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ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

Workplace violence – health institutions in Serbia in focus

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SUMMARY

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

Methods This cross-sectional study was carried out over a three-month period, from July 10, 2024, to October 10, 2024, in the form of a purpose-designed online survey, voluntarily completed by 125 respondents.

Results The survey showed that 74.4% of participants had experienced violence. Psychological abuse dominated. Verbal abuse was experienced by 68.8% of workers, psychological-nonverbal by 64.4%, and physical violence by 12.8% of participants in the survey.

There was no statistically significant 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 increased. Managers experienced less violence. The dominant cause of violence in general hospitals is communication problems 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 the protection of healthcare workers.

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

INTRODUCTION

Workplace violence (WPV) is any act or threat of physical violence, harassment, intimidation, or other threatening or disruptive behavior that occurs in the workplace, as defined in guidelines from organizations such as 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 likely to be exposed to violence at work than 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 that 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 by Lu et al. [8], the overall prevalence of workplace violence against healthcare professionals was 62.4%, with verbal abuse accounting for the largest share (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 remain unregistered, which probably makes the true prevalence of this problem higher [7, 9, 10, 11].

The consequences of violence at the workplace are personal and organizational, 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 trauma, and sometimes even death [1, 7, 12].

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

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The role of the media in creating public distrust toward the health service is very important, and it contributes to aggression toward 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 amount of research on violence against health workers in Serbia is limited [16].

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

METHODS

This cross-sectional study was carried out in a three-month period, from July 10, 2024, to October 10, 2024, in the form of a purpose-designed online survey 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 union members, 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 for placement 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, though 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 completed voluntarily. It was not anonymous and was completed by 125 respondents. It was not possible to predict how many healthcare workers would receive information about the survey via 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 select 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 could 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 were collected from the site using WPForms version 1.9.6.1. The form was removed after the survey was completed.

The data were collected in Microsoft Excel, adjusted, and imported into IBM SPSS Statistics for Windows, Version 20.0 (IBM Corp., Armonk, NY, USA), for analysis. The statistical methods applied were frequencies, percentages, and the χ^2 test. The results are shown in Tables 1–5. Statistical significance was determined at a type I error level of 0.05.

Ethics: The study was previously approved 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 healthcare work in the last three years.

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

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 significant difference between experienced violence and sex, place of residence, nationality, marital status, number of children, level of education, whether the physician was a specialist, 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 increased, with a highly statistically significant difference. Beginners with 0–2 years of service were the most exposed group and the least exposed were senior employees with 31–40 and over 40 years of service.

A statistically significant difference was found: individuals holding leadership positions in an institution reported less violence when performing their work duties.

In 77.8% of cases, respondents received no medical assistance and, in 74.7%, no psychotherapeutic assistance in their institution.

Among the respondents, 77.7% suffered psychological injuries, 40% reported damage to their reputation, 11.6% sustained minor physical injuries, and 1.1% sustained serious physical injuries, as well as other types of harm. Changes in body weight and sleep disturbance, daily

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% Secondary school		7.3% High school		4% PhD	2.4% Master		1.6% Elementary school
Profession								
36% Doctors	35.2% Nurses	4.8% Physiotherapist	4% Dentist	4% Medical technician	3.2% Laboratory assistant		3.2% Dental nurse	1.6% Psychologist	8% Others
Specialization								
11.8% General medicine	7.8% Emergency medicine	5.9% Psychiatrist	5.9% Gynecologist	3.9% Pediatrician	3.9% Clinical biochemistry	2% Medical microbiology	2% Physical medicine and rehabilitation		54.9% I have no 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 service	6.8% Other
Position in institution								
72% Full-time employed			19.2% Leading position			8.8% Employed for a definite time			
Number of healthcare institutions 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			

medication use and sick leave indicate short- and long-term health consequences.

The results show other losses after WPV in the last three years and feelings of disenfranchised grief in 56.8% of participants; 37.9% of 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 official status under Article 112 of the Criminal Code, 98.4% of all respondents think that punishments for violence against health workers should be more severe.

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

DISCUSSION

Even though the number of respondents represents a sufficiently large group for the research, it 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 light of the fact that the survey was not anonymous.

For those whose names are attached to these 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 was done with the aim of providing the respondents who had experienced violence with the opportunity to express their statements openly, which was also supposed to have a therapeutic effect rather than concealing them.

