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Workplace violence – health institutions in Serbia in focus

Насиље на радном месту – у фокусу здравствене установе у Србији

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Workplace violence – health institutions in Serbia in focus

Насиље на радном месту – у фокусу здравствене установе у Србији

SUMMARY

Introduction/Objective Health workers are five times more likely to be exposed to workplace violence than other workers. The goal of this paper is to present an overview of the situation related to violence against health workers and others employed in the Republic of Serbia, before amendments to the Criminal Law of the Republic of Serbia by the end of 2024.

Methods This cross-section study was carried out over a three-month period, from 10.07.2024 to 10.10.2024, in the form of an online survey which was purposefully made, voluntarily completed by 125 respondents.

Results The survey showed that 74.4% of participants had experienced violence. Psychological abuse dominated. Verbal abuse was experienced among 68.8% of workers, psychological-nonverbal by 64.4% and physical violence by 12.7% participants in the survey.

There was no statistically important difference in experienced workplace violence in relation to sex, place of residence, nationality, marital status, number of children or level of education, type of specialization, type of institution, presence of security staff, activity on social networks, number of their workplaces and trade union membership. Workplace violence decreased as the length of service grew. Managers experienced less violence. The dominant cause of violence in general hospitals is the problem in communication and a patient's psychological disorder, while in health centers it is the non-acceptance of organizational limitations.

Conclusion We provide proposals that would contribute to the overall prevention of violence at workplaces and to protect workers in health.

Keywords: workplace violence; health; aggression; survey; law

САЖЕТАК

Увод/Циљ Здравствени радници су пет пута више изложени насиљу на радном месту него остали радници. Циљ овог рада је да представи преглед стања у вези са насиљем над здравственим радницима и другим запосленима у Републици Србији, пре усвајања измена Кривичног закона Републике Србије до краја 2024. године.

Метод Ова студија попречног пресека је спроведена током три месеца, од 10. 07. 2024. до 10. 10. 2024. у облику онлајн упитника који је циљано направљен, а доброволно попуњаван од стране 125 учесника.

Резултати 74.4% је доживело насиље. Доминирало је психолошко злостављање. Вербално злостављање је присутно код 68,8% радника, психолошко-невербално код 64,4% и физичко насиље код 12,7% учесника анкете.

Није утврђена статистички значајна разлика у доживљеном насиљу на радном месту у односу на пол, место становања, националност, брачни статус, број деце или ниво образовања, врсту специјализације, врсту установе, присуство обезбеђења.

Насиље на радном месту се смањивало са повећањем радног стажа. Руководиоци су доживљавали насиље мање. Доминантан узрок насиља у општим болницама је проблем у комуникацији и психолошки поремећај пацијента, док је у здравственим центрима то неприхватање организационих ограничења.

Закључак Дајемо предлоге који би допринели укупној превенцији насиља на радном месту и заштити здравствених радника.

Кључне речи: насиље на радном месту; здравље; агресија; анкета; закон

INTRODUCTION

Workplace violence (WPV) is any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs in the workplace, aligned with guidelines from organizations like OSHA (Occupational Safety and Health Administration) [1].

While there is no universal definition of workplace violence (WPV), differing methods of categorizing WPV are found, based on the nature of the aggression or based on associated intent [2].

Workplace violence WPV against health workers has been a global problem for decades [3]. Health workers are five times more exposed to violence at work compared to other workers [1, 4, 5]. Non-physical violence was reported at rates two to ten times higher than physical violence [6, 7].

According to WHO, between 8% and 38% of health workers suffer physical violence at some point in their careers [6]. The prevalence of physical violence is reported to be as high as 65% and there is evidence it has increased significantly over the last 30 years relative to the change in non-physical violence [7]. The prevalence of aggressive behavior on psychiatric wards varied (8–76%) [8]. In the meta-analysis of Lu et al. [8] the overall prevalence of workplace violence against healthcare professionals was 62.4%, with verbal abuse accounting for the highest majority (61.2%), followed by psychological violence (50.8%), threats (39.5%), physical violence (13.7%), and sexual harassment (6.3%). Despite this, a large number of cases of workplace violence remains unregistered, which probably makes the true prevalence of this problem larger [7, 9, 10, 11].

