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ORIGINAL ARTICLE

Workplace Violence Against Nurses: The Case of Turkish Republic of Northern Cyprus

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Abstract

Objective: This study adopted a descriptive design in order to reveal the experience of violence among the nurses, who worked in public health institutions in the Turkish Republic of Northern Cyprus.

Method: Universe of the study comprised 180 nurses that worked in public health institutions in Famagusta District of North Cyprus. Data were collected by the researchers between 27 November 2016 and 20 April 2017. The study comprised 140 of these nurses. The Workplace Violence in Nursing Questionnaire was used to collect data. Cumulative frequency and percentage analysis were used to analyze the questions with multiple answers.

Results: This study found that 57.1% of the participants aged 41 years and above, 78.6% were married, 38.6% had bachelor's degree, 20.0% graduated from vocational school of health, and 45.0% had a professional experience of 20 years and above. 67.1% of the participants experienced violence, including physical violence (15.0%), verbal abuse (63.6%), and sexual harassment (6.4%). 98.6% of the participants expressed the absence of any institutional system to report workplace violence.

Conclusion: In this study, 98.6% of the participant nurses expressed the absence of a system to report workplace violence. The findings of the study imply the need for safety measures, legal amendments, and communication systems against violence.

Keywords: Nurse, physical violence, sexual harassment, verbal harassment, violence

Introduction

Violence, which has been an essential part of the human history, has been a source of concern since the early 21st century. As a serious problem, violence is a general concept that has sociological, psychological, political, philosophical, and psychiatric dimensions. It is a multidimensional concept that includes not only violence between nations but also violence in the family and against oneself (Çamcı, 2010; Sevinçok, 2008). Workplace violence is one of these dimensions.

A recent dramatic increase in the incidents of workplace violence has attracted the attention of scholars, and it is now considered as a global problem. Although it may occur in all sectors and workplaces, existing studies reported that workplace violence has been a more frequent problem in the service sector. Employees that work in places, where public services are produced and delivered and the communication with consumers is intense, are more likely to suffer from workplace violence (Çamcı, 2010; Çamcı & Kutlu, 2011; Özen, 2004). In 2002, International Labor Organization (ILO) reported that 25% of the incidents of workplace violence occurred in health sector and 50% of the health professionals were subject to violence (ILO, 2002). The study of Çamcı (2010) on 270 Turkish health professionals working in 12 health institutions reported that 72.6% of the participants experienced workplace violence (Çamcı, 2010). Similar findings were reported from the study of Vezyritis et al. (2014) on 220 emergency nurses and physicians working in Cyprus, where 76.2% of the participants experienced workplace violence (Vezyritis et al., 2014).

Turkish Language Association defines violence as "sheer power" and "the use of sheer power against the opponents" (TDK, 2016). According to the World Health Organization (WHO), violence is "the intentional use of physical force or power, threatened or actual, against oneself, another per-

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son, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO, 2002). The report prepared by the investigation committee of the Turkish Grand National Assembly defines four types of violence, namely, physical, psychological, sexual, and verbal (TBMM, 2013).

Intensity of violence in the health sector may be explained with reference to multiple factors. Health professionals deal with patients and their relatives, who are more likely to feel anxious, depressed, nervous, exhausted, or frazzled owing to the disease, injury or even death. Communication with people under such feelings is quite difficult and the tendency to resort to violence is higher for these people (Aydın, 2008). Incidence of violence is particularly high in crowded health institutions with inadequate number of health personnel, in which the patients and their relatives wait for long hours to receive treatment.

As care providers, nurses are the health professionals that spend most of their time with the patients, which, in turn, increases the prevalence of violence among the nurses. In general, patients and their relatives are the main sources of workplace violence experienced by the nurses in the forms of physical violence or threat (Ayrancı, 2005; Dinçer, 2010).

The study of Bahar et al. (2015) on 128 emergency nurses working in Ankara found that 65.6% of the participants experienced violence in the last 12 months (Bahar et al., 2015). Can and Beydağı (2013) reported that 70.7% of 140 emergency nurses working in Bursa experienced violence. Kaya et al. (2016) conducted a study on 254 nurses and physicians in Ankara and found that the prevalence of workplace violence was 74.4% (Kaya et al., 2016).

