



Violence in daily hospital nursing work*

Violência no cotidiano de trabalho de enfermagem hospitalar

La violencia en el trabajo diario de la enfermería hospitalaria

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ABSTRACT

Objective: To describe the frequency of referred verbal, physical and sexual violence and factors associated with verbal violence in nursing teams' work at public hospitals. **Methods:** Cross-sectional study, involving 1509 workers at three public hospitals in Rio de Janeiro City – (RJ). Bivariate analysis and logistic regression were applied. Significance was set at 5%. **Results:** The frequencies of verbal, physical and sexual violence amounted to 982 (65.1%), 46 (3%) and 87 (5.7%), respectively. After applying multivariate analysis, higher chances of referred verbal violence were observed among women, younger professionals, with higher education levels, nurses, who were contracted and receive low levels of social support at work. **Conclusion:** Verbal violence is frequent in the hospital work environment and associated with different characteristics. A less hostile environment needs to be built for nursing workers.

Keywords: Working conditions; Violence; Nursing service hospital; Occupational health

RESUMO

Objetivo: Descrever a frequência das violências verbal, física e sexual referidas e fatores associados à violência verbal no trabalho das equipes de enfermagem de hospitais públicos. **Métodos:** Estudo seccional com 1509 trabalhadores de três hospitais públicos do Município do Rio de Janeiro – (RJ). Realizaram-se análises bivariadas e regressão logística adotando-se níveis de 5% de significância. **Resultados:** As frequências de violência verbal, física e sexual foram respectivamente 982 (65,1%), 46 (3%) e 87 (5,7%). Após a análise multivariada, foram observadas chances mais elevadas de referir violência verbal entre as mulheres, os mais jovens, de escolaridade mais alta, enfermeiros, os contratados e baixo apoio social no trabalho. **Conclusão:** A violência verbal é frequente no ambiente de trabalho hospitalar em associação com diferentes características. A construção de um ambiente menos hostil para o trabalhador de enfermagem torna-se necessária.

Descritores: Condições de trabalho; Violência; Serviço hospitalar de enfermagem; Saúde do trabalhador

RESUMEN

Objetivo: Describir la frecuencia de las violencias verbal, física y sexual referidas y factores asociados a la violencia verbal en el trabajo de los equipos de enfermería de hospitales públicos. **Métodos:** Se trata de un estudio seccional realizado con 1509 trabajadores de tres hospitales públicos del Municipio de Rio de Janeiro – (RJ). Se realizaron análisis bivariados y regresión logística adoptándose niveles del 5% de significancia. **Resultados:** Las frecuencias de violencia verbal, física y sexual fueron respectivamente 982 (65,1%), 46 (3%) y 87 (5,7%). Después del análisis multivariado, fueron observadas oportunidades más elevadas de referir violencia verbal entre las mujeres, los más jóvenes, de escolaridad más alta, enfermeros, los contratados y bajo apoyo social en el trabajo. **Conclusión:** La violencia verbal es frecuente en el ambiente de trabajo hospitalario asociado a diferentes características. La construcción de un ambiente menos hostil para el trabajador de enfermería se vuelve necesaria.

Descriptorios: Condiciones de trabajo; Violencia; Servicio de enfermería en hospital; Salud laboral

* Paper taken from the study "Gender, work and health in nursing professionals: morbidity and its association with nighttime work, long workdays and housework" developed by Fiocruz.

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INTRODUCTION

Violence is understood as a global problem that is difficult to cope with, due to its etiology and multiple causes⁽¹⁾; as it arises from the bases of society, provoking feelings of insecurity in all of its spaces, and figures among the three main causes of mortality in the population⁽²⁾.

