REVISTA ONLINE DE PESQUISA
CUIDADO É FUNDAMENTAL
Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH DOI: 10.9789/2175-5361.rpcfo.v13.10019

PREVENTIVE STRATEGIES AGAINST VIOLENCE AT WORK FROM THE PERSPECTIVE OF PRE-HOSPITAL CARE NURSES

Estratégias preventivas contra a violência no trabalho sob a ótica dos enfermeiros do atendimento pré-hospitalar

Estrategias preventivas contra la violencia en el trabajo desde la perspectiva de las enfermeras en la atención prehospitalaria

Aline Coutinho Sento Sé[1]; Wiliam Cesar Alves Machado[2]; Raquel Calado da Silva Gonçalves[3]; Paulo Sérgio da Silva[4]; Silvia Teresa Carvalho de Araújo[5]; Nébia Maria Almeida de Figueiredo[6]*

How to quote this article:
Sé ACS, Machado WCA, Gonçalves RC, *et al.*Preventive strategies against violence at work from the perspective of pre-hospital care nurses. Rev Fun Care Online.2020. Jan./Dec.; 12:1336-1342. DOI: http://dx.doi.org/10.9789/2175-5361.rpcfo.v13.10019

ABSTRACT

Objective: Identify strategies to prevent violence in pre-hospital care services. **Methods:** descriptive, qualitative study, conducted with 67 nurses from pre-hospital care in the city of Rio de Janeiro, in 2018. A semi-structured instrument focused on violence in the workplace was used. The data were analyzed, highlighting absolute and relative values and in the light of content analysis. **Results:** were pointed preventive strategies against violence at work related to care in areas of risk, effective communication, organizational structure, and professional training. The development of an event management system that alerts risk area, marked by 61 (91.04%) participants. **Conclusion:** it is necessary to consider the experience of these professionals for the construction of a work process based on a safe environment, with development and implementation of strategies that minimize vulnerability and risks of violence in the workplace.

Descriptors: Workplace violence, Emergency medical services, Nurses, Program of risk prevention on working environment, Occupational health.

1 Nursing Graduate by the *UNIRIO*, PhD in Science by the *UNIRIO,* Emergency Nurse of the Fire Department at the *Rio de Janeiro* State. *Corpo de Bombeiros Militar do Estado do Rio de Janeiro,* Brazil.
2 Nursing Graduate by the *UNIRIO*, PhD in Nursing Science by the *UFRJ,* Professor of the Nursing and Biosciences Postgraduate Program at *UNIRIO. Universidade Federal do Estado do Rio de Janeiro (UNIRIO),* Brazil.
3 Nursing Graduate by the *Universidade Estácio de Sá*, PhD in Science by the *UNIRIO,* Head Nurse of the Material and Sterilization Center at *Hospital Federal Cardoso Fontes. Hospital Federal Cardoso Fontes,* Brazil.
4 Nursing Graduate by the *Centro Universitário Serra dos Órgãos*, PhD in Science by the *UNIRIO,* Associate Professor at *UFRR. Universidade Federal de Roraima (UFRR),* Brazil.
5 Nursing Graduate by the *Faculdade de Enfermagem Luíza de Marillac*, PhD in Science by the *UFRJ,* Full Professor at *UFRJ. Universidade Federal de Roraima (UFRR),* Brazil.
6 Nursing Graduate by the *UFRJ*, PhD in Science by the *UFRJ,* Professor Emeritus from *UNIRIO*. *Universidade Federal do Estado do Rio de Janeiro (UNIRIO),* Brazil.

RESUMO

Objetivo: Identificar estratégias de prevenção contra a violência nos serviços de atendimento pré-hospitalar. **Métodos:** estudo descritivo, qualitativo, realizado com 67 enfermeiros do atendimento pré-hospitalar no município do Rio de Janeiro, em 2018. Utilizou-se instrumento semiestruturado com enfoque na violência no ambiente de trabalho. Os dados foram analisados destacando-se valores absolutos e relativos e à luz da análise de conteúdo. **Resultados:** foram apontadas estratégias preventivas contra a violência no trabalho relacionadas aos atendimentos em áreas de risco, comunicação eficaz, estrutura organizacional e capacitação profissional. Obteve destaque o desenvolvimento de sistema de gerenciamento de eventos que alerte área de risco, assinalado por 61 (91,04%) participantes. **Conclusão:** precisa-se considerar a experiência dos profissionais do atendimento pré-hospitalar para a construção de um processo de trabalho baseado em um ambiente seguro, com elaboração e implementação de estratégias que minimizem a vulnerabilidade e os riscos de violência no local de trabalho.

