

EPIDEMIOLOGICAL CHARACTERISTICS OF WORK-RELATED VIOLENCE IN BRAZIL: INTEGRATIVE REVIEW
CARACTERÍSTICAS EPIDEMIOLÓGICAS DE LA VIOLENCIA LABORAL EN BRASIL: REVISIÓN INTEGRADORA
**CARACTERÍSTICAS EPIDEMIOLÓGICAS DA VIOLÊNCIA RELACIONADA AO TRABALHO NO BRASIL:
REVISÃO INTEGRATIVA**

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ABSTRACT

Introduction: Work-related violence arises from several factors, including: relationships between people, working conditions, the work environment, and the organization of work processes. It is estimated that, globally, 17.9% of people suffer work-related violence, with women being the most subject to this type of violence. **Objective:** Summarize the scientific evidence that deals with the epidemiology of work-related violence in Brazil. **Methods:** Integrative literature review developed by collecting data from the electronic databases Embase, Elsevier's Scopus, PubMed Central, Web of Science and Virtual Health Library. After the search, studies were selected based on eligibility criteria and level of evidence. **Results:** The final sample consisted of 24 Brazilian studies, published mainly after 2014, with a predominance of the Portuguese language. Regarding the design of the studies, observational ones were prevalent, with a quantitative approach, and level of evidence 4. The predominance of occupational violence is observed through interpersonal violence, of the community type and of a psychological or moral nature. **Conclusion:** Studies relating to occupational violence in various areas of work were identified, among them, those committed against health professionals and the impacts of this injury on occupational health stand out, which can culminate in various losses. Surveillance of occupational violence events should be among the strategies to eradicate this practice in the workplace.

Keywords: Violence; Workplace violence; Aggression; Occupational Health; Review.

RESUMEN

Introducción: La violencia laboral surge de varios factores, entre los que se destacan: la relación entre las personas, las condiciones de trabajo, el ambiente ocupacional y la organización de los procesos de trabajo. Se estima que, a nivel global, el 17,9% de las personas sufre violencia laboral, siendo las mujeres las más sometidas a este tipo de violencia. **Objetivo:** Resumir la evidencia científica sobre la epidemiología de la violencia laboral en Brasil. **Métodos:** Revisión integrativa de la literatura desarrollada mediante la recolección de datos de las bases de datos electrónicas *Embase*, *Elsevier's Scopus*, *PubMed Central*, *Web of Science* y *Virtual Health Library*. Después de la búsqueda, los estudios fueron seleccionados con base en criterios de elegibilidad y nivel de evidencia. **Resultados:** La muestra final estuvo compuesta por 24 estudios brasileños, publicados principalmente después de 2014, con predominio de la lengua portuguesa. En cuanto al diseño de los estudios, prevalecieron los estudios observacionales, con enfoque cuantitativo y nivel de evidencia 4. Se observó predominio de la violencia laboral a través de la violencia interpersonal, de tipo comunitario y de carácter psicológico o moral. **Conclusión:** Se identificaron estudios sobre la violencia en el trabajo en diversas áreas, incluyendo la violencia cometida contra los profesionales de la salud y los impactos causados a la salud de estos trabajadores. La vigilancia de eventos de violencia laboral debería estar entre las estrategias para erradicar esta práctica en el lugar de trabajo.

Palabras clave: Violencia; Violencia en el Trabajo; Agresión; Salud del Trabajador; Revisión.

