

THE MEANING OF PHYSICAL VIOLENCE AT THE WORKPLACE FOR NURSING WORKERS WITHIN FAMILY AND SOCIAL DYNAMICS¹

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ABSTRACT

This study aimed to understand the meaning of physical violence at the workplace for nursing workers in their family and social dynamics. Qualitative research developed through individual interviews, with 16 nurses from urgency and emergency services of two medium complexity hospitals in a large city in the north of Paraná. Content analysis was used to organize the data and the Symbolic Interactionism was used as a theoretical reference. The workers reported feeling unprepared to face the aggressiveness of the population and use the reflection to question their reality. Family dynamics varied according to gender; women reported sharing experiences of physical aggression with their families. In contrast, men avoid telling their wives and children about these acts because they are culturally considered stronger and must face these situations without the need to share them. The influence of culture in society was clearly evident and got to the point of interfering in the health work process, because, in the view of workers, the population despises them and, therefore, attacks them physically.

Keywords: Nursing. Workplace violence. Emergency medical services.

INTRODUCTION

Occupational violence suffered by health professionals represents a significant problem at national and international levels. Its consequences are detrimental to workers, especially to their physical and mental health. There may still be negative repercussions in the workplace, such as increased risk of adverse events and iatrogenies, dehumanization of care, reduced efficiency and job dissatisfaction⁽¹⁻³⁾.

The concept of occupational violence is complex and can be considered polysemic because the motives or feelings that surround it may have multiple meanings or be contradictory, depending on the culture, the situation and the conditions under which it occurs. Thus, in this study, occupational violence was understood as "any voluntary action by an individual or group against another individual or group that causes physical or psychological harm in the work environment"^(4:30).

When it comes to violence in the hospital environment, nurses represent the largest contingent

of the workforce and are responsible for the care and management 24 hours a day. For these reasons, they are considered the most affected by inadequate working conditions and occupational hazards, including violence⁽⁵⁻⁶⁾.

These professionals constantly face suffering, fears, conflicts, tensions, power struggle, experiences with life and death, long hours of work, violence, among other factors inherent to daily work. For these reasons, it is important that the work of the nursing team be understood in all its aspects, including the cultural and social perspectives, emphasizing the understanding of issues related to social production of subjectivity, physical health and mental health of these workers⁽⁶⁻⁷⁾.

Based on the foregoing, information about the occupational and health conditions of health workers taking into account the work processes and individual characteristics is important to determine the magnitude of the problem. Therefore, the analysis of workers as social individuals requires the inclusion of the social context in which they are inserted and the

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family dynamics of which they are a part.

Traditionally, the family is built and transformed according to the relations of society. In the family group, feelings and experiences of caring for the other are lived, and even more intensely when one family member is affected by a health problem⁽⁸⁾. It is in this sense that the movement to understand the repercussion of occupational violence in family dynamics is important, since this is considered a primary source in which individuals seek a solution to anything that may affect their well-being, thus acting as a support system.

Based on this context and in the experience of the first author of this study, the motivation to perform the study arose after the elaboration of another quantitative study developed with nurses of urgency and emergency services of public hospitals of medium complexity. The investigation of episodes of occupational violence suffered by these professionals found that 16% of them had been victims of physical violence in the work environment. During the data collection, these individuals expressed feelings of anguish, fear and apprehension related to violent situations, which had negative repercussions on personal, family and social aspects. Thus, the development of a research with a qualitative approach covering the meanings involved in this process through the narratives of nursing workers is considered timely to contribute to the advancement of knowledge on this theme⁽⁹⁾.

Thus, this research had the objective of seizing the meaning of physical violence at the workplace for nursing workers within their family and social dynamics.

METHODOLOGY

Qualitative research performed with nurses from urgency and emergency services of two public hospitals, located in a large municipality of the Northern Region of Paraná. The hospitals have medium complexity and have 115 and 117 beds. The labor bonds of the workers of the institutions under study are permanent, through tendering, but there are also the temporary ones that entered through a selective process.

The inclusion criteria were: workers with at least one year of relationship with the institution and who had suffered physical occupational violence in the 12 months prior to data collection.

In order to construct the reality of these workers, a

semi-structured interview was used to understand the aspects involved in the family and social perspective in relation to occupational violence and its meanings from the point of view of the worker who experienced it. The script was composed of questions to characterize the profile of the participants (gender, age, marital status and time of action in the institution), and to grasp the object of study, the following question was used: What does it mean to you, in your family and social dynamics, to have suffered physical violence at work?

