

Violence against nursing workers in the COVID-19 pandemic: scoping review

Violência contra trabalhadores de enfermagem na pandemia de COVID-19: revisão de escopo
Violencia contra trabajadores de enfermería durante la pandemia de COVID-19: revisión de alcance

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Abstract

Objective: To map and synthesize the available scientific evidence on violence against nursing workers during the COVID-19 pandemic.

Methods: Scoping review prepared in accordance with recommendations of the Joanna Briggs Institute, carried out in the following databases; National Library of Medicine, Cumulative Index to Nursing and Allied Health Literature, Web of Science, Excerpta Medica DataBASE, PsycINFO – APA PsycNET and Latin-American and Caribbean Health Sciences Literature. Studies addressing the theme of work-related violence against nursing workers during the COVID-19 pandemic, published in Portuguese, Spanish, or English, from 2020 and available in full were included. Partial research reports, editorials, response letters and abstracts of annals were excluded. Descriptive analysis was performed.

Results: Nine out of a total of 56 publications met the selection criteria, seven with high methodological quality and two with moderate quality. The phenomenon occurred in different countries around the world, the usual victims were nursing workers working on the front line, with less training time, and it was perpetrated by different actors. Psychosocial damage to workers and risks to patients were found.

Conclusion: Nursing workers suffered a high incidence of violence during the pandemic. The consequences of this violence were harmful to health, leading to the desire to leave the profession or affecting the physical or mental health of victims. The implementation of public policies and administrative strategies to reduce violence against this population in pandemic conditions were suggested as prevention and control measures.

Resumo

Objetivo: Mapear e sintetizar as evidências científicas disponíveis sobre violência contra trabalhadores de enfermagem durante a pandemia de COVID-19.

Métodos: Revisão de escopo elaborada de acordo com as recomendações do Instituto Joanna Briggs feita na bases de dados *National Library of Medicine*, *Cumulative Index to Nursing and Allied Health Literature*, *Web of Science*, *Excerpta Medica DataBASE*, *PsycINFO* – APA PsycNET e Literatura Latino-Americana e do Caribe em Ciências da Saúde. Foram incluídos estudos que abordaram o tema violência relacionada ao trabalho contra trabalhadores de enfermagem durante a pandemia de COVID-19, publicados nos idiomas português, espanhol, ou inglês, a partir de 2020, disponíveis na íntegra. Excluíram-se relatórios parciais de pesquisa, editoriais, cartas resposta e resumos de anais. Foi realizada análise descritiva.

Resultados: De um total de 56 publicações, nove estudos responderam aos critérios de seleção, sendo sete com qualidade metodológica elevada e dois moderada. O fenômeno ocorreu em diferentes países do mundo, sendo as vítimas usuais trabalhadores de enfermagem que atuavam na linha de frente,

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com menor tempo de formação, perpetrada por diferentes atores. Prejuízos psicossociais aos trabalhadores foram encontrados, além de riscos aos pacientes.

Conclusão: Trabalhadores de enfermagem tiveram elevada incidência de violência durante a pandemia. As consequências desta violência foram danosas à saúde, levando ao desejo de abandonar a profissão ou afetando a saúde física ou mental das vítimas. Como medidas de prevenção e controle foram sugeridas implementação de políticas públicas e estratégias administrativas para redução da violência contra essa população em condições de pandemias.

Resumen

Objetivo: Mapear y sintetizar las evidencias científicas disponibles sobre violencia contra trabajadores de enfermería durante la pandemia de COVID-19.

Métodos: Revisión de alcance elaborada de acuerdo con las recomendaciones del Instituto Joanna Briggs realizada en las bases de datos *National Library of Medicine*, *Cumulative Index to Nursing and Allied Health Literature*, *Web of Science*, *Excerpta Medica DataBASE*, *PsycINFO* – APA PsycNET y Literatura Latinoamericana y del Caribe en Ciencias de la Salud. Se incluyeron estudios que abordaron el tema violencia relacionada con el trabajo contra trabajadores de enfermería durante la pandemia de COVID-19, publicados en idioma portugués, español o inglés, a partir de 2020, disponibles en su totalidad. Se excluyeron informes parciales de investigación, editoriales, cartas de respuesta y resúmenes de ponencias. Se realizó análisis descriptivo.

