

## ORIGINAL ARTICLE

# Assessment of the relation of violence and burnout among physicians working in the emergency departments in Turkey

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## ABSTRACT

**BACKGROUND:** Violence and burnout are frequently seen among medical doctors; however, the relation is not clear. This study aimed to assess the violence and its possible effects on burnout in physicians working in emergency units.

**METHODS:** This cross-sectional study targeted all physicians working in the emergency units of Pamukkale University Hospital, County and City Hospitals, 112 Emergency Services, and Private Hospitals in Denizli. Data were obtained by means of a self-administered questionnaire that consisted of questions on the demographics of the participants, Turkish version of the Maslach Burnout Inventory, and of the perpetrators of violence. What was also documented on the questionnaire was whether participants had been subjected to or had witnessed any verbal or physical violence during the previous one month of emergency physicians' certification program.

**RESULTS:** A total of one hundred and seventy-four physicians were included into the study (85% of the targeted group). Many of the participants were between 24 and 59 years of age, with a mean age of  $36.8 \pm 5.8$  years. Married male doctors working in the City Hospital made up the majority. There were significant associations between emotional exhaustion and total violence ( $p=0.012$ ) and verbal violence ( $p=0.016$ ); depersonalization and total violence ( $p=0.021$ ) and verbal violence ( $p=0.012$ ).

**CONCLUSION:** The results presented here indicated that there was a strong relation between burnout and violence experienced by physicians working in emergency units. Violence in the emergency department has a substantial effect on the physicians' well-being.

**Key words:** Burnout; emergency department; emergency physician, emergency physician wellness; violence.

## INTRODUCTION

Burnout in emergency physicians is multi-factorial and has previously been linked to a number of factors related to the working environment. It may result from the progressive loss of the health care workers' ability to feel emotionally involved in their work. Continuous exposure to critical incidents may

be another factor increasing the risk of developing professional burnout. Exposure to violent patients is an aspect of one of the many occupational hazards associated with working in an emergency department (ED), which may induce the development of burnout.<sup>[1]</sup>

Workplace violence is defined as any incident that puts health care workers at risk, which includes verbal abuse, threatening behaviour, or assault by a patient or patient accompanier, and it has currently been an increasing concern in the workplace.<sup>[2,3]</sup> Violence towards health care workers has been shown to often have short and long-term psychological effects on its victims, including post-traumatic stress disorder even when physical injury is not present.<sup>[4,5]</sup> Healthcare workers bearing the brunt of violence can evaluate their work with patients in a negative light, which may lead to burnout. Eventually, they may develop cynical attitudes towards the patients, thereby, compromising the quality of care that they provide.

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In the hospital setting, emergency departments are common sites for substantial and significant violence.<sup>[6-8]</sup> An increased risk of experiencing burnout has previously been linked to a number of factors related to the working environment of the emergency physicians.<sup>[1,9-12]</sup> Certain environmental factors also appear to affect the risk of violence, and these factors are important variables for burnout.<sup>[13-15]</sup> The problem of workplace violence and burnout in the EDs has not been well documented, researched, or managed.<sup>[16]</sup> Additionally, the majority of the studies regarding these issues prior to the current study had been conducted in different populations, including emergency room nurses and other emergency staff. The purpose of this study was to assess the experience of workplace violence and the status of burnout in attending emergency physicians (EP) within the Emergency Medical System in a western Turkish city and detect the relation between these two.

## MATERIALS AND METHODS

### Study Design and Subjects

This cross sectional study included all physicians working in the emergency departments in Pamukkale University Hospital, State Hospitals, County Hospitals, Citywide Primary Health Care Centres, 112 Emergency Services, and Private Hospitals in Denizli. One hundred and seventy-four physicians (85% of the targeted group) participated in the study. Denizli is located in the Aegean region of Turkey, which is a relatively developed part of Turkey and the population of the province is close to a million. Most physicians were government employees. The salaries of emergency room doctors in Turkey are low compared to those of the doctors in the Organization for Economic Co-operation and Development countries (OECD).

