JOURNAL OF AWARENESS
HOLISTENCE publications

Journal of Awareness
Volume / Cilt: 9, Special Issue/Özel Sayı, 2024, pp. 79-90
E-ISSN: 2149-6544
https://journals.gen.tr/joa
https://doi.org/10.26809/joa.2261

Received / Geliş: 07.11.2023
Accepted / Kabul: 11.01.2024

RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Cyber obsessive obsession: A study in nurses department

Fatih Demir

Student, Acibadem University, Türkiye, e-mail: demirrfati@gmail.com

Abstract

Cyber obsessive stalking is a form of cyber violence that comprises a variety of unfavorable behavior patterns and is thought to be an extension of classic persistent stalking in online settings. Research shows that healthcare professionals are vulnerable to cyber-obsessive harassment due to the negative perception that patients are not satisfied with the service they receive and that their treatment processes are inadequately managed. The purpose of this study is to identify the experiences public and private sector nurses have had with cyber-obsessive stalking.

In this cross-sectional study, 165 nurses who work in both the public and commercial sectors make up the study group. Data collecting techniques were the Personal Information Form and the Cyber Obsessive Stalking Scale. The scale, which asks how often cyber-obsessive stalking behaviors have been encountered, has 15 items and includes excessive closeness, threat, and transference components. A statistical package application was used to examine the data that were gathered online.

According to the data of the analysis, 72.7% of the participants had at least one experience with cyber obsessive stalker behavior. While exposure to influence-oriented messages was the most frequent conduct, with a rate of 61.2%, exposure to auto, home, and office listening behavior was the least common cyber obsessive stalking behavior. The extreme closeness component of the scale had the highest mean score, while transference was the most prevalent activity.

Healthcare professionals face risks such as patient dissatisfaction with the care they receive, societal perceptions of poorly managed treatment processes, and, in some cases, the possibility of patients engaging in cyber-obsessive tracking for emotional and/or sexual reasons. The results of this study show that cyber obsessive stalking behaviors are observed among the nurses participating in the study.

Keywords: Cyber obsessive stalking, Stalking, Cyber violence

Citation/Atıf: DEMİR, F. (2024). Cyber obsessive obsession: A study in nurses department. *Journal of Awareness*. 9(Special Issue/Özel Sayı): 79-90, https://doi.org/10.26809/joa.2261

Corresponding Author/ Sorumlu Yazar:
Fatih Demir
E-mail: demirrfati@gmail.com

1. INTRODUCTION

"The application of physical force or power to another person in the form of a deliberate threat or reality, resulting in or likely to cause injury, death, or psychological harm to the person exposed" (Krug *et al.*, 2002) is how the World Health Organization (WHO) defines violence. It impacts everyone at every stage of life, regardless of age, gender, socioeconomic status, or cultural background; it is regarded as a significant public health issue because of the long-lasting physical, emotional, social, and economic issues it can lead to (Centers for Disease Control and Prevention 2021). Physical violence, sexual violence, emotional violence, economic violence, and cyber violence are the five categories into which violence is divided based on how the action takes place (Polat, 2016).

Since more people have access to the internet and online social networks due to the rapid advancement of digital technologies and their integration into all facets of people's daily lives, interpersonal communication is also changing (Zhu et al., 2021; Crespi and Hellsten, 2022; Polat, 2016). According to Polat (2016) and Dogruer et al. (2011), people use the internet and social media platforms for a variety of activities, including information access, education, entertainment, networking, and information sharing. The number of internet and social media users worldwide has been estimated at five billion (DataReportal, 2023a).

Digital technologies have advantages, but they also pose risks, encourage harmful behavior, and have negative social repercussions (Polat, 2016; Quaglio & Millar, 2020; Pittaro, 2007). They also present opportunities for crimes that weren't previously possible. The Council of Europe defined cyber violence as "the use of computer systems to cause, facilitate or threaten violence that results in, or is likely to result in, physical, sexual, psychological or economic harm to individuals and may include the exploitation of individuals' situations, characteristics or vulnerabilities" (Council of Europe, n.d.). Cyber violence also includes cyber harassment, stalking, accessing and publishing personal information in the virtual environment (doxing), online hate speech, and retaliation.

As people interact more on the internet and in online social networks, a crime known as cyber obsessive stalking, has increased in frequency (Choi et al., 2022; Silva Santos et al., 2023). The repeated and inappropriate physical, emotional, sexual, and psychological monitoring of a person's private life, even when it is not wanted, and the invasion of their personal space are considered forms of cyber stalking. Online, via email, messaging services, and blogs, obsessive stalking behaviors take place. Using and other communication tools is another way to express it (Uğur et al., 2022; Reyns et al., 2010).