In an attempt to identify the first participants, a draw was made among the 16 victims of physical aggression identified in the quantitative study. Coincidentally, the first two randomly selected had recently suffered physical violence in the workplace, respecting the inclusion criteria, so they were part of this study.

Snowball sampling was used for selection of the other participants. This method assumes that there is a relation between the participants of the research and, therefore, they are able to indicate others that share the same phenomenon studied. Therefore, it was up to each participant to indicate a co-worker who, in the last 12 months, had also suffered physical violence in the work environment, which was possible because episodes of violence in urgency and emergency units involved more than one worker.

After indication, the workers were informed about the purpose of the study and invited to participate through a telephone contact or visits in the units. At these moments, the days and times of the meetings were selected. All invited workers agreed to participate in the study. The interviews were conducted in from March to May 2015 in rooms provided by the nursing supervision of the respective hospitals.

Theoretical saturation of the responses, when no new elements were identified to further the topic, was the base to define the number of interviews. In this way, data collection was terminated in the 16th interview.

The interviews were recorded in a digital recorder, with the consent of the interviewees. The duration of each interview was approximately 30 minutes and after that, the oral sources were transcribed in full length. To ensure the anonymity of identity, an alphanumeric code was assigned to the workers, with "I" from interviewee, followed by a number indicative of the order of the interview, and the initials of the gender, female or male, and, finally, the age.

The content analysis technique was used to analyze data, following the stages: 1) Pre-analysis, in which the initial ideas were systematized and the indicators for the interpretation of the collected information were identified by a first quick reading, formulation of the hypotheses and objectives, and elaboration of indicators; 2) Exploitation of the material, which consisted in the codification, from the selection of fragments of the texts in units of registration and, later, the aggregation of this information into thematic categories; and 3) Treatment of results, inference and interpretation, making it possible to seize the manifested and latent contents incorporated into the collected material⁽¹⁰⁾.

In order to deepen the data analysis, Symbolic Interactionism was adopted as a theoretical reference. This focuses on the meanings that the individual assigns to a specific situation, (object), with himself and in the interaction with society⁽¹¹⁻¹²⁾.

The research was developed in accordance with the ethical principles of the current legislation and was approved by the Research Ethics Committee of the State University of Londrina (UEL), under Opinion n. 1,068,143.

RESULTS AND DISCUSSION

Among the 16 participants in this study, 10 were men mostly aged between 30 and 40, and six were women, aged between 40 and 50 years.

The analysis of the empirical material produced resulted in the following categories: fragilities perceived by nursing workers in the face of occupational violence; the decision to share the experience of violence in the workplace with the family; and the perception of nursing workers on how society views them. These categories will be described, interpreted and exemplified with excerpts from interviews.

Fragilities perceived by nursing workers in the face of occupational violence

This category revealed the personal fragility of professionals and of the service evidenced by the lack of preparation to deal with occupational violence, in addition to the stressful assistance, considered routine in the scenario of urgency and emergency units, as shown in the following reports:

[...] in fact we have no preparation, and who is accountable for this? (I3, M, 38 years).

[...] I am not prepared to deal with these situations, we are already "hardened", we learn to defend ourselves from violence through the practice itself [...] (I13, F, 32 years).

[...] We are not prepared. They approach us in many ways, most of the time it is unexpected (I5, M, 30 years).

Urgency and emergency environments differ from others by the frequent need to assist complex cases, with imminent risk of death, becoming one of the most intense sectors of the hospital. This work causes physical and mental wear of the professionals who work there^(2,13).

In this reality, it is possible to analyze the speeches of the interviewees under the interactionist perspective regarding the mind, as a human being's ability transformed by the daily life. The purpose of the mind is to create the conditions for an individual reflection so as to provide the individual with an adaptation to the environment⁽¹⁴⁾.

When workers claim that they are not prepared to face situations of violence in their workplace, and that, in fact, the phenomenon happens frequently, they make that affirmative by making a situational diagnosis of their reality. They evaluate that there is a deficiency in their self-defense, which can also harm the aggressor, considering that when suffering violence, the worker can become a potential aggressor.

However, these professionals who should be prepared to identify cases of violence have not received the necessary qualification to do so and they question their safety conditions at work and also the institutional support offered to them.