In the occupational sphere, health workers are the most affected victims, with a fourth of all cases of violence at work⁽³⁾. This group has direct contact with the public in its professional activities⁽³⁾ and often works in places that enhance violence⁽⁴⁾. In the context of health workers' reality, the professional group violence most strongly affects is nursing^(3,5,6), explained by its very close contact with patients during nursing care delivery⁽⁴⁾. In addition, the precarious situation of work at Brazilian hospitals located in large urban centers, in combination with professionals' accumulation of jobs, insufficient staff numbers and situations of stress experienced in nursing care can contribute towards ineffective care and result in patients and/or companions' violent attitudes against the team. These factors can also facilitate violent attitudes within the nursing team itself⁽⁷⁾.

In the health work environment, nursing workers are exposed to violent behaviors, practiced by external people or colleagues, including: physical, verbal, sexual, moral aggression, competition among colleagues, theft, discrimination and mistreatment⁽⁵⁾. Any form of violence is harmful to nursing workers' health and can cause physical, mental and moral injuries⁽⁵⁾. Among different forms, verbal violence is one of the types health workers most frequently report, as demonstrated in Brazilian and foreign research^(5-6,8-10). It significantly affects their emotional conditions and well-being and, like all other forms of violence, it needs further investigation to check its long-term effects on these workers' performance and morale⁽⁹⁾.

This paper is aimed at contributing to knowledge production on the theme violence at work in the nursing team. Its objective is to describe the frequency of referred verbal violence and physical and sexual aggression and factors associated with verbal violence in the work of nursing teams at public hospitals in Rio de Janeiro.

METHODS

In this paper, part of the database from the epidemiological study "Gender, work and health in nursing professionals: morbidity and its association with nighttime work, long workdays and housework" was used. Approval for the study was obtained from the participating institutions' Institutional Review Boards

(241/04 and 000.188) and from the National Research Ethics Committee, as it involved foreign cooperation (1318/2004). A cross-sectional study was undertaken among nursing workers from three public hospitals in Rio de Janeiro (RJ). Two of these hospitals are part of a federal health institution and are dedicated to research, teaching and care delivery to infectious diseases, besides a referral center for maternal-infant health. The third is a large general hospital, also part of the federal network.

A multidimensional, structured and self-applied questionnaire was used, approved through pre-tests, and a trained team remained within the workers' reach during completion in case of any doubts. To elaborate this paper, sociodemographic (gender, age, self-referred ethnic origin and education) and occupational (professional nursing category, employment bond, professional experience in nursing, work shift and work hours per week) data were used. In addition, the scale of social support⁽¹¹⁾ at work was used (whose score was divided at the median point of distribution), as well as referred absenteeism in the last 12 months and satisfaction with sleep. Also, the association between physical and mental conditions and referred violence was evaluated. In this phase, the SRQ-20 (*Self-report questionnaire*) was applied, which assesses minor mental disorders⁽¹²⁾; the number of illnesses with a medical diagnosis, obtained from the Index of Work Capacity⁽¹³⁾; and the body mass index (based on self-referred weight and height).

The study outcome (verbal, physical and sexual violence) was obtained based on two questions. The first was formulated as follows: "During the last 12 months, has anyone who is part of your work environment (supervisor, head, colleagues, other professionals, patient or companion):" followed by a list of ten possible situations of verbal violence at work: a- Despised or disdained you; b- Addressed you inappropriate or unprofessionally; c- Faced or directed hostile looks towards you; d- Insulted or made disrespectful observations about you; e- Ignored or not talked to you; f- Behaved in an uncivilized manner towards other people in your presence (insulting, humiliating); g- Made jokes about you; h- Accused you of being incompetent or stupid; i- Yelled at or scolded you; and j- Physically threatened or intimidated you. Alternative answers to these questions were "never", "once or twice" or "more than twice". For analysis purposes, answers were grouped in "yes" (for who marked any of the items positively at least once) and "no" (for who never marked any items), determining the frequency of verbal violence.

For the second question "During the last 12 months, have you experienced any of the situations described below? (you can mark more than one alternative)" followed by four situations "physical aggression (person to person)", "physical aggression (involving objects),

“sexual harassment (verbal)” and “sexual harassment (physical)”, answers were also grouped, for analysis purposes, into yes and no.

