REVIEW ARTICLE

Revista Eletrônica de Enfermagem

Violence in hospital nursing work: an integrative literature review

Luiza Salvador Rohwedder[1]
Fernanda Maria de Miranda[1]
Rosângela Aparecida de Sousa[1]
Josiane Sotrate Gonçalves[1]
Tatiana de Oliveira Sato[1]
Vivian Aline Mininel[1]

[1]Universidade Federal de São Carlos (UFSCar), São Carlos, São Paulo, Brasil.

Corresponding author:
Vivian Aline Mininel
E-mail: vivian.aline@ufscar.br

Submitted: 13 March 2023
Accepted: 13 January 2025
Published: 12 April 2025

Executive Editor: Valéria Pagotto
Associate Editor: Patricia Tavares dos Santos

How to cite this article: Rohwedder LS, Miranda FM, Sousa RA, Gonçalves JS, Sato TO, Mininel VA. Violence in hospital nursing work: an integrative literature review. Rev. Eletr. Enferm. 2025;27:75562. https://doi.org/10.5216/ree.v27.75562 English, Portuguese.

ABSTRACT

Objectives: to synthesize the knowledge produced on the characteristics and factors associated with violence in hospital nursing work, its consequences, and possible interventions. **Methods:** an integrative literature review carried out in August 2022, on the Coordination for the Improvement of Higher Education Personnel (In Portuguese, Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES) Journal Portal, the Virtual Health Library (VHL) and the Medical Literature Analysis and Retrieval System Online (MEDLINE). **Results:** of the 1,250 publications initially identified in the searches, 35 studies were included that showed psychological violence, especially verbal aggression, as the most prevalent, followed by physical violence. The main offenders were patients/companions, followed by co-workers and supervisors. Women, young people, those with little professional experience, and those working in emergency and pediatric units were more vulnerable. Individual, collective, and organizational consequences and interventions to combat occupational violence were identified. **Conclusion:** synthesizing the knowledge produced points to the urgency of public policies that induce changes in work contexts, which should promote confrontation and prevention of violence against the nursing team. It also encourages reporting to these events and developing actions and to welcome the victim, transforming the workplace into a safe and healthy environment.

Descriptors: Workplace Violence; Occupational Health; Nursing; Occupational Risks; Hospitals.

INTRODUCTION

The International Labour Organization (ILO) considers the terms "violence" and "harassment" at work as a set of unacceptable behaviors, threats and practices that result or may result in physical, psychological, sexual or economic harm[1]. Such actions can occur in a variety of work-related circumstances, including on the way to and from work, and they can be classified as physical violence, psychological violence, and sexual violence[1-3].

Physical violence is defined as the use of physical force against another person or group that results in actual physical harm, and it includes acts such as hitting, kicking, slapping, stabbing, throwing, pushing, biting, and pinching[2]. Its subcategories include physical assault, physical abuse, and murder[4]. Psychological violence is made up of different types of aggressive tactics, such as verbal aggression, bullying/moral harassment, non-sexual harassment, and threats[4]. Ethnic harassment is considered a special form of harassment. It includes any threatening behavior that affects another person's dignity, based on ethnic diversity, race, language, nationality, religion or association with a minority[4]. In turn, sexual violence includes sexual harassment, unwanted sexual attention and rape, encompassing any sexual act, attempt to obtain a sexual act, unwanted sexual comments or other acts carried out against a person's sexuality[2,5].

The health sector accounts for approximately a quarter of all workplace violen-

ce[5]. Several studies point to nursing as the main target[6-9]. In addition to the high incidence, several characteristics make this class of workers more susceptible, such as professional devaluation, the way they are inserted and developed in the historical-social context, and precarious working conditions, which include overcrowding in services and a lack of materials and human resources[10].

Inadequate equipment, a culture of tolerance and acceptance of violence, and poor quality of communication and interpersonal relationships are also factors that increase the risk of violence in this class of workers[5]. This phenomenon becomes even more worrying when considering hospital environments, characterized by uninterrupted care for patients at imminent risk of death, serious illnesses and other situations that demand rapid and decisive actions, teamwork and complex procedures[11,12]. Furthermore, workplace violence is intensified by the growing precariousness of the workplace and high levels of stress[13,14].

The repercussions of occupational violence are diverse and include, mainly, the production of physical and/or psychological distress and risks to workers' mental health that also affect the workplace[15], generating a reduction in the workforce, whether due to illness or team burnout, and a decrease in quality of care[16].

The increase in occupational violence against nursing workers in recent years was reported by a study in China[17] that observed an increase in prevalence rates of violence against nurses from 62% in 2010 to 68% and 69% in 2015 and 2019, respectively, which were aggravated when associated with other risk factors in the context of the coronavirus disease 2019 (COVID-19) pandemic[17,18].

Given the considerable number of studies carried out on the subject, it is appropriate to summarize the knowledge produced on the characteristics of violence in nursing work in a hospital environment, including a previous period and the pandemic period, identifying the most frequent types of violence, the profile of victims and perpetrators, associated risk factors, identifying the main consequences and possible interventions, in order to contribute to understanding this phenomenon and mapping specific and effective measures to combat, coping and prevent it. Thus, this research aimed to summarize the knowledge produced on the characteristics and factors associated with violence in hospital nursing work, its consequences and possible interventions.

METHODS

This is an integrative literature review[19], structured in the following stages: (1) problem identification and research question elaboration; (2) search for studies in literature; (3) assessment of data from studies regarding relevance; (4) critical analysis of the results of selected studies, with the extraction of categories for their synthesis; and (5) review presentation[19].

The review was guided by the research question "What are the characteristics and factors associated with violence against the nursing team in a hospital environment, its consequences and possible interventions?", developed based on the PICo strategy[20], with Population (P) being the nursing team, Phenomenon of Interest (I) being the characteristics and factors associated with violence, its consequences and possible interventions, and Context (Co) being the hospital environment.

In order to reach a greater number of databases and, consequently, studies, instead of carrying out searches directly in specific databases, it was decided to do so in two large directories: the Coordination for the Improvement of Higher Education Personnel (In Portuguese, Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES) Journal Portal, one of the largest virtual scientific collections in Brazil, composed of more than 400 databases with diverse content, and the Virtual Health Library (VHL) Regional Portal, which integrates sources of health information and promotes the democratization and expansion of access to scientific and technical information on health in Latin America and the Caribbean.

All databases and directories that presented results were included, namely: Medical Literature Analysis and Retrieval System Online (MEDLINE); Directory of Open Access Journals (DOAJ); PubMed; Scientific Electronic Library Online (SciELO); Base de Dados de Enfermagem (BDENF – Enfermagem); Literatura Latino-Americana em Ciências de Saúde (LILACS); Web of Science (WoS); Índice Bibliográfico Español en Ciencias de la Salud (IBECS); Elsevier Science Direct Journals; Centro Nacional de Informação de Ciências Médicas de Cuba (CUMED); The Western Pacific Region Index Medicus (WPRIM); Coleção Nacional das Fontes de Informação do Sistema Único de Saúde (Coleciona SUS); Bibliografía Nacional en Ciencias de la Salud Argentina (BINACIS); Institutional Repository for Information Sharing (PAHO-IRIS); and Ovid Technologies (Ovid). Moreover, the MEDLINE database was accessed separately, through the VHL, for the search with terms in English.