According to Stevens et al., Kaur et al., and Begotti et al. (2022), cyberobsessive stalking is a type of cybercrime in which one person, a group, or an organization uses electronic tools to track and harass another person, a group, or an organization. Online criminals frequently act more brazenly than they ever would in person, all without being caught, deterred, or even noticed (Clark-Gordon et al., 2019; Stevens et al., 2021). According to reports, these behaviors are becoming more frequent because the offenders can conceal their identities behind the anonymity of the internet and feed off the victim's resentment, desire for power, and lack of control (Pittaro, 2007).

The majority of aggressive, persistently repetitive, and premeditated cyber stalking behaviors are violent. They harass and threaten people verbally, publish sexually explicit photos and videos of the victim, and intrude on the other person's private life without permission (Pittaro, 2007). Perpetrators carry out these behaviors comfortably by hiding their identities in the cyber environment to get the victims, to exact revenge, or due to their obsessional emotions. Individuals who are subjected to cyber obsessive stalking may experience psychological symptoms and issues such as fear, anxiety, anger, anxiety, disappointment, loss of concentration, decrease in self-esteem, depression and post-traumatic stress disorder, suicidal ideation, paranoid thoughts, irritability, and nightmares. Short et al. (2014), Korkmaz (2016), Uğur et al. (2022). The fear experienced by the victims may cause the

process to be prolonged and the perpetrator to attack the victim more (Yorulmaz and Karadeniz 2022).

According to estimates by Tokunaga and Aune (2015), 20% to 40% of internet users worldwide are victims of cyber-obsessive stalking. The prevalence of cyber-obsessive stalking varies between 1% and 82% in different studies due to the lack of a generally agreed-upon definition (Dreßing et al., 2014; Harewell et al., 2021). According to Kalaitzaki, 2022, Begotti et al., 2022, and Kaur et al., 2021, women, adolescents, and young adults are thought to be more vulnerable to victimization.

As in all spheres of life, violence is a phenomenon frequently seen in the field of health. Patients and their relatives can be aggressive verbally or physically toward healthcare workers, which not only negatively affects their psychological well-being but can also lead to injury or even death (Annagür, 2010). Verbal abuse, particularly against healthcare workers, is widespread, according to studies conducted in various nations (Kumar et al., 2019; Zhan et al., 2019; Nagata-Kobayashi et al., 2009; Fujita et al., 2012; Yaşar et al., 2017; zşenler, 2021).Studies have found that violent incidents rise as society's educational level falls. They also found that nurses were more likely than doctors to experience non-physical violence.

The incidence of obsessive monitoring of healthcare workers ranges between 6% and 53%, according to studies (Bulut et al., 2021; Hassan et al., 2019). These studies also show that healthcare professionals may encounter traditional and cyber obsessive monitoring of their patients throughout the course of their professional lives. It is claimed that patients' dissatisfaction with the care they receive, extended hospital stays and/or treatment periods, and their perception that treatment processes are poorly managed put healthcare professionals at risk for obsessive monitoring. The nurse-patient relationship is crucial to the development of cyber obsessive stalking, which is a common phenomenon among nurses Comparcini et al (2016). Particularly, it has been demonstrated that new nurses with less than a year of experience are more susceptible to online obsessive stalking (Kim and Choi 2021).

2. METHODOLOGY

This cross-sectional study aims to ascertain nurses' experiences with cyber-obsessive stalking behavior. The decision of the Acbadem University and Acbadem Health Institutions Medical Research Ethics Committee (ATADEK) dated March 10, 2023 and numbered 2022-04/131 provided ethical approval for the study.

The study's target demographic is nurses who work in both the public and private sectors. Using the snowball sampling technique, the study's sample was selected. The nurses that the researchers worked with were asked to reach out to the other nurses in their area. Of the nurses that were reached in this way, 165 nurses were included in the study because they agreed to participate in it and completed the survey.

Data for the study were gathered using an online survey form. There are two sections to the survey form. There are questions to find out the participants' sociodemographic details in the first section. The "Cyber Obsessive Stalking Scale" (SOTS), created by Spitzberg and Hoobler in 2002 to gauge an individual's exposure to cyber-obsessive stalking behaviors, is included in the second section. Validity and reliability studies were done on the SOTS after it was translated into Turkish by Uur et al. in 2022. The scale has 15 items in total, broken down into three categories: transference (items 11–15), excessive closeness (items 1-4), and threat (items 5-10). On a 5-point Likert scale, each item is rated according to how frequently the behavior occurs (1 = never; 2 = only once; 3 = 2-3 times); Scores range from 4 (for 4-5 times) to 5 (for more than 5 times). Higher scores indicate more frequent experiences of cyberobsessive stalking. The total score ranges from 15 to 75. From Uur et al., permission to use the scale was obtained.JASP 0.17.1 and the R programming language (version 4.0.3) were used to analyze the data. For continuous variables, descriptive statistics, the mean and standard deviation were used; for categorical variables, number and percentage representations were used. Kolmogorov-Smirnov and Shapiro-Wilks tests were used to verify the assumption of

normality. The independent t-test was used to compare independent variables because the assumption of normality was satisfied. In order to compare more than two groups, one-way analysis of variance was used; post-hoc tests were conducted using the Bonferroni method. Statistical significance was defined as p 0.05.

