

## **FRONT LINE NURSING: TYPES OF ASSAULTS SUFFERED BY PROFESSIONALS AND THEIR CONSEQUENCES**

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**Abstract:** The most relevant cause that motivated this study stems from the daily observation of the disorders experienced by nursing professionals resulting from problems such as the scarcity of materials and human resources, inadequate infrastructure, which ends up leading to a greater problem, the exposure of the nursing team to violence in their daily work in the Public Health Network. The study in question aims to analyze the types of aggression suffered by the nursing team in their workplace, emphasizing the negative impacts resulting from these aggressions and possible factors that may motivate their occurrence. The study setting was the Emergency Room of the General Hospital of Roraima (HGR). This is a quantitative research with a descriptive character. The sample consisted of nurses, nursing assistants and technicians and the data was collected through a structured questionnaire. At the end of the study, we highlight as some of the main results found, that verbal aggression was the most frequent type of aggression, followed by moral harassment and physical violence. As for the main perpetrators of aggression, we have patients, family members and/or companions, co-workers with the same level of hierarchy and immediate supervisor, respectively..

**Keywords:** Aggression, nursing professionals, occupational violence.

## INTRODUCTION

It is known that health work, even though it is indispensable for human development, due to its inherent characteristic, caring for others, presents potential damage to the health of workers, as they are exposed to different types of aggression from both patients and others. your companions (LOPES et al., 2017).

According to what cite articles 1 and 2 of Chapter I of the Code of Ethics for Nursing Professionals, the professional has the right to

exercise his profession with freedom, security, autonomy, free from discrimination and in line with legal principles, of human rights and ethics. In addition to that, these must also be given the right to work in a place that respects their human dignity, protects their rights and allows the exercise of their function to be carried out without risk to their physical and psychological integrity (COFEN, 2017).

Studies show today professionals increasingly exhausted psychologically, physically and emotionally, both due to the lack of human and material resources, as well as the moral harassment committed by family members and even by the patient attended (MORALES, 2018), fact that has led the class to make indiscriminate use of drugs of restricted use, even without the accompaniment of a medical professional (SILVA et al., 2017).

Currently, numerous cases of suicides committed by nursing professionals have been observed, which shows how saturated these professionals are. Nursing asks for help, but the authorities, the population, the leadership seem not to notice this cry of despair on the part of these professionals (FELICIANO, 2019; GION; KALEB, 2017).

Research entitled "Survey on Violence to Nursing Professionals in São Paulo", performed by Conselho Regional de Enfermagem de São Paulo (COREN/SP) in partnership with the Conselho Regional de Medicina (CREMESP), identified that more than 70% of nursing professionals have already been attacked in their work environment or at least experienced this aggression against colleagues. In this same study, it was shown that around 87% of professionals did not report it to the police, 12.49% want to take the case forward and only 4.68% managed to obtain a favorable response. (GALVÃO, 2017).

For the World Health Organization, aggression can be defined as the premeditated use of physical action or power against oneself,

another person, or a group or community that may result in death, psychological harm, injury, developmental alterations or hardships. (OMS, 2002).

According to the International Council of Nurses, the aggression imposed on the nursing professional in their work impairs the provision of care offered to the patient, requiring a guarantee of a safe work environment and respectful treatment, thus guaranteeing access to support services or support to health professionals (victims and perpetrators of aggression), at the time of reporting and complaint, in addition to the development of policies that express a “zero tolerance” for acts of abuse and violence perpetrated against health professionals (INC, 2017).

According to Meyson (2018) the fact that nursing is on the front line in care, with the first care offered to the patient, making him stay longer with the patient, makes him the professional more likely to suffer some kind of pain. of aggression, being targets of threats and aggression from both colleagues and service users (PEDRO et al., 2017).

Because they are closer to patients than most professionals, consequently being the first to receive expressions of dissatisfaction with the care offered and manifestations of frustration and stress, since users are blamed for the lack of material or medication or for being seen themselves in a situation of vulnerability and with no expectation of improvement (VASCONCELLOS; ABREU; MAIA, 2012).

