

# The role of nurses in violence against healthcare professionals: a population-based study

*El papel de las enfermeras en la violencia contra los profesionales sanitarios: un estudio de base poblacional*

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## Abstract

**Objective:** This study aimed to evaluate the impact of nurses' counseling abilities on the desire to use violence toward medical workers.

**Materials and methods:** The population of the research consists of individuals over the age of 18 who received health services from any hospital in the last 1 year in Turkey. The sample was randomly selected. The survey method was preferred at the point of data collection. The questionnaires were delivered to the participants face-to-face.

**Results:** A total of 1042 individuals were included in the present study. 63% were female and 37% were male. The average age was recorded as 26.9 years. Of them, 32% were married and 28% had low income. A negative correlation was found between the intention to use violence against healthcare professionals and the counseling skills of nurses ( $r=-0.118$ ,  $p<0.01$ ). Counseling skills of the nurses have a negative effect on the intention to inflict violence on healthcare workers ( $t=-3.832$ ,  $p<0.01$ ) and a positive effect on the attitude towards the behavior ( $t=4.228$ ,  $p<0.01$ ).

**Conclusions:** Social initiatives should be used to reduce violence. There should be the development of intervention strategies for public hospitals and emergency services. Employees should be instructed to let the public know that there might be a wait while the examination is taking place. Violence should be addressed legally, and risk groups exposed to violence should be given priority in intervention strategies.

**Key words:** Attitude towards behavior, counseling skill, intention, violence.

## Resumen

**Objetivo:** Este estudio tuvo como objetivo evaluar el impacto de las habilidades de asesoramiento de las enfermeras en el deseo de usar la violencia hacia los trabajadores médicos.

**Material y métodos:** La población de la investigación está formada por individuos mayores de 18 años que recibieron servicios sanitarios de cualquier hospital en el último año en Turquía. La muestra fue seleccionada al azar. Se prefirió el método de la encuesta en el momento de la recogida de datos. Los cuestionarios se entregaron a los participantes cara a cara.

**Resultados:** En el presente estudio se incluyó a un total de 1042 individuos. El 63% eran mujeres y el 37% hombres. La edad media se registró como 26,9 años. De ellos, el 32% estaban casados y el 28% tenían bajos ingresos. Se encontró una correlación negativa entre la intención de usar la violencia contra los profesionales de la salud y las habilidades de asesoramiento de las enfermeras ( $r=-0,118$ ,  $p<0,01$ ). Las habilidades de asesoramiento de las enfermeras tienen un efecto negativo sobre la intención de ejercer violencia sobre los profesionales sanitarios ( $t=-3,832$ ,  $p<0,01$ ) y un efecto positivo sobre la actitud hacia el comportamiento ( $t=4,228$ ,  $p<0,01$ ).

**Conclusiones:** Las iniciativas sociales deberían utilizarse para reducir la violencia. Se deberían desarrollar estrategias de intervención para los hospitales públicos y los servicios de emergencia. Se debe instruir a los empleados para que informen al público de que puede haber una espera mientras se realiza el examen. La violencia debe ser abordada legalmente, y los grupos de riesgo expuestos a la violencia deben tener prioridad en las estrategias de intervención.

**Palabras clave:** Actitud hacia el comportamiento, habilidad de asesoramiento, intención, violencia.

## Introduction

Violence, which has emerged in different forms since the existence of humanity; can be defined as physical, psychological, and economic harm resulting from the use of power and authority against oneself, another person, and any community, resulting in any injury or death. Many studies have been conducted on violence until today and there have been different definitions in the literature<sup>1-3</sup>. According to the type of violence; physical, psychological, verbal, sexual, economic, and cyber violence. Although violence is mostly defined as physical, it can be said that other types of violence are also common and violent behaviors are increasing even more today. Violence can occur against people, regardless of race, language, ethnicity, sexual orientation, or gender, in society, at home, and work, and studies have shown that the news of violence in health has become widespread recently and violence has increased in this sense<sup>4</sup>.

Violence in health institutions “comes from the patient, patient relatives or any other individual, poses a risk to the health worker; threatening behavior, verbal threat, physical assault, and sexual assault”<sup>5</sup>. With the increase in violence in the health sector, health workers have also become the most important target and victim of these violent events. According to the report “Occupational Violence in the Health Sector”, 25% of all violence takes place in the health sector. Studies show that healthcare personnel, especially nurses, frequently encounter violence in their work environment<sup>5,6</sup>.

Studies have shown that counseling skills are an important factor in nurses against violence<sup>7</sup>. This study aimed to evaluate the impact of nurses' counseling abilities on the desire to use violence toward medical workers.

## Materials and methods

The population of the research consists of individuals over the age of 18 who received health services from any hospital in the last 1 year in Turkey. The sample was randomly selected.

