

Violence at work against nursing workers and their imbrications with mental health

Violência no trabalho contra os trabalhadores de enfermagem e seus imbricamentos com a saúde mental

Violencia en el trabajo contra los trabajadores de enfermería y sus imbricaciones con la salud mental

ABSTRACT

Objective: To acquaint with the perception of violence experienced by nursing workers in the work environment and their consequences on mental health. **Method:** A qualitative study was conducted in a large public hospital, using the precepts of the theory of Symbolic Interactionism as technical-conceptual support. Data collection was performed through semi-structured interviews based on Minayo's reference, followed by content analysis. **Results:** The professionals' testimonials evidence that violence is a phenomenon present at work, which generates indignation and suffering. As a consequence, feelings of guilt, concern, tension, stress, despair, and anger emerge, as well as several repercussions at work. **Conclusions:** Violence in the nursing environment causes suffering and risks to the mental health of workers, thus, it arises to concern about the mental health of nursing workers and the need for coordinated actions focused on workers' health and violence prevention.

Descriptors: Workplace Violence; Occupational Health; Mental Health; Health Personnel; Nurse Practitioners.

RESUMO

Objetivo: Conhecer a percepção da violência experienciada por trabalhadores de enfermagem no ambiente de trabalho e seus imbricamentos com a saúde mental. **Método:** Foi conduzido um estudo de cunho qualitativo, tendo como suporte técnico conceitual os preceitos da teoria do Interacionismo Simbólico, em um hospital público de grande porte. A coleta de dados foi realizada, por meio de entrevista semiestruturada, a partir do referencial de Minayo, no qual utilizou-se a Análise de Conteúdo. **Resultados:** Observa-se, com base nas falas dos profissionais, que a violência é um fenômeno presente no trabalho, o que gera revolta e sofrimento. Como consequência, emergem sentimentos de culpa, preocupação, tensão, estresse, desespero, raiva, sendo diversas as repercussões no trabalho. **Conclusões:** A violência, no ambiente de trabalho dos profissionais de enfermagem, produz sofrimento e riscos à saúde mental do trabalhador, assim, surge a preocupação em relação à saúde mental dos trabalhadores da enfermagem e a necessidade de ações articuladas e focadas na saúde do trabalhador e na prevenção da violência.

Descritores: Violência no trabalho; Saúde do Trabalhador; Saúde Mental; Trabalhadores de Saúde; Profissionais de Enfermagem.

RESUMEN

Objetivo: Conocer la percepción de violencia que experimentan los trabajadores de enfermería en el entorno laboral y sus imbricaciones con la salud mental. **Método:** Se realizó un estudio cualitativo con el apoyo técnico-conceptual de los preceptos de la teoría del interaccionismo simbólico en un gran hospital público. La recopilación de datos se realizó a través de entrevistas semiestructuradas basadas en la referencia de Minayo, en las que se utilizó el análisis de contenido. **Resultados:** De los discursos de los profesionales se observa que la violencia es un fenómeno presente en el trabajo, que genera revuelta y sufrimiento. Como consecuencia, surgen sentimientos de culpa, preocupación, tensión, estrés, desesperación e ira, siendo varias las repercusiones en el trabajo. **Conclusiones:** La violencia en el entorno laboral de los profesionales de enfermería produce sufrimiento y riesgos para la salud mental de estos, por lo tanto, surge la preocupación por la salud mental de los trabajadores de enfermería y la necesidad de acciones articuladas centradas en la salud de los trabajadores y la prevención de la violencia.

Descriptores: Violencia Laboral; Salud Laboral; Salud Mental; Personal de Salud; Enfermeras Practicantes.

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INTRODUCTION

In the contemporary world, there has been a serious problem in the Public Health area: violence. This phenomenon raises discussion and represents a great challenge in facing it. In this context, violence at work emerges as a result of this macro-political reality. As it is a problem shared by different sectors of society, it needs debates from all areas to minimize its consequences⁽¹⁾.

The term violence is used as a synonym for mistreatment. It means the intentional use of physical force or power that can be directed at oneself, another person, or against a group or community. It results in the possibility of causing injury, death, psychological damage, and mental health⁽²⁾.

