VIOLENCE IN THE NURSING WORKPLACE: AN INTERSECTIONAL ANALYSIS

Paula Ferreira de Araújo Carvalho[1], Isabella Soares de Souza[2], Carlos de Sousa Filho[3], Andriele Franco Pereira[4], Michelle Costa Fonseca do Lago[5], Bruna de Carvalho[6], Marcela Silva Baccelli[7] and Cristiano de Jesus Andrade[8].

ABSTRACT

The objective of this study was to characterize internal violence at work with nurses in the health environment as a phenomenon arising from intersectionality in several countries. As a method, a systematic review of the literature was used, using the PRISMA protocol. The descriptors were: "violence at work" and "nurses" or "intersectionality". The inclusion criteria were adhered to: references published in the last 5 (five) years in scientific journals, related to the research objectives, and excluded theses, dissertations, systematic, narrative and integrative reviews, as well as references that, even describing interventions with violence at work, do not address the intersectionality with the female gender as mediators in the abstract of the researched articles. When applying the eligibility criteria, the analysis resulted in a volume of 93 (three) works. The theoretical findings were presented within three categories, 1) Intersectionality (gender) thinking about the nursing professional and the female sex), 2) types of violence, 3) Internal violence thinking about violence among the work team. It was found that there was a need to develop training to avoid such violence.

Keywords: Violence at Work. Nurses. Intersectionality.

---

[1] Doctorate student in Health Psychology
Methodist University of São Paulo (UMESP)
E-mail: paula2806@gmail.com
Lattes: https://lattes.cnpq.br/7895040451528097
[2] Master in Health Psychology
Methodist University of São Paulo (UMESP)
Email: isabellasoaressouza@hotmail.com
[3] Doctorate student in Social Psychology
University of São Paulo (USP)
E-mail: csfilho@usp.br
Lattes: https://lattes.cnpq.br/3311652191255413
[4] Master in Psychology.
Pontifical Catholic University of Minas Gerais (PUC Minas)
Email: andriele.f.pereira@educadores.net.br
[5] Doctorate student in Health Psychology
Methodist University of São Paulo (UMESP)
E-mail: michelle-psi18@hotmail.com
Lattes: http://lattes.cnpq.br/1880031519275233
[6] Occupational Health Nursing Specialist
Anhanguera College of Poços de Caldas
[7] Dr. in Health Psychology
Methodist University of São Paulo (UMESP)
E-mail: marcelabaccelli@hotmail.com
Lattes: http://lattes.cnpq.br/5511938025968462
[8] Dr. in Health Psychology
Methodist University of São Paulo (UMESP)
Email: cristianoandradepsico@gmail.com

INTRODUCTION

Violence is a social phenomenon, understood as a public health and security problem (ALBERDI, GARCIA, SOAREZ, 2020; DAHLBERG, KRUG, 2006). Due to its idiosyncrasies, it can be unveiled in the context in which the victimized subjects, or perpetrators, live. This effect culminates in high numbers of deaths of people each year (AL-QADI; LING; BECK; WALSH, 2022)element.

In addition to feelings such as pain, suffering, war, and terrorism, it also triggers costly financial expenditures in all countries with health care, lost workdays, legal issues, and investment losses (DAHLBERG; KRUG, 2006).

Many events are perceived due to dissemination in the media, but many others remain veiled, as they happen in the family, work, social and health care environments intended for public care (DAHLBERG; KRUG, 2006).

In the workplace, violent attitudes are considered to be a type of action, incident or behavior that deviates from reasonable conduct and in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work (INTERNATIONAL LABOR ORGANIZATION, 2003).

It can be named as internal violence (when it occurs between peers) and external violence (when it occurs between health professionals and patients) (INTERNATIONAL LABOR ORGANIZATION, 2003).

Although it is possible to identify violence in all work environments, it is notorious that some are more predisposed to such acts, such as jobs in health, education, care for the elderly, transportation and legal (LANCTÔT; GUAY, 2014).

Health professionals experience sixteen times more risks than professionals in other areas, considering the occurrence of several episodes of violence at work suffered throughout their careers (ELLIOTT, 1997).

Therefore, in the midst of environments susceptible to violence at work, the hospital context is evident, as this place triggers reactions of stress and suffering (MARQUES; SILVA, 2017).

Nursing professionals stand out in this environment as belonging to the population at risk for violence, as they work both in care and in the management of their team's care and, consequently, require the planning of material and human resources, as well as the confrontation of unforeseen events such as the scarcity of financial resources and user

dissatisfaction. Issues that can arouse feelings of powerlessness, with direct repercussions on mental health (PAI *et al.*, 2018).

Consequently, from the point of view of intersectionality, in health institutions, it reaffirms the intersection of violence and the female sex, because in these workplaces predominantly female professionals are employed, but a part of those who occupy higher positions is made up of men who, influenced by the naturalized gender culture, end up oppressing working women. Thus, it is verified that the gender perspective is part of a structure of intersectionality and legitimizes the disempowerment of women in health institutions (CRENSHAW, 2002).

In view of the above, this study aims to reflect on what has been scientifically produced about violence at work among professional nurses and its intersectionality with gender in public and private hospital institutions at the national and international levels.

METHODOLOGY

The study is a systematic review of the national and international literature. It is a qualitative and descriptive research (GIL, 2022), followed by six steps: 1) identification and selection of the research question; 2) definition of the inclusion and exclusion criteria of the articles analyzed; 3) categorization of studies; 4) analysis and evaluation of the selected studies, 5) interpretation of the results, and 6) presentation of the results obtained (GIL, 2022).