3. FINDINGS

Research data shows that nurses are exposed to cyber-obsessive obsession.

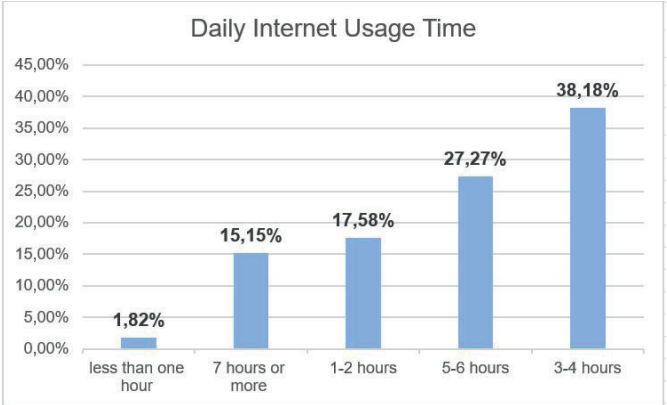
As seen in Table-1, 148 (89.7%) of the participants were women and 17 (10.3%) were men. The mean age is 27.8±7.0, the median age is 26[19-55], and 42.4% (n=70) are in the 25-29 age group. 72.1% (n=119) of the participants were single, 66.1% (n=109) had a bachelor's degree; 62.4% (n=103) in the private sector; 91.5% work in hospitals. The proportion of participants who have worked in the profession for 1-5 years is 53.9% (n = 89).

All participants use the internet, 1.8% (n=3) for less than one hour a day; 17.6% (n=29) 1-2 hours; 38.2% (n=63) 3-4 hours; 27.3% (n=45) 5-6 hours; 15.2% (n=25) stated that they used the internet for 7 hours or more.

Table 1. Descriptive characteristics of the participants

Variables	Groups	Frequency	Percent
Age	24 and below	58	35,2
	25-29 Age	70	42,4
	30-34 Age	18	10,9
	35 and above	19	11,5
Gender	Woman	148	89,7
	Man	17	10,3
Marial Status	Single	119	72,1
	Married	43	26,1
	Other	3	1,8
Educational Status	Health Vocational High School	40	24,2
	Undergraduate	109	66,1
	Postgraduate	16	9,7
Time Spent Working in the Profession	Less Than a Year	12	7,3
	1-5 years	89	53,9
	6-10 years	33	20,0
	more than 10 years	31	18,8
Type of Institution Worked for	Public	62	37,6
	Private	103	62,4
Institution Worked For	Family Health Center	2	1,2
	Hospital	151	91,5
	Others	12	7,3

Figure 1. Participants' daily internet usage time



Everyone who took part admitted to using at least one social network. Whatsapp (used 27.0%), Instagram (24.5%), Youtube (20.4%), and Twitter (14.8%) were found to be the most popular social media platforms. The Vine app is not being used by any participants.

As seen in Figure-3, the participants purposes for using social networks are: Communication (18.1%), time consumption (17.7%), maintaining social relationships (13.4%), sharing content (13.4%), research and education (13.4%), observing others' activities (8.2%), gaming (6.3%), joining groups that interest me (3.6%), making friends (1.9%), and receiving recognition from others (0.099%) are the participants' top reasons for using social networks.

As seen in Table-2, 72.7% (n=120) of the participants reported having experienced at least one form of online stalking. Sending messages to influence is the most prevalent cyber obsessive stalking behavior, accounting for 61.2% of the extreme closeness component; changing one's electronic identity or profile accounts for 10.9% of the threat component; and following after the first online meeting accounts for 21.2% of the transfer component.

The average total score of the participants on the scale was found to be 20.7±7.34. The mean score of the extreme closeness component (8.0±4.26) is the highest, and the mean score of the transference component (5.9±2.4) is the lowest. Cronbach's alpha coefficient for the entire scale was 0.855; 0.817 for the extreme closeness component; 0.878 for the threat component; It was calculated as 0.814 for the transfer component.

The average scores of the scale components and the average total score are higher in women than in men. However, there was no statistically significant difference between the gender of the participants and the average scores of the extreme closeness, threat and transference components and the average total score ($p>0.05$).

In comparison to married people, single people have higher average scores across all scale components and average overall scores. The relationship between marital status, the mean of extreme closeness, and the mean total score is