Statistical analyses were developed using SPSS (*Statistical Package for Social Sciences* version 19) software. Initially, bivariate analysis was applied to independent variable and verbal violence, using the chi-square test. Variables that were associated, with significance set at 10%, were included in the logistic regression model. The category that theoretically presented a lower expected risk of violence was defined as the reference category. Variables with $p \leq 0.05$ were maintained in the final model.

RESULTS

The study population was predominantly female; 38.2% were between 18 and 35 years old and a similar part 46 years or older (40.0%); 39.7% referred to be mulatto; 56.6% held a higher education degree; 52.3% were auxiliary nurses; 30.5% gained a per capita income between R\$350.00 and R\$699.00 and 31.7% R\$1500.00 or more; 42% reported up to 10 years of professional experience in nursing; 51.9% worked daytime; 64.8% between 31 and 60 hours per week (Table 1).

The study showed that the prevalence of verbal, sexual and physical violence among the nursing workers who participated in the research corresponded to 65.0%, 5.7% and 3.0%, respectively, which demonstrates that verbal violence is much more prevalent in this population than the other two forms. Therefore, in function of the limited frequencies of physical and sexual violence, only factors associated to verbal violence will be described.

Table 1. Sociodemographic and occupational characteristics of nursing workers at three public hospitals

Variables	n(%)
Gender	
Female	1307(86.6)
Male	202(13.4)
Age Range	
18 to 35 years	572(38.2)
36 to 45 years	320(21.4)
46 years and older	605(40.0)
Referred ethnic origin/skin color	
Mulatto	596(39.7)
White	561(37.3)
Black	346(23.0)
Education Level	
Primary Education	115(7.6)
Secondary Education	536(35.6)
Higher Education	856(56.8)
Professional Category	
Baccalaureate Nurses	416(27.6)
Nursing Technicians	304(20.1)
Auxiliary Nurses	789(52.3)
Employment Bond	
Permanent	736(48.9)
Non permanent	769(51.1)
Professional experience in nursing	
Up to 10 years	639(42.3)
11 to 20 years	285(18.3)
21 to 30 years	510(33.8)
31 years or more	75(5.0)
Work hours	
Daytime	782(51.9)
Nighttime	396(26.3)
Mixed	330(21.9)
Work hours per week	
Up to 30 hours	235(15.6)
Between 31 and 60 hours	965(64.8)
61 hours or more	290(19.2)

Table 2. Frequency of positive answers to evaluation questions about verbal violence at work among nursing workers at three public hospitals

During the last 12 months, has anyone who is part of your work environment (supervisor, head, colleagues, other professionals, patient or companion):	Professional category		P-value
	Baccalaureate nurse n(%)	Technician/Auxiliary nurse n(%)	
a) Despised or disdained you.	228(54.9)	482(44.6)	<0.001
b) Addressed you inappropriate or unprofessionally.	184(44.3)	360(33.2)	<0.001
c) Faced or directed hostile looks towards you.	179(43.1)	346(32.1)	<0.001
d) Insulted or made disrespectful observations about you.	150(36.1)	290(26.8)	<0.001
e) Ignored or not talked to you.	141(34.0)	306(28.5)	0.038
f) Behaved in an uncivilized manner towards other people in your presence (insulting, humiliating).	134(32.3)	333(30.7)	0.557
g) Made jokes about you.	127(30.7)	279(26.0)	0.067
h) Accused you of being incompetent or stupid.	62(15.0)	117(10.9)	0.027
i) Yelled at or scolded you.	43(10.4)	122(11.3)	0.605
j) Physically threatened or intimidated you.	15(3.6)	46(4.3)	0.571

