

*VIOLENCE AT WORK FROM THE PERSPECTIVE OF NURSING PROFESSIONALS*VIOLÊNCIA NO TRABALHO NA PERSPECTIVA DE PROFISSIONAIS DE
ENFERMAGEM

Mariana Conceição Amorim¹ * Laísa Santos Sillero² * Ariane da Silva Pires³ * Helena Ferraz Gomes⁴ * Glaudston Silva de Paula⁵ * Carlos Eduardo Peres Sampaio⁶ * Ellen Marcia Peres⁷
Priscila Cristina da Silva⁸ * Thiengo de Andrade * Eugenio Fuénte Perez Júnior⁹

ABSTRACT

Objective: To analyze the perception of nursing professionals about violence at work. **Method:** Qualitative, descriptive and exploratory study carried out at the general on-duty unit of a public hospital in the State of Rio de Janeiro. Eleven nursing professionals participated of the study. Data collection took place between April and June 2016, through semi-structured interview. The data were analyzed through thematic content analysis. The Institutional Review Board approved the study, opinion number 1.517.684. **Results:** Based in the analysis of the narratives, , the category emerged: violence at work: from the perspective of the nursing professional, where the participants pointed out that the professionals witnessed the abuse of power, situations of mistreatment, prejudice, physical and verbal aggression, moral and sexual harassment. **Conclusion:** Violence at work has different physical, psychological and social aspects. It is recommended that further studies are carried out, such as the study of violence in different health care settings at other levels of health care.

Keywords: Nursing; Work; Violence; Occupational Health.

RESUMO

Objetivo: Analisar a percepção dos profissionais de enfermagem acerca da violência no trabalho. **Método:** Estudo qualitativo, descritivo e exploratório realizado na unidade do plantão geral de um hospital público situado no Estado do Rio de Janeiro. Participaram do estudo 11 profissionais de enfermagem. A coleta dos dados ocorreu entre abril e junho de 2016 através da entrevista semiestruturada. Os dados foram analisados por meio da análise temática de conteúdo. Pesquisa aprovada pelo Comitê de Ética sob nº de parecer 1.517.684. **Resultados:** Mediante a análise das falas emergiu a categoria: violência no trabalho: a ótica do profissional de enfermagem, onde os participantes apontavam que os profissionais presenciaram o abuso de poder, situações de maus tratos, preconceito, agressão física e verbal, assédio moral e sexual. **Conclusão:** A violência no trabalho apresenta diferentes facetas de ordem física, psíquica e social. Recomenda-se que outras pesquisas sejam desenvolvidas, como o estudo da violência em diversos setores assistenciais em diferentes níveis de atenção à saúde.

¹ Enfermeira. Graduada em Enfermagem pela Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. Orcid: <http://orcid.org/0000-0001-8835-4281> E-mail: mcmiroma@yahoo.com.br

² Enfermeira. Graduada em Enfermagem pela Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro Rio de Janeiro, RJ, Brasil. Orcid: <http://orcid.org/0000-0002-4744-013X> E-mail: laisa.lms@gmail.com

³ Enfermeira. Doutora em Enfermagem. Professora Assistente do Departamento de Enfermagem Médico-Cirúrgica da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. Orcid: <http://orcid.org/0000-0003-1123-493X> E-mail: arianepiresuerj@gmail.com

⁴ Enfermeira. Doutora em Enfermagem. Professora Assistente do Departamento de Enfermagem Médico-Cirúrgica da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. Orcid: <http://orcid.org/0000-0001-6089-6361> E-mail: helenafg1@yahoo.com.br

⁵ Enfermeiro. Doutor em Enfermagem. Professor Assistente e coordenador do curso de Enfermagem do Centro Universitário Gama e Souza. Rio de Janeiro, RJ, Brasil. Orcid: <http://orcid.org/0000-0001-8066-2925> E-mail: glaudstondepaula@gmail.com

⁶ Enfermeiro. Doutor em Bioquímica pelo Departamento de Bioquímica Médica da Universidade Federal do Rio de Janeiro (UFRJ). Professor Associado da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro (UERJ/DEMC). Professor Titular do curso de graduação em Enfermagem da Universidade Veiga de Almeida (UVA). Rio de Janeiro, Brasil. Orcid: <http://orcid.org/0000-0002-6770-7364> E-mail: carloesusampa@yahoo.com

⁷ Enfermeira. Doutora em Saúde Coletiva, área de concentração Política, Planejamento e Administração em Saúde, pelo Instituto de Medicina Social (IMS/UERJ). Professora Associada do Departamento de Enfermagem Médico-Cirúrgica da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro, Rio de Janeiro, RJ, Brasil Orcid: <http://orcid.org/0000-0003-4262-6987> E-mail: ellenperes@globo.com

⁸ Enfermeira. Doutora em Enfermagem. Professora Assistente do Departamento de Enfermagem Médico-Cirúrgica da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. Orcid: <http://orcid.org/0000-0003-0840-4838> E-mail: profprithiengo@gmail.com

⁹ Enfermeiro. Doutor em Enfermagem. Professor Assistente do Departamento de Enfermagem Médico-Cirúrgica da Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brasil. Orcid: <http://orcid.org/0000-0003-4611-0443> E-mail: eugeniopezjunior@gmail.com

Palavras-chave: Enfermagem; Trabalho; Violência; Saúde do Trabalhador.