Resultados: De un total de 56 publicaciones, nueve estudios respondieron a los criterios de selección, de los cuales siete tenían calidad metodológica elevada y dos moderada. El fenómeno ocurrió en diferentes países del mundo, donde las víctimas habituales eran trabajadores de enfermería que actuaban en la línea de frente, con menor tiempo de graduación y perpetuada por diferentes actores. Se observaron daños psicossociales en los trabajadores, además de riesgos hacia los pacientes.

Conclusión: Los trabajadores de enfermería tuvieron una elevada incidencia de violencia durante la pandemia. Las consecuencias de esta violencia fueron perjudiciales para la salud, provocaron un deseo de dejar la profesión y afectaron la salud física o mental de las víctimas. Como medida de prevención y control, se sugirió la implementación de políticas públicas y estrategias administrativas para reducir la violencia contra esta población en condiciones de pandemias.

Introduction

Nursing is present in all areas of healthcare, from user embracement in primary care to assistance at more complex levels of care. Understanding the presence and responsibility of nursing in healthcare is also about assuming the situations of violence to which these professionals are exposed and the biopsychosocial repercussions resulting from aggressions.⁽¹⁾

Workplace violence against nursing professionals is a reality in several countries around the world, causing harm to the health of victims that range from compromise to their wellbeing to the onset of physical or psychological disorders.⁽¹⁾ In addition, the quality of life at work can also be affected by violent experiences and exert direct impact on the performance of nurses, nursing technicians and assistants, leading to demotivation and reduced work performance.^(2,3)

The motivations for violent acts are varied and often result from factors and situations beyond control of the victims, such as organizational or administrative aspects of the health system and delays in care due to overcrowding of services, with consequent dissatisfaction of users or caregivers. However, aggressors can also be coworkers and members of the multidisciplinary health team who,

overwhelmed with their demands, end up depositing their negative feelings on the nursing team.^(2,3)

A study conducted in southern Brazil on workplace violence against primary care nurses a few months before the onset of the COVID-19 pandemic showed that 65.3% of participants suffered verbal abuse, 29.7% reported moral harassment and 17.8% % said they had been victims of physical violence, resulting in low compassion satisfaction (54.5%), high rates of Burnout (58.4%) and post-traumatic stress (57.4%), substantially affecting the quality of life in nurses' work.⁽²⁾ If violence against nursing workers was already a worrying phenomenon in routine conditions, after the declaration of a pandemic, this occurrence became even more frequent. The various mutations and the rapid evolution of the disease, the creation of emergency hospitals and the restructuring of health services were factors that caused stress for society, leading to periods of uncertainty and daily challenges in managing the greatest health crisis of the 21st century.⁽⁴⁾

Nurses reported situations of verbal abuse, moral harassment, physical injuries, demonstrations of prejudice and discrimination, among other forms of violence perpetrated by relatives of infected patients that were prevented from visiting their loved ones, and even by healthy people in public trans-

port, who claimed that nursing professionals were to blame for transmitting the disease.^(4,5) An epidemiological study of 562 health workers in Mexico identified that 47.7% of participants suffered abuse in the workplace during the pandemic; 34.9% of cases were of verbal and physical violence associated, followed by 12.8% of verbal abuse only.⁽³⁾ The study also mentions that women were the most attacked, especially female nurses, who were between 2.5 and 3 times more likely to be victimized during their work. Such data were corroborated in a cross-sectional study conducted in Saudi Arabia, which presented the difficulty of adequately monitoring the condition as an aggravating factor, considering that only 16.4% of health workers reported the occurrence to higher authorities and, therefore, suffered it repeatedly.⁽⁴⁾

Note that non-pharmacological measures widely publicized in the media for the whole of society have put health professionals on the spot. From this perspective, nursing began to suffer violent attacks in public places and transport, as if it personified the very virus that causes Severe Acute Respiratory Syndrome. News, sometimes false or alarming, published on social networks and other media, may also have contributed to the increased stress of all professionals working directly to face the COVID-19 and precipitated violent episodes against nursing workers.^(3,4)

Although researchers were totally focused on better understanding the problem and identifying coping measures, most studies were not focused on nursing workers specifically, including them in the broad category of “health”, without any depth on particularities of the profession.^(4,5) In view of the above, the following question emerged: What evidence on violence against nursing workers in the COVID-19 pandemic is available in the scientific literature? It is expected that the results will increase the knowledge about this phenomenon and help in the planning and implementation of prevention, control and assistance strategies for victims. The aim of the present study was to map and synthesize the available scientific evidence on violence against nursing workers during the COVID-19 pandemic.