Data in Table 2 display the bivariate analysis of the association between each type of verbal violence assessed and the professional nursing category, and higher percentages were identified among nurses. The most common types of referred verbal violence were: having been despised or disdained (54% among baccalaureate nurses against 44.6% among technicians/auxiliary nurses); received inappropriate or unprofessional treatment (44.3% against 33.2% for nursing technicians/auxiliary nurses); faced or received hostile looks (43.15 against 32.1% nursing technicians/auxiliary nurses); having been insulted or received disrespectful observations at work (36.1% against 26.8% nursing technicians/auxiliary nurses); ignored or left talking alone (34.0% against 28.5% nursing technicians/aux-

iliary nurses) and accused of being incompetent or stupid (15.0% against 10.9%). Four items showed no statistically significant associations ($p>0.05$): behaving inappropriately in the professional's presence; made a joke about the professional; having been yelled at or scolded and having been physically threatened or intimidated (Table 2).

In bivariate analyses, higher frequencies of referred verbal violence were identified among women, younger workers, with higher education levels, who were dissatisfied with their sleep and suffered from emotional disorders and diseases with a medical diagnosis. The variables self-referred ethnic origin/skin color and family income showed no statistically significant association with verbal violence at work ($p>0.05$) (Table 3).

Table 3. Association between sociodemographic and health variables and verbal violence at work referred by nursing workers at three public hospitals

Sociodemographic and health variables	Verbal violence referred at work		
	No n(%)	Yes n(%)	P-value
Gender			
Female	383(30.7)	864(69.3)	0.019
Male	76(39.2)	118(60.8)	
Age range			
18 to 35 years	129(23.1)	430(76.9)	<0.001
36 to 45 years	89(29.0)	218(71.0)	
46 years and older	238(42.1)	327(57.9)	
Ethnic origin/Skin color			
Mulatto	172(30.2)	398(69.8)	0.429
White	176(32.1)	176(67.9)	
Black	110(34.4)	210(65.6)	
Education level			
Primary	51(46.)	59(53.6)	<0.001
Secondary	182(36.2)	321(63.8)	
Higher	224(27.1)	602(72.9)	
Family income			
Up to 350.00	64(27.7)	167(72.3)	0.214
350 to 699.00	150(34.5)	285(65.5)	
700 to 1049.00	88(29.0)	215(71.0)	
1050.00 or more	150(32.8)	308(67.2)	
Satisfaction with sleep			
Satisfied	333(35.8)	597(64.2)	<0.001
Dissatisfied	125(24.6)	384(75.4)	
Emotional disorders			
No	371(37.9)	607(62.1)	<0.001
Yes	88(19.0)	375(81.0)	
No. of illnesses with medical diagnosis			
None	161(35.4)	294(64.6)	0.026
One or two	149(33.3)	299(66.7)	
More than two	149(27.7)	389(72.3)	

The association between occupational variables and violence is presented in data displayed in Table 4. Higher frequencies of referred verbal violence are observed among baccalaureate nurses, less experienced professionals, contracted workers, professionals who

perceived low levels of social support at work, workers who are too committed to their work and who referred absenteeism during the last 12 months ($p>0.05$). The association with the number of hours worked per week showed no significance ($p>0.679$).

Table 4. Association between occupational variables and verbal violence referred by nursing workers at three public hospitals

Occupational variables	Verbal violence referred at work		P-value
	No n(%)	Yes n(%)	
Professional category			
Baccalaureate nurses	100(24.6)	306(75.4)	<0.001
Technicians	77(26.6)	212(73.4)	
Auxiliary nurses	282(38.9)	464(62.2)	
Professional experience in nursing			
Up to 10 years	151(24.3)	470(75.7)	<0.001
11 to 20 years	82(30.7)	185(69.3)	
21 to 30 years	192(40.0)	288(60.0)	
31 years and older	34(46.6)	39(53.4)	
Employment			
Statutory servants	261(37.4)	436(62.6)	<0.001
Contracted	196 (26.5)	544(73.5)	
Social support at work			
High support	325(48.5)	345(51.5)	<0.001
Low support	128(16.9)	628(83.1)	
Unable to stop thinking about work			
Disagree	424(34.2)	814(65.8)	<0.001
Agree	35(17.4)	166(82.6)	
Absenteeism in the last 12 months			
No	312(34.9)	582(65.1)	0.002
Yes	141(26.8)	385(73.2)	
Hours worked per week			
Up to 30 hours	70(31.3)	154(68.8)	0.679
Between 31 and 60 hours	300(32.5)	624(67.5)	
61 hours and more	82(29.7)	194(70.3)	

