WORKPLACE VIOLENCE IN THE HOSPITAL OBSTETRICS

VIOÊNCIA NO TRABALHO EM OBSTETRÍCIA HOSPITALAR

VIOLENCIA EN EL TRABAJO DE LA OBSTETRICIA HOSPITALARIA

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ABSTRACT

Objective: to identify the manifestations of workplace violence in hospital obstetrics, as well as their related factors, consequences, and management strategies. **Method:** this is an integrative review, with search of MEDLINE, Lilacs, CINAHL, SciVerse Scopus and SciELO virtual libraries. After reading the articles, the data were extracted and analyzed. **Results:** the sample consisted of 11 articles, most of them from Australia. The main types of workplace violence in obstetrics were verbal abuse, intimidation, humiliation, and bullying; related to: workers with high level of negative affectivity; older and/or hierarchically superior co-workers; day shift; patients and/or companions under stress or with mental disorder; overburdened environments/staff shortages; consequences included the personal, professional and organizational spheres; and managerial strategies involved incident reports, peer/family dialogues, safety protocols, continuing education. **Conclusion:** there is evidence of workplace violence in hospital obstetrics with negative impact on professionals, patients, and institutions. Studies about this phenomenon in Brazil are suggested, enabling to apply them in the management of obstetric units. **Descriptors:** Nursing; Workplace Violence; Incivility; Obstetrics; Obstetric Nursing; Delivery Rooms.

RESUMO

Objetivo: identificar os modos de manifestação da violência no trabalho em obstetrícia hospitalar, bem como seus fatores relacionados, consequências e estratégias de gerenciamento. **Método:** trata-se de revisão integrativa, com busca nas bases de dados MEDLINE, Lilacs, CINAHL, SciVerse Scopus e biblioteca virtual SciELO. Após a leitura dos artigos, efetuaram-se a extração e a análise dos dados. **Resultados:** constituiu-se a amostra de 11 artigos, a maioria de origem australiana. Os principais tipos de violência no trabalho em obstetrícia foram abuso verbal, intimidação, humilhação e assédio moral; relacionados a: trabalhadores com nível elevado de afetividade negativa; colegas de trabalho mais velhos e/ou hierarquicamente superiores; plantão diurno; pacientes e/ou acompanhantes sob estresse ou com transtorno mental; ambientes sobrecarregados/escassez de pessoal; as consequências incluíram os âmbitos pessoal, profissional e organizacional; e as estratégias gerenciais envolveram relatórios de incidentes, diálogos com colegas/familiares, protocolos de segurança, educação permanente. **Conclusão:** há evidências de violência no trabalho em obstetrícia hospitalar com impacto negativo sobre profissionais, pacientes e instituições. Sugerem-se estudos acerca desse fenômeno no Brasil, possibilitando aplicá-los na gestão de unidades obstétricas. **Descritores:** Enfermagem; Violência no Trabalho; Incivilidade; Obstetrícia; Enfermagem Obstétrica; Salas de Parto.

RESUMEN

Objetivo: identificar los modos de manifestación de la violencia en el trabajo de la obstetricia hospitalaria, así como sus factores relacionados, consecuencias y estrategias de gerenciamento. **Método:** revisión integrativa, con busca nas bases de dados MEDLINE, Lilacs, CINAHL, SciVerse Scopus y biblioteca virtual SciELO. Após a leitura dos artigos, efetuaram-se a extração e a análise dos dados. **Resultados:** la muestra fue de 11 artículos, la mayoría de origen australiana. Los principales tipos de violencia en el trabajo en obstetricia fueron abuso verbal, intimidación, humillación y asedio moral; relacionadas a: trabajadores con nivel elevado de afectividad negativa; colegas de trabajo más viejos y/o jerárquicamente superiores; guardia diurna; pacientes y/o acompañantes sobre estrés o con trastorno mental; ambientes sobrecargados/escasez de personal; las consecuencias incluyeron los ámbitos personal, profesional y organizacional; y las estrategias gerenciales involucraron informes de incidentes, diálogos con colegas/familiares, protocolos de seguridad, educación permanente. **Conclusión:** hay evidencias de violencia en el trabajo en obstetricia hospitalaria con impacto negativo sobre profesionales, pacientes e instituciones. Se sugieren estudios acerca de ese fenómeno en Brasil, posibilitando aplicarlos en la gestión de unidades obstétricas. **Descriptores:** Enfermería; Violencia Laboral; Incivilidad; Obstetricia; Enfermería Obstétrica; Salas de Parto.