Descritores: Violência no trabalho, Atendimento pré-hospitalar, Enfermeiras e enfermeiros, Programa de prevenção de riscos no ambiente de trabalho, Saúde do trabalhador.

RESUMEN

Objetivo: Identificar estrategias para prevenir la violencia en los servicios de atención prehospitalaria. **Métodos:** estudio descriptivo, cualitativo, realizado con 67 enfermeras de atención prehospitalaria en la ciudad de Río de Janeiro, en 2018. Se utilizó un instrumento semiestructurado centrado en la violencia en el lugar de trabajo. Los datos fueron analizados, destacando valores absolutos y relativos y a la luz del análisis de contenido. **Resultados:** fueron señalados estrategias preventivas contra la violencia en el trabajo relacionadas con la atención en áreas de riesgo, comunicación efectiva, estructura organizativa y formación profesional. Se destacó el desarrollo de un sistema de gestión de eventos que alerta al área de riesgo, marcado en 61 (91,04%) participantes. **Conclusión**: es necesario considerar la experiencia de estos profesionales para la construcción de un proceso de trabajo basado en un ambiente seguro, con la elaboración y implementación de estrategias que minimicen la vulnerabilidad y los riesgos de violencia en el lugar de trabajo..

Descriptores: Violencia laboral, Servicios médicos de urgencia, Enfermeras y enfermeros, Programa de prevención de riesgos en el ambiente de trabajo, Salud laboral.

INTRODUCTION

Investigations addressing the improvement of working conditions in the health field are rather challenging. This is because health professionals are exposed to multivariate risks and situations of violence during their day-to-day care activities. In this regard, violence in the health sector has become a worldwide public health problem, with harmful repercussions on workers' health and patient care.[1-3]

Scientific evidence repeatedly points out the violence experienced by health workers as threats, insults, bullying, physical assaults, verbal assaults, moral harassment, and sexual harassment, perpetrated by patients, patients' family members, professional colleagues, managers, managers, external public and members of support sectors or services, resulting in physical, psychological and mental disorders, emotional instability, willingness to give up the profession and fear of exercising work activities.[3-5]

Bearing in mind this perspective, registered nurses who work in Pre-Hospital Care (PHC) services, who are susceptible to suffering violence in the work environment, do need the training to identify possible risks and familiarize themselves with preventive measures to minimize the likelihood of aggression.[3]

It is known that the work process regarding the PHC involves unpredictable situations due to the lack of protection when entering an unknown house or space to perform the services and moments of suffering, intense pain, vital emergencies, risk of death, accidents, which may favor emotional destabilization, facilitating the appearance of violent behavior by patients and/or their companions.[6]

In this respect, it is necessary to consider that the object of this study is the identification of preventive strategies against violence in PHC services, as it involves the description of characteristics, actions, and events that have occurred, allowing specific knowledge of this know-how and understanding of the group under study.[7]

The phenomenon of workplace violence, associated with unexpected events and complex work environments, is not presented during professional training, and it is up to nurses to develop skills to face their fears and worries. The success or failure of the preventive measures created and/or adopted by these professionals might determine the maintenance of health and satisfaction with work or physical, mental, social, and professional commitment.[3]

Given the aforementioned, this study was based on the guiding question: What are the preventive strategies against violence at work concerning the pre-hospital setting? It is justified by the need to produce discussions about the violence suffered by the professionals of the PHC, favoring the elaboration and implementation of preventive measures to these complications, to minimize the risks of aggression and illness in the multivariate work scenarios.

The relevance of this work is well-placed, taking into consideration the increase in urban violence rates in Brazilian metropolitan regions, and the need to improve the safety and working conditions of PHC professionals, understanding violence as a pluricausal phenomenon, resulting from the interaction of factors that need to be identified, unveiled and understood to either reduce or end the issue. Bearing the aforesaid in mind, this work meant to identify strategies to prevent violence in pre-hospital care services.

METHODS

It is a descriptive study with a qualitative approach, which was performed with 67 registered nurses, 11 males (16.42%), and 56 females (83.58%), specifically working in emergency ambulances in the *Rio de Janeiro* city, *Rio de Janeiro* State.

