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User Violence Against Employees at Nursing Homes

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Purpose:

Earlier research has indicated the high exposure of those working in assisting occupations to workplace violence in Slovenia. The purpose of this study is to complement the research gap in investigating violence within social care and determine the types and extent of workplace violence among all employees in a social care institution, the influence of aggressive behaviour of users on the well-being of employees, and the need for education on dealing with the violence to which employees are being exposed.

Design/Methods/Approach:

Workplace violence was researched quantitatively using a descriptive method. We used a structured survey questionnaire, which was adapted using an existing questionnaire to research the occurrence of violent acts from users against employees at nursing homes and other social care institutions.

Findings:

The nursing home *Dom ob Savinji Celje* faces user violence against its employees. The most frequent form of violence against employees is verbal abuse (37.7% of respondents) and the least frequent is unwanted conduct of a sexual nature (5.2% of respondents). Workers employed in healthcare face user violence more often than employees in other fields. Employees most often face a certain form of user violence 1-2 times per year. When an employee meets an aggressive user, the most common emotions are fear, helplessness, uncertainty, feeling under threat, and least often a lack of understanding from fellow employees.

Originality/Value:

This study focuses on studying workplace violence within a social care institution and complements extant, yet inadequate scientific findings.

UDC: 343.62:614

Keywords: nursing homes, workplace violence, healthcare, social care, social care institutions

Nasilje uporabnikov nad zaposlenimi v domovih za starejše ljudi

Namen prispevka:

Predhodne raziskave v Sloveniji nakazujejo na visoko izpostavljenost nasilju na delovnem mestu med poklici, katerih temeljna naloga je pomoč in oskrba ljudi.

Namen pričujoče raziskave je zapolniti raziskovalno vrzel proučevanja nasilja v kontekstu socialnega varstva ter ugotoviti vrste in razširjenost nasilja na delovnem mestu med vsemi zaposlenimi v socialnovarstvenem zavodu, vpliv agresivnega vedenja uporabnika na počutje zaposlenih in potrebo po izobraževanju o ravnanju v primeru nasilja uporabnikov, ki so mu izpostavljeni zaposleni.

Metode:

Izvedena je bila kvantitativna raziskava s področja nasilja na delovnem mestu, z uporabljeno deskriptivno metodo. Uporabljen je bil strukturiran anketni vprašalnik, prilagojen na podlagi obstoječega vprašalnika za raziskovanje pojava agresivnih dejanj uporabnikov nad zaposlenimi v domovih za starejše ljudi in drugih zdravstvenih zavodih.

Ugotovitve:

V Domu ob Savinji Celje se soočajo z nasiljem uporabnikov nad zaposlenimi. Oblika nasilja uporabnikov nad zaposlenimi, s katero se je soočilo največ zaposlenih, je verbalno nasilje (37,7 % anketirancev), najmanj pogosto pa neželeno vedenje spolne narave (5,2 % anketirancev). Z nasiljem uporabnikov se pogosteje srečujejo zaposleni na področju zdravstvene nege kot zaposleni na drugih področjih. Zaposleni se z določeno obliko nasilja uporabnikov najpogosteje srečajo 1–2x letno. Ko se zaposleni sreča z uporabnikom, ki je agresiven, se ob tem najpogosteje sooča z občutkom strahu, nemoči, negotovosti in ogroženosti, najredkeje pa občutijo nerazumevanje sodelavcev.

Izvirnost/pomembnost prispevka:

Pričujoča raziskava se osredotoča na proučevanje nasilja na delovnem mestu znotraj socialnovarstvenega zavoda in dopolnjuje obstoječa, še vedno pomanjkljiva, znanstvena dognanja.