Workplace violence is associated with psychological problems, such as stress, depression, anxiety, family problems, lack of self-confidence, social isolation, smoking and alcohol addiction, concentration problems, and panic attack. Physical problems, including headache, stomach ache, sleep and eating disorders, heart diseases, hypertension, exhaustion, and irritable colon syndrome, may also be associated with violence experience (Aydın, 2008; Chappell & DiMartino, 2000; Gökçe & Dündar, 2008).

Personal, institutional, and social effects of workplace violence have brought the need to take legal and managerial measures to cope with violence (Karaağaç, 2014). WHO (2002) summarized institutional, national, and international measures to prevent violence against health professionals under nine headings (WHO, 2002). International Council of Nurses (ICN) prepared a guideline to cope with violence in workplace in 2007 and recommended to empower nurses, establish a secure working environment, and develop strategies and take institutional measures to cope with violence (ICN, 2007).

Main Points

- Violence is a general concept that has sociological, psychological, political, philosophical, and psychiatric dimensions.
- Units may be formed to provide legal and psychological support and counseling services to the nurses, who experienced violence.
- The findings of the study imply the need for safety measures, legal amendments, and communication systems against violence.

Measures related with care services and the development of a patient-centered care approach are among the highly important institutional measures to cope with violence against nurses. Patient-centered care enables the nurses to observe patients, define their problems in an efficient way, and provide high-quality healthcare. Patients may display acts of violence as a way of self-expression when they do not participate in making decisions about their own health, cannot communicate or cooperate with the health personnel or believe that the health professionals do not adequately deal with their health problems (Adli tıp, 2012; Atan & Dönmez, 2011).

Global organizations, such as the WHO and the ICN, underline the importance of the collection of reliable data on the sources and the consequences of violence and the strategies to cope with violence against health professionals. Defining violence against the nurses in the Turkish Republic of Northern Cyprus (TRNC) is a prerequisite to attract attention to the violence against nurses and increase awareness of the society and the institutions. In addition, the findings on the nurses' experiences of workplace violence may be beneficial to amend the regulations on prevention of workplace violence in health sector. This study aims to answer the following questions:

Q1: How often do the nurses experience workplace violence?

Q2: What are the main types of workplace violence experienced by the nurses?

Material and Methods

Study Aim
This study aims to answer the following questions:

Study Design
We used a descriptive research design.

Sample and Setting
Data were collected by the researchers between 27 November 2016 and 20 April 2017 from the nurses, who worked in public health institutions located in Famagusta and İskele regions of TRNC. Gazimağusa State Hospital in Famagusta region has 186 beds capacity and is operated by the Department of Inpatient Treatment Institutions. There are 10 health centers in the Gazimağusa and İskele regions regions that are operated by the Department of Basic Health Services of the Ministry of Health. Universe of the study comprised 180 nurses who worked in the public health institutions operated by the Departments of Inpatient Treatment Institutions and Basic Health Services of the Ministry of Health in Gazimağusa and İskele regions. Sample of the study comprised 140 nurses, which constituted 77.8% of the universe.

Data Collection Tools

The Workplace Violence in Nursing Questionnaire (WVNQ) was used for data collection. The questionnaire was originally prepared to collect data for the project "Framework Guidelines for Addressing Workplace Violence in the Health Sector," which was jointly developed by the WHO, ILO, ICN, and PSI and conducted in seven countries, including Bulgaria, Australia, South Africa, Portugal, Thailand, Lebanon, and Brazil. The questionnaire was adapted into Turkish by Dinçer in 2010. WVNQ asked the experience of workplace violence in the last 12 months and was composed of five sections, namely, personal and workplace data, physical workplace violence, psychological workplace violence, health sector employer, and opinions on workplace violence.

Statistical Analysis

All data analyses were carried out using SPSS v. 22.0 (IBM SPSS Corp.; Armonk, NY, USA). Frequency analysis was performed for data on workplace and violence experience. The cumulative frequency and percentage analysis was done to analyze the questions with multiple answers. A two-way chi-square test was used to analyze the relationship between descriptive characteristics and violence experience.

