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Violence within organizations in the health and medico-social sectors, comparative analysis France-Romania

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Abstract: *Violence at work constitutes a social problem at the international level and, according to WHO (2002), is a global challenge. In the health and medico-social sector, it is increasingly expressed in political, institutional and professional concern. This is the case in France and Romania. However, the figures which covers this phenomenon in each of these two countries, are they identical? So that's a comparison we're looking at. The aim of this article is to present the theoretical and methodological framework of the comparison, specifying the segments studied, after identifying possible national particularities in the way of apprehending violence in the health and medico-social sector. In order to avoid falling into the trap of ethnocentrism, we choose to construct a definition of violence not from predefined categories, but the experience of the individual, in this case caregivers, which will be the focus of this comparative research. The thesis of the research is that the experience of violence of the health professionals is related to the specificities of the organization (which requires to study the social relations of work) and the relation of service (which leads to analyze the Relations between users and professionals), whose transformations are specific to each of the national contexts.*

The first objective of this research is an objective of knowledge: what is the prevalence of the phenomenon in each of the two countries selected? How is it reflected in each national context? What are the patterns of violence from one country to another? Can we identify common figures? Do national specificities appear?

The second objective is explanatory; We will seek to identify the factors by which the experience of professional violence varies. We hypothesize that the experience of violence is all the stronger (at the individual level) and more widespread (at the level of a service, a unit or an institution) than the relationship with the profession of caregivers Is distant from the conditions of practice on the one hand and institutional expectations on the other. We hypothesize that the experience of violence varies according to the type of response the organization gives to violence, the lack of response exacerbating the feeling of violence. Our third hypothesis is that the victim's expression varies in the opposite direction to the sense of institutional and professional recognition of caregivers. In order to understand the caregivers' experience, and in line with the epistemological approach adopted, we will carry out a victimization survey asking the respondents what they experience as violence in the exercise of their profession while collecting data on their profession (work, professional ideology), relations within the service and with users and their families, and data on the organization (service, unit, establishment) and its functioning.

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JEL**:** *I18, I12, I19.*

Introduction

Violence at work constitutes a social problem at the international level: it is described as a global society by Chapell and Di Martino (2000), and according to the WHO (2002), it is a global challenge. In the health and medico-social sector, it is increasingly expressed in political, institutional and professional concern. This is the case in the two countries at the heart of this research, France and Romania. Three main questions will guide our exploration: what figures covers this phenomenon in each of these two countries? Can we see social patterns appearing beyond the specificity of these two national contexts? On this side, are specificities emerging?

It is thus a comparison of the experience of violence of the caregivers of the health and medico-social sector between these two countries that we envisage through a theoretical approach anchored on the contributions of the symbolic interactionism and a methodological approach forming part of vein of victimization surveys. The thesis that will be tested is the following: the experience of violence of the health professionals is related to the specificities of the organization (which requires to study the social relations of work) and the relation of service (which leads to analyze the relations between users and professionals) whose modalities of transformation, in contrast to global objectives, are specific to each of the national contexts.

In order to understand the caregivers' experience, and in keeping with the epistemological approach adopted, we will carry out a victimization survey asking the respondents what they experience as violence in the exercise of their profession (Valter et. all, 2016). Violence will thus be analyzed not in a decontextualized way from predefined categories, but from the qualifications carried out by the respondents. The analysis of the data should make it possible to characterize the figures of violence in each of these two national contexts and to identify, where appropriate, similar social patterns to these two countries.

The objective of this article is to set the theoretical and methodological framework of this comparison, specifying the segments studied. This involves identifying, beforehand, any national particularities in the way in which the social actors apprehend violence in the health and medico-social sector contributing to its construction as a social problem (part 1. A political, institutional and professional concern). To report on scientific convocation modalities by social demand on this field (part 2. Apprehending violence in the health sector and medico-social: national characteristics?). To deduce the consequences of an object construction and a method which should both escape the categories imposed by public debate and to avoid the pitfalls of a sociological ethnocentrism (Part 3. Construction of the frame theory of comparative analysis).

We will finally propose the methodology implemented through the survey device and the categories of analysis favored (part 4. Comparative research and victimization survey).

1. A political, institutional and professional concern

The proposed research axes were constructed from the exploitation of the first data in a discussion between field and theory, borrowing from the grounded theory methods formalized by Glaser and Strauss (1967). The first step was to escape from a single focus on face-to-face interaction that can limit victimization surveys to focus on the analysis of social interactions. Hugues states as early as 1956: "(...) even those who work in solitude are often interacting with a built-in father or with God himself, who is known to be worse than any flesh-and-blood slave driver; (Hugues, 1964). In this paper, the authors conclude that there is a need for a better understanding of the nature of companions and colleagues.

Understanding how the caregiver's experience of violence is constituted through interactions supposed to question the immediate context and the context of distant action. Strauss and Corbin propose that "The analysis must not be restricted to the conditions that seem to have immediate bearing on the phenomenon of central interest" (Strauss & Corbin, 1990). The distant context can be defined as Strauss enunciated by "the general and general conditions which weigh upon the action and the strategies of interaction like time, space, culture, economic status, technological ..." (Strauss, 1992). The comparative study of the distant context of the action therefore requires a preliminary examination of the legislative activity and its consequences in terms of arrangements relating to violence - implemented or not in both countries and the conditions of their emergence.

In France, a feeling of aggravation of the problem has developed over the past two decades, accompanied by a multiplication of institutional measures. The most notable ones are Circular No. DHOS / P1 / 2000/609 of 15 December 2000 on the prevention and accompaniment of situations of violence; Circular No. DHOS / P1 / 2005/327 of 11 July 2005 on the recording of acts of violence in the establishments mentioned.