The research question was defined with reference to the description known as PICOS (SANTOS; PEPPER; NOBRE, 2007), so that it can be understood P: population, context and/or problem-situation; I: intervention of interest; C: if necessary, a comparison intervention, in the case of clinical research; O: desired or undesired result of what is intended; S: type of study.

Thus, using the PICOS strategy, the theme and the research question were identified: What is the relationship between violence at work in the workplace and the professional nurses in health institutions?

The search to locate references on the theme of the study was carried out in the following databases: Virtual Health Library (VHL), CAPES Journals, and in the Latin American and Caribbean Literature on Health Sciences (LILACS). The terms used, duly recorded in the Health Science Descriptors (DeSC), were "violence at work" *and* "nurses" *or* "intersectionality". The inclusion criteria were: articles published in the last five (5) years,

which describe the relationship between violence at work and professional nurses in health institutions, and articles published in scientific journals. Articles in all languages were accepted, however, references were excluded that, even describing violence at work, are based on the analysis of subjects different from those determined for this study (Nurses); theses and dissertations that, in the academic environment, tend to become articles, because in this way, the data would be retrieved in duplicate, systematic, integrative and narrative reviews. The survey was carried out in the second half of 2023.

The information regarding the selected articles was consolidated by two reviewers independently, with the aid of an Excel spreadsheet, and the titles of the articles, abstracts, authors' names, journal, year of publication and location were recorded.

The filters used in the respective databases were, in CAPES, subject that contains "violence at work", AND subject that contains "nurses" *or* subject that contains "intersectionality", type of material: Articles, Language: any language, Publication date: last 5 (five) years". In the VHL, the following were title, abstract, subject where "violence at work" *and* "nurses" *or* "intersectionality" are found. In LILACS, "violence at work" was searched in the subject descriptor field *and* "nurses" in the subject descriptor field *or* "intersectionality" in the subject descriptor field.

According to the flowchart of the search method (Figure-1), 2677 articles were identified, of which: n= 529 (Capes Journals), n= 2103 (VHL) and n= 45 (Lilacs). Of these, 2658 articles were excluded because they did not meet the inclusion criteria and 62 articles due to duplication. According to the adaptation of the PRISMA model (GALVÃO; PANSANI, 2015), shown in Figure 1 below:

Figure 1. Flowchart adapted from the PRISMA model used in the selection of studies
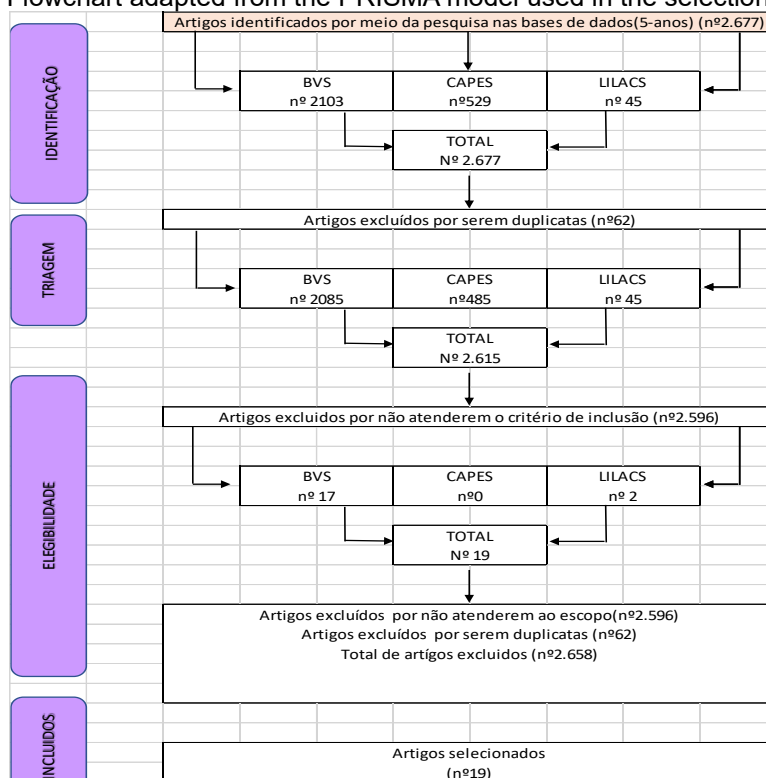
Source: Authors of the research (2023).

Next, the findings will be presented in detail in the form of reflection, so that they can be better understood.

RESULTS AND DISCUSSION

Starting the reflection, it is worth noting that from the data obtained, a total of 2658 articles were excluded, 2596 for not meeting the scope, 62 for being duplicates. Furthermore, the selected studies are as follows, as can be seen in Figure 3 below:

Figure 3. References selected for this systematic review.

