

# The silent scream of nurses: a qualitative study

Niemy krzyk pielęgniarek: badanie jakościowe

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## Summary

**Introduction.** Nowadays, the importance of nursing science is increasing in the organization, execution, and development of health services. Nurses working in the health institutions encounter countless tragedies while performing healthcare services to patients and families where uninterrupted service is provided 7 days 24 hours. Biopsychosocial changes seen in individuals because of violence in the working environment are silent screams. It is necessary to share feelings and experiences to make the silent scream audible.

**Aim.** In this article, it is aimed to contribute to narrative studies, to draw attention to the violence experienced by nurses in the working environment and the insufficiency of the measures taken by examining the patient stories of two nurses with clinical experience.

**Method.** In the study, two nurses with a professional experience of five years or more were asked to write one of the most memorable anecdotes they have experienced in their professional life. The anecdotes were analyzed through the "Novel, Story, Epic, Tale, Diary, Memory, Mythology and Analogous Rating Scale".

**Results.** Three sub-problems are discussed in this research. Data related to each sub-problem were collected and analyzed. In these two narratives, it was determined that the patients behaved implausible in some situations and their problematic behavior was the dominant common feature. In the first narrative, the categories can be classified under "Behavior of the patients - solutions of the nurses" and in the second narrative under "Emotions of the patient - Emotions of the nurses". The primary point to be reached in both stories can be

considered as follows: "The professional approach of healthcare professionals towards challenging patient behaviors they confront." The incidence of violence could be reduced if the nurses have adequate professional knowledge, experience, and skills and inform patients about the procedures.

**Conclusion.** In this study, it is emphasized that sufficient measures are not taken in violence against healthcare professionals in Turkey, that seriously affects employee health and negatively affects the functionality of health services in terms of quality.

**Keywords:** Nurse stories, violence, narrative

### Streszczenie

**Wstęp.** Współcześnie wzrasta znaczenie nauk pielęgniarstkich w organizacji, realizacji i rozwoju ochrony zdrowia. Pielęgniarki pracujące w placówkach ochrony zdrowia spotykają się z niezliczonymi tragediami podczas udzielania świadczeń zdrowotnych pacjentom i rodzinom, gdzie udzielana jest pomoc nieprzerwanie przez 7 dni 24 godziny. Zmiany biopsychospołeczne obserwowane u jednostek w wyniku przemocy w środowisku pracy to niemy krzyk. Konieczne jest dzielenie się uczuciami i doświadczeniami, aby cichy krzyk był słyszalny.

**Cel.** Artykuł ma na celu przyczynienie się do badań narracyjnych, zwrócenie uwagi na przemoc doświadczaną przez pielęgniarki w środowisku pracy oraz nieadekwatność podjętych działań poprzez zbadanie historii pacjentów dwóch pielęgniarek z doświadczeniem klinicznym.

**Metody.** W badaniu poproszono dwie pielęgniarki z co najmniej pięcioletnim doświadczeniem zawodowym o napisanie jednej z najbardziej pamiętnych historii, jakie przeżyły w swoim życiu zawodowym. Historie zostały przeanalizowane za pomocą „powieści, opowieści, eposu, opowieści, pamiętnika, pamięci, mitologii i analogicznej skali ocen”.

**Wyniki.** W niniejszym badaniu omówiono trzy podproblemy. Dane dotyczące każdego podproblemu zostały zebrane i przeanalizowane. W tych dwóch narracjach ustalono, że pacjenci zachowywali się nieprawdopodobnie w niektórych sytuacjach, a ich problematyczne zachowanie było dominującą cechą wspólną. W pierwszej narracji kategorie można sklasyfikować w ramach „Zachowania pacjentów – rozwiązania pielęgniarek”, a w drugiej narracji w kategorii „Emo-

cje pacjenta – emocje pielęgniarek”. Podstawowy punkt, do którego należy do-  
trzeć w obu historiach, można uznać za następujący: „Profesjonalne podejście  
pracowników służby zdrowia do trudnych zachowań pacjentów, z którymi  
się stykają”. Częstość występowania przemocy mogłaby zostać zmniejszona,  
gdyby pielęgniarki posiadały odpowiednią wiedzę zawodową, doświadczenie  
i umiejętności oraz informowały pacjentów o procedurach.

