

ORIGINAL ARTICLE

Workplace violence experienced by Nursing professionals in the Health Care Network: a cross-sectional study


HIGHLIGHTS


1. High prevalence of verbal violence among Nursing professionals.
2. Physical and sexual violence occur less frequently.
3. Women with low incomes suffer more sexual violence.
4. Violence affects mental health and reduces job satisfaction.


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ABSTRACT

Objective: To analyze workplace violence against Nursing professionals in the Health Care Network. **Method:** Cross-sectional study with 179 Nursing professionals, using a questionnaire to assess workplace violence. Data were analyzed using descriptive and inferential statistics. **Results:** Among the participants, 88 (49.1%) reported having suffered some type of violence in the workplace, with verbal aggression being the most common, perpetrated by patients, family members, and healthcare professionals (48.0%). The main consequences reported were: stress associated with physical violence (66.7%), loss of job satisfaction related to verbal violence (33.7%), and irritation in cases of sexual violence (4.5%). **Conclusion:** Workplace violence was frequent among Nursing professionals, with verbal aggression predominating. This reality generates emotional repercussions and job dissatisfaction, compromising care. Furthermore, violence is a worrying reality in the daily lives of nursing professionals throughout the healthcare network.

DESCRIPTORS: Workplace Violence; Aggression; Nursing, Team; Health Services; Mental Health.

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INTRODUCTION

Workplace violence can take many forms and be defined in many ways¹. It is considered aggression when workers are abused, intimidated, or attacked in circumstances related to the exercise of their profession, involving explicit or implicit challenges to the safety, well-being, or health of these individuals². This violence can manifest itself through verbal and physical abuse, harassment, exclusion, or intimidation, and can be directed and perpetrated by different actors, such as patients, family members, caregivers, other professionals, or managers¹.

The frequency of workplace violence has increased significantly in several countries³. Globally, Nursing professionals are among the most susceptible to this type of exposure⁴, due to their position on the front line of health services and the provision of direct care to patients, continuously⁵, 24 hours a day³. However, rates of violence against this category remain underreported, largely due to the widespread belief that these incidents are an unfortunate but inevitable part of the profession⁵⁻⁶.

According to the American Nurses Association, approximately 25% of these professionals reported having suffered physical aggression by patients or family members, while more than 50% were exposed to verbal abuse or bullying. In addition, about 9% expressed concern about their own physical safety in the workplace⁷. In Brazil, studies indicate similarly high prevalences of violence against Nursing professionals, reaching rates exceeding 60% among the workers evaluated⁸⁻⁹.

Regardless of its nature, workplace violence has long-term professional, physical, and psychological repercussions¹, compromising well-being, professional conduct, and family dynamics⁶. Among the observed consequences are job dissatisfaction, reduced productivity, substance abuse, excessive alcohol consumption, decreased satisfaction with health and life, as well as mental health problems such as emotional exhaustion, suicidal ideation, depression, and anxiety². Cases of injuries and hospitalizations resulting from these episodes have also been recorded¹⁰.

Organizational implications are equally relevant, especially due to increased absenteeism related to injuries or illness and physical and emotional exhaustion, factors that compromise the quality of care, financial resources, and institutional efficiency².

Despite the relevance of the topic, gaps persist in knowledge about workplace violence affecting the Nursing team. Thus, identifying the real prevalence and the most vulnerable subgroups is essential to strengthen the safety of these professionals¹¹. The development of studies based on validated instruments represents a fundamental step in addressing occupational violence and measuring its magnitude, making it possible to provide occupational health services with accurate data to support effective preventive and corrective measures¹². In view of this, the objective was to analyze workplace violence against Nursing professionals in the Health Care Network.

METHOD

This is an analytical, cross-sectional study conducted in public and private services that make up the Health Care Network of a municipality in the interior of Piauí, Brazil. The research sites were defined based on the National Registry of Health Establishments (CNES), an official system that gathers information on health services nationwide. Establishments with active Nursing professionals on teams and that institutionally authorized data collection were included. The guiding hypothesis of the study considered

that workplace violence had a high prevalence among Nursing professionals, varying according to the level of care and the type of institution (public or private).

The sample encompassed different levels of care in the Network, including one public hospital; two private hospitals; 10 Basic Health Units (BHU)/Family Health Strategy (FHS); one private clinic; and one Municipal Health Department (MHD), to consider different organizational contexts and broaden the representativeness of the findings.