Authors	Title	Journal		Year	Database
McGuire, Sarayna S; Finley, Janet L; Gazley, Bou F; Mullan, Aidan F; Clements, Casey M	The Team Is Not Okay: Violence in Emergency Departments Across Disciplines in a Health System.	West J Emerg Med		2023	CAPES
Doehring, Marla C; Curtice, Hanan; Hunter, Benton R; Oaxaca, Derrick M; Satorius, Ashley; Reed, Kyra; Beckman, Andrew; Vaughn, Tabitha; Palmer, Megan	Exploring verbal and physical workplace violence in a large, urban emergency department.	Am J Emerg Med		2023	CAPES
Al-Qadi, Mahmoud Mustafa; Maruca, Annette T; Beck, Cheryl Tatano; Walsh, Stephen J	Exploring Jordanian emergency registered nurses' experiences of workplace violence: A phenomenological study.	Int Emerg Nurs		2022	CAPES
Chowdhury, Saifur Rahman; Kabir, Humayun; Mazumder, Sinthia; Akter, Nahida; Chowdhury, Mahmudur Rahman; Hossain, Ahmed	Workplace violence, bullying, burnout, job satisfaction and their correlation with depression among Bangladeshi nurses: A cross-sectional survey during the COVID-19 pandemic.	PLoS One		2022	CAPES
La Torre, G; Firenze, A; Di Gioia, L P; Perri, G; Soncin, M; Cremonesi, D; De Camillis, N; Guidolin, S; Evangelista, G; Marte, M; Fedele, N G; De Sio, S; Mannocci, A; Sernia, S; Brusaferro, S	Workplace violence among healthcare workers, a multicenter study in Italy.	Public Health		2022	CAPES
Yolanda Rangel-Flores, Yesica; Magdalena Martínez-Villa, Consuelo; Jiménez-Arroyo, Vanesa	Relations of power and oppression within the delivery room: nursing narratives	Rev. Esc. Enferm. USP		2022	CAPES
Faghihi, Mitra; Farshad, Aliasghar; Abhari, Maryam Biglari; Azadi, Nammamali; Mansourian, Morteza	The components of workplace violence against nurses from the perspective of women working in a hospital in Tehran: a qualitative study.	BMC Womens Health		20221	CAPES
Enríquez-Hernández, Claudia Beatriz, Ortiz-Vargas, Israel, Petrovich, Ingrid Stephanie, Martínez-Jiménez, Luis, Méndez-Cordero, Ernestina, & Fernández-Sánchez, Higinio.	Violencia hacia el profesional de enfermería: una etnografía focalizada	Cienc. enferm.		2021	CAPES
Viottini, Elena; Politano, Gianfranco; Fornero, Giulio; Pavanelli, Pier Luigi; Borelli, Paola; Bonaudo, Marco; Gianino, Maria Michela	Determinants of aggression against all health care workers in a large-sized university hospital.	BMC Health Serv Res		2020	CAPES
Camila de Souza Oliveira, Júlia Trevisan Martins, Maria José Quina Galdino, Renata Ribeiro Perfeito	Violence at work in emergency care units: nurses' experiences	Rev. latinoam. enferm.		2020	CAPES
Honarvar, Behnam; Ghazanfari, Nima; Raeisi Shahraki, Hadi; Rostami, Sara; Lankarani, Kamran Bagheri	Violence against Nurses: A Neglected and Health-threatening Epidemic in the University Affiliated Public Hospitals in Shiraz, Iran.	Int J Occup Environ Med		2019	CAPES
Cannavò M, La Torre F, Sestili C, La Torre G, Fioravanti M.	Work Related Violence As A Predictor Of Stress And Correlated Disorders In Emergency Department Healthcare Professionals.	Clin Ter		2019	CAPES
Seun-Fadipe, Champion T; Akinsulore, Adesanmi A; Oginni, Olakunle A	Workplace violence and risk for psychiatric morbidity among health workers in a tertiary health care setting in Nigeria: Prevalence and correlates.	Psychiatry Res		2019	CAPES
Ana Lúcia da Silva João, António Fernando Saldanha Portelada	Mobbing and Its Impact on Interpersonal Relationships at the Workplace.	J Interpers Violence		2019	CAPES
Rayan, Ahmad; Sisan, Mo'men; Baker, Omar	Stress, Workplace Violence, and Burnout in Nurses Working in King Abdullah Medical City During Al-Hajj Season.	J Nurs Res		2019	CAPES
Paravic-Klijn, Tatiana; Burgos-Moreno, Mónica; Luengo-Machuca, Luis	Acoso laboral y factores asociados en trabajadores de servicios de emergencias/ Mobbing and associated factors in emergency health care workers	Index enferm		2018	CAPES
Pai, Daiane Dal; Sturbelle, Isabel Cristina Saboia; Santos, Cibele dos; Tavares, Juliana Petri; Lautert, Liana	Violência física e psicológica perpetrada no trabalho em saúde	Texto & contexto enferm		2018	CAPES
Fabri, Natalia Violim; Martins, Júlia Trevisan; Galdino, Maria José Quina; Ribeiro, Renata Perfeito; Moreira, Aline Aparecida Oliveira.	Violência laboral e qualidade de vida profissional entre enfermeiros da atenção primária	Acta Paul. Enferm.		2022	Lilacs
Sé, Aline Coutinho Sento; Machado, Wiliam César Alves; Silva, Paulo Sérgio da; Passos, Joanir Pereira; Araújo, Sílvia Teresa Carvalho de; Tonini, Teresa; Gonçalves, Raquel Calado da Silva; Figueiredo, Nébia Maria Almeida de.	Violência física, abuso verbal e assédio sexual sofridos por enfermeiros do atendimento pré-hospitalar	Enferm. foco (Brasília)		2020	Lilacs

Source: Authors of the research (2023).

As can be seen in the figure previously presented, the articles were published between the years 2018 and 2023.

Despite the expansion of the subject in the international scientific sphere, from the research it is possible to infer the lack of studies related to this topic.

To answer the question that guided the study (What is the relationship between violence in the internal work and the professional nurses in health institutions?) We chose to present the theoretical findings within three categories, namely: 1) Intersectionality

(gender) thinking about the nursing professional and the female sex), 2) types of violence, 3) internal violence thinking about violence among the work team.

INTERSECTIONALITY (GENDER AND PROFESSION IN THE CONTEXT OF NURSING)

Starting the reflection, Fabri *et al.* (2022) conducted a study with 101 nursing professionals working in primary care to examine the relationship between workplace violence and professional quality of life in the primary health sector. They identified that the participants had somehow experienced some type of violence at work, where the most prevalent were: 65.3% verbal, 29.7% moral harassment, 17.8% physical, 1% sexual harassment and 1% racial discrimination.