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INTRODUCTION

Hospital institutions face changes in work processes and people management, such as the precariousness of labor relationships and the need to deal with demand that is always greater than the supply of services. This situation has been associated with conflicting situations and ethical dilemmas that directly interfere with the care provided.

The daily work of health workers has been configured as the scenario conducive to the study of practices and behaviors translated into risks for patients and organizations. The destructive behavior in health work is highlighted, which is about disrespectful behaviors adopted in the practice environment, involving complex multi-professional interactions that harm workers, patients, and organizations.¹

The work in the context of hospital obstetric care is highlighted, where multi-powers are evident, as the scene of institutional violence involving parturients, doctors, and obstetricians. This scenario is related to the fact that delivery and birth have undergone transformations that reveal its medicalization and migration to hospitals, making some obstetric practices problematic and triggering debates about delivery and birth care.²

Thus, the University of Iowa's Harm Prevention Research Center classified violence in four types to better determine the forms of violence in the work context.³

This study focuses on type III violence, which involves co-workers, including physicians, nurses and nursing technicians, students, and residents in hospital obstetrics. There are also other widely publicized concepts in the literature that permeate the phenomenon of violence at work, such as occupational violence and bullying at work, which will be addressed in this research.

OBJECTIVE

- To Identify the manifestations of workplace violence in hospital obstetrics, as well as their related factors, consequences, and management strategies.

METHOD

This is an integrative review of the literature, guided by six steps: (1) identification of the problem and definition of the guiding question; (2) search and selection of studies according to sampling criteria; (3) data extraction; (4) critical analysis of the selected studies; (5) interpretation of the

results and (6) preparation of the synthesis and final report.⁴

A survey of scientific articles was carried out in December 2017 in journals indexed in the databases to compose the study sample: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL), SciVerse Scopus and the Virtual Library Scientific Electronic Library Online (SciELO).

As search strategies, descriptors of the theme registered in the Health Sciences Descriptors (DeCS) and the Medical Subject Headings (MeSH) were selected. The descriptors related to violence at work were: Workplace Violence, Bullying, Workplace Bullying (MeSH only). The descriptors related to the area of interest of the research were: Obstetrics, Midwifery, Obstetrics, and Gynecology Department, Obstetric Departments and Nursing.

Then, the pairing of the descriptors with the Boolean operator "AND" was performed, with the objective of identifying studies that contained one and another themes, always considering a descriptor related to violence at work and another related to the area of interest. The combination of descriptor pairs was performed in the title, abstract, and subject fields.

The articles should answer the following guiding question: how does the phenomenon of violence at work in hospital obstetrics occur, considering its modes of manifestation, related factors, and impacts for those involved?

Original articles of primary research, available in full, published in Portuguese, English or Spanish; and that responded to the guiding question of the research were included. Duplicate articles and those that, after being screened and read in full, did not address the purpose of the study were excluded.

It should be emphasized that the inclusion of temporal clipping regarding the period of publication of the articles was not delimited, since the purpose was to cover as many manuscripts as possible on the theme, considering the contemporaneity of the phenomenon studied.

A data collection instrument was elaborated for the analysis of the evidence and construction of the synthesis of the integrative review, with the purpose of gathering the following information from the articles: title, authors/year, journal,

design/sample, objectives, and level of evidence of the search.

Excerpts referring to variables of interest in the review were also extracted from the articles: ways of manifestation of violence at work; sources; professionals involved and contexts; characteristic behaviors and impacts; management strategies.

The studies were analyzed critically by reading in full. After analysis, a synthesis of the selected studies was carried out, which

were later discussed, observing their confluences and divergences.

RESULTS

Eleven articles were included in the sample. Figure 1 shows the results of the search.

Figure 1. Flowchart of study selection according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA). Fortaleza (CE), Brazil, 2017.