RESUMO

Introdução: A violência relacionada ao trabalho advém de diversos fatores, dentre os quais se destacam: a relação entre as pessoas, as condições de trabalho, o ambiente ocupacional, e a organização dos processos de trabalho. Estima-se que, globalmente, 17,9% das pessoas sofrem violência relacionada ao trabalho, sendo as mulheres as mais sujeitas a esse tipo de violência. **Objetivo:** Sumarizar as evidências científicas que versam sobre a epidemiologia da violência relacionada ao trabalho no Brasil. **Método:** Revisão integrativa de literatura desenvolvido mediante coleta de dados nas bases eletrônicas *Embase*, *Elsevier's Scopus*, *PubMed Central*, *Web of Science* e Biblioteca Virtual de Saúde. Após a busca, os estudos foram selecionados a partir de critérios de elegibilidade e nível de evidência. **Resultados:** A amostra final foi constituída de 24 estudos brasileiros, publicados principalmente após o ano de 2014, com predominância do idioma português. Quanto ao delineamento dos estudos, foram prevalentes os observacionais, com abordagem quantitativa, e nível de evidência 4. Observa-se a predominância da violência relacionada ao trabalho por meio da violência interpessoal, do tipo comunitária e de natureza psicológica ou moral. **Conclusão:** Foram identificados estudos referentes à violência relacionada ao trabalho em diversas áreas de trabalho, dentre eles, destacam-se as violências cometidas contra profissionais de saúde e os impactos ocasionados à saúde destes trabalhadores. A vigilância dos eventos de violência relacionada ao trabalho deve estar entre as estratégias para erradicar essa prática no ambiente de trabalho.

Palavras-chave: Violência; Violência no Trabalho; Agressão; Saúde do Trabalhador; Revisão.



INTRODUCTION

Violence is understood as a social problem that accompanies the history and transformations of society and its occurrence may be related to health problems, working conditions, situations and lifestyle¹. For also being projected in labor relations, work-related violence represents a problem in several countries, as it is associated with biopsychosocial losses of workers and workers².

It is understood as violence and harassment, in the work world, the set of behaviors, practices or threats, of single or repeated occurrence, which have intention or cause harm to the person or community, by means of physical, psychological, sexual, economic, including gender-based violence or harassment³. Work-related violence comes from several factors, among which stand out: the relationship between people, working conditions, the occupational environment, and the organization of labor processes⁴.

According to the World Health Organization (WHO), violence can be classified into three categories: self-inflicted, collective or interpersonal. Self-inflicted violence is expressed through suicidal attitudes and thoughts and harmful behaviors of the individual with himself. On the other hand, collective violence, often motivated by political, economic and social factors, is characterized by organized action of criminal groups, terrorism and wars, in addition to other violent political conflicts perpetrated by the state, as genocide, repression, disappearance and torture⁵.

The interpersonal violence is divided into two subtypes, namely: family violence, which is perpetuated between members of the family or intimate partner, and community violence, which in turn occurs from violent acts of people who have no degree of kinship, and which may or may not be known from victim⁴. In this case, violence usually occurs outside the victim's homes⁶. However, the nature of violence, whether physical, psychological, moral or sexual, present in this study can be practiced in the work environment; however, its damages are not limited to this.

The suffering experienced among workers reflects significantly on labor development, and leads to impairment in interpersonal relationships and performance of each professional's attributions⁷. It is estimated that, globally, 17.9% of people suffer work-related violence, with women being the most subject to this type of violence⁸.

In the search for evidence on the occupational categories most vulnerable to work-related violence, health teams stand out by the amount of reports of this problem. It is worth noting that research with nursing professionals reveals a high incidence of violence against these professionals⁹. There are recommendations for further research related to violence at work, with a view to publicizing the harm of this scourge and proposing measures for prevention and protection of workers' health^{4,6}. Moreover, in Brazil, there is still little research involving the monitoring of workers victims of this disease².



This integrative review is part of a research that aims to analyze the rates of work-related violence in a Brazilian state, in order to estimate the epidemiological characteristics of events and propose coping measures. Thus, this integrative review aims to summarize the scientific evidence on the epidemiology of work-related violence in Brazil.

METHODS

This is an integrative review of the literature with the objective of grouping, synthesizing and analyzing findings from observational studies and not almost experimental ones, available in scientific databases^{10,11}. This study followed the recommendations of the guideline Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)¹².

The guiding question of the research was organized using the strategy of the acronym PVO – Population, Study Variables and Outcomes. The population of interest consisted

of workers exposed to work-related violence; the variables of the study were the sociodemographic characteristics of the workers, which, in turn, reflected the social economic and occupational of the victims of this type of violence; and the result was the violence suffered by the worker. Thus, the following guiding question was defined: "What is the epidemiological profile of workers who are victims of work-related violence in Brazil?".