The Memorandum of Understanding between the Ministry of the Interior and the Ministry of Health and a national protocol signed on 12 August 2005 between the Ministry of Health and the Ministry of the Interior to promote a rapprochement between the hospital and the security forces, as amended and supplemented by that of 10 June 2010. In 2012, the National Observatory on Violence in the Health Sector (ONVS) is set up, which, while responding to a request from the field, is aimed at developing awareness of the phenomenon of violence on all French hospital structures.

Its creation is accompanied by the development of a quantification tool directly anchored on the concerns of professionals. It lists, in 2013, 12,432 reports of attacks on persons and property. Reporting within the framework of the study

plan and carried out by staff on 353 establishments in the health and medico-social sector (compared with 11,000 reports in 2012).

In Romania, public authorities have also committed themselves to taking into account the concerns of professionals through a similar response scheme: to acquire a measurement tool, to facilitate links with judicial and police institutions, and to support victims. (Radu, I., Şendroiu, C. 2005).

The problem of violence is thus particularly taken into consideration by the Directorates General for Child Welfare and Protection (DGASPC). The DGPSPC are the main providers of social services at the level of a county of Romania or a sector of the municipality of Bucharest. Their role is to prosecute cases of violence in their sector. Records of incidents of violence are made in each unit but are not made public (Burlacu, 2005).

The principle of the call center for listening to victims is also used here. As from 24 November 2014, the National Agency for Equal Opportunities (ANES) under the Ministry of Labor, Family, Social Protection and the Elderly has been set up a free number whose role is also to facilitate the reporting of violence. It is not specifically dedicated to health workers. Its implementation at the national level was part of the POSDRU project on European funding: "START - A life of quality in safety" (Press release - START - A life of quality in safety, 2014) and aimed above all the taking into account of domestic violence (Androniceanu,2014).The ANES thus recorded 11,598 cases of abuse in 2014 and 9,014 in 2015.

The Romanian statistical sources on violence are diverse and inevitably lead to the production of equally diverse statistics and sometimes contradictory. The government's desire to centralize data under the auspices of the INS[4] has established itself in 2014 without it has been successful. National indicators scattered within the public health measures of reports can be used here or there[5].

From the first survey indicators, Romania and France and beyond administrative and political specificities, the social problem of violence in the

[4] INS - National Institute of Statistics, INS - equivalent of the French INSEE - is organized and functions as a specialized body of the central public administration in Romania, subordinate to the Government and coordinated by the General Secretariat of the Government. The National Institute of Statistics has the role of organizing and co-ordinating official statistics in Romania, with the aim of collecting, processing, analyzing, disseminating and constructing official statistical data series, demographic types Social, economic, environmental, financial and legal measures necessary for the foundation and evaluation of economic and social policies, decision-making by government and economic operators, public information, scientific research, Development strategies, the transmission of statistical data to the Statistical Office of the European Union (Eurostat) and to various international bodies, according to Romania's commitments (www.inss.ro).

[5] A series of statistical reports on public health in Romania are available and are divided into 10 indicators, some of which can provide information on how violence is perceived: 1. Life expectancy at birth, by sex; 2. Number of accidents at work; 3 Waiver of medical care for financial reasons; 4. Suicide rates by sex and age groups; 5. Chronic disease mortality rate, total and sex; 6. Life expectancy at age 65, by sex; 7. Mortality rate; 8. Exposure of the population to air pollution by fine dust; 9. Exposure of the population to air pollution by ozone; 10. Proportion of the population of households who consider that they suffer from noise (NSI).

health and social sector is built in a dialogue between public and professional authorities. It draws the image of a sector victimized by its public and its environment and supposed answers aimed at strengthening the judicial responses to the perpetrators and the attention paid to the victims. It also generates in both countries a demand for knowledge that is declined at the institutional level by the construction of measurement tool but also by a solicitation of scientists. By producing a sub-universe of meanings (Berger & Luckmann, 1986) available for the actors, these elements constitute the structural dimension distant context of victimization reported by staff.

2. Understanding violence in the health and medico-social sector: national specificities?

2.1 From occupational risks to the prism of medical

In Romania, research on violence developed in the early 1990s. Although interest in this topic is finally emerging at the same time as in other OECD countries, this very local explanation. Indeed, before the Romanian Revolution of 1989, the authorities considered as "inappropriate" the presentation of statistics likely to harm the country's image.

The change of political regime could explain the new realization of a latent but previously censored interest. The advent of Law No 544/2001 on free access to public information, updated in 2016 and Law 52/2003 (re-issued in 2013) on transparency in decision-making in public administration, contribute to the evolution of the situation in Romania. While transparency in decision-making is well described by Romanian legislation, Romanian researchers believe that the local public administration is not yet well prepared to deal with it (Androniceanu, 2011). In Romania, as in other central and eastern European countries, reforms have focused on all the functions of the health system - financing, provision, management and development of resources. (Anton & Onofrei, 2012).

The phenomenon of violence has been politically addressed in occupational health and safety concerns (Birsan, A., 2015).

They were regulated by Act No. 319 of 14 July 2006 - Occupational Safety and Health Act. It lays down general principles for the prevention of occupational risks, the preservation of the health and safety of workers, the elimination of risk factors and accidents, and the addition of social dimensions such as the right to Information, consultation, the right to balanced participation, the training of workers and their representatives (Parliament Roumain, 2006).

