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ORIGINAL

Workplace violence against nurses: Qualitative research

Violencia laboral contra enfermeras: Una investigación cualitativa

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Abstract

Background: Workplace violence against nurses is a serious problem identified in many countries around the world. This study aimed to identify the lived experiences of nurses working in the state of Rio de Janeiro, Brazil, concerning workplace violence and to provide recommendations to avoid such acts.

Methods: A qualitative and descriptive design was used. The snowball technique was used to reach the participants. Narratives (n=42) written by nurses were collected. A total of 42 nurses participated in the study. Data were interpreted through a manifest content analysis.

Results: The obtained data were presented in five themes: "acts of violence", "measures taken against acts of violence", "reasons for violence", "consequences of violence", and "recommendations to avoid violence". More security in health institutions, better working conditions, support from nursing councils and nurse managers, awareness of the population, and changing attitudes of nurses themselves may reduce workplace violence.

Conclusion: Violence in the workplace harms the health of nurses and reduces the quality of care since unhealthy nurses will not be able to perform their duties effectively and efficiently.

Keywords: Nursing, nurse administrators, occupational risks, workplace violence.

Resumen

Antecedentes: La violencia laboral contra las enfermeras es un problema grave identificado en muchos países del mundo. Este estudio tuvo como objetivo identificar las experiencias vividas por las enfermeras que actúan en el estado de Río de Janeiro, Brasil, en relación con la violencia en el trabajo y proporcionar recomendaciones para evitar tales actos.

Métodos: Se utilizó un diseño cualitativo y descriptivo. Se utilizó la técnica de la bola de nieve para llegar a los participantes. Se recogieron relatos escritos por enfermeros. Un total de 42 enfermeras participaron en el estudio. Los datos fueron interpretados a través de un análisis de contenido manifiesto.

Resultados: Los datos obtenidos se presentaron en cinco temáticas: "actos de violencia", "medidas tomadas frente a actos de violencia", "motivos de la violencia", "consecuencias de la violencia" y "recomendaciones para evitar la violencia". Más seguridad en las instituciones de salud, mejores condiciones de trabajo, el apoyo de los consejos de enfermería y de las enfermeras gestoras, la concientización de la población y el cambio de actitud de las propias enfermeras pueden reducir la violencia en el lugar de trabajo.

Conclusión: La violencia en el lugar de trabajo perjudica la salud de las enfermeras y reduce la calidad de la atención, ya que las enfermeras no saludables no podrán desempeñar sus funciones de manera eficaz y eficiente.

Palabras clave: Enfermería, enfermeras administradoras, riesgos laborales, violencia laboral.

Introduction

Violence in the workplace is a serious public health problem that is becoming increasingly common around the world[1]. Acts of workplace violence can be observed in several professional fields, but nursing is undoubtedly one of the professions most affected by such events[2-4]. The violence suffered by nurses can be related to the work process, relationships with patients and other health professionals, and also the work environment itself[5]. It is important to emphasize that with the emergence of Covid-19, acts of violence against nurses have relatively increased and are most often committed by patients or their relatives[6,7]. Among the professionals who make up the nursing team, nurses are the ones who suffer the most from violence, which can be physical, verbal, psychological, sexual, or institutional[3,4].

Violence is known as individual or collective human acts that lead to death, or that affect the integrity of individuals through physical, moral, mental, or spiritual damage[8]. Although physical violence (pushing, beating, torture, mutilation, among others) is the first type that comes to mind when the subject is discussed; violence is expressed in many different ways, which can be psychological, in face of threats and humiliation; verbal, through shouting and cursing; social, characterized by discrimination and intolerance; moral, when there are blackmail and defamation, among others[9,10]. Thus, not only physical aggressions are acts of violence, but any action that may cause psychological harm, inadequate development, or deprivation of any kind is also an act of violence[11].

Violence against nurses affects not only the individuals who were victims of the act, but the health institution in which they work for, the patients cared for by them, and also other health professionals, so it can be said that such events have a collective impact[12]. Nurses must be healthy to perform their duties with quality. Nurses who suffer from workplace violence have their physical-psycho-social health affected, thus reducing their quality of life, in addition to reducing the efficiency and effectiveness of the care provided by them[13-15].

