

## OCCUPATIONAL PHYSICAL VIOLENCE IN URGENCY AND EMERGENCY HOSPITAL SERVICES: PERCEPTIONS OF NURSING WORKERS

*VIOLÊNCIA FÍSICA OCUPACIONAL EM SERVIÇOS DE URGÊNCIA E EMERGÊNCIA HOSPITALARES:  
PERCEPÇÕES DE TRABALHADORES DE ENFERMAGEM*

*VIOLENCIA FÍSICA LABORAL EN LOS SERVICIOS HOSPITALARIOS DE URGENCIAS Y EMERGENCIAS:  
PERCEPCIÓN DE LOS TRABAJADORES DE ENFERMERÍA*

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### ABSTRACT

The objective was to reveal the perception of Nurses regarding occupational physical violence in urgency and emergency services. A qualitative study developed through 16 individual interviews with data collected between March and May 2015 in two hospitals of medium complexity, located in the north of Paraná. To interpret the speeches, content analysis and Symbolic Interactionism were adopted as methodological and theoretical references, respectively. It was identified that the aggressive acts were perpetrated, mostly, by patients and professionals from other health areas, and their motivations were closely related to the communication among the people involved. Another aspect revealed was the reactions of the workers according to their personal characteristics and the way they developed the self (self-awareness). Understanding occupational physical violence from the perspective of different actors made it possible to understand its complexity and the importance of actions to be developed not only by the nursing professionals, but also by the multi professional and intersectoral teams to prevent and confront occupational violence.

**Keywords:** Nursing; Workplace Violence; Emergency Service, Hospital.

### RESUMO

*Objetivou-se desvelar as percepções de trabalhadores de enfermagem em relação à violência física ocupacional em serviços de urgência e emergência hospitalares. Estudo qualitativo desenvolvido por meio de 16 entrevistas individuais, cujos dados foram coletados entre março e maio de 2015 em dois hospitais de média complexidade, localizados no norte do Paraná. Para interpretação dos discursos adotaram-se análise de conteúdo e interacionismo simbólico como referenciais metodológico e teórico, respectivamente. Identificou-se que os atos agressivos foram perpetrados, em sua maioria, por pacientes e por profissionais de outras áreas da saúde, e suas motivações estavam intimamente relacionadas à maneira com que os envolvidos se comunicaram. Outro aspecto desvelado foram as reações dos trabalhadores de acordo com suas características pessoais e a maneira como desenvolveram o self (consciência de si mesmo). A compreensão da violência física ocupacional sob a perspectiva dos diferentes atores revelou sua complexidade e a importância do desenvolvimento de ações, não apenas por parte dos profissionais de enfermagem, mas pelas equipes multiprofissionais e intersetoriais, visando à prevenção e ao enfrentamento da violência ocupacional.*

**Palavras-chave:** Enfermagem; Violência no Trabalho; Serviço Hospitalar de Emergência.

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## RESUMEN

Se buscó descubrir la percepción de los trabajadores de enfermería sobre la violencia física laboral en los servicios de urgencias y emergencias de un hospital. Estudio cualitativo desarrollado a través de 16 entrevistas individuales. Los datos se recogieron entre marzo y mayo de 2015 en dos hospitales de mediana complejidad ubicados en el norte del estado de Paraná. Los discursos se interpretaron según el análisis de contenido y el interaccionismo simbólico como referentes metodológico y teórico, respectivamente. Se identificó que los actos agresivos fueron cometidos, sobre todo, por pacientes y profesionales de otras áreas de la salud, y sus motivaciones estaban estrechamente vinculadas con la manera cómo se comunicaban las personas involucradas en el hecho. Otro aspecto dado a conocer fueron las reacciones de los trabajadores en función de sus características personales y de la manera cómo habían desarrollado su propia conciencia. La comprensión de la violencia física laboral desde la perspectiva de los distintos personajes reveló la complejidad y la importancia de implementar acciones no sólo por parte del personal de enfermería, sino también por los equipos multidisciplinarios e intersectoriales, con miras a prevenir y combatir la violencia laboral.