669 Nursing professionals were identified in the eligible locations. Based on the sample size calculation (5% error, 5% significance), 179 participants were selected. The inclusion criteria included professionals with active registration with the Regional Nursing Council of Piauí (COREN-PI) and a minimum of 12 months of experience at the institution. Those who were on medical leave, vacation, or any other reason at the time of data collection were excluded. Recruitment was carried out in person at the health services, through a direct invitation from the assistant researcher, who explained the objectives and procedures of the study before the signing of the Free and Informed Consent Term (FICT).

Data collection was carried out between October 2022 and March 2023, in a private setting, through semi-structured interviews, with an average duration of 30 minutes. A questionnaire developed by the researchers was used to record socioeconomic, demographic, and occupational information, complemented by a validated instrument for assessing workplace violence suffered or witnessed by Nursing professionals, previously adapted and validated for the Brazilian context¹³.

The questionnaire has apparent and content validity, resulting from a rigorous methodological process of construction and analysis by expert judges, which achieved a minimum consensus of 80% agreement among the evaluators, indicating excellent reproducibility and internal consistency. The instrument was designed to measure the occurrence, nature, frequency, and forms of violence in the workplace, consisting of five main domains: physical violence, verbal abuse, sexual harassment, other types of violence, and prevention strategies¹³.

In addition to identifying the frequency and severity of episodes, the instrument allows characterizing the location of occurrence and the profile of the aggressors, configuring itself as a robust tool, capable of being used in investigations on occupational violence in Nursing^{3,6}. The data collection was conducted by a research assistant, duly trained in ethical, technical, and methodological aspects, ensuring the standardization of the interview process and the reliability of the data obtained.

The data were entered into an electronic spreadsheet (Excel), with double entry for validation, and subsequently analyzed using the Statistical Package for the Social Sciences (SPSS), version 19.0. Descriptive statistics and Fisher's Exact test were applied for categorical variables, adopting a confidence level of 95% ($p < 0.05$).

The study fully complied with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines, ensuring the transparency and completeness of the scientific writing. The project was approved by the Research Ethics Committee (REC) of the Universidade Federal do Piauí - opinion 4,737,766, and all participants signed the Free and Informed Consent Term (FICT).

RESULTS

The study analyzed the occurrence of violence against 179 Nursing professionals, revealing that 88 (49.1%) reported having been victims of some type of violence in the year before the data collection. The most common form was verbal violence, reported by 86 (48.0%) professionals, followed by sexual and physical violence, reported by 11 (6.1%) and 6 (3.4%) participants, respectively.

Although no statistically significant associations were observed, it was found that the main targets of verbal violence were Nursing professionals aged between 20 and 40 years, totaling 79 (50.6%) participants. The occurrence was relatively higher among male professionals, 24 (53.3%); single, 53 (50.5%); with a higher level of education, 55 (52.9%); self-declared white, 12 (54.5%); with a family income equal to or greater than three minimum wages, 53 (54.1%); and belonging to the professional category of nurses, 39 (53.4%) (Table 1).

Table 1. Distribution of socioeconomic, demographic, and professional characteristics of participants, according to the occurrence or absence of verbal violence. Floriano, PI, Brazil, 2022

Variables		Verbal violence		p-value
		Yes N (%)	No N (%)	
Age (years)	20-40	79 (50.6)	77 (49.4)	0.078*
	41-61	7 (30.4)	16 (69.6)	
Sex	Female	62 (46.3)	72 (53.7)	0.491*
	Male	24 (53.3)	21 (46.7)	
Marital status	Single	53 (50.5)	52 (49.5)	0.452*
	Married/Divorced	33 (44.6)	41 (55.4)	
Education level	High School	31 (41.3)	44 (58.7)	0.133*
	Higher Education	55 (52.9)	49 (47.1)	
Ethnicity	White	12 (54.5)	10 (45.5)	0.650*
	Brown/Black	74 (47.1)	83 (52.9)	
Family income	One to two minimum wages	53 (44.9)	65 (55.1)	0.271*
	Three or more minimum wages	33 (54.1)	28 (45.9)	
Employment institution	Hospital	75 (48.4)	80 (51.6)	0.830*
	Non-hospital	11 (45.8)	13 (54.2)	
Work schedule	Up to eight hours daily	16 (50.0)	16 (50.0)	0.847*
	More than eight hours daily	70 (47.6)	77 (52.4)	
Professional category	Nurse	39 (53.4)	34 (46.6)	0.287
	Nursing Technician/Nursing Assistant	47 (44.3)	59 (55.7)	

*Fisher's Exact Test

Source: The authors (2022-2023).