Nursing has a very important role in health care institutions, so it is necessary to change the current scenario of workplace violence against these health professionals, not only in Brazil but also in several countries around the world[14-16]. It is necessary to give visibility to the phenomenon, as it is essential that nurses who have suffered from workplace violence participate in the development of measures to prevent such acts. Studies indicate that little is done to create measures to prevent acts of violence against nurses[17]. It is important to give voice to nurses and identify the acts of workplace violence of which these health professionals are victims, thus avoiding the trivialization of abuses of power, prejudice, harassment, and offenses[3], because acts of psychological and verbal abuse can be even more harmful than physical violence itself. Understanding the importance of the theme, this study aimed to identify the lived experiences of nurses working in the state of Rio de Janeiro concerning workplace violence and to provide recommendations to avoid such acts.

Method

Design

This is a descriptive study carried out with a qualitative approach. This design was chosen because it allows understanding of events experienced by individuals[18]. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used to guide the study[19].

Participants

The universe of the study was formed by nurses working in the state of Rio de Janeiro, Brazil. Emails and instant messages were sent through different social media to 11 nurses who 20 years ago graduated from the same nursing school as the researcher, the choice of these nurses was made due to the ease of access. The messages included the invitation to participate in the study, information about the study, the Free and Informed Consent Term, and the data collection tool. The snowball technique[20] was used to capture the other participants, so the first nurses indicated other nurses who met research inclusion criteria, thus ensuring maximum diversity through a small sample. A total of 42 written narratives of nurses who work in the state of Rio de Janeiro for at least one year, and who signed the informed consent form, were included in this study. Other members of the nursing team were not included.

Role of the researcher

The researcher is a female RN, Assistant Professor, who has a Ph.D. She took a course in qualitative research methods, and she has experience with qualitative studies. The author has a cultural background similar to the participants of this study.

Data collection

Although in most qualitative research face-to-face interviews or focus groups are used for data collection, telephone interviews or online approaches can also be used[21]. For this study data were collected in March 2022 using the online Google Forms as a research tool to ensure easy and quick access to participants. Google Forms has several benefits, such as agility in data collection, as it can be performed anywhere, anytime, and ease of use by the researcher and participant, being very useful in various academic activities[22]. The use of the online approach in qualitative studies is becoming more common, as it not only offers greater flexibility but also helps to achieve maximum variation sampling and to examine experiences from broader perspectives[23]. In addition, the method was

chosen to guarantee the privacy of participants, who could feel uncomfortable when reporting experienced situations related to workplace violence.

The first part of the data collection tool contains open questions related to the personal and professional characteristics of nurses, such as age, gender, educational level, position at work, unit of work, and years of working experience, among others. In the second part of the form, there are nine open questions related to nurses' experiences with workplace violence. The questions were developed by the researcher by scanning the literature[3,12,13,15,24-26]: (1) Have you ever suffered any type of physical violence at work? If yes, please explain. (2) Have you ever suffered any type of verbal violence at work? If yes, please explain. (3) Have you ever suffered any type of psychological violence at work? If yes, please explain. (4) Have you ever suffered any type of social violence at work? If yes, please explain. (5) Have you ever suffered any other type of violence at work? If yes, please explain. (6) Have you ever wanted to give up your profession due to some type of violence suffered? (7) If you have suffered any type of violence at work, what measures have you taken? (8) In your opinion, why do acts of violence against nurses occur? (9) What should be done to prevent acts of workplace violence against nurses? At the end of the form, there was a space in case the participant wanted to add further comments on the topic.

The questions were tested through two pilot interviews, after that, two questions were modified. The data of these two nurses were not included in the study. The questions were asked in Portuguese. The answers varied from a single word to a 14-line paragraph. At first, it was stipulated that a total of 20 nurses would be appropriate to reach the aim of the study, but even after reaching 27 participants, the need to collect more data was felt and invitations were sent again to some nurses asking them to resend messages to other nurses whose could be included in the study. Upon reaching 46 participants, data saturation was achieved[18]. However, two participants were excluded for not working in the state of Rio de Janeiro and two more for not being nurses. Thus, the total sample size was 42 nurses.

