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RESEARCH ARTICLE (ORIGINAL)

Occupational safety climate in a psychosocial care unit: The perception of nursing workers

Clima de segurança no trabalho em unidade de atenção psicossocial: Perceção de trabalhadores de enfermagem

Clima de seguridad laboral en una unidad de atención psicosocial: Percepción de los trabajadores de enfermería

Etiane de Oliveira Freitas [1]
https://orcid.org/0000-0002-8589-2524

Alexandra do Nascimento Damasio Flores [1]
https://orcid.org/0000-0003-3428-0015

Larissa Dias Antunes [1]
https://orcid.org/0000-0002-5852-4910

Tainara Foggiato [2]
https://orcid.org/0000-0002-7391-9769

Quézia Boeira da Cunha [3]
https://orcid.org/0000-0001-7014-9343

Daiana Foggiato de Siqueira[1]
https://orcid.org/0000-0002-8592-379X

[1] Federal University of Santa Maria, RS, Brazil

[2] Emergency Care Unit, Santa Maria, Brazil

[3] University Hospital of Santa Maria, RS, Brazil

Corresponding author
Daiana Foggiato de Siqueira
E-mail: daianasiqueira@yahoo.com.br

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Abstract

Background: The safety climate is a measurable element of safety culture. Based on professionals' perceptions, it is possible to know the safety context of an organization.
Objective: Assess the safety climate and its relationship to accidents/occupational diseases in a psychosocial care unit.
Methodology: Quantitative, inferential study with nursing workers in a psychosocial care unit. A semi-structured questionnaire and the ClimaSeg-H - *Escala de Clima de Segurança no Trabalho Hospitalar* (Hospital Work Safety Climate Scale) were used. Analysis was carried out using the IBM SPSS Statistics program.
Results: As for the safety climate, the domain with the worst evaluation was "Support for work and safety practices". There was an association between the safety climate and the variables accidents/occupational diseases, use of medications, and missed work resulting from work-related accidents/illnesses.
Conclusion: There are weaknesses in the safety culture related to work and safety practices support. Having an accident/illness at work, using medications, and/or missing work is associated with the poorest perceptions of the safety climate.

Keywords: organizational culture; patient safety; worker's health; accidents at work; mental health; nursing

Resumo

Enquadramento: O clima de segurança é um elemento mensurável da cultura de segurança. A partir da perceção dos profissionais é possível conhecer o contexto de segurança de uma organização.
Objetivo: Avaliar o clima de segurança e sua relação com acidentes/doenças de trabalho em unidade de atenção psicossocial.
Metodologia: Estudo quantitativo, inferencial com trabalhadores de enfermagem de uma Unidade de Atenção Psicossocial. Utilizou-se um questionário semiestruturado e a Escala de Clima de Segurança no Trabalho Hospitalar. Análise realizada no programa IBM SPSS Statistics.
Resultados: Quanto ao clima de segurança, o domínio com pior avaliação foi Apoio às práticas de trabalho e segurança. Houve associação entre o clima de segurança e as variáveis acidentes/doenças do trabalho, uso de medicamentos e afastamentos decorrentes do acidente/doença relacionada ao trabalho.
Conclusão: Existem fragilidades na cultura de segurança e estão relacionadas com o suporte para práticas de trabalho e segurança. Sofrer acidente/doença do trabalho, usar medicações e/ou ter que se afastar está associado às piores perceções do clima de segurança.

Palavras-chave: cultura organizacional; segurança do paciente; saúde do trabalhador; acidentes de trabalho; saúde mental; enfermagem

Resumen

Marco contextual: El clima de seguridad es un elemento medible de la cultura de seguridad. A partir de la percepción de los profesionales es posible conocer el contexto de seguridad de una organización.
Objetivo: Evaluar el clima de seguridad y su relación con los accidentes/enfermedades laborales en una unidad de atención psicosocial.
Metodología: Estudio cuantitativo, inferencial con trabajadores de enfermería de una Unidad de Atención Psicosocial. Se utilizó un cuestionario semiestructurado y la Escala de Clima de Seguridad en el Trabajo Hospitalario. Análisis realizados en el programa IBM SPSS Statistics.
Resultados: En cuanto al clima de seguridad, el ámbito peor valorado fue el apoyo a las prácticas de trabajo y seguridad. Se observó una asociación entre el clima de seguridad y las variables accidentes/enfermedades laborales, uso de medicación y ausencias laborales debido a accidentes/enfermedades laborales.
Conclusión: Existen puntos débiles en la cultura de seguridad y están relacionados con el apoyo a las prácticas de trabajo y seguridad. Sufrir un accidente/lesión en el trabajo, utilizar medicación o tener que ausentarse del trabajo se asocia con las peores percepciones del clima de seguridad.

