

Original article**VIOLENCE AGAINST NURSES IN WORKING HOURS IN
TURKEY**

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Abstract

Objective: To investigate the frequency of the violence exposure, reasons, types of violence and the nurses' attitude towards it.

Method: This study was carried out with 460 nurses working in the hospitals in Zonguldak, Turkey. Data were collected with a questionnaire form and were evaluated by mean, percentage and chi-square tests.

Results: The nurses experience violence and the most frequent type of violence is verbal abuse with a 79.1%. Female, married, nurses in 28-37 age-group, graduate of associate degree and nurses working in services had more violence experience. Nurses working in state hospitals encounter violence more frequently than nurses working research hospitals. Nurses often encounter violence in day-shift and weekday. Nurses mostly abused by relative of the patients, patients and physicians.

Conclusion: This study shows that gender, marital status, educational status, age, institute and working degree have influence on exposure to violence of nurses.

Key words: Nurse, violence, hospital, working period

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Introduction

Violence is defined as congenital or acquired physical enforcement and strength application against to oneself, someone else, group or community causing death, injury, physiological damage, developmental defect.^{1,2} In health area violence is described as status occurred as a result of threat behavior, verbal threat, physical and sexual abuse performing against health workers by patients, relatives of patients and staff and unfavorable results² and apart from the negative effects on health, career, family of exposed employee it damages the organizations for such reasons; increasing displeasure, decreasing efficiency, not coming to work, decreasing organizational communication.³ Violence damages both employee and organization and this brings along the need of taking preventive measures.⁴

According to the studies carried out in Turkey and in other countries; people working in health area expose violence more often and it is stated that health institutes are 16 times risky when compared with other working places.⁵ Again, in different studies it is mentioned that nurses are involved in the most frequently exposed to violence

groups^{1,7,8} and especially full-time working nurses encounter such behaviors more than part-time working nurses.⁷

In the announcement released by American Nurses Association in 2001, it is denoted that 17% of nurses in America exposed to physical violence and more than 57% threatened and experienced verbal abuse in last year.⁹ In Australia it is reported that 50-90% of nurses experienced verbal and physical violence.¹⁰ Lin and Liu¹¹ take attention to the exposure of the 62% of nurses to violence in Taiwan.

When the studies carried on Turkey are analyzed, nurses encounter physical and verbal violence in similar frequencies. Results of the study done by Çelik et al¹² searching the nurses' exposure of verbal and physical violence report that 91.1% of nurses expose to verbal violence and 33% physical violence. In the study investigating the frequency of exposure to violence of health workers carried out by Ayrancı et al⁹ it is also stated that 58.4% of nurses experience this unfavorable kind of behavior. According to the research result done by Öztunç¹³, 78.8% of nurses indicated

that verbal violence is mostly seen in surgical clinics, and verbal threat (59.0%), verbal sexual abuse (13.6%) and physical violence (22.7%) are mostly seen in outpatient clinics.

According to the study results; nurses exposed to violence in extremely high ratios and thought that frequency will increase in following years, it takes attention that exposure to this kind of unfavorable status depends on various factors.¹ First fully people comprised the occupation are mostly women, nurses communicate the patients one to one and take on nursing and they are in the key positions with the other members of team. Besides from these; it is emphasized that lack of communication skills between patient, family and staff, delay in treatment and nursing because of disruption of working in organization, patient characteristics, inadequate staff, deficient security cautions and shift periods are potential factors.^{1,2,5,6}

When nurses, having a direct role in patient care, exposed to violence it causes physiologic, psychological and social negative effects, in turn it causes anxiety and stress in working places, increase in practice errors, discordance in working life, displeasure, desire to quit and quality of nursing services

decrease.^{1,5,10} Apart from that, employee encountering unfavorable conditions such as isolation, not utilization of own rights are forced to early retirement¹⁴ and performance of the employee decreases.¹⁵

Looking through the literature, despite to the fact that there are pretty much international studies about violence nurses exposed in health field, there is limited number of studies in Turkey because the importance of the topic is realized recently. This study is performed to investigate the frequency of the violence exposure, reasons, types of violence and the nurses' attitude towards it.