The consequences of violence at the workplace are personal and organisational, as well as being a large financial burden on the state. In institutions a lack of trust between workers and executives and a toxic atmosphere emerge, which affects work processes and is manifested through absenteeism, low productivity, or complete loss of productivity and dissatisfaction with work. The consequences of a worker being exposed to violence at the workplace may be acute and chronic and are seen as physical injuries, psychological traumas, and sometimes even death [1, 7, 12].

The nature of violence done by colleagues and superiors was found to be particularly different from that done by patients or visitors [13, 14].

The role of media in creating public distrust towards the health service is very important and it contributes to the aggression towards health workers [15], while violence is often manifested through lynching on social media [13].

Even though this problem is widespread even in our country, the quantity of research on violence against health workers in Serbia is limited [16].

The goal of this paper is to determine a quick overview of the situation related to the violence against workers in health institutions before the passing of amendments to the Criminal Law of the Republic of Serbia, which were due to happen by the end of 2024 [17]. The research was conducted independently and considered the causes, perpetrators, victims' reactions, consequences, and needs.

METHODS

This cross-section study was carried out in a three month period, from 10.07.2024 to 10.1.2024 in the form of an online survey which was purposefully made and conducted by Hatorum LLC – Centre for Education and Counselling with the support of the Trade Union of Employees in Health and Social Care Institutions of Serbia. All healthcare workers and healthcare employees in the Republic of Serbia, without the obligation to be a union member, were invited to complete an online survey, which was located on the website www.hatorum.com.

The invitation to participate in the survey was located on the websites www.zdravko.org.rs and www.hatorum.com, and the advertisement with the invitation was distributed through Union representatives, to be placed on the bulletin boards of the Union of Healthcare and Social Welfare Employees of Serbia, in all state healthcare institutions in the Republic of Serbia. In addition, the invitation was sent through three Facebook groups that gather healthcare workers from Serbia, but not exclusively <https://www.facebook.com/groups/519782948126826/> (32.4 thousand members), <https://www.facebook.com/groups/730899947580244/> (3.6 thousand members), <https://www.facebook.com/groups/39503031067/> (33.2 thousand members).

The survey was to be voluntarily filled in. It was not anonymous. It was filled in by 125 respondents. It was not possible to predict how many healthcare workers would receive information about the survey by Facebook, nor to verify whether advertisements about the survey were posted and how long they were on the Union's bulletin boards.

The survey was created for the purposes of this research. It consisted of 72 questions divided into four areas: demographic and general data, type of aggression experienced, consequences, and needs. Participants could circle multiple answers to one question.

Survey participants were informed that the data obtained in the survey were protected in accordance with the Law on the Protection of Personal Data (Official Gazette of the Republic of Serbia, No. 87/2018) and that they might be used exclusively in connection with the task and objectives of the survey, and in the interests of employees. Regarding the security of the data obtained, data was collected from the site using WPForms version 1.9.6.1. It was removed after the survey was completed.

The data were collected in Microsoft Excel program, adjusted and imported into an IBM SPSS20 statistical package with which they were analysed. Statistical methods that were applied were the frequency, percentage and Chi2 test. The results are shown in Tables 1–4. Statistical importance was determined at the level of first-degree error of 0.05.

Ethics: The study was previously approved of by decision No. 1264/22 of the Ethics Committee of the University Clinical Center of Serbia.

RESULTS

Among 125 respondents, 74.4% experienced violence during their health service in the last three years. Psychological-verbal abuse dominated by 68.8%, psychological-nonverbal abuse by 37.6%, physical violence was experienced by 12.8% of respondents, but violence took other forms as well. Our respondents reported repeated violence in the last three years.