Violence at work is conceptualized as a situation in which the worker is assaulted in its physical, psychological, or moral dimensions resulting in damage to his safety, well-being, physical and mental health. The occurrence of this phenomenon has grown considerably and is not restricted to a problem exclusive to nursing. Referring to nursing, violence against its professionals in the work environment is considered a worldwide epidemic by the World Health Organization (WHO), being the subject of discussions that have problematized its severity in contemporary times⁽³⁾.

In this interface, the Federal Nursing Council (COFEN), in 2017, launched a campaign called *Respect in the vein*, with nationwide coverage. This campaign had as the main premise to propose the debate of the theme to know its growth, the professionals who are exposed, the disorders caused, besides raising the population's awareness of the role of nursing workers for the Brazilian health⁽⁴⁾.

Half of the workers in the health area are nurses. Considering that these professionals assume a prominent role in the sector, the problem is a worrying scenario, since the various forms of violence have been part of the daily work of these professionals at the national and international levels⁽⁵⁻⁶⁾.

It is worrying the number of nursing professionals in the world who experience situations of violence in the workplace and, therefore, are vulnerable to its repercussions. A study conducted by the Regional Nursing Council of São Paulo, Brazil, showed that 74% of professionals have already suffered some violence

in the workplace and 73% confirm that the occurrences of violence continued to be repeated after the first episode⁽⁵⁾.

Nursing workers who have experienced violence at work may suffer several health-related consequences, ranging from psychological and physical problems, which may interfere with the ability to perform work activities in the health system, affecting their quality of life⁽⁷⁾.

In the exercise of nursing care, professionals deal with challenging situations such as the experiences of suffering, the management of patients and their families, and the acceptance of death and pain, needing to know how to face situations of violence during the performance of their duties. Such occurrences can cause them momentary or lasting anguish with serious repercussions in their life⁽¹⁾.

Violence in the work environment has important consequences, implying a compromise in the vitality, mental health, and general health of health professionals. It is very common to experience emotional suffering related to bullying and sexual harassment suffered by nurses and midwives. It is also noticeable that the repercussions of occupational violence are not limited to the work environment, and may have implications for nurses' social and family life⁽⁶⁾.

However, each individual is unique and experiences violence in a particular way, according to their personal history, ability to handle conflict situations, and resilience. Therefore, there are no rules as to how violence can affect professionals. However, occupational violence has considerable potential for generating consequences for the health and life of workers, which are often serious, with repercussions on their relationship with the health and work institution that may extend to society. There is no doubt that violence is a public health problem and causes harm to the health of professionals, their careers, and the provision of care that they develop for the population⁽⁷⁾.

A major concern is the protection and safety of health workers in their work environment in Brazil. Data reveal that most workers do not feel safe, with 20% of workers reporting having suffered violence in the workplace. Nursing technicians and assistants appear as the most vulnerable category⁽⁶⁾.

Factors such as work overload and overcrowding in health services can favor the mental suffering of nursing workers and maintain causality with the occurrence of violence between

patients and professionals. The lack of social support and organizational support, to face situations that generate violence at work, is predisposing to mental illness and even occurrences of mental disorder⁽⁸⁾.

It is important to build and incorporate institutional actions that value working and organizational conditions that seek safe environments so that nursing professionals can act with quality. These actions may include the adoption of security measures, adequacy to the number of professionals, access to the appropriate structure, access to the necessary materials and equipment, organization of care to enable reception and access of the population to health services, qualification and implementation of health care models management committed to the health of workers⁽⁸⁾.

There is evidence that exposure to violence at work in health services is related to mental health problems for health professionals, and is also related to the high rates of accidents and dissatisfaction with work⁽⁹⁾. Thus, this study aimed to know the perception of violence experienced by nursing workers in the workplace and their imbrications with mental health.