The content of the Romanian laws did not directly refer to violence. It was through the notion of occupational risk that it was first registered until 2012. Law No. 212 published in November 2012, to supplement Law No. 95/2006 on reform in the field Article 641, which stipulates in paragraph 4, subordinate to Title XIV,

the offenses constituted by the threats and blows against the medical personnel in the exercise in their service.

There is therefore a legal balance between the absorption of violence in the field of occupational risks and the emphasis of a specific problem on the one hand and the other on a debate largely framed by the medical field. For example, the "pilot" study conducted in March 2015 by the Foundation of the College of Physicians of the Municipality of Bucharest (CMMB).

It turned to a measure of the exposure of hospital doctors in Bucharest to attacks. The population consisted of 541 physicians from 22 hospitals. Results show that 85% of respondents reported verbal abuse and 10% were victims of physical assault. This study was the occasion of a campaign of prevention "Non-aggression of the medical personnel" carried out by the Federation SANITAS drawing thus a landscape of the violence distributing the roles of victims to the personnel and of the aggressors to the public. If the phenomenon of violence in the medico-social field is limited to the image of an institution and its personnel attacked by an outside in the professional and political dialogue, the literature indicates various forms of violence: economic violence, social violence, the language of violence, physical violence, psychological violence, the violence of the process, the intrinsic violence, assumed violence, etc.

2.2 Between PAH and suffering at work, the question of standards

In France, this concern for violence in the workplace is the subject of numerous studies, mainly in the broad field of occupational safety and health, as in the case of Romania; It is treated particularly in the prism of this "new social category" of psychosocial risks (RPS) (Lhuillier, Giust-Desprairies, Litim, 2010). The work on PSR mobilizes the term violence in empirical definitions of which are intended to be operational, such as the one given by the INRS[6]:

"Psychosocial risks (PHR) correspond to work situations where the following are present, combined or not:

- Stress: an imbalance between the perception that a person has of the constraints of his working environment and the perception that he has of his own resources to face it,
- Internal violence committed within the company by employees: moral or sexual harassment, exacerbated conflicts between persons or between teams;
- External violence committed on employees by persons outside the company (insults, threats, assaults ...)[7].

[6] INRS: National Institute of Research and Safety, created in France in 1968 and succeeding INS (National Institute of Security), created in 1947.

[7] Source: INRS.fr, accessed on 6/30/2016.

The RPS thus integrates violence into a known and structured world of occupational risk: identification of risk factors, prevention, and treatment of harm. Violence integrates this pattern of thought upstream and downstream. Upstream as a source of stress, downstream as a consequence of stress. The focal point can then be put on particular forms of violence in the encounter between the individual and the organization such as moral harassment at work (Hirigoyen, 1998) or psychological harassment (mobbing, Leyman, 1990, 1996).

Between sociology and psychology, the 1990s saw the development of research on suffering at work (Bourdieu et al 1993, Dejours, 1998, 2000). This work is beyond the scope of PHI, and, for a number of people, wants to stand out from it. They aim to question the meaning given to work and the values and norms of individuals in relation to the transformation of the expectations of decision makers towards operators. However, risk-based approaches have greatly impacted the construction of the object of violence by offering new perspectives to objectivist approaches in difficulty in the face of the consequences of defining the content of violence on legal bases.

The apprehension of violence as a transgression of a rule of law leading them on one side to the mere measure of crime, any offense at any given moment in the state of legislation becoming violence, on the other towards the sub - estimation of the suffering of the operators, a set of behaviors not repressed by the law, making them despite all violence. The passage from a definition of violence through transgression to a definition by prejudice tries to evacuate the relativity of formal norms by focusing on finding meaning in violence in the consequences of the act: "Violence is Intentional use of physical force, threats against others or against oneself against a group or community that is or is likely to result in trauma, psychological harm, development Death "(WHO, 2002).

A sense that could thus claim universality and thus offers the possibility of joining the thought of risk in the world of work. The definition of Wynne et al. (1997) clearly states the link made: "Any incident in which persons are subjected to abusive behavior, threats or attacks in circumstances related to their work and involving an explicit or implicit risk for their safety, Well-being and their health "(in Di Martino, Hoel, Cooper, 2003).

Violence can then be thought in terms of exposure and, more broadly, risk of exposure (see Gheorghiu, Moatty, 2011), defined risks in the field of public health where injury becomes medically and legally fixed. It is thus seen that the problem of the exclusive connection between violence and norms which sought to be avoided by passing from entry through transgression to entry by harm ultimately reverts to the definition of prejudice. These difficulties find their explanation in what Michaud showed when he explained that "violence is not only facts, but also our ways of apprehending them, judging them, seeing them (and not seeing them) "(Michaud, 1999). They therefore encourage to take into account the relative, normative and contextual dimension of violence.

3. Construction of the theoretical framework of comparative analysis

The specific connection of a social phenomenon is not reducible to a methodology (qualitative or quantitative) nor to a theory. On the other hand, the desentration implied by the comparison makes more demanding the construction of the theoretical-methodological approach and the definition of the object of study. It needs to break with culture-specific preconceptions and patterns of analysis, which is all the more important for a notion such as violence, which should prompt the researcher to question his "relation to values" Exhorted Weber (1965) in "The Objectivity of Knowledge in Social Science and Policy".

3.1 Methodological Consequences of Violence Defining Standards and Perspectives

The comparison should prevent the risk of being naturalized, mobilized into the categories, which are dominantly, the areas of health and public safety (see above). Defining violence from these categories would be to impose thought patterns taking effect in the discourse framing these areas at risk, both, clear national differences, and more, to build subject to single prism public demand.

