

Workplace Violence in Primary Health Care Nursing: Institutional Case Analysis

Violência Ocupacional na Enfermagem da Atenção Primária: Análise de Caso Institucional
Violencia Laboral en la Enfermería de Atención Primaria: Análisis de Caso Institucional

RESUMO

Objetivo: Examinar criticamente um episódio de violência ocupacional vivenciado por enfermeira em unidade de atenção primária à saúde, destacando respostas institucionais e seus efeitos na gestão de riscos e na segurança da equipe. **Método:** Estudo qualitativo, descritivo-analítico, do tipo relato de experiência, configurado como estudo de caso único institucional. Utilizou-se análise temática de registros oficiais, documentos administrativos e legais relacionados ao evento. **Resultados:** Identificaram-se fragilidades na infraestrutura de segurança, ausência de protocolos formais, capacitação insuficiente para manejo de comportamentos agressivos e respostas institucionais pós-incidente limitadas. A apuração administrativa sem expertise específica, o acompanhamento psicológico por profissionais envolvidos e a manutenção do agressor na unidade ampliaram a percepção de insegurança e o sofrimento da trabalhadora. **Conclusão:** A violência ocupacional mostrou-se fenômeno sistêmico, relacionado a fatores organizacionais e decisórios. Destaca-se a necessidade de vigilância, apoio jurídico, segurança ambiental, capacitação contínua e suporte psicossocial institucional para proteção da equipe e qualificação do cuidado.

DESCRIPTORES: Violência Ocupacional; Enfermagem; Atenção Primária à Saúde; Responsabilidade Institucional; Segurança no Trabalho.

ABSTRACT

Objective: To critically examine an episode of workplace violence experienced by a nurse in a primary health care unit, highlighting institutional responses and their effects on risk management and team safety. **Method:** Qualitative, descriptive-analytical experience report configured as a single institutional case study. Thematic analysis was conducted using official records and administrative and legal documents related to the event. **Results:** Weaknesses were identified in security infrastructure, absence of formal protocols, insufficient training to manage aggressive behavior, and limited post-incident institutional responses. Administrative investigation without specific expertise, psychological support provided by directly involved professionals, and the decision to keep the aggressor in the same unit increased insecurity and psychological distress. **Conclusion:** Workplace violence proved to be a systemic phenomenon associated with organizational and decision-making factors. Surveillance systems, legal support, environmental safety measures, continuous professional training, and institutional psychosocial support are essential to protect health workers and improve quality of care.

DESCRIPTORS: Workplace Violence; Nursing; Primary Health Care; Institutional Responsibility; Occupational Safety.

RESUMEN

Objetivo: Examinar críticamente un episodio de violencia laboral sufrido por una enfermera en una unidad de atención primaria de salud, destacando las respuestas institucionales y sus efectos en la gestión del riesgo y en la seguridad del equipo. **Método:** Estudio cualitativo, descriptivo-analítico, tipo relato de experiencia, configurado como estudio de caso único institucional. Se realizó análisis temático de registros oficiales y documentos administrativos y legales relacionados con el evento. **Resultados:** Se identificaron fragilidades en la infraestructura de seguridad, ausencia de protocolos formales, capacitación insuficiente para el manejo de conductas agresivas y respuestas institucionales posteriores limitadas. La investigación administrativa sin experiencia específica, el apoyo psicológico por profesionales involucrados y el mantenimiento del agresor en la unidad aumentaron la percepción de inseguridad y el sufrimiento de la trabajadora. **Conclusión:** La violencia laboral se evidenció como fenómeno sistémico vinculado a factores organizacionales y decisorios. Se destaca la necesidad de vigilancia, apoyo jurídico, seguridad ambiental, capacitación continua y soporte psicossocial institucional.

DESCRIPTORES: Violencia Ocupacional; Enfermería; Atención Primaria de Salud; Responsabilidad Institucional; Seguridad en el Trabajo.

Gian Marcelo Correa Tamara

Emergency Specialist. Cenecesta University Center of Bento Gonçalves.

ORCID: <https://orcid.org/0009-0004-5716-7538>

Katia Ghilardi Mendanha

Public Health Specialist. Cenecesta University Center of Bento Gonçalves.