METHODS

This is a qualitative study based on the theoretical reference of Symbolic Interactionism (IS) that privileges the role of human beings in society, covering communication, language, and interaction⁽¹⁰⁻¹¹⁾. The IS is based on three theoretical premises: the meaning, the acquired experiences, and the social interactions resulting from the experienced phenomena. In this sense, the individual acts according to the meanings that things have for him, which are the result of individual and social interpretation established with other people and are transformed, based on the interpretative processes used by the individual, when dealing with experienced situations and objects found⁽¹²⁾.

The scenario for data collection was a large public hospital, located in the northern region of the state of Minas Gerais. For the selection of sectors in the hospital, we carried out a random draw, covering all sectors, such as maternity, emergency room, surgical units, and wards. The participants included in the study were nursing workers such as nursing assistants, nursing technicians, and nurses.

The eligibility criteria were to be nursing

workers with an active link in the institution and who worked directly with patients, and those who had a period of more than six months of work, considering it to be a satisfactory period to experience the phenomena object of the study. The illegibility for data collection was to be nursing workers on medical leave and vacation, and interns, residents, and nursing students.

Data collection took place between September and December 2018, lasting between 20 and 40 minutes for each interview. For the final sampling of the participants, we determined the theoretical saturation of the speeches, which indicates that, when there is repetition or redundancy in the speeches, the researchers must end the data collection. Therefore, the final sample consisted of 12 participants⁽¹⁰⁾.

For data collection, we used an instrument with two thematic blocks; the first block had sociodemographic elements for the characterization of the sample and a semi-structured interview script. The interviews were recorded on an electronic device, carried out individually, in a private location indicated by the participant and, then, transcribed.

The professionals were represented by the letter P (professional) and the Arabic numbering determined a sequence code, assigned by the researchers, guaranteeing the anonymity of the participants, and ensuring the confidentiality of their identities. The analysis of the collected data was developed through content analysis, in the stages of organization, coding, categorization, and inferences. This method of analysis proves to be appropriate for the understanding of phenomena such as work, violence, and mental health, as it allows understanding the meanings and intentionality of the individuals^(10,13).

We considered all the ethical principles in the preparation and execution of this study, as determined by Resolution 466 of December 12, 2012, of the National Health Council, being approved by an Ethics in Research Committee, under number CAAE 84307218.7.0000.5141. Before carrying out the study, we informed the participants about the objectives, risks, and benefits of the research, voluntary participation, and the guarantee of confidentiality and anonymity. Then, the Informed Consent Term (ICF) was signed in two copies, obtaining the agreement to carry out the study.

RESULTS AND DISCUSSION

Most of the participants were female (83.3%), married (41.6%), or in a common-law marriage (33.3%). Regarding the professional category, 33.3% were nursing technicians and 33.4% were nurses, and most of them (75%) worked in the morning shift. All professionals declared to suffer some type of violence in the last 12 months before data collection and reported that the most common type of violence suffered was verbal aggression, coming from the patient (60%), from a professional from another

category (10%), followed by relatives of the patients.

When analyzing the speeches of the nursing workers, we found that violence is present in labor relationships in an intense way and that this way can cause mental suffering. In the IS perspective and the scope of the study, meaning, experiences, and social interactions emerged from the process of interaction between nursing workers and the repercussions of work and violence in their lives and mental health. In this sense, we show the categories in Chart 1.

Chart 1 - Categories according to the IS and the speeches of nursing workers, Northern Minas Gerais, 2018.

