Research Article

THE EFFECT OF WORKPLACE VIOLENCE ON OCCUPATIONAL COMMITMENT: A STUDY IN HEALTH SECTOR[1]

Tülin BAYRAKTAR
Dr., bayraktartulin83@gmail.com
ORCID Number: 0000-0002-9676-0615

Yılmaz ÖZKAN
Prof. Dr., Sakarya Üniversitesi, yozkan@sakarya.edu.tr
ORCID Number: 0000-0002-8831-288X

Received: 03.05.2018 *Accepted: 25.09.2018*

ABSTRACT

Violence against heath care professionals has increased recently in our country. This increasing violence has been affecting all health care group, doctors in particular. There are not many studies on the violence against doctors in literature. The reason is that there is not much information about the violence used against doctors (type, effect, cause and solution offer). This study has been carried out in order to examine commitments of doctors to the profession and determine what kind of effects workplace violence causes on this commitment. Research sample consists of 200 doctors working in Kocaeli province. In the study, a questionnaire including two parts as violence and occupational commitment, and questionnaire were carried out face to face. SPSS 21 statistical program was used to analyze the questionnaires. Frequency distributions of variables were illustrated and Mann Whitney-U test and Kruskal-Wallis H Test were applied to analyze the variables.

Keywords: Violence, workplace violence, occupational commitment, health care professionals, doctors.

[1] In this study, the database of the doctoral thesis was used.

INTRODUCTION

Violence has been a prominent issue as a social problem since the first times of the history. Violence is a fact which existed in every society and every period. It concerned closely and affected all professions, age and socio-cultural groups. Violence that threatens safety need of the humanity and show itself both in social and individual spheres appear as a humanity problem mostly emphasized in recent years.

Workplace violence is a problem of human resources which has been observed by the researchers and business executives and has become more important for the employees in recent years. This term is used to tell the events containing violence in the workplace.

In the most general definition, workplace violence means behaviors which damage psychologically and physically one or more employees on purpose in the workplace (Lewis, 2005). A behavior is considered as violence in the workplace only if it takes place consciously and on purpose. There is a table formed concerning the workplace violence accepted in the literature:

Table 1. Definitions on Workplace Violence

No	Reference	Definition
1	British Crime Survey (Cooper&Swanson, 2004)	"All attacks and threats against the victim by someone among the people while working in the workplace "
2	Cooper and Swanson (2004)	"Any activity that causes hostility and has physical and psychological adverse effects on the employees",
3	DiMartino et.al. (2003)	"A universal health problem in various forms of the workplace violence"
4	NIOSH (CDC, 2002)	"All kind of physical attack, threatening behavior or abusive words in the workplace"
5	Bureau of Justice Statistics (Whittington, 2002)	"All kind of aggressive behaviors including rape and sexual harassment, violent or simple physical attacks against someone on duty"
6	Royal College of Nursing (Whittington, 2002)	"Abnormal behavioral process in the workplace by which a professional member experiences as attacks, threats, fear and is damaged because of use of force"

Reference. It is formed by the writers using the literature.

Occupational commitment is an important concept for all institution that makes investment in his employees. Concept of occupational commitment has had an increasing important in our day because of adverse effects such as personnel cycle, absenteeism and decrease in performance. These adverse effects mean cost per capita for every institution. For that reason, institutions and organizations have decided on more examination and application in recent years in order to understand concept of occupational commitment, form a basis as so it can take place, and protect its place in the organization.

Concept of occupational commitment has been object for many researches, which it is considered that it has important effects for the organizations, but there isn't any clear definition of this concept to cover all disciplines. The reason is that concept of occupational commitment is both an interdisciplinary concept and a concept interconnecting with the concepts such as organizational commitment and occupational commitment. For that reason, it is possible to see many different definitions concerning occupational commitment.

Definitions for the concept of occupational commitment used commonly in the literature are as shown in Table2:

Table 2. Definitions for Occupational Commitment

No	Reference	Definition
1	TDK (2005)	Occupational commitment means interest of the individual in the profession. Namely, if individual is interested in the profession, then she/he has the feeling of commitment; she/he is deprived of the feeling of commitment if she/he is irrelevant and stolid.
2	Gouldner (1957)	Occupational commitment is individual loyalty to a special field.
3	Lee et.al. (2000)	Occupational commitment is emotional reactions of the individual to the profession.
4	Güney (2004)	Occupational commitment is identification of the individual with the profession.
5	Blau (1985)	Occupational commitment is attitudes and behaviors towards the profession.
6	Carson and Bedeian (1994)	Occupational commitment is defined as will of the individual to work in the profession he/she prefers.
7	Çakır (2001)	Occupational commitment is the time spent and the effort made by the individuals in order to improve themselves to fulfill their duties in a better way.
8	Baysal and Paksoy (1999)	Occupational commitment is the degree which he evaluates the profession in his life as a result of the study he has carried out to gain skill and expertise in a particular subject.
9	Aranyav.d. (1981) Aranya and Ferris (1984) Brierley (1998) Brierley v Turley (1995) Blau (2003)	Occupational commitment is specified as the most important factors which affect the relationship between professional individuals and the institutions where these individuals work in the studies examining this relationship.
10	Çöl (2004) Morrow (1983)	Occupational commitment means power of the worker's loyalty to his profession.