Figure 2. Social networks used by participants

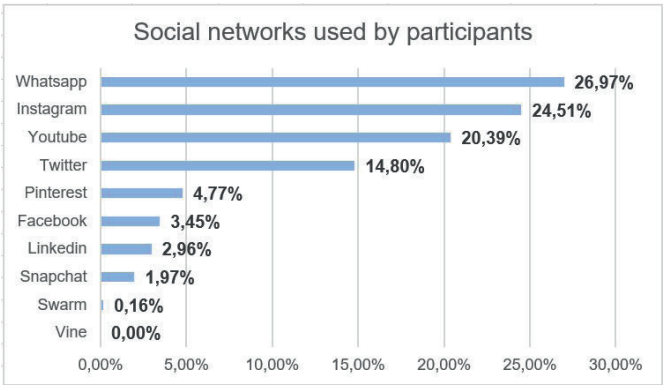
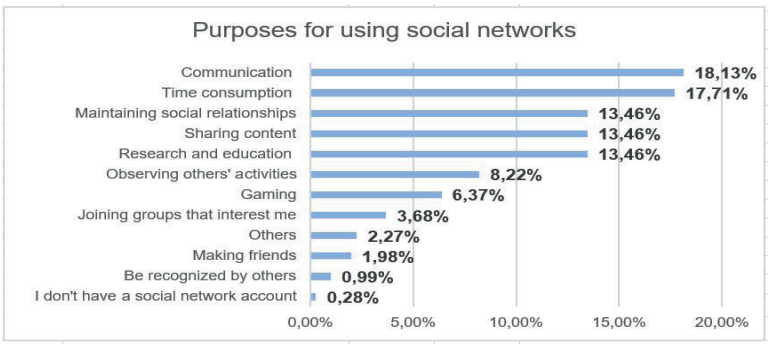


Figure 3. Participants' purposes for using social networks



statistically different (p 0.05). Marital status and threat and transference mean scores, however, did not differ statistically significantly (p>0.05).

Participants who work in the public sector have higher average total scores and average scores for each of the scale's components. The type of institution attended and the transfer average score differ statistically significantly (p 0.05). The type of institution studied did not, however,

Table 2. Proportion of participants who answered anything other than "Never" to the scale questions

		At least once encounter rate
Extreme Intimacy	Sending messages of influence (e.g., poems, songs, electronic greeting cards, praise, etc.).	61,2
	Sending exaggerated messages of affection (e.g., expressions of affection that imply a more intimate relationship than the existing one, etc.).	52,7
	Sending very specific messages (e.g., giving inappropriate information about life, body, family, hobbies, sexual experiences, etc.).	27,3
	Sending overly needy or overly demanding messages (e.g., pressuring to meet, persistently offering to meet, arguing for another chance, etc.).	29,1
Threatening	Don't sabotage your reputation (e.g., spread rumors about what you've done to your friends, family, partner, etc.).	8,5
	Sabotage your reputation in the school/work environment (e.g., spreading rumors about you, your relationships, or your activities on organizational networks, electronic bulletin boards, etc.).	7,3
	"Bugging" your car, home, office (e.g., placing a eavesdropping or recording device, etc.).	1,8
	Changing your electronic identity or profile (e.g. breaking into your system and changing your signature, personal information or how you identify yourself, etc.).	10,9
	Hacking your electronic identity or profile (for example, using your identity in chat rooms, bulletin boards, pornographic sites or singles sites, etc.).	7,9
	Directing other people toward you in a threatening way (e.g., making speeches on your behalf and suggesting risky sexual behavior, fantasizing about kidnapping, etc.).	4,8
Transfer	Stalking you after first meeting online (e.g., stalking you while you're driving, at school, at work, at the gym, or at social events, etc.).	21,2
	Intruding (trying to break into) someone's life after the first meeting online (e.g. unexpectedly appearing at work, in front of the door, in the parking lot, trying to force a conversation, etc.).	11,5
	Threatening you after first meeting online (for example, threatening sexual intercourse, rape, physical coercion, or harming your property, pets, family, or friends).	3,6
	Harm you after first meeting online (for example, meeting you through online dating sites and then stalking, harassing, or otherwise monitoring you).	5,5
	Stalking you after an initial meeting online (for example, meeting you through online dating sites (or as an acquaintance) and then harassing, harassing, or otherwise stalking you).	9,1

Table 3. Average scores of the participants

Components	X ± SS	[min-max]	Cronbach Alfa
Extreme Intimacy	8,0±4,26	7.00 [4.00-20.00]	0,817
Threatening	6,7±2,54	6.00 [6.00-30.00]	0,878
Transfer	5,9±2,4	5.00 [5.00-25.00]	0,814
Total Points	**20,7±7,34**	**18 [15.00-75.00]**	**0,855**

statistically differ from the excessive closeness and threat mean scores or the mean overall score (p>0.05).

The average threat score is higher for high school graduates who attended health-related vocational schools; the average transfer score is higher for undergraduate graduates; and the average total score is higher for undergraduate graduates. The average score of extreme closeness is for postgraduate graduates. The participants' educational status did not, however, statistically differ from the average scores of the extreme closeness, threat, and transference components or the average total score (p>0.05).

Participants who use the internet more than seven hours per day tend to have higher average scores across all scale components and total scores. The mean scores of excessive closeness and transference, as well as the mean overall score, differ statistically significantly (p 0.05) from each other. Threat average score and daily internet usage time did not differ statistically significantly (p>0.05).