Methods

This is a scoping review, a method that seeks to map evidence on a given fact and identify existing gaps.⁽⁶⁾ By using selection criteria based on relevance of the phenomenon, the scoping review is distinguished from other forms of reviews. The research protocol was registered in the Open Science Framework (<https://osf.io/7tkgn>).

To ensure the absence of published or registered studies with the same theme, an in-depth search was performed on the aforementioned platform and in databases to locate protocols or reviews. As no results were obtained, the study was started.

Data collection was performed from June to July 2022. Searches were carried out in the following databases: National Library of Medicine (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, Excerpta Medica DataBASE (Embase), PsycINFO – APA PsycNET (American Psychological Association) and Latin American and Caribbean Health Sciences Literature (LILACS). Additional studies were included from references cited in articles extracted from primary sources (manual search).

Inclusion criteria were studies addressing the topic of work-related violence against nursing professionals during the COVID-19 pandemic, published from 2020 in Portuguese, Spanish, or English, available in full through remote access. Partial research reports, editorials, response letters and abstracts published in annals of events were excluded. As the theme is recent, the level of evidence was not considered an exclusion criterion. The Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation was used to prepare the review report.⁽⁷⁾

The phases recommended by the Joanna Briggs Institute (JBI) to prepare the review question were followed:⁽⁸⁾ identification of the question and search for relevant studies, selection, data extraction, grouping, summary and presentation of results. The PCC [Population, Concept and Context] strategy was used to formulate the study question with the following representations: P= nursing profession-

als, C= work-related violence and C= COVID-19 pandemic. Thus, the review question was “What is the main available evidence on work-related violence against nursing professionals during the COVID-19 pandemic?”

Two reviewers performed independent searches. The Medical Subject Headings (MeSH) terms “Workplace Violence”, “Nursing” and “COVID-19”, and Health Sciences Descriptors, “*Violência no Trabalho*”, “*Enfermagem*” e “*COVID-19*” were used. In both cases, the term “pandemic” was associated. We chose to use the “pandemic” term to map the largest number of potential references on the topic and specificity.

For searches in other databases, modifications were made according to their specificities. The descriptors were combined in different ways to expand the searches, and terminological variations and synonyms in the listed languages were used. The descriptors were combined using the Boolean operators AND (restrictive combination) and OR (additive combination). Among the keywords of the same acronym of the PCC strategy, the OR was used, while AND was used for the combination between different acronyms, as shown in chart 1.

Chart 1. Search strategy in databases

PubMed [*] / Web of Science/ Embase/ PsycINFO ^{**}	LILACS ^{***}	CINAHL ^{****}
("workplace violence" OR workplace) AND ("violence" OR "violence s" OR "violences") AND ("nursing") AND ("covid 19" OR "covid 19 pandemic")	("violência no trabalho" OR violência) AND (enfermagem) AND (COVID-19 OR pandemia)	(workplace violence OR violence) AND (nursing) AND (COVID-19 OR pandemic OR "COVID-19 pandemic")

^{*}National Library of Medicine; ^{**} American Psychological Association; ^{***}Latin American and Caribbean Health Sciences Literature; ^{****} Cumulative Index to Nursing and Allied Health Literature

In data collection, criteria in an instrument validated for this purpose were used, including variables of title, authors, year of publication and journal, language, objectives, design and main results. The methodological quality and risk of bias of the selected studies were assessed by two researchers using the JBI Appraisal Tools.⁽⁸⁾ The analysis of results was descriptive with a synthesis of each study included.