The meaning of violence suffered by nursing workers
<i>"[...] we don't want to receive or practice, right". (P1)</i>
<i>"Violence is revolting, even if it is verbally or physically, I think that it should never happen and respect is the main thing we need for others". (P2)</i>
<i>"Violence is a system that harms anyone's work, you are mentally, physically assaulted, so this is not fair for any Brazilian worker, to endure humiliation and contempt in their work environment". (P3)</i>
<i>"Violence is an abuse. it is an assault on the human person regardless of the type of violence". (P4)</i>
<i>"Violence is something that attacks us, that is harmful, goes beyond the limits". (P5)</i>
<i>"Violence is everything that attacks me, harms me, physical or psychic aggression". (P6)</i>
<i>"Violence for me is aggressiveness". (P7)</i>
<i>"It is a very difficult fact to deal with, you know, because we come prepared to take care of patients, then we get here, it usually happens that the companion who comes with more verbal violence knows, it is a very boring thing, it disrupts the professional's shift". (P8)</i>
The experiences of violence at work
<i>"Verbally is the most, for example, sometimes, you're at work doing your job, then the person wants something and thinks you're obliged to do everything he wants when he wants, then he starts talking badly, sometimes, it is the patient or the companion". (P1)</i>
<i>"We feel bad, but because we work in the neonatal ICU, we know about the mother's despair that she said that there at a time, sometimes with a lot of stress, despair, revolt, anger, then, even after they, sometimes they come to apologize, at the moment we try to understand because it was nothing like it was physical, we understand that</i>
<i>He is there dealing with children, overprotection and maternal stress, so we try to understand the situation". (P2)</i>
<i>"Physical, verbal aggression". (P4)</i>
<i>"It has already happened here that parents threaten to beat employees, a nursing technician, but it was also only in that part of the threat, and even so we referred them, made the police report, even to protect ourselves, because he said he was going to beat the person in the street here at the door, so we made the police report and this person was forbidden to enter for the visits". (P6)</i>
<i>"Only aggression by words. At first, we get nervous, try to answer too, and then start thinking about what made the person do this, it comes to the person's anger, but then, in time, everything gets settled". (P7)</i>
<i>"We get depressed, it's shocking, we're more inactive, I feel that way, and I wanted to leave a note about verbal violence by a patient's companion, it's because they don't understand our work overload, and they want us to manage a service that, many times, we don't do because of the number of employees, sometimes, it's the amount of work that we have to handle, so we end up leaving something to be desired and they think it's our fault". (P9)</i>

(Continues)

Chart 1 - Categories according to the IS and the speeches of nursing workers, Northern Minas Gerais, 2018.

The experiences of violence at work
<i>"Racism, because my skin color is brown. I have already heard a companion say that he did not accept the fact that a brown person was taking care of their relative. It's a very boring thing, during the day we get really bad". (P10)</i>
<i>"We feel like we are not doing anything for the good of that person, in fact, in conscience, we know what we are doing, we know that we are doing the best, but we keep thinking, I am not doing anything, is it possible, is it possible what is happening, it is possible, what is missing?". (P12)</i>
Social interactions
<i>"I just pass the case to the nurse who is in care, the boss, and I pass the case of the event to be clarified". (P3)</i>
<i>"The person comes against us, we try to respond politely, trying to solve problems without having to respond with another form of violence". (P4)</i>
<i>"If it is here in the sector physical violence or a threat in that sense, we warn the guard, warn at the reception, if the person is threatening to attack some server in the sector, we forbid the entrance, communicate social services if the person is intended to assault an employee in the sector". (P6)</i>
<i>"We try to talk, try to explain why it is happening, I think that there is no protection mechanism when we see it has already happened". (P7)</i>
<i>"When something happens, they call for help down there, from the guards, but here there is no protection for us". (P8)</i>
<i>"Here we don't use anything, it's the conversation, dialogue". (P9)</i>
<i>"Always someone from a higher profession". (P11)</i>
<i>"It is more like looking for the direction of the hospital that has an ethics council, that whole process to be able to take the appropriate measures [...] I've seen colleagues going through this and it is revolting because you leave your home to be offended, so I would feel revolt even as a colleague of mine". (P12)</i>

Source: Research data (2018).

The meaning of violence, from the perspective of the professional who experiences it in the work environment, is something that generates revolt and suffering for nursing workers. Considering that their work activities are centered on humane care practices, exposure to situations of violence is contradictory for them. Thus, they interpreted violence at work as humiliation and abuse, devaluation, lack of respect, injustice, a factor that harms their work and manifested in different ways, either physically or psychologically.

In a study carried out in Paraná with a similar theme, the findings corroborate the concepts captured in this study. The nursing workers' understanding of violence in the workplace was devalued, leading them to question the choice of their profession and its importance to patients' lives. They also stressed that exposure to violence makes them inferior⁽¹⁴⁾.

