Violence against emergency department employees and the attitude of employees towards violence

Halil İ Çıkrıklar *, Yusuf Yürümez, Buket Güngör, Rüstem Aşkın, Murat Yücel, Canan Baydemir

A B S T R A C T

Introduction: This study was conducted to evaluate the occurrence of violent incidents in the workplace among the various professional groups working in the emergency department. We characterised the types of violence encountered by different occupation groups and the attitude of individuals working in different capacities.

Methods: This cross-sectional study included 323 people representing various professional groups working in two distinct emergency departments in Turkey. The participants were asked to complete questionnaires prepared in advance by the researchers. The data were analysed using the Statistical Package for the Social Sciences (Windows version 15.0).

Results: A total of 323 subjects including 189 (58.5%) men and 134 (41.5%) women participated in the study. Their mean (± standard deviation) age was 31.5 ± 6.5 years and 32.0 ± 6.9 years, respectively. In all, 74.0% of participants had been subjected to verbal or physical violence at any point since starting employment in a medical profession. Moreover, 50.2% of participants stated that they had been subjected to violence for more than 5 times. Among those who reported being subjected to violence, 42.7% had formally reported the incident(s). Besides, 74.3% of participants did not enjoy their profession, did not want to work in the emergency department, or would prefer employment in a non–health care field after being subjected to violence. According to the study participants, the most common cause of violence was the attitude of patients or their family members (28.7%). In addition, 79.6% (n=257) of participants stated that they did not have adequate safety protection in their working area. According to the study participants, there is a need for legal regulations to effectively deter violence and increased safety measures designed to reduce the incidence of violence in the emergency department.

Conclusion: Violence against employees in the emergency department is a widespread problem. This situation has a strong negative effect on employee satisfaction and work performance. In order to reduce the incidence of violence in the emergency department, both patients and their families should be better informed so they have realistic expectations as an emergency patient, deterrent legal regulations should be put in place, and increased efforts should be made to provide enhanced security for emergency department personnel. These measures will reduce workplace violence and the stress experienced by emergency workers. We expect this to have a positive impact on emergency health care service delivery.

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[1] **HÍ Çıkrıklar *,** MD
[1] **Y Yürümez,** MD
[2] **B Güngör,** MD
[2] **R Aşkın,** MD
[1] **M Yücel,** MD
[3] **C Baydemir,** MD

[1] *Department of Emergency Medicine, Sakarya University, Medical Faculty, Sakarya, Turkey*
[2] *Psychiatry Clinic, Ministry of Health, Şevket Yilmaz Training and Research Hospital, Bursa, Turkey*
[3] *Department of Biostatistics, Eskişehir Osmangazi University, Medical Faculty, Eskişehir, Turkey*

* Corresponding author: halilcikriklar@hotmail.com

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New knowledge added by this study

- The prevalence of violence against employees in emergency departments is high.

Implications for clinical practice or policy

- Various measures can be implemented to reduce the incidence of violence in the emergency department.

Introduction

Violence, which has been ever present throughout the history of humanity, is defined as a threat or application of possessed power or strength towards another person, self, a group, or a community in order to cause injury and/or loss.[1] The World Health Organization defines violence as "physical assault, homicide, verbal assault, emotional, sexual or racial

harassment".[2]

Workplace violence is defined as "abuse or attacks by one or more people on an employee within the workplace".[3] The health care field, which encompasses a wide range of employees, is among those in which workplace violence is common.[4] Violence in the health care field is defined as "risk to a health worker due to threatening behaviour, verbal threats, physical assault and sexual assault committed by patients, patient relatives, or any other person".[3]

According to the 2002 Workplace Violence in the Health Sector report, 25% of all violent incidents occurred in the health care sector.[5] A study conducted in the United States determined that the risk of being subjected to violence is 16 times higher in the health care sector relative to other service sectors.[6] Within the health care field, the department that is most frequently exposed to violence is the emergency department (ED).[3,7-9] In this context, verbal and physical attacks by dissatisfied patients and their relatives are at the forefront.[10,11]

In this study we aimed to determine the extent of violence towards ED employees, analyse the attitude of the staff exposed to violence, and propose possible solutions.

Methods

This cross-sectional study was conducted in the EDs of Şevket Yilmaz Training and Research Hospital and Sakarya University between 1 July and 15 August 2012. Employees of ED—including doctors, nurses, health care officials, Emergency Medical Technicians (EMT), secretaries, laboratory technicians, radiology technicians, and security and cleaning staff—were included in the study. The questionnaire was prepared in accordance with previous publications[3,10,11] and distributed to participants. All study participants were provided with information regarding the objectives of the study and were given instructions for completing the form. Of the 437 ED employees working in the two hospitals, 323 (73.9%) agreed to participate in the study and returned a completed questionnaire.