Title	Authors, Year	Journal	Design and Sample	Objectives	Level of evidence
Consultants as victims of bullying and undermining: a survey of Royal College of Obstetricians and Gynaecologists consultant experiences	Shabazz et al., 2016	BMJ Open	Cross-sectional study with 278 physicians experienced in obstetrics and gynecology.	To explore incidents of bullying and humiliation to physicians experienced in obstetrics and gynecology.	VI
Midwifery student exposure to workplace violence in clinical settings: an exploratory study	McKenna; Boyle, 2016	Nurse Education in Practice	Cross-sectional study with 52 students of obstetric nursing.	To examine the exposure of obstetric nursing students to violence in a maternity hospital	VI
Psychosocial Antecedents and Consequences of Workplace Aggression for Hospital Nurses	Demir; Rodwell, 2012	Health Policy and Systems	Cross-sectional study with 207 general nurses and obstetricians.	To test a two-stage model of the antecedents and consequences of workplace violence among nurses	VI
Midwifery student reactions to workplace violence	Shapiro; Boyle; McKenna, 2017	Women Birth	Cross-sectional study with 52 students of obstetric nursing.	To explore the responses of obstetric nursing students to workplace violence, as well as to assess their impact	VI
Workplace aggression, including bullying in nursing and midwifery: a descriptive survey (the SWAB study)	Farrell; Shafiei, 2012	International Journal of Nursing Studies	A descriptive study with 1495 general nurses and obstetricians.	To report on the nature and extent of workplace violence experienced by nurses and midwives.	VI
Paramedic and midwifery student exposure to workplace violence during clinical placements in	Boyle; McKenna, 2016	International Journal of Medical Education	Cross-sectional study with 393 students of paramedics and obstetric nursing.	To identify the type of violence in the work experienced by paramedical and obstetric nursing students.	VI

Australia - A pilot study					
Oppression and exposure as differentiating predictors of types of workplace violence for nurses	Rodwell; Demir, 2012	Journal of Clinical Nursing	Cross-sectional study with 273 general nurses and obstetricians.	To provide a background model of bullying at work to apply to a wider range of workplace assaults, including bullying and different types of violence among nurses.	VI
Nurses' attitudes and reactions to workplace violence in obstetrics and gynecology departments in Cairo hospitals	Samiret al., 2012	Eastern Mediterranean Health Journal	Cross-sectional study with 416 nurses from gynecology and obstetrics departments.	To identify forms of workplace violence against obstetric nurses and to assess their reaction and attitudes.	VI
A Study of Workplace Violence Experienced by Doctors and Associated Risk Factors in a Tertiary Care Hospital of South Delhi, India	Kumar et al., 2016	Journal of Clinical and Diagnostic Research	Cross-sectional study with 151 physicians directly involved in patient care.	To examine the types of violence experienced by physicians in various departments, along with possible causes and effects on work performance, incident treatment, and recommendations for violence prevention.	VI
Bullying workshops for obstetric trainees: a way forward	Cresswell et al., 2015	The Clinical Teacher	Intervention study (workshop), involving obstetricians and gynecologists, trainees and other professionals.	To hold a workshop to address the issue of bullying and humiliation within the specialty.	VI
Occupational Violence and Aggression Experienced by Nursing and Caring Professionals	Shea et al., 2016	Journal of Nursing Scholarship	Cross-sectional study through online research with nursing workers, totaling 4,891 members of the Australian Federation of Nursing and Obstetrics.	To examine the extent and source of occupational violence (OVA) experienced by nursing professionals. And to examine the contributions of demographic characteristics and safety factors in the workplace and individual in the prediction of OVA.	VI

Figure 2. Distribution of articles analyzed according to variables of interest of the research. Fortaleza (CE), Brazil, 2017.

Regarding the distribution of the articles, Figure 2 shows the articles inserted in the review according to the variables of methodological interest.

It was verified that the articles included in the review were all in English, most of them of Australian origin (7), showing that this is a topic of interest by the researchers of that country.

Regarding to the period, all have been published since 2012, which coincides with the recent mobilization of researchers around the world in search of public policies and studies on violence in the workplace, including its consequences for those involved in hospital settings and in general health.