There was no statistically important difference between experienced violence and sex, place of residence, nationality, marital status, number of children or level of education, whether the doctor is a

specialist or not, type of specialization, type of institution where the respondent is employed, whether there are security guards in the institution, panic buttons and video surveillance; activity on social networks or the number of respondents' workplaces, as well as trade union membership.

A decrease in violence was observed as the length of service grows, with a highly important statistical difference. Beginners working 0–2 years were the most exposed group and the least exposed were the seniors with 31–40 and over 40 years of service.

It was statistically important difference that individuals holding leading positions in an institution report less violence when performing their work duties.

In 77.8% cases, they did not receive medical nor in 74.7% cases psychotherapeutic assistance in their institution.

The survey showed that 77.7% of respondents suffered psychological injuries, 40% of them reported damage to their reputation, 11.6% of respondents suffered a minor physical injury, and 1.1% a serious physical injury as well as other types of harm. Changes in body weight and sleep disturbance, taking medications on a daily basis as well as going on sick leave, speak of short term and long-term health consequences.

Table 5 shows numerous other losses after WPV in the last three years and feelings of disenfranchised grief in 56.8% participants, 37.9% participants are not motivated to go to work, 16.8% plan to move to another country, and 9.5% plan to change their occupation. Of the overall number of respondents, 88% think that health workers should get the status of official person in Article 112 of the Criminal Code, 98.4% of all respondents think that punishments for violence against health workers should be more severe.

With a high statistical importance, 45.7% of respondents who experienced violence stated that they needed educational courses aimed at psychological self-defence and 49.5% needed courses on physical self-defence.

DISCUSSION

Even though the number of respondents represent a sufficiently large group for the research, this is a small number of respondents compared to the overall number of health workers and other workers in health in Serbia. Consequently, the results of the survey can be interpreted only for this group and in the light of the fact that the survey was not anonymous.

For those whose names stand behind this data, each decimal has a special meaning in both pain and the recovery process. Leaving personal data while taking safety measures and respecting the General Data Protection Regulation (GDPR) were done with an aim to provide the respondents who have experienced

violence with the opportunity to express their statements “loudly”, which was also supposed to have a therapeutic effect as opposed to trying to cover them up.

In our sample there was a much greater percentage of respondents (74.4%) who experienced violence during their health service compared to the findings of Victimology Society of Serbia, which pointed out a rate increase of 48.7% in 2008 to 64.2% in 2010, and compared this data to the findings related to employees in primary health protection in Belgrade in 2015, mentioned by Fišeković et al, 2015 [16], where 52.6% of employees experienced abuse, and 18.3% experienced physical violence.

In our study 68.8% of respondents experienced psychological-verbal abuse, 37.6% experienced psychological-nonverbal abuse, and 12.8% experienced physical violence.

A decrease in experiencing violence happens as the length of service grows. With a high statistical difference, this can be interpreted with seniors' greater experience in working with patients.

With high statistical significance, superiors experience less aggression compared to other employees, so we can assume that they are the most experienced in their job, more effective in solving communication problems, protected by their position, not in the front line of contact with patients, or have a tendency to present facts and circumstances more favourably than they are, in order to remain in a leading position and present themselves as capable.

However, more than a quarter of violent incidents (26.3%) were done by patients that health workers did not treat and 25.3% were done by unknown people, which may hypothetically be interpreted by social reasons or completely irrational reasons connected to a patient's psychological problems in 35.8% cases. Similarly, more than a quarter of respondents (27.4%) said that they suffered from aggression from other employees in the medical institution, while 23.2% said they were attacked by their superiors, which may be hypothetically interpreted by the perpetrator's and victim's personal reasons (50.5% unaccepted restrictions and rules, 20% slander, 7.4% other reasons), as well as weak organization (22.1%), where there are not enough health professionals, leading to employees being exposed to burnout syndrome [18].

Where violence did not only occur in the workplace, can be explained by the role of social networks (5.3%) as well as some media (4.2%), which sometimes actively participate in the lynching of healthcare workers, so the intensity of such violence, its duration and long-term consequences are not adequately represented by a small percentage.