In a research carried out, João and Portelada (2019) focused on the phenomenon of *mobbing*, which involves the repeated occurrence of hostile and unethical behavior over a prolonged period of time. This behavior is perpetrated by people in positions of authority or by colleagues, and is aimed at the physical and psychological well-being of the victim, often endangering their safety at work or disrupting the work environment. The study aimed to evaluate the prevalence, frequency and intensity of *mobbing* among nursing professionals in Portugal, as well as its impact on general well-being and interpersonal relationships. The findings revealed that the predominance of the participants was female, representing 79.55% of the sample. Among these, 88.94% reported having suffered at least some form of aggression, although to a lesser extent. 18.28% identified themselves as victims of *mobbing*. Of the 590 nurses who stated that they had suffered moral harassment and were aware of it, a considerable proportion (58.99%) had suffered such mistreatment for more than one year.

Authors such as Pai *et al.* (2018), also analyzed the presence of physical and psychological violence among health workers. Seeking to understand the origin of the aggressions, the study had a total of 269 participants, 122 (45.4%) nursing technicians, 90 (33.5%) physicians, 27 (10%) nurses and 30 (11.1%) belonging to various other health professions. Of the participants, 157 (58.4%) were women. The study documented a total of 277 incidents of violence among the 170 workers who reported experiencing violence in the 12 months prior to the study's publication. Of these occurrences, 35% (n=94) involved only one type of violence, while 28.2% (n=76) involved several types.

The results of the aforementioned study on the distribution of violence by gender are: Physical violence (n=42), with 31 cases (19.7%) in females and 11 cases (9.8%) in

males. Verbal aggression (n=135) had 86 cases (54.8%) in females and 49 cases (43.8%) in males. Moral harassment (n=69) had 51 cases (32.5%) of females and 18 cases (16.1%) of males. Sexual harassment (n=7) had 5 cases (3.2%) involving women and 2 cases (1.8%) involving men. Racial discrimination (n=24) had 19 cases (12.1%) involving women and 5 cases (4.5%) involving men.

In view of the findings, Pai *et al.* (2018), state that psychological violence, especially in the form of verbal aggression and moral harassment, was the most prevalent. However, physical violence was also frequently reported. Women were statistically more likely to experience physical violence, bullying, and racial discrimination. In addition, nursing technicians were more prone to physical violence and moral harassment. The main perpetrators of violence were patients, followed by colleagues, supervisors and companions, respectively.

Corroborating, Paravic-Klijn, Burgos-Moreno and Luengo-Machuca (2018), through their research, explain that there is a significant occurrence of moral harassment in the workplace, with higher rates reported among women compared to men, single people compared to married people, and public establishments compared to private ones. The main perpetrators identified were teammates, followed by bosses or supervisors. Addressing workplace bullying tends to be approached in a rather passive manner.

In research conducted in 2019, Rayan, Sisan, and Baker not only examined workplace violence, stress, and burnout, but also sought to identify effective measures, as perceived by nurses, to address and reduce workplace violence during the Hajj season. Of 120 professionals who were invited to participate, a total of 118 filled out and returned the questionnaires, resulting in a response rate of 98%.

The average age of the participants was determined to be 29.14 years. Approximately 65% of the participants were female and the majority, 71%, were married.

Participants experienced significant psychological distress and exhaustion. In addition, more than fifty percent reported occurrences of workplace assault in the month prior to the study. Given the demanding nature of the nursing profession, elevated levels of stress are to be expected, particularly during periods of intense workload, such as the Hajj season.

Deepening and corroborating the data already presented, Dantas *et al.* (2023), developed a study aimed at characterizing verbal aggression towards nursing

professionals in a hospital unit in the south-central region of Ceará. The female population totaled 86% of the sample.

McGuire *et al.* (2023) aimed to assess the incidence of workplace violence among multidisciplinary teams in an emergency sector within a regional health system in the Midwest of the USA and to assess its impact on them. The interviewees totaled a sample of 833 participants. Of the participants who answered which gender they belonged to, 172 men (26.1%), 483 women (73.4%) and 3 (0.5%) were transgender. The number of patients in relation to the nursing team was not specified, but it is understood from the data that the majority of the multidisciplinary team was made up of a female population and that most of the participants belonged to the nursing team (208).

In another study, Doehring *et al.* (2023), investigated the emergency room of an urban municipal hospital, with an annual census of approximately 100,000 attendances, aiming to analyze the physical and verbal violence suffered by the team. The survey evaluated 130 reports of workplace violence, answered by the team, and had the participation of nurses (107), care technologist (10), a physician (1), nurse and physician (2), other hospital employees (4) and strangers (9).

Darawad *et al*. (2022), in their research, explored violence at work in a hospital in Jordan suffered by nurses in the emergency sector. The study included 12 nurses selected from two Facebook groups ("NCLEX facilitated" and the *Jordanian Nursing Council*) intentionally, 7 of whom were male (58.3%) and 5 were female (41.7%).

Faghihi *et al.* (2021) aimed to assess the components of violence at work against nurses from the perspective of women working in different sectors of a hospital in Tehran. The nurses constituted a sample of 21 professionals.

In another study, women were identified as the majority (725), constituting 72% of the total sample, and aimed to present the experiences of nursing professionals in the face of violence in their workplace in three hospitals in Veracruz, Mexico (Enríquez-Hernández, 2021).