Also, the journals in which these articles were published are from different areas, ranging from medical and nursing education to journals geared to clinical practice. This demonstrates that this problem is being and should be increasingly addressed in the educational and care spheres.

The most used methodology in the articles (9) was cross-sectional studies involving physicians specialized in gynecology and obstetrics (2), general nurses and obstetricians (5), obstetric nursing students (2) and obstetric and paramedical nursing students (1). One study used descriptive research as a design.

In general, studies have emphasized the types of workplace violence (9), their antecedents (2) and consequences (5), as well as the reactions and attitudes of the victims (2).

A synthesis of the results of the research was based on the variables of interest of the review: main types of violence in work in obstetrics and vulnerable groups; related factors, perpetrators, and the work impact of violence in obstetrics; and strategies for management.

DISCUSSION

Initially, the main types of workplace violence in the area of hospital obstetrics were identified, as well as the groups most vulnerable to this type of occupational aggression.

According to the studies, the types of violence that most occur in work in obstetrics are: psychological, physical and sexual.⁵⁻⁶⁻⁷ The most common form of violence is psychological violence, which includes behaviors such as verbal abuse, humiliation, and intimidation, which are also recognized as forms of moral harassment at work.^{5,8}

Psychological violence occurs in half or in most meetings with perpetrators.⁶ Evil, humiliation, sarcasm, and unjustified criticism are also forms often found in the workplace. In addition, attitudes of eye rolling, exclusion, isolation and gossip were found in the studies.⁷

Physical violence mainly involved drilling, striking, pushing, scratching, and grabbing, but less frequently cited in the literature.^{7,8} Studies have pointed to a small proportion of sexual violence, most of which is instigated by colleagues.^{9,5} In the study, women experienced sexual harassment more frequently than men.⁵

Researchers say that students are also subjected to sexual harassment in the workplace. In addition, there seems to be a lack of confidence in them to report such behavior for fear of retaliation or not wanting to be disinclined in an institution where they may be applying for a job.⁹

For the most vulnerable groups to suffer such violence, studies have shown that students/trainees are the most verbally abused and intimidated.⁹ One study also showed that physicians are also victims of workplace violence, unlike most studies that point them out as perpetrators.⁶

In another study, statistically significant differences were observed for gender, function, and type of workplace. Male respondents and those who were employed as nurses were more subject to violence and occupational aggression, as well as those working in public hospitals or nursing homes.¹⁰

In addition, workers in the older age group (56 or older) were more likely than younger workers (18-25 years old) to experience occupational violence. Those working in private hospitals, general practice, local government, and community services were less likely to experience such violence than those employed in public hospitals.

Respondents with the highest levels of job overload were more likely to have experienced occupational violence in the past 12 months.¹⁰

In the same study, a rather important finding concerns the fact that workplace safety factors, particularly prioritization of employee safety, have been more important in reducing the likelihood of occupational violence than individual safety factors. These findings are important to the health sector because they highlight ways in which policymakers and employers can address violence in the workplace. For example, strengthening factors in the workplace, particularly greater prioritization of staff safety in relation to patient safety, will reduce the likelihood of violence against health professionals.¹⁰

Regarding the related factors and perpetrators of workplace violence in obstetrical services, a study pointed out that this may include a series of behaviors, such as bullying. Although researchers have not yet agreed on uniform definitions of these types of aggression, there are consistent features across all definitions of bullying and violence.¹¹

Bullying in the workplace was defined as repeated and unreasonable behavior that occurs among peers.⁷ The nature of bullying included both psychological and physical acts. Sources of bullying are distinct from violence, with bullying being more from internal sources (for example supervisors and co-workers) and violence potentially originating from internal or external sources (for example patients or family members and friends of the patient).¹²

Given these differences in the concepts that compose violence in the workplace, it is important to consider all types of bullying and violence in trying to understand and investigate the antecedents and consequences of these acts in the workplace among nurses.¹¹

In this context, knowing the factors that are related to workplace violence in obstetrics can help in the investigation of the causes that lead the perpetrators to adopt undesirable behaviors, besides providing an adequate management of this problem considering the different scenarios in which violence at work appears.