Reference. Bayraktar, 2017: 44.

When examining the literature of occupational commitment, Meyer and Allen (1991) determined three main themes in the definition of commitment. Commitment as an emotional intimacy, intimacy to the institution, commitment related to the cost comprehended with leaving the institution and commitment in the meaning of obligation to stay at the institution. Researchers called these three commitments as normative commitment, continuance commitment and affective commitment, respectively.

Normative commitment is a type of commitment arising from the view of individuals that continuing this profession is proper in moral sense (Meyer and Allen, 1991: 66). A worker's sense of duty includes the desire of continuing the profession based on loyalty or moral responsibility. In this commitment, individual feels a responsibility for the profession and therefore he continues the profession. The factor by which the normative commitment is formed is belief of the individual that his family, the social sphere and other workers in the profession think that he is supposed to show loyalty. Thus, individual believes that loyalty is proper and moral, and feels an obligation (İlsev, 1997).

Continuance commitment is that workers, especially at old ages, continue the membership of profession since they have made so much investment that they couldn't give up it and think that cost of giving up the profession would be high (O'Driscoll and Randall, 1999). According to this commitment, the reason why individual continues the profession is financial damages (Çetin, 2004: 95). While individual works in his profession, his investments in

that profession increase, alternative job opportunities decrease and thus continuance commitment increases (Meyer and Allen, 1991:72).

Affective commitment is that individual prefers continuing the profession voluntarily (Zerenler and Öğüt, 2007: 582). In affective commitment, workers consider themselves as a part of the profession and the profession has a great significance and importance for them. In other words, the reason why workers feel a strong affective commitment to the profession is they continue their profession since they want to do so, not they need it, in all their relationships related to the profession (Boylu et.al. 2007: 58).

METHOD

In this study, at first, data was collected after the literature search and scales concerning the subject to be studied were specified in the light of data collected, and survey study was used to obtain data which it is a quantitative data collection method.

Population of the study consists of 2011 doctors working in Kocaeli province. As well as sample size of the study is 323, 219 doctors attended the study since the study depends on voluntary basis.

Survey method has been used in the study as data collection technique. In the study, "Violence Survey Form" and also "Occupational Commitment Scale" developed by Meyer et.al. (1993) have been used. Violence survey form consists of 37 questions and 2 sections as 15 questions about demographic details and 22 questions about the details of workplace violence. Occupational commitment scale consists of 18 questions related to Likert scale.

SPSS 21 statistical diagram was used to analyze data. The data obtained was transferred to the computer through data entry diagram.

Purpose of this study is to determine whether violence against the doctors has influence on the occupational commitment or not. Hypotheses to be tested for this purpose are as the following:

Hypotheses of the study are:

H_1: Views of doctors related to occupational commitment vary by duty variable.

H_2: Views of doctors related to occupational commitment vary by workplace variable.

H_3: Views of doctors related to occupational commitment vary by variable of working period.

H_4: Views of doctors related to occupational commitment vary by the case to being exposed to violence.

H_5: Views of doctors related to occupational commitment vary by variable of system by which the violence is reported.

H_6: Views of doctors related to occupational commitment vary by variable of the individual who supports to report the violence in workplace.

H_7: Views of doctors related to occupational commitment vary by the violence variable experienced is preventable.