Table I: Characteristics of nurse participants.

Participant	Age	Gender	Educational Level	Marital Status	Position at Work	Type of Institution	Work Experience (years)
1	43	F	Postgraduate	Married	Epidemiological Surveillance Nurse	Municipal	20
2	43	F	Postgraduate	Single	Nurse	Private	20
3	46	F	Bachelor's degree	Single	Nurse Manager	Federal	22
4	37	F	Master's degree	Stable Union	Hospital Infec. Control Commission Nurse	Private/ Municipal	13
5	45	F	Doctorate	Divorced	Nurse	Federal	21
6	46	F	Bachelor's degree	Married	Nurse	Federal/ Municipal	19
7	40	F	Bachelor's degree	Stable Union	Nurse	Private	14
8	46	F	Postgraduate	Single	Nurse	State	20
9	45	F	Postgraduate	Married	Nurse	Municipal	20
10	66	F	Bachelor's degree	Divorced	Nurse	Federal	43
11	47	F	Bachelor's degree	Married	Nurse	Federal	24
12	48	F	Postgraduate	Married	Nurse	Municipal	22
13	44	F	Master's degree	Single	Nurse	Federal	21
14	57	F	Postgraduate	Divorced	Nurse	Municipal	36
15	46	F	Bachelor's degree	Married	Nurse	Private	7
16	38	F	Bachelor's degree	Single	Nurse	Private	10
17	41	F	Bachelor's degree	Divorced	Nurse	Federal	16
18	39	F	Master's degree	Divorced	Nurse	Federal	16
19	38	F	Postgraduate	Married	Preceptor Nurse	Municipal	3
20	41	F	Master's degree	Married	Nurse	Federal	17
21	36	F	Bachelor's degree	Married	Nursing Supervisor	Private	18
22	44	F	Master's degree	Married	Nurse	Federal	16
23	46	F	Bachelor's degree	Married	Nurse	Municipal	17
24	40	F	Postgraduate	Married	Nurse	Municipal	11
25	45	F	Bachelor's degree	Married	Informal Manager	Federal	23
26	43	F	Bachelor's degree	Married	Nurse	Municipal	19
27	42	F	Postgraduate	Divorced	Nurse	Municipal	2
28	44	F	Bachelor's degree	Single	Nurse	State	15
29	42	F	Bachelor's degree	Widow	Nurse	Municipal	15
30	49	F	Bachelor's degree	Single	Nursing Coordinator	Private	25
31	41	F	Postgraduate	Married	Nurse	Private/State	15
32	32	M	Postgraduate	Married	Nurse	Municipal	14
33	52	F	Bachelor's degree	Married	Nurse	Private	8
34	59	F	Bachelor's degree	Stable Union	Nursing Coordinator	State/ Municipal	41
35	41	F	Postgraduate	Married	Nurse	Private	16
36	40	F	Bachelor's degree	Divorced	Nurse	Municipal	14
37	42	F	Bachelor's degree	Married	Nurse	Private	16
38	43	F	Master's degree	Single	Research Assistant	Federal	19
39	25	F	Bachelor's degree	Single	Nursing Resident	State	1
40	43	F	Bachelor's degree	Married	Nurse	Municipal	19
41	38	F	Postgraduate	Married	Nurse	Federal	16
42	50	F	Bachelor's degree	Married	Nurse	Municipal	18

Data analysis

The description of the participants' characteristics was summarized (**Table I**). Data were evaluated with a manifest content analysis method[27]. The written words from the narratives of the 42 participants were read and re-read several times by the author and coded manually.

Rigor

The fact that the answers were provided in writing by the participants themselves facilitated data analysis and avoided possible influences of the researcher on the participants' answers. In addition, the anonymity of the participants is another factor that ensured the absence of bias. Data were read, reread, and grouped in codes by the author, who has experience in qualitative studies. Codes, subcategories, and categories have been checked several times by the author. Credibility, confirmability, dependability, and transferability, the four criteria indicated by Lincoln & Guba (1985)[28] to ensure the trustworthiness of qualitative studies were followed.

