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RESEARCH

Aspects relacionados à ocorrência de violência ocupacional nos setores de urgência de um hospital

Aspects related to the occurrence of workplace violence in hospital emergency rooms

Aspectos relacionados à la ocurrencia de violencia ocupacional en los sectores de urgencia de un hospital

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ABSTRACT

Objective: Analyzing the aspects related to the occupational violence in the urgency sectors of a hospital in Natal, Rio Grande do Norte. **Method:** an exploratory and descriptive study, using a quantitative approach. For data collection was used a validated questionnaire, which surveyed were nursing teams of selected sectors. **Results:** Among the 86 subjects, 87.2% were women, 49.4% had high school completed and 46.5% were married. The occurrence of violence was considered normal by 82.9 and 91.8% of subjects reported never having participated in some training on how to act at the moment of the violence act. **Conclusion:** it is necessary the construction of national and institutional policies that act on violence, also minimizing its invisibility since the teaching in graduation of these professionals until the workplace. **Descriptors:** Working conditions, Nursing team, Quality of life, Occupational health, Violence.

RESUMO

Objetivo: Analisar os aspectos relacionados à violência ocupacional nos setores de urgência de um hospital situado em Natal, Rio Grande do Norte. **Método:** Estudo exploratório e descritivo, com abordagem quantitativa. Para a coleta de dados foi utilizado um questionário validado, cujos pesquisados eram as equipes de enfermagem dos setores selecionados. **Resultados:** Dentre os 86 questionados, 87,2% eram mulheres, 49,4% tinham ensino médio completo e 46,5% eram casados. A ocorrência da violência foi considerada normal por 82,9% e 91,8% dos sujeitos relataram nunca ter participado de algum treinamento sobre como agir no momento do ato de violência. **Conclusão:** É necessária a construção de políticas nacionais e institucionais que atuem sobre a violência, além da minimização da sua invisibilidade desde o ensino na graduação destes profissionais, até o ambiente laboral. **Descritores:** condições de trabalho, Equipe de Enfermagem, Qualidade de vida, Saúde do trabalhador, Violência.

RESUMEN

Objetivo: Analizar los aspectos de la violencia ocupacional en los sectores de un hospital de emergencia en Natal, Rio Grande do Norte. **Método:** Estudio exploratorio y descriptivo, con enfoque cuantitativo. Para recopilar los datos, se utilizó un cuestionario validado, cuyos encuestados eran el personal de enfermería de los sectores seleccionados. **Resultados:** De los 86 sujetos, el 87,2% eran mujeres, el 49,4% habían completado la escuela secundaria y el 46,5% estaban casados. La ocurrencia de la violencia fue considera normal por 82,9% y el 91,8% de los sujetos reportaron nunca haber participado en algún tipo de formación sobre cómo actuar en el momento de los actos de violencia. **Conclusión:** Es necesaria la construcción de políticas nacionales e institucionales que aborden la violencia, además, disminuir su invisibilidad desde la enseñanza en la graduación de estos profesionales, hasta el lugar de trabajo. **Descriptores:** Condiciones de trabajo, Equipo de enfermería, Calidad de vida, Salud laboral, Violencia.

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INTRODUCTION

As society progressed, globalization and industrialization intensified, producing major changes in the work process. The incorporation of new technologies, such as computer science, robotics, microelectronics, among others, when added to all the changes in the organization of the work process, caused profound changes in the productive structure of countries, in addition to strong interference in workers' health.[1]

In this context, it is worth highlighting the capitalist mode of production, which is inserted in most countries, has been responsible for great physical, emotional and spiritual work wear, which is subjected to the intensification of the labor process. This is due to a market increasingly competitive work, generating fear of unemployment and subjecting workers to poor working conditions, low wages and many occupational hazards.[1]

Among these risks, stands out the violence; this exacerbates the society and begins to go into work environments. This type of event, set to occupational violence, implies in events in which the worker is a victim of abuse, or even threats of attacks in situations related to your job. Thus, it is understood that such situations are not restricted only to the workplace, but also extend to the path of the round-trip.[2]

Such events can manifest itself in various ways in the employment scenario, being between bosses and employees, workers and users or among the workers themselves.