Given these expressive numbers of studies, it is worth remembering that to achieve the objective of explaining issues arising from inequality that affect women, significant steps were needed by human rights activists in recent decades. Previously, discrepancies between men and women provided justifications for marginalizing women's rights. On the other hand, the differences with women prove that it is necessary to include gender issues

in all human rights discourses. This is because these differences demonstrate that it is the responsibility of any human rights body to consider them (CRENSHAW, 2002)

There are several reasons why traditional concepts of racial or gender discrimination are disregarded and not properly analyzed or addressed. There is constantly a line of invisibility that involves situations related to marginalized women, even when people have some understanding of their difficulties or life situations (CRENSHAW, 2002).

Intersectional discrimination is especially difficult to identify in the context of the economic, cultural, and social forces that discreetly shape women in situations affected by other systems of subordination. This (structural) context is often invisible because it is so pervasive that it seems to be a fact of life, naturally or at least constant. The result is that only the most superficial problems of discrimination are seen, and nothing is known about the structures that allow women to accept this subordination. Thus, the discrimination in question could be seen simply as sexism (gender) or racism (racial). To understand discrimination as an intersectional issue, the dimensions of gender and race must be emphasized as part of the framework, part of the structure, included as a primary factor that contributes to generating subordination (CRENSHAW, 2002).

According to the aforementioned author, using an intersectional metaphor, through an analogy that uses multiple axes of power to represent how oppression works, in many different social, economic, and political systems, which include race, gender, class, and nation; they have axes that sometimes intersect or overlap. For example, racism is distinct from patriarchy, which is distinct from class oppression. In some cases, two or even three axes intersect in a single system.

Many women find themselves at the center of crossed roads of oppression, such as racism, xenophobia, class, and gender. This makes them very susceptible to a high volume of traffic. This means that navigating heavy traffic requires constant negotiation, it becomes a very dangerous task when traffic comes from several directions at the same time (CRENSHAW, 2002).

Damage occurs when an incoming airstream pushes a victim towards another oncoming airstream, or when different aircurrents collide at the same time. These damages occur as a result of an individual's vulnerabilities colliding with disadvantages. These collisions cause intersectional damage, which produces different dimensions of disempowerment.

TYPES OF VIOLENCE EXPERIENCED BY NURSING PROFESSIONALS

In the search to describe the styles of violence that nurses experience in their workplaces, Fabri *et al.* (2022), verified the types of violence that occurred with 101 primary care professionals, where 65.3% of verbal harassment, 29.7% of mental harassment, 17.8% of physical harassment, 1% of sexual harassment and 1% of sexual harassment were found, 1% is racist. Compassion was rated as low by 54.5 percent of respondents, high by 58.4 percent, and high by post-traumatic stress by 57.4 percent.

Among the sample, approximately 54.5% experienced a significant lack of compassion satisfaction, while 58.4% reported high levels of burnout and 57.4% reported high levels of post-traumatic stress. It was found that moral harassment in the workplace and the presence of support systems that encourage the reporting of incidents of violence were factors associated with levels of compassionate satisfaction (FABRI *et al.*, 2022)

The aforementioned authors believe that there is a correlation between racial discrimination and skin color, as well as a link between bullying and skin color and the use of medications, especially anxiolytics. In addition, the study understood that sexual harassment was linked to racial discrimination. These findings are worrisome, as they highlight an alarming phenomenon within the nursing profession. Nursing staff not only face a dual threat of gender and professional discrimination, but also encounter challenges in reporting such incidents due to cultural barriers (FONTANA, 2019).

It was identified that the experience of secondary traumatic stress is linked to cases of physical violence and the failure to report such incidents. These circumstances make nursing professionals susceptible to the development of occupational diseases. When subjected to acts of violence in the workplace, significant damage is inflicted on the worker, namely in terms of his or her mental well-being (BORDIGNON; MONTEIRO, 2019). The manifestation of aggressive behavior can have serious consequences on the mental health of nurses, often resulting in post-traumatic stress disorder. This, in turn, significantly harms overall health and contributes to increased rates of absenteeism and job dissatisfaction (Santana, 2019).

When analyzing the presence of physical and psychological violence among health workers, Pai *et al.,* (2018) point out that 15.2% (42) of the participants suffered physical violence. Psychological violence affected 48.7% (135) of the workers, with verbal aggression being the most prevalent form 24.9% (69), followed by moral harassment 8.7%

(24). In addition, there were 24 cases (8.7%) of racial discrimination and 7 cases (2.5%) of sexual harassment.

Regarding physical violence, 41.2% (111) reported having witnessed situations of physical violence in the workplace. Regarding psychological damage, most individuals (112) who suffered verbal aggression classified it as a common occurrence in their professional environment, totaling approximately 83%. Those who were victims of bullying stated that it occurred about four times in the year prior to the study.

The frequency of occurrence of racial discrimination varied for its victims, with an average of approximately two instances reported in the year prior to the study being conducted. Although the numerical representation is relatively small, victims of sexual harassment reported having suffered more than three times in the year prior to the study (PAI *et al.*, 2018).

In relation to those who committed acts of violence (277), the study revealed that the patients themselves were the main aggressors against health professionals, corresponding to 35.4% (98) of the cases. Colleagues from the multiprofessional health team were responsible for 25.3% (70) of the occurrences, while the head was the aggressor in 21.7% (60) of the situations. The companions of the patients represented 15.5% (43) of the observed violence, with other individuals involved in only 2.1% (6) of the sexual cases (PAI *et al.*, 2018).

Based on the data, it was evidenced that the main instigators of physical violence and verbal aggression were the patients themselves, representing 90.5% (38) and 35.5% (48) of these occurrences, respectively. In addition, patients have also been actively involved in incidents of racial discrimination and sexual harassment, highlighting their role as significant contributors to such occurrences (PAI *et al.*, 2018).