Concerning the qualitative approach, it allows knowing social processes that have not yet been unveiled vis-à-vis particular groups, such as nurses working in the pre-hospital setting.

Criteria for inclusion of the participants were defined as follows: being a nurse, belonging to the professional staff of pre-hospital care service, and being active in emergency ambulances, with a minimum time of 12 months. Regarding the exclusion criteria: nurses on vacation and work leave.

For the data production, a semi-structured instrument based on a questionnaire was used,[8] with a focus on the issue-problem of violence in the workplace and adapted to the pre-hospital scenario. Here, the data analyzed comes from the following question listed with the instrument: "What strategies would prevent the occurrence of violence toward PHC workers?". This questioning was assigned nine options for closed responses and one open.

Primarily, it was thought to approach the nurses and accompany them in filling out the instruments, nonetheless, due to the nature of the service they perform, this became impossible. These professionals are based in the service units and need to leave quickly every time the emergency siren is activated, showing the need for assistance. Often, when they leave, they only return hours later, because when they finish an appointment, they are already committed to a new call via telephone or operational radio, with no possibility of contact with the researcher, nor time during the work to fill in the research instruments.

Hence, it was decided to deliver the instruments to the service units with the subsequent collection, providing 15 days for completion. Ninety instruments were distributed, with 67 (74.44%) completed.

Data collection took place from July to September 2018 based on visits to 14 PHC health centers located in the neighborhoods of *Méier, Ramos, Campinho, Ilha do Governador, Irajá, Lucas Parade, Penha, Guadalupe, Jacarepaguá, Campo Grande, Santa Cruz, Humaitá, Catete* and *Centro*, all in *Rio de Janeiro* city. These units belong to a public institution that is currently responsible for urgent and emergency care on public roads, homes, shops, schools, sports facilities, and maritime, air, and search rescue services.

Data analysis consisted of two stages. In the first, closed answer options were entered into the Excel 365 software, with the assignment of columns related to absolute and relative values. Then, the filter with decreasing order was applied. The data were organized in a table, according to the largest number of records.

In the second moment, the discursive records demanded thorough reading, following the methodological approach of content analysis.[9] The central content of each section was extracted with the grouping by thematic approximation, organized in a representative image scheme.

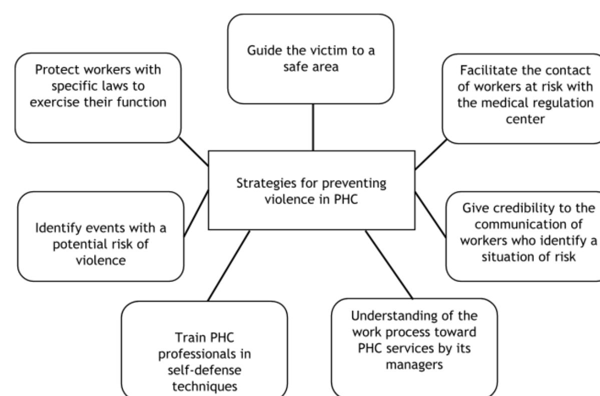
It should be added that, to ensure rigor and consistency in the construction of the study, the 32 verification items contained in the *Critérios Consolidados para Relatos de Pesquisa Qualitativa (COREQ)* [Consolidated Criteria for Qualitative Research Reports] were considered concerning its domains 1, 2, and 3, involving the research team, study design, and data analysis.

The ethical aspects of research involving human beings were observed according to the Resolution No. 466/2012,[10] National Health Council, followed by submission to the Research Ethics Committee from the *Universidade Federal do Estado do Rio de Janeiro (UFRJ)*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 86207918.0000.5285, approved by Legal Opinion No. 2,706,617, June 11th, 2018. The participants' identity was kept confidential by naming them with the acronym PHC followed by a cardinal number.

RESULTS

The results address strategies to prevent the occurrence of violence in the PHC working environments. According to **Table 1,** the findings indicate that 67 participants (100%) recorded at least one of the options contained in the instrument.

Table 1- Prevention strategies against violence focused on pre-hospital healthcare workers. Rio de Janeiro city, Rio de Janeiro State, Brazil, 2020



The last field obtained 18 (26.86%) of engagement, which contained the possibility of open recording addressing other strategies for preventing workplace violence at the PHC services.