**Palabras clave:** Enfermería; Violencia Laboral; Servicio de Urgencia en Hospital.

## INTRODUCTION

Workplace violence perpetrated against health professionals is considered a public health problem in Brazil and in the world;<sup>1,2</sup> that is defined as “incidents where a worker suffers abuse, threat or attack in work-related circumstances, even on route to work, involving explicit or implicit threat to their safety, welfare or health”.<sup>3,3</sup>

Although verbal and psychological aggression are the most prevalent occupational violence, there are convincing evidence that physical abuse has grown significantly in this population and may reach 58% among workers in the emergency area. The authors of occupational violence include managers, co-workers -health professionals and other areas-, patients and their families.<sup>4,5</sup>

In the hospital area, the risk of occupational violence is higher among nursing professionals of urgent and emergency services,<sup>6-9</sup> since they are the front line and responsible for full-time care. Therefore, they are the first to receive dissatisfaction manifestations with the service. Violence against these workers bring negative implications for their safety and health, such as traumatic physical injury, depression, *burnout* syndrome, minor psychic disorders, insomnia, stress, low job satisfaction and impacts on the quality of care provided to the patient.<sup>2,10,11</sup>

Thus, studies developed in the world investigate the prevalence and nature of this violence,<sup>7,12</sup> commonly associated to the vulnerability of working conditions, which is permeated by high demand of activities, the severity of cases, long working days, human and material resources deficit, inadequate physical structure, hierarchical tension in addition to the pressure of the family and the convivence with the possibility of death.<sup>13</sup>

However, there are still important gaps in knowledge, including an understanding of the environmental and organizational determinants of violence at work.<sup>1,10</sup> This information can subsidize the development of public policies and organizational initiatives to prevent physical violence at work.

Before the above considerations, the aim of this paper is to unveil the perceptions of Nursing workers related to occupational physical violence in urgent and emergency hospital services.

## METHOD

It is a qualitative study with descriptive characteristics with the purpose to explore subjective and personal thoughts of the staff interviewed, in their daily experience, expressing them in a descriptive mode.

The study scenario was urgent and emergency services of two public hospitals in a municipality in Paraná. These State institutions provide health care at the level of medium complexity with 105 beds and 117 workers who are mostly public servers through a legal selection.

Nursing workers who met the following eligibility criteria participated in this study: having worked at least one year in one of the hospitals investigated, having been victim of physical violence during work in the last 12 months; and not being on vacation or license during data collection.

The number of respondents was defined by the theoretical saturation criterion, in which interviews are finished when there is convergence of speeches and any new elements arise to further theorizing,<sup>14</sup> what occurred with 16 Nursing professionals.

For the collection of data, we used the semi-structured interview containing questions for participants characterization (sex, age in years, graduating and working time in the hospital). To get free expression of Nursing workers during the interview and leverage the object of study, a guide with the following key issues was outlined: tell me the experience of having suffered physical violence in your workplace. What it meant to you having suffered physical violence? What are your suggestions to improve safety in your workplace?

The first participants were selected from a quantitative study conducted in 2013 by the authors of this research, also on occupational violence and in the same hospitals. The first two chosen, coincidentally, had suffered physical violence occupational recently and, therefore, were interviewed.

Afterwards, the selection continued using the technique called “snowball”,<sup>15</sup> where the first respondents indicated a co-worker who had also suffered physical violence in the last year. With this method, it was possible to arrange the sequence of

interviews as the workers indicated the next participant. The workers were contacted by telephone and invited to participate in an interview, scheduled as their availability, and there were no refusals.

The interviews were conducted by the author from March to May 2015 in individual rooms of their respective hospitals. The interviews were recorded and had an average duration of 30 minutes.