In addition to demographic information, the questionnaire contained questions about the number of violent incidents to which the individual had been subjected to, the type of violence, and whether the subject reported the incident or the reason for not reporting. Additional questions concerned a description of the person(s) responsible for the violence, the estimated age of the person(s) responsible for the violence, and the severity of the violence. We also asked participants about their attitude following the violent incident and suggestions for reducing violence in the ED.

This study was conducted in accordance with the principles of the 2008 Helsinki Declaration. The data were analysed using the Statistical Package for the Social Sciences (Windows version 15.0; SPSS Inc, Chicago [IL], US). Both proportions and mean ± standard deviation were used to represent the results. The Student's *t* test, Pearson's Chi squared test, and the Monte Carlo Chi squared tests were used to evaluate observed differences between groups and a P value of <0.05 was considered to represent a statistically significant difference.

Results

Among the 323 participants included in the study, 189 (58.5%) were male and 134 (41.5%) were female. The mean age of the male participants was 31.5 ± 6.5 years (range, 18-55 years) and that of the female participants was 32.0 ± 6.9 years (range, 20-52 years). There was no significant difference in the age distribution between the male and female participants (P=0.476).

When participants were asked if they had ever been exposed to verbal or physical violence in the workplace during the course of their career, 239 (74.0%) indicated that they had been subjected to one or the other, and 57 (17.6%) reported being subjected to both verbal and physical violence. Among the participants who were subjected to

對急症室員工施予暴力以及員工對暴力的態度

Halil İ Çıkrıklar, Yusuf Yürümez, Buket Güngör, Rüstem Aşkın, Murat Yücel, Canan Baydemir

引言：本研究旨在評估在急症室內不同專業界別的醫護人員所面對的暴力事件、他們遇到職場暴力的種類以及對這些暴力事件的態度。

方法：這橫斷面研究對象為土耳其兩間急症室內不同崗位工作的323人。他們填寫一份由研究員準備的調查問卷，然後使用社會科學統計軟件包SPSS V15.0分析數據。

結果：323名受訪者中有189名男性（58.5%）和134名女性（41.5%）。男性受訪者平均年齡31.5歲（標準差6.5歲），女性受訪者平均年齡32.0歲（標準差6.9歲）。訪問結果顯示74.0%受訪者在醫療界工作後曾遭遇言語或身體暴力；50.2%受訪者更表示曾遇上超過5次職場暴力事件。42.7%亦因遭受暴力行為對待而向有關方面正式投訴。74.3%受訪者表示因曾遭受暴力而不喜歡自己的工作、不想再在急症室工作，以及寧願在非衛生保健的領域工作。受訪者表示最常見的暴力源頭是患者或其家屬的態度（28.7%）。79.6%（257例）亦表示在他們的工作環境中沒有足夠的安全保護設施。他們認為有必要設法例監管以有效遏止暴力事件的發生，以及增加安全措施以減少急症室暴力事件。

結論：急症室人員面對暴力行為的情況很普遍，這會對他們的工作滿意度和表現有強烈負面影響。為了減少急症室暴力事件的發生，應與患者和家屬有良好溝通，令他們對急症室有合理期望；此外，當局應訂立法例監管來防止暴力行為，並加強為急症室人員提供的安全保障。這些措施將有助減少急症室暴力事件的發生和員工所承受的壓力。我們希望上述措施能對緊急醫療服務的提供產生正面影響。

violence, 162 (67.8%) reported being the victim of more than five violent incidents (Table 1).

The frequency of exposure to violence and the frequency of exposure to more than five violent incidents were similar for both men and women (P=0.185 and 0.104, respectively). Nonetheless, 25.9% of men reported both verbal and physical violence compared with only 6.0% of women, suggesting that the incidence of verbal and physical violence against men was greater than that against women (P<0.001) [Table 1].

We investigated the frequency of exposure to violence and the reported incidence of violence among various occupation groups (Table 2). The prevalence of exposure to violence was the highest among health care officials, EMTs, doctors, and security staff (P<0.001). In addition, only 102 (42.7%) out of 239 participants reported these violent incidents. It is notable that although the rate of incident reporting was 100% among security staff, none of the laboratory technicians reported the violent incidents (P<0.001).