The searches were carried out in August 2022, using controlled descriptors from Medical Subject Headings (MeSH), in English, and Health Sciences Descriptors (DeCS), in Portuguese, with the terms selected using the PICo strategy: "Nursing" and "*Enfermagem*" (P); "Workplace Violence" and "Violência" (I); and "Hospital" and "*Hospital*" (Co), combined according to the strategy presented in Table 1.

Table 1 - Search strategy for scientific literature on the Coordination for the Improvement of Higher Education Personnel Journal Portal and the Virtual Health Library, 2022

Database	Strategy/string
CAPES[A] Journal Portal	"nursing" AND "violence" AND "hospital" [(year of creation: 2017 to 2022); (Language: Portuguese, Spanish and English)]
VHL[B]	"enfermagem" AND "violência" AND "hospital" AND (la[C]:("en[D]" OR "pt[E]" OR "es[F]")) AND (year_cluster:[2017 TO 2022])
MEDLINE[G]/ VHL[B]	"nursing" AND "violence" AND "hospital" AND (db[H]:("MEDLINE") AND la[C]:("en[D]" OR "es[F]" OR "pt[E]")) AND (year_cluster:[2017 TO 2022])

Note: [A]CAPES - Coordination for the Improvement of Higher Education Personnel; [B]VHL - Virtual Health Library; [C]la - language; [D]en - English; [E]pt - Portuguese; [F]sp - Spanish; [G]MEDLINE - Medical Literature Analysis and Retrieval System Online; [H]db - database.

The study included primary studies carried out with the nursing team (P) that addressed the characteristics, factors related to violence, its consequences and possible interventions (I) in hospital environments (Co), in Portuguese, English, or Spanish, published in the last five years (2018-2022), with the aim of including the context before and during the COVID-19 pandemic, enabling comparisons.

The study excluded review studies, monographs, dissertations, theses, official documents, books, grey literature, and articles that after extensive searches in open data sources, institutional libraries of the proposing university, and contact with the corresponding authors, were not available in full and those in which it was not possible to separately identify the findings related to hospital nursing.

Article selection was carried out by one of the researchers (LSR) according to the adopted framework[19] and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines[21] in four stages: (1) reading of titles of all retrieved studies; (2) manual removal of duplicate studies; (3) reading of abstracts of pre-selected publications according to the research question; and (4) assessment of pre-selected studies by reading them in full, applying the inclusion and exclusion criteria. A reference manager was not used, although its importance in supporting the construction of integrative reviews is recognized[20].

Data analysis followed the phases proposed by Whittemore and Knafl[19], whose objective is the complete and impartial interpretation of primary sources, in addition to the innovative synthesis of evidence, including:

a) Data reduction: classification of data chronologically, extraction and coding in a table – carried out from a matrix in an Excel® spreadsheet (Microsoft Corporation version 2021, United States), developed for this purpose, with the synthesis of studies organized based on general aspects of characterization (author, year, country, sample, objective and type of study), and main results, extracted from this matrix;
b) Data display: conversion of data extracted from individual sources into single tables bringing together data from multiple sources around specific variables, including the main results according to the type of violence analyzed and aspects related to workplace violence (risk factors, consequences, and possible interventions);
c) Data comparison: identification of patterns between primary sources and grouping of similar variables - creation of analysis categories, according to research interest;
d) Conclusion and verification: interpretation and description of identified patterns, and synthesis of important conclusions for each variable.

The results are presented descriptively, based on the PRISMA recommendations[21] and in light of the theoretical-conceptual framework on workplace violence[1-5].

RESULTS

After applying the inclusion and exclusion criteria to the 1,250 identified titles, a final sample of 35 articles was obtained, which were read in full, as shown in Figure 1.

Table 2 summarizes the characterization of studies included in the review in terms of authorship, country where the research was carried out, sample, objectives, and study design.

Overview

The 35 studies covered 35,162 nursing workers and were analyzed using different methods and approaches. There is an increase in publications in the last two years, with nine publications in 2021[12,15,17,36-41] and five in 2022[42-49]. The countries that published the most on the topic were Brazil, with eleven studies[11,15,16,22,23,25,28,29,33,36,37,46,48]; China, with six studies[17,24,26,27,31,32,45]; Iran, with four studies[8,30,35,39]; Turkey, with three studies[34,41,49]; and the United States, with one study[38].

Instruments used to identify workplace violence

In relation to the instruments for collecting data related to workplace violence, three studies used the Survey Questionnaire Workplace Violence (WPV) in the Health Sector[11,28,48] and two studies used the Workplace Violence in the Health Sector[34,47], both to assess physical and psychological violence. Other questionnaires used were: Questionário de Avaliação da Violência no Trabalho Sofrida ou Testemunhada por Trabalhadores de Enfermagem[33,36], China Nurse Survey[32], Workplace Violence Scale (WVS)[31], Workplace Violence Incident Survey[26], National Survey of the Work and Health of Nurses[40], Workplace Violence Questionnaire[37], WPV Questionnaire (Chinese version)[45], Hospital WPV Questionnaire (revised version)[17], and a questionnaire linked to a master's dissertation[43]. A study used the hospital's own reports from the incident report database where the research was conducted[38]. Another eleven studies adopted the semi-structured interview technique[7,11,16,22,23,25,28-30,39,42,44,46,49], and six studies used questionnaires prepared by the authors themselves to collect data[14,16,24,27,35,41], one of these being prepared by the author himself, but based on pre-existing questionnaires[35].

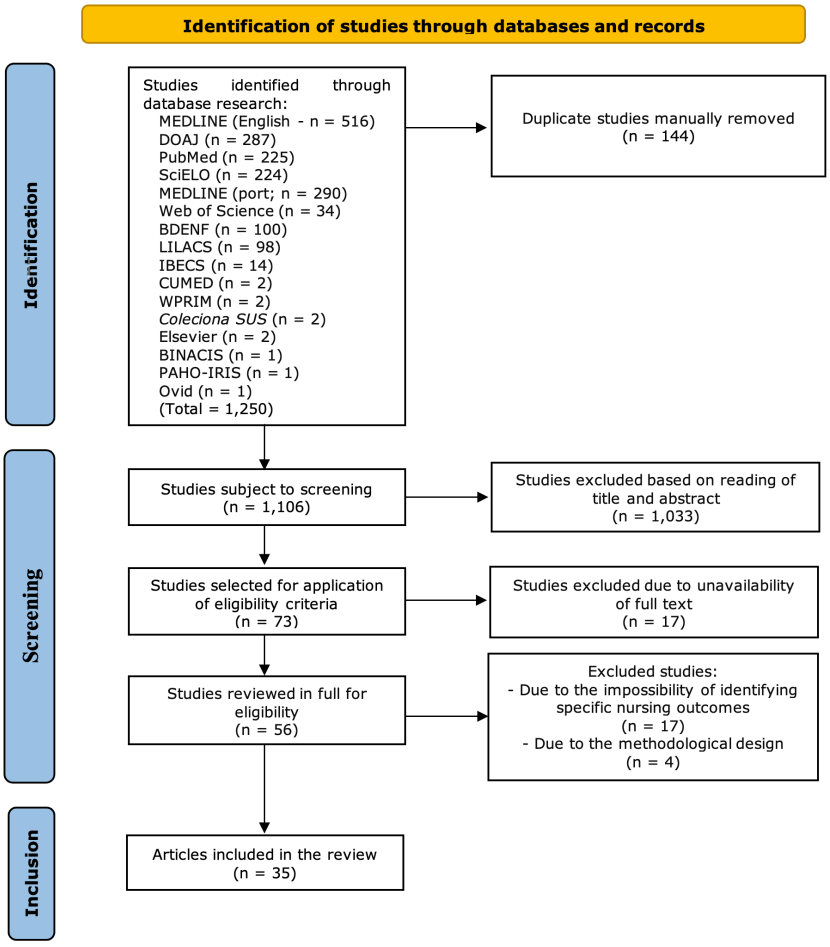
Types of violence, incidence, perpetrators, and victims

Table 3 presents the main results of studies analyzed according to the categorization of workplace violence in the adopted framework[2].

