

EDITORIAL

Dear colleagues,

Violence has likely been a part of the human experience since the earliest days. However, it is preventable and virtually all societies have made efforts to regulate violent behavior.

The various forms of violence seen around the world and in all facets of life reveal a complex structure of both individual and social elements. Globally, interpersonal violence is increasing, and Turkey is no exception. Violence occurs in the home, schools, on the street, at sporting events, and workplaces, including hospitals. In fact, healthcare facilities are among the workplaces with the greatest risk of experiencing violence. One reason is that there is often 24-hour access and healthcare professionals are in close contact with patients and family members, often under difficult and stressful conditions for all parties. Violence in healthcare institutions is an important threat to the provision of effective patient care.

The source of violence in healthcare institutions may be a patient, patient relatives, or any other individual. Healthcare workers face a significant risk of violence, including threatening behavior and verbal intimidation, as well as physical and sexual assault. The US Occupational Safety and Health Administration uses a classification of four types of violence: acts committed with criminal intent by individuals not affiliated with the organization (Type I), physical and/or psychological assault perpetrated by a patient, patient relative, or other customer with a relationship to the organization (Type II), violence between employees (Type III), and interpersonal violence among others who have a personal relationship but without a connection to the organization, such as the spouse of an employee (Type IV). Type II and Type III are the most common forms of violence seen in the healthcare sector.

The problem of deficiencies and obstacles in reporting violence has been widely studied. The true frequency of violent incidents is not known. A joint report of the International Labor Organization and the International Nurses Association titled "Workplace Violence in the Health Sector" recognized that health sector employees were at great risk of both verbal and physical violence. Worldwide, it has been reported that the rate of physical violence against healthcare workers varied between 9.3% and 57%, and the rate of verbal violence varied between 24.3% and 82%. In Turkey, it has been reported that the incidence of physical violence varied between 7.9% and 52.5%, and the rate of verbal violence varied between 50.7% and 98.5%.

Violent incidents in the healthcare field are most common during patient transfer, night shifts, and within the first hour of patient presentation, particularly when a healthcare employee is working alone or with limited personnel. A long wait for service, the distress of family members, and overcrowded and uncomfortable waiting rooms are significant contributing factors. Potentially unstable patients or relatives, such as those with a psychotic diagnosis, a history of violence, or under the influence of alcohol or drugs, add to the risk. Insufficient security measures and poor environmental conditions, such as inadequate lighting, and insufficient institutional policies or employee training and experience, especially related to managing aggressive behavior, crisis management, and crisis prevention; cost reduction initiatives that result in limitations to service delivery; and a hierarchical management structure have also been shown to be influential, as well as inadequate legal enforcement.

Healthcare workers must routinely deal with stressful and potentially dangerous conditions. Patient relatives often ask for their family member to be taken care of as soon as possible and may insist that their case is the most urgent. Patients and relatives may have expectations that do not recognize the full set of circumstances. They may become agitated, including voicing suspicions that things are not being managed efficiently or properly and suspect that they are not being treated fairly. In combination with other potential factors that can add to a potentially hazardous

situation, as well as inadequate staffing of trained healthcare and security professionals, the possibility of violence increases.

The media also has a role in the prevalence of healthcare violence. Misleading or incomplete stories that do not use objective and scientific criteria and often suggest undue blame or lead consumers to unfounded conclusions add to the increased risk of violence in the healthcare environment.

Violence is a social problem that is also intricately linked to mental health. Not merely that of the perpetrators, but that of victims and potential victims, as well. It is therefore very important to analyze and address violence and to take appropriate measures to prevent it. Stress among healthcare workers is a significant problem. Effective workplace leadership and a corporate culture that acknowledges the problems are needed, including cooperation with external entities; training employees on safety issues and dealing with conflict; creating workplans and an environment that addresses security and related procedures, such as ensuring that nursing desks are safe, installing panic buttons, cameras, and other measures for use in an emergency; thoughtful planning of the number and use of entry/exit points, including security and weapons screening for visitors and as a means of escape for employees; creating a patient information area in the emergency department; and advising both the public and healthcare professionals of employees' right to withdraw from providing care in the event of violence unless urgent care is required and the subsequent potential delay in care, as well as the legal consequences of violence.

Article 28 of Law No. 7243, the Law on the Amendment of the Higher Education Law and Certain Laws, published in the Official Gazette on April 17, 2020 states that crimes of deliberate injury, threat, insult, and resistance, as defined by Turkish Penal Code number 5237, committed against healthcare personnel working in public or private health institutions could receive a punishment increased by half and that provisions for a postponement of a prison sentence will not be applied. The law adds that in the event of violence, other available healthcare personnel will provide the necessary service. This regulation was an important development in efforts to prevent violence in the healthcare sector. However, considering that awareness among healthcare institutions and professionals about how to implement a Code White (violence against a healthcare employee) is limited, additional legal regulation is needed.

Implementing measures to prevent violence is an important issue that requires the responsible action from lawmakers and the public. Without results-oriented studies on violence, especially in the field of healthcare, there will be no serious progress toward a resolution, and the current conditions will likely continue to increase. The provision of good healthcare services, a social necessity, depends on the ability of healthcare professionals to work in a safe environment.

Stay well.

Prof. Dr. Hülya Arslantaş

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