As soon as it is confirmed that the location is a risk area, the applicant forwards the victim to a safe location, if he does not do so, the assistance is canceled, as the situation is unsafe for the health team. This vulnerability of the situation, plus the lack of credibility in the report of the health team principal, is both institutional and

circumstantial harassment as well as violence. (PHC 7)

Self-defense. Often, those on the other end of the phone line have never rushed to such events and have no idea what it is or how to provide care in the community, or the struggle when receiving the patient at the hospital. Unfortunately, those who are in regulation do not trust our work. (PHC 21)

Inspection and enforcement of laws that protect public officials in the exercise of their work. (PHC 42)

Mapping the risk area, not sending rescue vehicles for these areas. More confidence in subordinates. The health team principal has support in his speech when he says to the medical regulation that it is not possible to proceed to the destination of the risk area. (PHC 50)

The records addressing other strategies for preventing workplace violence at the PHC services were gathered by a thematic approach into seven pillars **(Figure 1)**.

Figure 1- Representative scheme of alternatives for preventing workplace violence at the PHC services. Rio de Janeiro city, Rio de Janeiro State, Brazil, 2020

Prevention strategies against violence at the pre-hospital care services	n	%
Developing an event management system that notifies about risk areas	61	91.04
Improving the public information service	51	76.12
Hiring enough workers	33	49.25
Training workers on the recognition and management of conflicts	28	41.79
Developing a panic alert system in cases of threat to violence	25	37.31
Reducing patient waiting time	24	35.82
Installing video surveillance systems in ambulances	8	11.94
Providing police escort for assistance in risk areas	6	8.96
Allowing the patient to comment on the quality of service and consider their comments	3	4.48

DISCUSSION

Discussing workplace violence leads to considerations that touch professional skills from the pre-hospital perspective, urban territorial contexts, and risks to which workers are daily exposed when they propose to care for people in the spaces of life. Concerning this particular subject, it should be noted that workplace violence is a challenge faced daily by health professionals in urgent and emergency services around the world.[2]

Herein, the nurses listed prevention strategies against violence at work in the PHC related to providing care in risk areas, effective communication, organizational structure, and professional training. According to the records, they highlight how necessary a technology that alerts locations known to be dangerous due to the presence of armed people or urban conflicts; routing the victim to safe areas avoiding the worker's exposure to risks; communication system with the responsible bodies in case of danger detection; disclosure to the general public about the purpose of the pre-hospital emergency service and in which situations the activation should be performed; a resource that facilitates direct communication with the medical regulation center and reliability in workers' speech; human resources compatible with the demand for care requests, reducing waiting time, thus, improving patient satisfaction; professional qualification for recognition and management of potential generators of violence; and self-defense methods for immediate protection in situations of risk.

A study with PHC workers in Canada, identified that health professionals had suffered during their work activities, verbal aggression, intimidation, physical aggression, and sexual harassment and in response to episodes of violence they used an increased and severe verbal tone, request police support, immobilization physical, evacuation of the scene until the arrival of additional resources and the act of taking shelter or hiding behind the ambulances.[11]

A survey with 838 physicians and nurses in China found that 714 (85.20%) showed some degree of concern about experiencing workplace violence. With regard to intervention strategies against violence, the following were signaled: making violence rates more transparent; conduct targeted training to strengthen professionals' capacity to deal with violence; improve treatment, quality of care, and diagnostic accuracy; laws on violence in the workplace; and development of violence prevention guidelines or plans. Awareness about respect for health workers, through the mass media, was mentioned as an intervention measure after violence by 490 participants (58.50%).[12]

In Germany, a survey of 1,984 workers from 81 health units, pointed out that in the face of a situation of violence, the most cited measures for managing the episodes were: attempted dialogue with the aggressor, subtle distancing from the aggressor, convincing behavior change on the part of the aggressor, remove the aggressor and request help from another team members.[13]

In the *Paraná* State, a study performed with the nursing staff of an emergency room, identified that when faced with a situation of violence, workers adopt silence as protection strategies, as a way to avoid confrontation with aggressors. Furthermore, they seek to support and help from other people, mainly professionals from the work team such as colleagues, immediate boss, the medical doctor responsible for the patient, social service, ombudsman service, and security.[4]

Acting empathetically providing information about care, ability to handle situations avoiding physical violence, prior identification of factors predictive of violence such as alcohol use, drugs, and psychiatric disorders and ability to deal with situations of insecurity, including emotionally, are described in a study carried out in Madrid, Spain, as strategies to prevent violence in the PHC services.[14]