Several studies demonstrate the high prevalence of violence related to nursing work in the hospital context, affecting 50% or more of workers[8,12,15-17,22,24,31,34,36,37,41].

The incidence of workplace violence has evolved over the years, with rates higher in 2015 (69.0%) and in 2019 (62.4%) compared to 2010 (4.1%)[17]. Considering the COVID-19 pandemic, the incidence of workplace violence was lower in the pre-pandemic period, except for verbal abuse, which was more frequent[41]. No studies were found that explained the decrease in the incidence of

Figure 1 - Flowchart of search and selection of studies based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses[21], 2022



Source: adapted from PAGE *et al.*[21].

Note: MEDLINE - Medical Literature Analysis and Retrieval System Online, DOAJ - Directory of Open Access Journals, PubMed, SciELO - Scientific Electronic Library Online, BDENF - Base de Dados de Enfermagem, LILACS - Literatura Latino-Americana em Ciências de Saúde, WoS - Web of Science, IBECS - Índice Bibliográfico Español en Ciencias de la Salud, Elsevier Sciece Direct Journals, CUMED - Centro Nacional de Información de Ciências Médicas de Cuba, WPRIM - The Western Pacific Region Index Medicus, Coleciona SUS - Coleção Nacional das Fontes de Informação do Sistema Único de Sáude, BINACIS - Bibliografía Nacional en Ciencias de la Salud Argentina, PAHO-IRIS - Institutional Repository for Information Sharing e Ovid - Ovid Technologies.

Table 2 - Summary of studies by author, year, country, sample, objective, and study design, 2022

Continue...

Authors, year, country	Sample	Objective	Study design
Honarvar et al., 2019[8], Iran	405 nurses	To determine aspects of violence against nurses.	Quantitative (Cross-sectional)
Trindade et al., 2019[11], Brazil	198 nursing workers	To analyze episodes of verbal aggression against nursing professionals.	Mixed approach (Explanatory-sequential)
Busnello et al., 2021[12], Brazil	198 hospital nursing workers and 169 Primary Health Care workers	To understand and analyze the coping mechanisms of violence used by nurses in the hospital setting and in Primary Health Care.	Mixed approach (Explanatory-sequential)
Yagil; Dayan, 2019[14], Israel	305 nurses	To explore the conditions that contribute to justification of aggression against nurses.	Quantitative (Pilot study)
Silva Júnior et al., 2021[15], Brazil	12 nursing workers	To understand the perception of violence experienced by nursing workers at work and its implications for mental health.	Qualitative (Descriptive)
Silva; Teles; Tavares, 2020[16], Brazil	12 nursing workers	Identify the most frequent types of occupational violence suffered by nursing workers and how the risks can affect the work process.	Qualitative (Descriptive-exploratory)

Table 2 - Summary of studies by author, year, country, sample, objective, and study design, 2022

Conclusion.

Authors, year, country	Sample	Objective	Study design
Cai et al., 2021[17], China	942; 2,110 and 2,566 nurses (2010, 2015 and 2019)	To analyze the current situation and characteristics of Workplace Violence (WPV) among nurses from 2010 to 2019, and analyze trends in WPV over time.	Quantitative (Cross-sectional)
Partridge; Affleck, 2017[22], Australia	330 emergency sector workers	To describe the extent to which verbal abuse and physical assault is experienced by staff in the Hospital Emergency Departments (HED), including the frequency of different forms of abuse and violence; To explore whether abuse and violence experienced by (HED) staff is predicted by factors such as their role in the (HED), age, and gender; To explore (HED) staff members' perceptions of safety, and their attitudes towards hospital security; and To explore whether perceptions of safety are related to experiences with abuse/violence, attitudes towards security, and one's role in the (HED).	Quantitative (Cross-sectional)
Scaramal et al. [23], 2017, Brazil	16 nursing workers	To reveal the perception of nurses regarding occupational physical violence in urgency and emergency services.	Qualitative (Descriptive)
Shi et al., 2017[24], China	15,970 nurses	To explore the distribution and characteristics of workplace violence (WPV) experienced by nurses at tertiary and county–level hospitals in the 12 months, to identify and analyze the risk factors for WPV.	Quantitative (Cross-sectional)
Silveira et al., 2017[25], Brazil	14 nursing workers	Understand the conception of workplace violence of the nursing team of an emergency room and identify the protective measures used.	Qualitative (Exploratory and descriptive)
Zhang et al., 2017[26], China	4,125 nurses	To determine the prevalence of workplace violence against nurses, and its influencing factors.	Quantitative (Cross-sectional)
Chen et al., 2018[27], China	1,831 nurses	To investigate the incidence of workplace violence involving nurses and to identify related risk factors in a high-quality teaching hospital.	Quantitative (Cross-sectional)
Dal Pai et al., 2018[28], Brazil	269 nursing workers	To analyze physical and psychological violence among health workers, identify their perpetrators and the origin of the aggressions.	Mixed approach (Explanatory-sequential)
Fernandes; Passos, 2018[29], Brazil	24 nursing workers	To characterize, from the nursing team's viewpoint, the violence suffered in their relationship with users or companions/visitors in a hospital emergency department of the public health system.	Qualitative (Descriptive)
Najafi et al., 2018[30], Iran	22 nurses	To explore nurses' perceptions of and experiences with the antecedents and consequences of workplace violence perpetrated by patients, patients' relatives, colleagues and superiors.	Qualitative (Descriptive)
Zhao et al., 2018[31], China	886 nurses	To investigate the prevalence of workplace violence in nurses in hospitals, and its influence on nurses' mental health.	Quantitative (Cross-sectional)
Liu et al., 2019[32], China	1,502 nurses	To investigate the relationships among workplace violence, nurse outcomes, and patient safety; to explore whether nurse burnout and job satisfaction play mediating roles in the association of workplace violence and patient safety.	Quantitative (Cross-sectional)
Tsukamoto, 2019[33], Brazil	242 nursing workers	To identify the prevalence and factors associated with occupational violence among members of the nursing team.	Quantitative (Cross-sectional)
Babiarczyk et al., 2020[34], Poland, Czech Republic, Slovak Republic, Turkey and Spain	1,089 nurses	To assess country-specific evidence of physical and non-physical acts of workplace violence towards nurses working in the health sector in five European countries and then to identify reasons for not reporting violence experienced at work.	Quantitative (Cross-sectional)
Dehghan-chaloshtari; Ghodousi, 2020[35], Iran	100 nurses	To investigate all forms of violence against nurses in hospitals.	Quantitative (Cross-sectional)
Bernardes et al., 2021[36], Brazil	55 nursing workers	Identify the types of occupational violence experienced by nursing professionals.	Quantitative (Descriptive)
Bordignon; Monteiro, 2021[37], Brazil	267 nursing workers	Investigate workplace violence against nursing professionals, its relationship with personal, health, and work variables, and to know about prevention possibilities.	Quantitative (Cross-sectional)
Chesire et al., 2021[38], USA	32 nurses	To investigate the cognitive dimensions nurses use when perceiving patient-to-healthcare provider workplace violence.	Quantitative (Cross-sectional)

Table 2 - Summary of studies by author, year, country, sample, objective, and study design, 2022

Conclusion.