When referring specifically to work in health care, it adds that the highest rates of violence, bullying type, observed, particularly among nurses and nursing technicians, possibly related to the quest for power.[2]

To prove the extent of the problem worldwide, a report was prepared based on studies conducted in seven countries about occupational violence in the health sector. In this, it was found that more than half of the professionals in this area reported having experienced at least one incident of physical or psychological violence in the previous year, 75,8% in Bulgaria (EU), 67,2% in Australia (Oceania), 61% in South Africa (Africa), 60% in complex health centers in Portugal (EU), 54% in Thailand (Asia) and 47% in Brazil (Latin America).[4]

As consequences of this behavior to worker health, cited the lack of motivation, low self-esteem, loss of confidence, depression, anger, anxiety and irritability brought about the employee. In addition, there are also economic to the employing institution, such as loss or disruption of interpersonal relationships, disruption of work organization, reduced ability to convert resources into outcomes more cost-effectively, low productivity, and quality deterioration costs product and company image.[5]

It is noteworthy that, in hospitals, especially in emergency sectors where professionals, users and caregivers are more exposed to stressful situations, given the need for rapid and effective action, episodes of occupational violence may be more frequent.

For Nursing, there is a particular interest in understanding and combating all forms of violence, as this has a direct contact with an increasing number of victims of this phenomenon, in addition to being in the professional category that most have suffered occupational violence.[6]

However, the inability to identify the occurrence of occupational violence and direct efforts to minimize it, either by health professionals or local managers, may be associated with the biomedical model. The hegemony of this model in the labor process in health contributes to non-legitimization theme "violence and accidents." This stems from its rigidity regarding the acceptability of complex problems and social origin.[7]

Moreover, it is noticed that there is a considerable production of research on the theme of violence in various databases; however, when compared to other products, those are still a minority. Faced with this, in order to contribute to the findings on this topic next target was prepared: analyze aspects related to the occurrence of occupational violence by nursing staff that has operations in emergency sectors of a public hospital in the city of Natal, Rio Grande do Norte.

METHOD

This is an exploratory, descriptive study with a quantitative approach, performed in emergency sectors of a public hospital in the city of the Metropolitan city of Natal, Rio Grande do Norte. This institution is responsible for supplying a significant demand from users of the Unified Health System (SUS) of municipalities in Natal and in the state, consisting of the second largest in the capital.

The target population was the nursing staff, as including only workers from the sectors of emergency (medical clinics, surgical clinic, emergency room and emergency adult child). Thus, we worked with a simple random sample of the type and spread of 86 professionals including nurses, technicians and nursing assistants.

In the selection process for the study, two criteria were determined: having more than one year on the job and accepting participate. The professional activity time on site was predetermined, so that it was possible to obtain the most recent interviewees memories of facts, favoring to obtain more reliable answers. Individuals who did not perform their work activities in emergency surveyed sectors or that are not included in the professional categories selected were excluded.

To perform the data collection, a standardized questionnaire with questions on socio-demographics, professional and on occupational violence was used. The instrument was divided into two parts, the first consisting of questions on socio-demographic characteristics, with four items, such as gender, age, education and marital status. Furthermore, it contained questions about the professional description, with six items: occupation, length of service in urgency, weekly workload, urgency sector where they work and shift work.

The second part of the instrument variables included the characterization of occupational violence through items about: how the professional occupational violence considers this institution, which the most important risk factors for occupational violence in their work, and about participating in trainings how to act when the act of violence.