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Ključne besede: domovi za starejše ljudi, nasilje na delovnem mestu, zdravstveno varstvo, socialno varstvo, socialnovarstveni zavodi

1 INTRODUCTION

Violent acts aimed at social care personnel at the workplace are on the rise (Gabrovec, 2017). Workplace violence can be defined as any act of physical violence, harassment, intimidation, or other threats that disturb the working process of a given worker and can include employees as well as users and visitors (Occupational Safety and Health Administration [OSHA], 2008). Workplace violence can thus be understood not just as exposure to physical attacks but as all types of abuse, intimidation, or attacks on employees related to their work which directly or indirectly influences their safety, well-being, or health (Bowie, 2002). This includes all types of behaviour, be it verbal or physical violence, causing either physical or psychological damage (Možina, 2009). The most common characteristic exhibited by perpetrators of workplace violence is altered mental status associated with dementia, delirium, substance intoxication, or

decompensated mental illness (Occupational Safety and Health Administration [OSHA], 2015; Pompeii et al., 2013).

There are several different definitions of violence, depending on the person defining it and the purpose of the definition (World Health Organization [WHO], 2002). In a broader sense, violence can be defined as an abuse of one person's power that adversely affects another (Društvo za nenasilno komunikacijo, n. d.) or as a deliberate use of physical force or power (the actual use or its use to make threats) against oneself, against another person, or against a group or community that is consequently very likely to cause an injury, death, psychological harm, a sense of devaluation, or detraction (WHO, 2002). It must be emphasized that different types of violent behaviour are often interrelated and not independent; the presence of one type of violent behaviour (e.g. psychological) can trigger the occurrence of another (e.g. physical) (Gabrovec, Eržen, & Lobnikar, 2014). Preventing violence at workplace especially in healthcare is a challenge and priority (NHS Employers, 2014; OSHA, 2015). Different forms of violence can be defined more narrowly. In Slovenia, the Domestic Violence Prevention Act (Zakon o preprečevanju nasilja v družini, 2008) defines physical violence (any use of physical force which causes pain, fear, or humiliation for a family member regardless of the resulting injuries); sexual violence (actions with sexual content that are opposed by the family member who is forced to do them or does not understand their meaning due to their current developmental stage); psychological harassment (actions of a perpetrator of violence that cause fear, humiliation, a sense of inferiority, hazard, and other types of mental distress); economic violence (unjustified control or limitation of a family member with income or asset distribution by which the family member possesses or manages independently or exercises unjustified limitation or management of family members' common wealth); and negligence (a type of violence where a person abandons obligated care for a family member that needed due to a sickness, disability, age, development, or other personal circumstances). It must be emphasized that different types of violent behaviour are often interrelated and not independent; the presence of one type of violent behaviour (e.g. psychological) can trigger the occurrence of another (e.g. physical) (Gabrovec et al., 2014).

1.1 Prevalence of Workplace Violence Against Healthcare Employees

Several studies have been carried out to date on the topic of violent user behaviour in Slovenian healthcare (e.g. Gabrovec, 2017; Kelbič, 2013; Klemenc & Pahor, 1999; Košir, 2012; Kvas & Seljak, 2015; Planinšek & Pahor, 1999) and recently, other studies on social care have followed this trend (e.g. Cink, 2008; Gabrovec & Eržen, 2016; Koprivnik, 2002;). Nursing care providers are considered to be employees who are the most exposed to workplace violence in healthcare (Koprivnik, 2002). The findings of the first study on violence against healthcare employees in Slovenia (Klemenc & Pahor, 1999) indicate a violent experience at the workplace for 72.3% of nurses; 72.3% of the respondents experienced verbal, 59% psychological, and 29% physical violence. Further research findings using the same sample indicate an experience of sexual workplace violence for 34.8%