Authors, year, country	Sample	Objective	Study design
Faghihi et al., 2021[39], Iran	21 nurses	To explain the components of workplace violence against nurses from the perspective of women working in a hospital.	Qualitative (Descriptive)
Havaei; MacPhee, 2021[40], Canada	551 nurses	To examine the direct and indirect effect of workplace violence, through the pathway of psychological stress responses, on nurses' frequencies of medication intake.	Quantitative (Cross-sectional)
Ozkan Sat; Akbas; Sozbir, 2021[41], Turkey	263 nurses	To determine the relationship between nurses' exposure to violence and their professional commitment during the COVID-19 pandemic.	Quantitative (Cross-sectional)
Al-natour; Abuziad; Hweidi, 2022[42], Jordan	24 nurses	To describe nurses' perceptions about predisposing factors, nurses' roles and effective strategies to combat workplace violence in the emergency department.	Qualitative (Descriptive)
Choi; Kim; Park, 2022[43], South Korea	131 nurses	To explore experiences of workplace violence involving emergency nurses and to identify factors that influence the response to violence on the basis of the stress-coping theory formulated by Lazarus and Folkman.	Quantitative (Cross-sectional)
Hsu; Chou; Ouyang, 2022[44], Taiwan	10 nurses	Explore nurses' experiences of violence by patients/visitors, its impact on quality of care, and the supports needed after the incidents.	Qualitative (Descriptive)
Li et al., 2022[45], China	2,769 nurses	To determine the prevalence of workplace violence among nurses and its association with demographic characteristics, quality of work life and coping styles; to explore how nurses deal with workplace violence and the emotional/psychological impact of workplace violence on nurses.	Quantitative (Cross-sectional)
Silva et al., 2022[46], Brazil	14 nursing workers	To know the perceptions of the nursing staff about workplace violence and its possible intensification in times of COVID-19 confrontation in the hospital emergency unit.	Qualitative (Descriptive)
Trindade et al., 2022[47], Brazil	647 healthcare professionals	To analyze the occurrence and factors related to workplace harassment among health workers.	Quantitative (Cross-sectional)
Tsukamoto et al., 2022[48], Brazil	242 nursing workers	To investigate the association between burnout syndrome and workplace violence among nursing workers.	Quantitative (Cross-sectional)
Yildiz; Yildiz, 2022[49], Turkey	20 nurses	To identify the workplace violence experiences of the nurses working for the pediatric emergency units.	Qualitative (Descriptive)

Table 3 - Main results according to the type of violence analyzed, 2022

Continue...

Type of violence	Subtypes	Incidence	Most common perpetrators	Main victims
Physical violence	Aggression/ physical abuse[8,17,22-29,33-38,40,41,43,45,46,48]	- 50 to 60%[35] - 40 to 50%[22] -20 to 30%[8,26,33,34] -10 to 20%[17,24,28,36,3,45] - 5 to 10%[27,41]	- Patients[23,33,34,36,37,43] - Companions[24,27,33,35,43] - Co-workers[23,33,36,43] - Male perpetrator[33,37]	- Emergency/pediatric sector workers[24,26,27,34,45] - Workers with less experience[26,27,35] - Women[28,35,38] - Younger workers[33,35] - Nursing workers[22] - Psychiatry workers[34] - Workers with more time in direct contact with patients[24] - Nursing technicians[28]

Table 3 - Main results according to the type of violence analyzed, 2022

Conclusion.

Type of violence	Subtypes	Incidence	Most common perpetrators	Main victims
Psychological violence	Verbal aggression[8,11,15-17,22,24-29,33-38,40,41,43,45-49]	- 90 to 100%[45] - 80 to 90%[8,16,22,35] - 60 to 70%[17,24,26,37] - 50 to 60%[28,33,34,41] - 40 to 50%[47] - 30 to 40%[36]	- Patients[15,16,34,36,37,40,43,47] - Companions[16,24,34,35,40,43,47] - Co-workers[27,33,36,40,43,47] - Bosses/supervisors[33,40] - Physicians[16,47] - Female perpetrator[33]	- Emergency and pediatric workers[24,26,27,45,49] - Workers with less time experience [26,27,35] - Younger workers[33,35] - Nursing workers[22,47] when compared to other professional categories - Workers with more time in direct contact with patients[24]
	Bullying/moral harassment[11,15,27,36,40,41,46]	- 60 to 70%[41] - 20 to 30%[11,28,36]	- Patients [40] - Companions [40] - Managers/supervisors[40] - Co-workers[40]	- Women[28,35] - Nursing technicians/assistants[11,28] - Nurses[11]
	Threat[8,15,17,22,26,35,38,40,43,49]	- 90 to 100%[35] - 40 to 50%[17] - 30 to 40%[26] - 20 to 30%[8]	- Patients[35,40,43] - Companions[40,43] - Co-workers[40,43] - Managers/supervisors[40]	- Workers with less experience[26,35] - Emergency and pediatric workers[26,49] - Women[35] - Younger workers[35]
	Ethnic harassment[8,15,28,35,36]	- 10 to 15%[35] - 5 to 10%[8,28,36]	- Co-workers in general[35,36], especially physicians[35]	- Women[28,36]
Sexual violence	Sexual harassment[8,17,24,26,28,33,36,37,41,45,4]	- 10 to 20%[8,33] - 5 to 10%[36,37,45] - 0,8 to 5%[17,24,26,28,41]	- Co-workers[33,36,37] - Managers/supervisors[33,37] - Patients[36,37] - Companions[24] - Male perpetrator[33,37]	- Emergency sector workers[24,26] - Workers with more time in direct contact with patients[24] - Workers with less experience[26] - Younger workers[33] - Women[37]

violence during the pandemic.

Risk factors for workplace violence, consequences, and possible interventions

Table 4 summarizes the risk factors for workplace violence according to the adopted framework[5], the consequences, and possible prevention strategies cited by victims of workplace violence.

The underreporting of cases of violence was highlighted in six studies[11,22,34,37,45,47], mainly in cases of verbal aggression, moral harassment, and sexual harassment[22,37,47], with workers often failing to report the violence they suffered because they do not consider this act important[34,45,47], because they consider it useless[34,45], a "waste of time"[45] or because they consider that no action would be taken[47]. The trivialization of verbal aggression was highlighted as a reason for underreporting[47], as well as the lack of standardized procedures for reporting violence[36] and the lack of measures to combat it[47].

Individual coping measures were cited, such as staying silent[25],

Table 4 - Summary of the main risk factors for workplace violence, consequences, and possible interventions, 2018-2022

Continue...