A total of 43 (31.4%) out of the 137 study participants who had been exposed to violence but had not reported the incident provided reasons (Table 3). The most common reason for not notifying the authorities was the perception that "no resolution will be reached". Other important reasons included the heavy workload, not wanting to deal with the legal process, disregarding verbal attacks, understanding/sympathising with the emotions of patients and their relatives, fear of the threat from patients and their relatives, and not knowing how and where to report such incidents.

A total of 248 participants responded to a question regarding the identity of the person who was to blame for the violence in ED in general (not their own experiences). Accordingly, 65.3% (n=162) stated that the patient's relatives were responsible, 27.0% (n=67) stated that both the patients and their relatives were responsible, and 5.2% (n=13) placed sole responsibility on the patients. Six (2.4%) participants stated that they had been subjected to violence from other health care professionals.

When we asked individuals to estimate the age of the person(s) causing the violence that they had experienced, respondents who were exposed to multiple violent incidents answered this question by selecting multiple options and a total of 405 answers were obtained. As shown in Table 4, the majority

TABLE 1. Frequency of exposure to violence for male and female employees

	No. (%) of participants		P value
	Male (n=189)	Female (n=134)	
Exposure to verbal or physical violence	145 (76.7)	94 (70.1)	0.185
Exposure to both verbal and physical violence	49 (25.9)	8 (6.0)	<0.001
No. of times of exposure to violence			
1	28 (14.8)	20 (14.9)	0.978
2-5	15 (7.9)	14 (10.4)	0.437
>5	102 (54.0)	60 (44.8)	0.104

TABLE 2. The distribution of occupation groups according to frequency of exposure to violence and rate of reporting

Occupation group	No. (%) of participants	
	The frequency of exposure to violence	Rate of reporting*
Health care official and EMT (n=23)	22 (95.7)	6 (27.3)
Doctor (n=43)	39 (90.7)	14 (35.9)
Security staff (n=41)	33 (80.5)	33 (100.0)
Secretary (n=53)	40 (75.5)	17 (42.5)
Radiology technician (n=36)	26 (72.2)	11 (42.3)
Cleaning staff (n=47)	33 (70.2)	12 (36.4)
Nurse (n=59)	37 (62.7)	9 (24.3)
Laboratory technician (n=21)	9 (42.9)	0
P value	<0.001	<0.001

Abbreviation: EMT = Emergency Medical Technician

* % Calculated by dividing by the frequency of exposure to violence for each occupation group

TABLE 3. Reasons for not reporting a violent incident (n=43)

Reason	No. (%) of participants
I thought no resolution will be reached	15 (34.9)
Did not have time because of the workload	7 (16.3)
I did not want to deal with the legal process	5 (11.6)
I did not take offence because it was verbal attack	4 (9.3)
I understand and sympathise with their emotion	3 (7.0)
I was afraid of threats from patients and their relatives	2 (4.7)
I did not know how and where to report	2 (4.7)
Because it is said that the patient is always right	1 (2.3)
There was no white code number*	1 (2.3)
There is no unit related to employee rights protection to protect employees	1 (2.3)
I could not find institutional support	1 (2.3)
I was afraid of being blamed	1 (2.3)

* The hotline number of agency within the Ministry of Health for situations regarding workplace violence in Turkey

TABLE 4. Estimated age of violent patients/family members (n=405)*

Age-group (years)	No. (%) of participants
18-29	111 (27.4)
30-39	178 (44.0)
40-49	76 (18.8)
50-59	25 (6.2)
≥60	15 (3.7)

* More than one option might be chosen

(71.4%) of people responsible for violent incidents were young patients and patient relatives between the ages of 18 and 39 years.

When participants who were exposed to violence were asked who caused the violent incident, three (1.3%) participants stated that they themselves were responsible, five (2.1%) indicated that both sides were responsible, and the remaining 231 (96.7%) held the attacker responsible.

Participants were asked "What do you think is the reason for the violence?". A total of 181 (56.0%) participants responded to this question. Some participants indicated more than one reason and a total of 188 answers were obtained. The top 10 most common responses to this question are given in descending order of frequency in Table 5. The most common cause of violence was ignorance and lack of education of patients and their relatives (28.7%), followed by the impatient attitudes and demanding priorities (23.4%) and the heavy workload and prolonged waiting time (10.6%).

Participants were asked "How do you think violence against health care workers can be reduced?". Some participants indicated more than one reason and a total of 509 answers were obtained. They considered the most important steps suggested to reduce violence against ED employees were the enactment of deterrent legislation (42.6%), increased security measures in hospitals (28.5%), and improved public education (16.7%) [Table 5].