**Wnioski.** W niniejszym opracowaniu podkreślono, że w przypadku przemocy  
wobec pracowników ochrony zdrowia w Turcji nie podejmuje się wystarczają-  
cych środków, co poważnie wpływa na zdrowie pracowników i negatywnie  
wpływa na funkcjonalność usług zdrowotnych pod względem jakości.

**Słowa kluczowe:** historie pielęgniarek, przemoc, narracja

## Introduction

The World Health Organization (WHO) defines health in its Consti-  
tution, which was entered into force in 1948, as “not only the absence of  
illness or disability, but a state of physical, mental and social well-being”  
[1]. The health care services system consists of institutions that provide  
public or private health services that protect, treat, and rehabilitate the  
health of the individual/family /society. Nowadays, due to advance-  
ments in information and communication technology, demographic  
changes, and globalization, an accelerated social, political, economic,  
and cultural development process is experienced in all countries. The  
spheres of influences for healthcare services are renewed and expand-  
ed in parallel with the changes in the world [2]. The primary objective  
of health care services is to enhance the quality of patients’ life, to con-  
tribute to the enhancement of health, and to provide equal access to  
health care services [3].

Nurses play a vital role in the dynamic structure of health care  
services [4,5]. The International Council of Nursing (ICN) defines nurs-  
ing as follows; It is “a professional group that protects and promotes to  
enhance the health of the individual, family and society, and provides  
recovery and rehabilitation in case of diseases”. Scientific knowledge

in nursing is described with the foundations of “theory” and “notion”, particularly in the domains of behavior and social sciences. Nursing is a health discipline that grounds this theory, notion, research, and practice with philosophy. Nursing is influenced by four fundamental concepts including health-disease, environment, human and nursing [6]. Knowledge, experience, and values in nursing are obtained from various sources. Nursing science, which is formed with this systematic, guides the practices [7,8].

Health care service settings should be environments where patients and staff members feel secure. The healthcare setting should not be a “battleground” [9,10]. Even though violence against healthcare staff in hospitals is unexpected, it is a worrying phenomenon within the healthcare system [11]. The literature put forwards that the most common sources of violence against healthcare professionals are patients and their visitors [12,13]. There are three types of patients and visitor violence: emotional violence, physical violence, and sexual harassment [13]. Violence, which is an intentional and detrimental behavior confronted in the work environment, is a remarkable problem in the nursing profession. The various detrimental impacts of violence in health adversely affect both the work environment and the nurse’s ability to provide optimal patient care. The harmful effects of incessant exposure to violence are numerous [14]. Negative views of individuals towards themselves, others, and the world increase, and they frequently employ ineffective coping strategies to manage their problems [14,15]. Other psychological effects include sleep disorders, anxiety, and even suicidal behaviors, which are consistent with post-traumatic stress disorder [15-17]. The narrative method can be used to better understand the violence, which is considered as an occupational risk in the working environment, among nurses. It enables a better understanding of the challenges, which are experienced in working life, and assists to share values and nursing culture [18].

Narration is one of the efficient methods for sharing professional knowledge, values, and experiences. Narratives are universal [19]. It

is well-known that narratives have been existing long before written sources were existent [20]. It is considered that emotions and thoughts can be transferred permanently to the target audience through narration [19]. A good story promotes to shape moral values by activating emotions in the individual. Narratives are also used as educational tools [19]. It is considered that narration in healthcare services will increase evidence-based studies in clinical practice, and enable nurses, who take an active role in patient care, who are in continuous communication with the patient, to review their own values and professional values through interaction.

In approaching the most intricate entity, human, nurses are required to know what attitude and what values-based behavior they will take on [21]. Nurses interact with the individuals they are responsible for; their relatives and colleagues, in line with their professional knowledge and experience. Professional and personal values make up for the basis of nursing practices [22].