Risk Factors		
Related to the work context at the hospital	**Related to patient and companion**	**Related to victim**
- Precarious working conditions, lack of infrastructure[26,29,39] - Lack of material and human resources[25,46] - High demand for patients and services, overcrowding[25,29,42,46] - Strenuous work[23,41,42,46] - Stressful context[14,46] - Ineffective organizational management[30] - Long working hours[8] - Devaluation, low wages[39] - Delay in providing services[23] - Harsh working conditions[23,41] - Overload[42,49]	-Patient's clinical condition (neurological disorders, panic attacks, alcohol and drug abuse)[23,28,39,42,44,46] -Profile (aggressiveness, education, socioeconomic status)[29,42] -Bad previous experiences[42] -Distress, anguish, stress[14,39,42,49] -Unrealistic or unmet expectations from companions[8,30,49]	- Lack of training/knowledge to confront and prevent violence[8,11,44] -Professional response mechanisms react to violence[29] -Low quality of communication, inadequate communication[14,23,30] -Offensive attitudes[42] -Dissatisfaction, loss of motivation[42]

Table 4 - Summary of the main risk factors for workplace violence, consequences, and possible interventions, 2018-2022

Conclusion.

Consequences	
Related to the work context at the hospital	**Related to victim**
- Reduced patient safety and increased adverse events[32] - Reduction in quality of care[30] - Poor communication[30] - Retaliatory or stalking behaviors[44]	- Negative feelings (guilt, worry, tension, despair, anger, helplessness, revolt, embarrassment, anguish, nervousness, stress, disrespect)[11,15,16,30,40,44,45,49] - Burnout syndrome[32,48] - Lower job satisfaction[30,32,45] - Anxiety and depression[31,45] - Reduced tolerance[30] - Fear, concern, and insecurity in the workplace[11,30,44] - Increased medication intake[40] - Remain in a state of hyper-alert, vigilant[11,34] - Physical and psychological trauma[44] - Physical symptoms (migraine, headache, hearing loss)[44] - Tiredness and exhaustion[49] - Distancing from co-workers[11]

Possible interventions		
Post-event interventions	**Environmental measures**	**Organizational measures**
- Immediate notification[42] - Provide assistance to the victim[42]	- Improve workplace safety[37,42,46] - Increase hospital resources[42]	- Increase the number of workers[37] - Reduce waiting times for service and increase the speed of assistance, reducing overcrowding[37] - Reduce pressure at work[37,42] - Improve working conditions[45] - Reduce the workload/workday[42,46] - Improve the qualification of professionals, with training on strategies to prevent and combat violence[42,46] - Promote worker general well-being[45]

seeking help from others[25], talking to co-workers[43], defending oneself physically[43], and staying calm[15]. The minority reported using professional help, and most victims of violence did nothing because they were embarrassed or did not know what to do[43].

DISCUSSION

This study presents a synthesis of the knowledge produced on the characteristics and factors associated with violence in hospital nursing work, its consequences, and possible interventions. A substantial amount of evidence related to violence in nursing work was found, especially from Brazil and China, with a growing publication curve in 2021 and 2022. The predominance of these countries can be explained by the high rates of violence against nursing staff reported, above 50%[15,17,22,24,31,36,37], which makes the problem more explicit and, consequently, more researched.

Both countries also reported the most environmental[37,46] and organizational[37,45,46] measures to combat violence. The implementation of technological tools proposed by the Brazilian National Hospital Care Policy of the Ministry of Health[50], such as reception with risk stratification (Manchester) and bed and care management (Kanban), constitute a strategy to reduce overcrowding and improve quality of care[51]. These aspects can contribute to a safer work environment. Analyses that relate these tools to the relations of power, authority, and dynamics between professions[51] are important to qualify interventions; however, they are incipient and were not identified in this review.

Psychological violence and its subtypes were the most prevalent, with emphasis on verbal aggression. The latter is naturalized in the workplace even by the workers, who often choose not to report it or report little or no concern[11], contributing to its underreporting. Although this type of violence is not as explicit or visually impactful as physical violence, it has the potential to have serious consequences for the victim and the healthcare institution, impacting care provision[16], since it compromises communication and the relationship between the offender and the victim.

Patients and their companions continue to be the main perpetrators of violence, as pointed out in previous reviews[52,53], and constitute the practice of "violence by third parties". Factors that contribute to this data include those related to the perpetrators themselves, long waiting lists[54] and the nursing work itself[42]. Studies that seek to implement and analyze specific interventions to mitigate these risk factors are necessary to minimize violence in hospital environments.

Little evidence has been found in previous syntheses regarding occupational violence perpetrated by physicians and supervisors[52,53]. As an example, a review identified only three studies, out of a sample of twenty two, that made any mention of co-workers,

physicians, and supervisors as perpetrators[52]. This summary advances by highlighting the prevalence of violence perpetrated by co-workers, physicians and supervisors/bosses, horizontal and vertical violence, respectively, in cases of sexual harassment and ethnic harassment. Vertical violence can manifest itself through the abuse of power in relationships not only with those who occupy hierarchically superior positions to those of the victims, but also through asymmetrical relationships that have historically been consolidated as superiority, such as among medical professionals[55].

Gender issues are strongly present in nursing, as it is a predominantly female profession, resulting in situations of physical, emotional and, sexual violence against women[55]. Among the studies analyzed, a higher prevalence of female nursing workers exposed to workplace violence was found, confirming gender issues as an important risk factor for nursing. Women are more exposed to physical violence, moral, sexual, and racial harassment[28,36], and this may be related to the sociocultural roots of women's submission in relation to men[15]. In turn, men are more exposed to another type of violence, physical violence[52,56], a fact also related to gender.

In addition to the female gender, younger age and shorter experience were prevalent characteristics among victims of workplace violence, which may indicate that this group of workers are less tolerant of violence and more vulnerable to situations of exposure, while older workers with longer experience have already become accustomed to precarious working conditions and perceive violence as part of their daily lives[57].

The forms and conditions of work in the hospital sector can favor occupational violence[24,34]. Interventions related to organizational measures, such as increasing the number of workers[37], reducing overcrowding by reducing waiting times and increasing the agility of assistance[37], reducing pressure[37,42] and working hours[42,46], and improving working conditions in general[45] are strategies to overcome some predisposing factors and, therefore, must be implemented by managers.

The findings of this study indicate that occupational violence generates negative feelings in victims, reduced job satisfaction, fear and insecurity in the workplace, and psychological disorders, such as burnout syndrome, anxiety, and depression. Burnout syndrome and depression are also associated with an increased chance of workers suffering workplace violence, thus generating a cyclical movement[58]. Such consequences end up culminating in absences from work for health treatment, which affects not only individual and family life, but also organizational dynamics[46].

Furthermore, horizontal violence produces conflicts within the team, compromising professional performance and deteriorating quality and safety of care, both in the hospital context, the field of interest of this study, and in Primary Health Care (PHC), as evidenced in a recent study that revealed that violence in PHC has repercussions on professional nursing conduct, weakening care and leading to rapid, unsafe assistance with an increased risk of incidents and injuries[59].

Despite the seriousness of workplace violence, which generates outrage and harmful suffering among workers, who interpret it as humiliation, abuse, devaluation, lack of respect, and injustice[15], it is still seen by many as acceptable behavior in certain situations[14]. In this regard, underreporting becomes something naturalized and, possibly reinforced by workers' fear and by the organizational culture that inhibits the debate and confrontation of these situations. The trivialization of violence, especially verbal aggression[47], contributes to its propagation, as well as to the lack of conduct focused on its prevention, such as training workers in the identification and appropriate management of workplace violence[54].