Adjusted analyses showed that, in comparison with younger professionals (18 to 35 years) and nurses, older professionals (46 years and older) and auxiliary nurses revealed lower chances of referring verbal violence (OR=0.53; 95%CI=0.34-0.83 and OR=0.68; 95%CI=0.48-0.97). In addition, professionals who mentioned being unable to stop thinking about work, even during leaves, those who mentioned lower social

support levels at work and those classified with lesser mental disorders showed higher chances of verbal violence. Gender, education, employment bond, absenteeism, satisfaction with sleep and number of chronic illnesses with medical diagnosis lost statistical significance after the adjustment, showing that other confounding variables influenced their presence (Table 5).

Table 5. Gross and adjusted association between sociodemographic, health and occupational variables and verbal violence referred by nursing workers at three public hospitals

Variables	Gross OR (95% CI)	Adjusted OR (95% CI)
Gender		
Female	1.0	1.0
Male	0.60 (0.50-0.94)	0.74 (0.52-1.07)
Age range		
18 to 35 years	1.0	1.0
36 to 45 years	0.73 (0.54-1.01)	0.79 (0.53-1.17)
46 years and older	0.41 (0.32-0.54)	0.53 (0.34-0.83)
Education level		
Primary	1.0	1.0
Secondary	1.52 (1.00-2.31)	1.12 (0.69-1.81)
Higher	2.32 (1.55-3.48)	1.05 (0.64-1.72)
Professional category		
Baccalaureate nurses	1.0	1.0
Technicians	0.90 (0.64-1.27)	0.86 (0.57-1.31)
Auxiliary nurses	0.54 (0.41-0.70)	0.68 (0.48-0.97)
Employment contract		
Statutory	1.0	1.0
Contracted	1.66 (1.33-2.07)	1.16 (0.79-1.72)
Absenteeism in the last 12 months		
No	1.0	1.0
Yes	1.46 (1.15-1.85)	1.07 (0.81-1.42)
Unable to stop thinking about work		
Disagree	1.0	1.0
Agree	2.47 (1.68-3.62)	1.58 (1.04-2.39)
Social support at work		
High	1.0	1.0
Low	4.62 (3.62-5.89)	3.76 (2.91-4.87)
Satisfaction with sleep		
Satisfied	1.0	1.0
Dissatisfied	1.71 (1.34-2.18)	1.05 (0.79-1.39)
Emotional disorders		
No	1.0	1.0
Yes	2.60 (1.20-3.39)	2.06 (1.51-2.80)
No. of illnesses with medical diagnosis		
None	1.0	1.0
One or two	1.09 (0.83-1.44)	1.12 (0.81-1.53)
More than two	1.43 (1.09-1.87)	1.28 (0.90-1.80)

DISCUSSION

The study data showed that verbal violence was more prevalent among nursing team workers than sexual and physical violence. At first, suffering verbal violence at work may seem inoffensive because it is a non-fatal aggression, which means that it does not cause death⁽¹⁰⁾. Examples include despising or disdaining treatment and lack of professional respect. A hostile work environment can significantly affect workers though, making them

feel annoyed offended, very sad⁽⁹⁾ and angry⁽¹⁴⁾. Further consequences may happen, such as decreased performance and dissatisfaction at work, absenteeism, transfers, resignations, fear of patients⁽¹⁴⁾, feeling of low self-esteem, depression, anxiety, fatigue, irritability, sleep and eating disorders⁽⁴⁾. The exact long-term consequences for the performance and morale of nursing professionals who work in a violent environment are not known clearly yet though⁽⁹⁾.

