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ORIGINAL ARTICLE

Verbal aggression in nursing work at the hospital

Agressão verbal no trabalho da Enfermagem na área hospitalar

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ABSTRACT

A mixed method study in which episodes of violence at work in the form of verbal aggression against nursing professionals in a hospital setting were analyzed. It was conducted with 198 professionals from the nursing team of a hospital in the state of Santa Catarina, who answered an interview and the Survey Questionnaire Workplace Violence in the Health Sector. It was identified that 42.9% of professionals suffered verbal aggression, a type of psychological violence associated with the nurse position (p=0.001), leadership position (p=0.004), white race (p=0.047), higher educational level (p=0.020) and not having a partner (p=0.046). The interviews revealed the trivialization of verbal aggression against nursing and the lack of measures to combat this phenomenon. There was a high incidence of verbal aggression against nursing in the scenario and evidence of trivialization of the phenomenon, which impacts the quality of care before the challenges of establishing a culture of peace and identifying, preventing and treating the problem.

Descriptors: Workplace Violence; Occupational Health; Nursing Team; Working Conditions.

RESUMO

Estudo de método misto que buscou analisar os episódios de violência no trabalho, na forma de agressão verbal, contra profissionais de enfermagem em um cenário hospitalar. Foi realizado com 198 profissionais da equipe de enfermagem de um hospital catarinense, que responderam o *Survey Questionnaire Workplace Violence in the Health Sector* e entrevista. Identificou-se que 42,9% dos profissionais sofreram agressão verbal, um tipo de violência psíquica associada ao cargo de enfermeiro (p=0,001), posição de chefia (p=0,004), cor branca (p=0,047), maior escolaridade (p=0,020) e sem companheiro (p=0,046). As entrevistas revelaram a banalização da agressão verbal contra enfermagem e a falta de medidas de combate a esse fenômeno. Observou-se a elevada incidência de agressão verbal contra a enfermagem no cenário e indícios da banalização do fenômeno, o que impacta na qualidade da assistência frente ao desafio de instituir a cultura de paz e identificar, prevenir e tratar o problema.

Descritores: Violência no Trabalho; Saúde do Trabalhador; Equipe de Enfermagem; Condições de Trabalho.

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INTRODUCTION

Health work presents a diversity of challenges and requires constant contact between professionals and health system users. This relationship is permeated by the organization and working conditions of services and by preparation of the workforce formed mostly by nursing professionals. In Brazilian studies, some situations experienced in the work environment can trigger suffering, pain, illness, emotional exhaustion, mental and/or physical suffering, which in turn triggers disabilities, absenteeism and early retirement[1,2].

Violence is among the aspects that distress workers and characterize as a socio-cultural and historical phenomenon. According to the World Health Organization (WHO), violence is the intentional use of physical force or power, practiced or by a threat, against oneself, another person, or against a group of people that results or has potential to result in injury, death, psychological damage, developmental disability or deprivation[3].

According to some studies, violence should be considered a global problem. Its consequences interfere in people's lives, lead to inappropriate consumption of alcoholic beverages and other drugs, depression, suicide, presenteeism, unemployment and recurrent relationship difficulties[4-7]. The phenomenon can manifest itself in the form of interpersonal, institutional, and social violence, violence at work, political, structural, cultural, criminal, of resistance, physical aggression, sexual abuse, psychological violence and/or omissions[3].

In the work context, violence can be expressed physically or psychically, considering that the latter includes verbal aggression, bullying or moral harassment, sexual harassment and racial discrimination[3]. Researchers indicate that health workers are very likely to suffer violence, which negatively affects their mental health, satisfaction and recognition as professionals. In addition, the phenomenon may be linked to typical work complications, such as absenteeism and occupational accidents[8].

Psychological violence results from several types of incidents and involves situations related to patients, workplace, working conditions, materials available for assistance, conditions related to the physical space, the number of professionals, the working day and, also, how the service team deals with setbacks and difficulties in their routine[2,9].

Studies on violence involving nursing professionals in the hospital setting reveal its high occurrence against these professionals, especially verbal aggression[1,4,5,7,10-12], and the lack of violence prevention policies and procedures within the work environment[8].

This study sought to analyze the episodes of violence at work in the form of verbal aggression against nursing professionals in a hospital setting.

Occupational violence against health professionals is a worrying phenomenon in different countries, as presented in the national[1,2,4,10] and international[5,7,8-13] literature. However, mixed method studies are still scarce. They can contribute with observations of different approaches to the problem in search to embrace the complexity of factors involved in the phenomenon of violence at work and its interfaces with nursing care in the hospital setting.