### **Significance of the Research**

Narration is an efficient means to share experiences, which are acquired in nursing practices, and for individuals to question or change professional values. It is also effective in generating the desired behavioral change in nurses. Professional values can be gained to nurses through narration or the levels of these values can be increased. It can assist to unfold common problems in healthcare services.

It is aimed in this study to draw attention to the problems of nurses, who are a vital part of health care services, and to improve their nursing practices.

### **Problem statement**

What are the feelings and thoughts of nurses about the facts they have experienced in the narratives that they cannot forget during providing the health care services?

1. How do the cases progress?
2. What are the feelings of the nurses?
3. What are the thoughts of the nurses?

### **Related Research**

To determine the impact of digital narration and traditional narration methods of nursing students on empathy with patients and case studies, a scientific research was performed by Tatli et al. in 2017. Qualitative and quantitative research design was used. As a result of this research, it has been found out that digital narration is an alternative and effective teaching method for nursing education [23].

A study was carried out by Lewis in 2017 on how individual experiences of nurses working in neonatal intensive care impact end-of-life care. The data of this study was obtained by asking newborn nurses to tell their feelings related to the infant and their parents through narratives while providing end-of-life care. A qualitative research design was used. As a result of the study, the feelings of the nurses were divided into three categories: responsibility, moral distress, and identification. It has been revealed that the coping methods include healthy and less healthy strategies such as peer support, informal and formal debriefing, and avoidance [24].

The purpose of using digital narratives in healthcare education as well as its impact on the learning and behavior of healthcare professionals was examined in a systematic review, which was performed by Moreau et al. in 2018. As a result of this study, it was reported that more research is needed related to the impact of digital narrative, particularly on the behavior of healthcare professionals [25].

The efficiency of ethics in nursing practices was examined through the narrative method in research carried out by Tsuruwaka and Asahara with nursing graduate students in 2018. According to the results of this study, it was determined that since the autonomy of the patients was not respected by the healthcare staff and the expectations of the patients were not met, a conflict was experienced [26].

Nurses' experiences of caring for patients who opted and did not opt to die with medical assistance (euthanasia) in end-of-life care were investigated in a study performed by Beutine et al. in 2018. Seventeen nurses were included in the study and eight narratives were analyzed. The results identified the impact of euthanasia practice on the profession of the nurses, clinical practice, and personal views with three issues. Most nurses argued that the patient's eagerness to die with medical help was an extension of their professional roles and a quality end-of-life practice that advocated patient selection and providing integrated care. Whereas a smaller majority stated the distress of the ethical aspect. The results, which were obtained in the study, could guide the clinical nurses, academic nurses, and leaders. It requires understanding the ongoing sensitization process of the situation and filling in the gaps [27].

In the study performed by Takak and Artantas in 2018, the views and attitudes of patients and their relatives on the causes of violence against healthcare professionals were assessed. In the study carried out in Ankara, the data were collected by questionnaire method, including the patients and their relatives. It has been revealed that the reason for the escalation in violence against healthcare staff is due to the fact that the institutions, which provide health care services are crowded, waiting in line for a longer time, and the paucity of perpetrators' education. Moreover, the participants of the study stated that health care workers deserve violence in some cases [28].

### **Aim**

In this article, it is aimed to contribute to narrative studies, to draw attention to the violence experienced by nurses in the working environment and the insufficiency of the measures taken by examining the patient stories of two nurses with clinical experience.

### **Method**

The narrative research design of the qualitative method was used in this study. In this design, the narratives, which are told by people, are ana-

lyzed through unfolding the place, person, and time. This type of research can also be considered as a literary genre [29]. In narration, events can progress with the onset, development, node, solution, and conclusion chapters. Through narratives, a link can be established between the characteristics of the narratives people tell and social relations.

It was intended in this study to identify the relationship between the relatives told by the nurses and the challenges they experienced in health care services as well as their approaches. In the study, two nurses with a professional experience of five years or more were asked to write one of the most memorable anecdotes they have experienced in their professional life (Figure 1., Figure 2.). The anecdotes were analyzed through the "Novel, Story, Epic, Tale, Diary, Memory, Mythology and Analogous Rating Scale" [29]. The presence of the main problems, which are frequently encountered by nurses typically in Turkey, are discussed, and subsequently, the aforementioned anecdotes were analyzed in terms of feelings, thoughts, metaphors, proverbs, logical and illogical expressions, and some determinations and suggestions were made. This scale can assist in determining the nurses' approach to care for challenging patients.