INTRODUCTION

Violence is a social and public health issue of variable origin and consequences that individuals, groups, classes or nations cause and may cause damages to one or several individuals in their physical, moral, emotional or spiritual integrity⁽¹⁾.

The number of health professionals affected by the violence in the working environment has become expressive in several countries, which called the attention of the International Labor Organization (ILO). Among the health professionals, nurses have been suffering this kind of violence at the most. Because of this problematic, the “*Ordem dos Enfermeiros*” expressed their concern, issuing a warning to the entities to create and implement measures to maintain the physical and psychological integrity of these professionals⁽²⁾.

Violence in the work environment is being defined as “incidents where workers are insulted, threatened, assaulted or subject to other offensive behaviors in the circumstances related to their work”⁽²⁾. In addition, violence against health professionals go beyond individual aggressions and outrages putting the quality of the care and productivity at risk⁽³⁾.

The violence health professionals suffer, mostly nurses who are the workers who spend more time and keep great interaction with the patient and companion

has been banalized and pretended to be normal⁽¹⁾. However, it has negative effects to the worker’s health since physical lesion, depression, fear, stress, loss of self-esteem, even compromising the quality of the services rendered⁽²⁾.

Typically, the emotional consequences of verbal and physical aggressions are: rage, sadness, irritation, anxiety, disappointment, fear, loss of satisfaction with the job and humiliation that can interfere with the health and manifest as fractures and muscle tension, up to low self-esteem, depression, anxiety, lack of motivation, fatigue, irritability, sleep, food and psychosomatic disorders (weight gain and loss, endocrine, digestive disorders and crisis of hypertension)⁽²⁾.

In this context, the motivation to elaborate this study proposal has arisen from the experience in the innumerable care settings which allowed the empirical observation of tensions and conflicts that express through difficulties of interpersonal relationships both between professionals and patients and between nurse professionals and the multi-professional team. These conflicting situations create violence, in this case, violence at work.

Based in the initial context, the following research question is presented: What is the perception nurse professionals have about violence at work?

The following objective was designed to respond to the research question: analyze

the perception nurse professionals have about violence at work.

METHOD

Qualitative, exploratory, descriptive study appropriate for the purpose of the investigation⁽⁴⁾ involving the subjective dimension, addressing expectations, dreams, aspirations, preferred literature, about the world they are immersed.

The study setting was the On-Duty Medical Clinic of a university public hospital of the State of Rio de Janeiro; the choice was based in a preliminary survey about the characteristics of the sectors, the preference was an emergency room because they are more susceptible to cases of violence, with high circulation of professionals and patients and great movement.

The data were collected on April and May 2016. The collection occurred through a semi-structured interview conducted in 10 minutes in average in a secure room inside the sector during the regular work shift. A script with the following questions was used: What do you think violence at work is? Have other professionals ever assaulted you? Please comment: Have you witnessed any kind of violence at work? How do violence situations impact your health? Please, provide suggestions to improve violence situations and work conditions.

Eleven nursing professionals, being two nurses and nine licensed nurse practitioners

selected intentionally joined the study. The inclusion criteria were: nursing professional assigned to the on-duty service of the hospital and working for six or more months, a time considered necessary to know the institution's organization and work process. Professionals on vacation or leave of absence for any reason were excluded.

The Informed Consent Form was signed respecting and ensuring the secrecy of the participants who were not identified and were assigned a numbered code according to the sequence of the interviews and the word "interviewee". The process of saturation was used to define the number of participants from the moment that repeated responses were reached.

The data were treated through thematic analysis of content defined as analytic description with the probable application of the content analysis as a method of categories which allows the classification of the components of the message meaning in types of category. The analysis of content is the analysis of the meanings within an objective, systematic description of the content extracted from the narratives and its interpretation⁽⁵⁾.

This type of analysis consists in treating the information from a specific script, beginning with (a) pre-analysis where the documents are chosen and study hypothesis and objectives are devised, (b) analysis of the material with the application of specific techniques according to the objectives and (c)

treatment of the results and interpretations ⁽⁵⁾. Based in the analysis, the following empirical category surfaced: Violence at work: the perspective of the nursing professional.