Nursing workers who are victims of workplace violence often feel helpless and avoid talking about the issue. Their concerns include fear and insecurity about being penalized for a situation that cannot be proven[59], leading to fear of being fired, being transferred to another department, and working undesirable hours. Employee assistance is one of the most common workplace strategies for promoting mental health [60,61]. However, although support services exist, they are not necessarily prepared to address issues related to violence and their impact on the lives of people with psychological distress; however, if well structured, they could strengthen adequate support and provide therapeutic offerings aligned with the precepts of psychosocial care[62].

The lack of training in coping with and preventing violence, poor quality of communication or inadequate communication, and how professionals react to violence are risk factors that should not be interpreted as individualizing responsibility in addressing and combating violence, but as weaknesses in the organization's response to this issue. Thus, institutions need to make progress in developing programs that prioritize safety measures and professional training[42] to cope with, report, and provide visibility to this phenomenon, with the aim of inhibiting and punishing offenders and giving voice and support to victims, ensuring a safe work environment[42,46].

Recognizing the organizational aspects of work that can cause violence and mental illness[60], combating management practices that are based on psychological violence[60,61], and not assigning the sole responsibility for combating illness to the worker[61] are ways to ensure sustainable and effective strategies for promoting mental health and combating violence, and, consequently, a psychologically safe work environment.

Despite its contributions, this study has limitations, such as the restriction on including studies from three languages, the non-use of a reference manager, and instruments for quality analysis. Concerning this last aspect, it is a weakness of the integrative review method itself, given the multiple approaches and methods of included studies, as pointed out by the authors themselves[19]. Although the adopted framework does not recommend or advocate the analysis of texts by independent reviewers, possible losses are recognized, such as the loss of details or the non-inclusion of certain publications in the final sample.

This literature review advances scientific knowledge by including studies that cover different cultural, economic, and sectoral

perspectives, as well as different types of violence, risk factors, consequences, and possible interventions, deepening and expanding other similar studies published recently[52,53,57].

CONCLUSION

The profile of violence in nursing work in a hospital environment is well defined in the literature: psychological violence is the most reported, with verbal aggression being the most common subtype; physical and sexual violence are important typologies in the group studied; patients and their companions are the main offenders, followed by bosses and co-workers in cases of sexual violence and ethnic harassment. The forms of organization of hospital work and the profile of the units are associated with violence, especially in the emergency and pediatric sectors. Workers with less experience and who are female are the most vulnerable.

Occupational violence compromises nursing workers' physical and mental health, negatively impacting their family and social lives. Furthermore, it can generate conflicts within the team, communication failures with patients and family members, absenteeism, and a decline in professional performance, which compromises the quality of care provided and patient safety. Even so, underreporting of these events was evidenced, and no studies were found that assessed the impact of workplace violence on the quality and safety of care (despite the clear relationship between illness and absenteeism among workers and these outcomes).

The synthesis of the knowledge produced denotes the urgency of public policies that induce changes in work contexts, which must assume responsibility for coping with and preventing violence through the implementation of effective reporting tools, application of punitive measures against offenders, and protection for victims, as well as expanded measures in worker health, with a focus on improving working conditions and life at work. It is urgent to translate the knowledge produced about risk factors, the profile of offenders, and the consequences of workplace violence into professional practice, with the aim of encouraging notifications and reports of situations of violence, as well as promoting actions aimed at welcoming victims of aggression, transforming the workplace into safe and healthy spaces.

Moreover, future research is necessary to investigate the profile and perception of offenders, the factors that predispose and protect against violence in the workplace, more effective interventions, and the impacts of violence on quality of care and patient safety.

REFERENCES

1. International Labour Organization. C190 - Violence and Harassment Convention, 2019 (No. 190) [Internet]. 2019 [cited 2023 Feb 1]. Available from: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190

2. International Labour Office. Work-related violence and its integration into existing surveys. In: Proceedings of the 19th International Conference of Labour Statisticians, 2013, Geneva, Switzerland [Internet]. 2013 Oct 2-11 [cited 2023 Feb 1]. Available from: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/meetingdocument/wcms_222231.pdf

3. International Labour Organization. Safe and healthy working environments free from violence and harassment [Internet]. Geneva: ILO, 2020 [cited 2023 Feb 2]. Available from: https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_751832/lang--en/index.htm

4. International Labour Office. SOLVE: Integrating health promotion into workplace osh policies. Participant's workbook [Internet]. Geneva: International Labour Office; 2012 [cited 2023 Feb 1]. 386 p. Available from: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/instructionalmaterial/wcms_178396.pdf

5. International Council of Nurses, Public Services International, World Health Organization (WHO), International Labour Office. Framework guidelines for addressing workplace violence in the health sector. The training manual. [Internet]. Geneva: World Health Organization; 2002 [cited 2023 Feb 1]. 131 p. Available from: https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/instructionalmaterial/wcms_108542.pdf

6. Adams EA, Darj E, Wijewardene K, Infanti JJ. Perceptions on the sexual harassment of female nurses in a state hospital in Sri Lanka: a qualitative study. Glob Health Action. 2019 Feb 26;12(1):1560587. https://doi.org/10.1080/16549716.2018.1560587

7. Hagopian EM, Freitas GF, Baptista PCP. Assédio moral no trabalho em enfermagem. Rev. baiana enferm. 2017 Mar 30;31(1):16588. https://doi.org/10.18471/rbe.v31i1.16588

8. Honarvar B, Ghazanfari N, Shahraki HR, Rostami S, Lankarani KB. Violence against nurses: a neglected and health-threatening epidemic in the university affiliated public hospitals in Shiraz, Iran. Int J Occup Environ Med [Internet]. 2019 July [cited 2023 Feb 5];10(3):111-23. Available from: https://pubmed.ncbi.nlm.nih.gov/31325294/

9. Queiroz AAO, Barreto FA. Violência no trabalho da enfermagem nos serviços hospitalares: ponderações teóricas. Rev enferm UFPE online. 2021 Apr 9;15(1):1-12. https://doi.org/10.5205/1981-8963.2021.246472

10. Scaramal DA, Haddad MCFL, Garanhani ML, Galdino MJQ, Pissinati PSC. Significado da violência física ocupacional para o trabalhador de enfermagem na dinâmica familiar e social. Cienc Cuid Saúde [Internet]. 2017 July 3 [cited 2023 Feb 1];16(2):1-8. Available from: https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/34532

11. Trindade LL, Ribeiro ST, Zanatta EA, Vendruscolo C, Dal Pai D. Agressão verbal no trabalho da Enfermagem na área hospitalar. Rev. Eletr. Enferm. 2019 Dec 31;21:54333. https://doi.org/10.5216/ree.v21.54333

12. Busnello GF, Trindade LL, Dal Pai D, Brancalione D, Calderan MM, Bauermann KB. Enfrentamiento de la violencia en el trabajo de enfermería en el contexto hospitalario y en la Atención Primaria de Salud. Enf Global. 2021;20(2):216-53. https://doi.org/10.6018/eglobal.425181

13. Santos JLG, Gobato BC, Menegon FHA, Moura LN, Camponogara S, Erdmann AL. Nurse's work in the hospital environment: analysis of unfavorable characteristics. R. pesq.: cuid. fundam. online. 2021 Sept 9;13:1395-401. https://doi.org/10.9789/2175-5361.rpcfo.v13.9496