RESULTS of our survey lead to the fact that the communication problem plays a crucial role in generating violence. We have established mechanisms and procedures for resolving medical disputes, ways to report unwanted events, and obligations to inform the police, but the respondents point out that in their cases and many other cases these procedures were not used. Without informing the police (75.5%) and legal punishment (89.4%), the repetition of violence by the same perpetrator is not surprising.

People who experienced psychological abuse were seven times more likely to become the victims of physical violence [19]. In the study on violence in hospitals in China, the frequency of violence in hospitals even reached 95%, which points to the fact that physical and verbal harassment of medical staff happened often [20].

The response that 77.5% of the attacked respondents did not get medical aid and 74.7% psychotherapy aid in their institution is worrying.

The results showing disenfranchised grief (56.8%), the health consequences for victims of WPV are worrying, as is the percentage of employees who do not want to talk about it (51.1%).

54.7% of respondents have changed their attitude towards work; 64.2% have changed their attitude towards colleagues, and 63.2% who experienced violence have changed their attitude towards patients.

With a high statistical importance, respondents who were the victims of aggression feel disenfranchised grief and say that they need a course in psychology in order to get protected. However, with a higher statistical importance, there are more of those who say they need to learn physical self-defence. Keeping in mind communication problem (55.8%) in our results it is crucial to implement a competent program for the prevention and suppression of workplace violence and de-escalation courses taking into account all risk factors that may contribute to this issue [4, 21].

Limitations of research

Having in mind a limited number of respondents and the fact that the survey was not anonymous, responses that deny any responsibility of the health worker as the cause of the violence or that might question the personal credibility of the health worker at the time of the violence and afterwards should be cautiously accepted.

In the future, it would be necessary to repeat the research on a larger sample, to do it anonymously, and then compare the results.

CONCLUSION

In our survey and the literature, psychological abuse was present in a larger percentage than physical and other types of violence. Unfortunately, it was not covered by the new amendments to the Criminal Law of the Republic of Serbia which provide harsher penalties only for acts of physical violence against medical professionals.

Even though our research has not shown statistical importance, it is necessary to introduce security measures in all health institutions and follow the effects of these changes.

We suggest the foundation of ethics hubs at the level of health institution, which would include mandatory timely reporting system, post-incident procedures, and services that include trauma-crisis counselling, critical-incident stress debriefing, and employee assistance programs, safety and health training in order to ensure that all staff members are aware of potential hazards and how to protect themselves and their co-workers through established policies and procedures, provide legal and medical aid with a clearly determined powers supported and delegated by the adopted protocols.

If violence, related to the work in a health institution, led to the deterioration and worsening of the employee's physical and psychological health and new diagnosis of a chronic disorder within three years after having experienced workplace violence, we suggest the employee who suffered violence be provided with a 100% refund for taking sick leave.

It is necessary for health institutions to commit themselves to move health employees who experienced workplace violence to another workplace if they had such a demand.

In cases where it has been proved at court that the act of violence was done by an employee in the health institution to another employee, it is necessary to establish the mechanism of moving the perpetrator to another workplace and depriving them of a leadership position.

At least once a year, it is necessary to organize a preventive anti-stress training for all employees in health care who experienced any kind of physical or psychological trauma, with the aim to detect individuals who have a complicated reaction to traumatic event and loss, and who bear a risk of later developing a psychiatric, psychosomatic disorder and addiction.

It is necessary for employees in health care to be specifically insured in case of physical, psychological injuries, and material and non-material damage inflicted during work. Cooperation is necessary between healthcare institutions and professional associations in incorporating codes of practice, and of ethics, and clauses concerning the unacceptability of any form of workplace violence, and support of media, non-governmental organizations (NGOs) and other relevant community bodies in actively advocating awareness and training against workplace violence. When determining a fine or other penalties of the perpetrator who performed the act of violence in the Criminal Law, all consequences relate to the deterioration of physical and mental health and losses which are connected to a concrete event should be assessed, whether physically actual or online violence, as well as material and non-material damage inflicted on an employee, their family, institution or another person or legal entity that are connected to them. In this regard, we hope that this work will contribute to additionally improving current legal regulations.