#### CANDY PATIENT

I have been working in the General Surgery service for 5 years. Perhaps the most disliking aspect of my profession was to care for patients whom we accepted as a protocol. It was said that a professor, working at the university, would be hospitalized at general surgery service. Our VIP room was not suitable on the date of his hospitalization, as we care for patients well above our service capacity. For this reason, the patient was admitted to another clinic service. We were called for this patient, who was followed up in the external service every day for a week. "Please take your patient, we cannot stand it", they said. We wondered how he behaved, of course, that made the team bored. They stated that "he does not allow any action to be taken, he always asserts his professor identity and exhibits opposite behaviors.". My teammates took precautions by saying "Don't care for that patient" on the day of admission to our service because I often conflict with protocol patients. My nurse friend, who was caring for that patient, entered the room to get a patient history and left.. We asked "What happened?". "The patient did not wear wristband," she said. I took the wristband and moved towards the patient's room. Our patient was about to leave the room with his wife who is also professor. "Hello, get well soon. Could you stretch out your arm?" I said, "I have to wear your wristband to avoid confusion." He laughed, "I guess you don't know who I am. I'm professor B.D.". I said, "I did not read a statement saying that professor cannot be confused, if you have such a guarantee, I will not wear it." He was surprised. He got his wristband on, saying that no one made any explanation to him about it, so he thought it was unnecessary. I took care of this patient who will have gall bladder (cholecystectomy) surgery that day. He really tried to show resistance when I entered the room for every transaction. When I entered patient room to measure blood pressure, he had an approach like "you don't need to measure" by saying the value without measuring it. But I was able to overcome his resistance to the actions for his health, first by explaining and then by showing my persistence in practise. While we were getting the patient information, I realized that he had hemophilia and we were preparing him for a risky surgery because of adhesions in the gallbladder. I also told him about the information we gave our patients before surgery. I gave the brochures we prepared. He was astonished that we were so equipped. Hemofili olduğunu söylediği halde daha evvel karşılaştığı pek çok hemşireyi uyardığımı ve bu konuda yeterli bilgileri olmadığını gördüğümü ifade etti. "He warned many nurses that he encountered before about his hemophilia and saw that they did not have enough information on this subject," he stated. Actually I understood that his fear in general; the risk of his surgery, his illness had not been taken seriously in previous experience and he was worried about he would have serious trouble with it. His general attitude and his use of his academic title were based on this reason. His attitude changed sharply when we explained to professor B.D. that we had graduated with sufficient knowledge about all kinds of diseases in nursing education and that we knew the risks of the disease he carried. He stated that he was very afraid of the surgery before coming to the service, but after seeing that the staff was equipped, he felt the peace of mind that delivering himself to angel hands. Seeing the team that give him healthcare was equipped and trusting us made it easier for him to adapt to the treatment during his hospitalization Fearful, unwanted patient professor B.D. was declared as "candy patient".

People may show difficult behaviors, but making the necessary explanations by seeing the reasons can accelerate the adaptation of the patients. It made us to see importance of holistic care mentality of nursing.  
Nurse G.A.

**Figure 1.** The Unforgettable Narrative 1



**AN ORDINARY DAY AT THE EMERGENCY DEPARTMENT**

We experience the difficulties of being a healthcare professional in every department. Many problems can be experienced with patients, relatives and healthcare professionals in the emergency department. Today, when violence against healthcare professionals is very common, we have started to discover different methods in our communication with patients and their relatives as healthcare professionals.