The relationship between scale components was ascertained using the Pearson correlation

Table 4. Average scores of the participants according to their gender

Components	Gender		p value*
	Woman	**Man**	
	X̄ ± SD	**X̄ ± SD**	
Extreme Intimacy	8,09±4,31	7,53±3,89	0,611
Threatening	6,82±2,67	6,24±0,66	0,368
Transfer	6,02±2,58	5,29±0,77	0,250
Total Points	**20,93±7,60**	**19,06±4,18**	**0,320**

** Independent t-test*

Table 5. Average scores of the participants according to their marital status

Components	Marial Status		p value*
	Single	**Married**	
	X̄ ± SD	**X̄ ± SD**	
Extreme Intimacy	4,39±0,40	3,47±0,53	0,004
Threatening	2,86±0,26	1,43±0,22	0,235
Transfer	2,81±0,26	0,95±0,15	0,796
Total Points	**7,99±0,73**	**4,57±0,70**	**0,002**

** Independent t-test*

Table 6. Average scores of the participants according to the type of institution they work in

Components	Type of Institution Worked		p value*
	Public	**Private**	
	X̄ ± SD	**X̄ ± SD**	
Extreme Intimacy	4,50±0,57	4,14±0,41	0,879
Threatening	3,19±0,40	2,08±0,20	0,586
Transfer	3,40±0,43	1,58±0,16	0,020
Total Points	**9,19±1,17**	**5,95±0,59**	**0,264**

** Independent t-test*

Table 7. Average scores of the participants according to their educational status

Components	Educational Status			F value	p value*
	Health vocational high School	**Undergraduate**	**Postgraduate**		
	X̄ ± SD	**X̄ ± SD**	**X̄ ± SD**		
Extreme Intimacy	7,45±3,22	8,15±4,44	8,69±5,31	0,598	0,551
Threatening	6,85±2,41	6,82±2,76	6,19±0,54	0,454	0,636
Transfer	5,63±1,39	6,09±2,80	5,75±2,05	0,580	0,561
Total Points	**19,93±5,27**	**21,06±8,05**	**20,63±6,86**	**0,346**	**0,708**

**ANOVA* One-way analysis of variance

coefficient. Extreme closeness and threat were found to have a low-intensity positive linear relationship (r=0.337, p0.001), as well as extreme closeness and transference (r=0.340, p0.001). Threat and transference (r=0.692, p0.001), extreme closeness and total score (r=0.812, p0.001), threat and total score (r=0.775, p0.001), and transference and total score (r=0.692, p0.001) are all significant correlations. (r=0.773, p0.001) (Table 9) It was discovered that there was a highly significant positive linear relationship.

4. DISCUSSION

With the global adoption of digital technologies, cyber violence has grown to be a serious issue. One in five people in Turkey claim to have experienced digital violence, according to a study there (ener and abnk, 2021). Cyber obsessive stalking is a relatively new phenomenon that puts people's security and privacy at serious risk.

Studies show that certain professions, including those in healthcare, are more likely to experience both traditional and online obsessive stalking. Because they frequently interact with patients who are experiencing emotional or physical difficulties while practicing their professions, doctors and nurses run the risk of being harassed, especially by patients. Healthcare workers are frequently the targets of harassment, which can last for a few weeks to several years and take the form of unwanted phone calls, letters, direct contact, threats, secret or open monitoring/ surveillance, etc. (Manunza et al., 2018; Bulut et al., 2021).

Misunderstandings may happen as a result of the professional relationship that exists between healthcare workers and patients. Based on empathy and trust, nurses develop a close, professional relationship with the patients they care for; however, occasionally, patients may mistake this professional interest for personal emotional attention. The likelihood of cyber-obsessive stalking of nurses is also increased by patients' dissatisfaction with the medical care they receive, the length of treatment processes, extended interactions with patients or their relatives, and feelings of resentment and anger toward medical-surgical treatments or interventions that patients do not find satisfactory.

According to the analysis, 72.7% of the survey respondents had at least one experience with cyber obsessive stalking behavior. While exposure to messages intended to influence was regarded as the most frequent behavior, with a rate of 61.2%, exposure to messages intended

Table 8. Average scores of the participants according to their daily internet usage time

Components	Daily internet usage time				F Value	p value*
	1-2 Hours	3-4 Hours	5-6 Hours	≥7 Hours		
	X̄ ± SD	X̄ ± SD	X̄ ± SD	X̄ ± SD		
Extreme Intimacy	5,88±2,64	7,78±4,23	8,58±4,33	10,44±4,67	6,254	<0.001
Threatening	6,63±2,21	6,60±1,51	6,60±1,40	7,64±5,24	1,169	0,323
Transfer	5,50±1,32	5,73±1,56	5,80±1,65	7,32±5,05	3,298	0,022
Total Points	**18,00±4,39**	**20,11±5,79**	**20,98±5,83**	**25,40±12,67**	**5,425**	**0,001**