The decision to share the experience of violence in the workplace with the family

This category elucidated the reasons that motivated the victims whether to tell or not the family about the aggressions. Women mentioned the need to verbalize the facts, because, somehow, they claim to need emotional support, mainly to deal with legal issues arising from the phenomenon:

[...] I tell my family about the assaults, but I tell you in a different way, not how it actually happened. They do not even dream that I get bitten that way at work. (I12, F, 28 years).

[...] There are some situations that I need to tell my family, because I need them, my husband already had

to come with me in an audience once, so I had to tell. We can't separate the personal from the professional, we are distressed, we need to transfer some of the anguish to someone, and ends up being the family. They try to understand, but they are afraid. My husband is more relaxed when I go to the ward, that is, when I leave the emergency room, because he knows that there will not be shooting or physical violence there. (I9, F, 41 years)

The difficulty in separating professional issues from personal life was present in all interviews. Thus, some discourses, especially those of women, lead to the inference that the suffering generated in the work from the physical aggressions cannot be simply dissociated from the personal side. Authors⁽¹⁵⁾ consider that there is no classical separation "within the work" and "outside the work", since the psyche cannot be divided. In this way, the worker takes on the loads he has at work to home and vice versa, and this dynamic is positive for his psychic balance.

On the other hand, men were more resistant to report cases of violence to the family; many mentioned being afraid of the reaction of the wife and children.

At that moment one comes across one of the premises of Symbolic Interactionism⁽¹¹⁾, when we understand that the human being acts towards the world according to the meanings he creates. Thus, situations of occupational violence generate different meanings for each worker, and the decision to share them varies according to past interactions.

Based on the interactionist assumption, each of the victims has the task of interpreting the meanings related to the object - occupational violence - and then reflect on the meaning of sharing and interacting with new elements or with their own family.

The majority of men decided not to share the experience of physical violence in their work environment with their families, because they face questionings that generate conflict for the *self*:

[...] I try not to take things from here to home; what happens here stays here. My wife gets worried and my son too. I have a grown up son and he gets impatient, he questions me about retaliating. (I3, M, 38 years).

While exposing the occupational violence, this worker reflects on an interaction of the past, recalling a negative meaning in the reaction of the son, showing the reason to remain silent. At that moment, it is possible to emphasize that there is an interaction with the self. The individual interacts

with himself and this determines a meaning for the object in question, and the reaction is to remain silent in the face of possible conflicting interaction with the son.

The same happened in other reports, when these workers expressed the fear of sharing with their wives the episodes of occupational violence experienced. The following report confirms this fear:

[...] I avoid talking about this with my family because I think my wife will be desperate knowing that I work in a heavy environment. I think she's going to get me out of the area. (I8, M, 35 years).

In this perspective, some authors⁽¹⁶⁾ understand human communication as a symbolic system that guarantees conviviality in society and in the family environment itself. It is worth mentioning that, for Symbolic Interactionism⁽¹¹⁾, all social interactions are mediated by symbols that represent the expression of each person, whether through words or even non-verbal communication. Therefore, in the researched reality, men omitted the facts, depriving themselves of communication and interaction and provoking reactions justified by the meanings developed in past interactions.

The omission of the occupational violence experienced prompts a rethinking of the family context, since the family plays an important role in coping with violence, and the decision to reveal these episodes to close persons varied according to gender. To better understand this distinct reaction, it is necessary bring up the difference of roles that man and woman have developed within family dynamics over the years.

When analyzing the history of the family, it is observed that this institution has undergone transformations that generate a certain model to be followed: nuclear family, composed by husband, wife and children, with the husband being the highest authority and the head of the family. There is, therefore, a clear distinction between the roles and attributes of men and women.

Regardless of the current growth of other family arrangements, the nuclear family configuration still predominates. The types of family organization are important to understand the ways in which the family manages the process of socialization, transmission of values and norms. The forms of sociability exercised by the family components occur in a differentiated, although complementary, manner⁽¹⁷⁾.

From this perspective, it can be stated that the development of the self among the interviewed men was influenced almost directly by the patriarchal family model proposed by the society that, little by little, has been changing, but still has a strong influence on the Brazilian family dynamics.

Perception of nursing workers on how society views them

The importance of researching the perception of nursing workers about how society sees them is closely linked to the fact that occupational violence is a symptom of a complex situation that is not limited to individual and structural factors, but rather encompasses social issues that need to be discussed. Such perception is fundamental to the definition of the professional personality of the nurse.

[...] People believe that we are well paid and so we must work and that's it. That is, we are their employees, not qualified professionals that deserve respect [...]. (I5, M, 30 years).