Thus, with regard to factors related to violence at work, a study pointed to some causes, highlighting internal and external factors and their interaction. For example, internal influences refer to characteristics that affect the patient, such as their personality or the effects of their illness.

External influences are concentrated on the environment, such as noisy environments or a shortage of personnel. In addition, drug abuse by professionals, patient frustration due to inadequate resources and intoxication were also cited as contributing factors.⁷

Other research has stated that the main factors contributing to experiences of workplace violence are: the perpetrator's personality or mental illness, stressful and overworked environments, including lack of training, management support, and poor communication among the staff.⁷

In a study of 207 general nurses and obstetricians, different combinations of working conditions (demands, control, and support) and individual levels of negative affect were associated with violence.¹¹

There is a positive relationship between the negative affectivity of the perpetrator and the practice of bullying. The higher the level of negative affectivity, the greater the likelihood of practicing such violence. In addition, there is a positive relationship between morning shift work and bullying, with morning shift workers more prone to bullying than other shift workers.¹²

In the profile of these perpetrators, the articles have shown that most of them are a higher or older co-worker, and the main culprits are physicians, clinical directors, clinical secretaries, patients and family members, managers and supervisors, and executives.^{5, 6,7,8}

Contributing to such findings, one of the articles added that the biggest perpetrators are co-workers. Also, women and people over 40 years old were the most likely and most distressing perpetrators to deal with.⁷

In another research, both men and women were reported as perpetrators. The study also pointed out that violence at work is often practiced by one or more individuals acting independently.⁶

The perpetrator usually has a profile already known and determined in occupational relationships and it is more likely that he can act allied to colleagues than alone. This proves what the studies bring about people who adopt these behaviors, which hampers healthy interpersonal relationships.

There are also studies addressing violence by patients and family members of services.^{7,9,10} Researchers point out that obstetric nurses often work in enclosed areas and confined to women, their partners and families, as delivery rooms. Thus, labor and birth can be stressful events for women and

their families, and it is not surprising that professionals and students in the category report verbal abuse and intimidation of women, partners, and families in such clinical contexts.⁹

Thus, perpetrators are not only those in the position of health workers but also makeup patients and their families, depending on the form of violence to which the victims are subjected. Therefore, knowing the root cause of violence at work becomes fundamental and urgent.

Another variable studied in this review is the impact of violence in work on obstetrics, including the reactions and consequences for workers, organizations, and patients.

Research has pointed out that workplace violence not only has short-term repercussions but can also cause long-term harm that reduces the quality of care provided by health professionals as well as financial damage to health care institutions that interfere with productivity.¹³

In addition to harming one's health, acts of violence at work, directly and indirectly, interfere with workers' daily lives, as they give rise to difficulties of confrontation, organizational retaliation, demotivation, fatigue, dissatisfaction, feelings of guilt, fear, anguish. All this leads to the sickness of the organization as a whole, which can generate burden on the quality of care and patient safety.

A study conducted with physicians experienced in obstetrics and gynecology has demonstrated the reported impact on professional and personal life, which encompasses a broad spectrum of suicidal ideation, depression, sleep disturbance, and loss of confidence. When the victims were asked if the problem was being solved, most answered no.⁶

Corroborating with the above research, authors have identified that, in addition to the anguish experienced by victims, patient safety is compromised by the effects of these negative attitudes. Those who report such behaviors are rarely professionally satisfied.⁶

A study of obstetric nursing students revealed that for some of them, experiences of violence resulted in becoming more closed of interactions and cautious.⁹ Consequently, negative emotions are experienced at high levels and the cycle repeats.¹¹

Violence in the workplace tends to cause students to show signs of posttraumatic stress, permeating more intrusive behaviors than evasion. In addition, undue suffering can be

generated and affect the way students view the chosen profession.¹³

Another study identified that students do not report acts of workplace violence against them since they do not want to jeopardize the opportunity to obtain a job.⁵ Therefore, it becomes essential to raise awareness about this issue from professional training to the postgraduate level, besides the performance of the permanent education in the health institutions to guarantee spaces of discussion and construction of formal communication channels that permeate the inter-professional relationships.

