

## REVIEW ARTICLE

# Psychological Counseling Model Proposal for Reducing Violence in Emergency Services

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## ARTICLE HISTORY

**Received:** 07.12.22

**Accepted:** 04.01.24

## KEYWORDS

Violence in health,  
Violence in emergency  
departments, Healthcare  
workers, Violence  
prevention, Psychological  
counseling

## ABSTRACT

Violence is destructive and abrasive for patients and their relatives as well as for healthcare workers. Violence, which leads to various emotional and physical injuries, job dissatisfaction, and absenteeism, causes fatal mistakes and has a negative impact on service quality. On the other hand, the patient and his relatives may be anxious, nervous, sensitive or inclined to show anger behavior due to the situation they are in. These summarized reasons can bring the healthcare worker and patient, who should be on the same side, and their relatives face to face. However, healthcare professionals and patients share a common goal and have to act together. Accordingly, it is thought that when the causes of violence are eliminated for both groups, violence will decrease to a large extent. In this context, efforts should be made to identify and eliminate the psychological and social reasons that lead people to act aggressively in order to prevent violence in the emergency room. The proposed model aims to build a bridge of compassion between healthcare workers and patients and their relatives, while also providing psychological support to healthcare workers and patients and their relatives, training healthcare workers in communication, compassion, empathy and emotion management, and teaching stress-reducing techniques to prevent violence in emergency services. Various search engines were used in the literature search. The search terms were determined as "violence in an emergency", "causes of violence", "prevention of violence" and "violence in health", but studies involving environmental risk management and security measures were excluded.

Violence against healthcare workers is a common occurrence and emergency departments are particularly vulnerable due to several internal factors. Violence in health institutions is defined as “verbal or physical attack by anyone who poses a risk or threat to the patient, their relatives or health workers” (Magnavita & Heponiemi, 2012). It is known that the health sector is among the sectors most exposed to violence. Despite this, researchers seem to have not yet discovered statistically significant, universally applicable risk reduction methods. While some of the researches try to measure the problem and identify the perpetrators and victims, some focus on measures to ensure a safer workplace for healthcare workers (Phillips, 2016). However, taking strict security measures in health care or social service environments is not welcomed and increases the possible risk for health workers (Pinar & Pinar, 2013). On the other hand, studies focusing on other interventions to reduce violence are finding a standard solution. They could not put forward a clear model or view on the issue. The aim of this review is to investigate and synthesize the evidence on the following questions to demonstrate the

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necessity of psychological services and to propose a psychological counseling-oriented model to prevent violence in the emergency department.

1. What are the psychological, cultural and social reasons that lead to violence in the emergency department?
2. Which reasons lead to violence for patients and their relatives in the emergency room?
3. Which reasons increase tension for healthcare professionals in the emergency room?
4. Apart from taking security measures, what efforts have been made to prevent violence in emergency rooms?
5. Are there any studies that include psychological services for healthcare professionals and patients and their relatives for the management of violence in emergency rooms?

In the search strategy and study selection, the literature review was conducted using various search engines and search terms, and studies addressing security measures to prevent violence in the emergency room were excluded.

### **Emergency Violence and Its Causes**

Emergency services; it is an environment where people work under intense stress and tension, where there are cases that require urgent intervention, injuries, and patients with high risk. Working conditions, shifts and workloads of physicians and health workers in emergency services are another factor that increases stress and tension. This situation reduces the empathy and tolerance of employees (Pai et al., 2015). On the other hand, the tiredness and boredom caused by the long working and shift hours of the health care workers can cause communication problems with the patients and their relatives, and sometimes they are exposed to violence. The lack of experience in coping with aggressive behavior, communicating with patients and crisis management, and inadequacy in communication skills training are among the other reasons for the increase in violence against healthcare professionals. The population of a study aiming to reveal the causes of violence against healthcare professionals from the perspective of society consists of residents of Istanbul. It is cross-sectional and descriptive. July 2018 - August 2018- Questionnaire method was used as a data collection tool. Conclusion: According to the participants, the most important reasons for violence are the ill-treatment of the patients, respectively, and the lack of care by the healthcare professionals. The lowest reason is that the healthcare professionals are inexperienced. Another result is that, according to the participants, the violence applied to health workers was expressed as a great injustice (Fener & Aydintuğ, 2019). In one study, 973 violence studies in national and international publications for emergency room nurses between January 2010 and February 2015 were reviewed and 12 publications that met the inclusion criteria were evaluated. It was determined that the rates of violence applied to nurses working in the emergency department were generally high, that the nurses were exposed to verbal violence at the highest rate (91.6%), and the violence was mostly applied by the relatives of the patients (84.9%). The length of waiting period was shown as 19.5% as the reason for violence. It was determined that nurses who were exposed to violence experienced the most anger (Kahya et al., 2016).