In this study, the survey method was preferred at the point of data collection. The questionnaires were delivered to the participants face-to-face. In addition to the descriptive personal characteristics of the participants, the questionnaire includes statements that reveal the intention to use violence against health workers and their views on the counseling skills of nurses. “Intention to Violence against Healthcare Professionals Scale” is about violence against healthcare professionals. The scale was developed by Şanlıtürk and Boy<sup>8</sup>. On the scale, individuals' intention to use violence 1 item (1); past experiences 1 item (2); and attitude towards behavior, which is the three components of intention,

6 items (3,4,5,6,7,8); subjective norm (SN) 5 items (9,10,11,12,13) and perceived behavioral control 2 items (14, 15) are included. These statements were structured with a 5-point evaluation between 1: I strongly disagree, 5: I strongly agree. In calculating the scale scores, the scores of the subgroups of each scale are calculated separately. A high score on the scale indicates a high willingness to exhibit violent behavior. In addition, a high score on attitude towards the behavior, which is the sub-dimension of the scale, indicates that the person perceives that behavior as positive; If the subjective norm score is high, there is environmental pressure for the individual to perform the target behavior; A high score in the perceived behavior control sub-dimension indicates that the person has a strong control towards performing the behavior. There is no negative item on the scale. As a result of the reliability analysis made in the research, Cronbach's Alpha coefficient was determined as 0.71.

“Nurses Counseling Skills Scale” was developed by Avci and Kumcagiz<sup>9</sup>, and there are 10 statements in total on the scale. For these statements, the participants were allowed to answer between Never (1) and Always (5). In the validity and reliability study of the scale, Cronbach's Alpha coefficient was found to be 0.88. In this study, this value was determined as 0.96.

## Results

A total of 1042 individuals were included in the present study. 63% were female and 37% were male. The average age was recorded as 26.9 years. Of them, 32% were married. Only 44% of them actively work in a job and 28% have low income, 60% are middle-income, and 11% have a high income. Other relevant demographic data are summarized in **table I**.

**Table II** shows the results of the correlation analysis of the relationship between the counseling skills of nurses and their intention to use violence against healthcare professionals. Accordingly, it is seen that there is a negative and significant relationship between the intention to use violence against healthcare professionals and the counseling skills of nurses ( $r=-0.118$ ,  $p<0.01$ ). It is seen that there is a positive and significant relationship between the attitude towards the behavior and the counseling skills of the nurses. In this part, it is seen that there is no significant relationship between past experience, subjective norms and perceived behavioral control, and the counseling skills of nurses. When we look at the results of the correlation analysis according to age, it is seen that there is no significant relationship between age and intention, past experience, attitude towards behavior, and the counseling skills of nurses. A positive and significant relationship was found between age and subjective norm ( $r=0.112$ ,  $p<0.01$ ) and perceived behavioral control ( $r=0.113$ ,  $p<0.01$ ).

**Table III** list the regression results for the effect of nurses' counseling skills on their intention to commit violence against healthcare professionals. Accordingly, it is seen that the counseling skills of the nurses have a significant and negative effect on the intention to inflict violence on healthcare workers ( $t=-3.832$ ,  $p<0.01$ ).

It is seen that the effect of the counseling skills of the nurses on the attitude towards the behavior is at a positive and significant level ( $t=4.228$ ,  $p<0.01$ ). It is seen that the counseling skills of nurses do not have a significant effect on past experience, subjective norms and perceived behavioral control.

**Table I:** Demographic data.

		Mean	SD
Age		26,96	8,497
Gender	Women	n 657	% 63,1
	Men	385	36.9
	Total	1042	100.0
Marital Status	Married	n 342	% 32.8
	Single	700	67.2
	Total	1042	100.0
Child Ownership	I have children	n 305	% 29.3
	I have no children	737	70.7
	Total	1042	100.0
Working Status	I am not working	n 578	% 55.5
	I am working	464	44.5
	Total	1042	100.0
Perceived income level	Low	n 298	% 28.6
	Middle	626	60.1
	High	118	11.3
	Total	1042	100.0
Do you have any chronic disease?	Yes	n 127	% 12.2
	No	915	87.8
	Total	1042	100.0
How many times do you go to the hospital a year?	1-3 times	n 596	% 57.2
	4-7 times	297	28.5
	8-11 times	81	7.8
	12 times or more	68	6.5
	Total	1042	100.0
Considering the hospital where the last service was received, the approximate time spent in the hospital	Under 2 hours	n 599	% 57.5
	2-5 hours	329	31.6
	Over 5 hours	114	10,9
	Total	1042	100,0

**Table II:** Correlations between items.

	Mean	SD	1	2	3	4	5	6	7
Intention (1)	1.17	.665	-						
Past Behavior (2)	1.14	.624	.598**	-					
Attitude Toward Behavior (3)	17.13	3.801	.211**	.181**	-				
Subjective Norm (4)	9.60	4,321	.267**	.253**	.383**	-			
Perceived Behavioral Control (5)	3.61	2.080	.231**	.228**	.224**	.322**	-		
The Counseling Skills of Nurses (6)	40.65	10.602	-.118**	-.040	.130**	.042	-.003	-	
Age (7)	26.96	8.497	.052	.055	-.032	.112**	.113**	-.007	-

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Table III:** Regression results for the effect of nurses' counseling skills.

