



VIOLENCE AT WORK: VIEW OF NURSES OF AN URGENCY AND AN EMERGENCY SERVICE

VIOLÊNCIA NO TRABALHO: VISÃO DE ENFERMEIROS DE UM SERVIÇO DE URGÊNCIA E EMERGÊNCIA

VIOLENCIA EN EL TRABAJO: VISIÓN DEL PERSONAL DE ENFERMERÍA DEL SERVICIO DE URGENCIAS Y EMERGENCIAS

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ABSTRACT

Objective: recognizing the view of nurses about violence at work in urgency and emergency services. **Method:** an exploratory and descriptive study of a qualitative approach conducted with six nurses of an urgency and emergency service in the countryside of Rio Grande do Sul. Data production was in May 2012, being used a questionnaire. The information obtained through the questionnaires were rewritten reliably in order to allow the processing of data and subsequently submitted to Thematic Analysis Technique. It obtained approval of the project by the Research Ethics Committee, protocol 18/2012. **Results:** violence at work was reported by all participants, predominantly psychological violence, especially verbal aggression. As predisposing factors to violence reported heavy customer contact, lack of physical structure, workload, among others. **Conclusion:** there are considered essential the investments to prevent violence and promote the quality of work life. **Descriptors:** Violence; Worker's Health; Health Services; Emergency Nursing.

RESUMO

Objetivo: conhecer a visão dos enfermeiros sobre violência no trabalho em um serviço de urgência e emergência. **Método:** estudo exploratório e descritivo com abordagem qualitativa realizado com seis enfermeiros de um serviço de urgência e emergência do interior do Rio Grande do Sul. A produção de dados ocorreu em maio de 2012, sendo utilizado questionário. As informações obtidas por meio dos questionários foram reescritas fidedignamente, a fim de permitir o tratamento dos dados e, posteriormente, submetidas à Técnica de Análise Temática. Obteve-se aprovação do projeto no Comitê de Ética e Pesquisa, Protocolo 18/2012. **Resultados:** a violência no trabalho foi referida por todos os participantes, predominando a violência psicológica, principalmente a agressão verbal. Como fatores predisponentes à violência referiram o intenso contato com o cliente, a falta de estrutura física, a sobrecarga de trabalho, entre outros. **Conclusão:** consideram-se imprescindíveis os investimentos para prevenir a violência e promover a qualidade de vida no trabalho. **Descritores:** Violência; Saúde Do Trabalhador; Serviços De Saúde; Enfermagem Em Emergência.

RESUMEN

Objetivo: conocer la opinión de las enfermeras acerca de la violencia en el trabajo en el servicio de urgencia y de emergencia. **Método:** es un estudio exploratorio y descriptivo con enfoque cualitativo llevado a cabo con seis enfermeras en el servicio de urgencia y de emergencia en el interior de Río Grande do Sul. La producción de datos fue en mayo de 2012, siendo utilizados cuestionarios. La información obtenida a través de los cuestionarios se reescribieron de forma fiable, con el fin de permitir el tratamiento de datos y posteriormente sometidos a la Técnica de Análisis Temático. Se obtuvo la aprobación del proyecto por el Comité de Ética en Investigación, protocolo 18/2012. **Resultados:** la violencia en el trabajo se informó por todos los participantes, la violencia predominante fue la psicológica, agresión especialmente verbal. Como factores predisponentes a la violencia que señalan que el intenso contacto con el cliente, la falta de estructura física, carga de trabajo, entre otros. **Conclusión:** se consideran inversiones esenciales para prevenir la violencia y promover la calidad de vida laboral. **Descriptores:** Violencia; Salud del Trabajador; Servicios de Salud; Enfermería de Emergencia.

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INTRODUCTION

Violence in relationships and in the workplace seems to be part of the dynamics of the Brazilian social violence, constituting a problem that goes beyond the boundaries of the industry. Violence involves different social classes, men and women, ethnic groups and age groups, also reaches at level of peculiar risks, the most varied occupations.¹⁻² The World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, against another person, or against a group that can result in death, injury or psychological harm”^{1:3} Thus, violence in the workplace includes assaults as insults, threats, physical or psychological aggression originated from people outside the organization, including customers, or countryside people, as co-workers and bosses, constituting a risk to health, safety and welfare of workers.⁴ Violence in the workplace occurs mostly through institutional rules, operating rules and bureaucratic and political relations, reproducing the unjust social structures.⁵