Methods

Design and Sample

Six hundred fifty nurses working in one university hospital and 4 state hospitals linked to Ministry of Health in Zonguldak constituted the population of the study. In sample selection, it is aimed to reach the universe with no defined method. 460 nurses accepted to join the cross-sectional descriptive study except from ones on vacation and excused from illness were included to the sample extent. Participation ratio was 70.7%.

Data Collection

Data were collected using a questionnaire developed by researchers from the literature. The questionnaire was pilot tested with 20 nurses and three academic nurse professionals and adjusted as a result of comments received. The nurses who completed the questionnaire for pilot test were included in the sample but academic nurse professionals were not. The final questionnaire was anonymous and self-administered to protect confidentiality.

The finalized questionnaire form composed of 18 closed-ended and 5 open-ended totally 23 questions and could be answered in 5 to 10 minutes was prepared according to the literature. In the questionnaire form, there are 10 questions for demographic features of nurses and 13 questions for emotions and behaviors about violence and suggestions about prevention of violence in institutes.

The questionnaire forms were distributed to the nurses by researchers between January and February 2009 and took back in 3 to 4 days.

Data Analysis

Statistical analysis was performed using the statistical package SPSS Version 13.0. Methods of statistical analysis used included: frequency, mean, standard deviation, percentage and chi-

square tests for all the items in the questionnaire. A *p* value lower than .05 was considered to be significant.

Ethical Approach

Written consent is taken from Local Health Authority, ethic committee of hospital, chief physician, and head nurses. Verbal consent is taken from nurses to recruit the study in state hospitals. Nurses are informed about that information obtained in the study will not be used for any other purpose, results will not affect them negatively and no name will be included in study results.

Results

It is determined that 47.0% of nurses included in the study were in 28-37 age group (mean 30 ± 6.52), 86.7% were women, 40.7% had bachelor's degree, 58.0% were married, 45.4% of them began to work 0 to 5 years ago (mean 8.5 ± 7.64), 52.4 were working in state hospitals, 52.8% were working in their hospital 0 to 6 years (mean 5.7 ± 6.56), 22.6 % were working in internal clinics, 19.8 % were working in intensive care units, 17.4 % were working in surgical clinics and 87.6 % were working as service nurse (Table 1).

65.4% of nurses exposed to violence in working hours. 43.9% of nurses exposed to violence occasionally,

81.0% exposed to violence in day-shifts week days (Table 2).
and 89.4% were exposed to violence in

Table 1. Demographic Features of Nurses (n=460)

Features	n	%
<u>Age (30±6.52)</u>		
18-27	177	38.4
28-37	216	47.0
38-47	59	13.0
48and above	8	1.8
<u>Gender</u>		
Male	61	13.3
Female	399	86.7
<u>Educational status</u>		
Health Vocational School	120	26.1
Bachelor's Degree	187	40.7
Graduate	14	3.0
Associate Degree	139	30.2
<u>Marital status</u>		
Single	193	41.9
Married	267	58.0
<u>Working period in job(8.5±7.64)</u>		
0 – 5	210	45.4
6-10	95	20.6
11-15	66	14.2
16-20	50	10.8
21-25	22	4.8
26-30	15	3.3
31 and above	3	0.6
<u>Working institute</u>		
State Hospital	241	52.4
Research Hospital	219	47.6
<u>Working period in hospital (5.7±6.56)</u>		
0-6 Years	244	52.8
7-12 Years	59	12.7
13-18 Years	35	7.6
19-24 Years	15	3.2
25-30 Years	14	3.1
31 and above	2	0.4
<u>Clinics</u>		
Intensive Care Unit	91	19.8
Surgical Clinics	80	17.4
Internal Clinics	104	22.6
Pediatric Clinics	27	5.9
Emergency Units	52	11.3
Operating Room	42	9.1
Obstetrics and Gynecology Clinics	27	5.9
Outpatient Clinics	7	1.5
Psychiatry	13	2.8
VIP	17	3.7
<u>Duty</u>		
Service Nurse	403	87.6
Supervisor	57	12.4

Table 2. Violence Behaviour Exposure Status of Nurses in Working Hours

	n	%
<u>Exposure Status to Violence</u>		
Yes	301	65.4
No	159	34.6
<u>Frequency of Violence Exposure</u>		
Allways	9	3.0**
Often	61	20.3**
Occasionally	132	43.9**
Rarely	99	32.9**
<u>Working Shift in Violence Exposure</u>		
Day Shift	244*	81.0**
Night Shift	227*	75.4**

• <u>Days of Violence Exposure</u>		
Week days	269*	89.4**
Weekend Days	180*	59.8**

* More than one answer is given.