In this study, a higher percentage of verbal violence reports were found among nurses when compared

to other nursing team workers. The same result was evidenced in a research undertaken at the hospital emergency sector in Natal – RN⁽⁸⁾. This finding may be explained by the fact that these professionals are subject to greater psychological demands in the nursing team⁽¹⁵⁾, making them more tired, stressed and dissatisfied, and at greater risk of suffering violence at work by colleagues, patients and companions⁽¹⁴⁾. In function of their education, nurses may also develop a greater ability to reflect on their work process, perceive their job conditions and be sensitive to situations of violence⁽⁸⁾. Verbal violence appears more frequently among female nursing workers in this study, leading to the belief that women are more vulnerable to violence. This data may be confounding though, due to the limited percentage of men in the nursing team. In a study developed in Italy⁽¹⁴⁾, more records of violence were demonstrated among female nurses but, in another study in Portugal⁽⁶⁾, involving various professional categories in health, it was appointed that this fact is more due to the existence of different gender and occupational distributions than to a greater risk for women.

Higher frequencies of verbal violence reports are found among younger workers with less professional experience in nursing, which may be explained by the fact that they do not consider violence as a part of the profession, which older workers with longer professional experience are already accustomed to the precarious work conditions and perceive verbal violence as a part of daily reality⁽⁸⁾. Initially, workers present negative emotional reactions, but these responses decrease after repeated exposure to violence, making it difficult to solve the problem⁽⁸⁾ and end up justifying patients' violent behavior because they are ill⁽¹⁴⁾. Another aspect observed is that peers and patients may not respect younger and less experienced professionals, increasing the latter's risk of being victims of violence. In other studies, no significant association was found between violence and age range, and data on professional experiencing are diverging^(6,8).

In this study, an independent association was observed with work aspects like excessive commitment to work and low social support at work, besides mental health aspects. These results may mean that workers who somehow have negative feelings, dissatisfaction, mental or physical fatigue towards work may be more prone to being victims of violence⁽¹⁴⁾ and more sensitive to situations of exposure to verbal violence. Other individuals in the work environment may perceive this state of vulnerability through an increased state of tension, entailing a cycle of actions and reactions of aggressive behavior between workers and patients⁽¹⁴⁾.

Factors that make the hospital environment more hostile, including overcrowding, work overload and helplessness⁽¹⁶⁾, are linked to illness in nursing workers

and may favor increased verbal violence because they do not offer or offer few possibilities of problem coping in daily work, enhancing direct confrontations with patients and other work colleagues. Tension and stress happen when work demands are not balanced with workers' coping skills⁽¹⁵⁾. In that sense, one might think that low social support among the nursing workers who participated in this study may further the occurrence of verbal violence, as these workers may not get support to deal with potential situations of violence.

Some limitations can be highlighted in this study: lack of data about the aggressors (patients, work colleague, among others in the hospital environment) and aspects related to structural violence could complement the diagnosis of violence in hospitals. In addition, the cross-sectional design does not permit any affirmations as to the sense of the association, that is, do people classified with mental disorders perceive violence more or do people who suffered more violence develop mental disorders more frequently?

These limitations are not sufficient to minimize the strength of this study though, which explores the main aspects that can map verbal violence in the work environment, showing its magnitude and directing coping strategies.

CONCLUSION

The results of this study indicated that violence takes place in the hospital work context, showing frequency levels of 65%, 5.7% and 3%, respectively, for verbal, sexual and physical violence. Nurses, younger professionals, with less professional experience, excessive commitment to work, low social support at work and classified with emotional disorders reported higher frequencies of verbal violence. These factors may indicate that less experienced workers with negative feelings about work are less tolerant to violence in the hospital environment and showed greater sensitivity to situations of exposure. These results point towards a reality that interferes in workers' work and health process, but has received little attention in Brazilian research on the hospital nursing work environment.

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