**ANOVA* One-way analysis of variance

Table 9. Correlation between scale components

Components		Extreme Intimacy	Threatening	Transfer
Extreme Intimacy	r	1	-	-
	p value	-	-	-
Threatening	r	0,337**	-	-
	p value	<0.001	-	-
Transfer	r	0,340**	0,692**	-
	p value	<0.001	<0.001	-
Toplam puan	r	0,812**	0,775**	0,773**
	p value	<0.001	<0.001	<0.001

***Correlation is significant at the 0.01 level (2-tailed).*

to listen in cars, homes, and offices was the least common type of cyber obsessive stalking behavior. The most frequent component of the scale is excessive closeness behaviors, and transference behaviors are rarely observed. Similar findings were made by Spitzberg and Hoobler (2002), who found that only 3% of participants in their study experienced more severe transference behaviors while a third of them engaged in relatively less risky excessive closeness behaviors.

Mental health has been the primary focus of studies on the (cyber) obsessive monitoring of healthcare workers (Manunza et al., 2018; Bulut et al., 2021). According to a study by McKenna et al. (2003), patients threatened nurses verbally 35% of the time, sexually harassed them verbally 30% of the time, physically threatened them 29% of the time, and stalked them 3.8% of the time in their first years of employment. A Canadian study found that 36.8% of mental health nurses had experienced stalking behaviors, with 23.8% receiving death threats, 58% having their homes followed, and 26% having their places of employment followed (Comparcini et al., 2015). Similar to that, 21.2% of participants in this study engaged in stalking behavior.

Gender and age are the demographic characteristics linked to victimization in studies on cyber obsessive stalking (Kaur et al., 2021; Maple et al., 2011; Pereira and Matos, 2015). There was no correlation between the gender of the participants and their experiences with cyber-obsessive stalking in this study, despite the fact that women's mean scores for the extreme closeness, threat, and transference components as well as the mean total score were higher than men's. Regarding the association between gender and cyber obsessive stalking, there is, however, no agreement among the various studies. According to some studies, both men and women have an equal chance of becoming victims of cyber-obsessive stalking (Dreßing et al., 2014; Gunn et al., 2021). Most studies (Marcum and Higgins, 2021; Sammons and Cross, 2017) indicate that women are disproportionately more likely to be victims, while more studies (Ahlgrim and Terrance, 2018; Pereira and Matos, 2015) indicate that men are more likely to be perpetrators. A scant amount of research has been done on male victimization (Fissel & Reyns, 2019).

In this study, participants who worked in the public sector had higher mean scores across all scale components and a mean total score, and a significant link between the type of institution they worked for and transfer was discovered. Despite the fact that there hasn't been any original research on cyber obsessive stalking of healthcare workers, Turkan (2013) found that public hospitals were the most frequently the scene of violence, with private hospitals accounting for just 1% of cases.

Internet use is common among the study's nurses. According to international data showing that an internet user spends more than six hours on the internet (DataReportal, 2023b), 42.5% of respondents use the internet for longer than five hours. Participants who use the internet more than seven hours per day tend to have higher average scores across all scale components and total scores. Excessive closeness and transference were found to be related to daily internet use time, despite the fact that there is no connection between threat and daily internet use time. Two-thirds of healthcare workers use social media regularly every day, according to a study by Balc et al. (2020), and they spend an average of more than two hours online each day. Studies have shown an association between victimization and bullying and the frequency, duration, and variety of social media and internet use (Spitzberg and Hoobler, 2002; Strawhun et al., 2013; Choi et al., 2022).

5. CONCLUSION

Although the healthcare professionals participating in this study encounter cyber-obsessive stalking behaviors of their patients, they often cannot disclose sensitive situations for ethical reasons and avoid talking about this issue.

During institutional training in the hospitals where they work or during their high school and university education, it maybe it will be crucial to provide nurses with training on violence-related

issues, especially when addressing the issue of cyber violence. It can be important for anyone who witnesses this behavior to understand how to react and how to report it.

Hospitals are no longer a safe environment for healthcare workers due to increasing violence in the sector. An employee who is distracted from work will not be able to provide quality medical care. In order to prevent these situations from happening, increasing legal penalties can be a deterrent in committing these actions.

To increase understanding of how terrible an act all forms of violence are, education should begin in schools. These situations will be less likely to occur as a result of the education the person receives as a child, which may have a direct bearing on subsequent processes. Public service announcements can be prepared by government organizations and distributed in pertinent areas to increase awareness in addition to the instruction to be provided in schools. Therefore, these methods will lower the number of cases.

REFERENCES

AHLGRİM, B. & TERRANCE, C. (2018) Perceptions of Cyberstalking: Impact of perpetrator gender and Cyberstalker/Victim relationship*Journal of Interpersonal Violence*, 36(7-8), NP4074–NP4093.

ANNAGÜR, B. B. (2010). Violence against healthcare workers: risk factors, effects, assessment and prevention, *Current Approaches in Psychiatry*, 2(2), 161–173.

ASHMORE, R. *et al.* (2006) A survey of mental health nurses' experiences of stalking, *Journal of Psychiatric and Mental Health Nursing*, 13(5), 562–569.