FINDINGS

219 doctors have participated in the study within the scope of voluntary basis. By eliminating 19 surveys involving mistakes, finally surveys from 200 doctors have been involved in the scope of this study. Statistical assessments carried out according to demographical features are as the following:

Findings related to Demographical Features of the Participants

Findings related to socio-demographical features of the participants in the scope of study are presented in the following tables:

Table 3. Personal and Workplace Features of the Doctors in the Scope of Study

Age	**Number**	**Percent (%)**
30 aged ad below	21	10,5
31-35 age	28	14,0
36-40 age	66	33,0
41-45 age	44	22,0
46 aged and above	41	20,5
Total	200	100,0
Gender	**Number**	**Percent(%)**
Female	91	45,5
Male	109	54,5
Total	200	100,0
Marital Status	**Number**	**Percent (%)**
Married	122	61,0
Single	78	39,0
Total	200	100,0
Professional Period as Doctor	**Number**	**Percent (%)**
Less than 1 year	17	8,5
1-5 years	36	18,0
6-10 years	43	21,5
11-15 years	45	22,5
16-20 years	24	12,0
20 year and above	35	17,5
Total	200	100,0
The Current Workplace	**Number**	**Percent (%)**
Hospital affiliated to the Ministry of Health	80	40,0
University Hospital	35	17,5
Private Hospital	37	18,5
Other	48	24,0
Total	200	100,0
Working Period in that Institution	**Number**	**Percent (%)**
less than 1 year	35	17,5
1-5 years	59	29,5
6-10 years	37	18,5
11-15 years	28	14,0
16-20 years	25	12,5
20 year and above	16	8,0
Total	200	100,0
Working Hours	**Number**	**Percent (%)**
Only Daytime	164	82,0
Only Nighttime	18	9,0
Day and Night in Shifts	18	9,0
Total	200	100,0
Mean Patient/Survey Number in this Institution	**Number**	**Percent (%)**
1-15	21	10,5

16-30	39	19,5
31-55	71	35,5
56 and above	69	34,5
Total	200	100,0
On duty	**Number**	**Percent (%)**
I am on duty	68	34,0
I am not on duty	132	66,0
Total	200	100,0
Number of Duty	**Number**	**Percent (%)**
1	40	30,3
2	22	16,7
3	19	14,4
4	25	18,9
5	14	10,6
8	12	9,1
Total	132	100,0

When examining the distributions of doctors by age groups in the scope of study according to the findings in Table 3, it has been determined that 10,5% are 30 aged and above, 14% are 31-35 age, 33% are 34-40 age, 22% are 41-45 age, 20,5% are 46 aged and above. 45,5% of the participants are female, 54,5% are male and 61% are married and 39% are single. While 8,5% of doctors have reported their working period is less than 1 year, 18% of is 1-5 years, 21,5% of is 6-10 years, 22,5% of is 11-15 years, 12% of is 16-20 years, 17,5% of is 20 years and above, they have reported 40% of them works in the hospitals affiliated to the Ministry of Health, 17,5% in university hospitals, 18,5% in private hospitals and 24% in other hospitals. When examining working periods in this institution, it is less than 1 year for 17,5%, 1-5 years for 29% and 29,5%, 6-10 years for 18,5%, 11-15 years for 14%, 16-20 years for 12,5%, 20 years and above for 8%. When examining departments of the doctors, it has been determined that 5,5% works at ENT, 6% at urology, 18,5% at family health centers, 16,5% at internal medicine, 6% at cardiology, 6,5% at radiation oncology, 7,2% at orthopedics, 7,5% at physical therapy, 5% at pediatric, 5,5% at neurology, 5,5% at emergency, 10,5% at ophthalmology departments. Of the doctors, 53,5% works as attending physician, 7,5% as urologist, 34% as family physician, 5% as podiatrist. Of the doctors within the scope of study, 82% works only in the daytime, 9% only in the nighttime, 9% in shifts of day and night. Of the participants reported the number of daily patient/examination, 1-15 for 10,5%, 16-30 for 19,5%, 31-55 for 35,5% and 56 patients and above for 34,5%.

Table 4. Mean and Standard Deviation Figures of Occupational Commitment Scale for the Doctors Attended the Study

ARTICLES		STRONGLY DISAGREE	DISAGREE	DOUBT	AGREE	STRONGLY AGREE	$\bar{X}$	s.s.
I'm sorry for being doctor	f	16	46	71	47	20	3,04	1,090
	%	8,0	23,0	35,5	23,5	10,0		
I'm proud of being doctor	f	14	51	50	58	27	3,16	1,159
	%	7,0	25,5	25,0	29,0	13,5		
I'm eager and disposed to fulfill my profession	f	8	55	33	83	21	3,27	1,096
	%	4,0	27,5	16,5	41,5	10,5		
I labored so much in this profession that I can't change it now.	f	-	12	53	112	23	3,73	0,741
	%	-	6,0	26,5	56,0	11,5		
It will be very difficult to change my profession now.	f	4	28	39	100	29	3,61	0,965
	%	2,0	14,0	19,5	50,0	14,5		
My life would upside down if I changed my profession.	f	-	27	67	89	17	3,48	0,932
	%	-	13,5	33,5	44,5	8,5		
I think changing the profession requires a considerable sacrifice.	f	-	16	18	126	40	3,95	0,781
	%	-	8,0	9,0	63,0	20,0		
I believe that people who had training in a particular profession should have responsibility to carry out that profession for a reasonable time.	f	14	33	49	79	25	3,34	1,109
	%	7,0	16,5	24,5	39,5	12,5		
I think profession of doctor is a responsibility I'm obliged to continue.	f	12	59	33	87	9	3,11	1,069
	%	6,0	29,5	16,5	43,5	4,5		
I don't think it is proper to give up profession of doctor even though it would provide an advantage.	f	11	74	31	78	6	2,97	1,051
	%	5,5	37,0	15,5	39,0	3,0		
I feel guilty if I give up the profession of doctor.	f	22	73	37	52	15	2,97	2,427
	%	11,0	36,5	18,5	26,0	7,5		
I'm continuing to be a doctor because of loyalty I feel to my profession.	f	17	55	14	105	9	3,17	1,139
	%	8,5	27,5	7,0	52,5	4,5		
					Dimension Average		**3,31**	