In compliance with ethical principles, the study was registered at the Health Ministry “*Plataforma Brasil*” in accordance with Resolution number 466/2012 of the National Health Council (CNS/MS) which rules the development of researches with human subjects and was approved with number 1.517.684 and CAAE number 55174416.0.0000.5259⁽⁶⁾.

RESULTS AND DISCUSSION

The category titled Violence at work: the perspective of the nursing professional emerged from the analysis of the data.

Violence at work: the perspective of the nursing professional

The category describes the perception nursing professionals have about violence at work; the following questions are connected: meaning of violence at work and experience of situations of violence (personal or third parties).

The total number of registration units (RU) of this category was quite representative, 59.5% in relation of the total RUs constructed, to which the themes addressing the perception professionals have

about violence at the workplace and the experience of violence situations as victims of the violence and witness of violence to third parties are assigned.

Based in the description of the participants, the perception of several forms of violence at work appear, and among them, the predominant were physical and psychological violence. The following narratives corroborate these affirmatives:

Physical, from patients. A patient tried to hit me, squeezed my hand, hurt me with his nail and on and on. [E8]

We end up suffering violence from the companions, relatives who do not understand we are unable to offer a proper care and eventually we suffer with this. [E7]

I was abused psychologically, specially from someone who was my superior. And to me, it was very difficult to overcome, took a long time, I even needed psychological support because it was in a private environment, I felt trapped, a hostage. since I needed the job. [E1]

Actions of the institution who could impact me not only

physically, but psychologically.

[E1]

When the companion or relative is in a different environment with determined schedules, with individuals who inform, manipulate and even decide what can and cannot be done, they often do not respect the discipline imposed, leading to conflicts and even physical violence, mainly with the nursing team who are the professionals who remain in the hospital for more time where the relative has more access⁽⁷⁾.

In USA, according to official statistics, murder is the first cause of death in the work environment for women and the second for men. 3 million workers in the European Union (2% of the total) have already been submitted to some sort of physical violence at work and in Sweden, it is estimated that this behavior is responsible for 10% to 15% of the suicides⁽⁷⁾.

It is expected that the labor organizations fulfill the protecting role with their clients and workers, most of all in relation to damages that can impact the human life. However, this protection may not occur, which is worrying in a hospital environment where a therapeutic place can become a place of violence and degradation⁽⁸⁾.

The World Health Assembly declares that violence at work is a global public health problem and defines it as the intentional utilization of force or physical power that may

occur as direct threats towards one person or indirect through others, targeted to a group, a person or even a community and can cause several damages as deprivations, sociological, psychological damages among others⁽⁸⁾.

The nursing team is affected mainly by two types of violence at work: physical and psychological through threats, abuse or assaults. The first results from physical strength against an individual or group, can cause physical damages as sexual abuse, slaps, punches, jostle, knife stabbing, gunshots among others; the psychological happens through verbal assault, humiliation, disrespect, moral and sexual harassment, intimidation, gender, race, religion and nationality discrimination⁽⁹⁾.

It is worth mentioning that psychological violence can evolve and reach critical levels as, for instance, moral harassment or even an abusive conduct among the workers, in the relation client-professional or even in the relation patient-patient. This type of violence involves actions, attitudes, gestures or even words repeatedly intentionally to assault the physical or psychic integrity of the individual, threatening its job or even the care it provides. However, this form of aggression is not visible, but it is extremely destructive that can compromise the physical, moral or emotional integrity of its victim, damaging the mental health and the quality of care the professional offers⁽⁸⁾.

One of the forms of social relations is the relation at the workplace between the superior who gives the order and a subordinate who obeys and submits, that is, labor occurs through the binomial domain-power creating asymmetric relations of power that can favor violence at the workplace⁽¹⁰⁾.

Moral harassment at the workplace is one of the manifestations of assaults to the victim and can create embarrassing or even humiliating situations during the work shift; it presents through authoritarian hierarchical relations where negative, inhuman or even anti-ethical conducts are predominant. Typically addressed to one or more subordinates, it can destabilize the worker harassed emotionally and interfere in the quality of life of this individual negatively⁽¹¹⁾.

Therefore, violence at the workplace can be defined as a negative action or behavior resulting from a relation between two or more persons by any form of aggressivity that can occur systematically or even unexpectedly and may encompass situations where the workers are intimidated or even threatened⁽¹⁰⁾.

Based in the interviewees' narratives, different types of violence the nursing professionals suffer hold straight relation with the work process, with interpersonal relations and the context itself where nursing practice occurs.

It needs to be mentioned the lack of proper conditions to perform the job:

The lack of conditions, materials, personal equipment, this is it. [E5]

According to the National Policy of Humanization, the treatment of the physical space, seen as social space of the professional and interpersonal relations should ensure reception, resolve and humanization, which is not always a reality the nursing team experienced considering the poor and unwholesome working conditions, characteristics of many healthcare scenarios⁽³⁾.