Most of the patients who apply to the emergency department want to be examined even though they do not really need it. We often encounter this situation and have difficulty understanding the true intentions of these patients. One day, at the end of the winter months, a woman admitted to the emergency department whose main purpose was not to be examined, but to argue and unease. This woman went to triage (first examination) first and then went to the registration desk and started to cause problems. She went directly to the yellow area (observation, treatment rooms) without examination and asked the nurses to take care of her. We stated that, first of all the doctor should examine and then treatment and care will be applied according to the doctor's order. Then she started waiting in the crowd in front of the doctor's room again. Again, the woman, whose aim was to cause unease, went into the plaster room by shouting loudly, "Nobody take care of me, I am an emergency patient", "You are earning money with my taxes, I will call and complain to all of you". Our male nurse friend was working there. He was in a miserable condition, dirty from the density and constant plastering. The woman rushed in and said, "Are you a nurse? Why not take care of me? I am also an emergency patient, I do not want to wait. Paste it red and let me examine that barcode early." Our friend understood the situation immediately and uses hid practical intelligence, saying, "I am a cleaning staff, these nurses always look at you like that, they do not take care of you. I understand. Let me help you immediately." He persuaded the woman, softened her a little, took her to the doctor's room and had her examined. The doctor prescribed the patient, whose condition was not urgent and whose intention was to fight, but the woman was still not satisfied. Thereupon, the patient, who came back to the yellow area (observation, treatment rooms) quickly, asked us to give her serum. We explained the situation, but the unsatisfied patient shouted loudly to the doctor in white scrubs at the desk. "Are you a doctor? Where is the doctor? Find me?". The doctor also slipped down and raised his head upwards and immediately came to his mind with the following answer and said, "I am a plasterer, the doctor went to take a break, oh these doctors ...". Again, our nurse friends produced rational solutions to manage the situation. They managed to convince the patient by directing the patient to the outpatient clinic, suggesting that there would be a delay in her treatment and that she could access healthier information there.

As a result, healthcare professionals learn to cope with all negativities by coming face to face with such problematic people unfortunately. Violence in health makes us fall into tragicomic situations. We have learned to solve problems with our practical intelligence and to get out of the situation in some way. How many more people will we sacrifice and bury so that people understand the difficulties of this profession? Now, the working conditions of healthcare professionals should be improved and we should be allowed to do our job in peace and prosperity. Nurse O.B.

**Figure 2.** The Unforgettable Narrative 2

**Results**

Three sub-problems are discussed in this research. Data related to each sub-problem were collected and analyzed. The results of the analysis are presented in tables.

**1. Development Process of Cases**

In this chapter, how the cases, which are told by the nurses in the narratives, have progressed is presented in Table 1.

**Table 1.** Development Process of Cases

Criteria	Characteristics 1. Narrative	Characteristics 2. Narrative
<b>What's the issue?</b>	An ordinary day in the emergency room	Challenging patient
<b>Where does the event take place?</b>	Emergency service	General Surgery Service

<b>When does the event take place?</b>	In the last days of the winter	During the five years he worked in the General Surgery Service
<b>Who and between which institutions does the event take place?</b>	Nurse, patient, doctor, hospital	It takes place in the hospital, between the nurse and the patient.
<b>How does the event initiate?</b>	It begins with the patient coming to the emergency room for examination.	It begins with the admission of the patient to the general surgery service.
<b>How does the event develop?</b>	The patient generates problems because he is waiting in line, and a quarrel is experienced although he is examined.	There is a quarrel because the patient, who is followed up in the external service, is not admitted to the general surgery service.
<b>What does the incident end up with?</b>	The patient calms down with the intervention of the nurses.	The patient complies with all procedures, which were performed related to his illness.

As can be noticed in Table 1, the cases started, developed, and ended.

It can be stated that the predominant common feature of the patients in these two narratives is that they stir the problem up.

## 2. Emotions of the Nurses

In this chapter, the feelings the nurses felt about the cases in the narratives they told are presented in Table 2.

**Table 2.** Emotions of the Nurses

Criteria	Narrative 1	Narrative 2
<b>What are the emotional expressions and concepts that are experienced in the event?</b>	Uneasiness, miserable, tragicomic, sacrifice, prosperity, peace, violence.	Ill-tempered, laughing, being perplexed, insisting, greeting with bewilderment, fear, anxiety, relief, gentleman, a sharp change of attitude, compliance with treatment.
<b>What are the metaphors (similes) contained in the event?</b>	Threatening, burst in, being miserable, eluding, generating rational solutions, healthy knowledge, toning down, practical intelligence, committing to the ground, sacrificing.	Angel hands, professor identity, behaving ill-tempered, feared man, complied with treatment.