Nursing workers are the category in the health area that is most exposed to violence at work and experience. The justifications for this phenomenon result from the direct contact with

patients who are demanded by the need for care and the long stay in the service, on duty shifts, being exposed for a longer time⁽¹⁵⁾. The nursing workers in this study reported psychological violence, as the most common form of violence experienced, and also ways of violence: psychological, verbal, and physical violence, moral harassment, racial discrimination, and gender-based violence.

In this discussion, psychological violence has verbal aggression, moral and sexual harassment, and racial discrimination as subtypes. The use of power against a person or collectivity to control actions, behaviors, decisions, generating problems for the individual's physical, moral or social development, compromising his mental health⁽¹⁾. Corroborating research on the topic, verbal violence, which is a form of psychological violence, has been reported as the form of occupational violence most commonly experienced by nursing in several studies^(1,5-6,8,14,16-17).

Verbal violence appears in the forms of threats, insults, demoralization, and intimidation.

It is a type of psychological violence because it deals with verbal threats, racial discrimination, moral harassment, intimidation, and causing psychological damage. It has the power to cause humiliation, indicating disrespect and disregard for the individual's dignity and value ⁽⁶⁾.

Verbal violence is often not valued by the service and the team since most of the professionals do not record what happened. However, this situation can cause psychological distress for workers, compromising relationships in the work and family environment ⁽¹⁴⁾.

A study carried out in hospitals in Spain found that 22.8% of nursing workers reported experiencing verbal violence daily or weekly and 71% reported the frequency of at least once a year. In a survey conducted with health professionals from an emergency service in Porto Alegre, 88.9% of nursing technicians and 88.2% of nursing assistants were victims of occupational violence, among which, 95.2% were from verbal aggression and 33.3% for moral or sexual harassment ⁽⁶⁾.

Verbal violence at work can seem harmless because it is non-fatal aggression, that is, it does not cause death. However, the high prevalence of these events and their psychosocial repercussions alert us to consider the importance of these exposures ^(1,18). Therefore, the worker who suffers the most from verbal aggression, such as being treated with contempt, ignored, with disdain, inappropriate treatments, hostile looks, insults, disrespectful observations, called incompetent or stupid, is the nursing professionals ⁽¹⁶⁾.

One form of violence exposed in this study referred to verbal violence by professionals from other categories, with emphasis on the medical category. Violence between doctors and nurses is related to a historical and cultural issue that leads to hierarchical relationships between professions. Thus, there is the idea that some professions are superior to others ⁽⁶⁾.

Thus, bullying at work is defined by any humiliating behavior, which disqualifies or excessively demoralizes the worker. The objective is to demote workers during the working day. It is more prevalent in authoritarian and asymmetric hierarchical relationships ⁽¹⁾.

An issue that deserves to be highlighted is the predominance of women in nursing. In this research, 83.3% of the participants were female, that is, the experiences of violence mostly represent the speeches of that gender. Thus, it highlights the history of social submission to

which both nursing and women are subjected, reflecting vulnerable conditions for exposure to situations of violence at work ⁽¹⁶⁾.

Nursing workers are the most vulnerable because they are the category whose gender is predominant over the male. Gender is an important factor in determining who will experience violence at work. Women and younger professionals with little work experience are more susceptible to receiving violent acts ⁽¹⁴⁾.

The analysis of gender, as a category of study of situations of violence experienced at work, was developed together with the emergence of feminist theories to understand the inequalities between the genders. These inequalities, historically, are translated by the difference between men and women, within a context that is sociocultural and that defines the gender difference in the exercise of different functions and competencies ⁽¹⁾.

With the emergence of psychological violence, as the most prevalent form of aggression in the context of nursing work, we need to recognize the repercussions that they can have on the mental health of professionals and the challenges that must be faced to achieve the worker's health. The feeling of guilt and the questioning about what may have generated the violent act produce concern and tension in the worker. Stress, despair, revolt, and anger are reported consequences. The psychological consequences appear as the background of these experiences accompanied by expressions such as "feeling very bad" and "depressed". Thus, we recognize how much the experiences of violence harm the mental health of nursing workers.