Regarding sexual violence among Nursing professionals, of the 179 participants, only 11 (6.1%) reported having suffered this type of aggression, the majority being women, who totaled nine (81.8%) victims. The occurrence of sexual violence showed a statistically significant association only with the variable family income, showing that lower incomes (between one and two minimum wages) were associated with a higher incidence (n=11; 100%; p=0.009). It was observed that the 20 to 40 age group had the highest proportion of cases, corresponding to 7.1% of professionals within this age group, indicating greater vulnerability among younger professionals (Table 2).

Table 2. Distribution of socioeconomic, demographic, and professional characteristics of participants, according to the occurrence or absence of sexual violence. Floriano, PI, Brazil, 2022

Variables		Sexual violence		p-value
		Yes N (%)	No N (%)	
Age (years)	20-40	11 (7.1)	145 (92.9)	0.363*
	41-61	-	23 (100)	
Sex	Female	9 (6.7)	125 (93.3)	0.733*
	Male	2 (4.4)	43 (95.6)	
Marital status	Single	9 (8.6)	96 (91.4)	0.127*
	Married/Divorced	2 (2.7)	72 (97.3)	
Education level	High School	2 (2.7)	73 (97.3)	0.123*
	Higher Education	9 (8.7)	95 (91.3)	
Ethnicity	White	2 (9.1)	20 (90.9)	0.628*
	Brown/Black	9 (5.7)	148 (94.3)	
Family income	One to two minimum wages	11 (9.3)	107 (90.7)	0.017*
	Three or more minimum wages	-	61 (50.0)	
Employment institution	Hospital	10 (6.5)	145 (93.5)	1.000*
	Non-hospital	1 (4.2)	23 (95.8)	
Work schedule	Up to eight hours daily	1 (3.1)	31 (96.9)	0.692*
	More than eight hours daily	10 (6.8)	137 (93.2)	
Professional category	Nurse	7 (9.6)	66 (90.4)	0.126
	Nursing Technician/Nursing Assistant	4 (3.8)	102 (96.2)	

*Fisher's Exact Test

Source: The authors (2022-2023).

Regarding physical violence, it was found that only younger professionals, aged between 20 and 40 years, were victims, totaling 6 (3.8%) participants. The distribution among the variables sex (male: n=3; 2.2% / female: n=3; 6.7%), marital status (single: n=3; 2.9% / married or divorced: n=3; 4.1%) and education (High School: n=3; 4.0% / Higher Education: n=3; 2.9%) was equal in absolute numbers (Table 3).

In relation to ethnicity, most cases of physical violence involved black and brown professionals, totaling five (3.2%). All cases occurred among professionals with family income between one and two minimum wages, corresponding to six (5.1%). Regarding occupational characteristics, only workers employed in hospitals, six (3.9%), and those with shifts exceeding eight hours a day, six (4.1%), reported having suffered physical violence. Moreover, no differences were observed in the professional category, with equal absolute numbers between nurses, three (4.1%), and Nursing technicians/assistants, 3 (2.8%). Finally, it was found that physical violence did not show statistically significant associations with the study variables (Table 3).

Table 3. Distribution of socioeconomic, demographic, and occupational characteristics of participants, according to the occurrence or absence of physical violence. Floriano, PI, Brazil, 2022

Variables		Physical violence		p-valor
		Yes N (%)	No N (%)	
Age (years)	20-40	6 (3.8)	150 (96.2)	1.000*
	41-61	-	23 (100)	
Sex	Female	3 (2.2)	131 (97.8)	0.168*
	Male	3 (6.7)	42 (93.3)	
Marital status	Single	3 (2.9)	102 (97.1)	0.692*
	Married/Divorced	3 (4.1)	71 (95.9)	
Education level	High School	3 (4.0)	72 (96.0)	0.696*
	Higher Education	3 (2.9)	101 (97.1)	
Ethnicity	White	1 (4.5)	21 (95.5)	0.550*
	Brown/Black	5 (3.2)	152 (96.8)	
Family income	One to two minimum wages	6 (5.1)	112 (94.9)	0.097*
	Three or more minimum wages	-	61 (100)	
Employment institution	Hospital	6 (3.9)	149 (96.1)	1.000*
	Non-hospital	-	24 (100)	
Regime de trabalho	Up to eight hours daily	-	32 (100)	0.593*
	More than eight hours daily	6 (4.1)	141 (95.9)	
Professional category	Nurse	3 (4.1)	70 (95.9)	0.689*
	Nursing Technician/Nursing Assistant	3 (2.8)	103 (97.2)	