** Percentage is taken according to N (301) number.

When demographic features of nurses and violence behaviors they encounter are evaluated; it is found that one who women is (90%) ($\chi^2=8.21$; $p=0.00$), married (65.4%) ($\chi^2=20.55$; $p=0.00$), in 28-37 age group (%54.5) ($\chi^2=43.09$; $p=0.00$), graduates of associate degree (%36.2) ($\chi^2=18.83$; $p=0.00$) experiences violence in a statistically significant. Nurses working in state hospitals (60.5%) encountered violence behaviors more than nurses working in university hospitals. Nurses working in intensive care units (17.9%), internal clinics (17.9%), and emergency units (15.6%) more often encountered violence behaviors than nurses working in other units. Service nurses in these institutes experienced violence in higher ratios (85%) than supervisor ones. These obtained results are not found significantly significant ($p>0.05$)

Nurses in state hospitals exposed to violence moreover in night shifts and nurses in university hospitals exposed to violence moreover in day shifts ($\chi^2=31.25$; $p=0.00$).

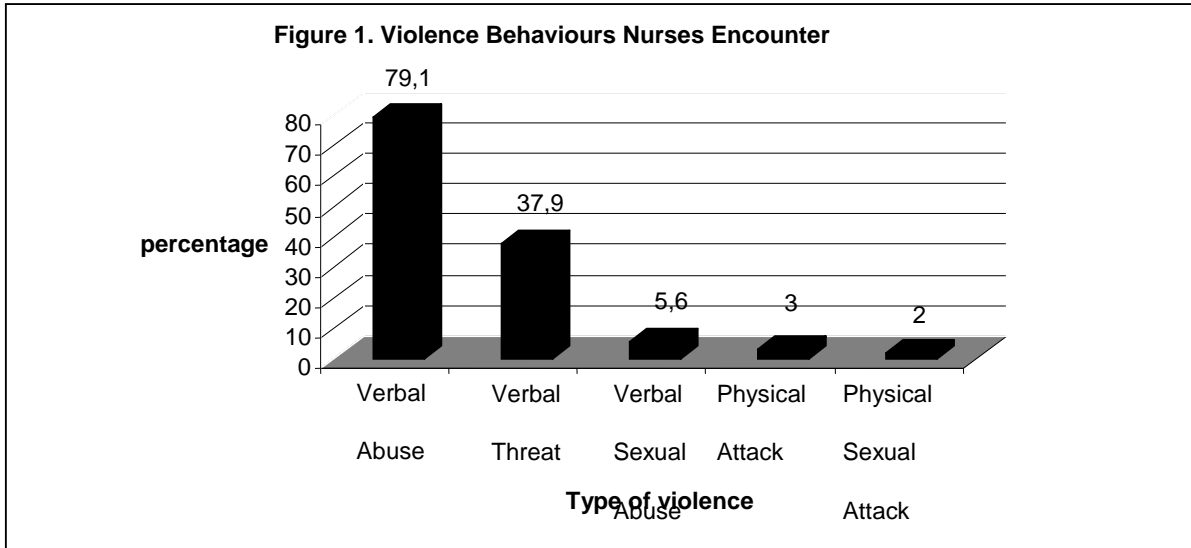
When duty of nurses in institute is investigated with violence exposure days and working shifts; it is established that service nurses in weekend days, supervisors in weekdays ($\chi^2=16.24$; $p=0.00$), service nurses at night shifts, supervisors at day shifts ($\chi^2=10.05$; $p=0.00$) are more frequently encounter violence behaviors.

In figure 1 it is seen that nurses are most frequently exposed to verbal type violence behavior and in this type of violence 79.1% (n=238) experience verbal abuse and 37.9% (n=114) experience verbal threat.

Nurses graduates of health vocational school and graduates of bachelor's degree exposed to verbal threat in equal ratios(32.5%) and graduates of bachelor's degree more frequent exposed to physical attack (55.6%) and verbal-physical abuse (41.2%).