As this study does not involve human beings or animals, submission and approval by the Research

Ethics Committee of the Universidade Federal de São Paulo was not necessary. However, a declaration of responsibility and acceptance was filled out by the head of the department, in accordance with resolution number 200 of 2021 of the University Council (CONSU) of Unifesp.

Results

Fifty-six studies were found, of which five were duplicates. Of the remaining 51 studies, 42 were excluded for not meeting the eligibility criteria. Thus, nine studies were included in this review. The flow-chart in figure 1 presents a summary of the article selection process.

The studies included in the review were published in English (eight) and Portuguese (one); four were conducted in Brazil, one in Pakistan, one in Iraq, one in the United States of America, one in China and one in Turkey. As for the method and type of study, two were reflections, four cross-sectional studies, one documental analysis, one qualitative study and one meta-analysis. Chart 2 presents the summaries of selected studies.

The use of the JBI Appraisal Tools for assessing methodological quality allowed identifying low risks of bias in the selected studies; seven^(5,10-15) were classified as high quality and two as moderate.^(9,16) The sum of study participants, excluding reflections and document analysis, was 20,032.

The studies showed that workplace violence against nursing workers in health settings was highly prevalent, practiced by users, family members and even other professionals of the health team.^(10,12-15) Nursing assistants and technicians who worked in the front line of care for COVID-19 patients were usually more exposed to situations of abuse, in addition to those with long working hours and less time of experience.⁽¹¹⁾

Psychological violence through verbal abuse and harassment, was cited as the most common.⁽¹¹⁻¹⁴⁾ However, physical violence was also reported by nursing workers during patient care.⁽¹³⁻¹⁵⁾ In contrast, workers stated it was more difficult to record