Ethical considerations

The ethical application was approved by the Research Ethics Committee of the Anna Nery School of Nursing- Sao Francisco de Assis School Hospital of the Federal University of Rio de Janeiro through the Brazil Platform (approval date: March 2, 2022; decision number: 5.268.912). All participants were informed of the purpose and the methods of the study and a Free and Informed Consent Term was signed by them. The anonymity of the participants was maintained in the transcriptions and the report.

Results

The average age of the participants was 33.64 years old, their average work experience was 17.66 years, and 97.61% of them were female. The characteristics of the participants are shown in **table I**. The forms of violence most reported by the participants of this study were verbal (73.8%) and psychological (66.7%). In addition, 35.7% of nurses reported having been victims of social violence, 11.9% of physical violence, and 35.7% of other types of violence such as institutional, economic, moral, and sexual. A total of 52.4% of the nurse participants emphasized having wanted to leave the profession due to violence. The obtained data were presented in five categories: "Acts of violence", "Measures taken against acts of violence", "Reasons for violence", "Consequences of violence", and "Recommendations to avoid violence" (**Table II**).

Table II: Results - Main themes, sub-themes, codes and examples of quotations obtained from participants.

Categories	Sub-categories	Codes	Examples of quotations
Acts of violence	1. Physical violence		The patient thought she was waiting too much for her appointment so she physically assaulted me, pushing me and ripping my badge (Participant 6).
	2. Verbal violence		Cursing and screaming from a child's family for not accepting the medical conduct, and for us, nurses, having to perform what was requested. We are the ones who always receive the greatest offenses (Participant 42).
			My immediate supervisor yelled at the nursing station, insulting me, saying I was a dirty person and that I did not know how to work. Honestly, I do not even remember the reason why she did it. The following week I found out that she did the same with two other nurses (Participant 41)
	3. Psychological violence		A director of a private hospital where I was a nurse manager said that I would never be able to pass an exam to work in a public hospital, so I would have to make do with this job. The reason for this was my complaint about my salary that was overdue for four months (Participant 34).
	4. Social violence	4.1. Racial discrimination	The supervisor said that the quota for black people in the sector was exhausted (Participant 1).
			Many years ago, a patient refused to talk to another nurse, the administrator, and me because we are black (Participant 34).
		4.2. Xenophobia	Preconception. Xenophobia. Mainly in Rio de Janeiro, nurses from the Northeast have to prove their competence twice. This is a fact! (Participant 15).
		4.3. Discrimination related to physical features	I suffer discrimination for being a person with a physical disability (Participant 17).
			A doctor complained to my supervisor that I was too overweight to work at a Day Hospital that performed plastic surgery (Participant 23).
		4.4.Gender discrimination	I took a leadership position and the wage of all my male nurse co-workers was increased but mine and other female nurse's did not... I requested to return to my old position after three years due to a lack of financial recognition (Participant 21).
		3.1. Prejudice against the profession	A patient did not accept to be attended by a nurse, because according to her a nurse is no good for anything (Participant 22).
	5. Other types of violence	5.1. Institutional	In the early days of the COVID pandemic, the area coordinator determined that even without Personal Protective Equipment (PPE) we should continue working. Another issue is the number of patients we assist daily. According to the service portfolio, we have to attend to all the patients who seek care at the unit. I got to care for 50 patients per shift. During the pandemic, we reached 390 patients a day (Participant 6).
		5.2. Economic	The salary was overdue and the institution's administrators said that we had to keep working as if nothing was wrong (Participant 34).
		5.3. Moral	A patient's relative wanted pillows and I said that I had wanted them from the responsible sector. After answering him, I was talking to the technician about money and the relative thought it was with him. So, he opened his wallet, took out a wad of money, and shouted that money was no problem! (Participant 2).
		5.4. Sexual	I suffered sexual violence; a doctor grabbed me (Participant 34).

Table II: Results - Main themes, sub-themes, codes and examples of quotations obtained from participants.