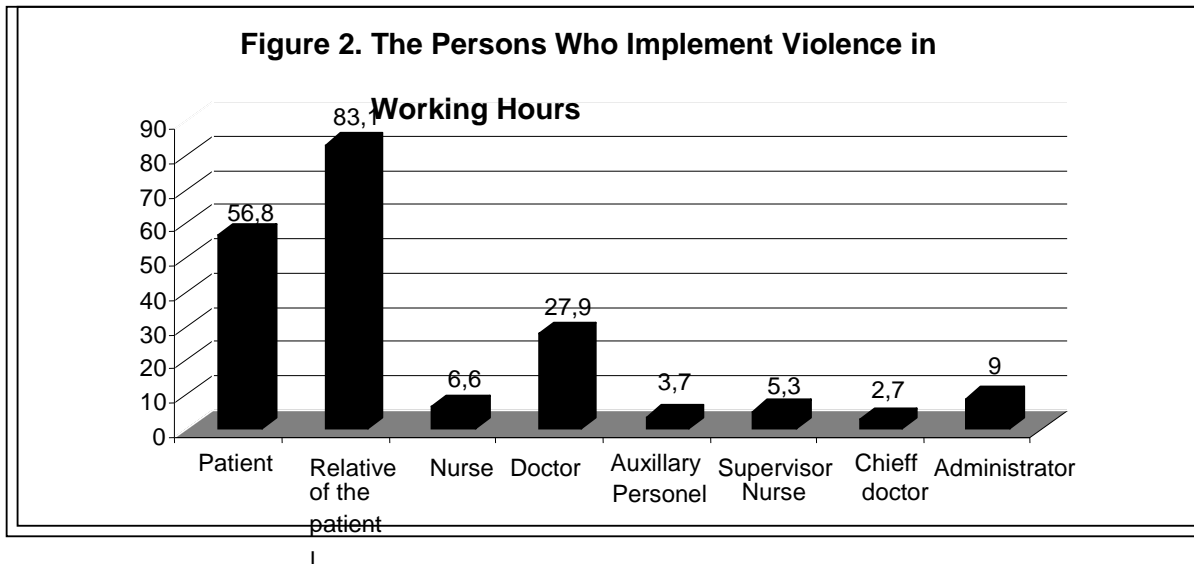
Nurses working in state hospitals encountered violence behavior including verbal abuse (62.2%), verbal threat (64.0%) and verbal sexual threat (52.9%) that nurses working in research hospitals encountered violence behavior

including physical sexual attack ($\chi^2=3.62$; $p=0.05$).
 (66.7%) and physical attack (55.6%)



More than one answer is given.

Percentage is taken according to N (301) number



* More than one answer is given.