[...] It is a snowball; the population does not respect us and there is no punishment for the disrespect towards us, workers. We know that we do not have support from the head. It is self-indulgence; nursing professionals have already incorporated these situations [...]. The population became accustomed to assaulting the employees and worse, consciously. They feel entitled to disrespect us. [...]. (I9, F, 41 years).

The personality of the human being is defined by the acceptance of a medium by the individual, one that has importance for him. Acceptance of the individual by a group is essential, including for the construction of the meaning of work. Identity processes give importance to the interactions of the present and the past. The relationship between history and context values the behavior of individuals as members of a society^(12:37):

[...] This explanation denies, or at least ignores, that human beings have personalities and that they act after they have been informed [...]. Psychological factors have the same role as the social factors mentioned above: they are considered as factors that affect the individual, when he acts.

In another perspective, it is important to stress the importance of considering the "situation" to understand the dynamics involved in the process of

interaction present, for example, in the workplace^(12:36-37):

[...] human society is composed of individuals who have developed their "I"; the individual action is a construction and not a spontaneous action, and it is built by the individual who is in the hands of the characteristics of the situations that he interprets and from which he acts.

In this same direction, for Blumer, besides the centrality of the "situation" for the analysis of social interactions, one must consider the "historical chain"^(11: 136-137):

A new kind of action never arises separately from a foundation provided by the previous actions of the participants. The participants involved in the formation of the new joint behavior bring at the same time the universe of objects, the sets of meanings and the systematizations of interpretation that they already have. Thus, the new form of joint action always arises from a context of previous collective behaviors, and it is associated with it. It cannot be analyzed outside this context; it should consider such a link together with previous manifestations of joint behavior.

If social reality is produced by social interactions, they cannot be understood except in a larger process that inherits from other interactions the sense and meaning of objects, and at the same time generate elements and meanings for other interactions. Thus, the symbolic characteristic of social interactions is not only represented by the development of social contexts, but is also responsible for acting as a demarcating element of the individuals' "affiliation" with social groups.

Blumer also considers that, in addition to the centrality of the "situation" as an analysis of social interactions, it is necessary to take the "historical link" into account. This is because a new type of action will never happen separately from a foundation developed from previous actions experienced by individuals⁽¹¹⁾.

Still in relation to social interactions, the speech of I2 regarding [...] *the population sees us as a "a no one"* [...] (I2, M, 36 years) suggests that these professionals are invisible to the eyes of the population. Patients identify nurses and call them 'doctors', precisely because they identify that the ones in white personify the figure of physicians. As for technicians, or nursing assistants, they are called 'nurses', but they are not nurses in fact, i.e. the

professionals are not noticed and do not make themselves known in their own work environment⁽¹⁸⁾.

Nursing is legally composed of several professional categories, classified into types of workers with different spheres of attribution, training and competence. This is the reason for some authors⁽¹⁹⁾ to affirm that, as long as there is such heterogeneity, the professional identity of nursing will be weakened in its potency and weakened in its political power as a profession of undeniable value.

Other authors justify the presence of occupational violence among the nursing team not only as a result of the inferiorization of the profession in the face of the prejudices of society, but also because the larger work force is predominantly represented by women, another controversial issue that needs to be addressed in further researches⁽⁴⁾.

Nursing, as well as medicine, are considered essential in any society that wants to receive quality care and has foundations on a recent work process. That means that nursing is a profession of public utility and unquestionable social value, but it is simply not acknowledged as such⁽²⁰⁾.

It is necessary that managers and workers ensure that occupational violence do not become trivialized in health practices, and that protocols be incorporated to reduce the occurrence of such events and to provide support to the victims. Furthermore, it is necessary to create spaces for the assaulted workers to talk about the doubts, fears and anguish in relation to what happened. For this, other professionals - psychologists, social workers and even managers - need to engage in empathetic listening. It is necessary to take care of those who provide cares for others.

FINAL CONSIDERATIONS

The present investigation was guided by the search for the meaning of physical violence at hospital emergency and urgency units within the family and social dynamics of nursing workers. This meaning was attributed by them as regards their own conceptual elaborations and subjective interactions in the space of their care practice.

The sense of the connection between the concepts of symbolic interactionism and the view that nursing

workers have about the violent acts to which they were subjected showed that these workers attributed meanings to such acts and that they are very unprepared they are to face this aggressiveness.