This positioning requires a particular attention to the methodology by choosing to construct a definition of violence from not predefined categories but from the experience of the individual. Thus violence no longer appears as a given, a sui generis object; Violence is an experience and involves a qualification procedure by the individual (Claverie, Jamin, Lenclud, 1984). We will consider as violence what is qualified as such by the actors concerned. Defining violence by taking up the qualifications operated by the actors makes it possible to integrate the socially constructed character of the violence (Carra, Faggianelli, 2011).

It is also necessary to allow actors to avoid the definitions of violence as they should be expressed. Thus, a direct demand for the definition of violence among the actors will be outlawed, since it only allows the degree of social conformity of the respondent to be recorded. This approach should make it possible to understand the differences in perception. What is perceived as violent by the health professional can go unnoticed in the eyes of the user who can on the other hand experience forms of violence that the caretaker underestimates. In the same way, perceptions may vary from one individual to another, and these variations explain, as well as the facts themselves, that one declares himself a victim of violence and the other does not. It is these differences that shape social play. This approach makes it possible to take into account facts and their perception, as well as to account for the situation in which a situation of violence is built. This experience is structured according to norms and we make the general hypothesis that professional standards are dominant in the qualification of situations as violent by health professionals. This entry and this epistemological posture will make it possible to collect, describe and compare all the facts and situations experienced as violence, in each of the two national contexts.

3.2 Analyze the experience of violence among health professionals

Our objective is not to assess violence by comparing two health systems, or types of institutions in the health and medico-social sectors in each of these two countries, but to apprehend violence from the experience of health professionals. We will seek to highlight the elements that contribute to the structure of an experience of violence. To do this, we will question the construction of an experience of violence by taking into account the contexts in which it takes place, a close and distant context (Strauss, 1992), a professional context, which gives shape to service relations, institutional context Which defines the social relations of work. In this way we can understand the effects of context and their possible specificities according to national contexts. The comparison will reveal social logics that are partly similar, partly differentiated. "This approach can be heuristic, by questioning how a" problem "common to the different universes studied is declined and is perceived by the actors (De Verdalle, Vigour, Le Bianic, 2012).

The thesis of this research is the following: the experience of violence of the professionals of health is constructed at the same time on a fact, a situation and an experience; This experience varies according to the relationship to the profession of professionals, which is itself linked to the specificities of the organization (which requires studying the social relations of work) and the service relationship (which leads to analyze user / professionals) whose transformations are specific to each national context and the evolution of public policies.

The first objective of this research is an objective of knowledge: what is the prevalence of the phenomenon in each of the two countries selected? How is it reflected in each national context? What are the patterns of violence from one country to another? Can we identify common figures? Do national specificities appear?

The second objective is explanatory; we will seek to identify the factors by which the experience of professional violence varies (building on facts, situations and their experiences). It is a question of questioning a little explored dimension in its links with an indexation of professional situations on the register of violence, that of the report to the profession. The report to the profession will be used here as a container of interactionist concepts for the study of professions:

- The meaning of to the profession (the objectives of the work, its ways of exercising it, its meaning and importance in the production of society),
- The prioritization of tasks (the organization of tasks beyond the technical division of labor on the value attributed to them and in return on the valorization that their realization provides);
- The prestige, constituting and stake of the interactions with the peers, with patients and their relatives.

We issue as first assumption that the experience of violence is particularly high (at individual level) and more widespread (at a department, unit or facility) that the report to the profession of nursing away of the conduct of business on the one hand and institutional expectations on the other. We issue as a second assumption that the experience of violence varies by type responses given by the organization (department, unit or facility) to violence, the lack of response exacerbating the feeling of violence.

Finally, we issue as the third assumption that victimhood expression varies inversely with the feeling of gratitude that have caregivers from their peers, institution and users.

4. Comparative research and victimization survey

4.1 Quantitative Methodologies and Self-Reporting Surveys

The rise of quantitative methodologies has contributed to that of comparison, especially of international comparison. In the field of delinquency and crime, quantitative surveys have been particularly developed in the quest for the "black figure". The "black figure", which carries important political and scientific stakes, refers to the discrepancy between the delinquency recorded by the various institutions and the "real" delinquency that is being attempted to emerge. To do this, surveys are carried out to collect data directly from the respondents. These self-declaration surveys, which are part of a long American tradition, exploded in Europe in the 1990s, a period that also corresponds to the increase in the feeling of insecurity and to the increase in petty delinquency.

Self-reported delinquency surveys are designed primarily to improve the measurement of crime. They include interviewing potential offenders. They are the oldest answer to approach closer hidden criminality. They are indeed implemented since the late 1940s in the United States. The UK and Scandinavia are the first countries in Europe to introduce this type of investigation (1961). This is questioned by population sample questioned on a series of acts, whether criminal or not qualified. It then becomes possible to compare the prevalence of delinquent behavior - and more widely deviant - between social environments by reducing the risk of only measure the differential social reaction to the criminal offenses defined. It is mainly used in the context of juvenile delinquency.

To this day, France is participating in several international investigations which are intended to be repeated regularly. One example is the International Self Report Delinquency (ISRD), a project which was coordinated by the WODC (Center for Scientific Research and Documentation of the Netherlands Ministry of Justice), then directed by J. Junger-Tas. The survey is based on a common survey developed by researchers in criminology.