Violence cases that were reported as Code White in Izmir Dokuz Eylul University Practice and Research Hospital were investigated and analyzed in terms of variables related to workplace violence. 88 male and 72 female health workers in 160 cases of violence reported between 2015 and 2017 were included in the study. The findings showed that 86.9% of employees were exposed to verbal violence, 13.1% to physical violence, 57.5% to threats and 71.3% to swearing. Moreover; In emergency services, verbal violence is more common, "waiting time" factor causes more verbal violence, "legal/inappropriate patient requests" causes more physical violence, female aggressors cause more verbal violence and male aggressors cause more physical violence. It has been determined that they are opened (Devebakan, 2018). Studies on violence in the field of health revealed that emergency services and 112 emergency medical teams carry the highest risk (Şahin et al., 2011; Doğanay, 2014; Akbaş et al., 2016).

Worried patients and their relatives may perceive the prolongation of the treatment as a late intervention due to examinations and consultations. It is the place where cases requiring emergency intervention, injuries and high risk patients are located. Emergency workers, patients and their relatives are under high levels of tension

and stress. Strict security measures are not welcome in healthcare or social service environments and increase the potential risk for healthcare workers (Pınar & Pınar, 2013).

Studies have revealed the existence of environmental and organizational risk factors related to the causes of violence by health personnel. In particular, it has been reported that the organizational and structural environment quality is not in line with the expectations of the patients and/or their relatives, waiting times and the lack of information on the delivery of the emergency services, disappointing expectations of the patients and/or family members, and communication difficulties between healthcare professionals and patients (Cannavò et al., 2017; Cinti et al., 2018). In addition, injustice in workplace task distribution and performance evaluation, widespread gossip in the workplace, problems in subordinate-superior relations arising from the hierarchical structure, patient dissatisfaction and fear of complaint were found to be the leading stress factors for healthcare workers (Boyaçlı et al., 2014).

### **The Effect of Violence on Health Workers**

Emergency departments are high-risk settings for workplace violence, but interventions to prevent violence and prepare staff are not yet consistently implemented and their effectiveness is often uncertain. In addition, psychological support is required for those who feel stressed in the ED or report that they are under stress after the attack. All healthcare professionals need to be trained to be mindful of their colleagues when workplace violence occurs; In fact, aggressive workers often suffer from feelings of fear, anger, guilt, irritation, and helplessness. These sequelae, as reported by the literature, can reduce the empathy capacity of healthcare workers and sometimes cause burnout (D'Ettoire et al., 2018). Workplace violence causes stress, depression, anxiety, fatigue, job dissatisfaction and absenteeism (Çağatay, 2022). In a study conducted in Taiwan; It has been determined that workplace violence faced by nurses has negative effects on nurses in terms of physical, psychological, social, personal and professional work life (Han et al., 2017). A study conducted in the People's Republic of China showed that violence negatively affects the psychology of employees, increases stress, decreases sleep quality, and significantly affects doctors' assessment of their own health (Sun et al., 2017).

Exposure to violence can lead to emotionalization; sadness, reduced well-being, low self-esteem, depression, fear, powerlessness, lower job satisfaction and even suicidal ideation. Frustration, negative attitudes towards work, loss of working days, activity or work restrictions, dismissal, job change and even suicide are serious complications of the profession (Swain & Gale, 2014). The incidence of occupational accidents and absenteeism negatively affect the job satisfaction and service quality of employees (Edward et al., 2014; Pai et al., 2015). According to the information provided by Sağlık-Sen (2013), 81.9% of health workers reported that they were afraid of violence during working hours, and 39% of those who felt this fear were health workers who had not been directly exposed to violence.

### **Studies to Prevent Violence**

Violence against healthcare workers is estimated to affect 95% of employees and is seen as a significant problem for healthcare organizations. Current interventions aim to manage rather than prevent or minimize violence. In a study conducted to identify and discuss the perceptions of Emergency Department nurses regarding the perpetrators of occupational violence and aggression, the results showed that attention in preventing violence in the emergency department should be focused on developing interventions to reduce violence from violent individuals rather than equipping employees with tools to manage violence (Spelten, et al., 2022). In a study on violence and instigators in emergency departments, verbal violence ranked first among the 26 articles examined, while family members ranked first as instigators (Aljohani, et al., 2021). Studies to prevent violence mostly focus on education programs when environmental interventions and security measures are excluded. One study used a quasi-experimental design to evaluate the effectiveness of delivering an education program on workplace violence to 315 nurses using web-based programs. The results of the study showed that the classroom-based program can have a positive effect on increasing knowledge acquisition among nurses (Martinez, 2016).

Worked with six hospitals, using an action research model to evaluate violence prevention and response management. Ninety-seven people, collecting information from employees, managers and patients; attended one of the twelve focus groups. In order to collect data on the focus group questions, themes related to the intervention were determined in the pre-attack, during the attack and post-attack time periods. As a result, it was agreed that violence in emergency services is an important issue and that interventions to reduce workplace violence are needed for emergency services workers, visitors and patients. These interventions are; interpersonal skills of all staff members, personal safety emphasizing aggression management and prevention, and continuous assessment of violence risk. It was stated that the training should be given by experts in accordance with the content, new staff should be trained and informed about the procedures, and regular refresher training should be continued for all staff members (Gates et al., 2011).

