

VIOLENCE AGAINST NURSING WORKERS IN HOSPITAL SETTINGS: THEORETICAL CONSIDERATIONS

VIOLÊNCIA NO TRABALHO DA ENFERMAGEM NOS SERVIÇOS HOSPITALARES: PONDERAÇÕES TEÓRICAS

VIOLENCIA EN EL TRABAJO DE ENFERMERÍA EN SERVICIOS HOSPITALES: PONDERACIONES TEÓRICOS

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ABSTRACT

Objective: to analyze violence against nursing professionals in hospital settings in scientific productions. **Method:** this is a bibliographic, descriptive, and integrative literature review, covering national scientific studies published from 2015 to 2020, found in the LILACS, BDENF, and MEDLINE databases using controlled descriptors. The results were analyzed descriptively. **Results:** the articles reviewed show inadequate working conditions such as overcrowding and exhaustive workload, which generates exposure to occupational stress and occupational violence. Violence against nursing professionals by users and even by other professionals in the team was demonstrated. **Conclusion:** violence against the Nursing team in the workplace is interwoven so that it has become structural. It is concluded that the gradual precariousness of the Unified Health System has made work relationships extremely stressful and has harmed the nursing team.

Descriptors: Social Behavior; Nursing; Hospital Nursing Service; Exposure to Violence; Violence at Work; Nursing Ethics.

RESUMO

Objetivo: analisar nas produções científicas a violência no trabalho contra profissionais de Enfermagem que atuam no serviço hospitalar. **Método:** trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa da literatura, abrangendo estudos científicos nacionais, no período entre 2015 a 2020, encontrados nas bases de dados LILACS, BDENF e MEDLINE, utilizando os descritores controlados. Analisaram-se os resultados de forma descritiva. **Resultados:** evidenciaram-se, pelos artigos encontrados, inadequadas condições de trabalho, como superlotação, carga horária de trabalho exaustiva, o que coloca em risco a exposição a estresse ocupacional e violência laboral. Demonstrou-se, da mesma forma, a presença de violência contra os profissionais de Enfermagem por parte dos usuários e, até mesmo, por outros profissionais da equipe. **Conclusão:** imbrica-se a violência no espaço laboral contra a equipe de Enfermagem de tal

maneira que tem se tornado estrutural. Conclui-se que o paulatino sucateamento do SUS tem precarizado sobremaneira as relações de trabalho e tem causado efeito danoso na equipe de Enfermagem.

Descritores: Comportamento Social; Enfermagem; Serviço Hospitalar de Enfermagem; Exposição à Violência; Violência no Trabalho; Ética em Enfermagem

RESUMEN

Objetivo: analizar en producciones científicas la violencia contra los profesionales de Enfermería que laboran en el servicio hospitalario. **Método:** se trata de una revisión bibliográfica, descriptiva e integradora de la literatura, sobre estudios científicos nacionales, publicados en el período 2015-2020, encontrados en las bases de datos LILACS, BDENF y MEDLINE, utilizando descriptores controlados. Los resultados se analizaron de forma descriptiva. **Resultados:** los artículos encontrados evidenciaron condiciones de trabajo inadecuadas, como hacinamiento, carga de trabajo exhaustiva, que causan la exposición al estrés y la violencia laborales. De la misma forma se demostró la presencia de violencia contra los profesionales de enfermería por parte de los usuarios e profesionales del equipo. **Conclusión:** la violencia en el trabajo contra el equipo de Enfermería se entrelaza de tal manera que se ha vuelto estructural. Se concluye que el desmantelamiento paulatino del SUS ha hecho que las relaciones laborales sean sumamente precarias y ha provocado un efecto nocivo en el equipo de enfermería.

Descriptores: Comportamiento Social; Enfermería; Servicio de Enfermería Hospitalaria; Exposición a la Violencia; Violencia en el Trabajo; Ética de Enfermeira.