The searches occurred in November 2023, through remote access to databases, from the registry on the journal portal of the Coordination for Higher Level Personnel Improvement (CAPES), in the following databases and collections: Embase (Elsevier), Scopus (Elsevier), PubMed Central (PMC), Web of Science and Virtual Health Library (VHL). The descriptors were selected from terms indexed in the structured vocabulary of the Health Sciences Descriptors (DeCS), Medical Subject Headings (MeSH terms) and Emtree, as shown in chart 1.

Chart 1 - Search strategies in the databases

Databases	Search strategy	Total
Embase	('occupational groups'/exp OR 'occupational groups' OR (('occupational'/exp OR occupational) AND groups) OR worker OR employee) AND epidemiology AND 'workplace violence'	361
Scopus	(ALL (occupational AND groups) OR ALL (worker) OR ALL (employee) AND ALL (epidemiology) AND ALL (workplace AND violence) AND (LIMIT-TO (AFFILCOUNTRY, "Brazil"))	157
PubMed	(((((Occupational groups) OR (Worker)) OR (Employee)) AND (Epidemiology)) AND (Workplace violence))	757
Web of Science	(((((ALL=(Occupational groups)) OR ALL=(Worker)) OR ALL=(Employee)) AND ALL=(Epidemiology)) AND ALL=(Workplace violence))	1

VHL	<i>(categoria de trabalhadores) OR (trabalhador) OR (empregado) OR (funcionário) AND (perfil de saúde) OR (perfil epidemiológico) AND (violência no trabalho) OR (violência ocupacional) OR (violência no ambiente de trabalho)</i>	23
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In the phase of selection of studies, through eligibility criteria, the inclusion criteria established were: complete articles that address the central theme (work-related violence) in the Brazilian territory, without time cut and published in any language. On the other hand, the exclusion criteria were: incomplete articles, or resulting from an editor's letter, reviews, editorials and expert opinions or reviews.

The search for studies was carried out by two researchers, independently and blindly, however, a third researcher was consulted in cases of divergence in selection. The studies selected in the databases were exported, archived and selected with the help of the reference manager Rayyan, which allows the grouping of abstracts and titles through a semiautomation process, listing and pointing articles, as well as duplicates, allowing simultaneous review by more than one searcher¹⁴.

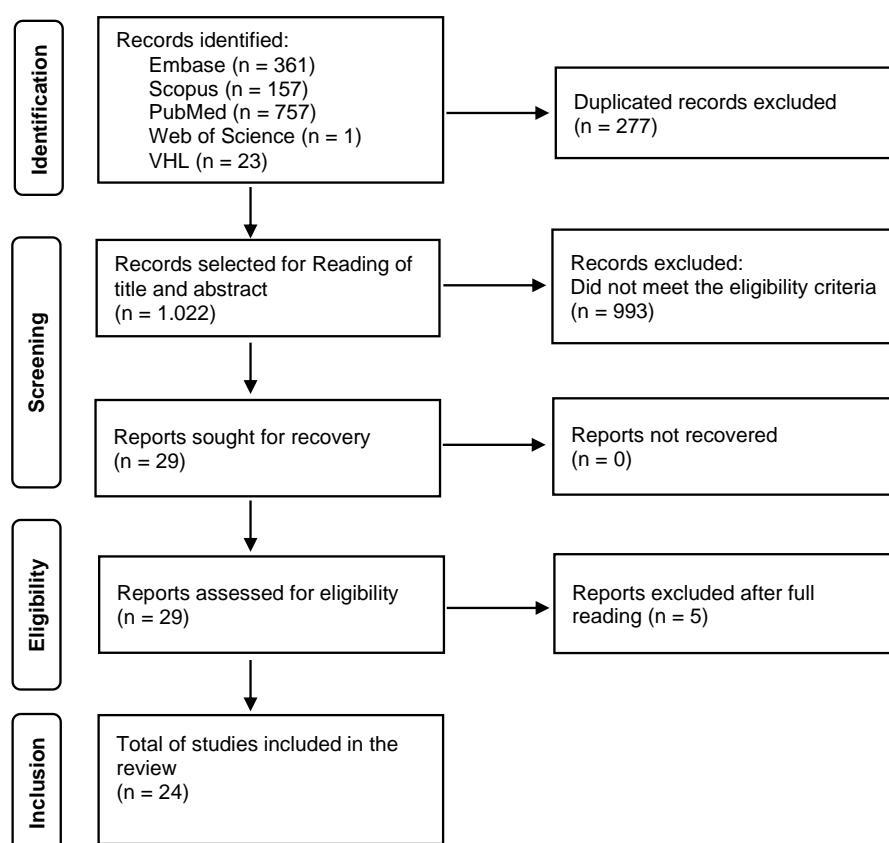
To compose the final sample of results, the articles were sorted and read in full, analyzed and the data were inserted into a spreadsheet, prepared by the researchers, in Microsoft Word,