The question of safety, posed as a risk to health, appears long before, in France. The oldest French surveys directly questioning the respondents about their

possible illicit practices are thus not in the field of delinquency but in the field of health. The report on the establishment of the system of surveys in the general population on drug use (Beck, 1998) thus mentions surveys since the mid-1980s. INSERM (National Institute of Health and Medical Research[8]) has been conducting epidemiological surveys introducing this type of question since the 1970s. The perennial surveys, ESCAPAD and the Health Barometer examine behaviors that are at risk for the health of the individual (tobacco, alcohol, tranquilizers, etc.).

ESPAD - European School Survey on Alcohol and other Drugs - is a cross-sectional school survey involving France; it is carried out concomitantly in some thirty European countries and in the USA on the basis of a common methodology and a questionnaire. The questionnaire focuses on the uses, attitudes, opinions about psychoactive substances. This survey, first implemented in 1995, is coordinated by the Swedish Council for Information on Alcohol and Other Drugs. It is renewed every four years. While it focuses on drugs (whether legal or illegal), the ESPAD survey nevertheless contains a range of issues relating to other deviant behaviors, including bodily harm, predation and degradation, greatly expanding the scope of this investigation , From drugs to all risk behaviors. (See, for example, Peretti-Wattel, 2001) or questioning the link between violence and the consumption of psychotropic drugs (see Lagrange, Legleye, 2007). This shows the link between two fields: delinquency / violence and mental health. A 2005 INSERM report highlights violence as a central theme. The report entitled "Violence of schoolchildren and high school students: findings and evolution" (Choquet, Hassler, Morin, 2005) is based on data from the ESPAD 2003 survey. It links delinquency, antisocial behavior and conduct disorder, the main risk factors related to gender and the family. It is thus very early that the question of safety is linked to that of health, contributing to the consequent development of the field of health and safety at work in which the study of violence is dominant at work. This development is particularly significant at the international level.

4.2 Categorization and epistemological basis

In the field of security, the search for the black figure involves taking up categories derived from official, police or judicial statistics, which are inscribed or inspired by law and delinquency. Moreover, like any collection of scientific data, these categories refer to specific theories. Thus the theoretical framework of the ISRD-1 is largely inspired by the theory of social bond. T. Hirschi (1969) explains that delinquency results from an incomplete or deficient socialization, socialization that has failed to contain and regulate human passions. The ISRD-2 retains the variables related to social bond theory while introducing questions to test the theory of self-control (Gottfredson, Hirschi 1990), and that of opportunities.

[8] This survey concerns 12-75 year olds.

Gottfredson and T. Hirschi thus define crime as an act of fraud or force in order to satisfy its own interests. "The weakness of social bonds leaves the individual without control; Four variables are involved: attachment to others, commitment, involvement in conventional activities, belief in social norms "(Robert, 2005, 74-75).Emphasis is placed on the inadequate self-control of those who have suffered in their childhood, an educational deficit, an educational deficit involving family socialization and the role of parents. In Europe, these surveys have played a major role in the development of the integrated cognitive theory of antisocial potential and the theory of action (Wisktröm, 2005). In England, Finland, the Netherlands and Sweden, these surveys are institutionalized and renewed regularly.

The ESPAD survey is part of an epidemiological paradigm whose characteristic is to look for causalities at the individual level. It is based on a risk factor approach, a probabilistic approach based on a list of risk predictors based on the assumption of an individual predisposition to violence.

This approach may extend to physiological, neuro-physiological or genetic questions. By introducing questions on violence, these surveys now participate in the debate on the question, participation, which at international level already weighs heavily on a reading of violence as pathological behavior in the field of mental health, thus legitimizing the medicalization of individuals Risk behaviors ".

The dominant Canadian approach clearly demonstrates these ambitions by referring violence to individual behavioral disorder, considered as an adjustment disorder or as an "antisocial behavior" that needs to be addressed. This approach also makes it possible to classify violence in the category of delinquency conceived as individual pathology.

The prevalence of this epidemiological paradigm is reflected in international surveys in the field of occupational safety and health. In these approaches, the social order is conceived as based on a general consensus, implying a stable character of social norms and a non-problematic definition of deviance.

This approach locates the rules as "already there" so that the explanation of the transgression of a rule lies solely on the side of the individual who committed it. The temporality of the rules dissolving in favor of the essentiality of the rule. It is then a question of searching for the "faults" presented by the perpetrator of the transgression (in particular, personality traits, psychological and social factors).

In such a perspective, the rule is not objectified, the important thing being to determine the various means likely to make the individual conform to the rule. There is thus a psychiatrisation of perception and a medicalization of the individual ignoring the collective process of qualification of violence in order to fall back on the sole "dysfunction" of the individual (Carra, Faggianelli, 2011).

Positivism and etiology constitute the epistemological foundation of the ISRD, but also that of ESPAD, like most international surveys. It is a matter of seeking out what differentiates deviant individuals from others. This trend coupled

with practical prevention and safety purposes may explain the success of the risk factor approach at the international level. In the hollow appear the unthought of the relation to the social control and the dominant social order.

4.3 For a victimization survey allowing access to the meaning of situations

The point of view of the victims appears today strongly investigated. It is the subject of large-scale collections through victimization surveys. The victimization survey consists of apprehending transgressions or offenses from the point of view of the victim. By giving priority to this point of view, we have the means of accessing important aspects of victimization: the circumstances in which the facts occurred, the reactions of the victims, the physical, financial and psychological consequences of the act Suffered. In the United States, various jurisdictions and researchers have had data from national or federal victimization surveys for many years, including *the National Crime Victimization Survey (NCVS)* of the Department of Justice.