It is seen that perception level related to "Occupational Commitment" involved in Table 4 is high (**Dimension Average=3.31**). When examining article average of the scale belonging to occupational commitment, it is seen that while article "I think changing the profession requires significantly sacrifice" ($\bar{x}$**=3, 95**) is the first article that has the highest perception, article "I labored so much in this profession that I can't change it now" ($\bar{x}$**=3, 73**) is the second highest article, article "I labored so much in this profession that I can't change it now" ($\bar{x}$**=3,73**) is the second highest article, article "It will be very difficult to change my profession now" ($\bar{x}$**=3, 61**) is the third highest article. It is seen that while articles "I don't think it is proper to give up profession of doctor even though it would

provide an advantage" and "I feel guilty if I give up the profession of doctor" ($\overline{X}$**=2,97**) have the lowest perception, article "I'm sorry for being doctor" ($\overline{X}$**=3,04**) is the lowest second article and articles "I think profession of doctor is a responsibility I'm obliged to continue" ($\overline{X}$**=3,11**) is the lowest third article.

Findings for Relationships between the Variables

Findings for the relationships between the variables are presented in the following tables:

Table 5. Kruskal Wallis H Test Results for the Differentiation in Views of the Doctors on Sub-dimensions of Occupational Commitment Scale by Duty Variable within the Scope of Study

	Duty	N	$\overline{X}$	X^2	P
Normative Commitment	Attending Physician	107	92,59	5,441	0,142
	Urologist	15	113,60		
	Family Physician	68	106,39		
	Pediatrician	10	125,40		
Continuance Commitment	Attending physician	107	89,48	15,509	**0,001***
	Urologist	15	134,40		
	Family Physician	68	103,74		
	Pediatrician	10	145,50		
Affective Commitment	Attending physician	107	92,16	8,327	**0,040***
	Urologist	15	105,20		
	Family Physician	68	106,65		
	Pediatrician	10	140,80		

*p<0,05

H_0: There is no significant difference between the views of doctors on occupational commitment by the duty variable.

H_1: There is a significant difference between the views of doctors on occupational commitment by the duty variable.

As a result of **X^2** test carried out to determine if sub-dimensions scores of the scale show a significant difference by the duty variable for doctors participated the study, H_0 is accepted since normative commitment (**x^2**=5,441; p>0.05) is sub-dimension. Difference between medians of the groups by the duty variable for the views of doctors on occupational commitment is not statistically significant. Difference between medians of the groups is significant by the duty variable for views of participants on continuance commitment (**x^2**=15,509; p<0.05) and affective commitment (**x^2**=8,327; p<0.05).

Table 6. Kruskal-Wallis H Test Results for the Differentiation in Views of the Doctors on Sub-dimensions of Occupational Commitment Scale by Variable of the Current Workplace within the Scope of Study

	The current workplace	N	$\overline{X}$	X^2	P	Difference
Normative Commitment	Hospital affiliated to the Ministry of Health	80	106,28	3,595	0,309	
	University Hospital	35	89,10			
	Private Hospital	37	91,46			
	Other	48	106,15			
Continuance Commitment	Hospital affiliated to the Ministry of Health	80	105,03	8,791	**0,032***	
	University Hospital	35	83,21			
	Private Hospital	37	87,62			
	Other	48	115,49			
Affective Commitment	Hospital affiliated to the Ministry of Health	80	105,56	2,670	0,445	
	University Hospital	35	90,01			
	Private Hospital	37	93,74			
	Other	48	104,93			

*p<0,05

H_0: There is no significant difference between the views of doctors on occupational commitment by the variable of the current workplace.