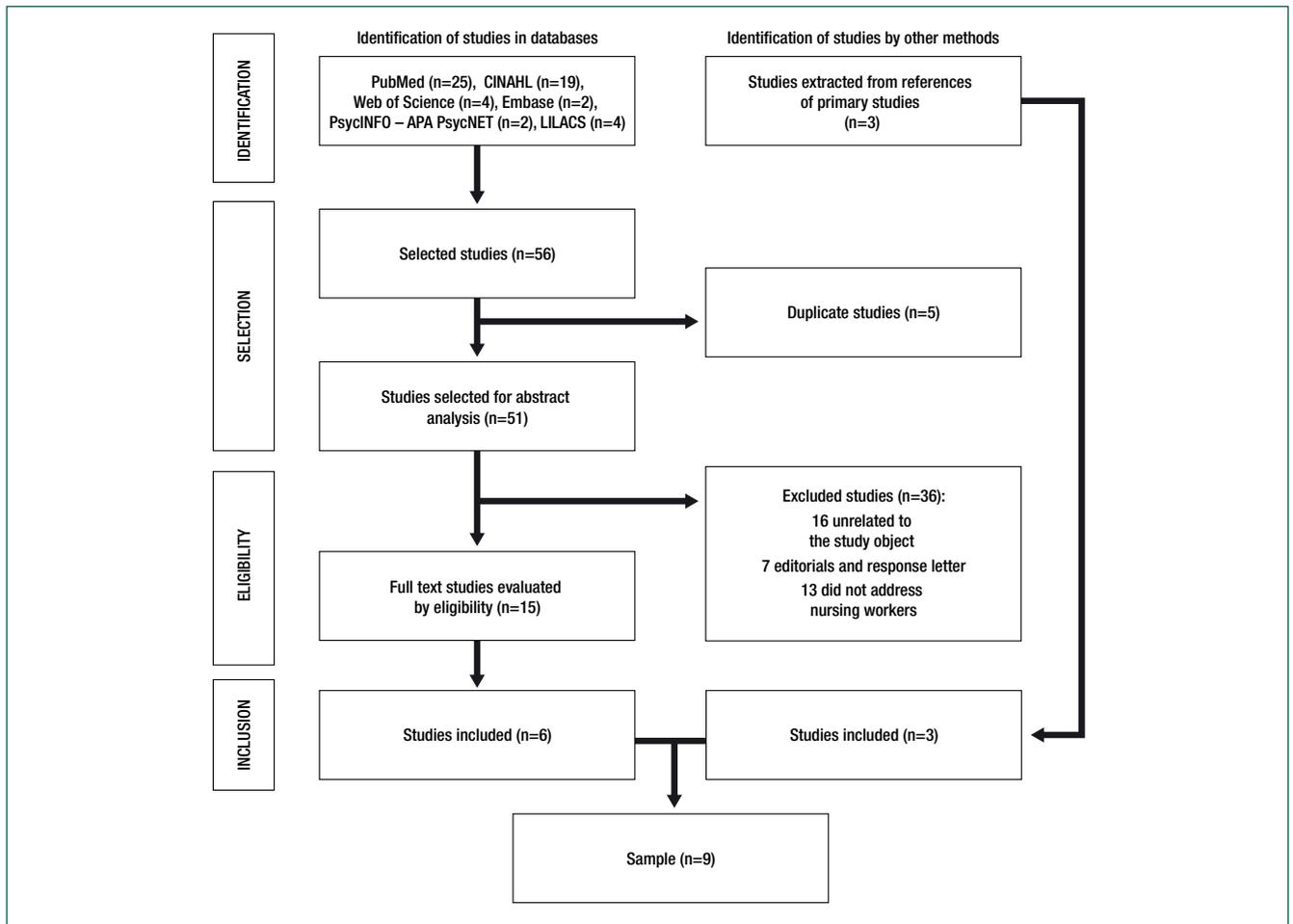


Figure 1. Flowchart according to criteria of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation

or document such incidents during the period given the high care demands required by COVID-19 patients, which could lead to underreporting of cases of violence.⁽¹³⁾

Through the analysis of studies, it was identified that the consequences of violence can be grouped into two categories: 1) Reflections on patients/users and 2) Repercussions on the health worker. Regarding patients, studies mentioned damage to the desired care, increasing the chances of errors, reducing safety in care and increasing the risks to the lives of those receiving care.^(12,14-15) The effects on workers are increased stress, emergence of potentially serious mental disorders, decreased levels of professional commitment and quality of life of those exposed.^(5,10,14) The desire to abandon the profession or leave the current job as a result of incidents was also high.^(5,14,15)

As ways of coping with the phenomenon, both for the current pandemic and similar conditions in the future, studies suggest measures that include: public awareness of the importance of nursing work, with appreciation and respect for their practices; safety training in health services for identification and quick action in situations of aggression; the valuing of records of occurrences for the monitoring and implementation of more assertive measures; training in the use of light technologies for the culture of peace, such as non-violent communication and empathetic listening; and, finally, the role of worker protection bodies such as the Public Prosecutor's Office and trade unions is highlighted, so that institutions guarantee minimum conditions for the safe performance of work activities with the lowest possible risk of workplace violence in health settings.^(9,10,15,16)

Chart 2. Characteristics of the studies included in the review according to author, title, year of publication, country, objectives, outcomes and methodological quality (n=9)