Variables	$\beta$	t	R	R Square	F	p
Intention	-.118	-3.832	.118	.014	14.683	.00
Past Behavior	-.040	-1.301	.040	.002	1.693	.19
Attitude Toward Behavior	.130	4.228	.130	.017	17.876	.00
Subjective Norm	.042	1.352	.042	.002	1.828	.18
Perceived Behavioral Control	-.003	-.087	.003	.000	.008	.93

## Discussion

Violence is a phenomenon that has existed for as long as there has been humankind, and it has both individual and social components. The World Health Organization defines violence as the threat or intentional use of physical or psychological harm, maltreatment, or neglect against oneself, another person, or a group that results in (or is likely to result in) harm, injury, or death<sup>10</sup>. "Incidents in which an employee is abused or attacked by a person or persons during work-related situations" are what is meant by the term "workplace violence." "The patient, the patient's relatives or any other individual that poses a risk to the health worker; threatening behavior, verbal threat, economic abuse, physical assault and sexual assault" are the definitions of violence in medical institutions<sup>11</sup>.

In a study by Winstanley et al. in state hospitals in England, 68.0% of the participants had exposed to verbal abuse<sup>12</sup>; in a study in the USA, the frequency of verbal abuse among emergency physicians was 74.9%<sup>13</sup>; and in Turkey, the frequency ranged between 53.7% and 60.0%<sup>14</sup>. The fact that verbal violence occurs frequently across all studies may be related to the fact that physical violence carries tougher punishments. As a result, people may express their emotions more freely and feel more at ease, believing that their actions were justified given the tense situation and that they would not have done so otherwise. Because one of the factors contributing to the gradual rise in physical violence against healthcare workers is the absence of effective deterrent punishment for those who commit such crimes, particularly in Turkey.

Nurses' interactions with patients heavily rely on their counseling abilities. Despite the fact that there are various health professionals working in specialties like gynecology, neurology, stoma care, cancer and palliative care, counseling skills are frequently used in almost every nurse-patient interaction<sup>15</sup>. The nurse's counseling abilities enable her to assist the patient or her family in learning about the disease, the treatment process, encouraging them to use practical resources to deal with their issues, and gaining access to scientific knowledge<sup>9</sup>. This is also a significant contributor to violence against healthcare professionals. In line, we found that there is a negative and significant relationship between the intention to use violence against healthcare professionals and the counseling skills of nurses ( $r=-.118$ ,  $p<.01$ ). Similarly, found that there is a positive and significant

relationship between the attitude towards, the behavior and the counseling skills of the nurses. Therewithal, there is no significant relationship between age and intention, past experience, attitude towards behavior, and the counseling skills of nurses.

In a study, it was shown that working in a health institution is 16 times more risky in terms of being exposed to violence compared to other workplaces<sup>16</sup>. Studies show that patients' relatives as well as patients inflict violence on healthcare workers. Verbal violence was reported to be more frequent than physical violence<sup>14,16</sup>. The main reason for this is that health centers are less secure than other working areas. However, it is reported that the nurse's counseling abilities enable her to assist the patient or her family and the nurse aims to implement practices for reorganizing the physical, emotional and social well-being of the patient/patient relative with the counseling skills he/she has based on his/her education and clinical experience<sup>9</sup>. Accordingly, we found that the counseling skills of the nurses have a significant and negative effect on the intention to inflict violence on healthcare workers ( $t=-3.832$ ,  $p<0.01$ ). It is seen that the effect of the counseling skills of the nurses on the attitude towards the behavior is at a positive and significant level ( $t=4.228$ ,  $p<0.01$ ). It is seen that the counseling skills of nurses do not have a significant effect on past experience, subjective norms and perceived behavioral control.

## Conclusions

Social initiatives should be used to reduce violence. There should be the development of intervention strategies for public hospitals and emergency services. Employees should be instructed to let the public know that there might be a wait while the examination is taking place. Violence should be addressed legally, and risk groups exposed to violence should be given priority in intervention strategies.

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## Conflict of interest

The authors declare that they have no conflict of interest

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