Understand the needs of patients, family members, and companions, considering their desires, desires, and urgencies, communicate effectively, understand that empathy can be a facilitator for the good relationship between staff and users, can provide strategies to resolve

DOI: 10.9789/2175-5361.2019.v12i2.1336-1342

the demands and minimize the risk of violence in the workplace.[1]

It is noteworthy that the request for a police escort to assist in risky locations was identified by only six participants (8.95%) as a measure to protect against violence at work. The presence of the military police in an area known to be dangerous, with the sale of drugs or armed people, can lead to a confrontation with an exchange of gunfire. In addition to the fear of suffering a physical injury due to the lack of protective equipment such as a ballistic helmet and vest, the association of policing with PHC professionals could expose health workers to threats by criminals in subsequent visits.

A study done in Australia found that screening nurses perceived the presence of security professionals as a contributor to episodes of violence, unlike nurses from other emergency environments who see them as protectors.[15] In Ireland, emergency nurses cited that adequate institutional security measures help to reduce the acts of violence suffered by the team, especially with the availability of specialized professionals 24 hours and quick response after the request of the health team.[16]

A research performed with nursing professionals who were victims of aggression, in an urgency and emergency sector, in the *Paraná* State, found that workers do not feel prepared to face and manage situations of violence in the workplace, which do not have the necessary skills to identify situations of risk and that there is a weakness in job security and institutional support.[17]

In Latin America,[4,17-20] violence is felt and perceived by health workers, especially in areas with drug trading and armed men, who terrify professionals and make it difficult to provide care to the population that works and resides in these territories, then corroborating the findings of the present study.

PHC professionals are coerced, threatened, and assaulted by members of the drug trade.[18,21] So, aiming to support emergency care events, the medical regulation center needs to mediate the contact of those responsible for the call with the ambulance workers, requesting to forward the victim to a safe area, hence ensuring pre-hospital care and worker safety.

Based on the study participants' recordings, it became evident the lack of communication between PHC nurses and regulatory physicians, due to the lack of reliability in the speech of workers who are in high-risk areas and due to lack of knowledge of the real work process. inherent to the mobile emergency service, increasing workers' exposure to the danger and suffering of violence.

The *Organización Internacional del Trabajo (OIT)* [International Labor Organization] underlines the strategies needed to reduce and eliminate workplace violence, considering the administrative spheres, employers, workers, professional bodies, and the community in general. The recommendations permeate national, regional, and local policies and plans on health, labor security, protection of human rights, economic sustainability, business development, and gender equality; awareness campaigns about the risks of violence at work; the incidence of workplace violence and the factors that favor or generate it; short, medium and long-term assistance, including legal assistance to all victims of workplace violence; awareness of the risks and consequences of violence at work, to prevent, identify and solve it.[22]

The *OIT* also adds that although all professions in the health sector are at risk of suffering workplace violence, nurses and ambulance workers are at very high risk and must have effective communication channels, emergency protocols for requesting help objectively without alerting the aggressor, and information about possible risks of future care and locations.[22]

In Chile, PHC workers stated that teaching the population about what the PHC service means, in which situations an ambulance should be activated, and reducing the waiting time for patients, can avoid the exposure of PHC workers to verbal aggression by patients, their families, and the general public,[19] as recorded by the participants of this study.

Information addressing workplace violence through the media can be a tool for contributing to social change. The repudiation of violence against health professionals should be part of commercial hours, campaigns, and social movements, with the presentation of the characterization of aggressions, statistical data, risks inherent to the profession, and the number of workers licensed for health treatment, in a movement of approximation and awareness of the population through radio and television.[3,6,21]

Preventive strategies against workplace violence must be constructed considering institutional and collective aspects exposed to risks, addressing courses of awareness, support, reception, guidance, and changes in the organization of work. Training health professionals to deal with and face violence at work is an effective strategy to reduce the risk of violence and illness,[21] while training can prevent aggressive behavior from turning into violence by the early management and intervention of workers.[12]

A study carried out in Germany confirms that one of the basic requirements for the prevention of violence in the workplace is an organizational culture that allows dialogue openly and systematically, with spaces for discussion and construction of knowledge with the participation of health professionals.[13] PHC professionals need to have their work processes and experiences understood, producing information for the creation and implementation of strategies that minimize vulnerability and the risks of violence in the workplace.[2,5,23,24]

Accordingly, it is reinforced that the health worker has the right to an environment free from violence and harassment, based on respect and human dignity, with identification of dangers and constant assessment of the

risks of violence. In addition to the adoption of preventive and control measures against workplace violence.[11,12,18]

The limitations of this study go back to not ignoring the fact that organized crime has logistics, equipment, and human resources prepared to fight whatever might threaten its control in the communities under its control. Therefore, strategies for preventing violence toward PHC workers will become effective once such actions become both concomitant and articulated with the implementation of public safety policies in communities.