BALCI, Ş. *et al*. (2020) Social media addiction in health professionals: The role of two-dimensional self-esteem. *Akdeniz University Faculty of Communication Journal, 33*, 296-317.

Begotti, T., Ghigo, M.A. & Maran, D.A. (2022) Victims of Known and Unknown cyberstalkers: a questionnaire survey in an Italian sample, *International Journal of Environmental Research and Public Health*, 19(8)..

BULUT, S., USMAN, A.C. & NAZIR, T. (2021) Stalking of healthcare professionals by their clients: the prevalence, motivation, and effect, *Open Journal of Medical Psychology*, 10(2), 27–35.

CARR, M.L., GORANSON, A.C. & DRUMMOND, D.J. (2014) Stalking of the mental health professional: Reducing risk and managing stalking behavior by patients., *Journal of Threat Assessment and Management*, 1(1), 4–22.

Violence Prevention (2021). Viewed 28 September 2021 <https://www.cdc.gov/violenceprevention/index.html>.

CHOI, J., DULISSE, B., & HAN, S. (2022). Assessing the overlap between cyberstalking victimization and face-to-face sexual victimization among South Korean middle and high school students. *Victims & Offenders*, 17(5), 660-678.

CLARK-GORDON, C.V. *et al.* (2019) ‹Anonymity and Online Self-Disclosure: A Meta-Analysis,› *Communication Reports*, Vol. 32 no.2, pp. 98–111.

COMPARCINI, D. *et al.* (2015) Il fenomeno dello stalking in ambito infermieristico: una revisione narrativa della letteratura, *Professioni Infermieristiche*, 68(2).

Council of Europe. (n.d.). *What is cyberviolence?* https://www.coe.int/en/web/cyberviolence

CRESPI, I. & HELLSTEN, L.-A.M. (2022) 'Cyberviolence and the digital experience: reflections on a problematic issue for youth,' *Review of Sociology*, 32(3), 391–399. .

DataReportal. (2023a). *Digital around the world*. https://datareportal.com/global-digital-overview

DataReportal. (2023b). *Digital 2023: Global Overview Report. 2023.* HTTPS://DATAREPORTAL.COM/REPORTS/DIGITAL-2023-GLOBAL-OVERVIEW-REPORT

DOĞRUER, N., EYYAM, R. & MENEVİŞ, İ. (2011) The use of the internet for educational purposes, *Procedia - Social and Behavioral Sciences*, 28, 606–611.

DREßING, H. *et al.* (2014) Cyberstalking in a large sample of social network users: prevalence, characteristics, and impact upon victims, *Cyberpsychology, Behavior, and Social Networking*, 17(2), 61–67.

FISSEL, E.R. & REYNS, B.W. (2019) The aftermath of cyberstalking: school, work, social, and health costs of victimization, *American Journal of Criminal Justice*, 45(1), 70–87.

FUJITA, S. *et al.* (2011) Risk factors of workplace violence at hospitals in Japan, *Journal of Hospital Medicine*, 7(2), 79–84.

GUNN, R. *et al.* (2021) Cyberstalking among social media users: Perceptions, prevalence and characteristics, *Assessment and Development Matters*, Vol.13 no.2, pp. 12–20.

HAREWELL, J. L. et al. (2021) Cyberstalking: Prevalence, Characteristics, and Impact. in A. Powell, A. Flynn, L. Sugiura (Eds), *The Palgrave Handbook of Gendered Violence and Technology Springer eBooks.*

HASSAN, H.E. *et al.* (2019) Online Harassment and Cyberbullying Victimization and Its Emotional Impacts among Female Nursing and Non-Nursing Students, *American Journal of Nursing Research*, 7(2), 102–108.

KALAITZAKI, A. (2022). Cyberstalking victimization and perpetration among young adults: prevalence and correlates. Information Resources Management Association (Ed.), *IGI Global Research Anthology on Combating Cyber-Aggression and Online Negativity* pp. 1371-1387.

KAUR, P. *et al.* **(2021) A** systematic literature review on cyberstalking. An analysis of past achievements and future promises. *Technological Forecasting and Social Change*, 163, 120426.

KIM, Y.J. & CHOI, J.S. (2021) Individual and organizational factors influencing workplace cyberbullying of nurses: A cross-sectional study, *Nursing & Health Sciences*, 23(3), 715–722.

KORKMAZ, A. (2016). Cyberbullying: The new violence from physical to virtual. *Fiction,* 24(2), 74-85.

NS, K. *et al.* (2019) A survey on workplace violence experienced by critical care physicians, *Indian Journal of Critical Care Medicine*, 23(7), 295–301.

MANUNZA, F., MASTRONARDİ, V. & CALDERARO, M. (2018) Stalking of social healthcare workers: Preliminary results of a study conducted in Sardinia, Italy, *Rivista Di Psicopatologia Forense, Medicina Legale, Criminologia* [Preprint].