Although they do not perceive that they are suffering some kind of violence at work or do not attach importance to these episodes, the existence of destructive behaviors in health work that have several consequences for the individual (professional or student) is noticed. Therefore, understanding the impact that this violence generates is essential to the development of strategies that can prevent or even deny these negative attitudes.

Finally, the strategies to combat violence at work in obstetrics were raised.

Researchers have argued that while workplace violence is an important welfare issue that needs to be addressed, it is useful to explore effective ways to deal with workplace violence.¹³

Two things are clear: First, most of these interventions focus on the victim, or the organization, rather than prioritizing the perpetrator. Second, it is true that the victim needs support because, within the organization, he has less support than the perpetrator.⁶

Often victims do not receive adequate care from institutions that do not know the problems. Structures/policies need to be put in place to enable people to feel free to report violence in the workplace and access the help they need.¹³

Such interventions need to involve health professionals and universities including a review of current reports and inadequate investigative processes that not only leave those who complain dissatisfied with the outcome but also harm others involved. Both preventive and disciplinary interventions require effective evaluation through effective feedback monitoring.⁶

Institutions need a reporting process where students and other workers have confidence in using it and where appropriate action will be taken. More comprehensive information on available units and occupational health and safety protocols, both at the workplace and at

university, can provide the victims with confidence to report such incidents.^{5,9,13}

Given this high rate of violence in the workplace and relatively low rate of reporting of incidents of violence, hospitals should develop effective guidelines to restrict workplace violence and protect nursing staff and students through a mandatory incident reporting, review of safety team responsibilities, and incident follow-up by management.¹⁴

Facing this, integrating universities and health institutions in the management of violence at work becomes an appropriate means to adopt more ethical and humanized postures from training to professional performance.

Another point is the need for training and sensitization of health workers and students before attending training sessions on how to deal with workplace violence and the importance of reporting exposure to these behaviors.⁵

Researchers point to the need for training to improve the safety of staff at work, as well as raise staff awareness of acceptable workplace behaviors to combat bullying.⁷

Educational seminars are recommended in which health workers develop communication and stress management techniques or conflict resolution anger to effectively manage violence in the workplace.¹⁴

Managers must recognize that not only working conditions are important, but individual variations from personal dispositions can often play a role and individual reactivity can influence perceptions. Management can act to address the cause and pay special attention to the demands.¹¹

The active participation of managers in policies to prevent and combat violence at work is a preponderant factor for the use of knowledge, skills, and attitudes that allow the appropriate decision making regarding violence management.

Increasing the support of the supervisor and colleague seems to be important in preventing certain types of workplace aggression, bullying, and internal emotional abuse. Also, the negative effects of bullying and internal emotional abuse on organizational commitment can be reduced.¹¹

Investigating a workplace model in a variety of types of violence increases the understanding of workplace-related areas to reach and intervene, with the aim of reducing the occurrence, and associated negative consequences, of violence in the workplace.¹²

CONCLUSION

Psychological aggression is the type of workplace violence most commonly experienced by professionals in the field of hospital obstetrics, with vulnerable groups being students/trainees and nurses. The personality of the perpetrator, stressful and overworked environments are contributing factors to this type of violence. Most of the perpetrators are medical, managerial, but may involve patients and family members. As a consequence, this type of violence generates difficulties of confrontation, retaliation, demotivation, fatigue, dissatisfaction, feelings of guilt, fear and anguish to the victims.

Management strategies include reporting system, occupational health and safety protocols, training and awareness raising for health workers and students, and conflict management.

It is worth mentioning the need for studies aiming to deepen the analysis of the thematic with practical application of these strategies, as well as evaluation and feedback of the professionals involved in the area. We also suggest studies about this phenomenon in the Brazilian context of obstetric care, enabling to apply it in the management practice in this area.