Participants were asked about their attitude after experiencing violence. Some respondents gave more than one answer and a total of 498 answers were obtained. There were 27.1% of participants who did not enjoy working in their current profession, 25.7% wanted to work in non–health care field, and 21.5% did not want to work in the ED (Table 6).

A total of 96.3% (n=311) of participants answered "Yes" to the question "Do you think that the violence against health care workers has increased in recent years?" Moreover, 90.7% (n=293) of the participants answered "Yes" to the question "Do news reports regarding violence against health care workers affect you?". Then, when participants were asked "How does the news affect you?", 64.7% (n=209) reported that they were "sad", 44.3% (n=143) said they were "angry", and 18.9% (n=61) said they were "scared".

When participants were asked "Are there sufficient security measures in your workplace?", only 66 (20.4%) participants gave a positive response, while 257 (79.6%) responded negatively. Among the 41 participants working as security staff, 33 (80.5%) found the safety measures inadequate. Thus, both the security staff and the general employee population agreed that hospital security was inadequate.

Discussion

Workplace violence is the most prevalent in the health care sector.[4] The ED is the health care

TABLE 5. Answers to the questions: "What do you think is the reason for the violence?" and "How do you think violence against health care workers can be reduced?"*

	No. (%) of participants
"What do you think is the reason for the violence?"	(n=188)
Ignorance and lack of education of patients and their relatives	54 (28.7)
Impatient attitudes and demanding priorities	44 (23.4)
Heavy workload and prolonged waiting time	20 (10.6)
Psychological causes	16 (8.5)
Defects and deficiencies in the working system	14 (7.4)
Disrespectful behaviour of patients and relatives	14 (7.4)
Problems in communication	13 (6.9)
Negative attitudes about physician due to false propaganda	6 (3.2)
Lack of confidence and dissatisfaction with the treatment	5 (2.6)
Insistence for non-emergency treatment	2 (1.1)
"How do you think violence against health care workers can be reduced?"	(n=509)
Deterrent legislation on the subject	217 (42.6)
Increasing security measures	145 (28.5)
Education of the public	85 (16.7)
Raising awareness of health workers	44 (8.6)
Others	18 (3.5)

* More than one option might be chosen

TABLE 6. The attitude of health care workers after exposure to violence (n=498)*

Attitude of health care workers	No. (%) of participants
I did not enjoy my profession	135 (27.1)
I wanted to work at another job outside the health care field	128 (25.7)
I wanted to work in a department other than emergency department	107 (21.5)
I did not pay enough attention to patients	59 (11.8)
I was afraid of patients and their relatives	52 (10.4)
I got psychiatric support	17 (3.4)

* More than one option might be chosen

unit with the highest frequency of exposure to violence.[3,7-9] According to several previous studies, the proportion of health care professionals who report prior exposure to violence in the workplace ranges from 45% to 67.6%.[3,8,12-14] The rate of violence against ED employees (79%-99%), however, is higher than the average for the health care field.[15-17]

Emergency services are high-risk areas for patients and staff with regard to workplace violence[18-21]; 24-hour accessibility, a high-stress environment, and the apparent lack of trained security personnel are underlying factors.[22] Workplace violence negatively affects the morale of health care workers and negatively affects the health and effectiveness of presentation.[23-26]

Our study was conducted among ED employees of two different hospitals. We investigated the rate of exposure to verbal or physical violence. Among the participants, 239 (74.0%) stated that they had been subjected to exposure to violence, and 57 (17.6%) reported having been exposed to both verbal and physical violence. A study in Turkey found that among ED employees, including nurses, in the İzmir province of Turkey, 98.5% of respondents had been subjected to verbal violence and 19.7% were exposed to physical violence.[16] In another study conducted in Turkey, 88.6% of ED employees were subjected to verbal violence and 49.4% reported having been the victim of physical violence.[17]

In the present study, the rate of exposure to violence by profession was 95.7% among health care officials/EMTs, 90.7% among doctors, and 80.5% among security personnel. According to Ayrancı et al,[3] exposure to violence was most common among

practitioners (67.6%) and nurses (58.4%). In another study, Alçelik et al[27] reported that nurses were exposed to violence 3 times more often than other health care professionals. In the present study, the frequency of exposure to violence among nurses was 62.7%, which is lower than that in other professional groups.