Therefore, health professionals face in their daily work specific types of violence that can be more pronounced as the site of their performances. Extreme violence, although undesirable and intolerable, are more easily identifiable. Other, less visible, such as bullying, but also harmful for the damages that lead to the professional, they are also part of the work process in health.⁶

It should be noted that the risk of violence that health professionals are exposed to is often greater than the risk of professionals from other areas, nursing and the professional category is most affected by occupational violence. The predisposition of nursing violence generally is attributed to a culture of tolerance to aggressive acts as part of the work on health associated with legal support to victims.⁷

In addition, there are several factors that are themselves the reality of urgency and emergency services such as the great demand for that service, usually overcrowded, which causes a long wait in attendance, increasing the tension of those who are in need of urgent care and still there is a workload for professionals. Regarding the organization of work in these services, there is a lack of human and material resources; it is common to behavioral changes in users, caregivers and health professionals who are embedded in these workplaces.⁸⁻⁹

Keeping this in view, the WHO states that worldwide violence has been claiming one of

the most serious social problems and public health, even already existing methods for their prevention and control.¹ Given the above, this study sought to know nurses view about violence at work in urgency and emergency services.

METHOD

This is an exploratory and descriptive study of a qualitative approach, conducted in May 2012, through self-administered structured questionnaire to six nurses working in a unit of Urgency and Emergency located in a medium-sized municipality in the countryside of Rio Grande do Sul. The choice of this quiz mode occurred by the fact that provide greater privacy for the subjects report their experiences related to violence at work.

Study participants were nurses who were working in the urgency and emergency room, for at least six months. Nurses were contacted on-site work and received structured questionnaire. After one week the instrument there was collected from the research six subjects. It is worth mentioning that from twelve contacted nurses, two refused to participate in the study, two were a medical certificate during the period of data collection and two did not deliver the questionnaire.

The information obtained through the questionnaires were rewritten reliably in order to allow the processing of data and subsequently submitted to the Thematic Analysis Technique¹⁰, emerging the themes: Violence at work on an urgency and emergency service; Predisposing factors and types of workplace violence and consequences and coping strategies of workplace violence. For a better presentation of the results there were extracted and used clippings of self-administered structured questionnaires. In order to preserve the anonymity of the subjects, they used organized identifications, according to the chronological order in which the transcripts were made.

This study meets the Resolution 466/12¹¹ of the National Council of the Ministry of Health, which deals with research involving humans and the Code of Ethics of Nursing Professionals¹². The research project was submitted for consideration to the Research Ethics Committee of the Nursing School of the Federal University of Pelotas, approved under number 18/2012.

RESULTS AND DISCUSSION

Nursing is the activity of care and also a science whose essence and specificity are

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careful to humans in a comprehensive and holistic manner, developing autonomously or in a team for promoting and protecting the health and the prevention and recovery of diseases.¹³ This way, nursing professionals are the category that spends more time and more interaction with the patient and his companion, and that face to face contact between health professionals and customer, make them more at risk of institutional violence.^{9,14} From this perspective, nurses indicate a relationship between its proximity to patients and exposure to violence:

Workplace violence is greater when increases the interaction between professionals and the public. (E3)

I believe that health professionals, especially the nursing staff is one of the classes that are most exposed to violence at work, because they are dealing directly with situations of stress and suffering. (E5)

You can see through the testimonials, that the study subjects identify as a peculiarity of the nursing profession, the broad and intensive contact between professionals and patients, which can lead to disorders and hence violence against the worker.

Violence in the workplace in any of its manifestations can have a devastating and a long-lasting effect to the affected people, and manifest itself in different ways and different groups of people, which is why it is difficult to its annulation and definition.⁶ Next, the participants express the meanings attributed to violence at work:

Workplace violence appears as acts involving negatively on welfare, health and worker safety. (E5)

[...] creates inconvenience to the employee, making often feel threatened and reduce his income. (E6)

Workplace violence occurs in all forms, it is present on the day of the emergency room team, between team members, between patients, among team members with patients and vice versa. (E4)

Thus, the institutional violence is affecting everyone, without restrictions, both employees as users of the service, making it an everyday act in daily work in the institution. Thus, given the large exposure to the risks of violence and demand for care, the assistance provided to the user by the professional does not always happen effectively, because, at times, there is, by the employee, tolerance and attention required by the needs health of patients, limiting itself to a more technical care, with little or no connection throughout the process of care. As a result, there is a discontent that

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could result in reprisals by both the team, for the users of the service.¹⁰

IT can be seen that violence is present in the work everyday service studied and occurs in its various forms, impacting on the lives of the professionals, patients, family members and hence the organization of the institution, as will be discussed in the next fragment:

[...] were many times what I witnessed and suffered verbal violence and attempted aggravated assault [...]. (E2)

Health service workers have a high risk of non-fatal assaults at work, among them, the psychological abuse, verbal, physical, bullying and sexual, but have a very low risk of homicide at work. Thus, the deaths represent only the tip of the iceberg when it comes to violence, as not all assaults causing bodily harm, which in serious, requiring medical attention.¹⁴⁻¹⁵

Among the types of violence cited earlier, which had greater emphasis among the subjects was the psychological violence, which was mentioned by all participants. Psychological violence is one of the most dangerous ways and practiced on a large scale and it is understood as forms of verbal abuse, threats, intimidation, psychological abuse and insults.¹⁶

In this research, it was allowed to the same worker recounting more than one type of violence, which made the sum of the events of greater violence to the number of subjects. Among the forms of psychological, verbal aggression gained prominence among the participants, and 100% reported having lived this form of violence, followed by bullying (83,33%) and physical abuse (66,66%). No study participant reported having experienced sexual harassment.

Verbal aggression is characterized as the behavior that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of the individual. Moreover, it is characterized by the use of insults, threats, defamation and constant humiliation.¹⁷ Survey participants expressed their experiences with violence at work:

I suffered violence to be making risk classification, where families and patients indulge offensive and aggressive words. (E6)

[...] I have experienced psychological and moral violence at different times [...]. (E4)

[...] insults and offenses: dumb, retarded, stupid, cow, profanity [...] you are not doing more than your service, I pay my taxes, so I pay your wages, so shut up and serves me right. (E5)

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By the time these attitudes become intense and repetitive way, they characterize bullying, which is described by abusive conduct, evidenced by gestures, attitudes, behavior or words of systematic and repeated manner, impairing the psychic dignity or integrity of the person.⁶

It is emphasized that the damage of psychological violence is not seen on the skin of the victim; however, compromise the integrity of this emotional. This violence is becoming an invisible epidemic, and this brings invisibility as implying a lack of mobilization of resources of all kinds to combat violence and the adoption of preventive measures.¹⁸

The professionals also expressed physical abuse, which results from the use of physical force against another person or group, which produces physical, sexual or psychological harm, including pushing, slapping, punching, stabbing, shooting, among other forms.¹⁹ Between physical abuse, those most present in the workplace are: scratching, pinching, kicking, punching, slapping, pushing, pressing against the wall, biting and aggression with the use of objects or weapons.²⁰

The time tried to physically assault me was when I tried to clarify that the service in the X-ray is not in order of arrival, but by gravity. (E2)

[...] The most striking was the situation where a nurse colleague was physically assaulted by a person during the reception. She was assaulted slaps. (E3)

[...] I tried to throw a stapler, or even the medical records [...] push, shove, bites, scratches [...]. (E5)

Based on fragments it is clear that physical violence is becoming part of everyday practices in the healthcare setting. This thought, checking the relationship between physical and psychological violence in the health sector, the authors argue that nonphysical violence is a risk factor for physical violence.²¹

The professionals who work in emergency units face conflicts daily by acting in an overcrowded environment with human, technological and physical structure not always adequate, not offering conditions to accommodate users with safety and quality²², which can be evidenced in the following excerpts:

There are factors for violence, conditions that are submitted to the people who are waiting for hospitalization, such as: long-term, inappropriate stretchers, lack of material, psychological distress, etc. (E3)

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[...] the appalling conditions in which patients are seen in services, because there is lack of beds, hospital bed [...]. (E1)

The fragments show that often the wait for a bed to hospital in bad and poor accommodation, generates discomfort for the patient and therefore stress, which can lead to misunderstanding of this with the team.

This fact can be corroborated by a study that evaluates the purpose of work in emergency care through the professional design; thus emphasizes that the emergency unit should be a transitory place for the holding of the first customer service and so soon as his clinical conditions were stabilized, refer him to an inpatient unit or specializing unit.²³ However, most of the time, the long-time patients stay in the emergency department leverages the existence of conflicting situations between patients and also with the professionals.

Another predisposing factor for violence, reported by most subjects, was patient care intoxicated and/or under the influence of illicit drugs, considered as risk patients by professionals.

