Original Article

Revista de Enfermagem do Centro-Oeste Mineiro
2024; 14/5058
www.ufsj.edu.br/recom

RECOM
Revista de Enfermagem do Centro-Oeste Mineiro

Strategies adopted by nursing professionals after violence suffered in urgency and emergency services

Estratégias adotadas pelos profissionais de enfermagem a partir da violência sofrida na urgência e emergência

Estrategias adoptadas por los profesionales de enfermería basadas en la violencia sufrida en urgencia y emergencia

ABSTRACT

Objective: to identify the meanings and strategies adopted by nursing professionals in situations of violence in an urgent and emergency unit. **Method:** descriptive, qualitative study, with symbolic interactionism as a theoretical-conceptual support, which used a focus group of eight professionals from the nursing team of a hospital urgency and emergency service. **Results:** the meanings were complex and the strategies adopted were tolerance to violence to maintain control in the work environment, conflict management, trying to placate the situation of violence, seeking the safety of third parties and adopting a position of withdrawal from the care of the aggressor patient/companion. **Conclusion:** violence meant several often negative conceptions, and the strategies adopted by nursing professionals show the attempt to avoid the suffering perpetuated by patients in the hospital urgency and emergency service. The various social actors must synergistically provide means for the protection of professionals.

Keywords: Violence; Violence at Work; Exposure to Violence; Nursing Professionals; Nursing.

RESUMO

Objetivo: identificar os significados e estratégias adotadas pelos profissionais de enfermagem em situações de violência em uma unidade de urgência e emergência. **Método:** estudo descritivo, qualitativo, tendo como suporte teórico-conceitual o interacionismo simbólico, que utilizou um grupo focal de oito profissionais da equipe de enfermagem de um serviço de urgência e emergência hospitalar. **Resultados:** os significados foram complexos e as estratégias adotadas foram tolerância à violência para manter o controle no ambiente de trabalho, gerenciamento de conflito, tentando aplacar a situação de violência, buscar a segurança de terceiros e adotar um posicionamento de afastamento do atendimento ao paciente/acompanhante agressor. **Conclusão:** a violência significou diversas concepções frequentemente negativas, e as estratégias adotadas pelos profissionais de enfermagem evidenciam a tentativa de evitar o sofrimento perpetuado pelos pacientes no serviço de urgência e emergência hospitalar. Os diversos atores sociais devem sinergicamente propiciar meios para a proteção dos profissionais.

Descritores: Violência; Violência no Trabalho; Exposição à Violência; Profissionais de Enfermagem; Enfermagem.

RESUMEN

Objetivo: identificar los significados y estrategias adoptadas por los profesionales de enfermería en situación de violencia en una unidad de urgencia y emergencia. **Método:** estudio descriptivo, cualitativo, con interaccionismo simbólico como marco teórico y conceptual, que utilizó un grupo focal formado por ocho profesionales del equipo de enfermería de un servicio de urgencia y emergencia hospitalaria. **Resultados:** los significados fueron complejos, y las estrategias adoptadas se centraron en la tolerancia a la violencia para mantener el control en el ambiente de trabajo, el manejo de conflictos buscando aplacar la situación de violencia, la búsqueda de seguridad de terceros y la adopción de una posición de retiro de la atención al paciente/acompañante infractor. **Conclusión:** la violencia significó varias concepciones que muchas veces son negativas, y las estrategias adoptadas por los profesionales de enfermería muestran el intento de evitar el sufrimiento perpetuado por los pacientes en el servicio de emergencia hospitalaria. Los diversos actores sociales deben proporcionar sinérgicamente medios para la protección de los profesionales.

Palabras Clave: Violencia; Violencia Laboral; Exposición a la Violencia; Enfermeras Practicantes; Enfermería.

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INTRODUCTION

The World Health Organization (WHO) conceptualizes violence as the "intentional use of force or power in a threatening manner or actually, against oneself, another person or group or community, which causes or has a high probability of causing injury, death, psychological harm, developmental changes or deprivation"[1]. In the work context, workplace violence can be defined as any event in which the professional is physically, psychologically or morally assaulted, resulting in a risk to his safety, health or well-being. It can also be classified as external violence, client-induced violence and internal violence [1-2].