The fact that they recognize the lack of preparation contributes to the non-trivialization of violence, considering that there is great concern for their health and the quality of the assistance they provide. There is a movement, still discrete, but motivational towards changing the reality faced.

Concomitant with the recognition of the physical and emotional unpreparedness of these workers, the symbolic interaction made it possible to identify the meaning of acts of physical violence in the opinion of the people in their workplace, in their daily lives. Yet, the interviewees attributed meaning to the devaluation of their profession by society. Therefore, the acknowledgement that the existential basis of this social phenomenon is undeniably the way in which the profession is determined in its historical context, added to the poor working conditions, translated into overcrowding of services and scarcity of human and material resources.

It can be observed, therefore, that the episodes of occupational violence are increasingly present in the daily life of health professionals, especially nursing workers. The work is perceived by the interviewees as disqualified, reinforcing the loss of their importance and uselessness to those who need the care.

Another important issue reported by these workers was the family's preoccupation to learn about the assaults. Faced with this reality, resistance from the workers was seen to report these facts to those who are close to them.

The difficulty of exposing situations of violence to the family can be an aggravating factor for the health of these professionals. This further reinforces the need for psychological support in an attempt to minimize the repercussions of violence in their lives.

It is hoped that the results of this research promote debates and improvements, especially in relation to safety measures for nursing workers, considering that more than nursing workers, they are people who belong to the same society that devalues them and, therefore, they deserve to be respected above all else. It takes courage and mobilization to change the paradigm of nursing.

SIGNIFICADO DA VIOLÊNCIA FÍSICA OCUPACIONAL PARA O TRABALHADOR DE ENFERMAGEM NA DINÂMICA FAMILIAR E SOCIAL

RESUMO

Neste estudo objetivou-se apreender o significado da violência física ocupacional para o trabalhador de enfermagem em sua dinâmica familiar e social. Pesquisa qualitativa, desenvolvida por meio de entrevistas individuais, com 16 trabalhadores de enfermagem de serviços de urgência e emergência de dois hospitais de média complexidade de uma cidade de grande porte do norte do Paraná. Utilizou-se a análise de conteúdo para organizar os dados e o Interacionismo Simbólico como referencial teórico. Os trabalhadores relataram sentir-se despreparados para enfrentar a agressividade da população e utilizam a reflexão para questionar sua realidade. A dinâmica familiar variou de acordo com o gênero, sendo que as mulheres relataram compartilhar as vivências de agressividade física com sua família. Em contrapartida, os homens evitam informar suas esposas e filhos sobre esses atos, pois, culturalmente, são considerados mais fortes e devem enfrentar essas situações sem a necessidade de compartilhá-las. Identificou-se também a forma como a cultura está enraizada na sociedade a ponto de interferir no processo de trabalho em saúde, pois, na visão do trabalhador, essa população o despreza e por isso o agride fisicamente.

Palavras-chave: Enfermagem. Violência no trabalho. Serviços médicos de emergência.

SIGNIFICADO DE LA VIOLENCIA FÍSICA OCUPACIONAL PARA EL TRABAJADOR DE ENFERMERÍA EN LA DINÁMICA FAMILIAR Y SOCIAL

RESUMEN

Este estudio tuvo el objetivo de comprender el significado de la violencia física ocupacional para el trabajador de enfermería en su dinámica familiar y social. Investigación cualitativa, desarrollada por medio de entrevistas individuales, con 16 trabajadores de enfermería de servicios de urgencias y emergencias de dos hospitales de media complejidad de una ciudad de gran tamaño del norte de Paraná-Brasil. Fue utilizado el análisis de contenido para organizar los datos y el Interaccionismo Simbólico como referencial teórico. Los trabajadores relataron sentirse sin preparación para enfrentar la agresividad de la población y utilizan la reflexión para cuestionar su realidad. La dinámica familiar varió de acuerdo con el género, siendo las mujeres las que relataron compartir las experiencias de agresividad física con su familia. Por otro lado, los hombres evitan informar a sus esposas e hijos sobre estos actos, pues, culturalmente, son considerados más fuertes y deben enfrentar estas situaciones sin la necesidad de compartirlas. Se identificó también la forma como la cultura está arraigada en la sociedad a punto de interferir en el proceso de trabajo en salud, pues, en la visión del trabajador, esta población lo desprecia y por ello lo agrede físicamente.

Palabras clave: Enfermería. Violencia en el trabajo. Servicios médicos de emergencias.

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