Categories	Sub-categories	Codes	Examples of quotations
Measures taken against acts of violence	1. Seeking help from superiors		I always reported the case to my coordinator, except when the offender was the coordinator himself. Then I just ignored it with my silence while he was offending me. It was impossible to report the case to the general coordinator because they were close friends (Participant 23).
	2. Complaints at the police station		I reported the patient's relative to the police station (Participant 25).
	3. Not taking any action		The client is always right, that is why I gave up on fighting back against any kind of violence (Participant 12).
Reasons for violence	1. Seeing nursing as a subaltern profession		We are overloaded with tasks that are not our obligation, so we have a culture that thinks that nurses are the do-it-all. Thus, I believe that we have lost a little respect, as we are treated with a certain disregard by some people; it is like nursing is not so important (Participant 41).
	2. Lack of safety in the work environment		There is a lack of security in the workplace (Participant 9).
	3. Gender inequality		There is the issue of the female gender, which still brings great remnants of the need for submission to the opposite sex in the face of a sexist and patriarchal society (Participant 13).
	4. Being involved in care for long periods		Nurses are more exposed to violence because they provide patient care; nurses provide 24-hour assistance to the patient, whether performing direct care or dealing with bureaucratic issues (Participant 29).
	5. Being a link between multidisciplinary teams and patients		We are the ones who deal directly with the multidisciplinary team; nurses have to be problem-solving in all hospital areas (Participant 29).
	6. Accepting poor working conditions		As long as we accept low wages, excessive working hours, and devaluation, we will always be suffering from violence, we have to enforce our scientific studies and show that we are not frustrated doctors, but competent nurses (Participant 29).
Consequences of violence	1. Physical and mental damages		A patient called me names, and that day I felt bad with chest pain, like pressure in my chest. I went home in the middle of the day (Participant 23).
			I had to take a break from work because of burnout (Participant 38).
	2. Quitting jobs and changing sectors		I changed my attitude and quit my job (Participant 33).
			I did not give up the profession, but I changed the unit (Participant 11).
Recommendations to avoid violence	1. Better security system		There should be a security guard or a policeman in each clinic (Participant 12).
	2. Attitudes of nursing councils		It would be good to have nursing councils that effectively supervise and punish offenders (Participant 15).
	3. Improvement of working conditions		There needs to be professional valorization with decent wages and shorter working hours (Participant 34).
	4. Campaigns to inform the population about the nursing profession		It is necessary to make the patient and their relatives understand what the responsibility of the nursing team is in fact (Participant 7).
	5. Attitudes of nurses themselves		I believe that improving our posture through everyday situations, being better professionals, more prepared, educated, updated... Over time, we will have the respect and autonomy we deserve back (Participant 41).

Discussion

This study sought to identify the lived experiences of nurses working in the state of Rio de Janeiro concerning workplace violence and to provide recommendations to avoid such acts. Nurses reported being victims of various types of violence. However, verbal and psychological aggressions were the most addressed by the participants. When suffering from acts of violence, nurses turn to superiors and the police or prefer to remain silent and not take any action. Participants believe that nursing is considered a subordinate profession, without autonomy, with poor working conditions and that these facts favor acts of violence. In addition, according to nurse participants, lack of safety in the workplace, lack of support from nursing councils, and being in constant contact with patients facilitate violence. Violence affects the physical, emotional, mental, and professional health of nurses. More security in health institutions, better working conditions, support from nursing councils, awareness of the population, and changing attitudes of nurses themselves were pointed out as recommendations that may reduce acts of workplace violence.

As in the present survey, studies carried out previously in Brazil have reported various forms of violence against nursing professionals, such as physical, verbal[5,12,26,29], psychological, social, moral, institutional, and sexual

aggressions[5,29]. The most common form of violence is the verbal one, through shouting and calling names, most often by patients and their relatives who are dissatisfied with the health assistance[25,26]. Moral violence against health care workers, characterized by acts of discrimination and intolerance, is also quite common and was cited in a systematic literature review in which bullying and ethnic and racial harassment were reported by physicians and nurses[30]. Acts of violence against health professionals have become increasingly commonplace, and nurses are the most exposed, as they are in constant contact with the patient, being the most affected by workplace violence[25]. Studies carried out in several different countries showed similar results regarding the forms of violence, the aggressors, and their reasons for committing acts of violence against nurses[13,15,24,31]. Even in the presence of the Covid-19 pandemic where at first health care workers were considered heroes; violence, discrimination, and stigmatization against nurses were identified around the world[6,7,32].

