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RESEARCH ARTICLE

The Effect of Healthcare Workers' Suffering Violence on their Organizational Commitment During the Covid-19 Pandemic: The Case of Türkiye

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ABSTRACT

Purpose: The rate of violence that increased in the healthcare sector in recent years increased more during the COVID-19 pandemic. This situation caused several problems like depression, anxiety, and professional and organizational commitment among healthcare workers. This study aims to determine whether healthcare workers who worked for State and Private Hospitals in Şanlıurfa, Turkey, suffered any type of violence (verbal, physical, and sexual) at least one time during the pandemic and the effect of this incident on the organizational commitment level of healthcare workers.

Methods: This descriptive study was conducted between 01.02.2022 and 30.05.2022, and 408 healthcare workers on duty participated and completed the questionnaire.

Results: 70.6% of the healthcare workers stated they suffered violence during the COVID-19 pandemic. When examining the type of violence that healthcare workers suffered, 52.9% of them stated they suffered verbal violence, 4.2% of them stated they suffered physical violence, and 24% of those stated they suffered both verbal and physical violence. The rate of those who did not suffer violence was 18.9%.

Conclusion: That the regression coefficient was negative means that there was a negative relationship between the level of violence and the loyalty of workers; as the level of violence increased, the level of worker loyalty decreased, or similarly, as the level of violence decreased, the level of worker loyalty increased. In other words, it was expected that a 1-unit decrease in the level of violence would lead to a 0.260-unit increase in the level of worker loyalty.

Keywords: Healthcare Workers, Violence, Organizational Commitment, Covid-19

Introduction

World Health Organization defines *violence* as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation"¹. Violence includes physical assault, aggression, sexual harassment, bullying, verbal abuse, or threats². With a short definition, we can define *violence* as physically or psychologically harming or injuring another person. According to how it occurs, violence is analyzed under two headings: physical and psychological. In addition, there are other types of violence such as verbal violence, mobbing, sexual harassment, physical abuse, verbal harassment, and obscene or offensive gestures³⁻⁵.

As it is in many sectors, violence has become a significant public health problem for personnel working in the healthcare sector, threatening both the peace of work and the physical and mental health of healthcare workers⁶⁻⁸. This situation creates a severe problem for the patient and the patient's relatives, physicians, nurses, and other healthcare personnel who provide service in the hospitals⁸. 8%-38% of healthcare workers suffered physical violence in their careers⁹.

When the term violence within health institutions is considered, it is defined as "verbal, physical or sexual assault from a patient, patient's relatives, healthcare workers, or another person in the health institution that creates risk for healthcare workers doing their duty in the health institution"^{10,11}.

The concept of organizational commitment was firstly used by Guetzkov (1955)¹² and defined as a predetermined feeling and behavior regarding a thought, individual, or group¹². In 1956, Whyte defined the *organization man* as the one who not only works for the organization but also belongs to it" in his study called "Organization Man", in which he mentioned the dangers of over-commitment¹³. *Organizational commitment* is defined as a psychological link between the worker and the organization that makes it less likely that the worker will voluntarily leave the organization¹⁴. Eriş et al. (2017)¹⁵ define *organizational commitment* as workers' putting the organization's interest over their interests¹⁵. In another definition, *organizational commitment* is defined as the relative strength of identification with and involvement in an organization, acceptance of organizational goals, and willingness to exert effort to remain in that organization¹⁶.

As the COVID-19 virus affected the world, it also negatively affected Turkey, and thousands of people either were infected or died. During this period, healthcare workers who provided service at the forefront struggled against the virus and tried to provide healthcare service. During this period, healthcare personnel already working under difficult and stressful conditions also faced ever-increasing violence and threat problems¹⁷⁻¹⁹.

During the COVID-19 pandemic, the fact that healthcare workers who had to work intensely and stressfully also suffered violence directly affected their commitment to the healthcare institution for which they work. This study aims to determine whether healthcare workers who work for State and Private Hospitals in Şanlıurfa, which is the ninth biggest city in Türkiye in terms of population and the province with the lowest vaccination rate during the COVID-19 vaccination period, suffered a type of violence (verbal, physical, and sexual) at least one time and the effect of this incident on the level of organizational commitment of healthcare workers.