Ethical Considerations

Ethical approval from the Scientific Research and Publication Ethics Board of the Eastern Mediterranean University (approval number and date: 2016/33-20, 07.11.2016) and institutional permission from the Department of Inpatient Treatment Institutions (approval number and date: YTK.0.00-1/2013-19/79-16/4859, 27.09.2016) and the Department of Basic Health Services of the TRNC Ministry of Health (approval number and date: TSHD.0.00-2/2016-16/3044, 14.10.2016) were obtained for this study. The participant nurses were informed about the aim and the scope of the research and written informed consent was obtained from the participants of the study.

Results

The results showed that 57.1% (n = 80) of the participants were aged 41 years and above, 78.6% (n = 110) were married, 38.6% (n = 54) had bachelor's degree, 20.0% (n = 28) graduated from vocational school of health, and 45.0% (n = 63) had a professional experience of 20 years and above. 28.6% (n = 40) worked in critical care unit, 27.9% (n = 39) in internal medicine service, and 21.3% in health centers and the percentage of participants that worked at these departments for at least 16 years was 49.2%. 75.7% (n = 106) of the participants previously worked at a different institution.

Regarding the type of violence, 15.0% (n = 21) of the participants were exposed to physical violence, 63.6% (n = 89) experienced verbal abuse, and 6.4% (n = 9) experienced sexual harassment (Table 1). Regarding the characteristics of the workplace about violence, 98.6% of the participants stated that they did not have a system to report violence, 90.0% were supported by their workmates to report the act of violence, and 61.9% were primarily supported by their colleagues (Table 2).

Percentage of participants that experienced any type of violence or abuse was 67.1%. There was a statistically significant relationship between night shift and violence experience ($p < .05$). Nurses who worked at night (79.2%) were more exposed to violence or abuse than those who worked on day shifts (52.4%). A statistically significant relationship was found between the experience of violence or abuse and the gender of workmates ($p < .05$). Furthermore, there was a statistically significant relationship between the concerns about exposure to violence or abuse and the actual experience of violence or abuse ($p < .05$) (Table 3).

47.6% of the participants, who experienced physical violence, expressed that they witnessed physical violence only once, whereas 52.4% stated that the act of physical violence seldom occurred in the workplace. 65.2% of the participants,

Table 1
Types of Violence Experienced or Witnessed by the Participants (n = 140)

	Physical violence		Verbal abuse		Sexual harassment	
	n	%	*n*	%	*n*	%
Experienced violence						
Yes	21	15,0	89	63,6	9	6,4
No	119	85,0	51	36,4	131	93,6
Witnessed incidents of workplace violence						
Never	113	80,7	38	27,1	135	96,4
Once	12	8,6	10	7,2	3	2,2
2–10 times	10	7,1	47	33,6	1	0,7
Every week/Most of the time	5	3,6	38	27,1	1	0,7
Every day	-	-	7	5,0	-	-
Reported the witnessed violencea						
Yesb	12	44,4	23	22,5	2	40,0
No	15	55,6	79	77,5	3	60,0

[a]Includes participants that witnessed incidence of violence. Numbers of physical violence, verbal abuse, and sexual harassment were 27, 102, and 5, respectively.
[b]Participants that reported the violence they witnessed stated that they did not face with any problems because of reporting the violence.

Table 2
Characteristics of the Workplace Related with Violence (n = 140)

Descriptive characteristics	n	%
Violence reporting system		
Yes	2	1.4
No	138	98.6
Workmates supported my decision to report violence		
Yes	126	90.0
No	14	10.0
Supported by (*n* = 197)[a]		
Chief physician	31	15.7
Head nurse	38	19.3
Colleagues	122	61.9
Othersb	6	3.1
Outside support		
Yes	100	71.4
No	40	28.6
Supported by (*n* = 182)[c]		
Civil society organizations	28	15.4
Family members	91	50.0
Friends	63	34.6

[a]Multiple responses were possible.
[b]Responsible physician, all health personnel, ministry of health.
[c]Multiple responses were possible.

who experienced verbal abuse, sometimes witnessed the act of verbal abuse and 93.3% expressed that the act of verbal abuse often occurred in the workplace. 88.9% of the participants, who experienced sexual harassment, witnessed sexual harassment at work only once and 88.9% expressed that the act of sexual harassment seldom occurred in the workplace (Table 4).