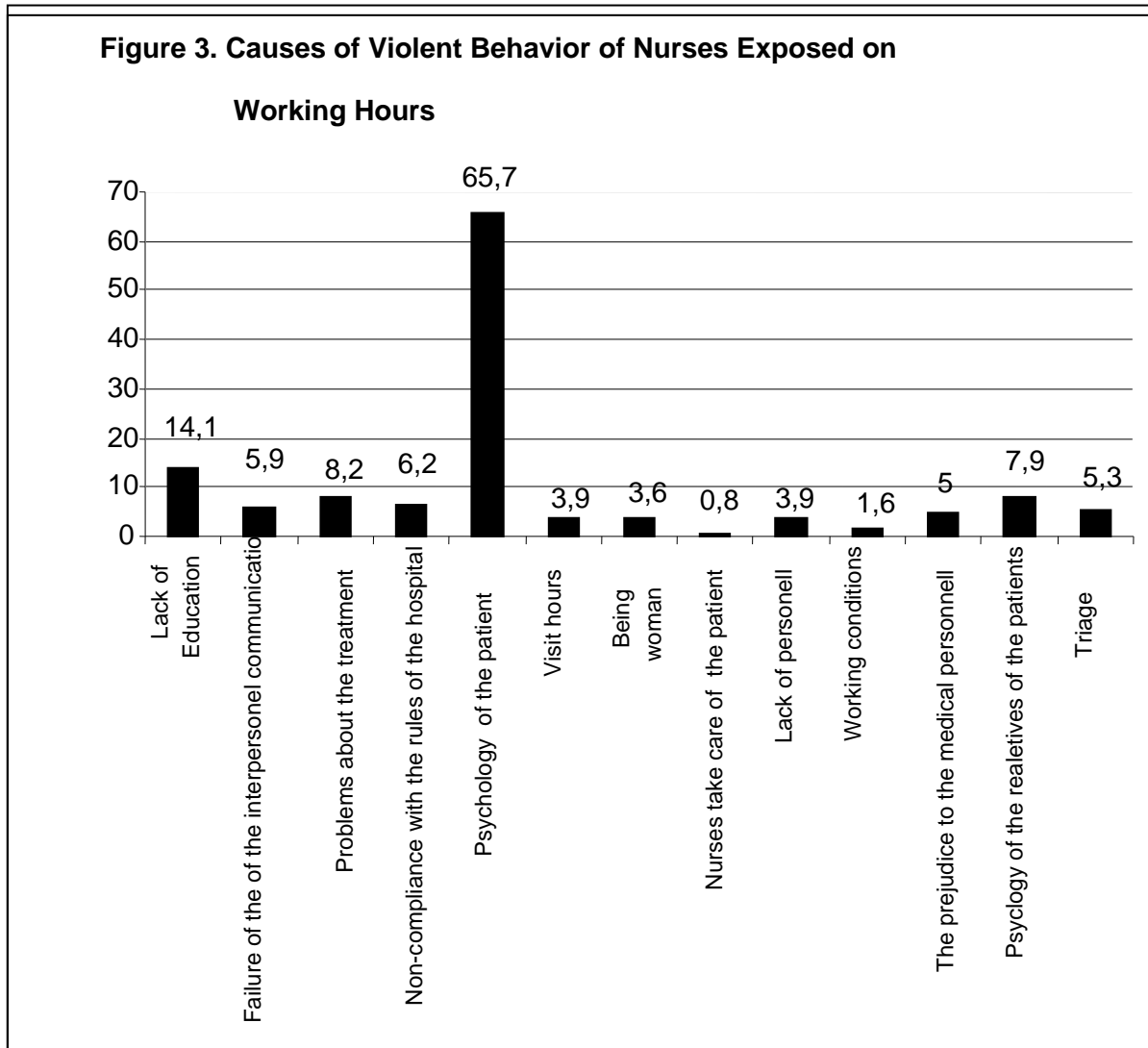
** Percentage is taken according to N (301) number

Table 3. Feelings and Response Formats of the Nurses Following Violent Behavior

	n*	%**
<i>Post violence feelings</i>		
Feeling nothing	16	5.3
Fear	51	16.9
Anxiety	128	42.5
Anger	219	72.8
Guilt	7	2.3
Shame	16	5.3
<i>Post violence response</i>		
Doing nothing	48	15.9
React in the same way	40	13.3
Call the security	207	68.8
Prepare a report	113	37.5
Threatening	6	2.0
Persuasion	95	31.6
Sharing with the friends	227	75.4
Smoking	56	18.6
Patient transfer	122	40.5
Laughing	10	3.3
Cry	66	21.9

* More than one answer is given.

** Percentage is taken according to N (301) number.



* More than one answer is given.

** Percentage is taken according to N (221) number.

Table 4. Nurses' Recommendations for the Prevention of Violent Behavior (n=276)

	n*	%**
Security level should be increased	154	55.8
Education should be given	92	33.3
Visits should be arranged	50	18.1
Nursing's rights should be protected	42	15.2
Patients should be given sufficient information	34	12.3
Psychological support for patients and their relatives	28	10.1
Determination of the distribution of duty of health worker	25	9.1
Work environment and facilities should be arranged	24	8.7
Administrators should support nurses	21	7.6
Nurse shortage should be eliminated	12	4.3
Health care facilities should meet the expectations	10	3.6
Shifts should be arranged	5	1.8
Professional organizations should be provided	3	1.1

* *More than one answer is given.
number.*

** *Percentage is taken according to N (276)*

Married nurses exposed to verbal abuse and verbal threat and single nurses exposed to verbal and physical-sexual abuse more than other types ($p>0.05$).

Nurses exposed to violence much more from relative of patient (83.1%; $n=250$), patients (56.8%; $n=171$) and physicians (27.9%; $n=84$) (Figure 2). Relation between age group of nurses exposed to violence and people behaving harshly towards nurses is investigated, it is found that 28 to 37 age group of nurses mostly exposed to violence from relatives of patients.