To begin data collection, a letter was sent to the General Board of the hospital, reporting the claim to conduct the research and requesting their permission for the study. Shortly thereafter, in accordance with the requirements of Resolution 196/1996 of the National Health Council, the project was sent to the Federal University of Rio Grande do Norte (UFRN) Ethics Committee (CEP), which was approved through opinion nº 407/2011, which allowed starting collecting. The instruments were delivered in sealed envelopes and identified only by a number, allowing the anonymity of all professionals. It is noteworthy that there was no loss of any instrument. Data collection took place in November and December 2011 and January 2012.

The data were processed electronically through the software-Microsoft Excel XP and SPSS 17.0 and analyzed using descriptive statistics. The results were displayed in the form of tables and bar charts and columns.

RESULTS AND DISCUSSION

The study population consisted of 86 professionals, being 13 nurses, 57 nursing technicians and 16 nursing assistants. The table 1 presents data regarding the socio-demographic characteristics, including gender, age and education.

Table 1. Distribution of professional nursing staff according to gender, age and education. Natal/Rio Grande do Norte, 2011.

VARIÁBLES		PROFESSIONAL CATEGORY							
		Nurse		Nursing technician		Nursing Assistant		Total	
		N	%	N	%	N	%	N	%
Gender	Male	3	23,1	7	12,3	1	6,3	11	12,8
	Female	10	76,9	50	87,7	15	93,8	75	87,2
Total		13	100,0	57	100,0	16	100,0	86	100,0
Age	21 |-| 25	0	0,0	3	5,8	0	0,0	3	3,7
	26 |-| 30	5	38,5	10	19,2	0	0,0	15	18,5
	31 |-| 35	0	0,0	6	11,5	0	0,0	6	7,4
	36 |-| 40	0	0,0	8	15,4	2	12,5	10	12,3
	41 |-| 45	2	15,4	10	19,2	2	12,5	14	17,3
	46 |-| 50	2	15,4	7	13,5	5	31,3	14	17,3
	51 |-| 55	4	30,8	3	5,8	3	18,8	10	12,3
	56 |-| 60	0	0,0	4	7,7	4	25,0	8	9,9
	61 |-| 65	0	0,0	1	1,9	0	0,0	1	1,2

Total		13	100,0	52	100,0	16	100,0	81	100,0
Education	Complete Fundamental	0	0,0	4	7,1	0	0,0	4	4,7
	High School Incomplete	0	0,0	4	7,1	2	12,5	6	7,1
	High School Complete	0	0,0	31	55,4	11	68,8	42	49,4
	Incomplete higher education	0	0,0	9	16,1	1	6,3	10	11,8
	Complete higher education	6	46,2	8	14,3	2	12,5	16	18,8
	Postgraduation	7	53,8	0	0,0	0	0,0	7	8,2
Total		13	100,0	56	100,0	16	100,0	85	100,0

In Table 1, we see that the 86 health workers studied, women predominated, with 75 (87,2%) representatives. Similar findings were found in a study developed in surgical blocks of 11 hospitals in the city of Londrina, in 2007. In this, it was identified that nursing workers constitute a category, mostly comprised of women.[8]

Given these data, it is pertinent to quote a research conducted in 2008 in three hospitals in Londrina, PR, which aimed to analyze the presence of psychological violence in professional nursing practice. As a result, it was found that among both sexes, the female is more vulnerable to violence. These professionals often consists of targets for aggression and this is related to the fact that nursing is essentially female profession from its beginnings.[9]

In this sense, when referring to the female as a victim, you can see another aspect of the problem is that violence against women. Thus, Weds predisposing factors of workplace violence to those responsible for abuse against women, such as prejudice and patriarchy, still rooted in society.

To make matters worse, it adds that, unlike other periods when women were only responsible for the care of their homes, nowadays it is apparent permanence of double shifts, often experienced by these professionals. It can be said that the struggle for equal rights given to genres brought many gains, with the labor woman exercising outside one house itself; however, it is observed that these achievements added rights, but not obligations divided.[10]

Thus, to perform the same functions in the home and other out of this space, the woman is burdened with duties and responsibilities that may contribute to increased stress, a major predisposing factors to the practice of occupational violence and to a reduction in quality of life and performance in service. Thus, states that married professionals tend to suffer more this overhead, considering the existence of a family under his care.