The aggressions suffered by professionals is a matter of great relevance to the health area, as its consequences cause great impacts on the fullness of the being, causing damage to their spiritual, physical, mental and moral well-being (BORDIGNON; MONTEIRO, 2016). However, its consequences can be avoided or even reduced by taking preventive approaches

and/or with specialized intervention for each situation (MARTINS, 2013).

Nurses are especially vulnerable to violence and/or other forms of aggression in the workplace, either as a caregiver for victims of aggression and/or on some occasions as the center of threats from both colleagues and patients (PEDRO et al., 2017). In this case, the professional is considered as one of those who are predisposed to the highest degree of risk in their workspace, especially in the hospital environment, in urgency and emergency sectors (GUERRA; JESUS; XAVIER, 2017; INC, 2017; MORENO; MORENO, 2014).

About a quarter of all these violent episodes in the work environment are suffered by nurses (ALMEIDA; FILHO; MARQUES, 2017). This fact has been frequently observed in health services. Research on the aggressions suffered by the nursing staff who worked in the Emergency sector, Intensive Care Units (UTI) and in the Psychiatry of hospitals in Turkey, revealed that most of these professionals, around 60%, have already been exposed to physical violence arising from patients, visitors or even your co-workers (COREN-SP, 2015; FREITAS et al., 2018).

The problem in question has become an important challenge for occupational health in itself (ZENG et al., 2013). Therefore, research has gradually modified the axis on the usual questions, looking for new reasons considered important that can affect the quality of life of professionals in their work environment (VIEIRA, 2017).

Nursing exhibits one of the highest rates as victims of psychological, physical, verbal or sexual aggression when compared to other health professionals (BARROS et al., 2016; SHIAO et al., 2010), not only in Brazil, but also in several other countries. Physical violence rates reach an average of 17% of cases, and some of the factors that seem to be related to the increase in these events would basically be

the contact time of these professionals with patients, the time of professional experience and the dimensioning of human resources (FREITAS et al., 2018; VASCONCELLOS; ABREU; MAIA, 2012).

Nursing technicians in health agencies are the ones who are most in direct contact with patients, which makes them the most vulnerable to the risks of physical aggression. Since, in Brazil, this problem still seems to have a certain naturalness, since it is seen as inherent to the exercise of work, contributing to the occurrence of these episodes of violence (VASCONCELOS, 2013).

Overcrowding, work overload, fast pace, lack of employees and lack of material and medicines are some of the reasons that exist in the public hospital environment in Brasil, which can contribute to the worsening of the situation of violence in the routine of the nursing team. , especially in the Urgency and Emergency care sectors, such as the Emergency Care services (VASCONCELLOS; ABREU; MAIA, 2012).

Being able to identify the agents that contribute to violence in the work environment and the establishment of criteria that aim to eliminate or reduce such violent events that contribute to their growth, not only increases safety, but also the professional's satisfaction and their well-being. be in the work environment (VIEIRA, 2017).

Some authors highlight the insufficiency of published works that highlight the cases of aggression suffered by professionals in their work environment, another no less important point is the lack of underreporting of these cases of violence, which makes it difficult to identify them and make decisions that enable the reduction and/or eradication of the occurrence of acts of aggression in the most affected places (GUERRA, 2017; INC, 2017; MORENO; MORENO, 2014).

This is still a fact little mentioned in the literature of Brasil and the world, because even with the existence of facts that confirm aggressions suffered by professionals in their workplace (BORDIGNON; MONTEIRO, 2016; MORENO; MORENO, 2014; PEDRO et al., 2017), few researchers dedicate their studies to the understanding of violence arising from the relationship between nursing professionals and users of the health system (FREITAS et al., 2018).

Given this scenario, the results obtained through research that denounce the reality to which nursing professionals are exposed become of great relevance, also serving as a basis for further studies and the creation or strengthening of public policies that can protect the integrity, both physical and moral of the affected workers and also that provide improvements in working conditions, with a view to the satisfaction of these professionals.

