Violence in health care settings: rethinking actions

Violência em ambientes de cuidados à saúde: repensando ações
Violencia en ambientes de atención a la salud: repensando acciones

Hugo Fernandes¹, Danila Cristina Paquier Sala¹, Ana Lúcia de Moraes Horta¹
¹Universidade Federal de São Paulo, Paulista Nursing School. São Paulo, Brazil.

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ABSTRACT
Objective: To present a reflection on the forms of violence in health care settings and on preventive actions. Method: This is a theoretical reflection about the phenomenon of violence and its possible coping actions. Results: Nurses and other professionals working in health care environments may experience situations of aggression and disrespect through institutional or managerial violence, horizontal violence and patient violence. Final considerations: Violent practices are not applicable in any workplace, especially in care settings. Actions or measures of control should be taken in pursuit of healthier environments and in harmony with the culture of peace.

Descriptors: Violence; Health Services; Health Personnel; Nursing; Health Management.

RESUMO
Objetivo: Apresentar reflexão sobre as formas de violência em ambientes de cuidados à saúde e sobre as ações para prevenção. Método: Trata-se de uma reflexão teórica acerca do fenômeno da violência e suas possíveis ações de enfrentamento. Resultados: Enfermeiros e outros profissionais que atuam em ambientes de cuidado à saúde podem vivenciar situações de agressão e desrespeito por meio da violência institucional ou gerencial, da violência horizontal e da violência dos pacientes. Considerações finais: As práticas violentas não são cabíveis em quaisquer locais de trabalho, especialmente em ambientes destinados ao cuidado. Ações ou medidas de controle devem ser adotadas em busca de ambientes mais saudáveis e em consonância com a cultura de paz.

Descritores: Violência; Serviços de Saúde; Pessoal de Saúde; Enfermagem; Gestão em Saúde.

RESUMEN
Objetivo: Presentar reflexión sobre las formas de violencia en ambientes de atención a la salud y sobre las acciones para prevención. Método: Es una reflexión teórica acerca del fenómeno de la violencia y sus posibles acciones de enfrentamiento. Resultados: Enfermeros y otros profesionales que actúan en ambientes de cuidado a la salud pueden experimentar situaciones de agresión y falta de respeto a través de la violencia institucional o gerencial, la violencia horizontal y la violencia de los pacientes. Consideraciones finales: Las prácticas violentas no se aceptan en cualquier lugar de trabajo, especialmente en ambientes destinados al cuidado. Las acciones o medidas de control deben ser adoptadas en busca de ambientes más saludables y en consonancia con la cultura de paz.

Descritores: Violencia; Servicios de Salud; Personal de Salud; Enfermería; Gestión de la Salud.
Violence in health care settings has become a worldwide concern regardless of the economic and cultural characteristics of each country. Scientists, researchers, managers and professionals are restless regarding the occurrences and their repercussions on victims and witnesses. The issue tends to be concealed or camouflaged by professionals and organizations for several reasons like shame, damage to the image or even by undermining the matter. However, normative approaches for understanding violence in health services must be questioned since these are, a priori, places where one works in search of encouragement, care and recovery, hence not associated with environments linked to forms of aggression. In countries such as Canada and the United States of America, nurses are often victims of physical, moral, psychic and even sexual violence during the exercise of their profession, and offenders are patients, family members, bosses and co-workers. Nursing is considered the second profession at most risk of violence, behind only police officers. In fact, data may be even more alarming, since nurses often do not communicate or report cases of violence, because they tend to naturalize these experiences as 'part of the job'. Not far from this reality, emerging countries experience such problems, but still with little visibility or little organization of research data.

Acting in health care environments involves dealing with important stressful demands, such as intense work rhythm, sometimes unfair sharing of activities, insufficient human or material resources to meet demands, rigid hierarchical relationships, strictly following protocols, norms and routines, among other situations that not always favor a healthy coping by workers, patients and families. Thus, all actors throughout the care process can be targets or instruments of power and violence technologies.

The aim of this article is to present a reflection about the forms of violence and the preventive actions in health care settings.

DEVELOPMENT

When considering the issue, perhaps the first manifestation that comes to mind is ‘institutional and managerial violence’ presented as hostile practices, aggressions (physical, emotional, verbal, sexual), negligence or intentional act committed by an institution or by whom is representing it at any given time in order to co-construct care that favors meeting the needs of the client, the family, the caregiver, and of professionals, and the health team will have the role of mediator. This way, the necessary empathy that facilitates the benefit of this meeting for both
the team and users may be developed, as long as professionals believe this is also part of their activities and are valued for it.

Based on the use of techniques of communication and empathy development, it is important that professionals seek to understand the needs, competence and potentiality of users and their families in order to try to create strategies for effective resolution of demands. The development of a complex vision of the phenomenon includes actions beyond user embrace in order to expand the bonding and seek the listening of subjectivity related to the needs of those involved in the process.

Health services professionals and users suffer from the results derived from the work organization in health institutions, which are related intrinsically to the management model. However, regardless of the model of service organization, some measures can be adopted by all health institutions to tackle violence, namely: monitoring and surveillance of acts of violence; embrace of victims of violence at work; creation of an internal commission against violence; leadership training; and structuring of surveillance and institutional security services.

The search for a pleasant work environment with mutual respect and solidarity adds potential for conflict resolution and minimization of risks of violence. One of the strategies to this end can be the use of participatory management, in which all workers have a voice in decisions and planning of actions.

The object of this manuscript was not to end the discussion on all interventions for tackling violence in health services. All citizens should seek to intervene in this cycle in order to change and reduce rates of violence at work.

FINAL CONSIDERATIONS

The debate about the problem is desirable, because exposure to violence has been linked to health problems in nursing professionals - physical damage, emotional manifestations, psychic disorders and diseases - and influences workers’ performance and their social dimensions.

Rethinking aggression, whatever it may be, seems to be the impetus for leaving comfort zones that privilege ‘blame’ and deny co-responsibility and emergence of knowledge. Actions or measures adopted in the face of the phenomenon should privilege the principles of a culture of peace and well-being of all actors involved.

REFERENCES