In this sense, this study sought to analyze episodes of violence at work in the form of verbal aggression against nursing professionals in a hospital setting.

METHOD

This is a mixed method study in which quantitative and qualitative approaches were used sequentially. It was conducted in a hospital located in the south of Brazil, in the west of the state of Santa Catarina that serves a referenced regional population of approximately 1.5 million inhabitants (92 municipalities in the West/SC). The institution has 319 beds.

The study involved 198 nursing professionals in the quantitative step, stratified proportionally from all departments of the institution and professional category, of which 51 nurses, 141 nursing technicians and six nursing assistants. A sample calculation was performed to define these participants and were considered 95% confidence and 5% of sample error. At the time, the hospital had 532 nursing workers, 75 nurses, 413 nursing technicians, 22 nursing assistants and 22 trainees hired.

In the first stage, the 198 participants answered the Survey Questionnaire Workplace Violence in the Health Sector[14], translated and adapted to the Portuguese language[15]. The instrument addresses the occurrence of five types of violence in the prior 12 months, independently assessed regarding their frequency (yes or no), aggressor, reactions and measures taken by the victim in the face of aggression.

For this manuscript, the instrument questions related to the following were analyzed: sociodemographic and work characteristics of participants, the occurrence of verbal aggression at work, characteristics of the victim, the aggression and the perpetrator, in addition to questions about institutional measures for controlling violence.

The inclusion criterion comprised all nursing team professionals from different work shifts with experience of 12 months or more. Professionals on leave or absent during the data collection period were excluded.

In the second stage, qualitative interviews were conducted with 15 professionals (nine nurses and six nursing technicians) randomly drawn. They were selected after having reported in the quantitative stage that they had suffered at least one episode of violence at work. The interviews were conducted at participants' workplace and the demand for services and professionals' availability were respected. A previously prepared script was followed in the interviews (recorded and later transcribed in full).

Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 21.0. Quantitative variables were described as mean and standard deviation or median and interquartile range. Categorical variables were described by absolute and relative frequencies. The Student's t-test was used to compare independent samples. The association between categorical variables was assessed with the Pearson's chi-square or Fisher's exact test. The level of significance adopted was 5% ($p \leq 0.05$).

Thematic Analysis was adopted to analyze data from the interviews[16] with division into three phases, namely: pre-analysis; exploration of material and treatment of results obtained; inference and interpretation. The production of qualitative data was completed after reaching theoretical saturation of data.

The project was approved by the Research Ethics Committee of the Hospital de Clínicas de Porto Alegre (number 933.725) and all ethical recommendations of Resolutions number 466/2012 and number 510/2016 of the National Health Council were followed. The study integrated a macro study developed in other hospitals in the south of the country and was funded by the Research Support Foundation of Santa Catarina (Portuguese acronym: FAPESC).

Data collection for the two stages of the study took place between March 2015 and August 2017. Participants were informed about the study and identified with letters N1, N2 (nurses) and T1, T2 (nursing technicians) in order to preserve anonymity.

RESULTS

Most professionals who participated in the study were female (n=165), mean age of 28.6 years (±6.6), white race (n=159), married or with a partner (n=130). Of the sample, 95% (n=184) of individuals stated not smoking and 66.3% (n=130) reported not using alcohol. The average hours of sleep per 24-hour period (daily) corresponded to 7.08 hours, with a minimum of three hours and a maximum of 13 hours.

Of the 198 professionals who participated, 86.5% reported having frequent physical contact with the patient, the majority of whom (n=101/57, .1%) were individuals from different stages of the life cycle (children, adolescents, adults and the elderly). Table 1 shows other work variables that characterize the sample.

Participants were asked about their level of satisfaction with the workplace on a 1-5 scale, in which 1=totally dissatisfied and 5=totally satisfied. Most indicated 3 as the level of satisfaction, showing an intermediate level. However, only 2.6% (n=5) of professionals indicated they were totally dissatisfied with the workplace and 30.6% (n=60) reported they were completely satisfied. Still using the same scale, participants were asked about their satisfaction with interpersonal relationships in the workplace, and 45.5% said they were completely satisfied (n=90).

Of the sample, 42.9% of professionals (n=85) reported having suffered some type of verbal aggression in the prior 12 months, which was associated with the following variables: nurse position (p=0.001); leadership position (p=0.004); white race (p=0.047); higher educational level (p=0.020); without a partner (p=0.046); and concern about violence at work, as described in Table 2.