Nursing exposure to violence at work has been linked to health problems, physical problems, emotional manifestations, and mental disorders that result in poor performance of workers and losses in their family and social context ⁽⁵⁾. Physical and verbal aggressions harm workers' health, such as sadness, anger, disappointment, fear, and loss of job satisfaction. Workers who suffer violence, in general, refer to physical, emotional, personal, and professional problems, low self-esteem, impaired sleep and food, lack of motivation, fatigue, and irritability ⁽¹⁸⁾.

Thus, violence at work has repercussions on workers' health as it has repercussions on general health, mental health, and vitality. These consequences end up not being restricted to the work context. Thus, the worker's life as a whole

can be affected, with emphasis on the family and social dimension ⁽¹⁹⁻²⁰⁾.

Such manifestations show that violence at work can make nursing workers psychically vulnerable. These professionals, in addition to having to deal with challenging situations in their daily lives, may also suffer violence during the performance of their function, which raises the need for services to create mechanisms to care for caregivers ⁽⁵⁾.

Regarding the reactions and attitudes of professionals regarding the violence suffered, most professionals reported that, after exposure to violence, they try to remain calm, to treat the patient as they wanted to be treated. Some measures end up being necessary, such as informing the immediate supervisor, activating the guard for physical protection, informing competent bodies, such as the hospital's ethical commission, and/or looking for social and psychological assistance services. Thus, meanings are not accepted and used automatically but are subject to an interpretive process, that is, there is a formative process in which they are used or transformed as a means for orienting or elaborating the action in the process of social interaction ⁽²¹⁾.

Regarding the innumerable reactions of workers to violence, their attitude in trying to remain calm happens for fear that any act they do for the violence suffered will result in losses in their professional and personal life. However, in the search for self-defense, these professionals develop hostility towards patients and service colleagues, and also an emotional distance ⁽¹⁴⁾.

The search for dialogue and the attempt to solve the problem is interpreted as a need to act thinking about themselves, devising strategies that can minimize the repercussions of the aggression experienced, which denotes resilience ⁽¹⁴⁾. The humans are communicative, as they need for contact with their peers, that is, social contact and, during the development of this contact, they noticed that resilience is the best way to live in society, even if it is necessary to manipulate the symbols and change the reality ⁽¹²⁾.

Several situations contribute to hostility in the health service, especially in the hospital: the overload of activities and overcrowding of services, and other shortcomings inherent in the structures in services and care that can generate dissatisfaction and violence by the patients. Therefore, we need a multidimensional view ⁽¹⁴⁾. Thus, we highlight the harmful and costly

potential of violence at work and its ability to affect mental health by causing suffering, illness, sick leave, and even death ⁽⁵⁾.

We need to invest in preventive measures, focusing on workers' health and the mental health of nursing professionals, considering the repercussions that experiences of violence can produce. It is essential to create strategies that inhibit violence in the work environment and define measures for notifying cases and welcoming the individuals who experienced this violence ⁽¹⁾.

There are no universal strategies for the prevention of violence, which calls for services and, in particular, for nursing to create preventive and coping strategies for the problem. Risk factors will vary, depending on the service and its particularities, in addition to the relationship established between health professionals. Prevention strategies should seek environmental control plans, such as metal detectors, alarms, monitoring with cameras, administrative control with the service organization, preventing professionals from working alone and overloaded, to minimize the waiting time for procedures, in addition to care and treatment strategies ⁽¹⁷⁾.

Searching for strategies, involving nurses and managers, is essential to avoid trivializing situations of violence at work, crystallizing in health services as trivial and commonplace situations ⁽²²⁾. Also, an important factor is to provide permanent education to workers with a focus on their relationship with the patients through adequate reception, listening, and therapeutic communication, which favors dialogue and the ability to solve problems experienced at work.