ORCID <https://orcid.org/0009-0008-6319-7337>

INTRODUCTION

Occupational violence against health professionals is a highly relevant problem in contemporary health systems, with direct repercussions on workers' health, quality of care, and sustainability of services^(1,2). As the main gateway to the Unified Health System (SUS), Primary Health Care (PHC) concentrates complex care demands and contexts of social vulnerability, which increas-

es the occurrence of conflicts in everyday care^(3,4).

In this scenario, the nursing team stands out as one of the most exposed professional groups, due to their continuous contact with users, their central role in coordinating care, and their recurring role in mediating situations of tension and conflict. Exposure to stressful work environments is associated with professional burnout, psychological distress, absenteeism, and intention to leave, negatively im-

pacting the safety of care and the continuity of care actions^(1,2,17,18).

Despite the magnitude of the phenomenon, episodes of violence remain largely normalized and underreported, mainly due to the fragility of organizational mechanisms for prevention, reporting, and accountability^(5,6). Although there has been progress in scientific research on violence in healthcare work, there are still few analyses that examine, in depth and based on documentary evidence, organizational responses to critical events in primary care.

Given this context, this study aims to critically analyze an episode of occupational violence experienced by a nurse in a primary health care unit in Brazil in 2024, with an emphasis on institutional responses—both in terms of actions and omissions—and their implications for risk management and the safety of health care staff.

METHODOLOGY

This is a qualitative, descriptive-analytical study, configured as an experience report with a single institutional case study approach, designed to enable the contextualized analysis of complex phenomena in a real environment and the in-depth study of an episode of occupational violence that occurred in a public PHC unit in Brazil, characterized by physical aggression and verbal threats directed at a nurse in the exercise of her profession.

The data sources included official records of the event, administrative and legal documentation, as well as formal documents produced in the institutional investigation process, constituting a retrospective documentary corpus. As it did not involve the identification of participants, direct intervention, or the collection of sensitive data, the study falls under the situations exempt from review by a

Research Ethics Committee, in accordance with Resolution No. 510/2016 of the National Health Council.

Data analysis was conducted through reflective thematic analysis, with exhaustive reading of the material, initial coding, and construction of analytical categories related to institutional weaknesses in violence prevention, organizational responses to the incident, and repercussions for the victim and the care environment, interpreted in light of the worker health and risk management framework^(3,7,8,16).

DESCRIPTION OF THE EXPERIENCE

Before the event

The nurse, who was fully qualified and had extensive clinical experience, worked at a public primary health care unit, performing routine care activities during the day shift. This was the patient's first contact with the unit, with no prior information about his clinical, behavioral, or risk history.

During the assault

The patient arrived at the unit significantly later than the scheduled appointment time. The nurse asked the doctor if it would be possible to fit him into the schedule, which was denied due to the demand for care. After being instructed to reschedule, the patient exhibited aggressive behavior, including raising his voice, hostile verbal expressions, and refusal to accept the decision. The interaction escalated to physical aggression and verbal threats, without the use of weapons, requiring the intervention of other nursing professionals. Another worker at the unit also suffered physical violence.

The nurse suffered multiple cuts and bruises to her face, neck, and upper limbs, associated with pain and fear. At the time, the unit did not have security infrastructure, such as sur-

veillance cameras, access control, or protocols for responding to situations of violence. Although there was a security professional at the facility, their duties did not cover the clinical care area.

After the event

The incident was reported to public authorities, recorded in institutional channels, and forwarded to law enforcement agencies, in accordance with current legislation. The nurse informally requested that the aggressive patient be removed from the unit, but the public administration decided to keep him there. Management offered the professional the possibility of transfer to another unit and psychological counseling through the municipality's mental health team, composed of professionals who witnessed the episode. Treatment for facial injuries was initially indicated by the SUS. The administrative investigation was conducted by colleagues of the victimized nurse, without specific training in handling situations of occupational violence.

RESULTS

The analysis is based on occupational health and institutional risk management benchmarks, which understand occupational violence as a systemic phenomenon produced by interactions between organizational, environmental, and decision-making factors, rather than as the exclusive result of individual behaviors, in light of systemic and institutional approaches to violence at work in health services^(7,9).

The absence of formal protocols for the prevention and management of aggressive behaviors, the lack of specific training in de-escalation techniques, and inadequate environmental safety measures create an organizational scenario conducive to the oc-

currence of aggression against nursing professionals. These findings converge with studies that point to institutional failures as central elements in the genesis and perpetuation of violence in healthcare work ^(1,8,10).