CONCLUSIONS

With the certainty of the unfinished, this qualitative research allowed the identification of prevention strategies against violence in the context of PHC that run through the plane of subjectivity, cross the bodies of nurses in the most diverse types of environment and real situations, which are not separated from activities inherent to care, responsibility and professional ethics.

PHC professionals need to be part of the work process, producing strategies adopted for both individual and collective confrontation against workplace violence, as well as the implementation of emerging alternatives aimed at minimizing the risk of threats and aggressions.

The results show potential for decision-making strategies toward the organization of care and protection for workers. It is suggested that new research be carried out to cover the violence suffered by PHC workers, the implementation of preventive strategies and the evaluation of effectiveness in practice, continuous and permanent education as a tool for conflict management, and incessant contemplations toward the health of workers who are victims of violence in PHC services.

REFERENCES

1. Fernandes H, Sala DCP, Horta ALM. Violence in health care settings: rethinking actions. Rev Bras Enferm. [Internet]. 2018 [cited 2020 jan 10]; 71(5). Available from: http://dx.doi.org/10.1590/0034-7167-2017-0882
2. Morken T, Johansen IH, Alsaker K. Dealing with workplace violence in emergency primary health care: a focus group study. BMC Fam Pract. [Internet]. 2015 [cited 2020 feb 10]; 16(51). Available from: https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-015-0276-z
3. Pereira CAR, Borgato MH, Colichi RMB, Bocchi SCM. Institutional strategies to prevent violence in nursing work: an integrative review. Rev Bras Enferm. [Internet]. 2019 [cited 2020 apr 10]; 72(4). Available from: https://doi.org/10.1590/0034-7167-2018-0687
4. 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]. 2016 [acesso em 15 de Janeiro 2020]; 6(3). Disponível em: https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/8387/6921
5. Cordenuzzi OCP, Lima SBS, Prestes FC, Beck CLC, Silva RM, Pai DD. Strategies used by nursing staff in situations of wokplace violence in a haemodialysis unit. Rev Gaucha Enferm. [Internet]. 2017 [cited 2020 apr 10]; 38(2). Available from: https://doi.org/10.1590/1983-1447.2017.02.58788
6. Sé ACS, Silva TASM, Figueiredo NMA. Healthcare settings and the burnout syndrome: a study with prehospital care nurses. Rev. baiana enferm. [Internet]. 2017 [cited 2020 feb 10]; 31(3). Available from: https://portalseer.ufba.br/index.php/enfermagem/article/view/17931
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2010.
8. 8. Bordignon M, Monteiro MI. Apparent validity of a questionnaire to assess workplace violence. Acta Paul. Enferm. [Internet]. 2015 [cited 2020 mar 18]; 28(6). Available from: http://dx.doi.org/10.1590/1982-0194201500098
9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
10. Conselho Nacional de Saúde (Brasil). Resolução nº. 466, de 12 de dezembro de 2012. Dispõe sobre as pesquisas com seres humanos e atualiza a Resolução nº. 196/96. Diário Oficial da União 13 jun 2013;Seção 1.
11. Bigham BL, Jensen JL, Tavares W, Drennan IR, Saleem H, Dainty K et al. Paramedic self-reported exposure to violence in the emergency medical services (EMS) workplace: a mixed-methods cross-sectional survey. Prehosp Emerg Care. [Internet]. 2014 [cited 2020 apr 16]; 18(4). Available from: https://doi.org/10.3109/10903127.2014.912703
12. Xing K, Zhang X, Jiao M, Cui Y, Lu Y, Liu J et al. Concern about workplace violence and its risk factors in chinese township hospitals: a cross-sectional study. Int J Environ Res Public Health. [Internet]. 2016 [cited 2020 apr 11]; 13(8). Available from: https://doi.org/10.3390/ijerph13080811