The entire transcript of the speeches was done soon after the completion of the interviews and subsequently analyzed according to the assumptions of content analysis. This methodological referential was chosen because the interpretation covered two poles: the intensity of objectivity and the richness of subjectivity. In the pre-analysis process, the initial ideas were systematized and indicators for the interpretation of the information gathered identified, following the principles of exhaustiveness, representativity, homogeneity and relevance. During the material exploration, we coded and identified record and context units. In the third and final phase treatment, inference and interpretation of results were performed based on the theoretical framework adopted.<sup>16</sup>

The categories were discussed in the light of the symbolic interactionism, which has three basic premises. The first considers that human beings act in relation to objects based on the meaning that these objects have for them. The second, that the meaning of things is the result of social interaction that humans have with each other. The third indicates that the meanings are not accepted and used automatically, but are subject to a process of interpretation, that is, there is a training process in which they are used or changed as a means for the direction or action in the process of building social interaction.<sup>17</sup>

This study was conducted after approval by Research Ethics Committee, according to paragraph 1.068.143. In compliance with the ethical precepts, the commitment of the participants was obtained by an informed consent, and to ensure their anonymity were identified with the letter I of interviewed, the interview number, sex and age of the participant (I number, sex, age).

## RESULTS AND DISCUSSION

Of the 16 participants of the study, 10 were men between 30 and 47 years old and six were women, from 30 to 55 years old. All had worked in the institutions of the research for five years or more and the time of graduation was between five and 25 years.

Having experienced physical aggression in their working environment, the workers interpreted and attributed meaning not only to the working process, but also to the relationship established with the user of urgent and emergency units. In this complex phenomenon, many of the situations were understood through the four categories presented as follows.

### THE AGGRESSOR AND THE PROBABLE CAUSES FOR THE OCCUPATIONAL PHYSICAL VIOLENCE

This category was built based on the perceptions of the workers on how violence is manifested in the hospital context, especially with regard to the actors involved in these situations, forms of aggression and their motivations, as can be seen in the following excerpts:

*I was in the triage process when arrived boy with suspected H1N1 who was out of jail. I asked him to put on the mask, but he threw it at me and said that he would not use it (14, M, 40 years old).*

*[...] When they are angry they bully who first? We, the nurses. They hit, throw, kick, spit [...] (16, F, 55 years old).*

*[...] He wanted to leave, he had stolen the mobile phone of a patient, threatened to break everything, warned that he was not afraid of us, nursing professionals. I called the psychologist. He tried to escape, we tried to restrict, four people were necessary to contain him, we just didn't realize that there was a serum support behind, that's when he launched the support against my face, a hematoma appeared immediately [...] (18, M, 35 years old).*

Nursing workers are the foundation of care in urgent and emergency services, they act on risk classification and perform all necessary care as well as helping the other professionals to perform their activities. The conflict between workers and users is one of the many situations that can contribute to generate hostility at work in this sector, influenced by the overload of activities and overcrowded units. Often, in an attempt to minimize the situations of dissatisfaction about the care offered, they explain the real working condition to the user, which can cause more upheaval in the aggressor.

Communication used before the physical aggression can trigger violence and is considered by the symbolic interactionism as a structure that encourages the development of people, known as the window to the true human nature. However, it is also the means by which the human being tries, consciously or unconsciously, to alter the symbolic structure established in the interaction between people. The man is a communicative being because of the need for social contact and during their development they found that resilience is the best way to survive in society, even if that means to manipulate the symbols and change the reality.<sup>18</sup>

We infer that the main defense of the worker to threats and attempts of physical aggression was, initially, the communication, in order to change the symbols interpreted by the aggressor and transform reality to avoid the phenomenon. That is, the

workers created the symbols (communication) as an alternative of resilience to keep the situation less offensive to themselves.

In a relational level, respondents indicated as potential causes of violence the ways in which social relationships are established, communication issues, the dispute for power and hierarchy, as unveiled in the following statement:

*[...] a patient [with] neuro-vegetative disorder [...] which was not life-threatening, but the companion [...] required immediate medical attention. Of course, I tried to calm him down, [...] so I went to the doctor in the room who requested to wait and would see him later. I promptly replied no, due to the gravity of the situation and that we all were at risk due to death threats by the companion. At this point we had a discussion, [...] he pushed me twice and shout. [...] It was as if he had a bandage in the eyes and did not see the team as a whole was in danger and I fought with him trying to protect everybody, I required that at least he assess the condition of the patient, and he pushed me again three times [...] (10, M, 34 years old).*