Author Title	Year Country	Objective	Study design Sample Scenario	Outcomes	Methodological quality
Nebesniak E. ⁽⁹⁾ Psychological violence against nursing professionals: perceptions before and after the 2020 COVID-19 pandemic	2020 Brazil	Evaluate the perception of nursing professionals regarding workplace violence suffered before and after the COVID-19 pandemic.	Qualitative Sample: 10 nursing professionals Scenario: Emergency Care	Nursing professionals perceived the fact of users blaming professionals for the operational problems of the Unified Health System (SUS) as a contributing factor to violence. The psychological violence suffered generated feelings of fear and lack of interest in working in the health area and led to the perception of an increase in prejudice and discrimination with the emergence of the pandemic.	High
Barreto FA, Oliveira JV, Freitas RJ, Queiroz AA. ⁽⁹⁾ Repercussions of the COVID-19 pandemic on institutional workplace violence against nursing professionals: COVID-19 and workplace violence experienced by nursing	2020 Brazil	Discuss institutional workplace violence against nursing professionals in the face of the COVID-19 pandemic.	Reflection Sample: n/a Scenario: n/a	Worker protection bodies such as the Public Prosecutor's Office and trade unions are appointed as bodies that should demand improvements in working conditions and the appreciation of nursing to reduce situations of violence in the context of pandemics such as the COVID-19	Moderate
Bhatti OA, Rauf H, Aziz N, Martins RS, Khan JA. ⁽¹⁰⁾ Violence against healthcare workers during the COVID-19 pandemic: a review of incidents from a lower-middle-income country	2021 Pakistan	To analyze cases of violence against healthcare professionals during the COVID-19 pandemic and present interventions to combat workplace violence in health services in a pandemic situation	Document analysis Sample: 29 news or documents Scenario: Hospitals in Pakistan	Patients' families and physicians were the main perpetrators of workplace violence against nursing professionals. Combat measures such as public awareness triggered by policy makers and journalists were suggested. In addition, training on safety measures in hospitals should be adopted for prevention and quick intervention in situations of aggression or protests.	High
Bitencourt MR, Alarcão AC, Silva LL, Dutra AC, Caruzzo NM, Roszkowski I, et al. ⁽¹¹⁾ Predictors of violence against health professionals during the COVID-19 pandemic in Brazil: a cross-sectional study	2021 Brazil	To assess the prevalence and analyze the variables involved in the occurrence of violence against health professionals during the COVID-19 pandemic in Brazil	Cross-sectional Sample: 1,116 healthcare workers Scenario: Brazilian hospitals	The following were predictors of workplace violence in health services: being a nursing technician/assistant, experience of less than 20 years, working more than 37 hours a week, having suffered violence before the pandemic, having contaminated with COVID-19 and working in direct contact with patients infected with the coronavirus. Psychological abuse was the most prevalent.	High
Ramzi ZS, Fatah PW, Dalvandi A. ⁽¹²⁾ Prevalence of workplace violence against healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis	2022 Iraq	To estimate the prevalence of workplace violence against healthcare workers during the COVID-19 pandemic	Review study Sample: 17,207 professionals Scenario: various	Violence against nurses was highly prevalent in all studies, depriving professionals of providing desirable care to patients, increasing the chances of errors and putting patients' lives at risk. In addition, it caused potentially serious psychological disorders and reduced levels of quality of life to these professionals.	High
Byon HD, Sagherian K, Kim Y, Lipscomb J, Crandall M, Steege L. ⁽¹³⁾ Nurses' experience with type II workplace violence and underreporting during the COVID-19 pandemic	2021 United States of America	To describe the prevalence of workplace violence against nurses during the COVID-19 pandemic and compare it with the records of these events.	Cross-sectional Sample: 373 nurses Scenario: Hospitals	A high number of nurses (67.8%) reported having suffered physical violence and verbal abuse since the beginning of the pandemic, especially those who provided care to COVID-19 patients. There was greater difficulty in recording/reporting incidents during the pandemic.	High
Özkan Şat S, Akbaş P, Yaman Sözbir Ş. ⁽¹⁴⁾ Nurses' exposure to violence and their professional commitment during the COVID-19 pandemic	2021 Turkey	To determine the relationship between nurses' exposure to violence and their professional commitment during the COVID-19 pandemic.	Cross-sectional Sample: 263 nurses Scenario: public and private health institutions	Nurses suffered high exposure to verbal violence (57.8%) and moral harassment (61.6%), triggering the desire to leave the profession in 52.1% of those surveyed. The state of exposure to physical violence, thoughts of leaving the profession and the long workday were associated with a decrease in the professional commitment score during the pandemic.	High
Yang Y, Wang P, Kelifa MO, Wang B, Liu M, Lu L, et al. ⁽¹⁵⁾ How workplace violence correlates turnover intention among Chinese health care workers in COVID-19 context: the mediating role of perceived social support and mental health	2021 China	To elucidate the effects of workplace violence on turnover intention among Chinese health workers and to identify potential mediators.	Cross-sectional Sample: 1,063 professionals Scenario: various	Nurses who experienced workplace violence during the COVID-19 pandemic reported a greater likelihood of leaving their job within a year. Desire was mediated by low social support and by mental health problems developed after the violence.	High
Tobase L, Cardoso SH, Rodrigues RT, Peres HH. ⁽¹⁶⁾ Empathic listening: welcoming strategy for nursing Professional in coping with the coronavirus pandemic	2021 Brazil	To reflect on the use of empathetic listening as an embracement strategy for nursing professionals while coping with challenges during the pandemic caused by the new coronavirus.	Reflection Sample: n/a Scenario: n/a	Empathetic listening and non-violent communication are light technologies that should be launched as strategies for the embracement and coping of nursing professionals exposed to workplace violence during the COVID-19 pandemic.	Moderate