Discussion

In this study, 67.1% of the participant nurses were exposed to any form of violence or abuse from patients or patients' relatives (Table 3). In a similar study, Dinçer (2010) reported that the incidence of violence was 67.1%. Bahar et al. (2015) found that 65.6% of the nurses were subject to violence or abuse in the last 12 months. Günaydın and Kutlu (2012) also found that 64.1% of the nurses who participated in the study experienced violence or abuse. In a study conducted by Ayrancı et al. (2006), it was found that 51.7% of the nurses were exposed to violence. Other studies reported higher levels of workplace violence. For example, Can and Beydağı (2013) found that 70.7% of the participants experienced violence. Çamcı (2010) reported that the percentage was 72.6%. Kaya et al. (2016) found that 74.4% of the physicians and nurses experienced violence. Vezyritis et al. (2014) also found that the prevalence of workplace violence was 76.2%. These findings on the higher level of workplace violence among health pro-

Table 3
Relationship between Violence Experience and Descriptive Characteristics of the Participants (n = 140)

	Experienced violence or abuse					
	Yes		No			
Descriptive characteristics	n	%[a]	n	%[a]	X^2	p
Experienced violence or abuse	94	67.1	46	32.9		
Age						
40 and below	45	75.0	15	25.0	2.93	.087
41 and above	49	61.3	31	38.8		
Marital status						
Married	73	66.4	37	33.6	.141	.707
Single	21	70.0	9	30.0		
Educational status						
High school	18	64.3	10	35.7	2.30	.512
Associate	29	60.4	19	39.6		
Bachelor's	40	74.1	14	25.9		
Postgraduate	7	70.0	3	30.0		
Years of work experience at the current clinic						
1–5	11	57.9	8	42,1	2.15	.542
6–10	23	69.7	10	30,3		
11–15	15	78.9	4	21.1		
16 and above	45	65.2	24	34.8		
Present position						
Administrative	8	57.1	6	42.9	**	**
Service	60	65.9	31	34.1		
Health center	20	69.0	9	31.0		
Ambulance	6	100.0	00	0.0		
Night shift						
Yes	61	79.2	16	20.8	11.31	.001
No	33	52.4	30	47.6		

Table 3
Relationship between Violence Experience and Descriptive Characteristics of the Participants (n = 140) (continued)

Descriptive characteristics	Experienced violence or abuse				X^2	*p*
	Yes		No			
	n	%[a]	*n*	%[a]		
Monthly number of night shiftsb						
7 and below	22	73.3	8	26.7	1.03	.309
8 and above	39	83.0	8	17.0		
Works at night shift withb						
Physicians, administrative staff and other nurses	26	89.7	3	10.3	3.10	.212
Physicians and other nurses	18	72.8	7	29.0		
Other nurses	17	73.9	6	26.1		

[a]Percentages in the same line.
[b]Nurses with nightshift.

Table 4
Characteristics of the Act of Violence Experienced by the Participants

Characteristics	Physical violence (*n* = 21)		Verbal abuse (*n* = 89)		Sexual harassment (*n* = 9)	
	n	%	*n*	%	*n*	%
Frequency of witnessing violence						
Always	2	9.5	11	12.3	-	-
Sometimes	9	42.9	58	65.2	1	11.1
Only once	10	47.6	20	22.5	8	88.9
Total	21	100.0	89	100.0	9	100.0
Frequency of violence						
Often	10	47.6	83	93.3	1	11.1
Seldom	11	52.4	6	6.7	8	88.9
Total	21	100.0	89	100.0	9	100.0
During the incident of violence, I						
Did not do anything	4	14.3	26	19.9	2	22.2
Physically defended myself	11	39.3	8	6.1	2	22.2
Shouted at the perpetrators to stop	10	35.7	42	32.0	4	44.5
Physically/verbally responded to the perpetrators	3	10.7	54	41.2	1	11.1
Other	-	-	1	0.8	-	-
Total	28[a]	100.0	131[a]	100.0	9[a]	100.0
Told the incident of violence						
Yes	19	90.5	83	93.3	6	66.7
No	2	9.5	6	6.7	3	33.3
Total	21	100.0	89	100.0	9	100.0
I told the incident of violence to						
Family members	3	7.5	22	11.1	1	9.1
Friends	21	52.5	108	54.6	7	63.6
Administrators	16	40.0	68	34.3	3	27.3
Total	40[a]	100.0	198[a]	100.0	11[a]	100.0
Reasons of not telling the incident of violence						
Not important	-	-	3	50.0	-	-
I felt guilty	1	33.3	-	-	-	-
It would not work	1	33.3	2	33.3	1	14.3
I did not know to whom to report	1	33.3	1	16.7	1	14.3
I felt ashamed	-	-	-	-	2	28.6
I was worried about the negative outcomes of reporting	-	-	-	-	3	42.8
Total	3[a]	100.0	6	100.0	7[a]	100.0