A research study was conducted to determine nurses' perceptions of the factors that cause violence and aggression in the emergency room. Using a qualitative approach, 12 nurses working in the emergency room at one of the Irish hospitals were interviewed. Participants cited waiting times and lack of communication as contributing factors to aggression. Triage and the emergency room were rated as the areas where aggression was most likely, and it was emphasized that the key recommendations from the study findings were all related to communication. In addition to the information guides and video tapes of the patients' emergency room procedures, the study also emphasized the appointment of a communication officer to the emergency department and consideration of communication training for the emergency room personnel (Angland et al., 2014). In a study, communication skills were considered as the focal point in coping with aggressive behaviors. All interventions have progressed from the general to the specific, including the theoretical aspects of communication and aggression, basic communication styles, and how to deal with crises (Baby et al., 2019).

In a study aiming to summarize the evidence on violence prevention interventions in emergency departments, a systematic review was conducted and studies between January 2010 and May 2021 were considered. Interventional and observational studies reporting behavioral, organizational, or environmental interventions among healthcare professionals working in hospital emergency departments were included in the study. A total of fifteen studies were included, eleven of which addressed behavioral interventions (classroom, online, or coeducational programs) on tension reduction skills, violent person management, or self-defense techniques. In addition, four studies included organizational and environmental interventions. Most studies have shown that interventions have a positive impact in the form of reducing violence or improving how staff cope with violent situations (Wirth et al., 2021).

Healthcare professionals must learn to recognize cues that patients are escalating into violence and to become familiar with the various options for appeasing agitated patients. If sedation is not successful, physical restraint may be necessary (Tadros & Kiefer, 2017). However, any psychological intervention, if used alone and without contemporary intervention to various external contributors, will result in an unstable and inefficient effect over time. For example, improving employee mental health will not necessarily improve relationships in the workplace if a direct intervention is not applied to the relationship. This may be due to the fragmentation of the ability to interact and integrate, rather than to a particular selectivity of the interventions or to identify various symptoms at the behavioral level of one of the stressors. Workplace violence/stress issue needs to be addressed urgently in order to evaluate the mental health consequences for health workers even after a certain period of time (Zafar et al., 2015).

It has been suggested that strategies for reducing violence should take into account the needs of patients and their relatives, both in the emergency room and in the waiting room, and that such strategies should be multifaceted. It has been emphasized that it is important for the strategies to include the education of patients and their relatives and healthcare professionals who apply to the emergency department, and to receive support from the management in order to respond to reports of violence (Morphet et al., 2014). The common point of the studies carried out is the necessity of providing training to health workers and other personnel in order to improve their knowledge, attitudes and skills in preventing or controlling verbal and physical violence (Hills et al., 2015).

It is necessary for them to be aware of how to protect their colleagues. Training should cover the management of aggressive behavior and how attacks can be prevented (OSHA, 2016) and should also include detailed information on how and where employees should report such incidents. Crisis prevention intervention training should focus on behaviors that may lead to a crisis, responding effectively to behaviors that prevent the situation from escalating, using verbal and nonverbal techniques to prevent the spread of hostile behavior, and coping with individual fears (CPI, 2017). Communication skills can be developed with an effective training and effective communication; It has been shown in many studies that it can have a positive effect on the treatment results, the safety of healthcare workers, doctor-patient harmony, patient and patient relatives' satisfaction, and the efficiency obtained from the applied medical intervention (Swain & Gale, 2014; Boissy et al., 2016).

### **Conceptual Framework**

Being exposed to violence is a serious problem for healthcare workers. In addition to socioeconomic reasons, deficiencies in the healthcare system and some legal gaps, social, cultural and psychological reasons, lack of communication between healthcare workers and patients or their relatives and differences in perception also have an important place among the causes of violence (Nart & Aslan, 2023).

In addition to crisis management and disaster-related triage services, the role of clinical psychologists in medical emergencies is expanding (Rosser, 2008) and there is a long-standing interest in the intersection of mental and physical health in emergency medicine. This is because the emotional responses of patients and their relatives to mental or acute physical symptoms can be as varied as the symptoms of the reason for their arrival in the emergency department. Relatives may experience fear and anxiety due to uncertainty about what will happen to their patients and may express these feelings by showing unwarranted anger towards healthcare professionals. It is stated that this situation may pave the way for violence in the emergency room and therefore, there is a need for officers who will take care of the patient's family and calm them down. It is argued that these officials can be social workers as well as religious officials, and while conveying information about the patient to the patient's relatives, they can also provide support for them to express their feelings easily (Moudatsou et al., 2020).

On the other hand, similarly, anxiety, fear, fatigue, malaise and irritability can also be experienced by overburdened health professionals (Kerasiotis & Motta, 2004). In this context, it is recommended to provide psychological support to health professionals to create a healthy working environment, stress reduction programs, career change counseling, and individual debriefing following death experiences. Psychological services recommended for patients include psychological assessments (e.g. mental status examinations, suicide risk assessment, danger to others assessments), assistance in adapting to critical medical conditions (e.g. psychoeducation on illness management), individual and family counseling. Such psychological services have been shown to have many potential benefits for emergency room patients, their relatives and healthcare professionals (Kwok et al., 2013). In the Living Room, a community crisis intervention center that offers individuals in crisis an alternative to receiving services in the emergency department, psychological counselors, psychologists, social workers, psychiatric nurses, and peer counselors work in the Living Room. The staff have been shown to greatly improve outcomes for people in crisis as they fulfill the need to talk to someone who truly understands the person in crisis (Heyland et al., 2013).