Materials and Methods

POPULATION AND SAMPLE OF THE STUDY:

The population of this descriptive study consists of around 5,000 healthcare workers who work for state, university, and private hospitals in Şanlıurfa city center. In the study, with the simple random sampling method, 0.95 confidence level, and 0.05 confidence interval, 357 people were calculated as the study sample. The study was conducted between 01.02.2022 and 30.05.2022, and 408 healthcare workers on duty participated and completed the questionnaire.

DATA COLLECTION TOOL

In order to determine whether the healthcare workers suffered violence, a questionnaire form with 11 statements was prepared to determine the socio-demographic characteristics of healthcare workers by the researchers as a result of the literature review.

In order to measure the organizational commitment level of the workers, the Organizational Commitment Questionnaire – OCQ was used. It was obtained from the Master's Thesis, "Impacts of Managers' Leadership Behaviors on Employees' Organizational Commitments and a Research," written by Nusret Erceylan, and consists of 15 statements²⁰. In order to determine the opinions of healthcare workers who participated in the study, they were asked to evaluate the statements of organizational commitment scale according to the 5-Likert scale (1- Strongly Disagree, 2-Disagree, 3-

Neither agree nor disagree, 4-Agree, 5-Strongly Agree).

"Employee Loyalty Scale" used in the study was found 0.861.

DATA ANALYSIS

Data obtained in the study were analyzed with the SPSS statistics program. Percentages, descriptive statistics, ANOVA, T-test, and Chi-square analyses were used in the study. Also, Regression analysis was used to determine the relationship between variables. Cronbach's Alpha coefficient of the

Results

In this chapter, findings obtained in the study are provided. Table 1 shows the socio-demographic information of healthcare workers who participated in the study.

Table 1. Socio-Demographic Data of Healthcare Workers in the Study

	Groups	Number	Percent
Gender	Female	207	50,7
	Male	201	49,3
	Total	408	100,0
Age	30 and below	214	52,5
	31 and above	194	47,5
	Total	408	100,0
Marital Status	Single	171	41,9
	Married	237	58,1
	Total	408	100,0
Educational Status	High School	42	10,3
	Associate Degree	65	15,9
	Undergraduate	190	46,6
	Postgraduate	83	20,3
	Doctorate	28	6,9
	Total	408	100,0
Hospital	University	169	41,4
	State	140	34,3
	FHC (Family Health Center)/Medical Center	61	15,0
	Private	18	4,4
	Emergency Ambulance Services	20	4,9
	Total	408	100,0
Occupational Groups	Physician	121	29,7
	Nurse	64	15,7
	Nurse/Midwife	132	32,4
	Administrative Personnel	51	12,5
	Emergency Medical Technician / Paramedic/laboratory and radiology technician	40	9,8
	Total	408	100,0
Working Duration	7 years and below	221	54,2
	8 years and above	187	45,8
	Total	408	100,0
Department	Polyclinic	114	27,9
	Inpatient Unit	125	30,6
	Emergency Department	118	28,9
	Other	51	12,5
	Total	408	100,0

50.7% of those who participated in the study were women, 52.5% of them were 30 and below, 58.1% of them were married, 46.6% of them had bachelor's degrees, 41.3% of them were working

for the university hospital, 32.4% of them were nurse, 54.2% of them had been working in a hospital for 7 years and below, and 30.6% of them were working at the inpatient unit.