During their education, healthcare workers do not learn that workplace violence is a frequent occurrence in healthcare institutions. In this regard, while learning how to protect and help others, the education program should also include the skills needed by healthcare workers to protect themselves.

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In addition to intellectual curiosity about the topic of violence against healthcare workers, which is not sufficiently researched in our environment, and decades of professional experience at the Clinic for Psychiatry University Clinical Center of Serbia in connection with this problem, the first author has personal experience of surviving lynching, initiated by the media, due to conducting professional health activities, after the mass murder at the "Vladislav Ribnikar" Elementary School in Belgrade in 2023, and in this regard, personal reasons and motivation for publishing and discussing various aspects of this problem in the professional public. In the presentation of the results of the survey, an objective distance was achieved in the interpretation of the results. The work on the survey, the trust of the survey participants, and the development of ideas related to the prevention of working place violence helped the author's personal recovery.

The research was conducted under the auspices of the Hatorum LLC – Centre for Education and Counselling, of which the first author is the founder and director, and with the support of the Trade Union of Health and Social Care Employees. Hatorum LLC was founded 2008 and has been engaged in violence prevention and health protection for many years. At the time of the research, the author was only able to post the survey online on his own institution's website. The survey was not posted on the union website because we wanted to avoid political connotations and invite all healthcare workers to participate, not just members of one union. No financial benefit was realized in connection with the research.

The cooperation of the Trade Union of Health and Social Welfare Employees of Serbia and Hatorum LLC is in accordance with the Program and Statute of the trade union, where the primary task of the trade union is to achieve labor and legal protection, improve the working environment, and the conditions under which work is performed, which implies the absence of any form of violence, whether physical or psychological, as well as mutual respect and tolerance, collegiality and solidarity.

The research results did not influence the final version of the amendments to the Criminal Code.

Conflict of interest: None declared.

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Paper accepted

Table 1. Descriptive sample analysis

Sex									
85.6% Female				13.6% Male				0.8% Undefined	
Age									
3.2% (18–24)		18.4% (25–34)		32% (35–44)		28.8% (44–45)		17.6% (55–65)	
Marital status									
55.2% Married		20% Single		12.8% Divorced		8.8% Extramarital union		3.2% Widow/widower	
Number of children									
40.8% Two		30.4% None		19.2% One		8 Three		1.6% Four and more	
Location									
60% Vojvodina				20.8% Belgrade				19.2% Central Serbia	
Nationality									
81.6% Serbs		11.2% Hungarians		1.6% Slovaks		0.3% Bosnians		4.8% Others	
Level of education									
47.6% Faculty	37.1% Sec. school		7.3% High school		4% PhD		2.4% Master		1.6% Element. school
Profession									
36% Doctors	35.2% Nurses	4.8% Physiotherapist	4% Dentist	4% Med. Technician	3.2 Lab. assistant	3.2 Dental nurse	1.6 Psychologist	8 Others	
Specialization									
11.8% General medicine	7.8% Emerg. Medicine	5.9% Psychiatrist	5.9% Gynecologist	3.9 Pediatrician	3.9% Clinical biochemistry	2% Med. microbiology	2 Physical med. and rehab	54.9 I haven't specialization	
Length of service									
6.4% (0–2)	25.6% (3–10)		25.6% (11–20)		24.8% (21–30)		15.2% (31–40)		2.4% Over 40
Institution									
56.4% Health centers	16% Clinical center		14.4% General hospital		4% Special hospital		2.4% Emergency serv.		6.8% Other
Position in institution									
72% Full time employed				19.2% Leading position				8.8% Employed for a definite time	
The number of health institution where you work									
76% One		12.8% Two		4% Three		7.2% Several			
Union membership									
39.6% Yes, passive.		28% No.		23.2% Yes, active.		9.6% Yes, management.			
Presence on social networks									
64% Yes, active		29.6% Yes, passive				6.4% No			
Religiosity									
77.6% Yes				12.8% No				9.6% I don't know	