### Data Collection

Data were obtained by means of a self-administered questionnaire that consisted of questions on the demographics of the participants, the Turkish version of the Maslach Burnout Inventory (MBI),<sup>[17]</sup> and the questions about whether participants had been subjected to or had witnessed any verbal or physical violence<sup>[18]</sup> during the previous month were also included into the questionnaire. Data were collected during an emergency physician certification program. Content validity of the violence questions is supported by the literature. This questionnaire was piloted on a pre-study group of five people, and amendments were made to the document in accordance with this input.

MBI is the most widely used standardized measure of burnout, consisting 22 items with each of the three components of burnout (exhaustion, cynicism, professional efficacy) measured on separate likert-type subscales. It has been translated into Turkish and shown to have internal consistency: test-retest reliability, convergent validity, and discriminant validity.<sup>[17]</sup> MBI evaluates three domains of burnout:

(i) Emotional exhaustion, consisting of nine items measuring reduced energy and job enthusiasm, emotional and cognitive distancing from the job;

(ii) Depersonalization, consisting of five items measuring cynicism, lack of engagement and distancing from the patients, treatment of patients as inanimate, unfeeling objects; and

(iii) Personal accomplishment, consisting of eight items measuring perception of having an influence on others, working well with others and dealing well with problems.<sup>[19]</sup>

Each item consists of a 5-point rating scale ranging from 1 (never) to 5 (every day), and on the basis of the MBI responses, independent subscale scores are calculated for each of the three domains of burnout. High scores on emotional exhaustion or depersonalization subscales indicate burnout as do low scores on the personal accomplishment subscale.

### Data Entry and Analysis

Data entry and analysis were performed using the SPSS-PC version 17.0 statistical package (SPSS; Cary, NC). Percentages, mean and SD were used as descriptive statistics. Student's t-test, Chi-square test, and ANOVA were used for bivariate analyses. Linear regression was the method of choice to adjust confounding variables.

## RESULTS

One hundred and seventy-four doctors were included into the study. Table 1 shows the characteristics of the participants and association of burnout with socio-demographic and work-related factors in the EPs. Many of the participants were between 24 and 59 years of age. Married male doctors working in the State Hospital made up the majority. There were significant differences between the groups in marital status, workplace, hobbies, habits monthly income and work hours in terms of emotional exhaustion ( $p=0.014$ ,  $p=0.033$ ,  $p<0.001$ ,  $p=0.038$ ,  $p=0.04$  and  $p=0.006$ , respectively); in terms of personal accomplishment in the workplace ( $p<0.001$ ) and in terms of depersonalization in hobbies ( $p=0.024$ ) (Table 1).

There were significant differences between the groups in gender, workplace, hobbies in terms of verbal violence ( $p=0.008$ ,  $p=0.05$  and  $p=0.002$ , respectively) and in terms of total violence ( $p=0.013$ ,  $p=0.03$  and  $p=0.002$ , respectively) (Table 2).

There were significant associations between emotional exhaustion and total violence (the sum of verbal and physical violence) ( $p=0.012$ ) and verbal violence ( $p=0.016$ ); depersonalization and total violence (the sum of verbal and physical violence) ( $p=0.021$ ) and verbal violence ( $p=0.012$ ) experienced by physicians in the last month (Table 3). Table 4 shows the effects of factors on burnout.