It is directly related to the clientele (patients in drug addiction with psychiatric disorders, drunk), the patient himself and his family [...]. (E5)

Direct contact with the public in situations of stress and despair (such as illness of family, friends and oneself), patient drug addicts, alcoholics, etc. (E6)

The results demonstrate that workers have representation on the profile of aggressive patients. This can also be seen in a survey of physicians, nurses and nursing technicians who reported that the profile of patients determines the greater exposure of workers to aggression; therefore, the greatest perpetrators of violence in the workplace are the customers behaviors related to clinical conditions due to the influence of drugs, alcohol, or psychoneurological changes.¹⁸

Thus, beyond the profile of the clientele in urgency and emergency services, the factors of work organization in the institution also interfere with the resoluteness of care. The difficulties inherent in the working process for professionals and management of urgent and emergency services are stress factors when considering the specifics that characterize these scenarios work, such as overcrowding and the pace of toil, aspects that cause burden on labor to health professionals, especially in the nursing team, which may cause a less effective care demands and health needs of patients.²⁴

[...] workload, as much service, high number of patients for each employee; poor working conditions, such as lack of materials, for example, the lack of material for dressing a bed, simple things, but they generate disorders. (E1)

[...] the lack of simple aspects in work environment, such as the shortage of human and material resources and workload. (E5)

Facing adversity has put professionals in a position of victim in this scenario. Studies show that the infrastructure conditions to work with inadequate physical space to carry out the activities, insufficient dimensioning of professional staff can provide tensions and conflicts that manifest themselves in an intense and stressful way on the unit staff.²³

Thus, the risk of exposure to aggression, inappropriate and the deficiency of human resources also are factors that generate conflicts. As well as environmental factors such as physical agglomeration may be related to violence, both by increasing contact between people, such as the reduction of defensible space.⁸

It is noteworthy that there is a set of actions that can minimize aggressive situations in the health care context, such as improving the organization of the service, easy access and user service, offering information and referrals correctly and greater integration and good relationship with the team.⁸ In addition, one can see the need for adequacy of services, creating strategies that make it possible to inform users about the routines adopted in the health facility in order to facilitate their understanding of the procedures to adopt as remain in the health organization.¹⁰

It can be seen that violence is present throughout society, including in the workplace. However, workplace violence intensifies under inadequate working conditions, in urgency and emergency situations in great demand calls, among others. Faced with these situations, it is important to develop actions to prevent violence. Thus, through the identification of predisposing factors for violence, it is possible to adopt strategies in order to decrease the occurrence of violent acts against professionals in their work setting, in order to enable conditions with higher quality of work life.

CONCLUSION

Through this study it was revealed that violence in the workplace affects, relevantly, nurses, as linked to the profession, is the broad and intensive contact of workers with

patients and their careers. Thus, the professional participants of the survey said that closer interaction with customers as a leading cause of being victims of violence. Another view of nurses is that they are assaulted by customers in the desire to obtain these agility and resolution of their problems/diseases, but the care of these aspects depends not only on the professional, so in many situations, the worker ends up becoming a victim of anxieties of patients because they are also representing an ineffective system.

Among the forms of violence identified by the study subjects, most are related to psychological violence represented mainly by verbal abuse and bullying, as well as by physical violence. As predisposing factors for violence at work, the professionals cited the inadequate conditions to accommodate the patient and the patient considered at risk the integrity of professionals as a source causing stress and hence original source of assaults by patients' workers. Other risk factors for violence in labor were expressed by participants: workload, lack of material and human resources, the long queues of patients for care and a hospital bed, overcrowding of service and the failure of the process reference and counter of users to other services of the health system.

In this way, understood to violence as the behavior that responds to a combination of environmental stimuli improper to individuals, as well as possible to see through the view of nurses, that violent acts of patients and their companions are mainly due to the lack of infrastructure of the institution as the small number of employees compared to the high demand of calls to users.

Thus, there is the importance of health services on implementation of measures to prevent violent acts such as: raising awareness among workers through continuing education for facing critical situations and prevent violent attitudes of patients and caregivers; improve working conditions with adequate number of human and material resources; create registration protocol forms of institutional violence suffered by professionals; improve the work environment and the organization of care in order to improve access to and reception of persons seeking health services; adopt a dialogical relationship with workers and users, providing multidisciplinary health to prevent occurrences, guidance and support to people affected by this phenomenon.

This study aimed to produce scientific knowledge in the area of health and nursing,

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striving to benefit the workers of urgency and emergency services, despite the low number of participants in this investigation is considered a limiting aspect. However, the data help for the recognition of predisposing factors to violence in nursing work in urgency and emergency services and to identify the consequences caused by violence in professional, contributing to the development of protective actions and health promotion.

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