In order to avoid the risk of imposing patterns of thought, a risk similar to the previously mentioned investigations, to escape from conventional social categories, to detach oneself from one's own judgments - what the researcher considers to be violence, and more precisely what Is "good" or "bad" violence, we develop another logic belonging to a different epistemological posture - phenomenological - in coherence with object construction (see section 3).

To do this, the survey does not propose pre-determined categories of violence since it is a matter of accessing the respondents' experiences. The central question is: "For the past year in the performance of your duties, have you personally experienced violent situations (in whatever form and by whom)?"

We will construct the categories a posteriori from the description of the violent situation that most marked the respondent during the past year. It is on the basis of this description that we can make a categorization of the violence based on the respondents' experiences, or at least on their statements, and compare their prevalence and even their existence according to the countries.

The other questions allowing us to access the situations and the meaning given by the respondents concern the circumstances (category of aggressor, number, place ...), the respondent's reactions during the course of the situation, (On the basis of the question "How do you explain what happened?"), The possible intervention of others, the institutional and judicial consequences and finally the consequences for the respondent of this victimization.

This series of questions is supplemented by three other series allowing us to link these statements with elements of the close and distant context:

- the organization (service, unit or establishment) and its functioning,
- the profession - prescribed work, real work and professional ideology,

- relations within the service and relations with users (patients and relatives).

The last part of the survey collects data on socio-demographic characteristics of respondents.

The survey - anonymous and self-administered to help limit the bias of social desirability - comprises 42 questions including 12 open-ended questions. The latter will aim at collecting verbatim allowing to construct an analysis as close as possible to the discourse of the actors. Data analysis will be performed using the software Sphinx IQ from which will consist of verbose or concatenation verbatim in connection with the series of open questions on victimization, to identify themes and lexical intensities.

This analysis will make it possible to highlight the specificities of the situations in which the violence takes place, the recurrence of the forms they take, the identification of the issues that underlie this type of interactions while putting into perspective the specificities according to National contexts. We do not pretend to account for the completeness of a reality, nor to present a representative image, but we aim to put into perspective regularities in structuring an experience of violence.

4.4 A comparative reasoning at all stages

The phenomenological approach, the importance given to actors, interactions, the meaning given to action, and the mobilization of notions such as "prescribed work", "real work" or "professional ideology" (Hugues, 1996) Show the anchoring of this research in the tradition of the Chicago school.

This tradition is inextricably linked to the comparative approach, both in the construction and definition of the research object itself and in the investigation work. "It often takes the form of the dehulling of a notion allowing to embrace, gradually and sometimes unexpectedly, the diversity and the complexity of the studied phenomenon, largely unrecognized" (Vigour, 2005, Site 844).

That is our primary objective. This approach requires the application of the principle of comparative reasoning at all stages of research, as advocated by Glaser and Strauss (1967).

Comparative reasoning at all stages is all the more important for studying a social phenomenon in two different national contexts. While France and Romania are two Latin countries, Romania, a country that has been francophone, there are many differences, notably a political regime that has opposed these two countries in a recent history, the first one being in the bloc of the west and the second in the eastern bloc, before the Romanian revolution of 1989.This history, and the related public policies, particularly in the field of health in the health and medico-social sector, affect the thinking patterns of a culture, a system of care, a profession.

The comparison here raises the problem of translation and, beyond that, the patterns of thought. Violence, a normative and subjective notion, can mean

different realities according to these two national contexts, just as the same reality can be apprehended differently. It will then be necessary not to translate only words but ideas as Legrand advocates (1996).

Three ways can be borrowed according to this author.

"First, the comparatist can borrow the term of the language of departure to insert it as it is in the language of arrival in order to make the idea conveyed by the term used in the language of departure [...]. Secondly, the comparison may choose to render the term of the language of departure by means of a word in the language of arrival which is stripped of its ordinary meaning and used with a stipulated meaning - thus equity rendered by equity.].Third, comparison can give an approximate meaning to the word of the language of departure in the target language by means of a term whose pragmatic implications are comparable to it "(Legrand, 1996).

The translation of the survey has so far been carried out, with the help of one of the French-speaking members of the Romanian team. This work, linking words and ideas will continue at each stage of the research. The construction of meaning can only be achieved by reintegrating these elements into the system in which they operate. It is on this condition that the categories will be comparable (Barbier, 1990).

4.5 Device for investigation and implementation

The research brings together two faculties and their researchers who have been working together for several years: the UFR in Economics, Management, Administration and Social Sciences at the University of Artois[9] and the Faculty of Administration and Public Management of the Bucharest University of Economic Studies[10]. An agreement was signed between the University of Artois and the NGO ANTEC[11] to facilitate the collection of data in Romania. The self-administered and anonymous questionnaire will target a population of caregivers.

The health care providers concerned work in the following geographical areas and structures: Hospitals and EHPADs (housing for dependent elderly people) in Nord-Pas de Calais, one of the most important demographic regions in France, and Bucharest, the capital of Romania. More specifically, the services of psychiatry, emergencies, geriatrics (including EHPAD) and Medicine.

The first wave of surveys was carried out in France on the desire for simple random sampling via a cohort of health managers in training. Its executive students are thus positioned in gate-keeper (White, 2007) in an approach that aims to avoid sample biases that a field negotiation with institutional managers could create.

[9] http://www.univ-artois.fr/L-universite/UFR-et-IUT/Economie-Gestion-Administration-et-Sciences-Sociales

[10] www.ase.ro

[11] Led by Professor PhD. Ioan Radu, President of the ANTEC (a not-for-profit organization aims to undertake studies and research in public services of general interest).