**Table 1.** Description of the sample and association of burnout with demographic and work-related factors in EPs

Variables	n	Emotional exhaustion		Personal accomplishment		Depersonalization	
		Mean±SD	p*	Mean±SD	p*	Mean±SD	p*
Age (years)							
<34	60	24.0±5.9	0.45	30.1±3.4	0.69	10.6±3.5	0.4
35-44	99	25.0±6.3		29.8±3.8		11.0±3.5	
≥45	15	23.3±6.1		30.6±2.5		12.0±2.6	
Sex							
Male	138	24.6±6.0	0.69	30.0±3.4	0.87	11.0±3.2	0.61
Female	36	24.1±6.7		29.9±3.9		10.7±4.1	
Marital status							
Married	139	23.9±6.3	0.014	30.1±3.7	0.53	10.9±3.4	0.93
Unmarried	35	26.8±5.1		29.7±2.9		11.0±3.3	
Having children							
Yes	129	25.3±5.5	0.3	29.9±3.5	0.96	10.6±3.3	0.51
No	45	24.2±6.4		30.0±3.6		11.0±3.4	
Workplace							
112 emergency services	49	22.6±6.0	0.033	31.3±2.9	0.001	10.7±3.4	0.19
State hospital	102	25.2±6.1		29.3±3.6		11.1±3.4	
University hospital	15	23.9±6.7		31.4±3.5		9.6±3.2	
Other	8	28.2±5.1		27.7±2.8		12.6±3.4	
Work type							
Shift	17	23.2±5.4	0.32**	30.1±3.3	0.99**	10.4±3.6	0.69**
24-h shift	119	25.0±6.0		29.9±3.1		11.1±3.1	
Day or night shift	38	23.6±7.0		30.0±4.7		10.7±4.2	
Hobbies							
Yes	118	23.4±6.2	<0.001	30.3±3.4	0.085	10.5±3.3	0.024
No	56	26.9±5.5		29.3±3.8		11.8±3.5	
Habits							
None	97	23.4±5.6	0.04	30.2±3.4	0.72	10.4±3.2	0.03
Cigarette smoke	46	25.6±6.9		29.5±3.4		11.0±3.9	
Alcohol	12	25.0±7.7		30.3±3.9		13.0±3.1	
Both	19	27.2±5.1		29.9±4.6		12.1±2.8	
Working years in Medicine							
0-5	20	24.9±5.4	0.51	31.1±3.6	0.38	10.4±2.9	0.37
6-10	49	23.5±6.2		29.4±3.2		10.4±3.7	
11-15	63	25.3±6.8		30.0±3.7		11.5±3.7	
>16	42	24.4±5.5		30.0±3.6		11.0±2.9	
Years in EM							
<5	90	23.8±6.2	0.23	30.2±3.4	0.27	10.5±3.2	0.19
6-10	49	25.5±5.8		29.3±3.5		11.3±3.3	
>11	35	25.0±6.6		30.4±4.0		11.6±4.0	
Predicted future in EM							
<5	35	26.0±5.4	0.16	30.2±2.8	0.1	11.4±3.8	0.11
5-10	57	24.8±6.3		29.1±4.0		11.5±3.2	
>10	82	23.7±6.3		30.4±3.4		10.4±3.3	
Monthly income							
2-3	106	24.5±6.7	0.03	29.9±3.6	0.15	10.7±3.8	0.6
3-4	46	25.3±5.3		29.4±3.5		11.5±2.8	
4-5	13	25.5±4.0		31.2±2.9		11.0±2.0	
>5	9	18.8±4.2		31.8±3.2		10.5±2.8	
Work hours (per month)							
≤160	36	22.0±6.2	0.006	30.4±3.1	0.37	11.1±3.0	0.8
>160	138	25.2±6.0		29.8±3.6		10.9±3.5	

\*p values come from either t-test or Anova. \*\*p values come from Kruskal Wallis. ED: Emergency department.