In the relevant literature, it was discerned that in the face of violence, nurses seek support from co-workers, including supervisors and security staff[26,31,33]. There are cases in which complaints were made at the police station[12,33], but many nurses remain silent and do not take any action against the aggressor[3,12,26,33]. The act of remaining silent can trivialize violence as if it were part of nurses' routine[26]. One of the reasons for not taking action may be the lack of trust in the system, which does little to protect nurses[3,33].

The results of this survey are similar to those of other studies conducted on the subject concerning the reasons for aggression against nurses. Lack of security[31,34], poor working conditions, prejudice against health professionals, and exposure of nurses to being in contact with patients and their relatives for long periods[24] facilitate the emergence of acts of violence against them. The devaluation of nursing is related to the history of the profession, the lack of recognition of nurses' autonomy, and the disadvantageous working conditions, which make the population not recognize the real competencies of nurses, leading them to believe that nursing is a subaltern profession[35]. Moreover, nursing is a profession mostly performed by women, which can also be considered a factor that triggers acts of discrimination against nurses, since female-dominated professions are considered to be simpler, not requiring much knowledge[36,37].

Previous studies showed that workplace violence has physical, emotional, professional, and psychological consequences on nurses[38]. In studies conducted in different countries, nurses reported stress, insomnia[38], anger[31,38], fear, burnout[31], anxiety, and depression[24], due to acts of violence suffered in the workplace. In addition, violence can make nurses hate their profession[31], thus increasing turnover rates[39,40].

As in the present survey, related studies done in different countries addressed measures that must be taken so that acts of violence against nurses are avoided. Nurses need to feel safe in the workplace[40]. The working conditions of nurses need to be improved because low wages, overwork, and lack of equipment, as well as any other form of deprivation, are considered an act of violence[24,39]. The population needs to be better informed about the functions performed by nurses, and there should be aware so that nurses are more respected and valued[3,33]. Health managers should pay attention to situations that threaten the lives of nurses in the workplace, developing plans and strategies to better protect them[3,26,29,40]. Nurses' attitudes towards acts of aggression are also of paramount importance for the control of violence in the work environment, as such acts must be denounced and should not be seen as part of the work routine[3,26,40]. A practical reporting system where nurses can report the aggressions they have suffered can favor the control of workplace violence against these healthcare workers.

Limitations of the study

This study has many limitations, one of which is the fact that data were collected online through self-report questionnaires, which did not allow a deep approach to the topic. In addition, despite the author being an expert in qualitative research, the fact that the data were analyzed by only one researcher should be considered a weakness of the study. Another limitation is that, as the participants were anonymous it was not possible to provide feedback on the findings.

Conclusion

It was determined that nurses suffer aggressions that range from shoving, shouting, cursing, discrimination, low wages, overwork, and shortage of human resources to deprivations that prevent them from fighting for their right to life when PPE is lacking. Nurses seek support from their superiors when they are victims of acts of violence, this fact points to the importance of nursing councils and administrators of health institutions, including nursing managers, for the formulation and application of strategies aimed at protecting nurses against violence in the workplace.

Another important factor that must be observed is related to the reasons for the acts of violence. Nurses reported that being in direct contact with the patient and being a link between the other members of the multidisciplinary team is a facilitator for the emergence of acts of violence, which is a paradox, as the health professional who is constantly caring for patients and being a key point of the health team, should be valued, well treated and protected. In other words, having important functions in health institutions should not expose nurses to aggressive acts by patients, their relatives, and co-workers. Further studies using

different designs and data collection methods should be conducted to better explore the experiences of nurses regarding violence in the work environment.

Increasing safety in health institutions, creating channels where complaints can be made in a practical way, improving the working conditions of nurses, developing campaigns that inform and educate the population regarding the nursing profession, and increasing the representation of nursing councils are recommendations for reducing acts of violence against nurses. In addition, nurses should get more united as a professional group, they must develop themselves as professionals and fight for their rights; nurses should not remain silent and passive in the face of acts of violence. Thus, in-service training programs should address the issue of labor violence, providing knowledge for nurses to defend themselves against acts of violence.