with the variables: study authors, article title, journal title, country, language, year of publication, type of publication, methodological characteristics of the study, objective or research question, level of evidence, materials and methods, results and finally conclusions of the study.

The classification of evidence was performed in a hierarchical way, in which Level 1: evidence resulting from experimental studies; Level 2: evidence obtained from quasi-experimental studies; Level 3: evidence from analytical (observational) studies; Level 4: evidence from descriptive (observational) studies; Level 5: evidence from expert opinions and bench research¹⁵.

RESULTS

In the analyzed bases, 1,299 studies were initially recovered. After the selection process, based on careful analysis, as described in Figure 1, the final sample consisted of 24 articles, being 16 from the Scopus databases, six through Pubmed and two from Embase.

Figure 1 - Flowchart of the selection process of articles.

Source: Created by the authors, adapted from Page *et al.* (2021).

Figure translation: Identification. Records identified. Embase (n = 361). Scopus (n = 157). PubMed (n = 757). Web of Science (n = 1). VHL (n = 23). Duplicated records excluded (n = 277). Screening. Records selected for reading of title and abstract (n = 1,022). Records excluded: Did not meet the eligibility criteria (n = 993). Reports sought for recovery (n = 29). Reports not recovered (n = 0). Eligibility. Reports assessed for eligibility (n = 29). Reports excluded after full reading (n = 5). Inclusion. Total of studies included in the review (n = 24).

The general characteristics, such as author and year, level of evidence, details of the study population and type of violence and health

problems of workers were organized for better understanding and are available in Chart 2.

Chart 2 - Characterization of studies on work-related violence in Brazil (n=24)

Author/Year	Level of Evidence	Study population	Evidenced violence and health problems affecting workers who are victims of work-related violence
Cezar and Marziale (2006) ¹⁶	Level III.3	Nurses, Nursing Technicians/Assistants and Doctors	Violence: verbal aggression, sexual harassment, physical aggression and moral harassment, social discrimination and mistreatment. Harm: anger, sadness, irritation, anxiety, fear of the aggressor and humiliation.
DeSouza and	Level III.3	Domestic	Violence: sexual harassment. Harm: impaired

Cerqueira. (2009) ¹⁷		workers	self-esteem, anxiety and depression.
Silva, Aquino and Pinto. (2014) ¹⁸	Level III.3	Government workers	Violence: verbal aggression. Harm: not described.
Assunção and Medeiros. (2015) ¹⁹	Level III.3	Public transport drivers and fare collectors	Violence: aggression or threats. Harm: not described.
Silva et al. (2015) ²⁰	Level III.3	Nurses, Nursing Technicians/Ass istants, Doctors and Community Health Agents	Violence: insults, threats, physical attacks and aggression. Harm: associated with depressive symptoms.
Lima et al. (2017) ²¹	Level III.3	Female sex workers	Violence: verbal, physical and sexual. Harm: not described.
Ferreira et al. (2017) ²²	Level III.3	Female public security agents	Violence: physical, psychological or moral and sexual. Harm: The use of sedatives that do not require a medical prescription.
Melanda et al. (2017) ²³	Level III.3	Teachers	Violence: physical, verbal insults and threats. Harm: not described.
Cavalcanti et al. (2018) ²⁴	Level III.3	Nurses	Violence: verbal, psychological and sexual harassment and physical aggression. Harm: not described.
Melanda et al. (2018) ²⁵	Level III.3	Teachers	Violence: Attempt, witness to physical violence and threats. Harm: not described.
Ceballos and Carvalho (2019) ²⁶	Level III.3	Teachers	Violence: physical aggression, threats or verbal aggression. Harm: low physical and emotional capacity and inability to work.
Sturbelle et al. (2019) ²⁷	Level III.3	Nurses, Nursing Technicians/Ass istants, Doctors and Community Health Agents	Violence: urban and structural. Harm: not described.
Lima et al. (2020) ²⁸	Level III.3	Teachers	Violence: verbal insults, psychological pressure, sexual harassment, intimidation with firearms or knives and physical violence. Harm: not described.
Simões et al. (2020) ²⁹	Level III.3	Health-related professionals	Violence: psychological and physical aggression. Harm: suffering at work.
Sturbelle et al. (2020) ³⁰	Level III.3	Nurses, Nursing Technicians/Ass istants, Doctors and Community Health Agents	Violence: verbal aggression, moral harassment, racial discrimination, physical violence and sexual harassment. Harm: Damage to mental health, change in behavior, absenteeism and desire to leave work.