In a study conducted with 520 people who brought their relatives to Akdeniz University Hospital Adult Emergency Department, it was revealed that informing patients and their relatives about the patient's condition and the empathic approach of healthcare professionals towards patients reduced the incidents of violence (Bingöl & İnce, 2021). In another study it was stated that providing effective information to patients and their relatives waiting to receive health services in emergency services gives confidence to patients, increases satisfaction by reducing stress and anxiety and paves the way for health worker-patient interaction and effective health service delivery (Corbett et al., 2000). Numerous studies have focused on the role of social work before, during and after an emergency and have shown that social workers can act as cultural liaisons, effective

communicators, emergency workers and mental health practitioners, collaborating with other disciplines and researchers for this work (Kamrujjaman et al., 2023). The direct service of a psychologist in emergency departments is presented as a new and rare area of professional practice. Data collected from 281 patients, 150 medical staff and 44 relatives over an eighteen-month period in a large public hospital in Hong Kong showed that interventions for patients and family members focused on crisis management, diagnostic assessment, psychoeducation and counseling on long-term adjustment to medical illness (Kwok et al., 2013).

A study proposing a multidimensional intervention model for the prevention and management of violence and stress in health addresses the importance of early recognition of psychological disorders in health workers and the effectiveness of interventions to improve worker health and reduce sick leave. The study demonstrates the importance of treatment and psychological support for those who report feeling stressed or experiencing violence and for anyone at risk of stress. This is because exposure to or fear of violence affects the quality of life of health workers and reduces the quality of care they provide to patients, with a higher risk of errors, accidents and absenteeism in the workplace (Cannova & Fioravanti, 2018).

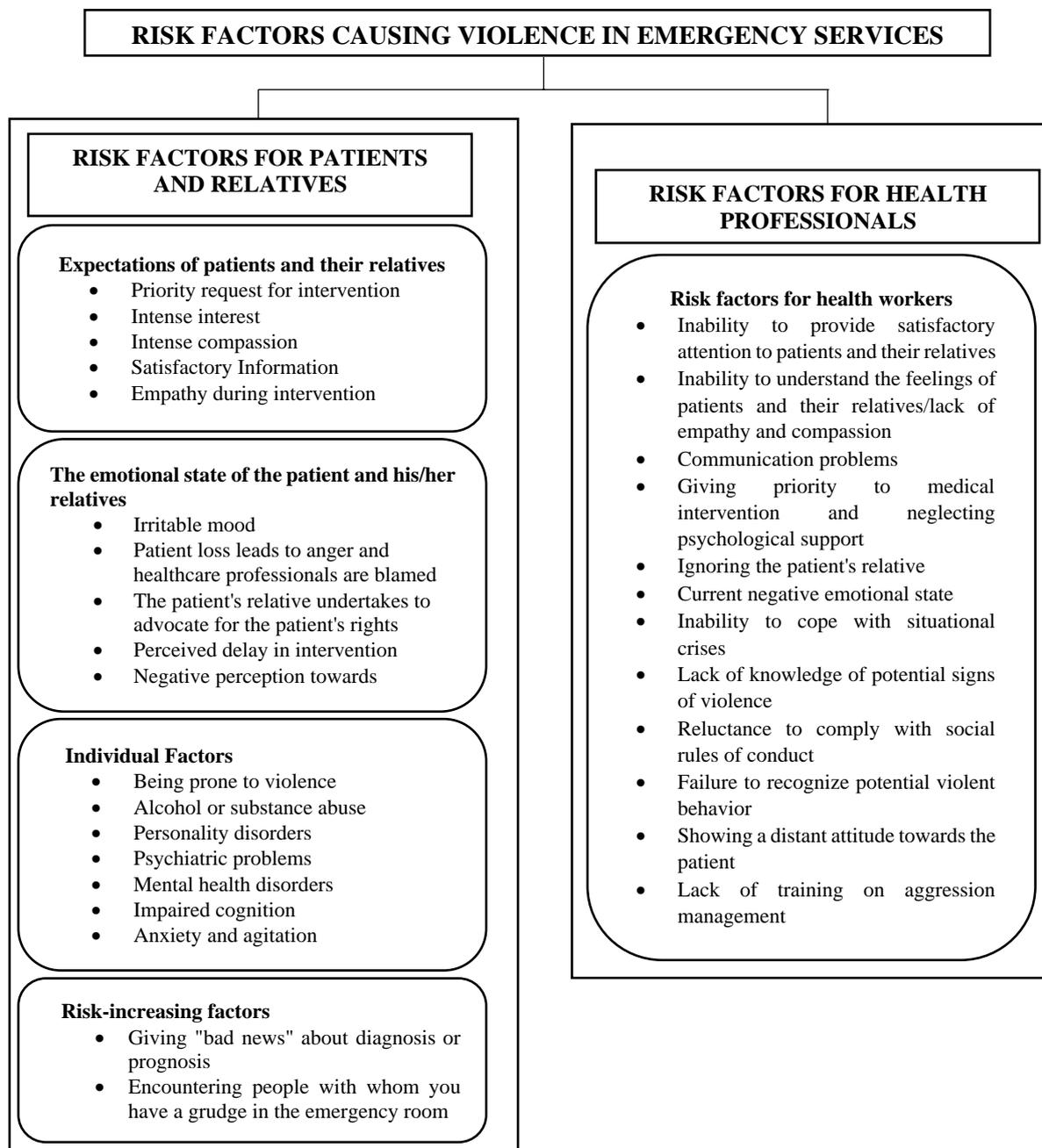
In a study, it was revealed that violence in emergency departments was frequently experienced between 24:00-08:00 and during shifts, approximately half of the healthcare personnel had been exposed to violence before, verbal violence ranked first, physical violence ranked second, followed by emotional violence and sexual harassment in the last place. The reasons leading to violence in the emergency department were stated as impatient waiting of patients, lack of healthy communication with healthcare professionals and insufficient personnel (Aydemir et al., 2020).