In great part of the institutions, there are no technical conditions, professional updating, lack of inputs, human and material resources, which makes the working environment sometimes inhuman. Added to these issues, the non-resolution of the health-related work processes and how the professionals relate with each other, quite often disrespectfully, which worsens the already poor conditions⁽³⁾.

Another frequent situation the participants' narratives revealed was the experience the nursing professionals had of situations of violence at the workplace. In this sense, the results show the occurrence of violence because of abuse of power expressed as violence practiced by those who are hierarchical superiors of the victims. Verbal

aggression, moral and sexual harassment in the workers' daily activities as the narratives show:

Only verbal violence, fights, discussions during on-duty shift, in the peak of the movement, disagreements of opinions and conducts occur but nothing extreme. [E7]

My former boss harassed me morally. She used to be hostile with me. When I asked to quit, she apologized but then I did not want to stay anymore. [E5]

Occupational violence consists of incidents, abuses and aggressions the workers suffer and that hold some sort of relation with their job, they can put their safety, well-being and health in danger, implicitly or explicitly⁽³⁾.

Verbal aggression is understood as a change of verbal rules leading to humiliation, degradation or disrespect with the other. Moral harassment is characterized by a humiliating behavior which disqualifies or demoralize, is intended to demean the individual or group of professionals, it is typical of authoritarian and asymmetric hierarchical relations. Sexual harassment is defined as any type of unwanted, unilateral and unexpected behavior of sexual nature, either through physical force, coercion, threat

or psychological influence that creates discomfort or embarrassment to men and women⁽¹⁰⁾.

However, there is disparity between genders, and women are more vulnerable to suffering violence at work⁽¹²⁾.

I was joking and playing with everybody and a colleague exposed itself oddly, because this was his behavior, very cheerful, then he crossed the lines and approached me as it looked as if he was going to unzip his trousers. When I realized it was over the top, I told him to stop, he didn't, and I said I was not into it and took the case to the person in charge. [E3]

The abusers are the professionals themselves. It is gross, don't know how to be polite. [E4]

Because it is a predominantly female profession, gender issues are very present, bringing to these women situations of physical, emotional and even sexual violence.

In addition to suffering several situations of violence, nursing professionals witness the occurrence of these events with others. The following issues stand out in the narratives: physical violence/aggression, prejudice and embarrassment the multi-

professional team members and/or superiors provoke.

I witnessed physical violence of a doctor fighting with the licensed nurse practitioner, with physical violence. [E7]

Verbal aggression, creating nasty situations, embarrassing the person, in front of the work group.

I've lived and witnessed this. [E1]

Therefore, racial issues, some undue racial comments, most of the times we don't like, many jokes in bad taste that are inappropriate. [E8]

The working physical environment although little discussed is extremely important for nursing professionals. This place should be healthy and risk-free without accidents and work-related diseases, physical and mental suffering⁽⁸⁾.

The violence against the health professional goes beyond personal or even behavioral factors, resulting in ill rendered care⁽⁸⁾. It is essential therefore the implementation of improvements in its working environment because they deal directly with the lack of physical structure in addition to scarce inputs which can provoke psychic damages manifested in the worker's body through diseases related to bad working conditions⁽⁸⁾.

Therefore, violence affects nursing directly or even indirectly and this becomes more visible through underserved working conditions in hospital institutions, which, more than often decide to continue working under poor or improvised conditions, and eventually, offering dismal services to the users and exposing the professionals to occupational risks⁽⁹⁾.

Consequently, the narratives of the nursing professionals revealed that the violence at work is seen through different perspectives, given the complexity of the phenomenon and peculiarities of the service investigated. The professionals indicate situations of physical, psychic and emotional violence and those imposed because of lousy working conditions.

FINAL CONSIDERATIONS

While analyzing the perception professionals have about violence at work, the study showed that the workers recognize physical, psychological aggression and inappropriate workplace conditions as forms of violence against the worker. In addition, it was noticed that the professionals witnessed the abuse of power that hierarchical superior individuals or even professionals of the multi-professional team practiced against the nursing team, which, in the perspective of the participants, was subservient, poorly recognized and valued.

The narratives showed too that nursing professionals experienced mistreatment, prejudice, verbal and physical aggression, sexual and moral assault in their daily working environment. Said situations impact the health-disease process of these workers and consequently the quality of care they are able to provide.

The study limitation is its unique scenario not being possible to generalize the results encountered.

It is important to make managers and services aware about the violence at the workplace to implement actions towards work-related health and safety.

New studies about the theme are suggested, specifically in nursing and healthcare in all sectors and health attention levels.

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