing sexual assault demonstrated lower job efficiency and increased intentions to quit (Demirci & Ugurluoglu, 2020b). The heightened professional decision regret among students exposed to sexual violence can be interpreted as an indication of its pronounced effect on their sense of privacy, potentially pushing them away from the profession.

When designing our study, our initial anticipation was that as students aged, their exposure to violence would decrease due to increased clinical service time and professional experience, leading to improved communication skills with patients, family members, and team members. Contrary to our expectations, we found that while increasing age did not affect career decision regret in students who had not experienced violence, it increased regret in those who had. Yalınbaş et al. (2018) also noted that as students' education period increased, the likelihood of exposure to violence in healthcare settings rose. Moreover, as students progressed to higher classes, they tended to become disenchanted with their profession, hesitated to intervene in risky situations, and displayed less courage in decision-making (Yalınbaş et al., 2018).

Studies in the literature consistently suggest that men are more likely than women to experience violence at work (Campbell et al., 2011; Muzembo et al., 2015; Tee et al., 2016). Surprisingly, irrespective of their exposure to violence, our study revealed that male students expressed more regret about their career decisions than female students. This finding aligns with the discovery by Demirbaş and Karaoğlu (2021), who found that male students witnessing violence exhibited a considerably higher level of despair about the future compared to their female counterparts (Demirbaş & Karaoğlu, 2021). We propose that this discrepancy may be attributed to societal beliefs deeply ingrained in the perception that the male gender is the disadvantaged group concerning violence. Consequently, even if not exposed to violence, male students may experience heightened anxiety, feeling a greater perceived risk. Another study involving medical faculty students showed that 47.7% of students who witnessed violence held negative views about their profession, with no gender-based differences (Yılmaz et al., 2021).

In our study, medical students who experienced violence regretted their career decisions more. They regret their career decisions more than students from other disciplines do, even if they do not experience violence. Even though they lack statistical significance, there are other remarkable findings of the study. One of them is that all university students in health-related disciplines, regardless of their exposure to violence, regret their career decisions at varying levels. Also, medical laboratory students, who have essentially no contact with patients and their families in their working lives and clinical practice, are the students with the least career decision-making regret. According to a study done on medical school students, 8.9% reported feeling extremely hopeless after experiencing violence, while 81.8% experienced considerable anxiety (Yılmaz et al., 2021). After all these considerations, it can be concluded that university students in health-related disciplines will have different expectations for their profession and the future, there may be more conflict between the community and the healthcare team, patients and healthcare professionals may have a less positive relationship, and students may regret their career choices more. And not surprisingly, almost all the students in our study reported that violence is unacceptable, more than half of them reported experiencing anxiety about their profession due to violence, and almost half of them reported that their motivation to do their profession decreased. In addition, a considerable number of students (15.8%) stated that they might change their profession in the future due to violence. Also, in the study conducted by Tee and Özcetin (2016) one out of every five students (19.8%) who were exposed to violence in health had the intention to quit their profession in the future (Tee et al., 2016).

In our study, the majority of the students, unfortunately, did not recommend their profession to others and did not want to work in Turkey. In addition, only one out of four students (26.7%) would choose the field of health again If they had the chance. Due to the incidents of violence, students' perspectives on career choice are like those of working individuals even before they step into work life. This situation creates the concern that there may be a significant loss of workforce due to health, and the current labor force will be far too small to deliver high-quality healthcare soon.

Violent incidents faced by new nursing graduates are reflected in their negative work experiences (Chang, et al., 2016). When the results of our study are analyzed, almost only half of the students know what to do when faced with violence in the clinic and the Code White application. Students who will be future healthcare providers should be periodically trained on what to do and which code to use against violence. We anticipate that the implementation of the recommendations will improve students' ability to cope with professional challenges and reduce career decision regrets. Violence in clinical health services is an issue that cannot be tolerated and must be abandoned (Zhu et al., 2022). In a study conducted by Yücens and Oguzhanoglu (2020) with physicians and nurses, when the reasons for violence were questioned, the statement "violence is not justified" was one of the answers with the highest rate (Yücens & Oguzhanoglu, 2020). Our study's findings are consistent with the body of research and show that university students and healthcare professionals have the same viewpoint on

violence. In our study, inadequate training (65.8%), which is also closely related to patients and their relatives, ranked first and unexpected diagnosis by patients/patient relatives (39.9%) ranked second as the cause of violence. Similarly, numerous studies have identified patients and their family members as the perpetrators of violence against healthcare staff. The high expectations of patients and their relatives for the healing process of the disease constitute the starting point of violence (Aghajanloo, 2011; Kaur et al., 2022; Tucker et al., 2015; Wang et al., 2013). The aggression of patients and their relatives has also become a serious occupational hazard for people working in the health sector, and the increased stress levels of employees cause burnout (Kaur et al., 2022).

Various studies have reported that negative propaganda in the media leads to aggressive behaviors in patients (Aghajanloo et al., 2011; Kaur et al., 2022;). However, Lian & Dong emphasized that increasing awareness of violence in health in social media has a positive effect on public perception and that the penalty system should be strengthened in violence policies (Lian et al., 2021). According to a Turkish study by Terkes et al. (2021) 77.8% of nursing students believed that punishments for violence against people were not deterrent (Terkes & Bedir, 2021). Similar to this, it was noted in a recent study by Reddy et al. (2019) that although efforts were made to protect medical practitioners from violence in the health field, relatively few cases actually made it to court, or the offenders were penalized, which is consistent with our study (Reddy et al., 2019). The majority of students (40.6%) think that current legislative restrictions are insufficient to stop violence. Furthermore, only one-third of the students think that using laws to stop violence is the best course of action. Nearly half of the students (40.6%) want to use strategies like social media and public service announcements to increase awareness of violence in health.

CONCLUSION AND SUGGESTIONS

The study provides a multidisciplinary perspective in uncovering the career regrets of university students in health-related disciplines when faced with violent incidents. Our results highlight that this issue extends to students within the health team, who frequently encounter violence. The impact of violence in health, starting from student years, affects students as profoundly as it does health professionals. In the present study, age, gender, department of study, and clinical practice emerged as factors influencing career decision regret in students exposed to violence. The gravity of the issue is further underscored by the findings that students who experienced violence reported career decision regret, professional fear, and low motivation. The revelation that only one in four students would choose a career in the health sector if given the chance again serves as a significant indicator of the diminishing professional value and the subsequent potential harm to public health.

LIMITATIONS

The study exclusively focused on university students in health-related disciplines, limiting its ability to unveil the perspectives of students in non-health departments regarding violence and career decision regret. Furthermore, the research was confined to students in a single province and university in Turkey. As a result, the findings cannot be broadly generalized to students in health-related disciplines across different provinces and universities in Turkey. It's crucial to note that our study may not offer a detailed insight into students' thoughts on violence, and a more in-depth exploration of students' experiences would necessitate qualitative research methods.

Ethical Approval

Prior to conducting the research, institutional permissions were secured from the relevant institutions, and approval was obtained from the Social and Human Sciences Ethics Committee of the Recep Tayyip Erdoğan University (Date:25.01.2022, Number 2022/20). Additionally, written consent was obtained from all participating students before the commencement of the research.

Conflicts of interest

The authors declared they do not have anything to disclose regarding conflict of interest with respect to this manuscript.

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Author Contributions

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