In this sense, any form of violence suffered in the work environment affects the individual, but is not limited to the work space and extends to other spheres of life. Thus, work-related violence materializes the deprivation of rights, violates fundamental principles, subjugates the dignity of the professional and, limiting the human condition, also limits manifestations of solidarity and empathy to some degree, sometimes resulting in illness[3].

Violence against nursing professionals in the workplace has been described as a worldwide epidemic by the World Health Organization since 2000[4]. In this context, physical, verbal and psychological violence are the most common types suffered by professionals. Such attitudes of violence are often manifested by patients themselves who are in a situation of emotional and/or psychological instability, companions enraged by the dissatisfaction of the services provided, co-workers or hierarchical superiors. Due to these episodes of violence suffered by professionals, they begin to question their value and that of their profession, and may develop mental disorders and other occupational diseases [5].

The feeling of insecurity in the work environment can directly affect the exercise of the functions of nursing professionals, impairing the well-being of the patients and the professionals responsible for the care. This circumstance directly affects the relationship between the professionals and the health institution, requiring the elaboration of measures aimed at making the work environment safer so that the provision of care is exercised with efficiency and quality[6].

Violence against health professionals in the hospital environment, especially in the urgency and emergency sector, causes serious outcomes for the full development of these professionals and for their health, being represented as a serious public health problem. This violence leads to self-destructive behaviors (tobacco use, excessive alcohol intake, among others), development of chronic diseases and an intense burden of mental suffering, resulting from the professional's inability to deal with the situation experienced. An important hindrance is the non-identification of a significant portion of cases of violence, which seems to be an almost invisible phenomenon within health institutions[7].

It is reinforced that nursing professionals are the biggest victims of verbal, psychological, physical or sexual violence when compared to other professionals in the health team. This is due, to some degree, to the prolonged contact that nursing professionals have with patients due to the unique characteristics of the function. In this sense, although violence at work is a recurrent reality and has a negative impact on the work process and the health of nursing professionals, most studies are limited to an analysis of the modality and the number of professionals who have suffered violence at work[7]. Thus, there are gaps in the meanings attributed by the professionals themselves and strategies adopted in the face of violence suffered in urgent and emergency services.

This study aims to contribute to the foundation of the construction of programs for a culture of peace and worker health in health institutions and has the following guiding question: What are the meanings and strategies adopted by nursing professionals in situations of violence in the workplace in a hospital emergency unit?

METHODS

This is a descriptive qualitative study, whose theoretical-conceptual support is the Symbolic Interactionism carried out in an urgent and emergency sector of a teaching hospital located in the northern region of the State of Minas Gerais (BR)[8]. The study met the stages recommended by the Consolidated Criteria for Reporting a Qualitative Survey (COREQ).

The study scenario combines teaching, research and outreach activities, with 157 beds registered in the National Register of Health Establishments (NRHE). The hospital is classified in the urgency and emergency areas as Trauma Level II, with uninterrupted care, being the first hospital in the state of Minas Gerais to use the classification system of the Manchester protocol. In this sense, the selection of the emergency room occurred because this sector represents the entrance door of the institution and is an important device in the emergency care network of the municipality.

The urgency and emergency sector consisted of 25 nursing professionals, 17 nursing technicians and eight nurses, of whom one held the management function, one worked in the Manchester protocol and six would perform care functions during the data collection period. The professionals, selected from a focus group, were approached individually and received a printed invitation to participate in the study. Of the 25 nursing professionals approached, eight attended the focus group. The inclusion criteria were professionals who had performed the function for at least six months, excluding nursing professionals who were on leave, on vacation, meetings or training during the data collection period, as well as university trainees.

Data were collected in October 2018, in a focus group session divided into two parts, with an mean duration of 20 minutes each, in a reserved environment in the sector itself. The researcher responsible for conducting the themes (moderator) and an observer participated in the sessions, who assisted in the recording of the meetings[9]. In the initial session, the objective and justification of the research was presented and the participants were asked to read and, in case of acceptance, sign the Informed Consent Form (ICF) in two copies, also exposing the confidential nature of the information presented by them in the development of the focus group.