13. Schablon A, Wendeler D, Kozak A, Nienhaus A, Steinke S. Prevalence and consequences of aggression and violence towards nursing and care staff in Germany - a survey. Int J Environ Res Public Health. [Internet]. 2018 [cited 2020 feb 10]; 15(6). Available from: https://doi.org/10.3390/ijerph15061274
14. Bernardo-de-Quirós M, Cerdeira JC, Gutiérrez MG, Larco ATP, Crespo M, Labrador FJ. Agresiones a los profesionales de las urgencias extrahospitalares de la comunidade de Madrid. Diferencias entre los servicios de urgencias y los de emergencias. Emergencias. [Internet]. 2014 [cited 2020 feb 25]; 26(3). Available from: https://dialnet.unirioja.es/servlet/articulo?codigo=5418498
15. Morphet J, Griffiths D, Plummer V, Innes K, Fairhall R, Beattie J. At the crossroads of violence and aggression in the emergency department perspectives of Australian emergency nurses. Aust Health Rev. [Internet]. 2014 [cited 2020 jan 10]; 38(2). Available from: https://doi.org/10.1071/AH13189
16. Angland S, Dowling M, Casey D. Nurses perceptions of the factors which cause violence and aggression in the emergency department: a qualitative study. Int Emerg Nurs. [Internet]. 2014 [cited 2020 jan 19]; 22(3). Available from: https://doi.org/10.1016/j.ienj.2013.09.005
17. Scaramal DA, Hadad MCFL, Garanhani ML, Galdino MJQ, Pissinati PSC. The meaning of physical violence at the workplace for nursing workers within family and social dynamics. Ciênc. cuid. saúde. [Internet]. 2017 [cited 2020 feb 14]; 16(2). Available from: https://doi.org/10.4025/cienccuidsaude.v16i1.34532
18. Barbar AEM. Primary health care and Latin-American territories marked by violence. Rev Panam Salud Publica. [Internet]. 2018 [cited 2020 apr 21]; 42. Available from: https://doi.org/10.26633/RPSP.2018.142
19. Campo VR, Klijn TP. Verbal abuse and mobbing in pre-hospital care services in Chile. Rev Lat Am Enfermagem. [Internet]. 2017 [cited 2020 mar 29]; 25. Available from: https://doi.org/10.1590/1518-8345.2073.2956
20. Duarte SCM, Florido HG, Floresta WMC, Marins AMF, Broca PV, Moraes JRMM. Nurse's management of workplace violence situations in the family health strategy. Texto & contexto enferm. [Internet]. 2020 [cited 2020 feb 10]; 29. Available from: http://dx.doi.org/10.1590/1980-265X-TCE-2018-0432
21. Machado CB, Daher DV, Teixeira ER, Acioli S. Urban violence and effect on care practices in family health strategy territories. Rev. enferm. UERJ. [Internet]. 2016 [cited 2020 jun 10]; 24(5). Available from: http://dx.doi.org/10.12957/reuerj.2016.25458
22. Organización Internacional del Trabajo (OIT). Directrices para enfrentar a la violencia en el lugar de trabajo dentro del sector de la salud. Oficina Internacional del Trabajo. [Internet]. 2002 [cited 2020 feb 10]. Available from: https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_160911.pdf
23. Paravic-Klijn T, Burgos-Moreno M. Verbal and physical abuse towards health care workers in emergency services. Rev Med Chil. [Internet]. 2018 [cited 2020 jan 18]; 146(6). Available from: https://dx.doi.org/10.4067/s0034-98872018000600727
24. Guay S, Gonçalves J, Boyer R. Evaluation of an education and training program to prevent and manage atients' violence in

a Mental Health Setting: a pretest-posttest intervention study. Healthcare. [Internet]. 2016 [cited 2020 feb 19]; 4(3). Available from: https://doi.org/10.3390/healthcare4030049

Received on: 05/05/2020
Required Reviews: 31/10/2020
Approved on: 09/11/2020
Published on: 31/08/2021

***Corresponding Author:**
Aline Coutinho Sento Sé
Rua Retiro dos Artistas, nº 909
Pechincha, Rio de Janeiro, Rio de Janeiro, Brasil
E-mail address: aline2506@hotmail.com
Telephone number: +55 (21) 99499-8699
Zip Code: 22.770-102

The authors claim to have no conflict of interest.