FINAL CONSIDERATIONS

The study showed that violence at work is a reality experienced by nursing professionals and that the repercussions produced by this experience are diverse, with emphasis on the production of suffering and risks to the worker's mental health. Violence generates revolt and suffering that appears physically or psychologically. Among the various forms of violence suffered, we found psychological, verbal, and physical, moral harassment, racial discrimination, and gender violence. Psychological violence was the most common form. The feeling of guilt and the questioning about what may have generated the violent act produce concern and

tension. Stress, despair, revolt, and anger are reported repercussions. The psychological consequences appear as the background of these experiences accompanied by mental suffering. Thus, there is concern about mental health in nursing that experiences violence in the work environment, making us reflect on the need for articulated and focused actions on prevention.

Understanding this process for nursing produces important contributions, as it broadens the view on the experiences of violence suffered in the workplace and enables the creation of reflections on their imbrications with mental health. Thus, the importance of thinking about programs that can fully assist nursing professionals emerges. We need more studies to analyze the support strategies implemented for victims of violence at work.

REFERENCES

- 1 - Oliveira CS, Martins JT, Galdino MJQ, Perfeito RR. Violence at work in emergency care units: nurses' experiences. *Rev Latino-Am Enfermagem* 2020;28:1-7. DOI: [10.1590/1518-8345.3856.3323](https://doi.org/10.1590/1518-8345.3856.3323)
- 2 - Gusmão ROM, Rocha SF, Urcino ATA, Souza BSR, Xavier MD, Ladeia LFA, et al. A violência e seus imbricamentos com o campo da saúde mental: Uma revisão integrativa da literatura. *Revista Saúde e Pesquisa*. 2018;11(3):603-12. DOI: [10.17765/2176-9206.2018v11n3p603-612](https://doi.org/10.17765/2176-9206.2018v11n3p603-612)
- 3 - Wei CY, Chiou ST, Chien LY, Huang N. Workplace violence against nurses - prevalence and association with hospital organizational characteristics and health promotion efforts: Cross-sectional study. *Int J Nurs Stud*. 2016;56(1):63-70. DOI: [10.1016/j.ijnurstu.2015.12.012](https://doi.org/10.1016/j.ijnurstu.2015.12.012)
- 4 - Baptista PCP. Violência no trabalho: Guia de prevenção para os profissionais de enfermagem. São Paulo: COREN-SP; 2017.
- 5 - Conselho Regional de Enfermagem (CRE). Perfil da Enfermagem em São Paulo. *Enferm Rev*. 2015 [citado em 15 out 2020]; 11:30-9. Acesso em: http://corensp.s3.amazonaws.com/wp-content/uploads/2010/01/revista_coren_sp_junho_2015.pdf
- 6 - Bordignon M, Monteiro MI. Violência no trabalho da enfermagem: Um olhar às consequências. *Rev Bras Enferm*. 2016;69(5):996-9. DOI: [10.1590/0034-7167-2015-0133](https://doi.org/10.1590/0034-7167-2015-0133)
- 7 - Pai DD, Sturbelle IC, Saboia SC, Tavares JP, Lautert L. Physical and psychological violence in the workplace of healthcare professionals. *Texto Contexto Enferm*. 2018;27(1):1-10. DOI: [10.1590/010407072018002420016](https://doi.org/10.1590/010407072018002420016)
- 8 - Paula GS, Oliveira EB, Silva AV, Souza SRC, Fabri JMG, Guerra OA. Violência relacionada ao trabalho na psiquiatria: percepção dos trabalhadores de enfermagem. *SMAD, Rev Eletrônica Saúde Mental Alcool Drog*. 2017;13(2):86-92. DOI: [10.11606/issn.1806-6976.v13i2p86-92](https://doi.org/10.11606/issn.1806-6976.v13i2p86-92)
- 9 - Deniz T, Saygun M, Eroğlu O, Ülger H, Azapoğlu B. Effect of exposure to violence on the development of burnout syndrome in ambulance staff. *Turk J Med Sci*. 2016;46(2):296-302. DOI: [10.3906/sag-1406-53](https://doi.org/10.3906/sag-1406-53)
- 10 - Minayo MCS. Parte V: Fase de análise do material qualitativo. In: Minayo MCS. *O Desafio do conhecimento: Pesquisa qualitativa em saúde*. São Paulo: Hucitec; 2010. p. 299-303.
- 11 - Casagrande CA. Interacionismo simbólico, formação do "self" e educação: uma aproximação ao pensamento de G. H. Mead. *Educ Filos*. 2016;30(59):375-403. DOI: [10.14393/REVEDFIL.issn.0102-6801.v30n59a2016-p375a403](https://doi.org/10.14393/REVEDFIL.issn.0102-6801.v30n59a2016-p375a403)
- 12 - Bueno T, Alves M, Vasques FF. Interacionismo Simbólico como ferramenta teórica e metodológica para o estudo no ciberespaço. *Razón y Palabra* 2017[citado em 16 out 2020]; 21(96):456-75. Acesso em: <https://www.redalyc.org/articulo.oa?id=199551160024>
- 13 - Bardin L. *Análise de conteúdo*. 5a ed. Lisboa: Edições 70; 2016.
- 14 - Scaramal DA, Haddad MCFL, Garanhani ML, Nunes EFPA, Galdino MJQ, Pissinati PSC. Violência física ocupacional em serviços de urgência e emergência hospitalares: Percepções de trabalhadores de enfermagem. *Rev Min Enferm*. 2017;21:1-8. DOI: [10.5935/1415-2762.20170034](https://doi.org/10.5935/1415-2762.20170034)
- 15 - Copelan D, Henry M. Workplace violence and perceptions of safety among emergency department staff members: Experiences, expectations, tolerance, reporting, and recommendations. *J Trauma Nurs*. 2017;24(2):65-77. DOI: [10.1097/JTN.000000000000269](https://doi.org/10.1097/JTN.000000000000269)