*Fisher's Exact Test

Source: The authors (2022-2023).

The authorship of violent incidents against Nursing professionals was also evaluated, as shown in Table 4. The main perpetrators of verbal violence were patients' family members, totaling 33 (18.4%). Concerning sexual violence, the main aggressors identified were colleagues from the same sector, with seven (3.9%) occurrences. In cases of physical violence, the main perpetrators were patients, with three (1.7%).

Table 4. Distribution of perpetrators of physical violence, verbal violence, and sexual violence, according to the occurrence or absence of violence. Floriano, PI, Brazil, 2022 (continue)

Perpetrators of Violence		Verbal violence		Sexual violence		Physical violence	
		N	%	N	%	N	%
Supervisor	Yes	16	8.9	2	1.1	1	0.6
	No	163	91.1	177	98.9	178	99.4
A colleague from the same department	Yes	17	9.5	7	3.9	1	0.6
	No	162	90.5	172	96.1	178	99.4
A colleague from another department	Yes	24	13.4	2	1.1	-	-
	No	155	86.6	177	98.9		
Patient	Yes	20	11.2	-	-	3	1.7
	No	159	88.8			176	98.3
Patient's family member	Yes	33	18.4	2	1.1	1	0.6
	No	146	81.6	177	98.9	178	99.4

Table 4. Distribution of perpetrators of physical violence, verbal violence, and sexual violence, according to the occurrence or absence of violence. Floriano, PI, Brazil, 2022

(conclusion)

		Verbal violence		Sexual violence		Physical violence	
Perpetrators of Violence		N	%	N	%	N	%
General public	Yes	4	2.2	-	-	-	-
	No	175	97.8				
Other	Yes	4	2.2	-	-	-	-
	No	175	97.8				

Source: The authors (2022-2023).

As a consequence of the violent situations they experienced, Nursing professionals reported manifestations of an emotional, physical, and psychosocial nature. Verbal violence, mainly, generated loss of job satisfaction, 29 (33.7%); and feelings of inferiority, 24 (27.9%); while sexual violence resulted, for most victims, in irritation, eight (4.5%). In contrast, physical violence was associated with stress, recorded in four (66.7%) cases.

Table 5. Distribution of the consequences of physical violence, verbal violence, and sexual violence, according to the occurrence or absence of verbal violence. Floriano, PI, Brazil, 2022

(continue)

		Verbal violence		Sexual violence		Physical violence	
Variables		N	%	N	%	N	%
Absence from work	Yes	3	3.5	2	1.1	-	-
	No	83	96.5	177	98.9		
Anxiety	Yes	-	-	5	2.8	-	-
	No			174	97.2		
Low self-esteem	Yes	18	20.9	2	1.1	-	-
	No	68	79.1	177	98.9		
Crying spells	Yes	20	23.3	4	2.2	2	33.3
	No	66	76.7	175	97.8	4	66.7
Difficulty sleeping	Yes	21	24.4	4	2.2	1	16.7
	No	65	75.6	175	97.8	5	83.3
Stress	Yes	17	19.8	4	2.2	4	66.7
	No	69	80.2	175	97.8	2	33.3
Bodily injury	Yes	27	31.4	4	2.2	1	16.7
	No	59	68.6	175	97.8	5	83.3
Loss of concentration	Yes	17	19.8	4	2.2	2	33.3
	No	69	80.2	175	97.8	4	66.7
Anger	Yes	3	3.5	7	3.9	3	50.0
	No	83	96.5	172	96.1	3	50.0
Sadness	Yes	21	24.4	7	3.9	1	16.7
	No	65	75.6	172	96.1	5	83.3
Fatigue	Yes	11	12.8	4	2.2	1	16.7
	No	75	87.2	175	97.8	5	83.3
Disappointment	Yes	6	7.0	4	2.2	-	-
	Yes	80	93.0	175	97.8		