Table 2. The Status of Healthcare Workers' Suffering Violence

	Groups	N	%
Have you ever been subjected to violence in your Professional life?	Yes	331	81,1
	No	77	18,9
	Total	408	100,0
Were you subjected to violence during the Covid-19 pandemic?	Yes	288	70,6
	No	120	29,4
	Total	408	100,0
Violence Type	Verbal Violence	216	52,9
	Physical Violence	17	4,2
	Both Physical and Verbal Violence	98	24,0
	I have never been subjected to violence	77	18,9
	Total	408	100,0

Table 2. shows the status of healthcare workers suffering violence. 81.1% of the healthcare workers stated that they suffered violence while working at some point in their careers. 70.6% of the healthcare workers stated they suffered violence during the Covid-19 pandemic. When examining the type of

violence that healthcare workers suffered, 52.9% of them stated they suffered verbal violence, 4.2% of them stated they suffered physical violence, and 24% of them stated they suffered both verbal and physical violence. The rate of those who did not suffer any violence was 18.9%.

Table 3. Analyzing Employee Loyalty in terms of the Demographic Information of Healthcare Workers and the Status of Suffering Violence

	Groups	N	Mean	Std. Deviation	F	P	The Source of Difference
Education	High School	42	3,262	0,953	3,246	0,012	- Doctorate and Associate Degree
	Associate Degree	65	2,956	0,675			
	Undergraduate	190	3,110	0,734			
	Postgraduate	83	3,063	0,654			
	Doctorate	28	3,497	0,604			
Hospital	University	169	3,194	0,761	4,043	0,018	- FHC (Family Health Center)/Medical Center and University - FHC/Medical Center and State
	State	140	3,166	0,684			
	FHC (Family Health Center)/Medical Center	61	2,895	0,712			
Occupational Groups	Physician	121	3,271	0,689	2,440	0,046	- Physician and Other
	Nurse	64	3,122	0,726			
	Nurse/Midwife	132	3,018	0,801			
	Administrative Personnel	51	3,136	0,693			
	Other	40	2,957	0,655			
Department	Polyclinic	114	2,981	0,712	4,870	0,002	- Emergency Department and Polyclinic - Emergency Department and Other
	Inpatient Unit	125	3,178	0,736			
	Emergency Department	118	3,276	0,730			
	Other	51	2,913	0,718			
Gender	Female	207	3,081	0,724	-	1,029	0,304
	Male	201	3,156	0,747			
Age	30 and below	214	3,113	0,763	-	0,149	0,881
	31 and above	194	3,124	0,706			
Marital Status	Single	171	3,203	0,773	2,000	0,046	
	Married	237	3,056	0,702			
Working Duration	7 years and below	221	3,188	0,746	2,112	0,035	
	8 years and above	187	3,035	0,716			
Suffering Violence	Yes	331	3,067	0,746	-	2,690	0,007
	No	77	3,337	0,866			

Whether there is a difference in employee loyalty in terms of the demographic information of healthcare workers and the status of suffering violence is shown in Table 3. Student t-test was used to compare paired groups, and the ANOVA test was used to determine whether there was a difference between three or more groups. Regarding the obtained findings, in the comparison between the paired groups, according to the Student's t-test, in employee loyalty, it was found that:

- i. There was a difference in terms of the marital status of the healthcare workers, and the loyalty level of single healthcare workers was higher.
- ii. There was a statistically significant difference in employee loyalty in terms of the working duration of healthcare personnel, and the loyalty level of those whose working duration was seven years and below was higher.
- iii. There was a statistically significant difference in employee loyalty regarding the status of suffering violence, and the employee loyalty level of those who did not suffer violence was higher.

According to the ANOVA test, a statistically significant difference was found between the means of employee loyalty for four analyzed working information variables. Groups that were the source of the difference according to the Tukey test, made to determine the source of difference, are shown opposite the relevant occupation in the table. According to the obtained findings, in the comparison between groups in terms of employee loyalty:

- i. According to the education status, the employee loyalty level of those with a doctoral degree was higher than those with an associate degree.
- ii. According to the institution, the employee loyalty level of those who work for FHC/medical centers was lower than those who work for state and university hospitals.
- iii. According to occupation, the employee loyalty level of physicians was higher than that of other occupational groups.
- iv. According to the working department, the employee loyalty level of those in the emergency department was higher than that of polyclinic workers and other groups.