A total of 444 questionnaires were in the pipeline, including 105 in psychiatry, 109 in emergency departments, 87 in EHPADs, and 63 in services, units or establishments with the highest number of reports With the ONVS.

The survey population consists of more than 90% of nursing staff, mainly in two categories: nurses (59.2%), the first health profession in terms of enrollments in France (DREES, February 2016) and caregivers (30.3%), to which healthcare professionals are added. Like industry professionals, women are over-represented (81% in this survey).The most common age groups are the 21-27 year olds (23.7% of the population surveyed), the 28-34 year olds (22.8%) and the 35-41 year olds (19.4%). This distribution of the population will therefore require a recovery from these variables, so that it is representative of the mother population. On the Romanian side, the test phase of the questionnaire is nearing completion and will give rise to a similar data collection system.

The LEM CNRS UMR 9221, Artois team, coordinates the research work and finalizes the coherence of the tools (methodology and analysis) for the conduct of the Franco-Romanian research project. Each national team is responsible for implementation in their country; the analysis will co-construct according to the process specified above. In conclusion: it is a question of trying to avoid, by international comparison, what Beck denounced as a methodological nationalism of sociology (2006) by postulating the possibility of a global meaning or a cosmopolitanism of social problems. An exclusively national approach is no longer sufficient today in what it risks to lead us to over-illuminate correlations between phenomena and local institutional transformations. To avoid falling into this trap, we therefore choose to construct a definition of violence based not on pre-defined categories, but on the experience of the individual, here, the caregivers, who will be the heart of this comparative research.

Our objective is to analyze the experience of violence of health professionals by re-recording this experience in the social relations of work and the institutional transformations, thus taking into account the double dimension, subjective and objective, of this experience. The analysis of the data collected by victimization survey will make it possible to characterize the figures of violence in each of these two national contexts and to identify, where appropriate, similar social patterns to these two countries. If this research does not give itself the first intention - by its construction of object itself - to identify "good practices" in what could be the victimization of the identification of limiting criteria for exposure to risks Violent, it will allow to update the configurations produced by the crossing between variants of the professional ideology and contexts of exercise of the professional activity more or less favorable to the expression of a victimization.

References

Androniceanu, A. (2014). Research on Management Capacity of Medical Units for Addicts to Deliver Quality Services in Time of Crisis. *Revista de Cercetare si Interventie Socială*, (47), pp. 78-104.

Androniceanu, A. (2011). Transparency of the Romanian local public administration, *Administration and Public Management Review,* (17), pp. 33-46.

Anton, S. G. & Onofrei, M. (2012). Health care performance and health financing systems in countries from Central and Eastern Europe. *Transylvanian Review of Administrative Sciences*, 8(35), pp. 22-32.

Acosta, R.S. (2014). Effects of Health Insurance Concentration Market on Insurance Coverage in Colombia, *Journal of Competitiveness*, 6(3), pp. 3-19.

Barbier, J.C. (1990). Pour bien comparer les politiques familiales. Quelques problèmes de méthode, *Revue française des affaires sociales*, (3), pp. 153-171.

Beck, F. (1998). *Rapport sur la mise en place du dispositif d'enquêtes en population générale sur l'usage de drogues*, Paris : OFDT.

Beck, U. (2006). *Cosmopolitan vision,* Cambridge: Polity Press.

Berger, P. & Luckmann T. (1986). *La construction sociale de la réalité*, Paris : Armand Colin

Birsan, A. (2015). *Tools And Methods Of Quantifying Violence Cases Within Public Hospitals And Nursing Homes In Romania,* Proceedings of the 9th International Management Conference "Management and Innovation For Competitive Advantage", Bucharest.

Bourdieu, P. (1993). *La misère du monde*, Paris: Seuil.

Burlacu, S. (2015). *Violence in the Health Sector and Social Organizations in Romania,* Proceedings of the 11th International Conference on Administration and Public Management, ”Strategic Management for Local Communities”, Bucharest.

Carra, C., Faggianelli, D. (2011). *Les violences à l’école*, Paris, PUF.

Chapell, D. & Di Martino, V. (2000). *La violence au travail*, Genève, Bureau International du Travail

Choquet, M. ; Hassler, C. & Morin, D. (2005). *Violences des collégiens et lycéens: constat et évolution*

Claverie, E. ; Lenclud, G. & Jamin, J. (1984). *Une ethnographie de la violence est-elle possible ?* Études rurales, pp. 95-96 ; 9-22.

Clôt, Y. (2010). *Le travail à cœur. Pour en finir avec les risques psychosociaux*, Paris : La Découverte.

Corbin, J. & Strauss, A. (1990). Grounded theory research: procedures, canons and evaluative criteria, *Zeitschrift für Soziologie*, (19), pp. 418-427.

Davezies, P., (2001). *Le stress au travail: entre savoirs scientifiques et débat social*, Performances, Stratégies et facteur humain, (1), pp. 4-7.

Dejours C. (2000).*Travail, usure mentale*, Paris : Bayard.

Dejours, C. (1998) - *Souffrance en France*, Paris : Seuil.

Di Martino, V.; Hoel, H. & Cooper, C. (2003). *Preventing violence and harassment in the workplace*, Luxembourg, Eurofound.