Nurses working in state hospitals exposed to violence from directors at highest ratios (81.5%) ($\chi^2 = 5.01$; $p=0.02$) and chief physician (75.0%) ($p>0.05$) and relatives of patients (64.8%) ($\chi^2=6.94$; $p=0.00$) follow them. However it is established that nurses working in research hospitals are exposed to violence from support personnel at highest ratios (54.5%) ($p>0.05$) and physicians (52.4%) ($\chi^2=9.42$, $p=0.00$) and nurse in charge (50.0%) ($p>0.05$) follow them.

When emotions of nurses after violence exposure are regarded; it is determined

that they feel anger (72.8%) and anxiety (42.5%). It is determined that after violence behavior, 75.4% of nurses shares this experience with their friends, 68.8% calls the security, 40.5% devolves duties upon anyone else and 37.5% reports the act (Table 3).

For the causes of violence behaviors; it is determined that 65.7% of nurses ($n=116$) denoted the psychology of patient as a primary cause and they implied the low education status (14.1%; $n=50$), problems about treatment (8.2%; $n=29$) and psychology of relatives of patients (7.9%; $n=28$) are at the first lines of list as the other causes (Figure 3).

Nurses suggested to increase the security precautions (%55.8), to train patients and their relatives (%33.3), to make arrangements for patient visits (%18.1) and the rights of nurses to be protected by the law and by managers to minimize the violence cases experienced at working hours (Table 4).

Discussion

Until recently, violence was not accepted as an important social problem in Turkey, it's started to become

important today based due to the results of the studies. The results of the researches show that health professionals, especially nurse's exposure substantial levels of violence and clearly show that this exposure will increase with each passing day. In this study, 65.4% of the 460 nurses included in the study had suffered violence. Different studies performed to nurses in Turkey and other countries similarly show that, this ratio differs with in the range of 50.0% to 90.0%.^{5,9,16,17}

In the study, it's determined that most of the nurses subjected to violence were at 28-37 age-group. The results of research made by Günay et al¹⁸, supportively to this finding, suggest that nurses aged less than 39 year-old are mostly exposed to violence. Nurses in this age group suffers more violence because they are less experienced than older aged nurses in precognition, definition of violence and generating solution; and they work in such as intensive care units and emergency units where the violence seen more frequently and requires to be dynamic and active while working .

Considered the gender of the nurses subjected to violence, nearly all of them (90.0%) were exposed to violent behavior. Another study also

emphasized that 90.7% of the individuals exposed to violence in the workplace were women.¹⁸ Some of the reasons of this case are that, it's adopted male-dominated perspective in Turkey, nurse profession mostly carried out by women; it is believed that women have insufficient power to resist the violence physically. In another study done in Australia, contrary to this research finding, it's reported that the frequency of being exposed to violence is approximately equal for women (73.0%) and men (76.0%).¹⁹ It's thought that the reasons of this result are that socio-cultural opportunities and individually educational level of this country are better than Turkey.

In the study it's found out that graduates of associate degree mostly subjected to violence, and followed by health vocational high school graduates. In other studies, parallel to this study, it's determined that associate degree graduated nurses subjected to violence more frequently.¹³ This case may arise from that causes; in associate degree and high school nursing programs technical lessons are mainly given and other nursing lessons are considered less important, education period is short, graduates of that schools start to

work at earlier ages than bachelors and they are less experienced about patients.

Considered the institutions that the nurses who have subjected to violence work, it's found out those nurses in public hospitals mostly subject to violence (%60.5). While that finding is contrary to the finding of Öztunç's¹³ research that nurses work in university hospitals subject to violence mostly (%53.3), but is parallel to the finding of Ayrancı et al's⁹ research that nurses work at public hospitals subject to violence. The possible reasons of violence being seen in that institutions more often than the others are; security precautions are insufficient, people mostly utilize that hospitals, their availability is high, the number of the personnel is insufficient and they have disruption of treatments causes a stressful environment. Also differences of research hospitals and public hospitals in terms of patient care and treatment services policies and procedures, management styles and the number of the health professionals may affect that result.

When examined its found out clinics that nurses exposed to violence work at are intensive care units and internal clinics with both 17.9 percent and emergency service clinics (%15.6).