REFERENCES

- Oliveira RM, Silva LMS, Guedes MVC, Oliveira ACS, Sánchez RG, Torres RAM. Analyzing the concept of disruptive behavior in healthcare work: an integrative review*. Rev Esc Enferm USP [Internet]. 2016 [cited 2018 Jun 02]; 50(4):695-704. Available from: <http://www.scielo.br/pdf/reeusp/v50n4/0080-6234-reeusp-50-04-0695.pdf>
- Organização Mundial da Saúde. Maternidade segura: assistência ao parto normal: um guia prático [Internet]. Genebra: OMS; 1996 [cited 2018 June 2]. Available from: http://www.saude.mppr.mp.br/arquivos/File/kit_atencao_perinatal/manuais/assistencia_a_o_parto_normal_2009.pdf
- Injury Prevention Research Center. Workplace violence: a report to the nation. Iowa City: University of Iowa [Internet]. 2001 [cited 2018 June 02]. Available from: <https://www.dgs.pt/departamento-da-qualidade-na-saude/observatorio-da-violencia/estudoint2-pdf.aspx>
- Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: métodos de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & contexto enferm [Internet]. 2014 [cited 2018 June 2];17(4):758-64. Available from: <http://www.scielo.br/pdf/tce/v17n4/18.pdf>
- Boyle MJ, McKenna L. Paramedic and midwifery student exposure to workplace violence during clinical placements in Australia: a pilot study. Int J Med Educ [Internet]. 2016 [cited 2018 June 2];7:393-9. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5149425/pdf/ijme-7-393.pdf>
- Shabazz T, Parry-Smith W, Oates S, Henderson S, Mountfield J. Consultants as victims of bullying and undermining: a survey of Royal College of Obstetricians and Gynaecologists consultant experiences. BMJ Open [Internet]. 2016 [cited 2018 June 2];6(6):[about 5 p.]. Available from: <http://bmjopen.bmj.com/content/bmjopen/6/6/e011462.full.pdf>
- Farrell GA, Shafiei T. Workplace aggression, including bullying in nursing and midwifery: a descriptive survey (the SWAB study). Int J Nurs Stud [Internet]. 2012 [cited 2018 June 2];49(11):1423-31. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/22770947>
- Samir N, Mohamed R, Moustafa E, Abou Saif H. Nurses' attitudes and reactions to workplace violence in obstetrics and gynaecology departments in Cairo hospitals. East Mediterr Health J [Internet]. 2012 [cited 2018 June 2];18(3):198-204. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/22574471>
- McKenna L, Boyle MJ. Midwifery student exposure to workplace violence in clinical settings: an exploratory study. Nurse Educ Pract [Internet]. 2016 [cited 2018 June 2];17:123-7. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26672901>
- Shea T, Sheehan C, Donohue R, Cooper B, De Cieri H. Occupational violence and aggression experienced by nursing and caring professional. J Nurs Scholarsh [Internet]. 2017 [cited 2018 June 2];49(2):236-43. Available from: <https://sigmapubs.onlinelibrary.wiley.com/doi/pdf/10.1111/jnu.12272>
- Demir D, Rodwell J. Psychosocial Antecedents and Consequences of workplace aggression for Hospital Nurses. J Nurs Scholarsh [Internet]. 2012 [cited 2018 June 2];44(4):376-84. Available from: <https://sigmapubs.onlinelibrary.wiley.com/doi/abs/10.1111/j.1547-5069.2012.01472.x>

11. Rodwell J, Demir D. Oppression and exposure as differentiating predictors of types of workplace violence for nurses. *J Clin Nurs* [Internet]. 2012 [cited 2018 June 2];21(15-16):2296-305. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2702.2012.04192.x>
12. Shapiro J, Boyle MJ, McKenna L. Midwifery student reactions to workplace violence. *Women Birth* [Internet]. 2018 [cited 2018 June 2];31(1):e67-e71. Available from: [https://www.womenandbirth.org/article/S1871-5192\(16\)30263-3/fulltext](https://www.womenandbirth.org/article/S1871-5192(16)30263-3/fulltext)
13. Samir N, Mohamed R, Moustafa E, Abou Saif H. Nurses' attitudes and reactions to workplace violence in obstetrics and gynaecology departments in Cairo hospitals. *East Mediterr Health J* [Internet]. 2012 [cited 2018 June 2];18(3):198-204. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/22574471>

Submission: 2018/06/08

Accepted: 2018/07/28

Publishing: 2018/09/01

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