Regarding the education of the participants, according to each professional category (Table 1), it is emphasized that seven (53,8%) nurses had Postgraduate, and 6 (46,2%) had only their graduate training. Among nursing technicians 31 (55,4%) had only completed high school and among nursing assistants, 11 (68,8%) high school. Latter category, only 2 (12,5%)

had not completed high school. However, the technicians/ assistants, 10 (11,6%) also had complete professional faculty level.

In this sense, we emphasize the need for reflection on these professionals, given the greater scope and complexity that their new roles have required. Through this perspective, it is also included as essential assessing the training or qualification of human resources.[11]

Thus, there is a growing concern regarding the disordered proliferation of nursing courses in the country, sometimes of low quality, reaching a percentage of average growth of 292% between the years 1991 and 2004.[12] In this context, in 2005, of according to the Federal Board of nursing, the total number of professionals in Brazil was 790.904, with 109.088 (13,79%) nurses, 195.228 (24,68%) nursing technicians and 486.588 (61,5%) nursing assistants.[13]

Thinking through this way, if health professionals are exposed in their routine to various types of violence in the workplace, the subjects addressing the issue should necessarily permeate their training. However, it is not what can be seen in the practice of teaching of any of the three categories. Thus, when observing the preparing of these individuals to face violent situations, we note that all have the same deficit as the ability to act appropriately in these situations.

Table 2. Distribution of professional nursing staff regarding the marital status. Natal/RN, 2011.

VARIABLE		PROFESSIONAL CATEGORY							
		Nurse		Nursing technician		Nursing assistant		Total	
		N	%	N	%	N	%	N	%
Marital status	Single	6	46,2	16	28,1	4	25,0	26	30,2
	Married	6	46,2	30	52,6	4	25,0	40	46,5
	Widower	0	0,0	1	1,8	0	0,0	1	1,2
	Separated	1	7,7	5	8,8	5	31,3	11	12,8
	Living with a partner	0	0,0	5	8,8	3	18,8	8	9,3
Total		13	100,0	57	100,0	16	100,0	86	100,0

On the variable in question (Table 2), this study showed that the majority, 40 (46,5%) were married. In a study conducted in the wards of large a university hospital (UH) in the northern area of the municipality of Rio de Janeiro, it was identified that 50,7% of nursing workers were married. Marital status, in the case of married or in stable relationships workers can signal an increased responsibilities and daily activities, taking into account that in our times the female population still suffers to combine work outside the home and home responsibilities.[14]

In another survey, conducted at the Regional Hospital of Bragança in Portugal, with a sample of 70 nurses from 24 to 67 years old, it was found that those with more than 40 years not only were the main victims of psychological violence, as experienced the phenomenon more intensely.[15]

In this context, it is considered to be a network of influences that predispose the occurrence of harassment in the labor environment. Among these, the age presents itself as

a social factor that, along with gender, hierarchy and organizational features make it possible, not just the appearance of harassment, but its exacerbation. [16]

Other questions addressed (Table 3) relate to the time of experience in emergency and weekly hours worked in this industry, among which is already possible to identify more factors that favor the use of violence in the workplace.

Table 3. Distribution of the professional nursing staff according to the time of experience in urgency and weekly hours of work in the same. Natal/RN, 2011.