As for those responsible for verbal aggression, companions ranked second with 23.7% (31). Similarly, they also ranked second in cases of physical violence at 7.1% (3), and engaged in bullying at a rate of 4.3% (3). In addition, partners were identified as perpetrators of racial discrimination with a rate of 16.7% (4) and sexual harassment with a rate of 14.3% (1) (PAI *et al.*, 2018).

Sé *et al.* (2020) set out to identify the various forms of violence experienced by nurses in mobile Pre-Hospital Care (PHC). Comparatively, nurses and paramedics face a higher incidence of physical violence when compared to other health professionals. These

data highlight their greater vulnerability to workplace violence due to prolonged contact with patients and direct involvement in the delivery of health care and interventions.

A total of 58 nurses, representing 86.6% of the sample, acknowledged having suffered verbal abuse in the twelve months prior to data collection. The main perpetrators of such abuses were identified as patients, patients' relatives, and members of the general public. It is noteworthy that a significant number of victims did not report occurrences of violence, probably due to the lack of institutional, medical and psychological support in the workplace (SÉ *et al.*, 2020).

When examining sexual harassment, the aforementioned authors describe that this form of harassment was reported by 11 nurses, corresponding to 16.4% of the participants. The incidents occurred in various locations, including public roads, APH bases, homes, and hospitals.

From the perspective of Seun-Fadipe, Akinsulore and Oginni (2019), it is worth noting that the individuals responsible for perpetrating acts of violence in the workplace differ according to the type of violence involved. Physical violence was most commonly inflicted by patients, while verbal abuse was predominantly carried out by patients' family members. On the other hand, bullying and sexual harassment were mostly perpetrated by co-workers.

Corroborating, Dantas *et al.* (2023) found that verbal aggression suffered by participants in the 12 months prior to the study was a percentage of 65%, and of this total, about 48% answered that it happened sometimes, in relation to its frequency.

McGuire *et al.* (2023) in a study carried out with 208 participants found that about 199 of these participants (95.7%) had suffered any verbal abuse, threatening tone 196 (94.2%), abusive language 192 (92.3%), racial harassment 50 (24.0%), gender harassment 56 (26.9%), sexual harassment 65 (31.3%) and personal threats 102 (49.0%).

In view of the factors that have been analyzed so far, it is worth thinking about how violence among peers is configured, that is, how professionals can manifest violent attitudes in the workplace. Therefore, the theme will be reflected in the sequence.

INTERNAL VIOLENCE: THINKING ABOUT ATTITUDES AMONG THE WORK TEAM

Discussing the various types of violence at work can be a challenging task, especially when the perpetrators are subjects who occupy professional positions such as colleagues, managers or superiors. This generates a climate of fear and silence, as victims

may be concerned about possible retaliation, harassment or disciplinary measures if they speak out (SÉ *et al.*, 2020).

Regardless of the type of violence, patients were identified as the main aggressors, followed by their family members and co-workers. It was observed that the aggressors faced minimal consequences or punishments, and the participants expressed dissatisfaction with the handling of these incidents by their superiors (SÉ *et al.*, 2020).

Pai *et al.* (2018), state that in relation to verbal aggression, co-workers and companions tied for second place, accounting for 23.7% (n32) of the reported occurrences. Managers were the main responsible for cases of moral harassment, making up 47.9% (33) of the cases. In addition, it was found that managers practiced racial discrimination in 20.8% (5) of the cases.

Of all the occurrences recorded, it was found that verbal aggression was present in 16.3% of the cases (22). However, there were no cases where the boss was involved in physical violence or sexual harassment in the workplace (PAI *et al.*, 2018).

According to the aforementioned articles, a significant portion of the interviewees, 54%, indicated that they had witnessed cases of violence in the workplace perpetrated by their superiors. This number is remarkably high, particularly when you consider that managers are expected to provide support and serve as a pillar of strength for their nursing staff. In addition, it is worth noting that psychological violence was more prevalent than physical violence. In light of these findings, nurse managers should not ignore the substantial impact that stress can have on the overall functioning of an organization (RAYAN; SISAN; BAKER, 2019).

When examining instances of sexual harassment, perpetrators of sexual harassment included a variety of individuals, including superiors such as patients, the general public, colleagues inside and outside the unit, the patient's family members, physicians at the target hospital, and security officers. It is worth noting that women who reported having suffered harassment stated that it was perpetrated exclusively by men. However, there was one nurse who reported having suffered sexual harassment from both sexes (SÉ *et al.*, 2020).

In line with the data previously presented, in the study conducted by Tsukamoto *et al.* (2019), it was found that approximately 12.8% (n=31) of the nursing team in the hospital environment reported having suffered sexual harassment. These incidents occurred on several occasions over a twelve-month period and were perpetrated by

colleagues, superiors, supervisors, patients, and relatives of patients. Most of these incidents occurred during night shifts. Additionally, another research study revealed that healthcare workers experienced more than three instances of sexual harassment in a single year (DAL *et al.*, 2020).

The phenomenon of harassment is a harsh reality that permeates countless professional environments, leaving a lasting impact on countless employees. João and Portelada (2019) revealed that nine out of ten nurses surveyed reported having suffered at least one instance of moral harassment in their workplace. The answers provided by the participants generated a mean rating ranging from 2.71 to 5.02, with standard deviation (SD) indicating the variation of the results. Significantly, where a portion of victims of bullying acknowledged that their exposure to such mistreatment had adverse effects on their well-being.