14. Yagil D, Dayan H. Justification of aggression against nurses: the effect of aggressor distress and nurse communication quality. J Adv Nurs. 2019 Nov 15;76(2):611-20. https://doi.org/10.1111/jan.14269

15. Silva Junior RF, Gusmão ROM, Araújo DD, Cardoso DS, Castro LM, Silva CSO. Violência no trabalho contra os trabalhadores de enfermagem e seus imbricamentos com a saúde mental. Revista de Enfermagem do Centro-Oeste Mineiro. 2021 July 23;11:e4055. https://doi.org/10.19175/recom.v11i0.4055

16. Silva BA, Teles VR, Tavares MM. The interference of violence in the nursing work routine. Res Soc Dev. 2020 July 19;9(8):e765985636. https://doi.org/10.33448/rsd-v9i8.5636

17. Cai J, Qin Z, Wang H, Zhao X, Yu W, Wu S, et al. Trajectories of the current situation and characteristics of workplace violence among nurses: a

nine-year follow-up study. BMC Health Serv Res. 2021;21:1220. https://doi.org/10.1186/s12913-021-07245-y

18. Barbosa DTS, Lana RD, Gomes RV, Lourenço BS, Silva JRL. Os impactos da pandemia à saúde mental dos profissionais de enfermagem: uma revisão da literatura. CPAQV. 2020;12(3):1-7. https://doi.org/10.36692/v12n3-18r

19. Whittemore R, Knafl K. The integrative review: update methodology. J Adv Nurs. 2005 Nov 2;52(5):546-53. https://doi.org/10.1111/j.1365-2648.2005.03621.x

20. Mendes KDS, Silveira RCCP, Galvão CM. Use of the bibliographic reference manager in the selection of primary studies in integrative reviews. Texto contexto - enferm. 2019 Feb 14;28. https://doi.org/10.1590/1980-265X-TCE-2017-0204

21. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021 Mar 29;372:n71. https://doi.org/10.1136/bmj.n71

22. Partridge B, Affleck J. Verbal abuse and physical assault in the emergency department: rates of violence, perceptions of safety, and attitudes towards security. Australas Emerg Nurs J. 2017 June 9;20(3):139-45. https://doi.org/10.1016/j.aenj.2017.05.001

23. Scaramal DA, Haddad MCFL, Garanhani ML, Nunes EFPA, Galdino MJQ, Pissinati PSC. Violência física ocupacional em serviços de urgência e emergência hospitalares. Rev Min Enferm [Internet]. 2017 Nov 9 [cited 2023 Feb 1];21:e-1024. Available from: https://periodicos.ufmg.br/index.php/reme/article/view/49879

24. Shi L, Zhang D, Zhou C, Yang L, Sun T, Hao T, et al. A cross–sectional study on the prevalence and associated risk factors for workplace violence against Chinese nurses. BMJ Open. 2017;7(6):e013105. https://doi.org/10.1136/bmjopen-2016-013105

25. 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 [Internet]. 2017 Feb 21 [cited 2023 Feb 2];6(3):436-46. Available from: https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/8387

26. 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 Apr 7;72:8-14. https://doi.org/10.1016/j.ijnurstu.2017.04.002

27. Chen X, Lv M, Wang M, Wang X, Liu J, Zheng N, et al. Incidence and risk factors of workplace violence against nurses in a Chinese top-level teaching hospital: a cross-sectional study. Appl Nurs Res. 2018 Jan 31;40:122-8. https://doi.org/10.1016/j.apnr.2018.01.003

28. Dal Pai D, Sturbelle ICS, Santos C, Tavares JP, Lautert L. Violência física e psicológica perpetrada no trabalho em saúde. Texto contexto - enferm. 2018;27(1):e2420016. https://doi.org/10.1590/0104-07072018002420016

29. Fernandes APFC, Passos JP. Delineamento da violência sofrida pela equipe de enfermagem na emergência hospitalar. Rev Enferm UERJ. 2018 Sept 28;26:e26877. https://doi.org/10.12957/reuerj.2018.26877

30. Najafi F, Fallahi-Khoshknab M, Ahmadi F, Dalvandi A, Rahgozar M. Antecedents and consequences of workplace violence against nurses: a qualitative study. J Clin Nurs. 2018 Jan;27(1-2):e116-28. https://doi.org/10.1111/jocn.13884

31. Zhao S, Xie F, Wang J, Shi Y, Zhang S, Han X, et al. Prevalence of workplace violence against Chinese nurses and its association with mental health: a cross-sectional survey. Arch Psychiatr Nurs. 2017 Nov 6;32(2):242-7. https://doi.org/10.1016/j.apnu.2017.11.009

32. Liu J, Zheng J, Liu K, Liu X, Wu Y, Wang J, et al. Workplace violence against nurses, job satisfaction, burnout, and patient safety in Chinese hospitals. Nurs Outlook. 2019 May 2;67(5):558-66. https://doi.org/10.1016/j.outlook.2019.04.006

33. Tsukamoto SAS, Galdino MJQ, Robazzi MLCC, Ribeiro RP, Soares MH, Haddad MCFL, et al. Violência ocupacional na equipe de enfermagem: prevalência e fatores associados. Acta Paul Enferm. 2019 Aug 12;32(4):425-32. https://doi.org/10.1590/1982-0194201900058

34. Babiarczyk B, Turbiarz A, Tomagová M, Zeleníková R, Önler E, Sancho Cantus D. Reporting of workplace violence towards nurses in 5 European countries - a cross-sectional study. Int J Occup Environ Med. 2020;33(3):325-38. https://doi.org/10.13075/ijomeh.1896.01475

35. Dehghan-Chaloshtari S, Ghodousi A. Factors and characteristics of workplace violence against nurses: a study in Iran. J Interpers Violence. 2020;35(1-2):496-509. https://doi.org/10.1177/0886260516683175

36. Bernardes MLG, Karino ME, Martins JT, Okubo CVC, Galdino MJQ, Moreira AAO. Workplace violence among nursing professionals. Rev bras med trab. 2021;18(3):250-7. https://doi.org/10.47626/1679-4435-2020-531

37. Bordignon M, Monteiro MI. Analysis of workplace violence against nursing professionals and possibilities for prevention. Rev Gaúcha Enferm. 2021 Apr 19;42:e20190406. https://doi.org/10.1590/1983-1447.2021.20190406

38. Chesire DJ, McIntosh A, Hendrickson S, Jones P, McIntosh M. Dimensions of hospital workplace violence: patient violence towards the healthcare team. J Clin Nurs. 2022 Jun;31(11-12):1662-8. https://doi.org/10.1111/jocn.16021

39. Faghihi M, Farshad A, Abhari MB, Azadi N, Mansourian M. The components of workplace violence against nurses from the perspective of women working in a hospital in Tehran: a qualitative study. BMC Womens Health. 2021;21(1):209. https://doi.org/10.1186/s12905-021-01342-0

40. Havaei F, MacPhee M. Effect of workplace violence and psychological stress responses on medical-surgical nurses' medication intake. Can J Nurs Res. 2020 Feb 11;53(2):134-44. https://doi.org/10.1177/0844562120903914