of respondents employed in healthcare (Planinšek & Pahor, 1999). The findings of later research on workplace violence in Slovenia also show its high prevalence. In a study on emergency medical care (Kelbič, 2013) 98% of respondents reported that they had already experienced one of form of workplace violence. The study conducted one year later (Kvas & Seljak, 2015) reported that 60.6% of healthcare providers included in the sample had been exposed to workplace violence, most frequently to verbal abuse (60.1%). The presence of psychological harassment was found in a study that included employees from all healthcare fields. 60.1% of them reported psychological harassment at the workplace (Babnik, Štemberger Kolnik, & Kopač, 2012). All studies on violence against healthcare employees share a common finding, namely that they are exposed to workplace violence to a considerable extent in all fields, especially in intensive psychiatric healthcare (Gabrovec, 2017), where 92.6% of nurses experienced at least verbal abuse, 84.2% of them experienced psychological harassment, and 63.5% were injured during their working life from users according to data from one study (Gabrovec et al., 2014). According to results (Košir, 2012), users can commit violence against healthcare workers in all fields to a large degree (in 74.8% of the cases in the referred study).

There is a significantly lower number of studies on workplace violence in social care than in healthcare (Možina, 2009). One Slovene study (Cink, 2008) reported that the majority of the surveyed expert social care workers had already experienced verbal abuse; according to results, 81.52% of respondents had experienced workplace violence (violent client) in the last 12 months, 90.66% reported verbal abuse, 1 person reported physical violence, and 5 people reported verbal and physical violence. Furthermore, the results of a study at a social care institution (Koprivnik, 2002) indicate that healthcare employees often meet physical and verbal abuse and these results coincide with the following findings of previous studies: employees are more exposed to verbal than physical abuse; 95% of respondents who were exposed to verbal abuse reported shouting and negligence from inmates. The findings of a recent study on the occurrence of violence aimed at healthcare employees in Slovenian nursing homes (Gabrovec & Eržen, 2016) highlight the exposure of healthcare employees in nursing homes to violent acts. In the last 12 months, 71.1% of respondents reported verbal abuse, 63.8% physical violence, and 25.5% sexual harassment; 36.8% of all respondents were injured by their patients. When employees were faced with aggressive behaviour of users, they most often felt vulnerable, afraid, and uncertain, while they felt angry with a user or lacked understanding from co-workers the least often. Anger was among the least frequent feelings in the studies by Gabrovec and Eržen (2016) and Cink (2008), which dealt with respondents exposed to violent acts of users.

Although the data indicate a growing trend for the prevalence of workplace violence, many incidents still remain unreported; according to one study (Stokowski, 2010) in more than 70% of the cases. This means that the actual percentage of violent incidents at the workplace is probably much higher than the recorded percentage (Gates, Gillespie, & Succop, 2011). An individual organisation can contribute to this by influencing the establishment of a safety culture and developing systematic training models with prescribed precautions

to assure safety and prepare a protocol to be used in case of violent situations (Gabrovec & Eržen, 2016).

The presented results of previous studies indicate a high exposure of assisting healthcare occupations to workplace violence in Slovenia. Earlier and later studies come to similar conclusions, allowing us to assume that this field lacks the necessary attention, and that effective methods of preventing and facing user violence still have not been unidentified. The purpose of this study is to partially fill in the research gap in research on violence in social care and determine the types and extent of workplace violence among all employees in a social care institution, the influence of users' aggressive behaviour on the well-being of employees, and the need for education on dealing with violence to which employees are being exposed.

2 DESCRIPTION OF THE METHOD USED

2.1 Nursing Homes in Slovenia and Description of the Sample

Nursing homes offer professional protection for elderly people. Professional protection comprises all types of aid to the family and/or to the elderly person, by means of which functions at home and with his/her family are substituted or fulfilled to the clients, especially with regard to their dwelling, organized nutrition, security and health protection (Habjanic, 2009). Long term care in Slovenia is based on institutional settings, with too little support to help people to remain in their own homes (Normand, 2015). From 102 Slovenian nursing homes, the nursing home *Dom ob Savinji Celje* was chosen as it enables student working practice and conducting research in Savinjska region.