Table 2. Perpetrators of violence, setting

From whom have you experienced violence related to the performance of health care activities in the last three years?							
66.3% Your patient	53.7% Your patient's family	34.7% Another person related to your patient	26.3% Someone else's patient	12.6% Another person's patient's family	27.4% Employees	23.2% Superiors	25.3% Unknown persons
3.2% Profess. Association	2.1% Health inspection	3.2% Ministry of health	5.3% Politician	1.1% Member of own family	5.3% Media	5.3% Unknown group	3.2% Other
Where have you experienced violence related to your health-related work in the last three years?							
97.9% At the workplace	11.6% Outside the workplace	5.3% Via social networks	4.2% Through the media	3.2% At home	3.2% In another place		
What protective measures do you have against workplace violence?							
23.2% Yes, security 24 hours	2.4% Yes, security before noon	1.6% Yes, security, only in the evening	46.4% Yes, video surveillance	5.6% Yes, panic tasters	72.8% No		
Which is the cause of violence?							
8.4% Accept. the diagnosis	13.7% Diagnostic process	22.1% Treatment Implementation	7.4% Treatment outcome	55.8% Communication problem	52.6% Unfulfilled expectation	0% Ethical problems	0% Fatigue
22.1% Weak organization	20% Slander	35.8% Patient's psychological problems	15.8% I don't know	9.5% Personal conflict	50.5% Restrictions and rules are not accepted	0% Professional mistake	7.4% Other reasons
Has violence against you been repeated by the same perpetrator over time?							
28.8% Yes		51.25 No		18.4% This question does not apply to me		1.8% I don't want to answer	

The perpetrators of violence were mostly patients (66.3%), their families (53.7%), or people connected to them (34.7%); communication problems and patient's psychological disorder as the cause of violence were reported with a high statistical importance by respondents from general hospitals; non-acceptance of organisational limitations was a cause with statistical importance in medical centres and general hospitals

Table 3. Victims, reactions

Have you experienced any type of violence related to your healthcare work in the last three years?									
12.8% Physical	68.6% Psychological verbal	37.6% Psychological non verbal	10.4% Financial	1.6% Sexual	4.6% Destruction. of personal property	8% Destruction of medical documentation	5.6% Destruction of medical equipment	6.4% Destruction of property of a health institute	
How many times have you experienced violence related to your work in the last three years?									
24.8% None	5.6% Once	29.6% From two to five times	15.2% More than five times	20.8% More than 10 times	4% I don't want to answer				
Was the violence reported to the police?									
14.9% Yes, by my side	4.3% Yes, by institution	5.3% Yes, from me and from the institutions	75.5% No						
Were legal proceedings initiated against the perpetrator?									
7.4% Yes, from my side	2.1% Yes, by my institution	1.1% Yes, I and institution sued the perpetrator	89.4% No						
Did you ask for help?									
15.8% Yes, I sought medical help	16.8% Yes, I sought psychotherapy help	64.9% Reporting to Superiors	28.7% Yes, I sought legal assistance	14.9% Yes, report to police	7.4% Initiated legal proceedings				
Where did you get medical help?									
12.4% In your institution	4.5% In other state institution	3.4% In your and other state institution	2.2% In private practice	77.8% I didn't get help					
Where did you get psychological / psychotherapy help?									
12.1% In your institution	3.5% In other state institution	4.4% In your and other state institution	5.5% In private practice	74.7% I didn't get help					
Who did you get support after workplace violence?									
31.6% Superiors	81.1% Colleagues	24.2% Patients	4.2% Legal service	2.1% Professional chamber	2.1% Other professional associations	0% Union	3.2% Medias	1.1% Priest	1.1% Political party
55.8% Family	49.5% Friends	4.5% Acquaintances	Unknown people	3.2% Ministry of health	1.1% Prosecutor's office	13.7% Lawyer	4.2% Police	4.2% I didn't get support	1.1% Others