Table 4. The Findings of Linear Regression Analysis for the Effect of Violence Level on the Employee Loyalty

	Regression Coefficients	Standard regression coefficients	t	p
Constant	3,623		26,681	0,000
Violence Level	-0,064	-0,260	-3,823	0,000
R	R squared	Adjusted R squared	F	p
0,260	0,068	0,063	14,618	0,000

The findings of the linear regression model, which was prepared by determining the level of violence as the independent variable and employee loyalty as the dependent variable, are shown in Table 4. The significance of the model was analyzed with the ANOVA test, and the model was found significant ($F=14,618$, $p<0,05$). The determination coefficient of the model (adjusted R-squared) was found 0.063. According to this result, the violence level explained 6.3% of the variation in employee loyalty. According to the model, the coefficient of the violence level variable was found statistically significant ($t=-3,823$, $p<0,05$). According to the prediction of the standardized regression coefficient, the effect of the violence level variable on employee loyalty was found 0.260. That the regression coefficient was negative means that there was a negative relationship between the level of violence and the loyalty level of workers; as the level of violence increased, the loyalty level of workers decreased, or similarly, as the level of

violence decreased, the loyalty level of workers increased. In other words, it was expected that a 1-unit decrease in the level of violence would lead to a 0.260-unit increase in the loyalty level of workers.

Discussion

This study was carried out to determine whether healthcare workers who work for State and Private Hospitals in Şanlıurfa during the COVID-19 pandemic suffered one of the types of verbal, physical, and sexual violence at least once and the effect of this incident on the level of organizational commitment of healthcare workers.

331 out of 408 (N=81.1%) healthcare workers who participated in the study stated that they suffered one of the types of verbal, physical, or sexual violence at least once in their working lives. 288 healthcare workers (70.6%) stated that they suffered one of the types of verbal, physical, or

sexual violence at least once, especially during the COVID-19 pandemic.

In a study by Bitencourt et al. (2021)²¹ in Brazil among 1,166 healthcare workers, they found that 49.2% of healthcare workers suffered violence before the COVID-19 pandemic, while 31.7% of those suffered violence during the pandemic. Healthcare workers stated they suffered violence from patients, patients' relatives, colleagues, and even their family members during the pandemic²¹.

In the study carried out by Alsharari et al. (2022)²² in Saudi Arabia among 849 nurses working in the emergency department, they stated that participants (73.7%) suffered violence in the last two years, and 47.4% of them suffered physical violence while 94.3% of them suffered non-physical violence. It was found that nurses suffered violence, especially from patients' relatives (88.3%)²² In the study by Xei et al. (2020)²³, during the early stages of the COVID-19 pandemic, 10,516 psychiatric care workers participated, 15.5% of the workers stated that they suffered physical violence.²³

In the study carried out by Hamzaoğlu and Türk (2019)²⁴ in various cities of Turkey among 447 healthcare workers, 36.7% of the participants stated that they suffered physical violence, 88.8% of them stated that they suffered verbal harassment at least once during their working lives. Many participants who were victims of physical violence and verbal harassment did not report the incidents because they thought it would not do any good²⁴.

In the literature review, some studies have similar results to this study; in other words, there are studies regarding healthcare workers suffering direct violence during the COVID-19 pandemic^{17,25-28}. According to the results of the meta-analysis by Hadavi et al. (2023)²⁵ regarding healthcare workers' suffering violence in the workplace during the COVID-19 pandemic, thirteen studies were analyzed, and it was found that the rate of healthcare workers' suffering violence was higher during the COVID-19 pandemic²⁵.

In the systematic literature review carried out by Ramzi et al. (2022)²⁹ regarding healthcare workers' suffering violence during the COVID-19 pandemic, seventeen studies were analyzed, and it was found that 47% of the healthcare workers that participated in the study suffered violence²⁹. 253 studies were systematically analyzed (331,544 healthcare workers in total) by Vento et al. (2020)³⁰ through a literature review, and 61.9 of the participants in these studies stated that they suffered violence³⁰.