Bitencourt et al. (2021) ³¹	Level III.3	Health-related professionals	Violence: physical and psychological, verbal and non-verbal. Harm: depression, anxiety, anguish and stress.
Santos et al. (2021) ³²	Level III.3	Nurses and Nursing Technicians/Assistants	Violence: physical and/or verbal. Harm: emotional exhaustion, depersonalization, low professional achievement, common mental disorder and Burnout.
Tsukamoto et al. (2021) ³³	Level III.3	Nurses and Nursing Technicians/Assistants	Violence: physical, verbal and sexual harassment. Harm: Burnout.
Feijó et al. (2022) ³⁴	Level III.3	Government workers	Violence: bullying and moral harassment. Harm: risk of common mental disorder.
Musse et al. (2022) ³⁵	Level III.3	Health-related professionals	Violence: verbal, sexual harassment, physical violence and racial discrimination. Harm: anxiety, fatigue, fear, low self-esteem, loss of concentration and stress.
Simões and Cardoso (2022) ³⁶	Level III.3	Teachers	Violence: physical or verbal aggression. Harm: severe exhaustion.
Campos, Souza and Alves (2023) ³⁷	Level IV	Health-related professionals	Violence: threats, verbal and non-verbal aggression. Harm: not described.
Silva Jr. et al. (2023) ³⁸	Level III.3	Female government workers	Violence: bullying and moral harassment at work. Harm: sadness, depression, sleep disorders, anxiety, headache, fear, loneliness, stress, fear of losing the job, emotional fever and hiccups.
Vieira-Meyer et al. (2023) ³⁹	Level III.3	Community Health Agent	Violence: physical assault, non-lethal shootings, robberies, gang violence and sexual violence. Harm: not described.

All studies were conducted in Brazil, but published in Brazilian and foreign journals, with 54.16% written and published in Portuguese^{16,18,19,21,22,25,27-30,32,36,37} and 45.84% in English^{17,20,23,24,26,31,33-35,38,39}. Among the journals found, three stand out: *Cadernos de Saúde Pública*, with four publications (16.66%)^{16,18,21,25}, *Ciência e Saúde Coletiva*, with three publications (12.5%)^{22, 32, 36}, and the *Journal of Interpersonal Violence*, also

containing three publications (12.5%)^{17, 23, 26}. The period of publications varied between 2006 and 2023, with an increase in studies from 2014¹⁸⁻³⁹.

As for the design of the studies, 23 were observational, of a cross-sectional epidemiological type (95.83%), and of these, 20 with a quantitative approach (83.33%)^{16-26,28,29,31-36,39}. A study approached the qualitative method through case study, based on a theoretical



framework that analyzes the daily life of participants³⁷.

When analyzing the level of evidence in these studies, 95.85% of the studies found had a classification at level III.3^{16-36,38,39}, according to JBI¹⁵ recommendations. For this, there was the recovery of a study (4.16%)³⁷, with classification level IV¹⁵.