Even though this is a serious situation, in many work environments, victims of aggressive behavior often ignore the fact that such behaviors have a designation, and this is a prevalent problem in many organizations. Knowing that only one in five of the nurses are aware of being subjected to harassment at their workplace. On average, each nurse endures 11 instances of aggression, although these acts usually manifest themselves with reduced impact and intensity (JOÃO; PORTELADA, 2019).

From the point of view of internal violence, it is noted that in relation to the practicing individuals, the relatives of the clients stood out (20), followed by the clients (15) and co-workers (7) (DANTAS *et al.*, 2023).

The study by La Torre *et al.*, (2022), highlights violence among workplace professionals within the medical team as a structural problem.

Medical professionals are pointed out as the main representatives of psychological and symbolic aggression (ENRÍQUEZ-HERNÁNDEZ, 2021), being considered the main aggressor (44%), however, it is interesting to note that this sample does not allow us to affirm that this behavior encompasses the entire medical profession.

CONCLUSION

From the data presented and problematized throughout this study, it can be inferred that it fulfilled its objective of reflecting on what has been scientifically produced about violence at work among professional nurses and its intersectionality in public and private hospital institutions at the national and international levels.

It was understood that the occurrence of violence directed at nurses in the workplace is an extremely exhausting issue with negative repercussions on the care provided by nurses.

As a protective measure, it is proposed to create educational programs aimed at health professionals, patients and the general public to raise awareness about violence at work and its impact on health services.

A multiplicity of obstacles to the eradication of violence was identified, since the data lead to the belief that violence has become "commonplace" in various health environments. There is a growing belief that it is now considered an inherent aspect of work.

Studying the improvement of work environments in the healthcare sector is inherently complex. This is due to the fact that health professionals face a wide range of risks and occurrences of violence in their daily activities. Consequently, violence in the health sector has emerged as a worldwide public health problem, resulting in detrimental effects on both the well-being of workers and the quality of patient care.

The results also suggest that promoting job satisfaction, work ability and a safe environment in relation to violence may reduce the nursing team's intention to leave their current job or profession. However, it is crucial for nurse managers to individually understand these three phenomena in order to develop retention strategies that are appropriate and aligned with the goals of their institution or health system.

Finally, in view of the analyses carried out in this study, it is relevant to remember that establishing clear policies and procedures that address the problem of violence in the workplace can be a source of protection.

The debate on this theme is fundamental, since studies have demonstrated the adverse impact of exposure to violence on the well-being of nursing professionals. These consequences encompass physical damage, emotional manifestations, and various disorders. In addition, it can also influence job performance and overall social well-being. It is essential to think of ways to combat violence, regardless of its manifestation, as a way to free oneself from the confines of a culture of blaming that prevents the sharing of responsibilities and the potential to emerge from knowledge. Any actions or measures implemented in response to this phenomenon must prioritize the principles of a nonviolent culture and the well-being of all individuals involved.

To conclude, it is necessary to emphasize that although the contributions of this study are significant, it is relevant that new research be carried out. Above all, of a

participatory nature, because it is understood that in this modality, both researchers and those researched can be mutually benefited.

REFERENCES

1.   Alberdi, C. J., Garcia, G. P., & Suarez, C. B. J. (2020). Impacto psicossocial em profissionais de saúde vítimas de ataques de cidadãos: uma revisão sistemática. Segurança do Trabalho Med [Internet], 66(259), 100-111. [cited February 28, 2024]. Available at: https://scielo.isciii.es/pdf/mesetra/v66n259/0465-546X-mesetra-66-259-100.pdf

2.   Al-Qadi, M. M., Maruca, A. T., Beck, C. T., & Walsh, S. J. (2022). Exploring Jordanian emergency registered nurses' experiences of workplace violence: A phenomenological study. International Emergency Nursing, 19(5), 492-501. [cited February 28, 2024]. https://doi.org/10.1016/j.avb.2014.07.010

3.   Bordignon, M., & Monteiro, M. I. (2019). Predictors of nursing workers' intention to leave the work unit, health institution, and profession. Revista Latino-Americana de Enfermagem [Internet], 27, e3219. [cited July 18, 2023]. Available at: https://doi.org/10.1590/1518-8345.3280.3219

4.   Crenshaw, K. (2002). Documento para o encontro de especialistas em aspectos da discriminação racial relativos ao gênero. Revista Estudos Feministas, 10(1), 171-188. [cited July 18, 2023]. http://dx.doi.org/10.1590/s0104-026x2002000100011

5.   Dahlberg, L. L., & Krug, E. G. (2006). Violência: um problema global de saúde pública. Ciência & Saúde Coletiva, 11, 1163-1178. [cited July 18, 2023]. https://doi.org/10.1590/S1413-81232006000500007

6.   Dantas, M. B., Assís, F. D., Magalhães, B. C., Sousa, B. E., & Peixoto, W. Q. (2023). Caracterização da agressão verbal com enfermeiros em uma unidade hospitalar. Enfermagem em Foco, 14. https://doi.org/10.21675/2357-707X.2023.v14.e-202307

7.   Darawad, M. W., Al-Hussami, M., Saleh, A. M., Mustafa, W. M., & Odeh, H. (2015). Violência contra enfermeiros em departamentos de emergência na Jordânia: perspectiva dos enfermeiros. Segurança do Trabalho, 63(1), 9-17.

8.   Doehring, M. C., et al. (2023). Explorando a violência verbal e física no local de trabalho em um grande departamento de emergência urbano. The American Journal of Emergency Medicine, 67, 1-4.

9.   Elliott, P. (1997). Violence in health care: What nurse managers need to know? Nursing Management, 28(12), 38-41.

10.   Enríquez-Hernández, C. B., et al. (2021). Violencia hacia el profesional de enfermería: una etnografía focalizada. Ciencia y Enfermería, 27.