In this context, the present study aims to analyze the role of nursing professionals as the front line of health care and the types of aggressions suffered by this professional in their workplace, also showing the negative impacts resulting from these aggressions and the possible consequences. factors that can lead to these aggressions in the work environment.

In view of the above, the present study was motivated by observations made on a daily basis in the work environment, as nursing professionals and the great impact of these aggressions on the private and professional life of this worker. Another fact that boosted the research is the reduced amount of works focused on this theme in the state of Roraima despite the existing problem.

## **METHODOLOGY**

This is a field research study, with an exploratory and descriptive character, with a quantitative approach, whose purpose is to

objectively explore the experiences lived by the participants. The study setting was the Urgency and Emergency service of the Pronto Atendimento Airton Rocha (PAAR) from the General Hospital of Roraima (HGR), where health care services are offered at a medium complexity level.

The study included 69 professionals, including nurses, nursing assistants and technicians, who develop their care activities for about a year in the PAAR, and who suffered or not some type of violence in the work environment. The data were collected through a structured questionnaire, containing questions related to the sociodemographic profile, professional experience and time of work in the Urgency and Emergency service..

In compliance with the ethical precepts referred to in Resolution Number 466, of December 12, 2012, the study was submitted and approved by the Research Ethics Committee of the Faculdade Roraimense de Ensino Superior (FARES), of the State of Roraima, with C.A.E Number 3,462,186 on July 19, 2019.

## **DISCUSSION AND ANALYSIS OF RESULTS**

Sixty-nine nursing professionals participated in the research, of which 77% were female and 23% male. Regarding the professional category (Graph 1), the highest percentage was for nursing technicians (80%), followed by nurses (19%) and nursing assistants (1%). Based on the findings of the study, we can observe that nursing technicians present themselves as the predominant category, being linked to care activities that require proximity to the patient, being more at the mercy of the physiological and psychological burdens constituted by violence and, with this is more likely to get sick.

When analyzing the age group, it was found that the majority of professionals are between

31 and 40 years old (59%), 20% between 41 and 50 years old, 12% between 20 and 30 years old and only 7% in the age group between 50 and 60 years. When we relate these data to each professional category (Graph 2), we observe the predominance of nursing technicians in relation to nurses and nursing assistants.

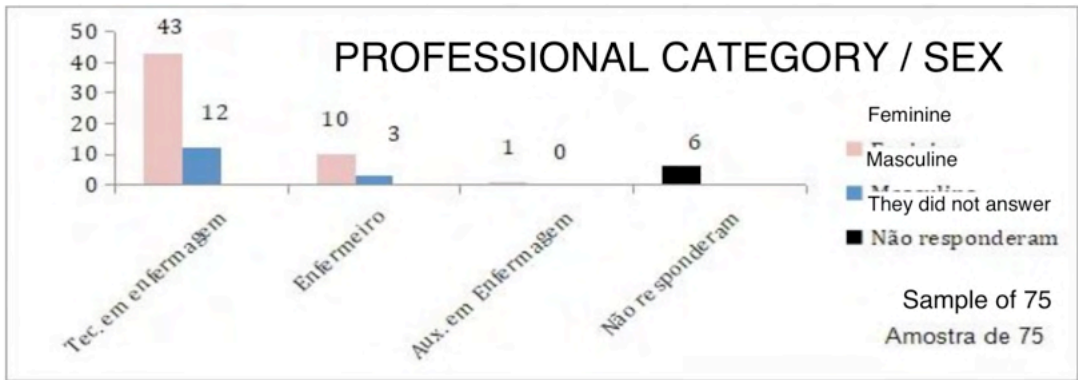
As for the frequency of violence practiced in their work environment, it is observed that verbal aggression stands out with the highest percentage (99%) among the responses of the participants (Graph 03).

When asked if they had already been victims of any of these types of violence, 93% of professionals said they had already suffered at least some type of aggression. Among the various types of aggression related, the verbal type appears again in prominence, suffered by 90% of the participants (Graph 04).