In terms of the institutional response after the incident, there was a lack of structured measures to protect and support the victimized professional. The provision of psychological support by professionals directly involved in the episode poses a potential ethical conflict and risk of revictimization ^(11,12). Furthermore, the referral of injuries exclusively through the public health system was interpreted by the worker as a potential source of delay in accessing specialized care, due to the limitations of access to specialized care observed in different contexts of the SUS. In this scenario, the absence of agreed care alternatives and active institutional support reinforced the feeling of vulnerability and lack of protection experienced by the professional.

The conduct of the administrative investigation by professionals without specific technical training in occupational violence resulted in questions about the victim's report, contributing to the aggravation of psychological distress ^(5,11). Functional omission by the security professional present at the site was also identified, evidencing flaws in the definition and operationalization of institutional responsibilities ⁽⁸⁾.

From a systemic point of view, the management's decision to keep the aggressive user linked to the unit, without adopting effective risk mitigation measures, contributed to the perception of insecurity among workers and compromised the care environment ^(8,10).

DISCUSSION

The weaknesses identified in this

case study corroborate previous findings, which point to the need for multifactorial institutional responses to address occupational violence in health services, integrating surveillance and reporting actions, legal support, environmental safety, conflict mediation, continuing professional training, and psychosocial support in a systemic approach to occupational risk management ^(1,2,10,12).

Overall, the case analysis allows us to view occupational violence at different interrelated levels: at the micro level, expressed in the specific episode and in the nurse's suffering; at the meso level, evidenced in the responses of local management and the work team; and at the macro level, linked to structural deficiencies in occupational health, in line with analyses that understand violence in nursing as a multifaceted phenomenon produced by the interaction between individual, organizational, and contextual factors ^(1,7,8,21).

National and international literature points to limitations in obtaining reliable data on the incidence of occupational violence in nursing and on the length of time off work after assaults, due to underreporting, the normalization of these events, and fear of retaliation, factors that contribute to their invisibility. In addition, leave is often recorded with nonspecific diagnoses, making it difficult to establish a causal link, produce reliable indicators, and formulate effective prevention and accountability policies ^(1,5,6,9).

In this context, it is important to highlight the importance of standardized surveillance and reporting systems, which are essential for identifying patterns of aggression, producing reliable indicators, and supporting evidence-based public policies and interventions ^(1,2). Institutional legal support for workers is associated with a reduction in underreporting and the strengthening of administra-

tive and criminal accountability processes for aggressors ⁽¹³⁾.

The adoption of continuous environmental safety measures and institutional protocols is essential for mitigating occupational risk, especially in primary care, which is characterized by high exposure of professionals ^(14,15). Organizational practices for conflict mediation and humanization of care, with an emphasis on effective communication, reception, and early management of tense situations, contribute to preventing episodes of violence ⁽¹⁾.

Systematic professional training focused on therapeutic communication, identification of risk signs, and de-escalation techniques, combined with the provision of institutional psychological support, is an essential strategy for reducing the psychosocial impacts of violence and preserving the mental health of nursing workers ^(11,12,14).

In addition, immediate measures to protect workers after incidents—such as reception, follow-up, and ensuring safe conditions for returning to work—are noteworthy, reaffirming the responsibility of health services to protect the workforce ^(8,10).

FINAL CONSIDERATIONS

Violence against nursing professionals in primary health care is a multifactorial phenomenon of high relevance to occupational health, with widely documented legal, psychosocial, and organizational repercussions ^(1,3,4). The analysis of the case demonstrates that these episodes are not limited to fortuitous circumstances or individual conduct, but are part of institutional contexts marked by persistent weaknesses in the mechanisms for prevention, protection, and response to occupational violence, with direct repercussions on risk management and the safety of health

care teams^(7,8).

In this sense, the absence of formalized protocols, continuous training, basic environmental safety measures, and comprehensive support for victimized professionals highlights gaps that are incompatible with the ethical,

legal, and administrative duties assigned to healthcare institutions^(1,2).

As an experience report based on an institutional case study, this study highlights the potential of critical analysis of sentinel events for organizational learning and for improving

risk management processes, contributing to the qualification of institutional practices focused on safety, dignity in nursing work, and quality of health care^(8,10).

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