*n/a- not applicable

Discussion

Work-related violence against the nursing worker can be physical, verbal or psychological and be provoked by patients, their families, co-workers, supervisors or managers. During the COVID-19 pandemic, nursing workers faced high levels of violence and harassment due to the environment of stress and uncertainty, which exacerbated the already existing tensions in the health workplace. Whatever its forms, violence in the workplace can negatively affect the physical and mental health of nursing professionals, in addition to compromising the quality of patient care.⁽¹⁷⁻¹⁹⁾

The mapping and synthesis of available scientific productions on violence against nursing workers during the COVID-19 pandemic allowed us to identify that the phenomenon was global, cited in studies of different nationalities with different cultures and perpetrated by different actors, especially against those working on the front line, with less training time and had important consequences for their health and the health of those receiving care.

Despite this fact, the number of publications with epidemiological monitoring was low, which can be explained by the underreporting of occurrences, signaling the importance of valuing the theme and recording information related to any form of offense against workers in this category.^(13,17)

During the COVID-19 pandemic, the justification for not reporting cases of violence suffered at work was related to the high demand for care from patients.⁽¹³⁾ However, this statement differs from a study conducted in the southern region of Brazil,⁽¹⁷⁾ in which the underreporting and lack of registration of cases of abuse against nursing workers was related to the lack of support from managers, lack of protective measures for workers, lack of knowledge of the types of violence suffered by the professionals affected, the fear of social and labor reprisals and the embarrassment felt by professionals after suffering some type of abuse.

Another study⁽¹⁸⁾ brings reports of employees who were discouraged by their managers and supervisors to report or record episodes of violence in the patient's medical record or through legal and juridical means.

The types of violence presented in some studies also converge with those found in the present study, pointing to psychological violence through verbal abuse and harassment, and physical violence as the most common among professionals working with direct care for patients.⁽¹⁶⁻¹⁸⁾ In some cases, the violence most suffered by professionals was verbal abuse, practiced especially by teammates, bosses and supervisors.

Note that reports of verbal, sexual and physical abuse were also found in Family Health Strategy (FHS) teams in primary care of the Unified Health System.⁽¹⁷⁾ However, episodes of violence in this context were generally perpetrated by users, which differed from the hospital context, where aggressors were usually patients' relatives and work colleagues. Perhaps this is a result of the severity of hospitalized COVID-19 patients, especially at the beginning of the pandemic. The high demands of work can also justify the aggressions committed by colleagues and other health professionals.

In this sense, nursing assistants and technicians need special attention in the context of a health crisis as the COVID-19 pandemic, since they are usually the ones in more frequent contact with patients and family members and, consequently, those who receive the greatest tensions and emotional discharges that end up generating violent impulses with potential damage to their health and even to the care provided. It is worth remembering that, in addition to the technical division of work in nursing, the categorization of work in this profession generates social distinction and increases the vulnerability of those who inevitably need to have greater contact with patients and their families. Thus, the constant supervision of nurses can help reduce such tensions or even serve as a mediator in cases of still latent conflicts that can be mediated with guidance and acceptance of the demands of the parties involved, i.e. users and nursing professionals.⁽¹⁸⁻²¹⁾

A study of primary care and hospital care professionals⁽¹⁸⁾ showed similar data to those found in this research, although contrasting that nursing technicians and assistants suffered more situations of violence in the context of primary care, while nurses

were the main victims in hospital care. Furthermore, the mental health of nursing workers is something to be discussed and adequately addressed in adverse situations. A study conducted in the Southeast region of Brazil⁽¹⁹⁾ cited the intense mental suffering of these workers during the COVID-19 pandemic, with somatization of psychological symptoms and the development of mental disorders. However, these symptoms were associated with the level of organizational emotional support received by these workers during the period.