VARIABLES		PROFESSIONAL CATEGORY							
		Nurse		Nursing technician		Nursing assistant		Total	
		N	%	N	%	N	%	N	%
Time of experience at urgency	1 |-| 5	6	46,2	23	47,9	0	0,0	29	39,7
	5 |-| 10	2	15,4	6	12,5	3	25,0	11	15,1
	11 |-| 15	2	15,4	5	10,4	4	33,3	11	15,1
	16 |-| 20	1	7,7	8	16,7	3	25,0	12	16,4
	21 |-| 25	2	15,4	4	8,3	2	16,7	8	11,0
	26 |-| 30	0	0,0	2	4,2	0	0,0	2	2,7
Total		13	100,0	48	100,0	12	100,0	73	100,0
Weekly hours of work in the urgency	< 30 hours	1	7,7	1	1,9	0	0,0	2	2,5
	30 a 40 hours	11	84,6	49	94,2	14	100,0	74	93,7
	> 40 hours	1	7,7	2	3,8	0	0,0	3	3,8
Total		13	100,0	52	100,0	14	100,0	79	100,0

Regarding the time of experience in urgency, it was identified that the range of one to five and of 16 to 20 years focused a greater representation, with 29 (39,7%) and 12 (16,4%) patients, respectively (Table 3).

In this line of considerations, a research on occupational hazards and accidents at work performed in a mobile service of urgency of the RN, it was detected 88 (54.32%) professionals with one to four years of experience in the urgency, followed by 23 (14.20%) individuals with 10 to 14 years, and 21 (12.96%) showing five to nine years of experience.

Unlike these findings, a study conducted in the emergency care of a Charitable Institution in the interior of sectors found that the majority of nurses (48%) was over five years of experience in urgent and emergency service. Of the total remaining 24% has from 2 to 5 years, 12% have 1 to 2 years old and 16% are less than 6 months experience.[18]

In this context, we believe that practitioners with less experience time represent a factor of major concern for nursing supervisors, in order that the service in the emergency service sectors requires much attention and responsibility and therefore an adjustment period and training of these professionals to become qualified to work on site.[18]

On this subject, it is known that the lack of practice in the hospital emergency department can generate, in addition to delays, failures in patient safety, by professionals. Based on that iatrogenic complications are risk factors for the onset of violence in the workplace, they are added to the lack of training against violence in the probationary

period prior to enrollment in the professional service, or even the practice of dealing daily with attitudes of this kind. This can cause the newly formed professionals who are usually younger, do not know how to react to the aggression and will eventually suffer them more frequently and more intensely.

Regarding the weekly workload in emergency (Table 2), it is observed that the majority, 74 (93,7%), working under 30-40 weekly, followed three hours (3,8%), who perform activities for more than 40 hours per week and two (2,5%), which meet lower workload to 30 hours.

This variable is another factor that can come in addition the practice of violence. Corroborating our data, in a survey conducted in SAMU Metropolitan RN, it was seen that 136 (83,95%) have professional journey 31-40 hours per week in service, followed by those with more than 40 hours in 14 (08,64%) individuals and 12 (07,41%) work 30 hours or less weekly.[17]

In this sense, another study conducted in the wards of a university hospital in the state of Rio de Janeiro found that about 50% of workers had more than one job which in itself already causes an increased workload of the professional. When workers were asked about their weekly workload, we saw that most meets 30 hours per week, but if added to other units can reach 60 hours and up to 70 hours per week, once again reflecting an increased workload.[14]

This overload works as a determinant of stress and suffering resulting from overwork, justifying to some extent, the higher incidence of occupational violence. In this sense, overwork and reduced time for the rest are situations that endanger the mental health nursing work, which may cause personal problems in interpersonal relations and the performance of their professional activities.[14]

Given this, it adds that workplace violence is a problem seen in hospitals and especially in emergency services where workers healthcare team are reproducing and perpetuating situations of aggression in order to undermine the care provided and the result illness from work.[19]

Table 4 shows the distribution of the same as the industry professionals working in emergency and shift operations.

Table 4. Distribution of the professional nursing staff according to the sector of urgency and work shift. Natal/RN, 2011.