Table 2. Perpetrators of violence, setting

From whom have you experienced violence related to the performance of healthcare 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% Professional 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 buttons	72.8% No
What was the cause of violence?							
8.4% Acceptance of 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		51.2% No		18.4% This question does not apply to me		1.8% I don't want to answer	

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 nonverbal	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 me		4.3% Yes, by the institution			5.3% Yes, by me and by the institution			75.5% No	
Were legal proceedings initiated against the perpetrator?									
7.4% Yes, by me		2.1% Yes, by my institution			1.1% Yes, the institution and I 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, I reported it to the police	7.4% Initiated legal proceedings
Where did you receive medical help?									
12.4% In your institution		4.5% In another state institution		3.4% In your institution and another state institution		2.2% In private practice		77.8% I didn't get help	
Where did you receive psychological/psychotherapy help?									
12.1% In your institution		3.5% In another state institution		4.4% In your institution and another state institution		5.5% In private practice		74.7% I didn't get help	
From whom 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% Media	1.1% Priest	1.1% Political party
55.8% Family	49.5% Friends	4.5% Acquaintances	7.4% 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 to 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 5 kg	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 don't have 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		

In our sample there was a much greater percentage of respondents (74.4%) who experienced violence during their healthcare work compared to the findings of Victimology Society of Serbia, which pointed out a rate increase from 48.7% in 2008 to 64.2% in 2010, and compared these data with the findings related to employees in primary health protection in Belgrade in 2015, mentioned by Fišeković et al. [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 increases. This statistically significant finding can be interpreted by seniors' greater experience in working with patients.

With high statistical significance, managers experienced 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 on the front line of contact with patients, or have a tendency to present facts and circumstances more favorably 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 perpetrated by patients whom health workers did not treat and 25.3% were perpetrated by unknown people, which may hypothetically be explained by social factors or completely irrational reasons connected to a patient's psychological problems in 35.8% of 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].

Violence that did not occur only in the workplace may 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.

Our survey results indicate that communication problems play a crucial role in generating violence. We have established mechanisms and procedures for resolving medical disputes, ways to report adverse 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.

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% No		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													
88% 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								

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

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

The finding of disenfranchised grief (56.8%) and 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%).

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

With high statistical significance, respondents who were the victims of aggression feel disenfranchised grief and say that they need psychological training to protect themselves. However, with a higher statistical significance, there are more of those who say they need to learn physical self-defense. Keeping in mind communication problems (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 the study

Given the limited number of respondents and the fact that the survey was not anonymous, responses denying 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 interpreted with caution.

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 Code 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 significance, it is necessary to introduce

security measures in all health institutions and monitor the effects of these changes.

We suggest the establishment of ethics hubs at the level of healthcare institutions, which would include a 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 clearly defined 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 a 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% compensation during sick leave.

It is necessary for health institutions to commit to transferring healthcare employees who experienced workplace violence to another workplace if they request it.

In cases where it has been proven in court that the act of violence was perpetrated by an employee of the health institution against another employee, it is necessary to establish a mechanism for transferring the perpetrator to another workplace and depriving them of a leadership position.

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

It is necessary for healthcare employees to be specifically insured against physical and 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 ethics, and clauses concerning the unacceptability of any form of workplace violence, and support from the 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 for the perpetrator who committed the act of violence in the Criminal Code, all consequences related to the deterioration of physical and mental health and losses that are connected to a concrete event should be assessed, whether physical 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 additional improvement of the 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 educational 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 healthcare activities, after the mass murder at the Vladislav Ribnikar Elementary School in Belgrade in 2023, and, in this regard, has personal reasons and motivation for publishing and discussing various aspects of this problem in the professional community. 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 workplace 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 in 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 the 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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Насиље на радном месту – у фокусу здравствене установе у Србији

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САЖЕТАК

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

Методе Ова студија попречног пресека је спроведена током три месеца, од 10. 7. 2024. до 10. 10. 2024. године, у облику онлајн упитника који је циљано направљен и који је добровољно попунило 125 учесника.

Резултати Од укупног узорка, 74,4% испитаника је доживело насиље. Доминирало је психолошко злостављање. Вербално злостављање доживело је 68,8% здравствених радника, психолошко-невербално 64,4% и физичко насиље 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, ниво образовања, врсту специјализације, врсту установе, присуство обезбеђења, активност на друштвеним мрежама, број радних места и чланство у синдикату.

Насиље на радном месту смањивало се са повећањем радног стажа. Руководиоци су ређе доживљавали насиље. Доминантни узроци насиља у општим болницама су проблеми у комуникацији и психолошки поремећаји пацијената, док је у домовима здравља то неприхватање организационих ограничења.

Закључак У раду су изнети предлози који би допринели укупној превенцији насиља на радном месту и заштити запослених у здравству.

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