The study was carried out between 12 December 2017 and 31 December 2017 using a sample of 86 employees (except for employees of daily centre and home support centre) in the social care institution *Dom ob Savinji Celje*, which provides institutionalised care and services in users' living environments for up to 250 residents from the broader region of Celje. From 146 employees in the social care institution *Dom ob Savinji Celje*, 77 participated in the study. Participation in the survey was voluntary, and we provided all participants with anonymity and confidentiality.

75 (97.4 %) were women and 2 (2.6 %) were men. Median age was 42.96 years old, the youngest 19 years old, the oldest 60 years old. 5 (6.5 %) employees had 1 years or less working experience, 2 (2.6 %) employees stated that they have 40 years of working experiences. Largest share (11.7 %) employees has 15 years of working experience the social care institution *Dom ob Savinji Celje*. Due to the missing values, 9 units were excluded and the other 77 were included in the analysis. Our sample included 77 employees, 75 (97.4%) of whom were female and 2 (2.6%) male. This imbalance is largely the result of the uneven gender distribution among the employees at *Dom ob Savinji Celje*. The average age of respondents was 42.96 years (min = 19 years, max = 60 years). The participants averaged 18.22 years of professional experience (min = 1 year, max = 40 year). 66.2% of respondents were employed in healthcare and 33.8% of respondents in other fields.

2.2 Description of the Questionnaire and the Method

This was a quantitative study employing descriptive data analysis. A structured survey questionnaire was used as a metric. We adapted it based on an existing questionnaire to explore aggressive actions of users against nursing home and other healthcare institution employees (Gabrovec & Eržen, 2016) and used 12 variables with accompanying indicators and modalities. The structured survey questionnaire included 44 questions, divided into the following segments: 1) work and workplace violence (18 questions), 2) work organisation (7 questions), 3) influence of various factors on the safety of employees and patient treatment (8 questions), 4) field of education (6 questions), and 5) demographic data (5 questions). We used a 5-level agreement scale, where 1 signified the respondent's completely disagreement with the statement, and 5 meant that the respondent completely agreed with the statement.

2.3 Research hypothesis

Based on the reviewed literature and the purpose of the study, we set up the following hypotheses.

H1: "*The most common type of violence experienced by employees in nursing homes is verbal abuse*."
H2: "*Healthcare workers are exposed to verbal abuse more often than other employees."*
H3: "*Those who experienced physical violence evaluated their emotional state of fear more negatively than those who did not."*
H4: "*The majority of those who experienced physical violence at work assess that the available know-how on dealing with workplace violence is inadequate."*

The data was analysed using statistical software IBM SPSS Version 21 and IBM AMOS Version 21 (SPSS Inc., Chicago, IL, USA). The compiled data were processed by means of descriptive statistics and hypothesis tested with chi-square (χ^2) test and the Mann–Whitney U test. The significance level was calculated using the statistical significance value of $p < 0.05$. We checked the descriptive statistics and the relation between the variables; hypotheses were checked with a chi-square (χ^2) test. A significance level of $p < 0.05$ was used.

3 RESULTS

According to results (Table 1), 37.7% of respondents faced verbal abuse, 15.6% faced physical violence, and 5.2% unwanted user conduct of a sexual nature at their workplace in the previous year. Among the respondents who faced verbal abuse from a user in the previous year, the majority (62.1%) experienced it once or twice. The same applies for respondents (75%) who faced unwanted conduct of a sexual nature. The majority of respondents (58.3%) who faced physical violence experienced unwanted conduct of a sexual nature 3–5 times.

Table 1: Percentages of facing verbal abuse, physical violence and unwanted conduct of a sexual nature in the previous year

Frequency of encounters:	Verbal abuse (in %)	Physical violence (in %)	Unwanted conduct of a sexual nature (in %)
Total	37.7	15.6	5.2
1-2x	62.1	25	75
3-5x	34.5	58.3	25
6-9x	1.3	16.7	0
10x and more	0	0	0

According to the above data, we can confirm hypothesis H1, which states that employees face verbal abuse most frequently at their workplace.

We used a contingency table or a chi-square (χ^2) test to check hypothesis H2, which states that healthcare workers are exposed to verbal abuse more frequently than other employees.