VARIABLES		PROFESSIONAL CATEGORY							
		Nurse		Nursing technician		Nursing assistance		Total	
		N	%	N	%	N	%	N	%
Work sector	Medical Clinic	2	15,4	13	22,8	2	12,5	17	19,8
	Surgical Clinic	1	7,7	9	15,8	5	31,3	15	17,4
	P. S. Adult	2	15,4	22	38,6	5	31,3	29	33,7
	P. S. Childish	0	0,0	11	19,3	4	25,0	15	17,4
	More	8	61,5	2	3,5	0	0,0	10	11,6

	than one sector								
Total		13	100,0	57	118,8	16	133,3	86	117,8
Work shift	Afternoon	0	0,0	1	1,8	1	6,3	2	2,3
	Daytime	4	30,8	25	43,9	6	37,5	35	40,7
	Nocturne	3	23,1	16	28,1	3	18,8	22	25,6
	Daytime and nighttime	6	46,2	13	22,8	6	37,5	25	29,1
	More than two shifts	0	0,0	2	3,5	0	0,0	2	2,3
Total		13	100,0	57	118,8	16	133,3	86	117,8

By analyzing Table 4, it appears that most of the nursing staff working in the emergency room adult industry with 29 (33,7%) of the professionals. When this analysis taken by professional category, it is observed that eight (61,5%) nurses are distributed in more than one sector, 22 (38,6%) are technical in adult emergency department, and 5 (31,3%) of nursing assistants. Regarding the shift, 35 (40,7%) professionals are scheduled for daytime, followed shifts of 25 (29,1%) who work day and night.

Thus, the sector of the adult emergency department can be cited as a major site of occurrence of violence. This is justified by the fact of being the "gateway" in the hospital, with patients and professionals with higher levels of activity and stress. This contributes to an increased in developing routine actions in the work environment, when coupled with the lack of material and human, normally seen in public hospitals, resources tend to incite violence sensitivity.

For this reason, the distribution of the number of professionals in these sectors should be proportional to the demand, which is not always sufficient to meet the number of patients seen by the service. This fact leads us to the need for a restructuring of health services in order to decentralize care through the targeting of patients who require a less complex care for other emergency units.[19]

In this sense, labor intensification behaves as a feature of the current phase of capitalism; increasing consumption of physical and spiritual energies of workers.[1] This transformation may be responsible for generating a man-labor disharmony, in order to trigger stress and injury to the health of staff.[20]

Another factor that may contribute to disharmony in the work is the work shift chosen. This comes from the fact of being observed changes in biological balance in eating habits, sleep and poor attention, which predisposes to higher rates of errors and increases employee stress.[20]

In this scenario, occupational violence finds a suitable environment for your practice, in view of the vulnerability which is on duty the night worker. Therefore, responsible for managing human resources and resize should have more attention in relation to nursing activities and the allocation of professionals in varied and spaced shifts, avoiding the overhead of service and physical, emotional and psychological damage.

However, it is known that it is not always possible to contain the violence which these professionals are submitted, and many of them worship the idea that this behavior is completely related and is intrinsic to the work, resulting in a drag to increasing the visibility of the issue.

Within this context, the instrument also presented the following question: Do you consider that occupational violence is normal or part of your job?

On this question, it was observed that most professional nursing staff (82,9%) did not accept the occupational violence as a factor inherent in their work, considering their occurrence something abnormal, although in common. When analyzing separately the professional categories, 76,9% of nurses did not consider violence as part of their work, as well as 83,0% of the nursing technicians and auxiliaries of 87,5%. Notwithstanding these percentages, a total of 17,1% of the nursing staff considered the occupational violence as something normal.

Though it is voiced by a minority, this conformist thinking is shared especially by nurses working in emergency departments, due to the characteristics of the service provided in this industry, which include the speed in performing the tasks, the weakness is that the user service, lack of human and material resources and the stress caused in attendance.[21] Thus, the violence experienced and not viewed by health professionals has caused a real phenomenon of naturalization.[22]

In this line of considerations, a quantitative survey in a large hospital in Natal/ Rio G. do Norte identified that 178 (72,65%) medical and nursing staff did not consider the professional occupational violence as part of their profession. Analyzing categories, 36 (29,03%) doctors considered violence as something inherent to the profession, and this opinion is shared by 26 (27,37%), technicians/nursing assistants and five (19,03%) nurses.[19]

Other data also investigated concerns the distribution of business according to the risk factors considered most important for occupational violence. In this respect, the risk factor were more pointed violent companions, reported by 75 (15,2%) professionals, followed by the workers themselves, with 60 (12,2%) professionals. Were also listed by 59 (12,0%) staff, lack of training to deal with the violence, the long queues for 58 (11,8%), lack of security or police, with 56 (11,4%) reports, and inadequate physical infrastructure, with 55 (11,2%) responses of professionals in this regard.