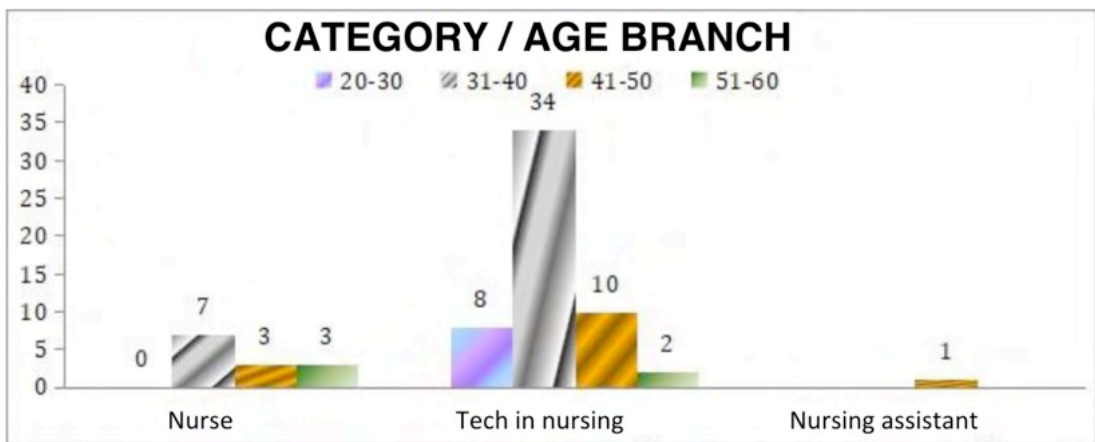
We emphasize that the data found corroborate the reality experienced in other Brazilian states. In a research carried out by Lima (2014), on Violence Suffered in the Nursing Work Environment, in the city of Caxias in the State of Maranhão, verbal aggression also appears as the type of violence most frequently practiced against nursing workers (94%) in the local Public Health Network.

Another study carried out in Rio de Janeiro, showed that most nursing professionals were victims of occupational violence (77%), coming especially from companions (87%), followed by patients (52%). The most common form of violence (100%) was verbal (VASCONCELLOS; ABREU; MAIA, 2012).

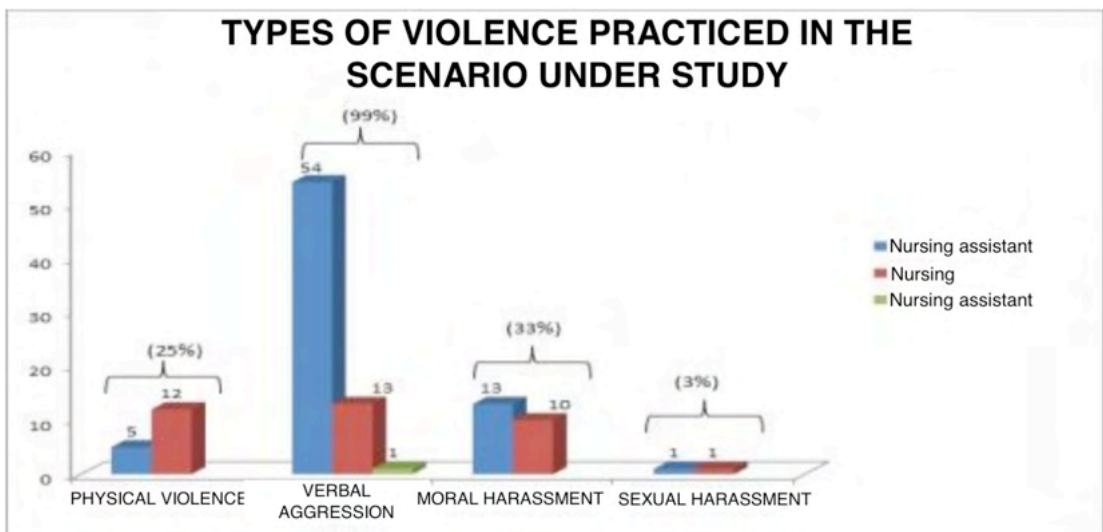
With regard to the practitioner of violence against professionals, the patient and the family member/companion are cited in a higher prevalence, 67% and 61%, respectively, and 10% said they had been assaulted by a co-worker of the same hierarchical level (Graph 5). It is interesting to note that the immediate supervisor also had a part in the occurrence of the aggressions (9%).