Another research found out that being subject to violence in emergency services is % 63.1.⁹ In this research in above-mentioned clinics ratio of violence seems to be less, the reason for that is nurses from various clinics were involved in sample. In research findings it's found out that in other clinics this ratio is higher. Violence ratio being high in intensive care units may be related to unconsciousness of the inpatients, side-effects of the treatments, patient relatives fear for lose of their patients, financial concerns, fear of being unknown, stress of the work environment, press of the physicians and supervisor nurses on the nurses. In internal clinics violence frequency may be affected by inpatients mostly being clinical patients, their stress level because of that case, impatient relatives of the patients. In emergency services occurrence of violence is effected by insufficient quantity and quality of personnel, emergency service being used for entrance and exit, absence of legal and managerial enforcements, misinformation about how to utilize emergency services, lack of security precautions, circulation overload in the treatment rooms.¹⁰

When tasks of the nurses in the instution and their being subject to

violence are compared it's found that nurses working at services experienced violence (%85.0) more than supervisor nurses. In a study it's suggested that service nurses subjected to violence more because they spend more time with the patients and communicate with them and their work hours are longer than supervisor nurses.

When the shift that nurses were subjected to violence and the institution are compared it's determined that nurses working in public hospitals are subjected at night and nurses working in research hospitals subjected in daytime. This may be because entrance and exit to research hospitals are free in daytime and in public hospitals security precautions taken at nights and the number of the personnel working at nights are both insufficient.

It is determined in the research that nurses mostly subjected to oral violence. When the institution they work and the violence type compared it is determined that nurses work at public hospitals subject oral violence and nurses work at research hospitals subject physical violence. It's also determined that the married ones subject oral and the single ones subject physical violence. In other studies it's also reported that oral violence is

mostly seen.^{12,13, 20,21} In those studies it's suggested that oral violence take place mostly in public hospitals and while physical violence in research hospitals.¹³ This study suggests that physical violence take place mostly in research hospitals because nurses are young and single, less experienced about job, visiting intensity is high. The study suggest that oral violence being in public hospitals may be because of married nurses mostly work at such hospitals, the community's respect to marriage and cultural structure, patients being informed well and they are looked after well and sufficient time spent for treatment.

While considered the gender of the ones who commit violence to nurses it is determined that women mostly subject violence by men (%90.6). Günay et al¹⁸ parallel to that finding determined in their study that the ones who committed most violence to nurses were men (%91.0). This, women's subjecting violence by men, may caused by they are physically weaker than men, they can't defend themselves, and men behave more offensive.

It's determined that participant nurses mostly subject to violence by patient relatives, patients and

physicians. While institutions are compared in public hospital they mostly subject by managers, chief physicians/head physicians and patient relatives; and in research hospitals by auxiliary personnel, physicians and supervisor nurses. In other studies parallels to that study is also determined that subject to violence mostly by patient relatives, physicians and patients respectively.^{13,21} Findings of another study inform that nurses report they mostly subject to violence by managers, their colleagues and physicians respectively.¹⁴ The fact that the ones mostly committing violence being patient relatives may caused by the mistakes in patient care and visiting times, visitors stress causing by hospital environment, their conflicts with nurses because they do not obey the hospital rules, their socioeconomic and cultural level.

When asked to nurses what the cause of the violence they are subjected was, they answered that it was mostly the patients' psychology. In another research nurses reported that reasons of the patients angry behaviors were their disease, problems caused by hospital environment, social services and patients personality.⁶

It's determined in the study nurses mostly feel anger and anxiety

after violence and share that mostly with their friends. Work load, responsibilities and shift-based work brings about the exhaustion and dissatisfaction for the nurses working at hospitals. Feeling anger and anxiety because of that exhaustion and dissatisfaction, distrust of doctors about solving that problem leads nurses to find temporary solutions and share the problem with their friends to decrease the anxiety.

Nurses mostly answered the question what their suggestion was that to eliminate the violence, security precautions should be enhanced (%55.8). It's assumed that the fact that security precautions aren't taken in hospitals and secure working environment isn't provided affected that idea.

Conclusion

Research shows that most of the nurses exposed to violence, according to the institution they worked at the encounter frequency and type of violent behavior has changes, nurses working at the services, internal medicine clinics and in intensive care unit are exposed to violence more, nurses are exposed to this behavior daytime and on weekdays during business hours. Research results

also show that nurses were exposed to verbal harassment mostly, violence exposed by patients and their relatives; and they defined the reason of the violence as patient physiology.