41. Özkan Şat S, Akbaş P, Yaman Sözbir Ş. Nurses' exposure to violence and their professional commitment during the COVID-19 pandemic. J Clin Nurs. 2021 Jul;30(13-14):2036-47. https://doi.org/10.1111/jocn.15760

42. Al-Natour A, Abuziad L, Hweidi LI. Nurses' experiences of workplace violence in the emergency department. Int Nurs Rev. 2023 Dec;70(4):485-93. https://doi.org/10.1111/inr.12788

43. Choi SY, Kim H, Park KH. Experience of violence and factors influencing response to violence among emergency nurses in South Korea: perspectives on stress-coping theory. J Emerg Nurs. 2021 Sept 15;48(1):74-87. https://doi.org/10.1016/j.jen.2021.07.008

44. Hsu MC, Chou MH, Ouyang WC. Dilemmas and repercussions of workplace violence against emergency nurses: a qualitative study. Int J Environ Res Public Health. 2022 Feb 25;19(5):2661. https://doi.org/10.3390/ijerph19052661

45. Li S, Yan H, Qiao S, Chang X. Prevalence, influencing factors and adverse consequences of workplace violence against nurses in China: A cross-sectional study. J Nurs Manag. 2022 Sep;30(6):1801-10. https://doi.org/10.1111/jonm.13717

46. Silva BDM, Menolli GA, Lima BDS, Karino ME, Kreling MCGD, Yagi MCN. Labor viiolence in the Emergency Room in times of COVID-19: perceptions of the nursing team. Res Soc Dev. 2022 Mar 22;11(4):e42611427583. https://doi.org/10.33448/rsd-v11i4.27583

47. Trindade LL, Schoeninger MD, Borges EMN, Bordignon M, Bauermann KB, Busnello GF, et al. Assédio moral entre trabalhadores brasileiros da atenção primária e hospitalar em saúde. Acta Paul Enferm. 2022;35:eAPE039015134. https://doi.org/10.37689/acta-ape/2022AO0015134

48. Tsukamoto SAS, Galdino MJQ, Barreto MFC, Martins JT. Burnout syndrome and workplace violence among nursing staff: a cross-sectional study. Sao Paulo Med J. 2021 Dec 17;140(1):101-7. https://doi.org/10.1590/1516-3180.2021.0068.R1.31052021

49. Yildiz I, Yildiz FT. Pediatric emergency nurses' workplace violence experiences: A qualitative study. Int Emerg Nurs. 2022 Mar 23;62:101160. https://doi.org/10.1016/j.ienj.2022.101160

50. Portaria nº 3.390 do Ministério da Saúde, de 30 de dezembro de 2013 (BR) [Internet]. Institui a Política Nacional de Atenção Hospitalar. Diário Oficial da União. 2013 Dec 30 [cited 2023 Dec 6]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt3390_30_12_2013.html

51. Cecilio LCO, Correia T, Andreazza R, Chioro A, Carapinheiro G, Cruz NLM, et al. Os médicos e a gestão do cuidado em serviços hospitalares de emergência: poder profissional ameaçado? Cad. Saúde Pública. 2020 Mar 23;36(3):e00242918. https://doi.org/10.1590/0102-31100242918

52. Chakraborty S, Mashreky SR, Dalal K. Violence against physicians and nurses: a systematic literature review. J Public Health. 2022 Jan 22;30:1837-55. https://doi.org/10.1007/s10389-021-01689-6
53. Varghese A, Joseph J, Vijay VR, Khakha DC, Dhandapani M, Gigini G, et al. Prevalence and determinants of workplace violence among nurses in the South-East Asian and Western Pacific Regions: a systematic review and meta-analysis. J Clin Nurs. 2022 Apr;31(7-8):798-819. https://doi.org/10.1111/jocn.15987
54. Cezar ES, Marziale MHP. Problemas de violência ocupacional em um serviço de urgência hospitalar da Cidade de Londrina, Paraná, Brasil. Cad. Saúde Pública. 2006 Feb 6;22(1):217-21. https://doi.org/10.1590/S0102-311X2006000100024
55. Amorim MC, Sillero LS, Pires AS, Gomes HF, Paula GS, Sampaio CEP, et al. Violência no trabalho na perspectiva de profissionais de enfermagem: Percepção dos profissionais de enfermagem sobre a violência no trabalho. Rev. Enferm. Atual In Derme [Internet]. 2021 May 5 [cited 2023 Dec 6];95(34):e-021067. Available from: https://revistaenfermagematual.com.br/index.php/revista/article/view/1068?utm_source=chatgpt.com
56. Ayasreh IR, Hayajneh FA. Workplace violence against emergency nurses: A literature review. Crit Care Nurs Q. 2021 Apr/June;44(2):187-202. https://doi.org/10.1097/CNQ.0000000000000353
57. Vasconcellos IRR, Griep RH, Lisboa MTL, Rotenberg L. Violence in daily hospital nursing work. Acta Paul Enferm. 2013 Mar 4;25(spe 2):40-7. https://doi.org/10.1590/S0103-21002012000900007
58. Rohwedder LS, Silva FL, Albuquerque BB, Sousa R, Sato TO, Mininel VA. Associação entre comportamentos ofensivos e risco de burnout e de depressão em trabalhadores de saúde. Rev. Latino-Am. Enfermagem. 2023 Sept 18;31:e3987. https://doi.org/10.1590/1518-8345.6683.3988
59. Busnello GF, Trindade LL, Dal Pai D, Beck CLC, Ribeiro OMPL, Borges EMN, et al. Violence against nursing workers: repercussions on patient access and safety. Rev Bras Enferm. 2022 Oct 7;75(4):e20210765. https://doi.org/10.1590/0034-7167-2021-0765
60. Santos BV, Miranda FM, Silva JAM, Sato TO, Mininel VA. Estratégias de promoção à saúde mental no trabalho de enfermagem hospitalar: revisão integrativa. Rev Enferm UFSM. 2023 Oct 17;13(36):1-20. https://doi.org/10.5902/2179769274722
61. Souza HA, Bernardo MH. Prevenção de adoecimento mental relacionado ao trabalho: a práxis de profissionais do Sistema Único de Saúde comprometidos com a saúde do trabalhador. Rev Bras Saude Ocup. 2019 July 1;44:e26. https://doi.org/10.1590/2317-6369000001918
62. Kantorski LP, Jardim VMR, Oliveira MM, Antonacci MH, Ubessi LD, Souza TT, et al. Perfil de usuários de um serviço de saúde mental: registro de violência e ofertas terapêuticas. Rev Enferm Atenção Saúde. 2022 Nov 1;11(2):e202249. https://doi.org/10.18554/reas.v11i2.5523

Authors' contributions - CRediT

LSR: conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; project administration; validation; visualization; writing – original draft and writing – review & editing.
FMM: data curation; investigation; validation; visualization; writing – original draft and writing – review & editing.
RAS: investigation; writing – original draft and writing – review & editing.
JSG: formal analysis; writing – review & editing.
TOS: supervision and writing – review & editing.
VAM: conceptualization; funding acquisition; supervision and writing – review & editing.

Financing

This research received financial support from the São Paulo Research Foundation (In Portuguese, Fundação de Amparo à Pesquisa do Estado de São Paulo - FAPESP) (2020/08261-1) and the Coordination for the Improvement of Higher Education Personnel – Brazil (In Portuguese, Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES) – Financing Code 001.

Conflict of interest

None.