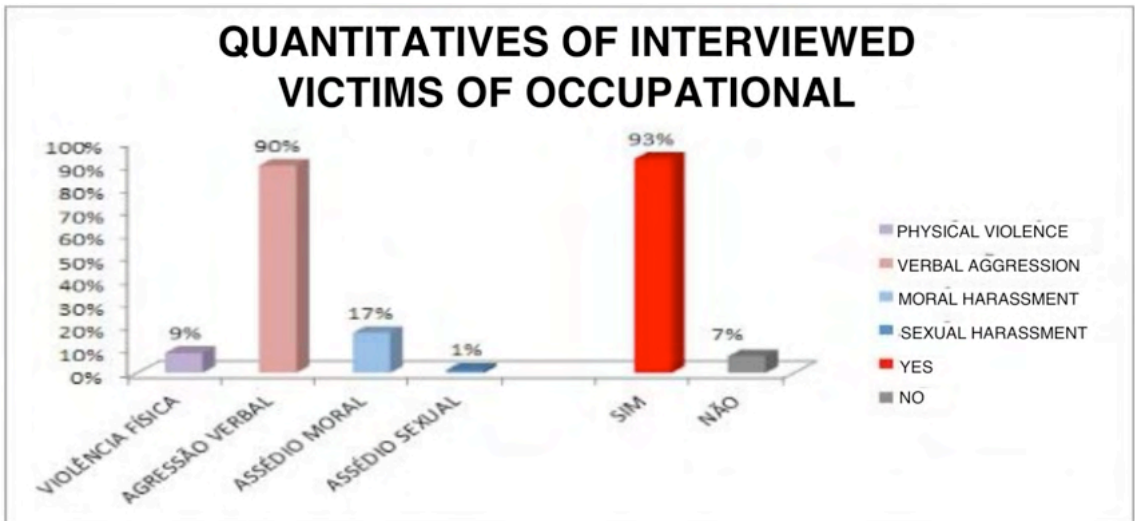
Graph 01 - Distribution of professionals interviewed by sex and category professional.  
Source: Prepared by the authors (2019).



Graph 02 - Distribution of professionals interviewed by age group and professional category.  
Source: Prepared by the authors (2019).