[a]n was higher than the number of participants due to the multiple answers.

fessionals, which are parallel to our findings, indicate that workplace violence is a common problem in health sector. Stress caused by the disease, expectations of the patients and their relatives, failure of health institutions to maintain occupational safety, nurse–patient ratio, and the existence of patient's relatives in health institutions may have affected high prevalence of workplace violence.

This study did not find any statistically significant relationship between exposure to violence and the characteristics of the participants, including, age, marital and education status, and the years of work experience in the department ($p > .05$). However, exposure to violence was higher for the participants at the age of 40 and below, who were single, and had bachelor's degree and a work experience of 11–15 years (Table 3). Similarly, Çamcı (2010) did not find a significant relationship between marital and education status and violence experience but noted that married (61.2%) nurses with bachelor's degree (32.7%) had higher exposure to violence. In another study, Uzun (2013) found no significant relationship between educational status and workplace violence but noted that the nurses with associate degree had higher exposure to violence (67.4%). Ayrancı et al. (2006) reported a significant relationship between age and workplace violence and noted that the 75.8% of the participants between the ages of 18 and 28 years were exposed to workplace violence. Similarly, Yaşar et al. (2016) found a significant relationship between age and exposure to violence and noted that 70.8% of the participants between 31 and 40 years were subject to workplace violence. Can and Beydağı (2013) also reported a significant relationship between the age and workplace violence and stated that the workplace violence against nurses was higher for the nurses in the age group of 28–32 years (21.4%). Although our findings on the relationship between age groups and workplace violence are similar to the existing literature, they were different for the variables of marital and education status. The relationship between age and workplace violence may be explained with reference to the lack of experience on crisis and anger management and aggressive behaviors among the younger nurses, which, in turn, may have resulted with a higher prevalence of workplace violence.

This study found a statistically significant difference between night shifts, gender of workmates, concerns about exposure to violence and workplace violence ($p < .05$). Accordingly, 79.2% of the participants, who worked at night shifts, 96.2% of the participants, who had concerns about exposure to violence, and 74.4% of the participants, whose workmates were predominantly females, experienced workplace violence (Table 3). Similarly, Uzun (2013) found that 73.2% of the participants, who worked at night, were more subject to violence. Yaşar et al. (2016) also reported a significant relationship between night shift and workplace violence and found that 72.5% of the health care providers, who worked at night, were more subject to violence. In contrast, Dinçer (2010) reported that sexual harassment was more common in departments where the workmates were predominantly females (35.0%). Ogundipe et al. (2013) found that violence against nurses mostly occurred in the evenings (38.0%). Similarly, Zafar et al. (2013) reported that 34.1% of the healthcare personnel experienced violence mostly during the night shifts. Günaydın and Kutlu (2012) found that 51.5% of the nurses experienced violence during the night shift (51.5%). Our findings on the higher prevalence of workplace violence during the night shift, which are parallel to those reported in the literature, may be explained with reference to the inadequacy of illumination and lower nurse–patient ratio during the night shift, attempts of the nurses to establish a quiet environment, inadequacy of the physical infrastructure and the security measures of the health institutions, and inflammation of diseases, such as cancer, delirium, dementia, psychosis, and chronic obstructive pulmonary disease during the night.

In this study, 15.0% of the participants were exposed to physical violence (Table 1). Our finding is parallel to the studies of Çamcı (2010) and Kaya et al. (2016), who found that 15.8% and 12.2% of the participants were exposed to physical violence, respectively. The study of Dinçer (2010) also found that the prevalence of physical violence against the nurses was 13.6%. In contrast, Günaydın and Kutlu (2012) found that 40.4% of the nurses experienced physical violence. Similarly, Hanh et al. (2010) reported that 42.0% of the nurses were exposed to physical violence. Gabrovec and Erzen (2016) reported a higher prevalence of physical violence among the nursing staff (63.8%). Similar to our findings, exposure to physical violence among the nurses in the study of Gerberich et al. (2004) was 13.2%. These studies and our findings show that exposure to physical violence is a common problem among the healthcare workers, including the nurses.