16 - Pedro DRC, Silva GKT, Lopes APAT, Oliveira JLC, Tonini NS. Violência ocupacional na equipe de enfermagem: Análise à luz do conhecimento produzido. *Saúde Debate* 2017;41(113):618-29. DOI: [10.1590/0103-1104201711321](https://doi.org/10.1590/0103-1104201711321)

17 - Almeida NR, Bezerra Filho JG, Marques LA. Analysis of the scientific production on violence at work in hospital services. *Rev Bras Med Trab*. 2017;15(1):101-12. DOI: [10.5327/Z1679443520177029](https://doi.org/10.5327/Z1679443520177029)

18 - Zhang L, Wang A, Xie X, Zhou Y, Li J, Yang L, et al. Workplace violence against nurses: A cross-sectional study. *Int J Nurs Stud*. 2017;72:8-14. DOI: [10.1016/j.ijnurstu.2017.04.002](https://doi.org/10.1016/j.ijnurstu.2017.04.002)

19 - Han CY, Lin CC, Barnard A, Hsiao YC, Goopy S, Chen LC. Workplace violence against emergency nurses in Taiwan: A phenomenographic study. *Nurs Outlook* 2017;65(4):428-35. DOI: [10.1016/j.outlook.2017.04.003](https://doi.org/10.1016/j.outlook.2017.04.003)

20 - Najafi F, Fallahi-Khoshknab M, Ahmadi F, Dalvandi A, Rahgozar M. Human dignity and professional reputation under threat: Iranian Nurses' experiences of workplace violence. *Nurs Health Sci*. 2017;19(1):44-50. DOI: [10.1111/nhs.12297](https://doi.org/10.1111/nhs.12297)

21 - Paravic-Klijn T, Burgos-Moreno, M. Verbal and physical abuse towards health care workers in emergency services. *Rev Méd Chile* 2018;14(6):727-36. DOI: [10.4067/s003498872018000600727](https://doi.org/10.4067/s003498872018000600727)

22 - Blumer H. Symbolic interactionism: Perspective and method. Berkeley: University of California Press; 1969.

23 - Silveira J, Karino ME, Martins JT, Galdino MJQ, Trevisan GS. Violência no trabalho e medidas de autoproteção: Concepção de uma equipe de enfermagem. *J Nurs Health* 2016;6(3):436-46. DOI: [10.15210/jonah.v6i3.8387](https://doi.org/10.15210/jonah.v6i3.8387)

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