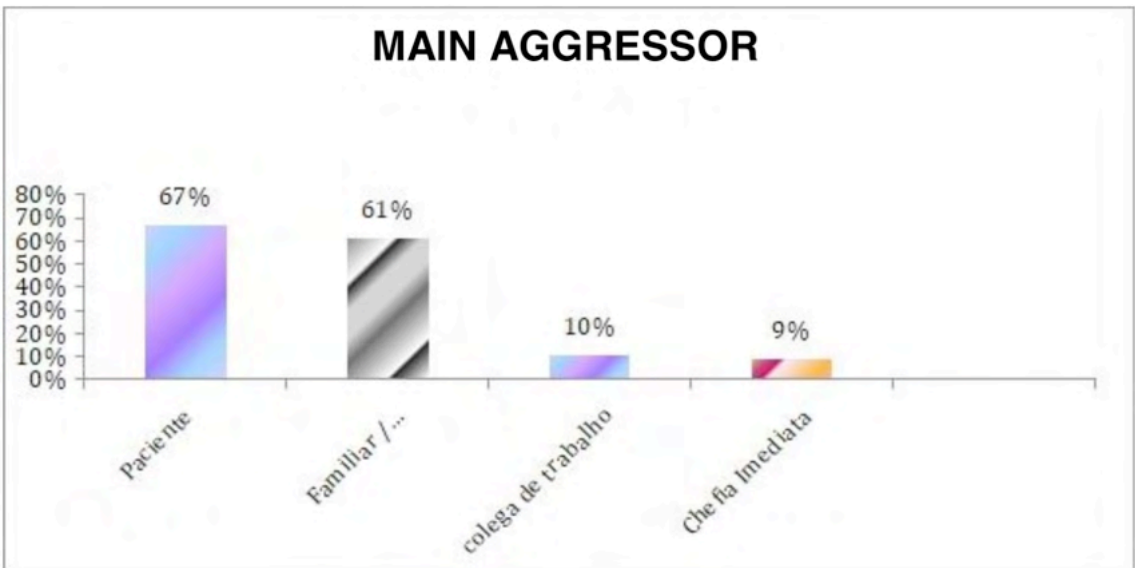


Graph 03 - Frequency of the practice of violence observed by professionals.  
Source: Prepared by the authors (2019).



Graph 04 - Frequency of the type of violence suffered.

Source: Prepared by the authors (2019).



Graph 05: Distribution of those responsible for the practice of aggression against the nursing team professionals

Source: Prepared by the authors (2019).

Research carried out in 2017 by the Regional Nursing Council of São Paulo, in partnership with the Regional Council of Medicine of São Paulo (CREMESP), identified that 77% of nursing professionals are attacked in their work environment. It also revealed that in 53% of the episodes that occurred, the patient was the aggressor himself, motivated by the bad conditions and the delay in care, the endless wait for appointments, among many other adverse conditions..

As for the professionals' reaction to the aggression suffered in their work environment (Graph 06), it was evidenced that in most cases they notified their superiors, but informally 52%; around 51% told the family; 20% had no reactions to the event. Another fact that calls attention is that some workers (13%) said they tried to pretend that the aggression did not occur. Among those who reported what had happened, only 7% had some kind of help from the hospital's leadership or administration and 93% of the victims did not even receive psychological help that could provide relief in relation to the fact that had occurred.

It is observed in the literature that the aggressions committed against workers in their work environment may be related to several factors, mainly the lack of personnel for care, the long waiting time, the proximity of these professionals to the patient and lack of medication. and medical supplies (SIMÃO, 2018; MORALES, 2018; MARQUES; 2017). In this sense, when analyzing the data on the opinion of professionals in relation to the possible causes that contributed to the aggression, we obtained the results presented in table 01.

It is known that acts of violence suffered during the development of their work activities often generate feelings that interfere with good professional performance or even cause illness, making it impossible to remain in service. In this study, the main consequence

mentioned by the participants, generated by the acts of occupational violence was stress (61%), followed by feelings of sadness and helplessness (41%), anxiety (29%) and the feeling of low self-esteem ( 23%). In view of this result, it is noted that 100% of the sample that suffered some type of aggression presented at least one consequence (Table 2).

According to the results found, a survey carried out in 2009, in Natal-RN, also highlights stress as the main consequences of occupational violence, mentioned by 57.25% of respondents, followed by feelings of sadness (34.43%), anxiety (25.10%) and feelings of low self-esteem. (19,61%) (FILHO, 2009).