MAPLE, C., SHORT, E. & BROWN, A. (2011) Cyberstalking in the United Kingdom: an analysis of the ECHO Pilot Survey, *University of Bedfordshire* **[**Preprint].

MARCUM, C.D. & HIGGINS, G.E. (2021) A Systematic review of cyberstalking victimization and Offending Behaviors, *American Journal of Criminal Justice*, 46(6), 882–910.

MCKENNA, B. *et al.* (2003) A survey of threats and violent behaviour by patients against registered nurses in their first year of practice, *International Journal of Mental Health Nursing*, 12(1), 56–63.

NAGATA-KOBAYASHİ, S. *et al.* **(2009) Universal** problems during residency: abuse and harassment, *Medical Education*, 43(7), 628–636.

ÖZŞENLER, D. S. (2021) The role of communication skills in resolving violence against healthcare workers: Systematic review. *Selçuk Communication Magazine,* 14(2), 576-605

PEREIRA, F. & MATOS, M. (2015) Cyber-Stalking victimization: What predicts fear among Portuguese adolescents? *European Journal on Criminal Policy and Research*, 22(2), 253–270.

PITTARO, M. L. (2007) Cyber stalking: An analysis of online harassment and **ıntimidation**. *International Journal of Cyber Criminology, 1(2),* 80-197.

POLAT, O. (2017) Violence. *Marmara University Faculty of Law Journal of Legal Studies,* 22(1), 15-34.

QUAGLIO, G., & MILLAR, S. (2020) Potentially negative effects of internet use. *European Parliamentary Research Service.* https://www.europarl.europa.eu/RegData/etudes/IDAN/2020/641540/EPRS_IDA(2020)641540_EN.pdf

REYNS, B.W. (2010) A situational crime prevention approach to cyberstalking victimization: Preventive tactics for Internet users and online place managers, *Crime Prevention and Community Safety*, 12(2), 99–118. https://doi.org/10.1057/cpcs.2009.22.

SAMMONS, J. & CROSS, M. (2016) *The basics of cyber safety: computer and mobile device safety made easy*. https://www.amazon.com/Basics-Cyber-Safety-Computer-Mobile/dp/0124166504.

SHORT, E. *et al.* **(2014)**. The impact of cyberstalking: the lived experience - a thematic analysis., *PubMed*, 199, 133–7.

SANTOS, I.L.S., PIMENTEL, C.E. & MARIANO, T.E. (2023) Cyberstalking scale: development and relations with gender, FOMO and social media engagement, *Current Psychology*, 42(6), 4802–4810.

SPITZBERG, B.H. & HOOBLER, G.D. (2002) 'Cyberstalking and the technologies of interpersonal terrorism,' *New Media & Society*, Vol.4 no.1, pp. 71–92.

STEVENS, F., NURSE, J.R.C. & ARİEF, B. (2021) Cyber Stalking, Cyber Harassment, and Adult Mental Health: A Systematic review, *Cyberpsychology, Behavior, and Social Networking*, 24(6), 367–376.

STRAWHUN, J., ADAMS, N. & HUSS, M.T. (2013) The Assessment of Cyberstalking: an expanded examination including social networking, attachment, jealousy, and anger in relation to violence and abuse, *Violence & Victims*, 28(4), 715–730.

ŞENER, G & ABINIK, N. (2021), *Turkey Digital Violence Research*, UNFPA Turkey & Common Knowledge and Communication Association.

TOKUNAGA, R.S. & AUNE, K.S. (2015) Cyber-Defense: a taxonomy of tactics for managing cyberstalking, *Journal of Interpersonal Violence*, 32(10), 1451–1475.

TURKAN, S. (2013) Analysis of violence against healthcare workers' *Andrology Bulletin,* 15(55), 254-255.

UĞUR, E. *et al*. (2022) Validity and reliability of two scales related to cyber violence: Adaptation of the cyber obsessive stalking scale (SSAS) and the cyber dating violence scale (SSAS) into Turkish. *E-International Journal of Educational Research*, 13(3), 46-58.

KRUG, E.G. *et al.* (2002) ‹The world report on violence and health,' *The Lancet*, 360 no. 9339, pp. 1083–1088.

YAŞAR, Z.F., DURUKAN, E. & BÜKEN, E. (2017) A university hospital patients and their relatives' opinions on violence in health, *Romanian Journal of Legal Medicine*, 25(1), 65–69.

YORULMAZ, DS & KARADENİZ, H (2022) Measures to prevent cyber violence and the role of nurses: Traditional review. *Türkiye Clinics Journal of Nursing Sciences,* 14(1), 232-238.

ZHAN, Y. *et al.* (2019) Patient violence and health professionals' occupational outcomes in China: A time-lagged survey study, *International Journal of Nursing Studies*, 94, 120–130.

ZHU, C. *et al. (2021)*›Cyberbullying among Adolescents and Children: A Comprehensive review of the global situation, risk factors, and preventive measures, *Frontiers in Public Health*, 9.