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INTRODUÇÃO

It is known that violence is present in social interactions, and that it is probably the first response or reaction to frustration. However, violence cannot be explained under a single aspect since it has a multicausal character, resulting from the individual's social, individual, relational, environmental, and cultural conditions.¹

In the same way, interpersonal violence occurs in labor relations, a fertile field for all forms of violence. Violence at work is a complex problem. The aggressors may be from the institution itself or external to it, and may range from mild verbal aggressions, which often go unnoticed, to harmful physical attacks.³

Therefore, the challenge lies in analyzing the camouflages behind violence that is sometimes denied, naturalized, or even unnoticed. Although the term violence is used as a synonym for aggression it represents, in many cases, non-physical violence, seeking to encompass the various spheres (social, political, and economic) that provide violence at work in an interconnected way - a silent violence.²

The places or environments in which health workers perform their activities are also risk factors for episodes of violence. Such situations have been observed routinely in some workplaces. In work environments, health care workers are the most affected by violence since they maintain direct contact with different people and have to deal with a demand that is frequently greater than the offer of services, besides working in places that make them vulnerable.⁴

As a consequence, nursing professionals are affected by violence at work having psychological and moral problems, or even physical injuries; therefore, individual consequences and negative repercussions for the health sector occur, such as the precariousness of labor relationships. These problems are associated with conflicting situations and ethical dilemmas that directly interfere with the care provided.⁵⁻⁶

Research on this topic is hampered by the invisibility of the problem in health organizations and the scarcity of specific data sources. Given this scenario, there is a need to develop studies that address the violence subject, which, therefore, justifies this study, since it will collaborate for the identification and analysis of findings in the literature promoting subsidies for understanding and facing the phenomenon.

OBJECTIVE

To analyze violence against nursing professionals in hospital settings in scientific productions.

METHOD

A bibliographic, descriptive, and integrative literature review study was carried out on articles available in nursing journals. Data were collected in May 2020 by searches in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), Brazilian Nursing

Database (BDENF in Portuguese), and Medical Literature Analysis and Retrieval System Online (MEDLINE).

The following combination of descriptors was used: "Social Behavior; Nursing; Hospital nursing service; Exposure to violence; Violence at work; and Ethics in Nursing", from the Descriptors in Health Science (DeCS in Portuguese), totaling 64 articles. For the sample selection, the following inclusion criteria were adopted: full articles, available in Portuguese, whose main subjects were worker health and violence, published in the last five years (2015-2020), and addressing the theme "health of nursing professionals working in hospital settings", regardless of the hospital sector. Theses and dissertations, incomplete, and articles unavailable for free were excluded.

After refinement, 23 articles were found. The articles' selection was carried out by reading the titles and abstracts and, shortly afterward, by full-text reading, resulting in 12 articles. One of the criteria adopted was that they should be carried out with Nursing team members. Thus, the final sample consisted of seven publications that met the criteria established and answered adequately for the research question.

Thus, studies were systematized based on the use of a validated instrument⁷ that contains the identification of the original article, the methodological characteristics of the study, and the evaluation of the results, which contained the following items: references (title, author, journal, and year); the central purpose of the article; methodology (type of study, location, and subjects); and study results.

Subsequently, a thorough reading of the selected articles was carried out. Information from the studies was systematized and categorized, seeking to achieve the review's objective. The authors' ideas were fully respected following Law No. 12,853, of August 14, 2013, which discusses the collective management of copyright.

RESULTS

The study sample consisted of seven articles on violence suffered by nursing professionals in their workplace, published in online journals, from 2015 to 2020. Concerning the period of publications, the years 2017, 2018, and 2019 were the ones that obtained the largest number of publications on the theme, totaling two articles each, followed by the year 2015, with one article.

Another important aspect is related to the authors' area of expertise. All authors in the first position of citation have a background or work in Nursing - an expected result considering that the studies discuss nursing performance issues.

The Journal of Nursing UFPE on line and the *Revista Mineira de Enfermagem* (REME) were the ones that presented the largest number of articles, totaling two in each. The other journals were *Revista Gaúcha de Enfermagem*, *Revista de Enfermagem UERJ*, and *Revista da Escola de Enfermagem da USP*.

All studies were carried out in Brazil, predominantly in the South and Southeast regions with three articles each (one article was published in the Northeast). As for the methodological design, five studies were qualitative, one was quantitative, and one was mixed (quantitative and qualitative).

Concerning data collection, five studies conducted interviews, one applied a questionnaire, and one adopted a focus group approach. Three articles were carried out with nurses, four with Nursing team members, and one with the multi-professional team.