The conflict, in this case, happened because of the existence of an invisible subordination relationship between the people involved. To elucidate this question, we need to consider the interactionist vision, in which the society is represented by a vertical structure, based on a complex network of values that sorts things, gestures and people in hierarchies.<sup>18</sup>

This symbolic structure represented by the society is based on the fact that *symbols* interact hierarchically according to the values they have for the people involved. From the perspective of communication, the society is considered a horizontal process, where face to face contact prevails, giving the idea that all are at the same level. However, when there is a vertical orientation on the hierarchies of values, it is likely to be a dispute between individuals, making the society a place of numerous conflicts. This happens due to the creation and support of symbolic hierarchies in a system of power among people.<sup>18</sup>

The speeches of respondents revealed that working conditions also triggered occupational violence as represented in the following fragment:

*The patient arrived at 3:00 in the morning, I went to prepare the antibiotic and it was already 8:00. [...] When I arrived [...] the wife was nervous, trying to beat me. I said: "I'm coming right now", but she relieved everything she was feeling. In the hallway there were many litters, an intubated in the suture room, the shift had been hard. Sometimes the nurses are not enough, there are people who can't even work, they get medical certificate. The excessive workload interferes in the attention, then whoever*

*is in front receives the aggression. [...] Another lady threw a chair in the glass when I was explaining our situation in the emergency room (15, M, 30 years old).*

The structural and organizational features mentioned in this speech reaffirmed the precarious conditions of urgent and emergency services, due to the high demand for attendance, with the consequent workload for professionals.<sup>13</sup>

The reasons why violence against Nursing workers happen were diverse, but all related to the working process, even because of the delay in providing the service, power struggle or pathological condition of the patients.

### THE MEANINGS OF OCCUPATIONAL PHYSICAL VIOLENCE TO WORKERS: FEELINGS OF FRAGILITY

In the analysis of the meanings of occupational physical violence it was found that nursing workers interact through these meanings establishing a cognitive profile of the reality, which is constantly changed and transformed as a result of the interaction. This process is referred to as *self-interaction*<sup>17</sup> and was observed in the following speeches:

*Physical aggression has meaning only if the aggressor has a personal relationship with the victim. When it comes to getting a physical aggression of a professional, the desire is to remain without talking for years, in this case, it's been five years, that is the time that I have worked in the institution (14, M, 40 years old).*

*[...] it is scary to work in the emergency room, is an open door. I feel vulnerable. [...] I have a small baby at home, imagine if I'm attacked in such a way, that I stay with sequelae? [...] In the same way that the patient is frightened, so are we. Sometimes it's better to be a live coward than a dead brave (18, M, 35 years old).*

*I wonder if I should have studied Laws or have chosen to work in a bank. Is that in a way I like what I do, you have to like it, but it's sad, several times during the day I think of giving up. Why I was beaten? I've never beaten before in my life (11, F, 31 years old).*

In the speech of 14 we can identify the process of self-interaction at the individual level, that is, the respondent established meanings for the situation of violence and physical aggression was considered significant when practiced by someone close, in this case, a co-worker. In the speech of 18 feelings of helplessness, anxiety and fear to react to attacks emerged as

a consequence of insecurity in the workplace, as well as the serious repercussions that can happen.

The workers attacked understand the violence suffered as weakening, and it comes to the point they question the profession choice and its importance for their life. It should be noted that, in considering that the profession is part of personal identity, being harmed makes their own values inferior.

The speeches also indicated the fragility of women in face of physical attacks, showing that they are considered easy targets:

*The fact of being a woman is already a predisposing factor, the impression I have is that men are more respected. We always need their help, they are always required (112, F, 28 years old).*

*[...] Women are easy targets. (13, M, 38 years old).*

On the relevance of violence, the 2030 United Nations Agenda for sustainable development has as one of its goals to promote the empowerment of women and eliminate all forms of violence against them in the public and private spheres,<sup>19</sup> which includes occupational violence.

In Nursing, it is necessary a new professional attitude to break this paradigm, based on the gender influences considerations, workload, stress and low quality of care, added to the dissatisfaction of the relatives and patients, as causes of aggression.<sup>20</sup> It is also critical to recognize the size and complexity of the problem and draw up specific public policies, aimed at improving working conditions and the population health care.