In a study conducted on exposure to violence among health care workers working in emergency services, 198 health care personnel took part. While 90.4% of the employees stated that they were exposed to verbal violence and 23.2% to physical violence, the most common feelings of anger and disengagement from work were determined in the employees. The rates of receiving psychological support in those exposed to violence were found to be very low (Cenk & Karahan, 2019).

In a study aiming to determine the knowledge and skills of nurses working in emergency departments to manage patients with psychological distress, 307 nurses working in emergency departments were asked to determine their knowledge and skills for the management of patients with psychological distress in emergency departments through a questionnaire. The results showed that nurses had high levels of knowledge about psychological distress management but low levels of skills (Mansory & Mohammed, 2022). However, psychological counselors in emergency services can play an active role in relieving the psychological distress experienced by patients and their relatives. Although most of those who seek help from a counselor are clients without significant psychological disorders, counselors can work in a variety of settings such as hospitals and medical centers, academic institutions, prisons, schools, business/industry, public health, etc. and with people of all ages (e.g. children and adolescents, adults and the elderly). Counselors help people adapt to or make changes in their lifestyles. They help individuals and groups in areas related to personal well-being, interpersonal relationships, work, leisure, health and crisis management. They may practice independently or work with clinical psychologists, child psychologists or as academic advisors.

**Risk Factors Causing Violence in Emergency Services**

**Table 1.** Risk Factors Causing Violence in Emergency Services



### Psychological Counseling Focused Model Team and Its Features

Counseling-oriented model proposal centers on the establishment of a psychological counseling unit in emergency services. The unit includes psychologists, social workers, mental health nurses, technical staff and assistant staff. Below is a summary of the knowledge, skills and competencies of the team that will work in the unit regarding health services, as well as information on their areas of duty.

**Psychological Counselor.** Psychological Counseling was defined by the American Psychological Counseling Association (1997) as the application of the principles of psychology, development and mental health, personal and professional development, well-being and pathology of the person, with cognitive, behavioral, affective and interactive intervention methods. Psychological counseling, as a profession, aims to provide individuals with the skills to adapt to different conditions and to effectively cope with the problems encountered. In addition, psychological counselors' high levels of emotional intelligence mean that they can provide more effective counseling services (Degerli & Odacı, 2020). In a study, psychological counselor candidates stated that PDR programs provide self-knowledge and development, as well as the qualifications and individual skills required by the profession, since it is a human-oriented profession (Demirtas-Zorbaz and Ulas, 2015). Accordingly, it can be said that psychological counseling service has the potential to be useful in recognizing and calming negative emotions such as stress, anxiety, depression and anger of patients and their relatives with various personality traits and behaviors before they turn into actual behavior. Hackney and Cormier (2008) talked about the open-mindedness of the psychological counselor and stated that being open-minded is an indispensable element of a sincere and sincere communication. Therefore, even if the client's feelings, thoughts and behaviors are different from his/her own feelings, thoughts and behaviors, the counselor can adapt to these feelings, thoughts and behaviors and communicate effectively with many different clients, including individuals who are not accepted by society or who are considered aggressive.

Jennings and Skovholt (1999) defined that counselors as experts who constantly research, benefit from their experiences, attach importance to cognitive structure, have a high level of empathy, are mentally healthy and mature, are aware of their feelings and thoughts, have strong relationship skills, are open to working together and use their relational skills in treatment.

Volungis and Goodman (2017), on the other hand, concluded in their study that high-level counseling skills improve the relationship between the counselor-client, reduce the violent behaviors of the clients, and contribute to the more adaptive behaviors of the clients. Accordingly, since psychological counselors are equipped with empathic listening and advanced communication skills to respond appropriately to the expectations of patients and their relatives, they can reconcile the parties, help identify danger stimuli and take precautions, conduct case studies, monitor signs of violence and create corrective measures. In addition psychological counselors can act to compensate for the inability of doctors and nurses to pay sufficient attention to patients and their relatives due to workload and stress and to alleviate the burden of healthcare professionals. They can also provide psychological support to healthcare professionals, provide training on understanding and healthy communication with the patient and, can be a very important part of the emergency response team.