In the initial session, participants were asked to complete a sociodemographic characterization instrument. According to respect and the right to anonymity, the participants were identified by letters that referred to the professional (P) and Arabic numbering distributed sequentially. Then, the group was asked to explain its perception of workplace violence. After this phase, the strategies adopted by the professionals were questioned through the guiding question "What strategy do you use in situations of violence during assistance in the emergency room?" The discussions were recorded in audio, according to the consent of the participants, and then transcribed, preserving the literal content of the speeches. A text editor was used for further analysis together with the records produced by the observer.

After this process, the collected data were compared through peer checking to prevent interpretation biases. Then, the data were analyzed through Thematic Content Analysis, which, according to Bardin[10], is formed by the phases of pre-analysis, exploration of the material, treatment of the results and interpretation.

All national and international guidelines for research with human beings were respected, and all the norms of resolution 466 of 2012 of the National Health Council were observed. The study obtained a favorable opinion for the performance through the Certificate of Presentation of Ethical Appreciation (CAEE): 93606718.6.0000.5141.

RESULTS

The nursing professionals who participated in the study were between 27 and 46 years old; among them, three were female and four were male. As for color/race, six considered themselves brown and two considered themselves white.

Most were married (four), one was divorced, and three were single. They had 6 to 28 years of professional experience, eight nursing technicians and one was a nurse.

To categorize the data collected in the focus group, the descriptive elements that represented the synthesis of the meanings and strategies adopted by the professionals were grouped. In the process of analyzing their discourses, the following meanings and strategies were adopted against situations of violence: tolerating the situation of violence to maintain control in the work environment; managing conflict situations; seeking safety from third parties (police and security guards); and adopting a position of removal from the care of the aggressor patient/companion.

Figure 1 – Meanings and strategies of professionals based on violence

Tolerance of violence to maintain control in the workplace
"As we are professionals, we have to keep control and continue our service" (P1).
"But, because I am used to this type of situation, my psychological did not shake at any time" (P3).
"You must treat all patients in the same way" (P5).
"I didn't do anything, we have to understand that the father and mother are nervous and don't think about what they say" (P6).
Conflict management seeking to alleviate situations of violence
"*I talked to the patient personally, then she apologized to me*" (P3).
"*I call these people and try to explain to them the reality of our service*" (P8).
Conflict management by third parties (police and security)
"I had to call the MP, until then the person was irreducible. I tried to talk to her, but she got even more aggressive"(P2).
"Then we had to call the police to intervene. The police came and carried out the police report."(P3).
"But if he does not understand, he does not understand, if he is a companion, I call the security guard to remove him from my sector" (P7).
Adopt a position of removal from the care of the aggressor patient/companion
"*So, on that day what I did was to avoid him and not go near him to protect myself*" (P4).
"I had to ask my supervisor not to put me in the care of that patient anymore" (P5).
"From this situation I started to observe this type of patient, and I was afraid of my contact with this type of patient" (P7).

Source: the authors (2023)

DISCUSSION

From the professionals' discourse, it was identified that tolerance to violence meant a kind of professional skill, since this behavior was characterized as "being professional". There is some confusion regarding the identity and expected attributions of these professionals, as technical, managerial, administrative, and interpersonal and leadership skills are pertinent to professional performance in the urgency and emergency sector. However, violence or even its tolerance is an aggravation that can lead to numerous negative outcomes for the professionals. An urgent reflection to be carried out is to understand the reasons why tolerating violence was indicated as inherent to the nursing professional's performance in the urgency and emergency service, and thus seek ways to protect them.

In a study conducted in the southern region of Brazil in a hospital urgency and emergency service, violent events – such as pushes, hair pulls, throwing of artifacts, presence of revolvers and knives – were recorded as common against nursing professionals in the reality of this service[11]. A study carried out in Australia in urgency and emergency service also identified that nursing professionals considered violence as an intrinsic factor of their work. Thus, aspects

such as waiting time and screening system confirm this finding[12].

It should be noted that violence exists in any area of nursing practice, but there are higher prevalences in the emergency room and emergency unit sectors, environments that by their nature have greater flows of care, complex working conditions, as well as the lack of notification of these aggressions, producing an environment where violence becomes acceptable, limiting its prevention and combat[13].

Since they understand the uniqueness of the sector, the professionals demonstrated empathy for the aggressors, attempted equal treatment and denial of the negative consequences resulting from violence. However, studies indicate unfavorable impacts on the physical, mental and social health of nursing professionals, such as high rates of anxiety, burnout syndrome, exhaustion, among others[4].