The interviews revealed the trivialization of verbal aggression against nursing, as well as the lack of measures to combat this phenomenon. Professionals were asked about their concern with violence in their work environment using a 1-5 scale, in which 1=not concerned at all and 5=very concerned. Among them, 17.3% (n=34) of individuals replied they were not at all concerned about violence, while 26.4% (n=52) reported being very concerned about violence in the workplace.

When asked about the last episode of violence experienced or the most striking, verbal violence prevailed, as demonstrated in the following statements:

> *[...] we often experience the verbal issue... verbal offense... usually from a physician to the nurse... thinking that the nurse has to resolve his situation at that time, that it's the most serious, and then, he has the office [...].* (N1)

> *[...] and then he used words, words that cannot be repeated, like this... name of an animal, threat of physical aggression and those things [...].* (N2)

> *[...] "oh you are stupid, you don't know, you have to study", you know… that thing really humiliates you [...].* (TE1)

During interviews, victims highlighted patients/family members as the main aggressors/perpetrators (31.8%, n=27), followed by coworkers (27.1%, n=23), most of whom were medical professionals (81%). Leaders and others were aggressors in 8.2% and 31.8% of cases, respectively. Outsourced service workers, telephone contacts or people not identified by the victim at the time of aggression were considered as "others".

Workers were also asked about their experience after the episodes of violence. A percentage of 40% of victims reported never having problems because of aggression, but the others had some negative feeling as a result of the episodes, which affected their wellbeing at work.

Consequences brought by violence to the life of professionals were observed during the interviews, such as the feeling of incompetence, experiences they may never forget, demotivation and fear, as shown in the statements below:

[...] because the person who was assaulted [...] he/she no longer has that stimulus to do that job properly, he/she thinks "no, because I end up stressing myself, if I have no value or nothing is right", it always ends up affecting the patient, besides the person, this I already realized [...] for those who work together, then the person no longer wants to stay in that department, he/she does not care anymore [...]. (TE2)

When subjects were asked about teamwork and communication after the occurrence of violence, it was observed that they were prone to distance themselves from other team members, the interaction between them was shaken, and they were afraid to coexist with the perpetrator of violence, as seen in the statements below:

[...] as a team, if there is a conflict, if there is violence, in any form, it will disrupt the environment and that work team, it won't be the same thing anymore... and many times, we even experience it, see that you even have to change people, that professionals who were doing well in that department, who enjoyed that department, end up having to move from that department due to these violence episodes [...]. (N2)

[...] everyone is shaken, you are doing your best and there are some issues like... undesirable, I think the structure of the team is shaken, and this ends up interfering [...]. (N4)

[...] I think people are... not afraid, but they retreat, everything you build to work as a team; and a multidisciplinary team ends up taking a step back indeed [...]. (N4)

[...] we are more shaken, you know? We keep thinking about what posture, which behavior, how am I going to get to the person... we're like in doubt [...]. (N5)

The victims of verbal aggression did not report the aggressor(s) because they considered that no action would be taken (27.8%) or because they did not consider it important

Table 1. Distribution of variables that characterize participants' work context. Chapecó, SC, Brazil, 2017.

Variables	n=198
Patients you more often work with – n(%)	
Children/Adolescents	9 (5.1)
Adults/Elderly	71 (39.9)
Both	98 (55.1)
Satisfied with where you work – mean ± SD	4.0 ± 0.9
Do you feel recognized for the work you do – mean ± SD	3.4 ± 1.1
Evaluation of satisfaction with interpersonal relationships in the workplace – mean ± SD	4.2 ± 0.8
How concerned are you about violence in your workplace – mean ± SD	3.3 ± 1.4
Are there procedures for reporting violence in your workplace?	
No	87 (44.6)
Yes	108 (55.4)
Is there any incentive to report violence in your workplace?	
No	93 (48.4)
Yes	99 (51.6)
Who stimulates it? – n(%)	
Leadership	30 (31.3)
Colleagues	32 (33.3)
Internal communication	2 (2.1)
Occupational Medicine Service	8 (8.3)
Institution	5 (5.2)
Coordination	18 (18.8)
Others	1 (1.0)

SD: standard deviation.

Source: Database. Chapecó, 2017.

Table 2. Distribution of workers exposed and not exposed to verbal aggression at work according to sociodemographic and work variables. Chapecó, SC, Brazil, 2017.