## REACTIONS OF WORKERS VIS-À-VIS THE OCCUPATIONAL PHYSICAL AGGRESSION

Respondents cited some individual characteristics, which have contributed with the genesis of the phenomenon under study:

*[...] then I regretted to say I was not obliged to take care of him (17, F, 50 years).*

*Either way works for me. If the patient treats me well I also deal with him, if not I don't get ahead, I know that eventually I will receive my payment, regardless of the situations that I experienced and independent of the number of patients that I see (19, F, 41 years old).*

These individual characteristics shown different positions of both interviewed nurses and to discuss about this discrepancy we need to redeem the Ethical Theory of Mead, that understands the man as a social individual who develops his own personality (*self*) through interactive processes of communication

and interaction with other individuals. Morality arises from the awareness and analysis of the reasons that led to the action.<sup>21</sup>

Each person develops their moral, which is modified as it gives importance to the facts and experiences that made the person who they are today so, the same situation generates unique reactions in each individual.

The workers also indicated they tried to be impartial with the reasons that trigger the aggression and evaluate the situations without personal opinions or values. In this sense, some reported:

*Some people already attacked some patients, I think it's wrong, but the stress load led them to do it. It's the wrong thing, we can't harm anyone. [...] In my case I let him hit me, I didn't react, because I couldn't [...] (15, M, 30 years old).*

*I have a lot of faith in God, I try to understand the point of the people. No one cares about the context, people are very cold, you do not see humanity, it saddens me. We lift up wall in our hearts to avoid feeling the pain of others [...] (115, M, 39 years old).*

*I don't get close to the people when I talk to them or when I will perform some care. Because I don't feel I'm ready to face conflicting situations (112, F, 28 years old).*

*I clearly do not reflect this on the patient care, but the relationship with the professional who harmed me became more formal and cold (110, M, 34 years old).*

In relation to the various reactions of workers that faced violence, they mentioned situations where the victim tried to remain calm, knowing that any act could harm not only their professional but also their personal life. To help self-defense, these professionals developed some mechanisms such as hostility to patients or even with other colleagues as well as denial and emotional detachment.

In the excerpt of I10 emerged that he developed a cold relationship with the professional who harmed him, since because of the violence practiced it was impossible to reestablish the relationship they had before the fact. The reflection of this situation is the translation of the *self*, more precisely in the *Me* phase, to organize their actions consciously.

We can highlight that human behavior is influenced by social interactions and with their own *self*, which assists people to provide meaning to real situations and act appropriately, as manifested in the following speeches:

*[...] We need to be calmer, quiet and only ultimately discuss with the patient (18, M, 35 years old).*

*It happened several times, but thanks to God it kept here. I get out and don't keep thinking about it (14, M, 40 years old).*

It is believed that Nursing workers reacted to situations on the basis of the meanings attributed to the experience. Through thinking -interacting with their *self*- they understood the need to act on behalf of themselves, to work out strategies to minimize the consequences of the aggression suffered.

In some moments, the worker had pessimistic feelings:

*[...] I couldn't work the rest of the day [...] I'm afraid of him, to happen again (17, F, 50 years old).*

The dialogue with the *self* makes her question on how to act if it happens again, and assigning the repetition of the fact to her unfavorable condition and lack of professional skill, saying she wouldn't be able to face the aggressor again.

The symbolic interactionism assumes that the actions of individuals are oriented according to their own interests, and getting over them is a condition for the person evolution in the ability to judge and guide their actions, since selfishness is a characteristic of the individuals with no ability to look beyond themselves.<sup>21</sup> That is why the Nursing staff, in the face of all difficulties mentioned in this study, must develop competence in order to use the moral judgment and take into consideration the interests of everyone involved, so that the reactions do not exceed the limits imposed by the professional ethics.