As a second strategy, conflict management was indicated, seeking to placate the situation of violence between professionals and aggressors. In this strategy, the professionals demonstrated to seek to placate the situation of violence suffered, trying to sensitize and make the patient/companion aware of the working conditions and difficulties experienced there.

The uniqueness of hospital institutions has been underscored by assisting individuals in increasingly critical situations. This phenomenon has demanded special knowledge from health professionals about their care area to deal with frequent technological transformations, complex work conditions (from comprehensive care to more fragmented care), behavioral changes – manifested by the team through stress – and increasingly demanding patients, and all these characteristics have caused significant changes in the work process[14].

In this sense, in the execution of the conflict management strategy to placate the situation of violence, the search to generate empathy in patients was manifested, based on the premise that when the patient is properly guided he can interfere in situations of violence, either in its resolution or prevention. Conceptually, empathy can be understood as a synergistic action between behavior and thought; it is a psychological action of placing oneself in the reality of the other, considering the motivational, cognitive and emotional aspects[15]. It is understood, as in all established interpersonal relationships, that empathy becomes essential to produce a bond of quality and respect. It is related to emotional involvement, contemplation, recognition and capture of feelings, expectations, and intimate experiences that influence the individual relationship[16-17].

Thus, when professionals offer empathic care to the patients, they understand that they will also receive empathy in this relationship established between them. This possible empathy on the part of the patients is little explored in the scientific literature, because so far no studies have been identified to evaluate it, and the focus of the studies is often the empathy that the professionals must offer in their care. In addition, for this purpose, the Jefferson Scale of Empathy is widely described, validated to measure this variable among health professionals and students [18]; however, there is no similar strategy aimed at patients.

Much is said about the humanization in health care offered by professionals. However, an important reflection in this discussion is that a considerable portion of the population makes incorrect use of hospital urgency and emergency care, and this fact is partly related to the reality of service overload and exacerbation of problems already common at this care level, which can generate frustration to users and lead to situations of violence against professionals working in this sector[19].

Not being successful with the dialogue for conflict management, the professionals adopt the strategy of conflict management by third parties (police or hospital security) to "circumvent" the situation of violence. It is noteworthy that, according to professionals, this strategy has been used frequently because they have not been able to appease the situation through dialogue alone.

In a study conducted in the state of São Paulo by the Regional Nursing Council, it was found that 77% of the professionals who participated in the study have already suffered some form of violence in the workplace, of which 87.51% did not seek the police or reported to any government agency. This result indicates the great underreporting of violence suffered by nursing professionals in the workplace[4]. The same study identified that 53% of the perpetrators of the violent episode were patients. Regarding the modality of violence, 49.2% was verbal, 38% psychological and 14.2% physical. In a study carried out in South Korea with nursing professionals who worked in the emergency room, verbal violence was also found to be the most prevalent[20].

Police support and justice are mechanisms often used by nursing professionals when exposed to violence. Faced with these situations, it appears to be urgent to carry out permanent education with the community and professionals, added to the improvement of monitoring devices and expansion of access to reporting channels [13]. In this context, another important measure is the adequate political and managerial structuring of health services so that they are able to satisfactorily meet the scope of their responsibilities, which is imperative for the protection of these professionals against violence in the workplace.

As the fourth and last strategy used by professionals to deal with the situation of violence, it was indicated to adopt a position of removal from the care of the aggressor patient/companion, thus seeking to protect oneself from that situation. The strategies against violence used by professionals working in a hemodialysis unit[21], on which the present study was based, were partially similar to those found in this research, which denotes that nursing professionals are exposed to violence in the most diverse care scenarios and need to constantly protect themselves from violence.

From the speeches of the professionals, meanings such as fear, insecurity and concern with physical integrity can be inferred. These outcomes are cause for concern, as it is not acceptable that in the routine execution of the work the professionals are exposed to these conditions.

It appears that violence meant changes in the work process of professionals, since it was necessary to move away from the aggressor patient and make an adjustment in relation to the patients under the care of the professionals, generating intense concern and fear. In this sense, situations of violence can lead to greater turnover of professionals and discontinuity in work processes, since the way of caring can be changed according to the care model employed[14].