**Table 2.** Description of the sample and association of violence with demographic and work-related factors in EPs

Variables	Physical violence			Verbal violence			Total violence		
	n	%	p	n	%	p	n	%	p
Age (years)									
<34	2	3.3	0.013	28	45.9	0.8	28	45.6	0.91
35-44	7	7.1		41	41.4		44	44.4	
≥45	0	0		6	40.0		6	40	
Sex n (%)									
Male	9	6.5	0.24	52	37.7	0.008	55	39.9	0.013
Female	0	0		23	62.2		23	62.2	
Marital Status									
Married	7	5	0.98	62	44.3	0.69	64	45.7	0.79
Unmarried	2	6.1		12	36.4		13	39.4	
Having children									
Yes	2	4.3	0.80	18	39.1	0.55	19	41.3	0.36
No	7	5.4		57	44.2		59	45.7	
Workplace									
112 emergency services	3	6.1	0.86	20	40.8	0.05	21	42.9	0.03
State hospital	5	4.9		50	49.0		52	51.0	
University hospital	0	0		2	12.5		2	12.5	
Other	1	12.5		3	37.5		3	37.5	
Work type									
Shift	0	0	0.64	3	17.6	0.08	3	17.6	0.059
24-h shift	8	6.7		54	45.0		56	46.7	
Day or night shift	1	2.6		18	47.4		19	50.0	
Hobbies									
Yes	5	4.2	0.25	41	34.7	0.002	43	36.4	0.002
No	4	7.0		34	59.6		35	61.4	
Habits									
No	5	5.6	0.67	39	43.3	0.1	40	44.4	0.15
Cigarette smoking	2	4.3		17	37		18	39.1	
Alcohol	2	16.7		4	33.3		5	41.7	
Both	0	0		8	42.1		8	42.1	
Working years in Medicine									
0-5	0	0	0.43	7	35	0.82	7	35.0	0.81
6-10	4	8		21	42		22	44.0	
11-15	4	6.3		27	42.9		29	46.0	
>16	1	2.4		20	47.6		20	47.6	
Years in medicine EM									
<5	4	4.4	0.67	36	39.6	0.30	37	40.7	0.38
6-10	4	8.2		20	40.8		22	44.9	
>11	1	2.9		19	54.3		19	54.3	
Predicted future years in EM									
<5	1	2.9	0.17	17	48.6	0.37	17	48.6	0.17
5-10	5	8.8		27	47.4		30	52.6	
>10	3	3.6		31	37.3		31	37.3	
Monthly income									
2-3	6	5.6	0.64	44	41.1	0.58	62	57.9	0.42
3-4	3	6.5		22	47.8		22	47.8	
4-5	0	0		4	30.8		9	69.2	
>5	0	0		5	55.6		4	44.4	
Work hours (per month)									
≤160	1	2.8	0.67	12	33.3	0.19	12	33.3	0.09
>160	8	5.8		63	45.3		66	47.5	

**Table 3.** Relation of violence with burnout in EPs

Variables	n	Emotional exhaustion		Personal accomplishment		Depersonalization	
		Mean±SD	p	Mean±SD	p	Mean±SD	p
Total violence							
Yes	78	25.8±5.9	0.012	29.4±3.8	0.074	11.6±3.5	0.021
No	96	23.5±6.2		30.4±3.3		10.4±3.3	
Physical violence							
Yes	9	26.8±3.7	0.09	30.5±3.2	0.63	11.3±3.4	0.75
No	165	24.4±6.3		29.9±3.6		10.9±3.4	
Verbal violence							
Yes	75	25.8±6.0	0.016	29.4±3.9	0.1	11.7±3.5	0.012
No	99	23.5±6.2		30.3±3.2		10.4±3.3	

**Table 4.** Multivariate analysis of the effects of factors on burnout\*

Variable	Emotional exhaustion				Personal accomplishment				Depersonalization			
	Beta	±SE	p	95% CI	Beta	±SE	p	95% CI	Beta	±SE	p	95% CI
Total violence	2.1	0.96	0.03	0.19-4.0	-0.94	0.6	0.1	-2.08-0.19	1.09	0.5	0.049	0.004-2.2

\*Models are adjusted for age, gender, work place and hobbies.

## DISCUSSION

This study showed that violence (especially, verbal violence) and burnout are common among physicians working in emergency departments. There have been few studies in the literature with similar results.<sup>[1,9,12,20-24]</sup> Our results also indicated that there was a strong association between burnout and violence experienced by physicians working in emergency departments in our community. Violence-burnout relation in the literature has been referred to as anecdotal so far. However, this study is one of the few studies showing direct relation between violence and burnout.