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References

1. Oliveira JL, Morais RLGL, Rocha EN, Yarid SD, Sena ELS, Boery RNSO. Violência relacionada ao trabalho em saúde (Violence related to health work). Revista saúde.com. 2014;10(4):381-9.

2. Lee J, Lee B. Psychological workplace violence and health outcomes in South Korean nurses. Workplace Health Saf. 2022;70(5):228–34.

3. Lima GHA, Sousa S de MA de. Violência psicológica no trabalho da enfermagem. Rev Bras Enferm. 2015;68(5):817-23.

4. Machado MH, Santos MR, Oliveira E Wermelinger, M Vieira, M Lemos, et al. Condições de trabalho da enfermagem (Nursing working conditions). Enfermagme em Foco, 6(1/4):79-90.

5. Conceição Amorim M, Santos Sillero L, Da Silva Pires A, Gomes HF, Silva de Paula G, Peres Sampaio CE, 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. 2021;95(34).

6. Byon HD, Sagherian K, Kim Y, Lipscomb J, Crandall M, Steege L. Nurses' experience with Type II workplace violence and underreporting during the COVID-19 pandemic. Workplace Health Saf. 2021;70(9):21650799211031230.

7. Garg N, Garg R, Sharma DK, Gupta SK, Dudeja P. Violence against health care workforce in COVID and non-COVID times: Analysis of predisposing factors. Indian J Community Health. 2020;32(4):659–64.

8. Brazil. Política Nacional de Redução da Morbimortalidade por Acidentes e Violências. Portaria GM/MS, Nº 737, de 16/05/01, 2001. Portuguese.

9. Modena MR. Conceitos e formas de violência. In Editora da Universidade de Caxias do Sul [Internet]. 2016. Available from: https://www.ucs.br/site/midia/arquivos/ebook-conceitos-formas_2.pdf Portuguese

10. Vilela LF. (Coord.). Manual às para atendimento às vítimas de violência na Rede de Saúde Pública do Distrito Federal (2nd ed.). Brasília: Secretaria de Estado de Saúde do Distrito Federal. [Internet]. 2009. Availble from: https://bvsms.saude.gov.br/bvs/publicacoes/manual_atendimento_vitimas_violencia_saude_publica_DF.pdf Portuguese.

11. World Health Organization (WHO). WHO global consultation on violence and health [Internet]. 1996. Available from: https://www.who.int/violence_injury _prevention/violence/world_report/e n/summary_en.pdf

12. Vieira Neta RI, Alcântara PPT, Almeida RC, Araújo MM. Violência física contra enfermeiros atuantes na classificação de risco: os desafios encontrados no ambiente de trabalho (Physicla violence against nurses acting in risk classification: the challenges forund in the workplace). Revista interdisciplinar em saúde. 2020;7(Único):45-61.

13. Banda CK, Mayers P, Duma S. Violence against nurses in the southern region of Malawi. Health SA Gesondheid. 2016;21:415-21.

14. Bordignon M, Monteiro MI. Violência no trabalho da Enfermagem: um olhar às consequências. Rev Bras Enferm. 2016;69(5):996-9.

15. Honarvar B, Ghazanfari N, Raeisi Shahraki H, 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. 2019;10(3):111-23.

16. Gunaydin N, Kutlu Y. Experience of workplace violence among nurses in Turkey. Psikiyatri hemşireliği derg. 2012;3(1):1-5.

17. Pereira CAR, Borgato MH, Colichi RMB, Bocchi SCM. Institutional strategies to prevent violence in nursing work: an integrative review. Rev Bras Enferm. 2019;72(4):1052-60.

18. Creswell JW, Creswell JD (2018). Research design (5th ed.). SAGE Publications.

19. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-57.

20. Bockorni BRS, Gomes AF. A amostragem em snowball (bola de neve) em uma pesquisa qualitativa no campo da administração (Snowball sampling in a qualittive business research). Revista de Ciências Empresariais da UNIPAR. 2021; 22(1):105-17.