In this process, the figure of nursing supervision was a point of support, although, in this case, it was present only after the violent episode. This reports that nursing supervision must be attentive to the needs of professionals, especially regarding any violence to which they are exposed. In order to develop nursing supervision beyond the process of controlling the production and reproduction of relationships permeated by authoritarianism, nurses need to enable articulation between team members and take measures of co-responsibility for nursing care based on strategies that provide qualification and safety of care, in a flexible, educational, shared conception, aiming to evolve in the use of this management device in new principles, with clinical and collaborative supervision [22].

The violence suffered by professionals meant the development of the ability to evaluate certain characteristics presented by patients that may predispose the execution of violent acts. The various expectations and distorted views about the role of health services in the country are components that can produce violent acts, and investigations are needed to assess the profile of the assisted population in relation to factors such as understanding the attributions of urgency and emergency services, aspirations about the services provided and previous care experiences in these services. Based on

this assessment, educational and information strategies can be firmly established[23].

It is necessary for managers and nursing staff to reflexively and critically evaluate the phenomenon of violence that happens in these services and implement strategies to reduce or eradicate them, and thus enable a safe work environment for all involved. It is also essential to sensitize society, unions and bodies that are responsible for public health, so that violence in the workplace is a priority in policies, in professional bodies and research focus by researchers[11].

Consequently, there is a need for health services to structure guidelines for monitoring violence at work with a focus on the implementation of an organizational culture of safety for the professionals, based on the training of the team on the subject, in the immediate protection of the occurrence, promoting the protection of the physical integrity of the professional - with immediate support from the security team of the health establishment –, the activation and police support, psychological assistance, the preservation of human and citizenship rights and the registration of cases of violence that are often not encouraged because they require time and investments[24-25].

These actions, recommended by international bodies, aim to minimize or eliminate the occurrence of violence in the work of health professionals and make it safe to combat the situation of violence, being potentially able to reduce the psychological and physical traumas that weaken the victim and impair the return to work and future professional and social interactions[26].

Given this, the present study can contribute to the area of nursing and health as it allowed the exposure of violence suffered by nursing professionals, based on meanings attributed and real strategies adopted, identifying a serious situation experienced by professionals, since there is no possibility of satisfactory nursing care without the guarantee of a work environment that ensures physical protection for the performance of work activities. In this sense, the data brought by the study can contribute to the expansion of the adoption of real and systematic measures to protect nursing professionals by managers, favoring well-being and professional satisfaction, reducing absenteeism, turnover and professional diseases, favoring the culture of peace in institutions.

The limitations of this study include its conduct in only one hospital, making it impossible to know other professional realities that could intensify the discussion on the subject, and the difficulty of professionals' participation in the focus group due to work overload.

FINAL CONSIDERATIONS

The meanings attributed by the professionals were routine, fear, insecurity and concern with physical integrity, tolerance, changes in the work process, professional skill and evaluation of the patient's profile. The strategies adopted by nursing professionals in situations of violence were tolerance to violence to maintain control in the workplace, conflict management in order to placate the situation of violence, conflict management by third parties (police or security guards) and the adoption of a position of removal from the care of the aggressor patient/companion.

Considering violence as a global problem and intrinsic to society, comprehensive and synergistic strategies are required between society, health institutions, managers, governments, international organizations and professional class entities, among other devices. It is urgent to guarantee professionals a safe and violence-free environment through the dissemination of the culture of peace and systematic educational campaigns on the consequences for professionals and society; criminal implications, capacities and attributions of each level of health care. In this sense, the fight against violence against professionals should be configured as a public policy of the State. It is not acceptable that in addition to the challenges already common to the health area, such as biological risks, overload, low remuneration, among others, violence is a common phenomenon.

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Responsible editors:
Patrícia Pinto Braga – Editor-in-Chief
Edilene Aparecida Araujo da Silveira – Scientific Editor

Note: There was no funding from a development agency.

Received on: 29/03/2023
Approved on: 08/10/2023

How to cite this article:
Junior RFS, Silva JKC, Pereira CG, Gusmão ROM, Pereira VC, Silva CSO. Strategies adopted by nursing professionals after violence suffered in urgency and emergency services. Revista de Enfermagem do Centro-Oeste Mineiro. 2024;14:e5058. [Access _____]; Available in: _____. DOI: http://doi.org/10.19175/recom.v14i0.5058