All forms of aggression have the potential to impact significantly on the well-being of health professionals, including impaired job performance, moderate to severe and long-term psychological effects, burnout and turnover.<sup>[22,24-26]</sup> The association between burnout and violence towards health care staff also found by Arnetz and Arnetz<sup>[20]</sup> is similar to our study. It has also been reported that violence or threats experienced by health care staff, as well as burnout, have negative effects on the quality of health care services offered.<sup>[20,21]</sup>

There seems to be a tight circle between violence and burnout among physicians working in emergency departments. As long as violence is frequent, it is expected that it will have a substantial effect on the staff's well-being and burnout in our

emergency departments. In another study within the EDs, the authors have experienced high levels of burnout primarily among physicians owing to the increased work load caused by access block and overcrowding, which, in turn, may lead to longer waiting times, and consequently, an increase in violence and aggression contributing to the risk of burnout.<sup>[23]</sup> Violence is always present in the EDs, and the main contributing factors have been indicated as sudden illness or injury of individuals, overcrowding of the EDs because of access block or bed shortages, and longer waiting periods, alcohol or substance use. Misunderstandings about the assignments of medical priorities can easily aggravate patients and their companions, who are naturally in an anxious and worried mood. These findings are supported by other studies.<sup>[7,12,18,23]</sup>

The negative influence of violence on the well-being of the affected person has been demonstrated in some studies. The consequences are emotions like anger or anxiety extending to psychological disorders like burnout.<sup>[12,27-31]</sup> Gascón et al.<sup>[30]</sup> have found that there is a statistically significant association between verbal violence and anxiety and symptoms of Post-Traumatic Stress Syndrome. In their report, both physical and non-physical violence has had an identical negative impact in terms of burnout, exhaustion and conflicts of values in health care workers, which are similar to our study. In addition, the same study has found that verbal and physical violence against accident and emergency service workers are shown to be simi-

lar in the literature. In a recent study with a large participation, Estryng-Behar et al.<sup>[31]</sup> have compared the rate of burnout and violence and found that both are higher in the ED physicians than in other physicians. Emergency physicians have declared being subjected to monthly violence from patients or their relatives twice as often as the physicians in the representative sample (69.3% vs. 27.5%). They have reported that violence, as one of the working environment risk factors, is highly linked to burnout as was also demonstrated in our study.

The aggressions suffered by the workers fall within a wide range of risks that affect the safety and health of health workers, who are already subjected to high stress leading to high levels of burnout. Healthcare workers with burnout suffer from physical and emotional symptoms, lose joy in providing care, distance themselves from others, view their patients as objects, and spend less time with abusive patients. On the other hand, professional exhaustion of emergency doctors, with negative attitudes at work, increases the risk of aggressions against themselves and their colleagues.

### Limitations

The main limitation of this study is due to its cross-sectional design. The study subjects were not followed-up, and the relation between violence and burnout was determined at the same time. The former one is always a subject to debate. The one-month brief period of the study, which has a potential to limit the sample size and reliability of the conclusion, seems to be another limitation. However, this should also be considered an advantage for this study in terms of reducing the recall bias and seeing the immediate effect of violence on burnout of the participants. However, it is thought that this did not cause a significant negative impact on the study results since it is known that the prevalence of violence is very high in our emergency rooms. It is a well-known fact from our daily practices and also from a previous study.<sup>[18]</sup>

### Conclusion

The results presented here indicated that there was a strong association between burnout and violence (verbal or physical violence) experienced by physicians working in the emergency departments. Violence in the emergency department had a substantial effect on the well-being of the physicians.

Further studies on the topic are required. These studies should quantify the actual impact of violence and burnout on EP's well-being-time off, career change, and early retirement, and consider interventions/coping strategies to address the problem. Moreover, further studies could consider how ED activities, workforce numbers and crowded ED influences violence and burnout.