In a survey conducted in the year 2004 in the emergency room of a hospital in Londrina, PR, it was noted that the patient was regarded as the main responsible for acts of violence (57,1%), followed by the escorts (54,8%). The respondents, in this case, identified the urban violence as a factor of the institutional violence, pointing out also the precariousness of human and material resources of the public health services as conduct themselves responsibly in the violence in the workplace. For this reason, the violent patients are seen at the same time as victims as regards the conditions of the services offered.[23]

Also it was possible to observe that 78 (91,8%) professional nursing staff never participated in any training on how to react in the face of a violent episode at work. Only 7 (8,3%) of workers said they had participated in training, being 5 (5,9%) during training, 1 (1,2%) in the said hospital and 1 (1,2%) participated in more than one training.

It is emphasized that no nurse pointed having participated in trainings, only technicians and nursing assistants. This makes evident a deficit in the curriculum of the degree course in nursing and in health service itself as for the clarification and confront violence in the workplace.

Within this context we see how it is fundamental that these professionals are accompanied and trained to the best confrontation of the problem. This fact is justified; therefore misinformation associated with factors such as patients' psychic suffering, lack of trained personnel to deal with violent situations and professional overload, constitute risk factors for occupational violence.[24]

According to study conducted in a large teaching Hospital in Rio de Janeiro, RJ, workers have denied knowing the situations of violence at work as aggression, sexual harassment or discrimination cases at work. However, ignorance about such situations might not mean that these factors do not happen, but yes, that workers do not have enough information to opine and rate these aspects, showing the need for training and safety in the workplace.[11] This fact may be responsible for poor performance in its attributions, considering that the workers did not undergo training even after taking the service.[25]

Seen it, emphasized the importance of empowering employees to identify and circumvent situations of risk through the adoption of appropriate procedures and postures in front of violence is in reducing the possibility of more serious consequences and emotional and psychological sequelae after the event.[19]

CONCLUSION

The findings from this research showed the need to rethink about the attention devoted to cases of occupational violence, considering the risk of harming the health of the employee subjected to events of this nature. This occurs because the health of the worker reflects on his laboral exercise and this, in turn, has influence on his health. Has a feedback situation, in which the very process of violence is responsible for its maintenance.

However, despite the gravity of the consequences of occupational violence, there are few efforts for its minimization. Therefore, it is appropriate to point out that the development of this study represented a challenge won in the field of nursing, in view of the difficulty of many companies in view and understand the presence of violence in the workplace and, consequently, to allow accessibility to the site to carry out the study and data collection on the subject.

This fact showed a greater awareness of the institution's management on the importance of well-being in the workplace, in order to contribute to the development of a satisfactory labor activity, ensuring a good quality of life for the employee.

One of the suggested recommendations to ease the problem at hand cites the implementation of preventive measures on the violent acts, as well as corrective actions of

the consequences of these acts. It is suggested that studies like these are conducted elsewhere, such as in large factories in the metropolitan region and geared towards higher education establishments, as their own nursing education institutions, with a view, in the latter, work with the source of the problem in question – the violence that victimizes the nursing staff.

In this way, acting along the root of the problem and encouraging continuing education in the workplace, can have future health professionals able to not only understand violence, but also to react properly to it, preventing the. This, coupled to the minimization of the risk factors considered most important, would be capable of causing a significant local impact with regard to the topic under study.

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