Among the studies, 11 (45.83%) aimed to estimate the prevalence of violence in the work environment^{17,18,21,22,24,27-29,31,32,35}; eight (33.33%) sought to identify the health problems of workers in the face of the types of violence practiced at work^{16,20,30,33,34,36-38}; another four (16.66%) analyzed the association between sociodemographic factors and the occurrence of work-related violence^{19,23,25,26}, and only one study (4.16%) differentiated the perception between men and women regarding violence at work³⁹.

The analysis of the recovered articles showed the predominance of (female) workers in relation to (male) workers in the studies (83.33%)^{18,20,23-35,37-39}; four other studies (16.66%) were conducted only with the female public^{17,21,22,36}; and finally, two studies demonstrated the reality of men facing violence at work (8.33%)^{16,19}.

In relation to the age of participants, 15 studies (62.5%) presented these data in a continuous numerical form (within a range)^{18,19,21,22,24-26,28,29,31,32,34,35,38,39}, five (20.83%) by means of the mean of ages^{17,23,33,36,37}, two (8.33%) through median³⁰, one study (4.16%) did not present the age of the

participants in the research¹⁶, and another (4.16%) presented the ages in two forms: continuous numerical and mean²⁰. Among the studies that presented ages in continuous categories, violence predominated among workers aged 40 years or younger (62.5%)^{19-22,26,28,29,31,32,35}.

The variable skin color or race was described in 18 studies (75%)^{17-23,25-27,29-32,34,35,38,39}, with options ranging from: white, black, brown, yellow and indigenous, in addition to those not declared or not informed. Among these studies, ten showed a predominance of white people as victims of work-related violence (55.55%)^{17,19,20,23,25,29-31,34,35}, and eight of non-white people (44.44%)^{18,21,22,26,32,38,39}.

Following the sociodemographic description, among the recovered studies, 17 brought the level of schooling description (70.83%)^{17-24,26,28,29,31,33-36,39}, being 14 by descriptive categories (82.35%)^{17,18,21-24,26,28,29,31,34-36,39}, with the following options: no schooling, elementary school, high school, technical education, higher education or graduate and finally the option of absence of response. Two studies were presented by numerical categories (years of study) (11.76%)^{19,33}, and one brought both categories (5.88%)²⁰. Except for the study that brought two categories, among the categorized studies, there was a predominance of work-related violence among those who had a higher level or any type of postgraduate degree, totaling 71.42% of the population of this category^{22-24,26,28,29,31,34-36}.



Concerning occupation, 14 studies described the occurrence in health professionals (58.33%)^{16,18,20,24,27,29-33,35,37-39}, of these, 13 studies reported nursing as the main victim of violence related to work (92.85%)^{16,18,20,24,27,29-33,35,37,38}, including two that addressed only the nursing professionals facing violence in the workplace (15.38%)^{24,33}, and one that addressed violence in the daily routine of Community Health Agents (7.69%)³⁹.

Following this premise, education professionals (teachers) appeared in five studies (20.83%)^{23,25,26,28,36}, followed by other categories such as: security professionals²², sex workers²⁸, housekeepers¹⁷, salespeople¹⁹, and public institutions³⁴, which also represented a total of five studies (20.83%).

In relation to the violence typology, all studies were classified as interpersonal violence, with 23 being classified in the subgroup community violence (95.83%)^{16-20,22-39}, and one as family and intimate partner violence (4.16%)²¹.

The nature of violence was presented in more than one type per study, being the main: psychological or moral (includes verbal violence), with the highest proportion and present in 20 articles (83.33%)^{16,18,20-24,26-38}, followed by physical violence, in 16 studies (66.66%)^{16,20-26,28-30,32,33,36,37,39}, and, finally, the sexual violence in eight studies (33.33%)^{16,17,21,22,24,28,30,33}. The other natures of violent acts did not appear in the research. A study did not specify the typology nor the nature of the violence suffered, but made a correlation

between the occurrence of violence and occupational factors¹⁹.

The consequences and aggravations of violence related to work were identified in 16 studies (66.66%)^{16,17,19,20,22,26-30,32-37}, six of these (25%) pointed health aggravations^{16,20,22,29,33,34}, two others (8.33%) presented social impairments^{17,27}, plus eight (33.33%) Studies that identified both social harm and health problems for workers^{19,26,28,30,32,35-37}. Eight (33.33%) studies did not present any harm or damage in their results^{18,21,23-25,31,38,39}.