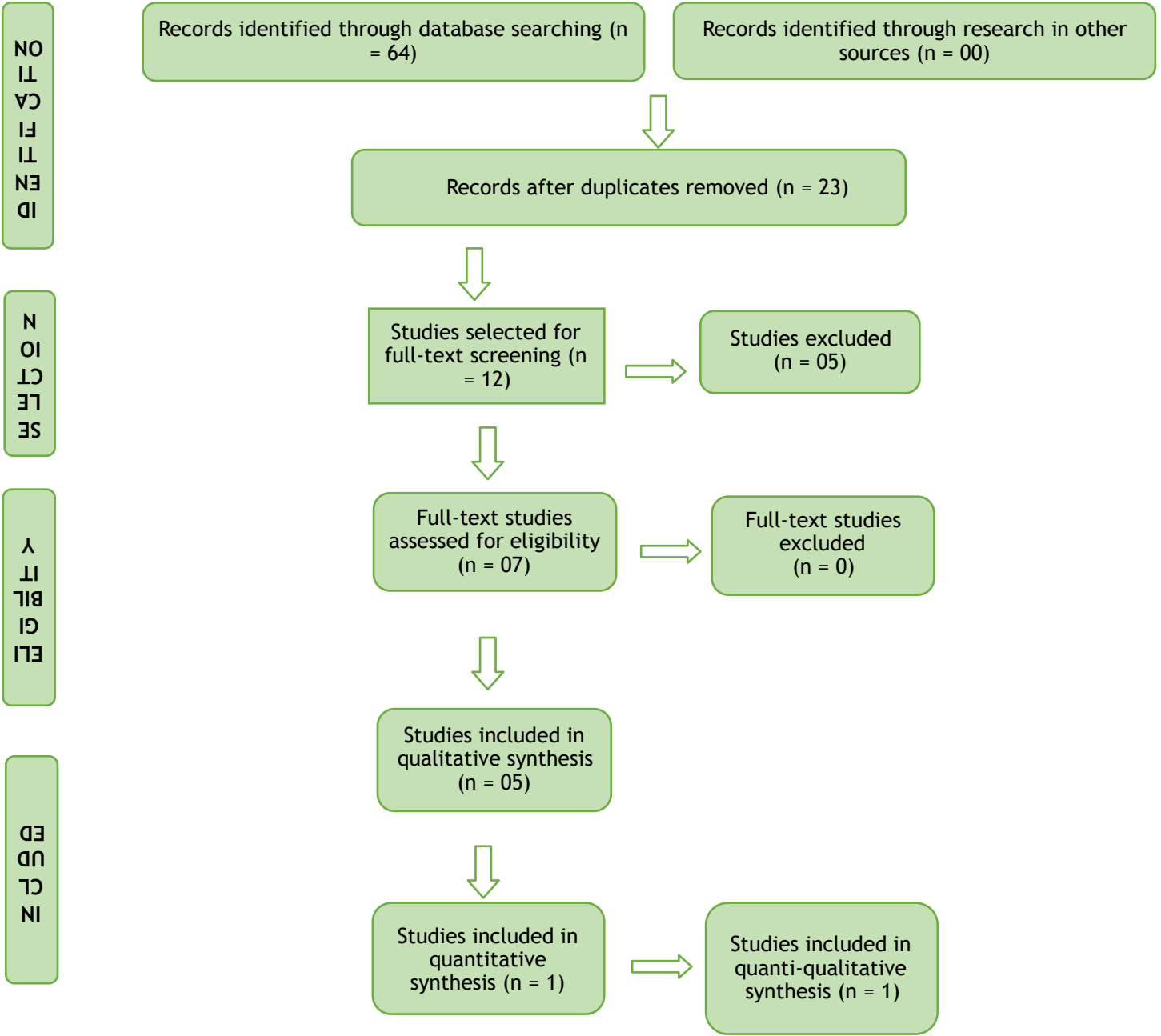


Figure 1. Flow diagram of studies adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA, 2009). Pau Dos Ferros (RN), Brazil, 2020.