Table 2: The contingency table of the relation between facing verbal abuse at the workplace from a user and at the workplace of healthcare workers

Did you face verbal abuse from a user at the workplace in the last year?					
			Your workplace		Sum of values
			Field of healthcare	Other	
Did you face verbal abuse from a user at the workplace in the last year?	YES	Number	24	5	29
		% within "facing verbal abuse from a user?"	82.8%	17.2%	100.0%
		% within "your workplace"	47.1%	19.2%	37.7%
		% of sum of values	31.2%	6.5%	37.7%
	NO	Number	27	21	48
		% within "facing verbal abuse from a user?"	56.2%	43.8%	100.0%
		% within "your workplace"	52.9%	80.8%	62.3%
		% of sum of values	35.1%	27.3%	62.3%
Sum of values		Number	51	26	77
		% within "Did you face verbal abuse from a user at the workplace in the last year?"	66.2%	33.8%	100.0%
		% within "your workplace"	100.0%	100.0%	100.0%
		% of sum of values	66.2%	33.8%	100.0%

The above table (Table 2) shows that 47.1% of employees in healthcare faced verbal abuse and merely 19.2% of employees from other fields. It follows that healthcare employees face verbal abuse more often. Then we used a chi-square (χ2) test to check whether the stated difference is statistically significant.

Before testing the third hypothesis H3 we were also interested in the feelings and emotional states that employees felt when facing an aggressive user. When facing an aggressive user, respondents most often felt fear (M = 3.65), helplessness (M = 3.38), uncertainty (M = 3.36), and hazard (3.36), and least often anger (M = 2.78), despair (M = 2.71), and lack of understanding from co-workers (M = 1.97).

Furthermore, we checked hypothesis 3, which states that those who experienced physical violence evaluated their emotional state of fear more negatively than those who did not. The results of the Shapiro–Wilk test ($W = 0.802$; $p = 0.01$) indicate an abnormal distribution (the data statistically differ from normal distribution) of the variable fear (if employees had faced physical workplace violence in the previous year). The analysis results of range values for the variable fear indicate that those workers who had faced physical violence from a user at the workplace ($N = 12$, $M_{rank} = 42.13$) gave higher average estimates of their level of fear and those workers who did not face physical violence gave lower estimates ($N = 65$, $M_{rank} = 38.42$). We thus established that there are differences between both groups. Furthermore, the results of the Mann–Whitney U test ($U = 352.0$, $z = -0.553$, $p = 0.580$) show (that the differences between the feeling of fear between both groups of employees who had or had not faced physical violence from a user are not statistically significant. On this basis, we can reject the third hypothesis 3.

Finally, we checked the fourth hypothesis, which states that the majority of those who experienced physical violence at work evaluate that the available know-how on dealing with violence is inadequate. The results of the Shapiro–Wilk test ($W = 0.786$; $p = 0.007$) indicate an abnormal distribution of the variable know-how (the know-how of the respondents was sufficient to control a violent user if employees had faced physical workplace violence in the last year). The analysis results of range values of the variable know-how indicate that those respondents who faced physical violence from a user at the workplace ($N = 12$, $M_{rank} = 39.08$) gave higher average estimates of their level of know-how, sufficient to control a violent user, and those workers who did not face physical violence gave lower estimates ($N = 65$, $M_{rank} = 38.98$). Based on these results, we determined that there are differences between both groups. Furthermore, the results of the Mann–Whitney U test ($U = 389.0$, $z = -0.016$, $p = 0.987$) show that the differences in the know-how between both groups of employed who faced or did not face user physical violence are not statistically significant. We can therefore reject the fourth hypothesis.