**Psychologist.** Considered as the science of behavior and mental processes, psychology emphasizes education and knowledge about lifespan development, learning, motivations, experiences, emotions, cognition, social behavior and attitudes, personality, etc., as well as how biological, behavioral and social factors affect health and disease. also tries to understand. Accordingly, as behavioral health providers, psychologists play an important role in understanding how biological, behavioral, and social factors influence health and disease. In addition, psychologists are trained to recognize how behavioral and cognitive functions change, the factors that contribute to these changes, and how these dysfunctions are diagnosed and treated. They are therefore trained and skilled in using a variety of psychological, psychodiagnostic and psychotherapeutic techniques that help individuals function and influence their behavior in a variety of settings and roles (Wahass, 2005). In this regard, it is among the professions directly involved in the field of health services. Interpersonal and communication skills are particularly important in the delivery of mental health services, as the patient-staff relationship is an important determinant of patient outcome. Since the education of psychologists includes the

teaching and training of psychological skills, they play an important role in the psychological counseling unit in the application of psychological well-being strategies and psychotherapies, as well as communication with patients and their relatives (Twining, 2005).

**Social Worker.** Medical social workers can reduce the time healthcare professionals spend with patients by making visible the psychological conditions in various areas that lead to disease in the field of health. Additionally, it can produce various projects to correct the social, economic and cultural conditions that lead to the disease. Social workers can play an important role in solving the problems experienced by health professionals with their communication skills and empathy skills within the healthcare team (Uçan et al., 2015). Social workers are an important bridge that enables information exchange between the treatment team and the patient and his family. As a professional, he plays an important role in minimizing or preventing the effects of psycho-social and economic factors that negatively affect the patient and his family's adaptation to the disease and treatment. He also works to ensure that patients and their relatives are appropriately informed and psycho-socially supported. Accordingly, the social worker will be an important member of the psychological counseling unit (Özbesler, 2013).

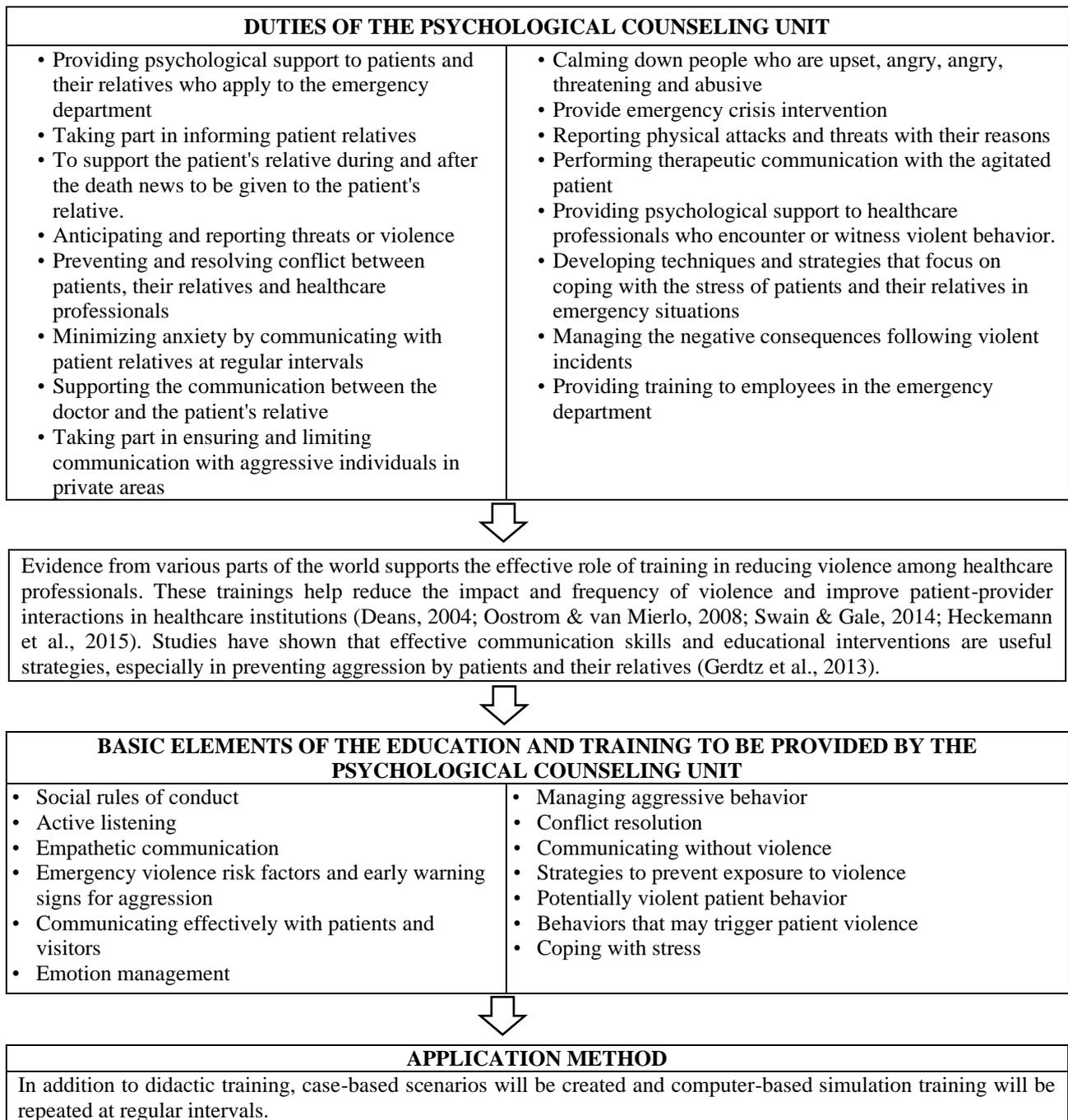
**Psychiatric Nurses.** Research shows that many patients present to emergency departments for mental health needs. Similarly, people with various addictions may also present to the emergency department. This highlights the need to utilize physician assistants, social workers and psychiatric nurses as liaisons in the emergency department to provide mental health services to patients (Malwitz, 2017). Nurses working in the emergency department should have the skills to evaluate patients with mental problems in physical, mental and psychosocial terms, to identify the risks of patients harming themselves or others, to protect and care for patients at risk. Since psychiatric nurses are trained in this regard, they can communicate effectively with such patients (Büyükbayram & Engin, 2018).