Title of Article / journal / year	Authors	Interventions	Results
Occupational physical violence in urgency and emergency hospital services: perceptions of nursing workers. Revista Mineira de Enfermagem. 2017	Scaramal, Haddad, Garanhani Nunes, Galdino Pissinati.	Qualitative study, developed through 16 individual interviews to reveal nursing workers' perceptions of occupational physical violence in hospital emergency wards.	It was identified that the aggressive acts were mostly perpetrated by patients and professionals from other health areas, and their motivations were closely related to communication problems.
Moral harassment in the nurses' experiences: phenomenological perspective. Journal of Nursing UFPE on line. 2019	Hagopian, Freitas.	Qualitative, descriptive study with a social phenomenological approach, carried out to understand nurses' experiences of bullying at the workplace. Nine nurses from a private hospital participated in the survey. The interviews were analyzed using a social phenomenological approach.	The issue of harassment was viewed in a broad sense covering organizational management, the hidden interests to favor institutional production, and the consequences that involve, directly or indirectly, all professionals.
Outline of violence suffered by the hospital emergency department nursing team. Revista de Enfermagem UERJ. 2018	Fernandes, Passos.	Qualitative, descriptive study, using the Content Analysis technique, and interviews with 24 nursing professionals who worked in the emergency room of a large public hospital in Rio de Janeiro. The study sought to characterize, in the view of nursing professionals, violence perpetrated by patients or companions in the emergency ward of a public hospital.	Verbal and physical violence were identified and authors observed that such episodes have a multifactorial character. Problems related to hospital management were found to trigger violence, with the management of nursing professionals for this situation being their main aggravating factor.
Violence, burnout and minor psychiatric disorders in hospital work. Revista da Escola de Enfermagem da USP. 2015	Father, Lautert, Souza, Marziale, Tavares.	Cross-sectional study with 269 health team professionals from a public hospital in southern Brazil. The data were collected through a questionnaire to identify violence episodes suffered by health team workers and its association with Burnout and minor psychiatric disorders.	Health professionals experience violence in the workplace, and this exposure is associated with Burnout symptoms and minor psychiatric disorders.
Strategies used by nursing staff in situations of workplace violence in a haemodialysis unit. Revista Gaúcha de Enfermagem. 2017	Cordenuzzi, Lima, Prestes, Beck, Silva, Father.	Qualitative, descriptive and exploratory research using a focus group approach with eight nursing workers from a private hemodialysis service in Southern Brazil, to identify the nursing workers' strategies adopted in the workplace during episodes of violence perpetrated by patients.	The strategies used are described in the following categories: "Tolerating violence due to the patient's health condition"; "Bypassing conflict situations and giving in to the patient's request"; "Adopting a position of rejection of violence"; and "Getting away from the aggressor". The need for collective mobilization of workers and, mainly, of the institution as a mediator is evident in the search for prevention and non-propagation of violence in the workplace.

Perceptions of nurses on the concept of harassment. Journal of Nursing UFPE on line. 2018	Hagopian, Freitas, Silva, Oliveira, Costa.	Qualitative, descriptive, and exploratory study carried out with 11 nurses. Data collection was performed through interviews with guiding questions analyzed by the Content Analysis technique, in the Thematic Categorization modality, to identify nurses' perceptions of the concept of moral harassment in a private hospital in São Paulo.	Nurses' answers showed diversity, divergences, and difficulties in correctly defining the concept of bullying. The study points to the importance of creating spaces for discussion about bullying at the workplace because of the difficulty that professional nurses have in conceptualizing bullying.
Witnesses of moral harassment in nursing: identifying characteristics of the phenomenon, feelings, and coping strategies. Revista Mineira de Enfermagem. 2019	Lucena, Costa, Batista, Araújo, Soares, Rolim.	Exploratory research, with a qualitative-quantitative approach, carried out in the outpatient clinic of a public hospital. The sample consisted of 25 professionals. The empirical material was obtained using a semi-structured form analyzed in the light of the Collective Subject Discourse technique to identify elements that characterize moral harassment in reports by nursing professionals who have already witnessed this practice. The research investigated feelings expressed by these professionals when they witness situations of harassment and verified strategies for coping with this phenomenon.	Relevant elements were found that characterize the studied phenomenon, such as the description of the aggressor in situations of moral harassment, duration, and frequency of harassment acts, victim's reports, and repercussions of harassment on the victims' health. The witnesses experienced feelings of sadness, anger, and helplessness. The main attitudes adopted as coping strategies were guiding the victims and communicating the facts to superiors.

Figure 2. Results found in studies according to the title, journal, year, author, intervention studied, and results. Pau Dos Ferros (RN), Brazil, 2020.