H_1: There is a significant difference between the views of doctors on occupational commitment by the variable of the current workplace.

As a result of **X^2** test carried out to determine if sub-dimensions scores of the scale show a significant difference by variable of the current place for doctors participated the study, H_0 is accepted since normative commitment (**x^2**=3,595; p>0.05) and affective commitment (**x^2**=2,670; p>0.05) are sub-dimensions. Difference between medians of the groups by variable of the current workplace for the views of doctors on occupational commitment is not statistically significant. Difference between medians of the groups is significant by variable of the current workplace for views of participants on continuance commitment (**x^2**=2,670; p<0.05).

Table 7. Kruskal-Wallis H Test Results for the Differentiation in Views of the Doctors on Sub-dimensions of Occupational Commitment Scale by Variable of Working Period as Doctor

	Working Period as a Doctor	N	$\overline{X}$	X^2	P
Normative Commitment	Less than 1year	17	89,82	3,036	0,694
	1-5 years	36	96,42		
	6-10 years	43	93,05		
	11-15 years	45	106,80		
	16-20 years	24	111,58		
	20 year and above	35	103,34		
Continuance Commitment	Less than1 year	17	113,21	2,793	0,732
	1-5 years	36	103,92		
	6-10 years	43	100,43		
	11-15 years	45	89,50		
	16-20 years	24	105,31		
	20 year and above	35	101,74		
Affective Commitment	Less than 1 year	17	78,47	5,657	0,341
	1-5 years	36	103,07		
	6-10 years	43	96,60		
	11-15 years	45	97,77		
	16-20 years	24	118,85		
	20 years and above	35	104,27		

H_0: There is no significant difference between the views of doctors on occupational commitment by the variable of working period as doctor.

H_1: There is a significant difference between the views of doctors on occupational commitment by the variable of working period as doctor.

As a result of **X^2** test carried out to determine if sub-dimensions scores of the scale show a significant difference by variable of working period as doctor for doctors participated the study, H_0 is accepted since normative commitment (**x^2**=3,036; p>0.05), continuance commitment (**x^2**=2,793; p>0.05) and affective commitment (**x^2**=5,657; p>0.05) are sub-dimensions. Difference between medians of the groups by variable of working period as doctor for the views of doctors on occupational commitment is not statistically significant.

Table 8. Mann-Whitney U Test Results for the Differentiation in Views of the Doctors on Sub-dimensions of Occupational Commitment Scale by Variable of Being Exposed to Violence

	Being Exposed to Violence	N	$\overline{X}$	U	p
Normative Commitment	Yes	193	100,82	613,5	0,007*
	No	7	91,64		
Continuance Commitment	Yes	193	100,15	608,5	0,017*
	No	7	110,07		
Affective Commitment	Yes	193	99,13	411,0	0,032*
	No	7	138,29		

*p<0,05

H_0: There is no significant difference between the views of doctors on occupational commitment by the variable of being exposed to violence.

H_1: There is a significant difference between the views of doctors on occupational commitment by the variable of being exposed to violence.

As a result of Mann-Whitney U test carried out to determine if sub-dimensions scores of the scale show a significant difference by variable of being exposed to violence for doctors participated the study, H_0 is refused since normative commitment is (u= 613,5; p<0.05), continuance commitment is (u=608,5; p<0.05) and affective commitment is (u= 411,0; p<0.05). There is a significant difference between average scores of the groups for the views of doctors on occupational commitment by the variable of being exposed to violence.

Table 9. Mann-Whitney U Test Results for the Differentiation in Views of the Doctors on Sub-dimensions of Occupational Commitment Scale by Variable of the System by which Violence is Reported

	System by which the violence reported	N	$\overline{X}$	U	p
Normative Commitment	Yes	116	107,29	4084,0	0,049*
	No	84	91,12		
Continuance Commitment	Yes	116	115,08	3181,0	0,000*
	No	84	80,37		
Affective Commitment	Yes	116	102,37	4680,5	0,627
	No	84	98,22		

*p<0,05

H_0: There is no significant difference between the views of doctors on occupational commitment by the variable of the system by which violence is reported.

H_1: There is a significant difference between the views of doctors on occupational commitment by the variable of the system by which violence is reported.

As a result of Mann-Whitney U test carried out to determine if sub-dimensions scores of the scale show a significant difference by variable of the system by which violence is reported, for doctors participated the study, H_0 is accepted since affective commitment is (u= 4680,5; p>0.05). Difference between medians of the groups by variable of the system by which violence is reported is not statistically significant for the views of doctors on occupational commitment. There is a significant difference between average scores of the groups for the views of doctors on normative commitment (u= 4084,0; p<0.05) and continuance commitment (u=3181,0; p<0.05) by variable of the system by which violence is reported.