Table 4. Victims, consequences

Direct damage								
11.6% Minor physical injury	1.1% Serious physical injury		77.7% Psychological Injury		40% Social injury	13.7% Inability to perform the work		
41.1% Difficulty performing work	15.8% Financial loss		2.1% Loss of title	1.1% Termination of research	1.1% Loss of research	20% Damage towards others related to you		
Do you have later consequences after experiencing aggression while performing health activities?								
10.6% Worsening of an existing illness	4.3% New physical illness	1% Infection	4.3% Physical injury	10.6% I feel physically ill	22.3% I feel mentally ill	51.1% I don't want to answer	0% Disability	0% Operation
Did you change your body weight after you experienced workplace violence?								
7.4% Yes, up to 5 kg	11.6% Yes, over 5kg	9.5% Yes, up to 5 kg	7.4% Yes, over 5 kg	46.3% No, I didn't	13.7% I don't know	4.2% I don't want to answer		
Do you have trouble sleeping after experiencing workplace violence?								
22.1% I can't sleep	31.6% I wake up often	9.5% I wake up early	20% I sleep less than 6 hours	1.1% I sleep longer than 9 hours	3% I have nightmares	33.7% No. I haven't sleep problems	10.5% I don't want to answer	
Are you currently taking medication daily?								
7.4% Psychiatric		26.3% Cardiology		6.7% Pulmonary	7.4% Gastroenterological	1.1% Hematological		
2.1% Immunological	12.6% Analgesics		5.3% Other		53.7% I don't take medications.	4.2% I don't want to answer		
Do you drink alcohol (at least two glasses of spirits, two glasses of wine, or two beers)? Do you take drugs?								
4.2% Yes, during the week	21% Yes, during the month			72.6% I don't drink	2.1% I don't want to answer	5.3% I got drunk in the last month		100% No. I don't take drugs
Have you been on sick leave in the last three years?								
40% No	41.1% Yes, up to 30 days	5.3% Yes, up to 60 days	6.3% Yes, more than two months		3.2% Yes, more than six months	3.2% I am on sick leave now	1.1% I don't want to answer	

Table 5. Secondary losses, other consequences, plans and needs

Have you suffered significant losses in the last three years as a result of workplace violence against you in connection with your healthcare activities?							
71.6% No, I haven't	1.1% Divorce	3.2% Love breakup		1.1% Loss of custody	1.1% Abortion	11.6% Financial loss	7.4% Loss of friendship
5.3% Loss of important person	2.1% Loss of job	1.1% Loss of license	0% Loss of patient	0% Loss of number of patients	0% Prison sentence	8.4% Other loss	5.3% I don't want to answer
How is your attitude towards work after experiencing workplace violence?							
45.3% The same attitude towards work	36.8% The same attitude towards patients	35.8% The same attitude towards colleagues	5.3% I do my job better	3.2% I do my job worse	.0% I make mistakes at work	25.3% I do my job more carefully	37.9% I'm not motivated to go to work
12.6% My attitude towards patients has changed permanently	9.5% My attitude towards patients has changed permanently	17.9% My relationship with people has changed permanently	4.2% I'm afraid to go to work	2.1% I'm afraid I'll make a mistake	1.1% The question does not apply to me	5.3% I don't want to answer	
Do you feel disenfranchised grief?							
56.8% Yes		27.4% Yes			15.8% I am not sure		
Are you planning any significant changes after experiencing workplace violence?							
4.2% Transfer to another workplace within the same institution	15.8% Moving to another institution	1.1% Moving to another town	16.8% Moving to another country	9.5% Change of occupation	0% change in physical appearance	88.4% No, I am not	
Proposals							
4.8 Healthcare workers should be given official status		49.5% Healthcare workers should receive additional education in physical self-defense			45.7% Healthcare workers should receive additional education on psychological self-defense		