DISCUSSION

The Federal Nursing Council points out that 70% of the Nursing team is exposed to violence in the workplace, and that this fact can come from internal (co-workers) or external (users) personal relationships, work conditions, and organizational factors.⁸ It is understood that violence against nursing workers is not an isolated social product since it is related to the society organization and to opportunities experienced in groups.⁹

It is observed that conflicts between workers and users are numerous and that such conflicts can generate hostility at work, influenced by the overload of activities and overcrowding of the units. It is often known that the nursing worker is so involved in the care process that he does not perceive a vicious cycle when suffering an act of violence; that is, he refutes the user to aggression without realizing the violence behind his attitude. In this way, the professional ends up being the culprit for the precarious work conditions. In an attempt to reduce dissatisfaction with the service offered, they explain the real work situation to the user, which can cause more angry in the aggressor.⁹⁻¹⁰

Regarding the conditions of the workplace, the worsening of working conditions in the Unified Health System over the years has aggravated this aspect. The absence of inputs, comfort, and even decent wages are examples of this problem. Moreover, fragmented care processes, ineffective, inhuman, and inefficient results add to this problem.¹¹

The precarious working conditions added to difficult interactions with colleagues generate losses in the private daily life of health workers, considering that, due to the stay in the hospital and the extra shifts, workers are forced to give up leisure in favor of better salary conditions, and they sacrifice part of the time dedicated to family life, which generates a feeling of emptiness, weakening of emotional bonds and occupational stress.¹²

It is believed that the organization of workspaces are incubators of violence in the workplace, as the division of labor in health is uneven, overburdening a worker or part of the team; also, the pace of work imposed by organizations and the ways of hiring and linking nursing professionals have become increasingly precarious, in addition to the absence of a salary floor for the category and the lack of recognition of the services provided.^{8,13}

In terms of gender, a higher prevalence of female workers exposed to occupational violence was found, showing that situations like this have been recurrent in the health sector, highlighting gender issues as a possible aggravating factor. The implication of gender on the understanding of violence must take into account the historical, cultural, and economic inequality between the genders, in which women find themselves in unfavorable conditions.¹⁴

Violence can present itself in different ways, not only in the form of physical or verbal aggression and, sometimes (not necessarily perceived) through moral harassment as shown in literature. For some participants, moral harassment is considered an abuse of power; that is, people do not know how to lead and end up abusing the power entrusted to them, morally harassing people below their hierarchy. Moral harassment is caused by these negative behaviors by superiors or co-workers and due to the degradation of working conditions, causing feelings of humiliation and embarrassment.¹⁵

Concerning disguised violence or not perceived violence episodes, a study shows that, of the situations of harassment experienced by participants, exposure to constraints and humiliations in the workplace prevailed with 40.9%, followed by criticisms of the victim's work (17.04%) and oppressive working conditions (13.63%). Besides, cases of aggression in the presence of co-workers or at meetings were experienced by 12.5% of the respondents. There were also criticisms of the individual's body image or aspects of workers' private lives (10, 22%), and impaired access to work tools (5.68%).¹⁶

Amid situations of violence, professionals use some strategies to reduce or avoid these attitudes, among them, adopting a position of rejection of violence that, even without solving the problem, can prevent or mitigate new aggression episodes. Another strategy would be moving away from the aggressor, trying to "get around" potential conflict situations, avoiding disagreement through silence or giving in to the patient's will (or even tolerating violent behavior).¹⁷

Concerning the responses or feelings experienced after the episodes of violence, the participants from a study manifested feelings of rebellion, disappointment, helplessness, embarrassment, and sadness in the situations that they went through. The main expression used by witnesses of violence in the work environment was impotence, mentioned in the speech of 24% of the participants.¹⁶

The daily lives of nurses who were interviewed were shown full of suffering, fears, anguish, rebellion, and, unfortunately, conformism, in contrast to the appreciation and passion for the profession, the desire and hope for better opportunities, and silent expectation for a work environment that is righteous and respectful.¹²

Besides, the consequences of violence against nurses are pervaded due to workers' repercussions, leading to a reduction in the workforce, illness, or wear on the team. All these problems compromise the quality of care provided to those who resort to healthcare services and generate costs.¹⁸

CONCLUSION

It is noticed that violence against the nursing team in the workplace is so interwoven that it has become structural. The gradual precariousness of the SUS has made work relationships extremely stressful and has served as a backdrop for relational violence through colleagues and users of the system.

It is concluded that the consequences of violence in the workplace have been the illness of Nursing professionals (mainly psychological disorders) generating absenteeism and absences from activities, causing both personal and institutional losses.

CONTRIBUTIONS

We inform that all authors contributed equally in the design of the research project, collection, analysis, and discussion of data and the writing and critical review of the manuscript's intellectual content, and approval of the final version of the manuscript.

CONFLICT OF INTERESTS

None to declare.

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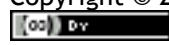
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