**Other Staff.** Teamwork is essential in the delivery of health services and this work requires a multidisciplinary perspective. In this context, other members of the psychological counseling unit also play a role in the operation of the service to be provided. Accordingly, a nurse and auxiliary service personnel must also be present in the psychological counseling unit.

### **Psychological Counseling Oriented Model Suggestion**

The psychological counseling-oriented model proposal created by the researcher based on the literature focuses on the establishment of a psychological counseling unit in emergency services. This study confirms the importance of implementing an intervention model that includes the prevention of workplace violence and stress. The proposed counseling-focused model; It includes services in five areas. These are; 1) Establishing and managing the psychological counseling unit. 2) Guiding the establishment of healthy communication between patients, relatives and health workers. 3) Providing psychological support to all personnel working in the emergency department. 4) Planning continuous trainings to be given to health workers and 5) Providing psychological support to patients and their relatives.

**Table 2.** Risk Factors Causing Violence in Emergency Services



**Functioning of Psychological Counseling Model**

A team consisting of psychological counselors, psychologists, social workers, communication specialist, psychiatric nurse and auxiliary staff will work in the psychological counseling unit. In the proposed model, patients and their relatives who come to the emergency department will directly apply to the Psychological Counseling Unit and will be welcomed by the unit staff, and the application process of the patients and their relatives will begin with the patient admission. At this stage, the functional role of the psychological counseling unit team is as follows: a) It makes a good start in the application with the patient and their relatives. b) It ensures prioritization among patients requiring cooperation for the management of the process. c) It ensures that the needs of the patient's relatives are met within the available resources. d) It deals with patients with

violent tendencies and ensures that the process goes smoothly and creates a bridge between the healthcare professional and the patient.

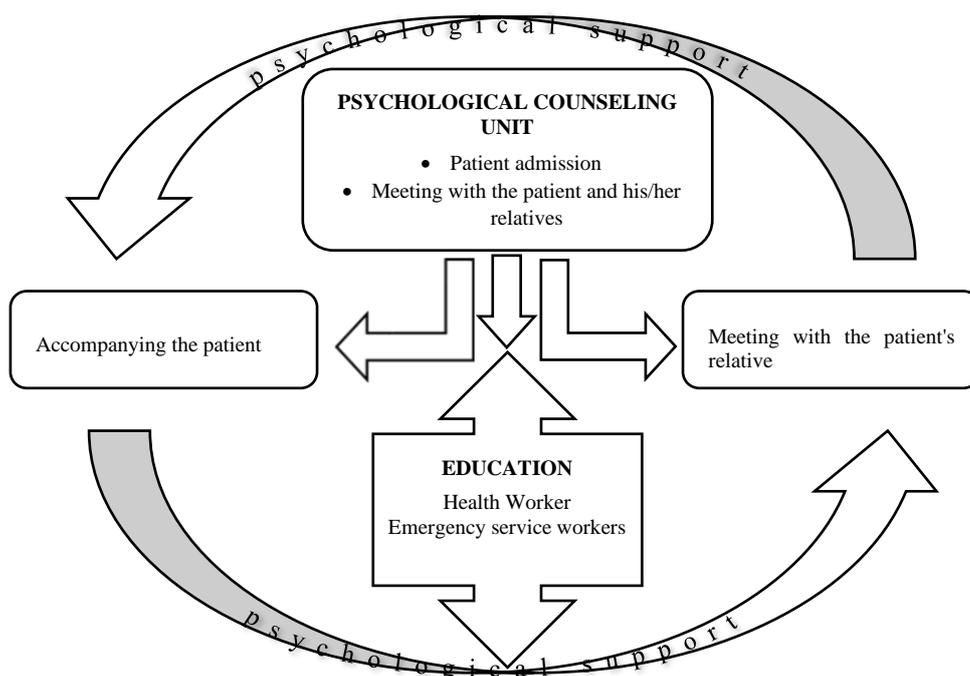
In the second stage, unit staff accompany the patient and also accompany the patient's relatives. This stage is the phase of calming both the patient and the patient's relative and making them feel safe. Showing the necessary attention and compassion to the patients and their relatives in the first and second stages and providing information about the process will reduce the emotional burden of the patients and their relatives and ensure that these stages, where violence is most common, pass smoothly.