## SUGGESTIONS OF THE NURSING WORKERS TO DEAL WITH OCCUPATIONAL PHYSICAL VIOLENCE

Many workers recognize they were exposed to the episodes of violence in their workplace and emphasize the following situations like those that worried them most:

*[...] we should have a protocol, every patient who arrives with psychiatric disorders, drugged, should have to leave all belongings, give them to their family, take out the clothes and put on the hospital uniform immediately (11, M, 47 years old).*

*[...] It is necessary to create protocols for aggressive patients (13, M, 38 years old).*

*[...] There are few doctors who medicate patients. It should be standardized. Because they wait to the end until the person rebels, break things, say they will run away and we have to manage the situation (12, M, 36 years old).*

I2 's speech represents the perception of others interviewed, they attach a symbolic power of medicine as a strategy to justify limitations on decision making of nurses, once they transferred to other professionals the responsibility for preventing occupational violence, which refers to the historical subordination in this area.<sup>22</sup>

The other suggestions showed the absence of public policies and the inadequacy of professional development:

*I think all violence should open a CAT/notification, to at least identify the cases, because in my case it wasn't reported, no one knows what happened [...] Not notifying the occupational violence cases is disrespectful, a devaluation of the workers (16, F, 55 years old).*

*The issue of violence needs an educational activity for the population to clarify on health care, about the reception and triage process (15, M, 30 years old).*

*[...] There should be a psychological support service to the employees, to give them comfort, because no one asks if you're all right or if you need to rest, how's your mind, because if the person is not well structured can even make a mistake at work, because of the stress (11, M, 47 years old).*

*[...] it is necessary to invest on training [...] (18, M, 35 years old).*

Despite the severity of the impact of occupational violence, there are few managerial efforts, noted by the nurses, to reduce these situations. It was also mentioned the underreporting which gives invisibility to the phenomenon on society and hinders the development of evidence-based strategies to deal with violence in the workplace.<sup>9</sup>

All workers who are victims of violence expect to receive social and organizational support, which includes the emotional and legal management support what is a reality in countries such as China and Australia.<sup>9,23</sup>

Analyzing the narratives of respondents by an interactionist vision, we can affirm that workers identified the need for public actions to support the health worker. Looking for alternatives they used the reflective intelligence, defined as the ability to solve problems and challenges faced daily by people.<sup>21</sup>

Reflective intelligence developed by workers, from the episodes of violence, deals with individual and collective issues. Thus, the various expressions of violence announce a risk to society. As violence is unequal and unfair, formed by interest relationships, the importance given to the values and the weakness of the criminal justice system, establish a culture of structural violence, disrespect and impunity.<sup>24</sup>

In relation to training for preventing violent incidents, Jordan study showed that an educational program of verbal and non-verbal communication skills to confront these situations had significant effect to predict early signs of violent behavior and managing violent incidents.<sup>25</sup>

Since this research was held with workers of public hospitals of medium complexity of a municipality in Paraná, the results cannot be generalized to hospitals of other levels of complexity, especially private ones. It is recommended to carry out new studies involving private hospitals, in other scenarios and in other Brazilian regions. Furthermore, we must break the silence on violence to understand the contradictions of the hierarchical and unequal relations, in which gender, class, age relations, among others are involved.

Despite these limitations, this study contributed to the identification of the causes of violence at work, especially the organizational, as well as helping to develop organizational strategies to prevent it and, consequently, provide better working conditions and job satisfaction.

## FINAL CONSIDERATIONS

It was unveiled that the problem of occupational violence still constitutes a major challenge that must be faced daily by the Nursing staff. In addition, it is still a subject little discussed in organizations in which there are difficulties to implement preventive measures, such as those raised in this study.

There is, then, a cycle, in which the situations of violence are increasingly responsible for the nurses' diseases and their devaluation in face of the numerous violence situations experienced, that contribute to mixed feelings in relation to their own professional performance.

Occupational violence episodes, in its various forms and intensities, should be minimized to avoid the acts of violence exercised against a health professional and the idea that they are inherent to the profession, but rather recognized as crimes liable to punishment. It is up to the Nursing workers to develop their activities carefully and believe they are protagonists in this serious scenario change. Unfortunately, occupational violence is little known in official statistics and its combat is still not priority in the definition of public policies.

This study reinforces the importance of occupational health policies and humanization to think actions directed to that professional as well as fighting against violence.

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