Another study conducted in Iran in 2021⁽²¹⁾ showed results in agreement with those of studies found during the present review,^(5,12,14,15) demonstrating that Burnout Syndrome was frequent in nursing professionals during the pandemic and it reflected in the quality of care provided to patients during this period. In this same study, participating nurses reported having made mistakes, which sometimes brought negative consequences to patients because of the mental suffering they were experiencing. However, based on analyzed data, it was not possible to establish a direct relationship between the mental suffering resulting from the violence suffered by nursing workers during the COVID-19 pandemic, as other aspects were also associated, such as high workload, low institutional support and personal inadequacies for coping with serious and extensive crises such as the one faced.

Patient safety should also be discussed, as the negative effects of the mental suffering of nursing workers are directly linked to the occurrence of adverse events during care, and the occurrence of professional dissatisfaction and negative attitudes of professionals during patient care.⁽²¹⁾

Strategies for coping with violence against nursing workers in the context of a pandemic, both by public and private sectors, were below the real needs of workers. They were carried out subjectively by managers according to the severity of occurrences, without analysis of late repercussions for victims, witnesses or the category itself. For being a voluntary action by a person or group against a worker with the chance of causing physical and psychological harm and other types of damage, it can almost always be prevented, as long as institutions (hos-

pitals and other health services, worker protection bodies and class entities) recognize its magnitude and deleterious effects on victims, witnesses, users and even the society.^(22,23)

From primary to tertiary healthcare, researchers suggest the implementation of micro and macro administrative prevention measures, ranging from the training of nursing professionals to recognize potential risks to their safety and quick intervention, to collective awareness of the common society about the work of nursing in order to encourage users' appreciation and respect for workers in this category, reducing violent behavior, even in extreme situations.⁽²²⁾ In addition, coping should also include care for those who, in the spite of preventive measures, ended up becoming victims of physical and psychological abuse in the health workplace. Embracement and empathetic listening can help alleviate the tensions suffered, and serve as a moment of evaluation of human responses of each victim and their need for support or not for resolution of future problems that may generate mental and/or psychosomatic disorders.

Violence against nursing workers during the COVID-19 pandemic has been widely recognized as a serious problem, and many countries are still working to address this issue. It is essential that health institutions implement safety and protection measures for nursing workers and provide the necessary training and resources to help them deal with the violence and stress related to the pandemic.⁽²¹⁻²³⁾

A limitation of the study was related to the databases selected for the search, as there may be significant studies on the subject in other databases not consulted. Another aspect regards the incipience of the theme of violence against health workers in the context of a pandemic. However, such limitations do not make the study unfeasible, in view of the emergence of this theme and its magnitude for nursing work.

The study contributes to Nursing as it presents the main characteristics of violence against nursing workers, such as the profile of the most frequent victims, the types of aggressions and their perpetrators. In addition, it points out the main types of harm to victims and the possible coping measures

applicable to reduce the problem in similar conditions of future pandemics.

Conclusion

Although there is research in the area of violence against nursing professionals, it is possible to conclude that evidence of such episodes during the COVID-19 pandemic is scarce, even with publications from different countries. Nursing is the numerical majority when it comes to the health workforce, but they still do not receive due appreciation as the main responsible for patient care. Another relevant point is that available interventions that can be used to reduce episodes of violence have not been explored in depth, mentioned in few studies, most of them international. As the mental health of nursing workers is something almost invisible to health service managers, data on this subject are still uncertain due to underreporting cited in the studies found. This research brings to nursing the need for reflections on the magnitude of violence against workers in this profession in highly atypical health situations, such as the one faced in the COVID-19 pandemic, and can support the planning of teaching strategies in undergraduate studies or daily practice through continuing education, preparing nurses to recognize potential risks and implement quick protection and safety actions. It can also trigger future research, considering the few studies found in the review, generating new discoveries about the problem. It is also important to point out that public health policies need to be designed to protect the health of nursing workers in contexts of health crises, such as the one experienced during the COVID-19 pandemic.

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