References

1. Ançel G.AÜ. Sağlık Bilimleri Fakültesi,Psikiyatri Hemşireliği Anabilim Dalı Öğretim Üyesi.(Makale Denemesi.)
2. Arcaç R,Kasımoğlu E. Diyarbakır merkezdeki hastane ve sağlık ocaklarında Çalışan hemşirelerin sağlık hizmetlerindeki rolü ve iş memnuniyetleri. *Dicle Tıp Dergisi*. 2006;28-29
3. Rosen SE, Katz JK, Morahan PS. Avoding mobbing in the workplace and surviving if you are mobbed. *Academic Physician&Scientist*.2007:4-5
4. Kirel Ç. Örgütlerde mobbing yönetiminde destekleyici ve risk azaltıcı önlemler. *Anadolu Üniversitesi Sosyal Bilimler Dergisi*. 2007;7(2):317-334
- 5.Gökçe T, DüNDAR C.Samsun ruh ve sinir hastalıkları hastanesinde çalışan hekim ve hemşirelerde şiddete maruziyet sıklığı ve kaygı düzeylerine etkisi. *İnönü Üniversitesi Tıp Fakültesi Dergisi*.2008; 25-27
6. Doğan S, Güler H, Kelleci M. Hastaların öfkeli davranışları karşısında hemşirelerin yaklaşımları. *C.Ü*

Hemşirelik Yüksek Okulu Dergisi. 2001; 26-27:28-31.

7. Quien L. Workplace bullying in nurses. *Journal of Health Psychology*. 2001;6(1):73-84
8. Elliot PP. Violence in health care what nurse managers need to know. *Nursing Management*. 1997;28(12):38-41.
9. Ayrancı Ü,Yenilmez Ç,Günay Y,Kaptanoğlu C.Çeşitli sağlık kurumlarında ve meslek gruplarında şiddete uğrama sıklığı. *Anadolu Psikiyatri Dergisi*.2002;143-148.
10. Aslan Ö, Lofçalı A,Uğur Ş,Tuğlu A.Hemşirelerin acil serviste şiddet içeren olgu senaryolarına yaklaşımları. *Gülhane Tıp Dergisi*.2005;18-19.
11. Lin YH, Liu HE.The impact of workplace violence on nurses in South Taiwan. *International Journal of Nursing Studies*.2005;42:773-78
12. Çelik SŞ,Çelik Y,Ağırbaş İ,Uğurluoğlu Ö.Verbal and physical abuse against nurses in Turkey. *International Nursing Review*.2007;54:359-66.
13. Öztunç G.Adana ilindeki çeşitli hastanelerde çalışan hemşirelerin çalışma saatlerinde karşılaştıkları sözel ve fiziksel taciz olaylarının incelenmesi. *C.Ü.Hemşirelik Yüksekokulu Dergisi*.2001;2-5.

14. Yıldırım D, Yıldırım A, Timuçin A. Mobbing behaviors encountered by nurse teaching staff. *Nursing Ethics*. 2007;14(4):447-463.
15. Hesketh KL, Duncan SM, Estabrooks CA, Reimer MA, Giovannetti P, Hyndman K, Acorn S. Workplace violence in Alberta and British Columbia Hospitals. *Health Policy*. 2003;63:311-321
16. Bilgel N, Aytaç S, Bayram N. Bullying in Turkish white-collar workers. *Occupational Medicine*. 2006;56:226-231
17. Roche M, Diers D, Duffield C, Catling-Paull C. Violence toward nurses, the work environment and patient outcomes. *Journal of Nursing Scholarship*. 2010;42(1):13-22
18. Günay Y, Akbay MÖ. İş yerinde şiddet. *Çalışma Ortamı Dergisi*,2001;1:3-4.
19. Hegney D, Eley R, Buikstra E, Parker V. Workplace violence in Queensland,Australia: the results of a comparative study. *International Journal of Nursing Practice*. 2006;12:220-231.
20. Şenuzun EF,Karadakovan A.Violence towards nursing staff in emergency departments in one Turkish City.*International Nursing Review*.2005;52:154-160.
- Merecz D, Rymaszewska J, Moscicka A, Kiejna A, Jarosz-Nowak J. Violence at the