4 DISCUSSION

With this study conducted among the employees of the *Dom ob Savinji Celje* nursing home, we determined that there is ongoing user violence against nursing home employees. We confirmed the first two hypotheses (H1: The most common type of violence experienced by employees at their workplace is verbal abuse; H2: Healthcare workers are exposed to verbal abuse more often than other employees.) and rejected the other two (H3: Those who experienced physical violence evaluated their emotional state of fear more negatively than those who did not; H4: The majority of those who experienced physical violence at work assess that the available know-how on dealing with workplace violence is inadequate.). The majority of research participants faced verbal abuse at the workplace from a user. Fewer faced physical violence, and the fewest responded that they had faced unwanted user conduct of a sexual nature at the workplace. Similarly to previous ones (Cink, 2008; Gabrovec, 2017; Gabrovec & Eržen, 2016; Kelbič, 2013; Klemenc

& Pahor, 1999; Košir, 2012; Kvas & Seljak, 2015; Planinšek & Pahor, 1999), this study showed that employees are more exposed to verbal than physical abuse. We did not examine the reason for the low proportion of employees who had faced unwanted conduct of a sexual nature. In our opinion, one of the reasons could be the respondents' tolerance to this type of violence or the identification of sexual violence (Planinšek & Pahor, 1999). Some are for example already annoyed by improper looks or sexually-related comments regarding their appearance; others simply ignore such behaviour and choose not worry to over it, only defining sexual harassment as groping (Kuhar, Guzelj, Drolc, & Zabukovec, 1999). In Slovenia, the terms that define individual types of violence are still unclear. We usually only notice rough physical violence and largely ignore sexual, psychological, and verbal abuse (Klemenc & Pahor, 1999), which is a sign of demeaning attitude towards workplace violence. Verbal abuse is generally the hardest type of abuse to define since the border between what is acceptable and unacceptable depends on the individual, where the border of what is (un)acceptable marks one's tolerance for certain types of psychological violence. Personal borders are thus idiosyncratic and differ greatly from respondent to respondent. In consequence, everyone sometimes inflicts and experiences psychological harassment and is often unaware of it (Kuhar et al., 1999). According to researchers (Kuhar et al., 1999; Munc, 2010; Plaz, 2014), psychological violence is the prevailing type of violence in today's society.

Compared to existing studies that investigated user violence against healthcare employees (Cink, 2008; Gabrovec, 2017; Kelbič, 2013; Klemenc & Pahor, 1999; Košir, 2012; Kvas & Seljak, 2015; Planinšek & Pahor, 1999) and the study that examined this issue in terms of nursing homes in Slovenia (Gabrovec & Eržen, 2016), our results indicate a lower number of employees (37.7%) who faced user violence at the workplace (vs. e.g. 71.7% – Gabrovec & Eržen, 2016). In our opinion, we can attribute this difference to the non-uniform methodology between the above mentioned studies. We could also attribute the lower result to the fact that verbal abuse of users is an everyday phenomenon that is difficult for experts to identify and estimate its frequency (Cink, 2008). Despite the difference in the percentage of employees who faced violence at the workplace, the ratio distinctive of the frequency of a certain form of violent behaviour matches the previous studies.

We did not confirm the hypothesis that those who experienced physical violence evaluated their emotional state of fear more negatively than those who did not. We also established that the employees included in our study most frequently reported the presence of fear and helplessness, uncertainty, and hazard when facing aggressive users, and least frequently the presence of anger, despair, and a lack of understanding from co-workers. The results are in line with the study conducted by Cink (2008) or show similarities to previous results of study by Gabrovec and Eržen (2016) (fear as the second strongest expressed feeling). Facing violence can thus cause such feelings and states and can leave lasting consequences. Violent users can cause fear and stress with their actions for employees who meet them. The consequences of such occurrences can be seen in more frequent absences for sick leave, workers seeking employment elsewhere,

and consequently a fluctuation of employees and reduced productivity at work (Planinšek & Pahor, 1999).