In the third stage, while the patient and the healthcare worker are contacted, the patient's relatives, if any, will be kept in a suitable environment to provide psychological support, their behavior will be monitored and taken under control. During this process, security guards working in the psychological counseling unit will not wear any promotional clothing and will serve as part of the unit. For this purpose, it may be preferred that the personnel responsible for security be a psychological counselor trained in martial arts, especially Aikido, which includes non-violent communication, or a security officer who has received this training.

The fourth step will be to ensure that the team in the psychological counseling unit is with both the patient and his/her relatives in separate rooms during and after the treatment process and that the individuals are constantly informed about the procedures. This process will contribute to the positive feelings of patients and their relatives towards healthcare professionals, as well as mutual satisfaction and patient-employee cooperation. At this stage, patients and their relatives will not feel alone and will be able to remain more calm as they will be provided with the necessary support and care. On the other hand, the team member next to the patient will contribute to the doctor's focus on the treatment process by meeting the patient's communication needs and will play an active role in establishing healthy communication between the doctor and the patient.

The fifth phase is the phase where emergency psychological support and planned training activities for emergency healthcare workers and other personnel working in the emergency department are continued, continuing with all stages from the beginning and taking place after the process. The presence of an established psychological support and education team in emergency departments will ensure that staff and patients feel safe, ensure continuity in education and the availability of psychological support when needed. It will also encourage continuous feedback at this stage and encourage measures to be taken to prevent problems before they arise. The following is a fable for the operation of a psychological counseling unit to be established in the emergency room and the stages are briefly summarized.

**Figure 1.** Functioning of Psychological Counseling Model



## Conclusion

Violence against healthcare providers is included in the literature as an important problem in both developed and developing countries. While this problem causes healthcare workers to fear exposure to violence, it negatively affects job performance and reduces sensitivity to health needs in emergency situations. This situation may lead to patient expectations not being met sufficiently and may be effective in increasing violent incidents. On the other hand, healthcare professionals' difficulty in managing emotions in high-stress environments and their lack of sufficient skills in healthy communication strategies may also be effective in the onset of violence. When harassment, threatening, provocative language and signs of agitation are detected by patients and their relatives in the emergency department, intervention must be initiated quickly. For this, emergency workers should be encouraged to be aware of such evidence and warn others. For this, a multidisciplinary team is needed to determine what phenomena the emergency healthcare organization should pay attention to regarding violence prevention and management strategies. In addition, it is necessary to determine the causes of violence and take precautions for each of these reasons in order to prevent violence in the emergency department, reduce the harm to medical personnel and ensure normal medical order in emergency departments. In this context, it is important to identify risk factors for violence.

Violence is destructive and abrasive for health workers as well as for patients and their relatives. Continuous anxiety, emotional or physical injuries of employees who do not feel safe due to the pressure of violence; It leads to job dissatisfaction, absenteeism, and this situation causes serious fatal mistakes and has a negative impact on service quality. Healthcare professionals and patients mutually share a common goal and must act together. However, the reasons outlined may bring these two groups, which should be on the same side, against each other. Accordingly, it is possible to think that when the causes of violence are eliminated for both groups, violence will decrease to a large extent.

Security measures are necessary to respond to violence in the emergency, but it should be much more important to focus on the psychological and social reasons that lead people to act aggressively and to try to eliminate them in order to prevent violence from occurring. There have been studies focusing on how aggression should be managed in the healthcare field and mostly in hospital settings. Although these studies often include communication skills training and demonstrate the benefits of appropriate training, it may be that not everything learned is transferable to clinical situations and that the training provided may not fully meet the needs of different staff groups and work environments. Therefore, it can be said that studies will be limited in achieving the desired results. In this context, the inadequacy of methodologically sound studies and the questionability of generalizing the findings of studies conducted in hospital settings to community settings necessitate better designed studies focusing on reducing violence and aggression in health.

Suggested model; includes taking preventive measures against the psychological and social causes of violence in the center and placing this center in the emergency service. Accordingly, psychological counseling and guidance services will serve as the starting point of the emergency department. The aim is to make the first contact with the professionals of the psychological counseling unit in the emergency services and to prevent violence by applying the professional competencies of the psychological counselors at the highest level. It is important as a model that is compatible and highly applicable.

**Author Note:** This article is the developed version of the unpublished conference presentation entitled "II International Symposium of Academic Studies on Education and Culture" orally delivered at the Denizli Symposium in 2019.

**Funding Disclosure:** The author received no financial support for the research, authorship, and/or publication of this article.

**Conflicts of Interest:** The author declare that they have no conflicts of interest.

**Data Availability:** Data sharing is not applicable to this article as no new data were created or analyzed in this study.

**Ethical Disclosure:** There is no need ethical approval as the article did not include human participants.

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