Table 10. Mann-Whitney U Test Results for the Differentiation in Views of the Doctors on Sub-dimensions of Occupational Commitment Scale by Variable of Individual who Supports to Report the Violence

	Person who encouraged to report the violence	N	$\overline{X}$	U	p
Normative Commitment	Yes	132	112,43	2913,5	0,000*
	No	68	77,35		
Continuance Commitment	Yes	132	115,0	2574,5	0,000*
	No	68	72,36		
Affective Commitment	Yes	132	110,62	3152,5	0,000*
	No	68	80,86		

*p<0,05

H_0: There is no significant difference between the views of doctors on occupational commitment by the variable of the system by which violence is reported.

H_1: There is a significant difference between the views of doctors on occupational commitment by the variable of the system by which violence is reported.

As a result of Mann-Whitney U test carried out to determine if sub-dimensions scores of the scale show a significant difference by variable of the system by which violence is reported, for doctors participated the study, H_0 is accepted since affective commitment is (u= 4680,5; p>0.05). Difference between medians of the groups by variable of the system by which violence is reported is not statistically significant for the views of doctors on occupational commitment. There is a significant difference between average scores of the groups for the views of doctors on normative commitment (u= 4084,0; p<0.05) and continuance commitment (u=3181,0; p<0.05) by variable of the system by which violence is reported.

Table 11. Mann-Whitney U Test Results for the Differentiation in Views of the Doctors on Sub-dimensions of Occupational Commitment Scale by Variable of the Violence experienced is Preventable

	Possibility to Prevent the Violence Experienced	N	$\overline{X}$	U	p
Normative Commitment	Yes	75	84,93	2705,0	0,149
	No	83	74,59		
Continuance Commitment	Yes	75	84,39	2745,5	0,198
	No	83	75,08		
Affective Commitment	Yes	75	87,95	2478,5	0,022*
	No	83	71,86		

*p<0,05

H_0: There is no significant difference between the views of doctors on occupational commitment by variable of the violence experienced is preventable.

H_1: There is a significant difference between the views of doctors on occupational commitment by variable of the violence experienced is preventable.

As a result of Mann-Whitney U test carried out to determine if sub-dimensions scores of the scale show a significant difference by variable of the violence experienced is preventable, for doctors participated the study, H_0 is accepted since normative commitment is (u= 2705,5; p>0.05) and continuance commitment is (u= 2745,5; p>0.05). Difference between medians of the groups by variable of the violence experienced is preventable is not statistically significant for the views of doctors on occupational commitment. There is a significant difference between average scores of the groups for the views of doctors on affective commitment (u= 2478,5; p<0.05) by variable of the violence experienced is preventable.

RESULT AND SUGGESTIONS

In the world we live and in the society we are members, violence has been becoming increasingly common. Violence experienced especially in health institutions affects not only violence parties but also whole society. In our day, there have been considerable increases in violence against doctors, even some of them resulted in death. Violence is reflection of social culture no matter which profession it is. Effect of wars, unfair distributions of income, poverty and terror on social violence culture is big. In this chaos environment, doctors are extremely adversely affected by this case because of violence experienced in the health.

It is seen in the determinations of this study that doctors are considerably exposed to violence in intense work pressure. In fact, they get used to violence as they experience violence almost every day, and especially they are even not aware of being exposed to verbal and psychological violence. Besides, findings of the study include some participants who avoid telling about the violence experienced even though there isn't any pressure and force.

According to the Results Obtained by the Study Results:

- When considering if sub-dimensions of the occupational commitment of the participants show a significant difference by the duty variable, only normative commitment doesn't show a significant difference ($\mathbf{x^2}$=5,441; p>0.05) but affective commitment ($\mathbf{x^2}$=15,509; p<0.05) and continuance commitment ($\mathbf{x^2}$=15,509; p<0.05) show significant difference (p<0,05).
- When considering if sub-dimensions of the occupational commitment of the participants show a significant difference by the workplace variable, only continuance commitment has a significant difference with ($\mathbf{x^2}$=2,670; p<0.05).
- When considering if sub-dimensions of the occupational commitment of the participants show a significant difference by variable of working period, three types of the commitment don't show a significant difference by variable of working period [normative commitment ($\mathbf{x^2}$=3,036; p>0.05), continuance commitment ($\mathbf{x^2}$=2,793; p>0.05) and affective commitment ($\mathbf{x^2}$=5,657; p>0.05)].
- When considering if sub-dimensions of the occupational commitment of the participants show a significant difference by variable of being exposed to violence, three types of the commitment don't show a significant difference between average scores of the groups by variable of working period

[normative commitment (u= 613,5; p<0.05), continuance commitment (u=608,5; p<0.05) and affective commitment (u= 411,0; p<0.05)].