## **FINAL CONSIDERATIONS**

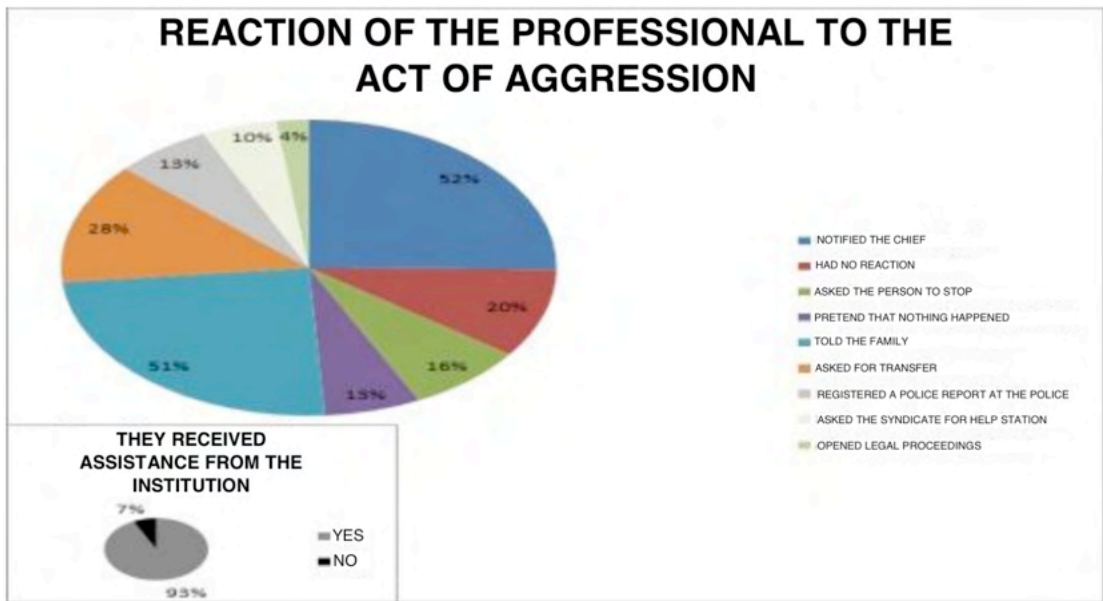
Occupational violence affects both the individuality of the professional and their work group, with catastrophic repercussions. People who suffer violence in their work tend to present manifestations of psychological distress, which directly interfere with the pace of work, concentration, judgment, thus impairing their performance..

Another important impact to be mentioned is related to the productivity of these professionals, which leads to a greater chance of errors, since they are no longer at their full capacity, a phenomenon called presenteeism.

We also emphasize as a worrying problem, the increasingly frequent recurrence of health professionals to the so-called psychotropic drugs, in an attempt to remedy their suffering in the face of these facts, often leading to drug addiction, with disastrous consequences such as suicide.

We realize that there is still a lack of attention regarding the episodes of occupational violence suffered by nursing professionals, because according to the data collected, of the cases communicated either to the head in a formal or informal way, or to the union/association/council, 97% did not had no action taken.





Graph 06: Victim's reaction and measures taken by the Institution.

Source: prepared by the authors.

ORDER	Possible causes of aggression in the view of respondents	Number of interviewees	%
1	Lack of materials and medicines	47	68%
2	Poor conditions in health facilities	47	68%
3	Reduced number of professionals	46	67%
4	Delay in service	43	62%
5	Lack of information	25	36%
6	Access to service	16	23%

Table 01: Probable causes of aggression

Source: Prepared by the authors (2019).

Order	Consequences on the victim's daily life	number of victims	%
1	Stress	42	61%
2	Sadness	28	41%
3	feeling of helplessness	28	41%
4	Anxiety	20	29%
5	Feeling of low self-esteem	16	23%
6	Fear of the bully or of being a victim again	12	17%
7	Inability	10	14%
8	Guilt	8	12%
9	Shame	5	7%
10	Rage	2	3%

Table 02: Consequences of acts of violence against nursing professionals.

Source: Prepared by the authors (2019).

Nursing needs care and support, since having its health affected by the violence suffered in its work environment, it ends up triggering a series of consequences, such as a decrease in work performance, an increase in absenteeism with a consequent increase in the workload of those nurses. that are still in exercise, which ends up also resulting in negative impacts on the management of human resources by the Management.

Thus, we emphasize the importance of this type of research, both for the professional category and for society in general, as this problem does not affect only the professional, but the quality of care provided by him.

Finally, we know that this is a very complex and extensive topic, so we do not aim to exhaust all relevant questions on the subject. However, we hope that this study can serve as a basis for discussions on the problem, whether in academia or the work environment, stimulating the emergence of new research that can contribute to the design and elaboration of public policies that can provide a decent work environment. and safe for all healthcare professionals.

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