Emotional expressions and metaphors are presented in Table 2. Among these, it can be stated that the expressions “*uneasiness, threatening and burst in*” in the first narrative, “*gentleman, sharp change in attitude, angel hands and professor identity*” in the second story are more appropriate to the main idea the narratives want to give.

### 3. Thoughts of the Nurses

In this chapter, the feelings of the nurses felt about the cases in the narratives they told are presented in Table 3.

**Table 3.** Thoughts of the Nurses

Criteria	Characteristics 1. Narrative	Characteristics 2. Narrative
<b>What are the plausible statements and concepts that are experienced in the event?</b>	Applying to the emergency room, triage examination, the statement that you are making money with our taxes, the <b>nurse introducing himself as personnel, the doctor introducing himself as a plasterboard maker.</b>	Cholecystectomy, <b>hemophilia and its risks</b> , preoperative patient training, <b>and scientific explanations about procedures to be performed on the patient</b>
<b>What are the implausible statements and concepts that are experienced in the event?</b>	Entering the yellow area swiftly, entering the casting room, requesting a <b>red barcode</b> , shouting as „I am an emergency patient”	<b>I’m president of the senate, Professor ID</b> , you don’t need to measure my blood pressure, I don’t need to wear the wrist guards

The plausible and implausible statements of the cases that nurses have experienced are presented in Table 3. Among these expressions, in the first narrative, “the nurse introducing herself as a staff and the doctor introducing herself as a plasterer” and in the second story “scientific explanations about hemophilia and its risks, the patient and the procedures to be done” can be considered as plausible statements. Implausible statements can be regarded as “requesting a red barcode, I am president of the senate, Professor ID”. Based on these statements, it can be argued that the patients behaved unreasonably in some cases in both stories.

### **Interpretations, Conclusion and Suggestions**

Narratives facilitate the finding out the nursing philosophy and knowledge. It is well-documented that the narrative methodology is crucial in determining subjective experiences. Nurses can efficaciously avail from this technique to better understand the experience, practice, and challenges in the field.

In the first narrative, the categories can be classified under “Behavior of the patients - solutions of the nurses” and in the second narrative under “Emotions of the patient - Emotions of the nurses”. The primary point to be reached in both stories can be considered as follows: “The professional approach of healthcare professionals towards challenging patient behaviors they confront.” These results can be explained and interpreted as follows.

Since nurses spend too much time with patients, this impacts patient perceptions and thus, patient care experiences [30,31]. Caring for these patients who are classified as “challenging patients” is considered as a major stressor for nurses [32].

For individuals, the state of deviation from well-being, uncertainty, difficulty in coping with the disease, and emotional tension resulting from hospital admission leads to intense feelings of pressure. In some circumstances, patients and visitors are dependent on medical staff. The stress, which is caused by this situation, might increase the tendency towards violence in both patients and healthcare professionals. Workplace violence is universal and very common. Reasons that increase the risk of nurses and other healthcare staff to face violence include working conditions (inadequate number of personnel, inexperienced personnel use, heavy workload, working in shifts), inadequate security measures in health institutions, prolonged waiting times of patients, excessive interventions requiring close physical contact and inability to benefit equally from health care services [33-35]. Verbal violence is the most common type of violence encountered in healthcare institutions [36]. A study has revealed that among healthcare professionals, general practitioners and nurses have a high risk of encountering violence in the workplace [37].

Studies have demonstrated that the educational status of nurses impacts the rate of being exposed to violence by their patients/relatives and colleagues. It has been determined that nurses with an associate degree in health vocational high school experience more verbal and physical violence compared to nurses with undergraduate and postgraduate degrees [28, 38]. Based on the results of the research, the reason for

the high rate of violence in high school and associate degree graduate nurses can be considered as the lower mean age of the employees, the inadequacy of professional knowledge, skills, and experience, and the absence of violence in basic nursing education curriculum. In the study conducted by Kahriman (2014), "not getting enough information" was reported as a reason for the physical violence applied by the relatives of the patients. Considering the second narrative in the light of these data, the incidence of violence could be reduced if the nurses have adequate professional knowledge, experience, and skills and inform patients about the procedures [27].