21. Kim H, Sefcik JS, Bradway C. Characteristics of qualitative descriptive studies: A systematic review. Res Nurs Health. 2017;40(1):23-42.

22. Mota JS. Utilização do Google Forms na pesquisa acadêmica (Use of Google Forms in academic research). Revista Humanidades e Inovação. 2019; 6(12):371-80.

23. Doyle L, McCabe C, Keogh B, Brady A, McCann M. An overview of the qualitative descriptive design within nursing research. J Res Nurs. 2020;25(5):443–55. Available from: http://dx.doi.org/10.1177/1744987119880234

24. Bahadir-Yilmaz E, Kurşun A. Opinions of staff working in workplace-violence-related units on violence against nurses: A qualitative study. Arch Environ Occup Health [Internet]. 2021;76(7):424-32.

25. Santos LN da S, Maciel e Silva C de S, Do Carmo AP, De Medeiros NM, Do Nascimento ARS, De Castro AP. Risco ocupacional: violência no trabalho de enfermagem. Enferm Bras. 2021;19(3):253-60.

26. Silveira J, Karino ME, Martins JT, Galdino MJQ, Trevisan GS. Violência no trabalho e medidas de autoproteção: concepção de uma equipe de enfermagem (Violence at work and measures for self-protection: nursing staff conception). J Nurs Health. 2016;6(3):436-46.

27. Saldana J. Kod ve kodlama surecine giris. In Nitel arastırmacılar için kodlama el kitabi. Ankara: Pegem Akademi, 2019. Turkish.

28. Lincoln YS, Guba EG. Naturalistic inquiry. In Naturalistic inquiry (1st ed.). SAGE Publications, 1985.

29. Busnello GF, Trindade L de L, Pai DD, Beck CLC, Ribeiro OMPL. Tipos de violência no trabalho da enfermagem na Estratégia Saúde da Família. Esc Anna Nery. 2021;25(4).

30. Chakraborty S, Mashreky SR, Dalal K. Violence against physicians and nurses: a systematic literature review. Z Gesundh Wiss. 2022;30(8):1837–55.

31. Yildiz I, Tok Yildiz F. Pediatric emergency nurses' workplace violence experiences: A qualitative study. Int Emerg Nurs. 2022;62(101160):101160.

32. Mediavilla R, Fernández-Jiménez E, Andreo J, Morán-Sánchez I, Muñoz-Sanjosé A, Moreno-Küstner B. et al. Association between perceived discrimination and mental health outcomes among health workers during the initial COVID-19 outbreak. Rev. Psiquiatr Salud Ment. 2021; Jun 18:S1888-9891(21)00062-8.

33. Boafo IM, Hancock P. Workplace violence against nurses: A cross-sectional descriptive study of Ghanaian nurses. SAGE Open. 2017;7(1):215824401770118.

34. Yesilbas H, Baykal U. Causes of workplace violence against nurses from patients and their relatives: A qualitative study. Appl Nurs Res. 2021;62(151490):151490.

35. Avila LI, Silveira RS, Lunardi VL, Fernandes GFM, Mancia JR, Silveira JT. Implications of the visibility in professional nursing practices. Rev Gaucha Enferm. 2013;34(3):102-9.

36. Akin AA & Ozpinar S. (Eds.). (2018). Toplumsal cinsiyet ve kadin sagligi (1st ed.). Ancara: Nobel, 2018.

37. Oztunç G. Hemsireligin dogasi (Nature of nursing). In T., Asti & A., Karadag (Eds.) Hemsirelik esaslari (pp. 25-35). Istanbul: Akademi, 2017.

38. Al-Qadi MM. Workplace violence in nursing: A concept analysis. J Occup Health. 2021;63(1):e12226.

39. Chang YP, Lee DC, Wang HH. Violence-prevention climate in the turnover intention of nurses experiencing workplace violence and work frustration. J Nurs Manag. 2018;26(8):961-71.

40. Maziad A, Ekbal D. Prevention of workplace violence in ED nursing using the implementation of an educational program and a new reporting tool. Clin J Nurs Care Pract. 2022;6(1):001-8.