Higher prevalence of physical violence against nurses and other healthcare professionals during the day shift may be explained with reference to various reasons, including the length of work shift that mostly exceeds the legal limits, nurse–patient ratio during the working hours, queue and long waiting times in front of the polyclinics, predominance of the nurses working at day shifts, and higher number of visitors during the day.

When confronted with physical violence, 39.3% of the participants defended themselves and 35.7% verbally informed the perpetrators to stop. 90.5% of the participants, who were exposed to physical violence, told the incidence to their friends (52.5%) and administrators (40.0%) (Table 4). These findings are similar to the findings reported in literature. Çamcı (2010) found that 78.1% of the healthcare workers responded to the perpetrators and 39.8% warned the perpetrators to stop during the incidence. Khoshknab et al. (2016) found that 45.0% of the healthcare workers asked the aggressors to stop. Dinçer (2010) reported that 46.6% of the nurses, who were exposed to violence, asked the perpetrators to stop and 34.4% told the incidence to their friends.

In this study, 63.6% of the participants were exposed to verbal abuse (Table 1). The prevalence of verbal abuse among the healthcare workers in the studies of Çamcı (2010) and Günaydın and Kutlu (2012) was 98.5% and 94.2%, respective-

ly. In contrast, Aydın (2008) and Gerberich et al. (2004) reported that the prevalence was 44.0% and 34.0%, respectively. Similar to our findings, Öztunç (2001) and Dinçer (2010) found that the prevalence of verbal abuse against nurses was 68.5% and 56.7%, respectively. These findings show that verbal abuse against nurses and other healthcare professionals is a serious problem. This problem may be a consequence of the belief of the patients and their relatives that swearing, shouting, and insulting are effective strategies to receive healthcare service in a short time. This belief is mostly transferred to the next generation and is normalized. Existing studies found that the perpetrators of verbal abuse were mostly the relatives of the patients. This finding is related with the 7–24 hours care provided by the nurses, accessibility of the patient's relatives to the nurses, frequency of the face-to-face contact between the nurses and the patients' relatives, intention of the patients' relatives to exert their power over the healthcare workers, and the ability of the patients' relatives to access higher administrative positions.

In this study, 41.2% of the participant nurses, who were exposed to verbal abuse, physically or verbally informed the aggressors and 93.3% told or reported the incidence of verbal abuse, mostly to their friends (54.6%) and the administrators (34.3%) (Table 4). In a similar vein, Dinçer (2010) reported that 38.1% of the nurses verbally responded to the aggressors and 93.4% told the incidence, primarily to their friends (38.2%). In addition, Khoshknab et al. (2016) found that 45.0% of the healthcare workers asked the aggressor to stop during the incidence of violence. Most of the participants, who were exposed to verbal abuse in this study, were at the age of 40 years and below. Negative association between the age of the participants and exposure to verbal abuse may be explained with the inexperience of younger nurses to cope with crisis and stress, which, in turn, may have resulted with the tendency to describe the incidence to their friends rather than formally reporting the verbal abuse.

In this study, 6.4% of the participants experienced sexual harassment (Table 1). A similar study by Gerberich et al. (2004) found that 7.0% of the participant nurses reported sexual harassment. In contrast to these findings, Günaydın and Kutlu (2012) found that 4.1% of the nurses experienced sexual harassment. Aydın (2008) reported the prevalence of sexual harassment in the workplace to be 1.0%. Some of the studies reported against higher level of sexual harassment in workplace. The prevalence of sexual harassment in workplace in the studies of Çamcı (2010), Dinçer (2010), Kwok et al. (2006), and Öztunç (2001) was 2.0%, 10.5%, 10.7%, and 12.0%, respectively. In contrast, the prevalence of sexual harassment in the study of Gabrovec and Erzen (2016) was 35.5%. Based on these findings, it can be suggested that although the prevalence of sexual harassment among the nurses is relatively low, this problem is a serious one for the nurses and other healthcare workers. Perceptions about nurses, which are predominantly females, consideration of nurses as sexual objects, close physical contact with the patients, and the misunderstanding, which may develop as a consequence of prolonged stay, may be the reasons of sexual harassment.