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## REFERENCES

1. Crabbe JM, Bowley DM, Boffard KD, Alexander DA, Klein S. Are health professionals getting caught in the crossfire? The personal implications of caring for trauma victims. *Emerg Med J* 2004;21:568-72. [CrossRef](#)
2. Cole LL, Grubb PL, Sauter SL, Swanson NG, Lawless P. Psychosocial correlates of harassment, threats and fear of violence in the workplace. *Scand J Work Environ Health* 1997;23:450-7. [CrossRef](#)
3. Saines JC. Violence and aggression in A & E: recommendations for action. *Accid Emerg Nurs* 1999;7:8-12. [CrossRef](#)
4. Caldwell MF. Incidence of PTSD among staff victims of patient violence. *Hosp Community Psychiatry* 1992;43:838-9. [CrossRef](#)
5. Wykes T, Whittington R. Reactions to assault. In T. Wykes (Ed.), *Violence and health care professionals*. London: Chapman & Hall 1994. p. 105-26. [CrossRef](#)
6. Corbett SW, Grange JT, Thomas TL. Exposure of prehospital care providers to violence. *Prehosp Emerg Care* 1998;2:127-31. [CrossRef](#)
7. Grange JT, Corbett SW. Violence against emergency medical services personnel. *Prehosp Emerg Care* 2002;6:186-90. [CrossRef](#)
8. Mock EF, Wrenn KD, Wright SW, Eustis TC, Slovis CM. Prospective field study of violence in emergency medical services calls. *Ann Emerg Med* 1998;32:33-6. [CrossRef](#)
9. Goldberg R, Boss RW, Chan L, Goldberg J, Mallon WK, Moradzadeh D, et al. Burnout and its correlates in emergency physicians: four years' experience with a wellness booth. *Acad Emerg Med* 1996;3:1156-64.
10. Felton JS. Burnout as a clinical entity--its importance in health care workers. *Occup Med (Lond)* 1998;48:237-50. [CrossRef](#)
11. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet* 2009;374:1714-21. [CrossRef](#)
12. Gates DM, Ross CS, McQueen L. Violence against emergency department workers. *J Emerg Med* 2006;31:331-7. [CrossRef](#)
13. Gerberich SG, Church TR, McGovern PM, Hansen HE, Nachreiner NM, Geisser MS, et al. An epidemiological study of the magnitude and consequences of work related violence: the Minnesota Nurses' Study. *Occup Environ Med* 2004;61:495-503. [CrossRef](#)
14. Arnetz JE, Arnetz BB, Pettersson IL. Violence in the nursing profession: occupational and lifestyle risk factors in Swedish nurses. *Work Stress* 1996;10:119-27. [CrossRef](#)
15. Almberg B, Grafström M, Krichbaum K, Winblad B. The interplay of institution and family caregiving: relations between patient hassles, nursing home hassles and caregivers' burnout. *Int J Geriatr Psychiatry* 2000;15:931-9. [CrossRef](#)
16. Blanchard JC, Curtis KM. Violence in the emergency department. *Emerg Med Clin North Am* 1999;17:717-31. [CrossRef](#)
17. Ergin C. Adaptation and validity of MBI for measuring burnout among Turkish physicians and nurses. VIIth National Psychology Congress 1993; Ankara Turkish Psychologists Association.
18. Boz B, Acar K, Ergin A, Erdur B, Kurtulus A, Turkcuer I, et al. Violence toward health care workers in emergency departments in Denizli, Turkey. *Adv Ther* 2006;23:364-9. [CrossRef](#)
19. Maslach C, Jackson SE, Leiter MP. *Maslach Burnout Inventory Manual*, 3rd edition. Palo Alto, CA: Consulting Psychologists Press, 1996.
20. Arnetz JE, Arnetz BB. Violence towards health care staff and possible effects on the quality of patient care. *Soc Sci Med* 2001;52:417-27. [CrossRef](#)
21. Gates D, Fitzwater E, Succop P. Reducing assaults against nursing home caregivers. *Nurs Res* 2005;54:119-27. [CrossRef](#)
22. Fernandes CM, Bouthillette F, Raboud JM, Bullock L, Moore CF, Christenson JM, et al. Violence in the emergency department: a survey of