11.   Fabri, N. V., Martins, J. T., Galdino, M. J. Q., Ribeiro, R. P., & Moreira, A. A. O. (2022). Violência laboral e qualidade de vida profissional entre enfermeiros da atenção primária. Acta Paulista De Enfermagem, 35. [cited July 18, 2023]. Available at: https://doi.org/10.37689/acta-ape/2022AO0362345

12.   Fagihi, M., Farshad, A., Abhari, M. B., Azadi, N., & Mansourian, M. (2021). Os componentes da violência no trabalho contra enfermeiras na perspectiva de mulheres que trabalham em um hospital em Teerã: um estudo qualitativo. BMC Women's Health, 21(1), 1-13.

13.   Fontana, R. T. (2019). A violência no cotidiano de trabalho da enfermagem e os usos de si no enfrentamento. Revista Vivencias, 16(30), 99-114.

14.   Galvão, T. F., & Pansani, T. S. A. (2015). Revisões sistemáticas e Meta-análises: A recomendação PRISMA. Epidemiologia e Serviços de Saúde, 24(2), 335 Brasília. Translation of: Moher D, Liberati A, Gazquez JJ, Molero MDM, Pérez-Fuentes MDC, Barragan AB. Quality of life, caregivers, and intervention to improve health [Internet]. Madrid: ASUNIVEP; 2018 [cited April 12, 2019]. Vol II. Available at: https://ciise.es/files/libros/BOOK_04.pdf#page=389

15.   Gil, A. C. (2022). Como elaborar projetos de pesquisa (7th ed.). São Paulo: Atlas.

16. João, A. L. S., & Portelada, A. F. (2019). Mobbing e seu impacto nas relações interpessoais no ambiente de trabalho. Journal of Interpersonal Violence, 34(13), 2797-2812. [cited July 18, 2023]. Available at: https://doi.org/10.1177/0886260516662850

17. La Torre, G., et al. (2022). Workplace violence among healthcare workers, a multicenter study in Italy. Public Health, 208, 9-13. https://doi.org/10.1016/j.puhe.2022.04.008

18. Lanctôt, N., & Guay, S. (2014). The aftermath of workplace violence among healthcare workers: A systematic literature review of the consequences. Aggression, 19(5), 492-501.

19. Marques, D., & Silva, I. S. (2017). Violência no trabalho: um estudo com enfermeiros/as em hospitais portugueses. Revista Psicologia Organizações e Trabalho, 17(4), 226-234. [cited July 18, 2024]. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1984-66572017000400007&lng=pt&nrm=iso

20. McGuire, S. S., Finley, J. L., Gazley, B. F., Mullan, A. F., & Clements, C. M. (2023). The team is not okay: Violence in emergency departments across disciplines in a health system. Western Journal of Emergency Medicine, 24(2).

21. Organização Internacional do Trabalho - OIT. (2003). Code of practice on workplace violence in services sectors and measures to combat this phenomenon. Geneva: ILO – International Labour Organization.

22. Pai, D. D., Sturbelle, I. C. S., Santos, C., Tavares, J. P., & Lautert, L. (2018). Violência física e psicológica perpetrada no trabalho em saúde. Texto Contexto - Enferm [Internet], 27(1). https://doi.org/10.1590/0104-07072018002420016

23. Paravic-Klijn, T., Burgos-Moreno, M., & Luengo-Machuca, L. (2018). Acoso laboral y factores asociados en trabajadores de servicios de emergencias. Index Enferm, 27(4), 201-205. [cited June 10, 2024]. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962018000300005&lng=es&nrm=iso

24. Rayan, A., Sisan, M., & Baker, O. (2019). Stress, workplace violence, and burnout in nurses working in King Abdullah Medical City during Al-Hajj season. Nurs Res, 27(3). https://doi.org/10.1097/jnr.0000000000000291

25. Santana, A. C. (2019). Desafios da atenção à violência doméstica pela equipe da estratégia de saúde da família. Caderno de Graduação - Ciências Biológicas e da Saúde - UNIT - Sergipe, 5(3), 215. [cited June 10, 2024]. Available at: https://periodicos.set.edu.br/cadernobiologicas/article/view/7059. Accessed November 25, 2024.

26. Santos, C. M. C., Pimenta, C. A. M., & Nobre, M. R. (2007). The PICO strategy for the research question construction and evidence search. Revista Latino-Americana de Enfermagem, 15(3), 508–511. [cited June 3, 2024]. Available at: https://www.scielo.br/j/rlae/a/CfKNnz8mvSqVjZ37Z77pFsy/?lang=en#

27. Sê, A. C. S., et al. (2020). Violência física, abuso verbal e assédio sexual sofridos por enfermeiros do atendimento pré-hospitalar. Enfermagem em Foco (Brasília), 1(6), 135-142. [cited June 3, 2024]. Available at: http://revista.cofen.gov.br/index.php/enfermagem/article/view/4087/1066

28. Seun-Fadipe, C. T., Akinsulore, A. A., & Oginni, O. A. (2019). Workplace violence and risk for psychiatric morbidity among health workers in a tertiary health care setting in Nigeria: Prevalence and correlates. Psychiatry Res, 272, 730-736. https://doi.org/10.1016/j.psychres.2018.12.177

29. Tsukamoto, S. A. S., et al. (2019). Violência ocupacional na equipe de enfermagem: prevalência e fatores associados. Acta Paulista De Enfermagem, 32(4), 425-432. [cited July 18, 2023]. Available at: https://doi.org/10.1590/1982-0194201900058