Variables	Yes (n=85)	No (n=113)	p
Sex*			
Male	11 (35.5)	20 (64.5)	0.432‖
Female	74 (44.3)	93 (55.7)	
Skin color*			
White	74 (46.5)	85 (53.5)	0.047‖
Black or Mixed race	11 (28,2)	28 (71,8)	
Schooling (in years of study)§	14.65(±1.98)	14.03 (±1.63)	0.020#
Marital status*			
With partner	49 (37.7)	81 (62.3)	0.046‖
Without partner	35 (53.8)	30 (46.2)	
Has children§	0.98 (±1.05)	1.37 (±1.08)	0.211#
Smoking*			
Yes	4 (40.0)	6 (60.0)	0.549‖
No	80 (43.5)	104 (56.5)	
Hours of sleep§	6.86 (±1.8)	8.06 (±8.8)	0.361#
Use of medication*			
Yes	26 (41.9)	36 (58.1)	0.878‖
No	58 (43.3)	76 (56.7)	
Has chronic disease*			
Yes	18 (47.4)	20 (52.6)	0.583‖
No	64 (41.3)	91 (58.7)	
Weekly workload§	42.65 ±2.72	41.68 ±6.22	0.067
Professional category*			
Nursing assistant/technician	53 (36.1)	94 (63.9)	0.001‖
Nurse	32 (62.7)	19 (37.3)	
Has leadership position*			
Yes	25 (64.1)	14 (35.9)	0.004‖
No	60 (38.0)	98 (62.0)	
Years of experience in healthcare§	10.56 ±12.18	10.71 ±8.71	0.923#
Works in another institution*			
Yes	20 (51.3)	19 (48.7)	0.212‖
No	63 (40.1)	94 (59.9)	
Work shift*			
Morning	26 (54.2)	22 (45.8)	0.180‖
Afternoon	15 (37.5)	25 (62.5)	
Night	44 (40.0)	66 (60.0)	
Satisfaction with the workplace§	3.92 (±0.9)	4.00 (±0.9)	0.524#
Recognition for the work done§	3.34 (±1.1)	3.38 (±1.1)	0.831#
Evaluation of interpersonal relationships in the workplace§	4.18 (±0.9)	4.32 (±0.8)	0.234#
Level of concern about violence in the workplace§	3.80 (±1.14)	3.01 (±1.5)	<0.001#

*n (%); §Mean (±standard deviation); ‖Chi-square test; #Student's t-test.

Source: Database. Chapecó, 2017.

(25%). Note that out of the 84 professionals verbally attacked, only 44.7% (n=38) made some type of report about the event.

When asked how violence situations were dealt with in the workplace, it was found that nothing was done and no conduct was taken, as shown below:

> *[...] I got a warning, I was called, an investigation was opened, but with the professional physician, I never saw anyone call him or say anything ... when I asked, they said "no, we'll open an investigation, he will be referred to the ethics council"... it never happened, because I never saw anything, and he continues to act the same way [...].* (N2)

> *[...] it was forwarded, but no, I think it didn't go ahead [...].* (TE1)

> *[...] I believe that violence episodes at work are not even treated... not even treated, which is actually a topic of daily use, but unimportant [...].* (N5)

> *[...] look how many things end up being left aside, not solved, there are many things, so it ends up as "just leave it" and it stays there [...].* (TE3)

From the statements above, it was observed that participants consider the theme of violence should be worked with professionals, especially in the context of its magnitude and the lack of conduct.

DISCUSSION

The female sex predominance among nursing workers across the country is historical. In addition to often having more than one job engagement (double shifts), these workers are also culturally responsible for domestic chores[13]. This intense workday can cause exhaustion, suffering and trigger various situations of mental and physical illness, with emphasis on depression, anxiety, stress, lack of energy and involvement with work and, consequently, unhappiness[15]. However, sex was not associated with violence at work among participants. Hence the need for further studies to deepen and better understand the genesis of violence and its behavior among men and women and deepen gender issues involved in the phenomenon of violence at work.

It was identified that white individuals with higher educational level and without a partner were more prone to suffer violence in the investigated scenario, although these aspects were not identified in the literature researched. Occupying the position of nurse, having a leadership position and concern about violence at work were variables associated with the violence at work phenomenon in the present study and in other studies[7,13]. They mention nurses are the most susceptible professionals to violence at work, and the leadership position raises the need to manage situations. Similar data were identified in relation to the concern with violence, which results in a greater likelihood of being attacked, an aspect found in a national[17,18] and an international[11] study. The concern with violence has been the subject of debate, signals its presence in work contexts and the ways how workers react to it[3].