Palabras clave: cultura de la organización; seguridad del paciente; salud laboral; accidentes de trabajo; salud mental; enfermería

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Introduction

Worker health surveillance constitutes an important commitment and action in the hospital context. It is part of the relationship between health, environment, and work processes and aims to improve workers' living conditions and health (Brazil. Ordinance No. 2,728 of November 11, 2009, of the Ministry of Health, 2009). Workers' health is constituted in a collective health area and is designed to centralize the health-disease process of workers from various population groups, including nursing professionals (Gonçalves et al., 2019).

Despite the high incidence of the lack of occupational safety in Brazil, there are few empirical studies on safety culture, and the investments that encourage such studies are limited. Therefore, it is of the utmost importance that research into work safety culture is carried out (Andrade et al., 2015; Evangelist et al., 2018).

Understanding the safety climate as perceived by nursing workers is strategic in preventing accidents and stimulating the adoption of measures to protect the workers' health. This research study assesses the safety climate and its relationship with accidents/occupational diseases among nursing workers in a psychosocial care unit.

Background

The occurrence of accidents/occupational diseases is a problem entirely related to maintaining a safety culture (Alves et al., 2016).

The safety culture is evaluated through the safety climate because, based on the perception of the workers, it is possible to understand how the safety process of an organization operates and how to implement measures for improvement that promote the awareness of safe behaviors and minimize the occurrence of adverse events (Oliveira et al., 2018; Paula et al., 2018).

The issues related to the safety climate are understood as those related to the values, attitudes, perceptions, competencies, and models of behavior that define the characteristics of the organization, such as commitment, style, and competence (Salles et al., 2019).

According to Pinho (2006), organizational culture has several functions. It distinguishes one organization from another, providing a sense of identity among the components of the organization and facilitating the commitment to something greater than the individual interests of each member. Culture signals, controls, and guides employee attitudes and behavior.

Because nursing has an important place in the context of health organizations, representing the majority of health workers, this sector is fundamental for the maturity of the safety culture in these work environments (Sales et al., 2019). In addition, these professionals are constantly exposed to occupational risks – biological, chemical, physical, ergonomic, and psychosocial – and constitute a population vulnerable to occupational diseases. Therefore, nurses should play a leading role in the research carried out on the safety culture (Santos et al., 2017).

Accordingly, some authors state that workers in psychosocial care units are even more prone to suffer physical or psychological violence from users in psychological distress, resulting in a lower safety climate, seeing that the work environment is less safe (Brasaite et al., 2016). Therefore, it is important to evaluate the perception of these professionals, especially regarding the safety culture, as this assessment can contribute significantly to creating and fostering safe behaviors that will improve the quality of care and the quality of life of these workers.

Research Question

What perception do workers in the nursing sector have of the occupational safety climate in a psychosocial care unit, and what is its relationship with accidents/occupational diseases?

Methodology

A cross-sectional, descriptive, correlational study with a quantitative approach was carried out in a psychosocial care unit of a large public university hospital with 403 beds in southern Brazil. The psychosocial care unit has 30 beds for both sexes, receiving users from different cities in the region.

The study participants were workers in the nursing sector, aides, nursing technicians, and nurses who had been working in the psychosocial care unit for at least six months, which is the minimum time the literature on safety culture considers necessary for a worker to be adapted to the work sector and therefore able to contribute to the research. Workers who missed work or were on sick leave during the data collection period were excluded. Three of the 35 nursing professionals in the unit were excluded by the above criteria, and two refused to participate in the study, resulting in a convenience sample composed of 30 workers.

Data were collected from January to March 2020, the participants being personally approached in the workplace and invited to participate in the study. Those who accepted received an envelope containing the Informed Consent Form (TCLE) and the two data collection instruments. The first instrument was a semi-structured questionnaire, developed by the researchers, composed of sociodemographic variables: gender, marital status, number of children; work variables: profession, education, employment, weekly workload, work shift, possible second job and vaccination scheme; and occupational health variables: whether the worker suffered an accident/occupational disease in the last three years, type of work accident/illness, filing of Work Accident Report, missed work, and use of medication due to the accident/occupational disease to characterize the professionals and work accidents/diseases. The second instrument consisted of the ClimaSeg-H - *Escala de Clima de Segurança no Trabalho Hospitalar* (Hospital Work Safety Climate Scale), validated for the Brazilian context by Andrade et al. (2015). It is

a five-point Likert scale, ranging from *strongly disagree* to *strongly agree* and has 32 items arranged in a structure of four domains: (a) Safety programs and standards; (b) Safety equipment and organization of the environment; (c) Support for work and safety practices; and (d) Safety training and education.