DISCUSSION

This review showed that work-related violence affects workers of various segments, occupations and social characteristics. Moreover, the social repercussions and health damage are the main results of this practice, which can lead professionals to develop several health problems. In this context, impairment can result in irritability, anger, sadness, tiredness, pain, hearing damage, sleep disorders, stress, depression, fear, crying outbursts and feelings of disrespect⁴⁰.

The amount of studies recovered after 2014 corroborates the need and attention given to the theme of work-related violence in recent years¹⁸⁻³⁹. To this end, it is known that the compulsory notification for cases of interpersonal violence, such as aggression and ill-treatment, and self-inflicted injury, as well as the insertion of the theme of work-related violence in the context of health care and

surveillance, were framed in Brazilian health after the year 2014^{41,42}.

The studies selected to compose this review were, in their expressive majority, classified as Level 4, which represents evidence from descriptive observational studies. This fact is due to the feasibility and adequacy of this design, allowing the reach of the research results¹⁵, with a focus on analyzing and describing work-related violence.

Sociodemographic characteristics of victims of work-related violence

Considering that the damages of work-related violence can have a global impact, and tend to affect men and women, the analyzed research points out that women are more likely to suffer aggression than men²⁸⁻³⁹. Violence against women can affect their health and, often, generate aggravations and psychosocial consequences, being also considered a social problem in the work environment⁴³. It should be noted that the work-related damages associated with violence against women become evident from the moment the act occurs⁴⁴.

Against this backdrop, the naturalization of gender violence stands out, which intensifies due to the social role of women in society⁴⁵. In this perspective, physical violence is added to symbolic violence, reflected in work environments through conditions of invisibility and harassment, whether sexual or moral⁴⁶.

Also in the sociodemographic analysis of the studies, considering all participants (men and women), the age of victims of work-related

violence is relevant, in addition to being a factor related to working conditions, justified by the association between worker profiles and their occupations³⁵. Experience time and age below 40 years may be considered as factors that increase vulnerability to aggression and threats in the workplace^{28,29,31,32,35}.

Following this perspective, a study on the relationship between health and work in youth indicates that young people aged 15 to 29 are more likely to be victims of oppression due to their lack of professional experience⁴⁷. It is also worth noting that a survey conducted in Brazil states that, although young workers are often victims of work-related violence, many do not understand what constitutes bullying, considering a serious and extreme form of psychological violence⁴⁸.

Another factor often addressed is the association of skin color and the significant occurrence of work-related violence⁴⁹. Brazilian studies showed a predominance of victims of work-related violence with white skin self-declaration. This situation can be exemplified by a survey conducted in Brazil, which demonstrates the difference in access to the formal labor market between white and non-white individuals, being less likely that non-white individuals are inserted into the formal labor market, which may make it difficult to notify of aggravations^{29-31,34,35,50}.

The influence of education level also showed association with work-related violence, depending on the professional category. A study conducted with teachers showed that more than

42% of those who suffered violence reported having completed postgraduate studies⁵¹. Another study, with the same public and level of education, showed that 67% experienced work-related violence²⁶.

Workplace violence and its consequences

Considering the scope of professional activity, it was noted the diversity among professional categories that deal with violence related to work. Therefore, health professionals^{16,18,20,24,27,29-33,35,37-39}, education^{23,25,26,28,36} and security²² are among those who most suffer violence in the professional sphere. As for the worker in general, studies affirm that victims of work-related violence are more susceptible to chronic diseases, psychological disorders and use of medits^{27,52}.

Health professionals, in their various forms of work, whether in public or private health care, face several facets of violence related to work. Violence in the daily work of health professionals is the main risk factor for occupational stress³⁷. A study conducted in the context of the covid-19 pandemic characterized the work environment at that period as precarious and responsible for conflicts that culminated in violence related to work³⁸.