Table 5. Distribution of the consequences of physical violence, verbal violence, and sexual violence, according to the occurrence or absence of verbal violence. Floriano, PI, Brazil, 2022

		(conclusion)					
		Verbal violence		Sexual violence		Physical violence	
Variables		N	%	N	%	N	%
Pain	Yes	22	25.6	2	1.1	-	-
	No	64	74.4	177	98.9		
Irritation	Yes	22	25.6	8	4.5	2	33.3
	No	64	74.4	171	95.5	4	66.7
Fear	Yes	11	12.8	1	0.6	1	16.7
	No	75	87.2	178	99.4	5	83.3
Loss of job satisfaction	Yes	29	33.7	5	2.8	-	-
	No	57	63.3	174	97.2		
Feelings of inferiority	Yes	24	27.9	4	2.2	-	-
	No	62	72.1	175	97.8		

Source: The authors (2022-2023).

DISCUSSION

This study's results highlighted the complexity and severity of the violence experienced by Nursing professionals in the workplace. The high prevalence of verbal violence and the occurrence, albeit on a smaller scale, of sexual and physical violence, revealed a scenario of occupational vulnerability. Thus, it corroborates the current literature that indicates that violence against Nursing professionals is frequent and constitutes a cause for concern in the health system^{2,5}.

Almost half of the study participants reported having suffered some type of violence. The observed incidence was slightly lower than that of a meta-analysis that synthesized global epidemiological evidence on the prevalence rates of workplace violence, estimated at 59.2%. This difference may be attributed to different cultural and institutional contexts among the countries analyzed¹⁴.

In the health sector, Nursing professionals are subjected to prolonged pressure and have a high risk of experiencing violence at work¹. Verbal violence is the most common type in this category¹⁵, characterized as an intentional imposition of one's voice against another person, capable of causing mental, social, moral, or spiritual harm¹. Another Brazilian study, which investigated the types of occupational violence experienced by Nursing professionals, obtained results similar to those of this research, with verbal abuse being the most frequent, reaching a prevalence of 38%³.

This type of violence was more common among professionals in the 20 to 40 age range, which is consistent with the literature, which indicates that younger and less experienced professionals are more exposed to verbal violence¹⁶⁻¹⁷. On the other hand, older age is a protective factor: professionals between 40 and 60 years of age tend to suffer less violence, possibly due to experience and the acquisition of skills in managing and communicating with patients and caregivers, which allows them to neutralize cases of verbal violence¹⁸.

Paradoxically, specific groups, historically considered vulnerable to violence in the workplace (such as younger professionals, females, those with lower education, those with family income below two minimum wages, and nursing technicians and assistants) did not, for the most part, report episodes of violence. It is assumed that this may be related to the normalization of these aggressions, often interpreted as an inherent part of the work routine, which motivates professionals to minimize the events and avoid reporting them⁵.

Related to sex, the results corroborate research conducted in Italy⁶, which indicated a higher frequency of verbal violence reports among male professionals when compared to female professionals. On the other hand, in Brazil, women have suffered the majority of workplace violence¹⁹. This shows that, while social stereotypes make it difficult for men to confront violent situations without resorting to alternative strategies²⁰, the normalization of violence among women can hinder the recognition of aggressions, perpetuating silence in the face of these episodes.

A study conducted in the Philippines, to understand the experiences of nurses who witnessed verbal abuse in the workplace, revealed that, often, nurses who are victims of verbal aggression do not identify or deliberately ignore the aggressors during the attacks, maintaining a professional posture that reflects the belief that such situations are inevitable²¹. The female identity, socially constructed around ideas of submission and silence, is reinforced by the Nursing culture, motivating many women not to report this type of violence²².

In this study, nurses with higher education and with higher income reported, in greater proportion, episodes of verbal violence. This result was similar to that of another Brazilian study that related greater perception of violence to educational and professional level, suggesting that nurses may have greater clarity about what constitutes aggression and greater willingness to recognize it⁸. This finding highlights the need for ethical and inclusive pedagogical approaches in training processes, promoting professional empowerment and the assertive confrontation of violence.