In the present study, the estimated age distribution of patients and patient relatives responsible for violent incidents showed that the majority (71.4%) were between 18 and 39 years of age. Other studies have reported that individuals prone to violence are generally younger than 30 years.[28]

Health care workers are often subjected to verbal and physical attacks from patients and their relatives who are dissatisfied with the services provided.[10,11] In the present study, the most common cause of violence was the lack of education and ignorance of the patients and their relatives. Heavy workload was identified as another cause of workplace violence. Factors such as patient stress and anxiety regarding their condition, high expectations of the patients and their relatives, lack of effective institutional and legal arrangements aimed at preventing violence, and the failure to effectively document the extent of workplace violence contribute to the high frequency of violence.[12] There are several factors that increase the risk of violence in health care institutions, including 24-hour service, long waiting time for patients, poor access to health care services, heavy workload, limited staff, inadequate employee training, and lack of security personnel.[29,30]

Previous studies conducted in Turkey revealed that 60% of ED employees who were exposed to violence did not report the incident. Among the reasons for not reporting was a lack of confidence in health care and executive leadership as well as the justice system.[12] In the present study, the incident reporting rate was also low (42.7%) and the most important reason (34.9%) for not reporting was the perception that "no resolution will be reached". Indeed, a study found that there were no repercussions for the attacker in 77% of instances.[12] This suggests the perception that "no resolution will be reached" is a valid one.

A heavy workload consumes the energy of employees and reduces their ability to empathise with patients and tolerate violent situations. Sometimes verbal or physical conflicts may arise between a stressed patient who may be subject to long waiting times and exhausted and stressed health care workers. Training regarding communication with patients helps health care professionals to avoid these problems.[31] Effective communication alone, however, is not sufficient and additional steps must be taken to reduce waiting time of patients. Previous studies have indicated that the most important reason for patient dissatisfaction in the ED is the waiting time.[32,33] Yet, the most important reason for long waiting times is the heavy workload caused, in part, by the discourteous attitude of patients and their relatives. Studies have also shown that more than half of patients who present to the ED are not 'emergency patients'.[34-36] Further education regarding the definition of "emergency" and the practice of effective triage may reduce the heavy workload in the ED and associated violent incidents.

One previous study reported that verbal and physical attacks by patients and their relatives are the most important factors contributing to stress among ED employees.[37] Consistent exposure to high-stress conditions resulting from exposure to verbal and physical violence results in both physical and mental exhaustion. As a result, a situation known commonly as 'burnout syndrome' emerges.[38,39] The burnout syndrome is defined as holding a negative view of current events, frequent despair, and lost productivity and motivation.[40] Reluctance among physicians to work in the ED is one consequence of burnout syndrome.[41] In the present study, among the participants who were subjected to violence, 21.5% indicated that they wanted to work in a department other than the ED, while 25.7% stated a desire to work outside the health care field. In a study conducted in Canada, 18% of participants who had been exposed to violence stated that they did not want to work in the ED, and 38% wanted to work outside the health care field.[9] Others indicated that they had quitted their jobs because of workplace stress.[9] In the present study, 10.4% of ED employees stated that they were afraid of patients and their relatives. In the same Canadian study, 73% of respondents stated that after experiencing violence they were afraid of patients.[9] In our study, 96.3% of respondents thought that there had been an increase in violence against ED health care workers in recent years. Moreover, 79.6% of respondents stated that the safety measures in their institutions were insufficient. The participants in the present study suggested that the preparation of deterrent legislation, increased security measures, and efforts to better educate the general population regarding the appropriate use of ED resources will help to reduce violence against health care workers.

Limitations

The study was carried out in only two hospitals in Turkey that may not be representative of all hospitals. In addition, participants could decide whether or not to answer all questions and some questionnaires were incomplete. The response rate was only 74% and this might give rise to self-selection bias, that is, those who did not respond may have had a higher (or lower) exposure to violence than those who responded. Hence, the various percentages reported in this paper might be over- or under-estimated.

Conclusion

The results of the current study as well as those of earlier studies indicate that the prevalence of violence against ED employees is high. Factors such as patient and stress of health care provider, prolonged waiting times due to overcrowding in the ED, negative attitude of discourteous patients and their relatives, insufficient security measures, and the lack of sufficiently dissuasive legal regulations may contribute to increased violence in the ED. These factors in turn increase stress among ED employees, reduce job satisfaction, and lower the quality of services provided. Measures to decrease the workload in the ED and shorten waiting time of patients, the adoption of legal policies that deter violent behaviour, and increased security measures in health care facilities should be reassessed. Steps should be taken to educate the public in order to reduce violence against health care workers.

Declaration

All authors have disclosed no conflicts of interest.

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