This study found that 44.5% of the participants who experienced sexual harassment asked the aggressor to stop and 66.7% of the participants told their experience, primarily to their friends (63.6%) (Table 4). The existing literature supports our findings. Çamcı (2010) found that 78.1% of the healthcare workers reacted to sexual harassment and 39.8% asked the aggressors to stop. 43.7% of the nurses in the study of Dinçer (2010) asked the perpetrators to stop and 78.0% told the incidence to their friends (50.0%). Khoshknab et al. (2016) found that 45.0% of the participants asked the aggressor to stop. These findings show that the healthcare professionals, including nurses, were mostly likely to share their experiences with their friends rather than the administrators. This finding may be explained with reference to the tendency of the society to blame the victim in case of sexual harassment and the reluctance of the participants to formally share their experiences because of the feeling of shame and the concerns about stigmatization and exclusion in case of reporting the incidence of sexual harassment.

In this study, percentages for the participants, who often witnessed physical violence and verbal abuse, were 47.6% and 93.3%, respectively. In contrast, 88.0% of the participants expressed that they seldom witnessed sexual harassment. Percentage of the participants that witnessed physical violence and sexual harassment only once were 47.6% and 88.9%, whereas 65.2% of the participants sometimes witnessed verbal abuse. More than half of the participants believed that incidences of violence could be prevented but were not satisfied with the measures taken against workplace violence. Similar to our findings, 52.0% of the participants in the study of Çamcı (2010) believed that violence could be prevented but 59.2% were not satisfied with the measures to prevent violence in workplace. Dinçer (2010) found that more than half of the nurses, who were exposed to violence, did not react to violence, and believed that the act of violence could be prevented, whereas 63.6% believed that violence in health sector often occurred and 68.4% of the nurses sometimes witnessed verbal abuse. In addition, the participants were not satisfied with the institutional measures against violence. In contrast, Aydın (2008) found that 71.0% of the nurses did not believe that their institutions took necessary measures to cope with violence. Durak et al. (2014) found that 41% of the healthcare workers called security staff during the act of violence, but 91.6% did not believe in the ability of the security staff to prevent violence. Higher percentage of participants, who were not satisfied with the measures to prevent workplace violence in this study (physical violence: 76.2%, verbal abuse 80.9, sexual harassment: 77.8%), may be explained with reference to the inadequacy of legal measures on the issues of personnel and workplace safety and the lack of social awareness on these issues. Consequently, nurses are reluctant to appeal to legal methods and are more likely to neglect their experiences.

In this study, 98.6% of the participant nurses expressed the absence of a system to report workplace violence (Table 1). In case of the expression of workplace violence, participants were mostly supported by their colleagues (61.9%) in the department and by the family members (50.0%) outside

their departments. Vural et al. (2013) found that 7.3% of the healthcare staff used white code and 19.5% referred to judicial authority. In another study, Ergün and Karadakovan (2005) found that 84.6% of the incidents of verbal abuses and 69.2% of incidents of physical violence were not reported. Durak et al. (2014) found that 85.6% of the incidents of violence were not taken to the court. In contrast, Çamcı (2010) found that 59.2% of the victims of violence reported the incidence.

Limitations

This study was conducted in only two hospitals of the Northern Cyprus. Consequently, the findings of this study may not be generalizable to nursing in other hospitals.

The study found that 67.1% of the participant nurses experienced violence or abuse. The prevalence of physical violence, verbal abuse, and sexual harassment was reported to be 15.0%, 63.6%, and 6.4%, respectively. 98.6% of the participants noted the absence of any systems to report the violence they experienced. Based on these findings, we may suggest that measures, legal regulations, and reporting systems to maintain safety of healthcare workers are required. Furthermore, units may be formed to provide legal and psychological support and counseling services to the nurses, who experienced violence.

Ethics Committee Approval: Ethical approval from the Scientific Research and Publication Ethics Board of the Eastern Mediterranean University (approval number and date: 2016/33-20, 07.11.2016) and institutional permission from the Department of Inpatient Treatment Institutions (approval number and date: YTK.0.00-1/2013-19/79-16/4859, 27.09.2016) and the Department of Basic Health Services of the TRNC Health Ministry (approval number and date: TSHD.0.00-2/2016-16/3044, 14.10.2016).

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