Sexual violence was the second most frequent type, reported by 6.1% of participants. Sexual violence or harassment was considered to be any unwanted behavior of a sexual connotation, with the potential for offense, humiliation, or threat to well-being¹³. This broader conception may explain the higher prevalence, compared to physical violence, contradicting other studies^{3,23-24}.

The literature shows that sexual violence in the health sector more frequently affects women, due to the objectification of the female body and the social construction of the nurse image as a sexualized figure. In many cases, harassment is ignored or not reported, due to shame or fear of judgment, which can cause statistics to underestimate the reality^{3,25}.

Low monthly income, widely cited as a risk factor for violence in Nursing²⁶, is a determining factor in maintaining the cycle of aggression. Poorly paid professionals tend not to report for fear of losing their jobs, suffering retaliation, or being unable to take time off work¹¹.

Although not very representative in the sample of this study, physical violence has shown significant growth, especially in the hospital environment. In this context, Nursing professionals, because they work on the front line, with continuous care and multiple responsibilities, become frequent targets of expressions of user dissatisfaction²⁷.

The perpetrators of violence varied according to the type: patients were the main aggressors in cases of physical violence; family members and companions, in episodes of verbal violence; and work colleagues, in sexual violence, following a similar pattern to that found in other research^{19,24}. The constant exposure of Nursing professionals to patients and family members may explain this vulnerability, particularly concerning verbal abuse²⁰⁻²¹.

The negative consequences of violence against workers can emerge in the short and long term²⁵ and reveal the significant impact that dealing with violence can have on the emotional and physical well-being of Nursing professionals. These effects are not always visible, manifesting themselves in painful memories and so-called "invisible wounds"²⁸. Even in physical violence, where visible sequelae would be expected, stress stood out as the main consequence, a result also observed in another Brazilian study²⁹.

It was identified that nursing professionals who experienced verbal violence presented a significant emotional response, especially related to reduced job satisfaction. A study conducted in China indicated a similar result¹⁸. This occurs because suffering violence diminishes the perception of effectiveness in stopping the aggression, motivating some professionals to accept or justify the behavior as an inevitable part of the profession. This perception reduces motivation and work commitment, especially when the victim does not receive institutional support, after the incident of aggression²⁰.

Regarding sexual violence, it was found that professionals who experience it have suffer a wide variety of adverse repercussions on their mental, physical, and emotional health. These results converged with a systematic review that demonstrated that this type of violence results in fear, anxiety, depression, stress, disappointment, helplessness, and emotional disturbances such as anger, irritability, and nervousness³⁰. These multiple implications demonstrate the complexity of the phenomenon of sexual violence in the workplace.

The study's limitations included the fact that the research was conducted in public and private institutions in a specific region, which may limit the generalization of the results to other realities, cultural, and organizational contexts. Furthermore, the use of interviews and questionnaires may be subject to memory bias and participants' subjectivity, especially in relation to traumatic events, which may have led to violence being underestimated.

This study's implications for Nursing are significant, as the findings reinforce the urgency of institutional policies aimed at preventing and addressing workplace violence, with an emphasis on creating safe environments, providing psychological support, and offering continuous training for teams. It also highlighted the importance of including the topic of occupational violence in Nursing education and continuing education to promote assertive communication, conflict management, and professional empowerment. Furthermore, the results provide insights for improving management practices and developing protocols and public policies that value and protect Nursing professionals.

CONCLUSION

Based on the data analyzed, it was concluded that violence against Nursing professionals is a present and worrying reality, with a higher prevalence of verbal violence, affecting almost half of the participants. Although no statistically significant associations were identified with sociodemographic and occupational variables, some groups - such

as young professionals, men, single individuals, those with higher education, and higher income - showed a higher frequency of exposure to verbal violence. Women with low incomes were at greater risk of experiencing sexual violence, and physical violence, although less prevalent, was concentrated among younger professionals, aged between 20 and 40 years, who worked in hospital services, with working hours exceeding eight hours per day, possibly due to direct contact with patients.

The diversity of aggressors, involving family members, patients, and colleagues, increases the team's vulnerability. The consequences include stress, loss of job satisfaction, and irritation, affecting the physical and mental health of professionals. Thus, it is expected that the study will help to raise awareness among health services to adopt effective prevention policies more consistently, safe reporting channels, training to address violence, and ongoing psychological support, prioritizing the most vulnerable groups identified.

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