- When considering if sub-dimensions of the occupational commitment of the participants show a significant difference by variable the system by which violence is reported, it has been determined normative commitment (u= 4084,0; p<0.05) and continuance commitment (u=3181,0; p<0.05) show a significant difference but affective commitment (u= 4680,5; p>0.05) doesn't show a significant difference between average scores of the groups by variable of working period.
- When considering if sub-dimensions of the occupational commitment of the participants show a significant difference by variable of the presence of an individual who supports to report the violence in workplace, it has been determined 3 types of the commitment show a significant difference [normative commitment (u= 2913,5; p<0.05), continuance commitment (u=2574,5; p<0.05) and affective commitment (u= 3152,5; p<0.05)].
- When considering if sub-dimensions of the occupational commitment of the participants show a significant difference by variable of the violence experienced is preventable, a significant difference has been determined with only affective commitment (u= 2478,5; p<0.05) but any significant difference hasn't been determined with normative commitment (u= 2705,5; p>0.05) and continuance commitment (u= 2745,5; p>0.05).

When considering all these reasons and study results, the following suggestions are submitted to attention in order to prevent violence against doctors:

Suggestions:

- All heath care personnel particularly doctors should be trained on methods to cope with violence and stress management.
- It is required to inform doctors on works of unit with White Code, increase use of this unit and codes and regulations related to violence in health should be transferred and adopted to the doctors.
- If we think doctors have excess work load in view of average patient/examination number of doctors and this work-load brings along diseases such as stress, depression, etc., this excess work load should be reduced. Daily patient/examination number of doctors should be reduced.
- Penalties against the violence and relevant procedures should be formed in hospital regulations, and doctor should be clearly entitled to retire, if necessary, in case of violence.
- Number of security guard should be increased in hospitals and emergencies, and entire personnel should be trained on safety.
- Departments related to report and prevent the violence should be established at health institutions and organizations.
- Dissuasive codes and policies should be put into practice. Anyone who used violence shouldn't get away with it.
- It is required to accept the case is violence in order to cope with violence. A great majority of doctors have gotten used to violence. They should be adopted this violence is not a part of their profession.

İŞYERİ ŞİDDETİNİN MESLEKİ BAĞLILIK ÜZERİNE ETKİSİ: SAĞLIK SEKTÖRÜNDE BİR ÇALIŞMA

ÖZ

Son yıllarda ülkemizde sağlık çalışanlarına karşı şiddet artmıştır. Bu artan şiddet tüm sağlık grubu ile birlikte özellikle doktorları olumsuz yönde etkilemektedir. Literatürde salt doktorlara yönelik şiddet konusunda pek fazla çalışma bulunmamaktadır. Bunun nedeni, doktorlara uygulanan şiddet (tür, etki, boyut, neden ve çözüm önerisi) hakkında çok fazla bilgi sahibi olunulmamasıdır. Bu çalışma, doktorların mesleklerine olan bağlılıklarını incelemek ve işyeri şiddetinin bu bağlılık üzerinde ne tür etkiler yarattığını belirlemek amacıyla yapılmıştır. Çalışmanın örneklemini Kocaeli ilinde görev yapan 200 doktor oluşturmuştur. Çalışmada şiddet ve mesleki bağlılık olmak üzere iki bölümden oluşan anket formu kullanılmış, anketler yüz yüze yapılmıştır. Anketlerin analizinde SPSS 21 istatistik programından yararlanılmıştır. Değişkenlerin frekans dağılımları gösterilmiş, değişenlerin analizinde Mann Whitney-U testi ile Kruskal Wallis H Testi uygulanmıştır.

Anahtar Kelimeler: Şiddet,İşyeri şiddeti, Mesleki Bağlılık, Sağlık Çalışanları, Doktorlar.

Bayraktar, T. and Özkan, Y. (2018). The Effect of Workplace Violence on Occupational Commitment: A Study in Health Sector, International Journal of Eurasia Social Sciences, Vol: 9, Issue: 33, pp. (1843-1859).

REFERENCES

Aranya, N., Ferris, K.R. (1984). "A Reexamination of Accountants' Organizational-Professional Conflict". *The Accounting Review*, 59 (1), 1-15.

Aranya, N., Pollock, J., And Amernic, J. (1981). "An Examination of Professional Commitment in Public Accounting". *Accounting, Organizations and Society*, 6(4), 271-280.