It is thought that healthcare workers suffered violence because high hospital occupancy, especially during the pandemic, affected psychologically negatively patients and their relatives who were waiting for their turn; healthcare workers could not take care of patients and their relatives well enough because they were working intensely under challenging circumstances, and they could not communicate effectively.

In this study conducted in Şanlıurfa, significant differences were found among healthcare workers who participated in the study regarding marital status, working duration, suffering violence, working department, occupational groups, and education and institution groups. According to the results obtained in the study carried out by Alfuqaha et al. (2022)³¹ among healthcare workers who suffered violence during the COVID-19 pandemic, statistically significant differences were found in terms of gender, marital status, age, working department, and education level³¹.

As a result of this study carried out among healthcare workers in Şanlıurfa, the effect of the violence variable on employee loyalty was found - 0.260 according to the standardized regression coefficient prediction. That the regression coefficient was negative means that there was a negative relationship between the level of violence and the loyalty level of workers; as the level of violence increased, the loyalty level of workers decreased, or similarly, as the level of violence decreased, the loyalty level of workers increased. If the violence level increases by 1 unit, the loyalty level of healthcare workers decreases by 0.260 units. In other words, it was expected that a 1-unit decrease in the level of violence would lead to a 0.260-unit increase in the loyalty level of workers.

In the literature review, the studies were analyzed, and no study was found regarding the effect of violence on organizational commitment, especially during the COVID-19 pandemic. However, one study was found on the effect of healthcare workers' suffering violence on occupational commitment. In the study carried out by Şat et al. (2021)³² regarding nurses' suffering violence and their occupational commitment during the COVID-19 pandemic, it was found that suffering violence had a negative effect on nurses' occupational commitment³².

In the literature review, no study found a significant relationship between organizational commitment and healthcare workers' suffering violence during the COVID-19 pandemic. When previous studies were analyzed, it was found that some studies did

not find a significant relationship between violence and organizational commitment.

For example, in the study carried out by Tengilimoğlu et al. (2009)³³ among healthcare workers in a hospital, a significant relationship between suffering mobbing and the organizational commitment of healthcare workers was not found according to the correlation analysis made to determine the relationship between mobbing and organizational commitment³³.

However, studies before the pandemic that had similar results to those obtained in this study were found in the literature review^{34, 35}. A study by Öztürk et al. (2018)³⁶ found that the organizational commitment of healthcare workers who suffered violence in their careers was lower than that of those who did not suffer violence³⁶. In the study by Anderson et al., it was found that the organizational commitment level of healthcare workers who suffered violence and were supported by supervisors was higher than that of those who were not supported³⁷. In the study carried out by Bayraktar and Özkan (2018) among physicians, it was found that the violence that physicians suffered had a negative effect on their organizational commitment³⁸.

No study directly on the violence which healthcare workers in Turkey suffered during the pandemic could be found. On the other hand, there are a limited number of studies on the exposure of healthcare workers to violence by scanning news reports during the pandemic^{39,40}.

Conclusion

This study was conducted to determine the effect of the violence healthcare workers who suffered during the COVID-19 pandemic on their organizational commitment. It was found that most healthcare workers suffered physical violence, especially verbal violence, during this period. It was found that the violence that healthcare workers suffered had a negative effect on their

organizational commitment. In order to increase the organizational commitment of healthcare workers, alternative ways should be implemented to prevent them from suffering violence, and healthcare workers should be able to work under comfortable, stress-free working conditions.

Although there are studies regarding healthcare workers' suffering violence during the COVID-19 pandemic, the fact that no study has been found that directly investigates the effect of suffering violence on the organizational commitment of healthcare workers made this study a pioneering study.

Declarations

All authors approved the final version for submission.

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Author Contributions

Study conception and design: HE, HB, FB, AK.

Data collection: HE, HB, FB.

Data analysis and interpretation: HE, AK.

Drafting of the article: HE, FB, HB.

Critical revision of the article: HE, HB, FB, AK.

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