Although we did not confirm the fourth hypothesis, which states that the majority of those who experienced physical violence at work assess the available know-how on dealing with violence as inadequate, we still find it important highlight the importance of addressing the issue of workplace violence in healthcare institutions. To successfully control it, we need to approach this issue comprehensively and act in different ways to prevent and face violence at the workplace. It is important to provide high-quality education and training for employees, and establish a protocol (or guidelines) for dealing with workplace violence once it is identified. They will thus be able to handle violent user behaviour safely and expertly. In our opinion, suitable know-how about control a violent individual can be crucial for achieving a favourable outcome in a given situation. Continuous theoretical and practical workshops can benefit it as well. A previous study (Gabrovec & Eržen, 2016) in Slovenia established that the need exists for a broader approach to handling workplace violence and that, as mentioned in the introduction, an organisation can influence the establishment of a safety culture in an organisation by developing systematic training models with required precautions to assure safety and prepare the protocol to be used in the event of violent situations. One of the possible measures is an organisational model of safety assurance and quality in dealing with the aggression of a user with a mental disorder in psychiatric healthcare in Slovenia (Gabrovec & Lobnikar, 2014), which includes frameworks of possible actions and practical techniques. It serves as a basis for functional education, which is predominantly grounded on practical training (Gabrovec & Lobnikar, 2014). The model is primarily intended for educating healthcare workers in psychiatric institutions. We nonetheless think that it could be used for testing in nursing homes as well, especially in places where employees face physical violence more often. Although the number of studies is increasing every year, this field needs more attention in order to find effective ways of preventing and facing user violence in the future. Thus, we see room for improvements and further research in this direction.

This study focused on investigating the violence of users against employees of nursing homes, but there are also studies available that focus on studying the violence enacted by employees against nursing home users. Conflicts between residents and employees often occur due to the way services are provided by employees (Mali, 2008). Nursing home residents often feel a clear dependency on others when receiving care, which fails to consider their individual needs and abilities, wherefore they lose a feeling of significance. Therefore, they wish to retain power in a relationship, where uneven distribution of power is typical, by taking it away from personnel by exercising violence (Zabukovec, 1999). This should be examined in the same environment as present study as well; the results of studies should be compared and cross-checked for links between users exerting violence against employees and employee violence against users. We believe that causes can originate from one another in a circular way.

Even though this study was planned carefully, we would like to highlight some restrictions which could influence the presented findings. Regardless

of several great efforts, our sample remained inhomogeneous, since it mostly includes females. This could also influence the results. We also had to face a 53% decrease of participants while acquiring data, which means that more than a half of the anticipated respondents did not provide an answer. This is why we cannot generalise the survey results to a complete population (Mesec, 2009) and assume that our findings apply to all employees in the *Dom ob Savinji Celje* nursing home. A descriptive and quantitative study enabled us an insight into the state of the examined issue in *Dom ob Savinji Celje* but we cannot generalise its results to the complete Slovenian area due to a non-representative sample. We also do not have an insight into a cause and effect relationship between the phenomena and a deeper insight into actual potential causes for certain violent behaviours. To do this, we would have to use a qualitatively-oriented study or mixed methods of research.

5 CONCLUSION

If we allow violence, it not only appears more frequently, but experience has shown that it even intensifies (Klemenc & Pahor, 1999). To detect and prevent violence, we should first of all increase awareness about the issue (Mrak, 1999). Causes for the escalation of violence can differ and the various ways of addressing this issue stem from these differences. We should develop a range of methods of mechanisms to identify, prevent, and decrease all types of violence within the working process. Relationships in healthcare and social care should be the most human and democratic form of cooperation, coupled with expert knowledge and the ability of every individual to do good for users and experts. This should additionally motivate us to solve conflicts in a friendly way for both users and experts (Zabukovec, 1999). This is why it is important that we have contributed to this research area with this study. In our opinion, the results of this study can contribute to designing a comprehensive plan of handling violent behaviour against employees in healthcare and social care institutions. Moreover, its findings support systematic measures to identify, report, prevent, and control this type of violence since comparing to healthcare institution this filed of the study is still overlooked at the social care facilities.

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