Bayraktar, T. (2017). "Doktorlara Uygulanan Şiddetin Meslek Bağlılığına Etkisi: Kocaeli Örneği". Sakarya Üniversitesi, ÇEEİ, Yayınlanmamış Doktora Tezi.

Baysal, A.C. ve Paksoy, M. (1999). "Mesleğe ve Örgüte Bağlılığın İncelenmesinde Meyer-Allen Modeli". *İstanbul Üniversitesi İşletme Fakültesi Dergisi*, 28 (1), 7-15.

Blau, J.G. (1985). "The Measurement and Prediction of Career Commitment". *Journal of Occupational Psychology*, 58, 277-288.

Blau, G. (2003). "Testing for A Four-Dimensional Structure of Occupational Commitment". *Journal of Occupational and Organizational Psychology*, 76, 469-488.

Boylu, Y., Elbeyi, P. ve Gücer, E. (2007). "Akademisyenlerin Örgütsel Bağlılık Düzeyleri Üzerine Bir Araştırma". *Finans Politik & Ekonomik Yorumlar Dergisi,* 44(511), 55-74.

Brierley, J. A., Et Turley, S. (1995). "The Organizational Turnover Intentions Of Chartered Accountants: A Test Of A Causal Model". *Accounting and Business Review*, 2(1), 27 – 54.

Carson, K.D. and Bedeian, A.G. (1994). "Career Commitment: Construction of A Measure and Examination of Its Psychometric Properties". *Journal of Vocational Behavior*, 44, 237-262.

Centers for Disease Control and Prevention/NIOSH. (2002). Violence: Occupational Hazards in Hospitals (No. 2002- 101): CDC: National Institute for Occupational Safety and Health.

Cooper, C. L., & Swanson, N. (2002). Workplace Violence in The Health Sector: State of the Art. *International Labour Organization.*

Çakır, Ö. (2001). *İşe Bağlılık Olgusu ve Etkileyen Faktörler*. Ankara: Seçkin Yayınevi.

Çöl, G. (2004). "Örgütsel Bağlılık Kavramı ve Benzer Kavramlarla İlişkisi". *İş, Güç, Endüstri İlişkileri ve İnsan Kaynakları Dergisi*, 6(2), 4-11.

Di Martino, V., Hoel, H., Cooper, C. L. (2003). European Foundation for the Improvement of Living and Working Conditions, Preventing Violence and Harassment in The Workplace. Luxembourg, Office for Official Publications of the European Communities.

Gouldner, A.W. (1957). "Cosmopolitan and Locals: Towards an Analysis of Latent Social Roles- I.". *Administrative Science Quarterly* 2: 281-306.

Güney, S. (2004). *Açıklamalı Yönetim-Organizasyon ve Örgütsel Davranış Terimler Sözlüğü*. Ankara: Siyasal Kitabevi.

Lee, K., Carswell, J.J. & Allen, N. (2000). "A Metaanalytic Review of Occupational Commitment: Relations with Person and Work-Related Variables". *Journal of Applied Psychology*, 85(5), 799-811.

Lewis, M. (2005). "Bullying in Nursing". *Journal of Nursing Standart*, 15 (45), 39.

Meyer, J.P., and Allen, N.J. (1991). "A Three-Component Conceptualization of Organizational Commitment". *Human Resource Management Review*, 1, 61-89.

Meyer J.P., Allen N.J. and Smith C. (1993). "Commitment to Organizations and Occupations: Extension and Test of A Three-Component Conceptualization". *Journal of Applied Psychology*, 78, 538-551.

Morrow, P.C. (1983). "Concept Redundancy in Organizational Research: The Case of Work Commitment". *Academy of Management Review*, 8 (3), 486-500.

O'Driscoll, M.P., & Randall, D.M. (1999). "Perceived Organizational Support, Satisfaction with Rewards, and Employee Job Involvement and Organizational Commitment". *Applied Psychology: An International Review,* 48: 197-209.

TDK, (2005). *Türkçe Sözlük*. TDK Yayınları. Ankara, s. 1866.

Warchol, G. (1998). National Crime Victimization Survey: Workplace Violence, 1992–1996.

Whittington, R. (2002). "Attitudes Toward Patient Agression Amongst Mental Health Nurses in the Zero Tolerance era: Associations with Burnout and Lenght of Experience". *Journal of Clinical Nursing*, 11, 819-825.

Zerenler, M. ve Öğüt, A. (2007). "Sağlık Sektöründe Algılanan Hizmet Kalitesi ve Hastane Tercih Nedenleri Araştırması: Konya Örneği". *Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*,18: 500-5.