When we examine the category of "Emotions of the patients - Emotions of the nurses" it is noticed that the nurses felt the emotions of "anger", "wrath", "fear", "disappointment", "anxiety," and "less pleasure in being with the patient", after being exposed to the violence [27,39]. Violence incidents impact healthcare staff adversely. It was determined that following the being exposed to violence, an increase occurred in the stress levels of the nurses, in medical errors, and the rate of the resignations, whereas a decrease occurred in the quality of patient care, efficiency, and job satisfaction [40,41]. It is considered that it is necessary to recognize the violence against the health care staff, to specify efficient strategies to manage violent situations, to organize trainings for health professionals to develop strategies to cope with the situation, and to ensure trust in the working environment.

Feelings and thoughts of patients are also significant regarding violence against healthcare professionals. Most of those who resort to violence against healthcare staff state that they have feelings of anger and wrath that triggers the violence [27,42]. In the previous studies, the majority of those who resort to violence think that health professionals deserve the violence against them. The reasons that increase the tendency of patients and their relatives to resorting violence (prolonged waiting times, encounter with improper staff behavior, hospital conditions, undefined roles, and responsibilities) should be known, and necessary measures should be taken on these bases.

Consequently, assessing feelings and thoughts related to violence is remarkable in terms of revealing the tendency of resorting to violence and its prevention. It is well-known that violence against healthcare professionals is increasing day by day, and meticulous planning and initiatives are needed to prevent it. The subject of coping with challenging and aggressive patients should be involved in the basic education curriculum of healthcare staff, post-graduate training, or in-service training. Scheduling the appointment times precisely to solve the problems caused by waiting for a long time, healthcare workers having adequate professional knowledge, skills, and experience to prevent violence caused by indifference, increasing the number of security personnel, having an alarm system that will enable communication in case of violence (white code), establishing security records, to pay attention to reporting by the management, to have well-regulated and deterrent legal regulations are necessary.

In this study, we are of the opinion that nursing narratives will help shape nursing interventions by generating data for other individuals with the same circumstances. It is a perfect tool for both academic and clinical nursing research. While performing this study, it was detected that narrative studies in nursing were inadequate. More qualitative studies of a similar nature are needed on the issue. Narration provides to grasp the essence of the nursing profession and to share the ethical, moral, scientific, and professional practice basis of our profession.

### **Recommendations for Nursing Practice**

In cases of possible violence, nurses can implement the following interventions. Accepting and empathizing with the individual's feelings, encouraging the individual to express their anger verbally, never approach an aggressive individual alone, giving a calm and confident impression to the individual, learn breakaway techniques to promote personal safety.

In order to contribute to the improvement of nursing care quality in the face of violence cases, it is recommended that including the issue of violence in nursing education curriculum in detail, organizing

in-service training programs (interpersonal communication skills, anger control, recognizing and monitoring individuals prone to violent behavior, taking precautions against violence and safety) in order to develop communication skills that will help nurses in their communication with patients, patient families and other personnel, employing a sufficient number of personnel according to the nurse/patient ratio, developing violence assessment tools to recognize high-risk patients, preparing a list of educational rules, diagrams and figures that appeal to patients in order to prevent violence, providing support to the personnel in both reporting and management of the consequences of violence by managers and administrators, creating a standard reporting system for recording violence, produce a working environment that supports and protects them while providing care. It is important to conduct multidisciplinary research on the prevention and control of violence. More work should be done to highlight appropriate protective measures and policies and to explore the effectiveness of these measures.

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**ÖZLEM ÜLKÜ BULUT** <sup>B, E, F</sup>

A – Concept and design of research, B – Collection and/or compilation of data, C – Analysis and interpretation of data, D -Statistical analysis, E – Writing an article, F – Search of the literature, G – Critical article analysis, H – Approval of the final version of the article, I – Acquisition of assets [eg financial]