Regarding perpetrators, a Brazilian study presented different data: the most frequent aggressors were patients, in 60% of cases; followed by their relatives or companions in 32%; coworkers at the same hierarchical level in 31%; by administrators or leaders in 20%; and to a lesser extent, physicians in 13%; supervisors in 8%[13]. A survey conducted in Chile revealed that the main verbal aggressors, in descending order, were: family members of the client, patients, the public, staff members, leaders or supervisors, and external colleagues[12]. In another national study[19], physical contact with patients was indicated as a variable that increases worker exposure to violence at work.

The concern of professionals with violence in the workplace raises their chance of suffering violence by 14%. A study conducted in Jordan revealed that nurses who were moderately concerned about violence in the workplace were 3.8 times more likely to report being verbally abused than those who reported not being concerned about this phenomenon[11]. In the municipality of Salvador/BA (Brazil), 17.8% of people interviewed reported not having any concern, 23.4% defined themselves as little concerned, 28.8% felt concerned and 30% felt very or quite concerned. Nursing assistants/technicians were the most concerned (38.3%)[20].

Studies[11,12] have shown that most professionals who suffered violence felt bothered by repeated disturbing memories, thoughts or images of the attack. These findings are in line with results of the present study.

The health work process is surrounded by stressful factors, which may be the result of the characteristics of activities performed. The negative consequences of violence against workers can emerge in the short and long term, among which the literature shows damage to the quality of care provided, distance from workers in relation to patients and/or coworkers, demotivation, mental suffering for not being able to forget the episode and mental illness[3].

Violence affects the life of workers in relation to their identity and compromises their physical, social, emotional and moral integrity. In addition, factors in the work environment can lead to attitudes and feelings of denial, withdrawal, resistance, physical and emotional exhaustion, and suffering. As consequence, workers feel discouraged to perform the typical daily tasks of their profession. Among these work factors, are aspects related to infrastructure, wages, bonds, rights, excessive bureaucracy and the undervaluation from the government and the population[6,7].

The lack of records of violence episodes in the workplace was analyzed in other studies, in which the very low notification of verbal aggression episodes among participants who suffered this type of violence was also identified[11,13]. The work environment of professionals may not be safe, especially if the organization does not provide nor adopts formal procedures for reporting such events[21]. In this case, the event is barely visible and victims feel poorly instrumentalized to face the problem, as identified in the qualitative stage of this study.

In this context, protocols or other tools for the management of violence at work are very important, as well as specific public policies for health professionals that reinforce their safety and wellbeing at work. In another study, was presented a strategy in which the nurse, as leader of the nursing team, had some important roles, such as articulating a dialogue between those involved in situations of violence and collaborating in the development of "institutional guidelines for the prevention, protection and monitoring that minimize the perpetration of violence at work"[21].

On the other hand, the methodological design of the study can represent a limitation because the phenomenon complexity may require longitudinal and interventional research on the theme.

CONCLUSION

In the quantitative stage of the study, it was found that a significant percentage of nursing professionals suffered verbal aggression at work in the hospital setting investigated. The following characteristics were associated with violence: the nurse role, leadership position, white race, higher educational level and not having a partner. In the qualitative stage, aspects permeating episodes of verbal aggression against the category could be deepened, and they pointed to the individual, collective and institutional difficulty of denaturalizing this type of psychic violence against nursing.

The results obtained alert for the magnitude of verbal aggression against nursing professionals, especially against white nurses with higher educational level, without a partner and in leadership positions. The frequency of episodes leads us to consider that this type of violence is part of the work routine and demonstrates weaknesses in the institutional culture, such as difficulties to manage and identify the phenomenon, prevent this problem and promote the health of professionals.

From the results, it was evident that health workers are exposed to verbal aggression in their work environment and this has a negative impact on their mental health, satisfaction and recognition. It is very important to create strategies to combat violence at work that involve the awareness of workers, users, family members, managers, communities and political and institutional leaderships.

The impact of violence against nursing on the quality of care provided to users is a gap to be investigated, including the monitoring of patient safety indicators. Listening to perpetrators can also contribute to a better understanding of the phenomenon.

Based on the findings, the presented scenario allows to establish action criteria in order to guide and raise awareness of the nursing team and hospitals about the faces of violence at work and its real dangers. In addition, the safety and working conditions of these professionals should be increased, as well as their recognition in health work and as an important workforce in the construction/protection of society. The findings stimulate a reflection on the importance of specific public policies for health workers, who dedicate themselves to care for the population.

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