Gheorghiu, M.D. & Moatty F. (2011). *La violence dans le travail hospitalier*, Paris : Octarès

Glaser, B.G. & Strauss, A. (1967). *The Discovery of Grounded theory: Strategies for Qualitative Research*. Chicago IL: Aldine Transaction

Gottfredson, M. & Hirschi T. A. (1990). *General Theory of Crime*, Stanford: Stanford University Press

Hirigoyen, M.F. (1998). *Le harcèlement moral, la violence perverse au quotidien*, Paris: La Découverte.

Hugues, E. (1964. 2nd édition). *Men and their Work*. London : Free press of Glencoe

Hugues, E. (1996). *Le regard sociologique*. Paris : Editions de l'EHESS

Lagrange, H. & Legleye, S. (2007). Violence, alcool, cannabis et dépression chez les adolescents français, *Déviance et Société*, 3(31), pp. 331-360.

Legrand P. (1996). *Comparer, in Centre français de droit comparé, Le Droit Comparé aujourd'hui et demain, actes du colloque du 1er décembre 1995, société de législation comparée*, Paris.

Leyman H. (1990). Mobbing and psychological terror at workplaces, *Violence and Victims*, (5), pp. 119-126.

Leyman, H. (1996) - The content and development of mobbing at work, *European Journal of work and organizational psychology*, (5) 2, pp. 165-184.

Lhuiler, D. ; Giust-Desprairies, F. & Litim M. (2010) - *Risques psychosociaux, une nouvelle catégorie sociale ?*, Nouvelle revue de psychosociologie, 10, Paris: Erès

Peretti-Wattel, P. (2001). *Théories de la déviance et délinquance auto-reportée en milieu scolaire*, Déviance et Société, 25(3), pp: 235-256.

Radu, I., Şendroiu, C., (2015) - *Stress Management and Contradictions in Romania Organizations Providing Social Services for the Elderly People*, Proceedings of the 11th International Conference on Administration and Public Management "Strategic Management for Local Communities", Bucharest.

Robert, P. (2005). *La sociologie du crime*, Paris : La Découverte.

Strauss, A. (1992). *La trame de la négociation*. Sociologie qualitative et interactionnisme. Paris: L'Harmattan.

Valter, N., Androniceanu, A., Dragulanescu, I.V., Duca M., (2016). Agile Management Based On Modularization of Products and Processes, Proceedings of BASIQ, pp: 310-318. Basiq International Conference: New Trends in Sustainable Business and Consumption, June 02-03, Konstanz, Germany.

Verdalle De, L. Vigour, C., Le Bianic, T., S'inscrire dans une démarche comparative. *Terrains & travaux : Ce que comparer veut dire*, 2012, 2(21), pp. 5-21.

Verdalle, L. De ; Vigour, C. & Le Bianic, T. (2012) - *S'inscrire dans une démarche comparative. Enjeux et controverses*, Terrains & travaux, 2(21), 21, pp. 5-21.

Vigour, C. (2005) *La comparaison dans les sciences sociales. Pratiques et méthodes*, La Découverte (format kindle).

Weber M. (1965). *Essai sur la théorie de la science*. Traduits et introduits par J. Freund, Paris : Plon

White, W. F. (2007). *Street Corner Society*, Paris: La découverte.

Wikström, P. O. (2005). *The Social Origins of Pathways in Crime: Towards a Developmental Ecological Action Theory of Crime Involvement and its Changes, In Farrington* (D. P.), ed., Integrated Developmental and Life-Course Theories of Offending, New Brunswick: Transaction.

Wynne, R.N. ; Clarkin, N. ; Cox, T. & Griffiths, A. (1997). *Guidance on the prevention of violence at work*, Commission Européenne (DG Emploi), Office des publications officielles des Communautés européennes, Luxembourg.

Webliography

***** - AGERPRES. (2016, 25). SÉNĂTATE. Retrieved from AGERPRES: http://www.agerpres.ro/sanatate/2016/01/25/-nu-agresati-cadrele-medicale-campanie-lansata-de-federatia-sanitas-13-14-45

***** - ASOCIATIA MEDICILOR DE FAMILIE. (2016, Mar. 16). Retrieved from http://amfms.ro/proiect-agresarea-medicilor-sau-a-asistentilor-considerata-ultraj-ar-putea-fi-pedepsita-mai-aspru/

***** - BUNA ZIUA Braşov. (2015, decembrie 2). Retrieved on Bună ziua Braşov: http://www.bzb.ro/stire/0800-500-333-numarul-la-care-puteti-suna-daca-va-bate-sotul-a92795

***** - COLEGIUL MEDICILOR. (2015, martie). PUBLICAŢII. Retrieved from FUNDAŢIA CMB: http://www.fundatiacmb.ro/res/publicatii/studiu.agresiune.2015.pdf

***** - INS. (S.d.). Strategia Naţională de dezvoltare durabilă. Accessed august 29, 2016, at http://www.insse.ro/cms/files/Web_IDD_BD_ro/index.htm

***** - MEDIAFAX. (2014, Septembrie 30). Secretar de stat: INS ar putea să centralizeze şi date privind violenţa în familie. Bucureşti, România. Consulted august 29, 2016, http://www.mediafax.ro/social/secretar-de-stat-ins-ar-putea-sa-centralizeze-si-date-privind-violenta-in-familie-13357007

***** - PARLAMENTUL ROMÂNIEI. (2006, Iulie 14). Legea nr. 319 din 2006 - Legea securităţii şi sănătăţii în muncă http://www.cdep.ro/pls/legis/legis_pck.htp_act_text?idt=74334

***** - START - O viaţă de calitate în siguranţă. (2014, noiembrie 27). Retrieved from: http://www.mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/3618-2014-11-27-cp-desfb