- health care workers. *CMAJ* 1999;161:1245-8.
23. Potter C. To what extent do nurses and physicians working within the emergency department experience burnout: A review of the literature. *Aust Emerg Nurs J* 2006;9:57-64. [CrossRef](#)
  24. Lau JBC, Magarey J, McCutcheon H. Violence in the emergency department: A literature review. *Aust Emerg Nurs J* 2004;7:27-37. [CrossRef](#)
  25. Pich J, Hazelton M, Sundin D, Kable A. Patient-related violence against emergency department nurses. *Nurs Health Sci* 2010;12:268-74. [CrossRef](#)
  26. McGowan S, Wynaden D, Harding N, Yassine A, Parker J. Staff confidence in dealing with aggressive patients: a benchmarking exercise. *Aust N Z J Ment Health Nurs* 1999;8:104-8. [CrossRef](#)
  27. Voyer P, Verreault R, Azizah GM, Desrosiers J, Champoux N, Bédard A. Prevalence of physical and verbal aggressive behaviours and associated factors among older adults in long-term care facilities. *BMC Geriatr* 2005;5:13. [CrossRef](#)
  28. Evers W, Tomic W, Brouwers A. Aggressive behaviour and burnout among staff of homes for the elderly. *Int J Ment Health Nurs* 2002;11:2-9. [CrossRef](#)
  29. Winstanley S, Whittington R. Violence in a general hospital: comparison of assault and other assault-related factors on accident and emergency and inpatient wards. *Acta Psychiatr Scand Suppl* 2002;412:144-7. [CrossRef](#)
  30. Gascón S, Martínez-Jarreta B, González-Andrade JF, Santed MA, Casalod Y, Rueda MA. Aggression towards health care workers in Spain: a multi-facility study to evaluate the distribution of growing violence among professionals, health facilities and departments. *Int J Occup Environ Health* 2009;15:29-35. [CrossRef](#)
  31. Estryn-Behar M, Doppia MA, Guetarni K, Fry C, Machet G, Pelloux P, et al. Emergency physicians accumulate more stress factors than other physicians-results from the French SESMAT study. *Emerg Med J* 2011;28:397-410. [CrossRef](#)

## ORIJİNAL ÇALIŞMA - ÖZET

### Türkiye’de acil servislerde çalışan hekimler arasında şiddet ve tükenmişlik ilişkisinin değerlendirilmesi

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**AMAÇ:** Şiddet ve tükenmişlik hekimler arasında sık görülmektedir ancak ilişkileri açık değildir. Acil ünitelerinde çalışan hekimlerde şiddeti ve tükenmişlik üzerindeki muhtemel etkilerini değerlendirmeyi amaçladık.

**GEREÇ VE YÖNTEM:** Bu kesitsel çalışmaya Denizli Pamukkale Üniversitesi Hastanesi, il, ilçe hastaneleri, 112 Acil Servis ve özel hastanelerin acil birimlerinde çalışan tüm hekimler alındı. Veriler, katılımcıların kendi kendilerine uyguladıkları Maslach Tükenmişlik Ölçeğinin Türkçe versiyonu, şiddetin failleri ve demografik bilgiler hakkındaki sorulardan oluşan bir anket vasıtasıyla elde edildi. Ayrıca katılımcıların acil hekimi sertifikası programından önceki bir ay boyunca maruz kaldığı veya tanıklık ettiği herhangi bir sözlü ya da fiziksel şiddet anketinde soruldu.

**BULGULAR:** Çalışmaya toplam 174 hekim (hedef grubun %85) alındı. Katılımcıların çoğu 24 ve 59 yaş aralığında, ortalama yaş 36.8±5.8 yıl idi. Şehir merkezindeki hastanede çalışanların çoğunluğunu evli erkek hekimler oluşturmaktaydı. Duygusal tükenme, toplam şiddet (p=0.012) ve sözel şiddet (p=0.016) arasında; duyarsızlaşma, toplam şiddet (p=0.021) ve sözel şiddet (p=0.012) arasında anlamlı bir ilişki vardı.

**TARTIŞMA:** Elde ettiğimiz sonuçlar, acil birimlerinde çalışan hekimlerin yaşadığı tükenmişlik ve şiddet arasında güçlü bir ilişkinin olduğunu göstermektedir. Acil servisteki şiddet, hekimlerin refahı üzerinde önemli bir etkiye sahiptir.

**Anahtar sözcükler:** Acil hekimi; acil hekimi sağlıklı yaşam; acil tıp; şiddet; tükenmişlik.

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