The complexity in the work of health professionals, which focuses on the care of people, enhances risk situations, interpersonal and organizational exposure. Due to this potential, work-related violence is considered one of the main problems for the performance

and continuity of the activities of these professionals⁵³. Given the size of the problem, it is estimated that there is a high prevalence of work-related violence, which corresponds to about 25% of all reported violence in the country, i.e., one in four workers in this area report having suffered work-related violence³².

Some factors explain the higher incidence of violence among a particular professional category, nursing. Studies indicate that the direct contact with the patient, the anguish or suffering of the aggressors, the stressful context, the precarious working conditions, the social prejudice and the very development of the profession in the historical-social context^{32,54}.

When evaluating the proportion of aggression reported by nursing professionals regarding the forms of violence suffered, a study revealed the predominance of verbal aggression, followed by moral harassment and, finally, threats from individuals outside the work⁵⁵. Furthermore, another study conducted within the nursing team confirms that the most common violence practiced against these professionals is verbal abuse, followed by physical violence and, finally, sexual harassment, where female vulnerability was observed in the profession⁵⁶.

This study also evidenced the occurrence of work-related violence against other professional categories. When analyzing the dimension of violence against teachers, a study shows that this category is often a victim of work-related violence, perpetrated mostly by schools⁵⁷. Attempts or physical assaults, with the

use of weapons or firearms, as well as verbal insults and sexual harassment, are among the main aggressions suffered by teachers in their professional professional²⁸.

Violence against workers also affects those accustomed to dealing with the violence factor. Compared to the proportion generated by work-related violence in Brazil, a study aimed to evaluate the violence among military police officers, being significantly associated with physical violence and years of work, as well as psychological violence, for intimidation or bullying⁵⁸. In addition, stress in the work environment is strongly associated with increased interpersonal aggression and, consequently, decreased productivity in the execution of labor activities⁵⁹.

In addition, another study, which aimed to analyze the aspects related to moral and sexual harassment at work, identified that such issues bring significant consequences to victims, leading to serious psychosocial conditions at work. Violent behaviors start from intentional and systematic actions, with the intention of discrediting and humiliating the victim, bringing harmful effects to the professional performance and mental health⁶⁰.

Given the findings that relate to the problems experienced by professionals after the episode of violence, it was verified the occurrence of health impairments such as: anguish, anxiety, sadness, depression, low self-esteem, exhaustion, sleep disorders, Stress, exhaustion and risk of developing common mental disorder^{30-32,34,35}. Work-related losses are

reported in several studies, including stress at work, affective distance from work, absenteeism, as well as the abandonment of the profession^{27,29,37,47}.

The consequences of work-related violence corroborate the deterioration in the victims' mental health. A study showed the presence of severe burnout in 40.86% of participants, and of these, 60% reported having suffered aggression in the last 12 months³⁶. Another study evaluated the impact of stress on occupational exposure and identified that stressors from the occupational environment and mental distress are risk factors for the development of post-traumatic stress disorder and psychological⁴⁴.

Following this premise, results of a survey among health workers indicate that psychological violence perpetuated by verbal abuse was the most frequent in 90.2%²⁹. Therefore, the tension of violence suffered at work leads to a negative impact on the mental health of workers, and this can reflect in occupational performance and development of labor activities³⁹.

In fact, work-related violence can be considered a stressful factor that generates negative repercussions on the lives of people who experience this harm⁶¹. Aiming to understand the reasons of violence related to work, studies point out the main causes, such as: insecurity, lack of human resources, failure in communication between professionals, dissatisfaction in care and working conditions,



which had a direct effect on the violence occurred^{37,47,48}.

CONCLUSIONS

There were studies on work-related violence in several areas, with emphasis on health professionals, more precisely nursing professionals. They revealed relevant data on the sociodemographic profile of these victims, highlighting the predominance of women, white, aged between 30 and 40 years old, with complete or incomplete higher education.

The impacts of work-related violence culminate in social and health damage to workers, with emphasis on the onset of diseases such as depression and anxiety. To combat this violence, it is essential to adopt effective measures, such as the constant monitoring of incidents, the psychological follow-up of victims and the implementation of awareness campaigns that promote the protection of workers. These strategies are essential to eradicate work-related violence and ensure the safety and well-being of professionals.

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