By double independent digitation, the data were organized in a Windows/XP Excel spreadsheet database and analyzed using the IBM SPSS Statistics program, version 21.0. Descriptive statistics were used to describe the sociodemographic profile with the elaboration of absolute frequency (*n*) and percentage tables (%) of categorical variables.

To analyze the data obtained with the ClimaSeg-H, Cronbach's alpha was first applied to verify the instrument's internal consistency. Then, the overall average was calculated for the instrument and per domain. Higher averages indicate a better perception of the safety climate (Andrade et al., 2015). To test the hypothesis of normality of the distribution of the continuous variables evaluated in this study, the Shapiro Wilks test was performed. For the data that met the normal distribution, the Student t-test was used, and for data with non-normal distribution, the Mann-Whitney test was used. The results were considered statistically significant if $p < 0.05$, with a confidence interval of 95%.

This research is linked to a matrix project, which was registered and submitted for institutional authorization and evaluation by an Ethics Committee on Research involving Human Subjects, being approved under Opinion No. 3,119,834 of 2019. All participants were approached and agreed to participate in the research by signing the Informed Consent Form.

Results

Thirty nursing workers with a mean age of 47.47 (± 11.5 years), ranging from 25 to 66, participated in the study. The other sociodemographic and labor variables are presented in Table 1.

Table 1

Characterization of mental health workers (n = 30)

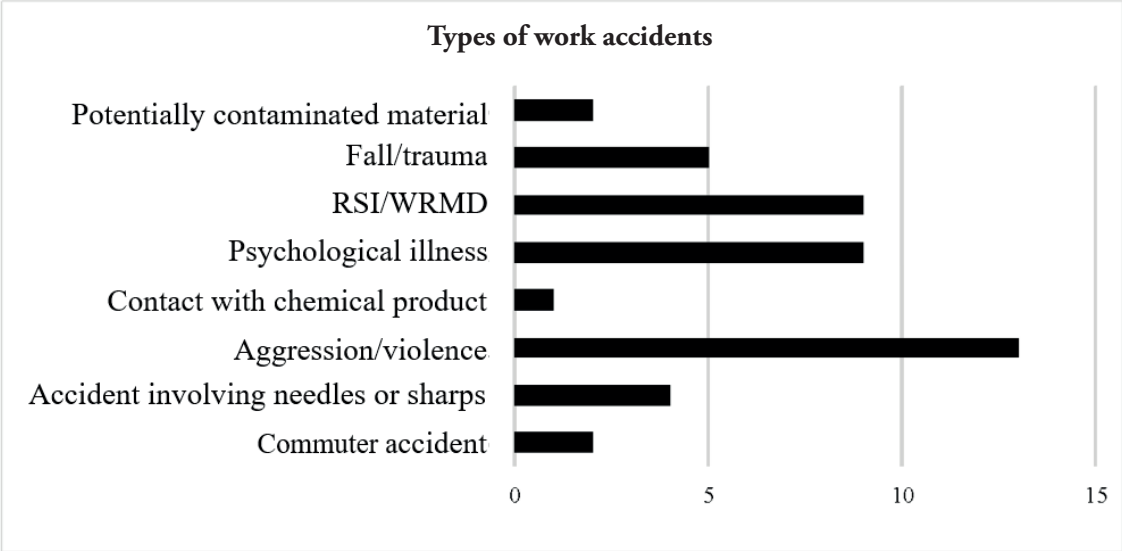
Variables	Absolute Frequency (*n*)	Relative Frequency (%)
Sex		
Male	12	40.0
Female	18	60.0
Marital status		
With partner	21	70.0
Without partner	09	30.0
Has children		
Yes	21	70.0
No	09	30.0
Profession		
Nurse's aide	04	13.3
Nursing Technician	16	53.4
Nurse	10	33.3
Schooling		
Secondary	04	13.4
Graduate	08	26.7
Post-Graduate	18	59.9
Employment Relationship		
RJU (Civil service regime)	19	63.3
CLT (Private sector regime)	11	36.7
Weekly Workload (hours)		
30	13	43.3
36	11	36.7
40	06	20.0
Shift		
Day	14	46.7
Night	08	26.7
Combination	08	26.7
Has Second Job		
Yes	03	10.0
No	27	90.0
Vaccination Scheme		
Yes	29	96.7
No	1	3.3

Note. RJU = Single Legal Regime; CLT = Consolidation of Labor Laws.

The most frequently cited types of work accidents were "Aggression/Violence," followed by "Repetitive Strain Injury/Work-Related Musculoskeletal Disorder (RSI/WRMD)" and "psychic illness." Most workers cited more than one type of accident (Figure 1).

Figure 1

Distribution of types of accidents at work in the last three years



Note. RSI = Repetitive Strain Injury; DORT = Work-Related Musculoskeletal Disorder.

Of the 30 participants, 56.7% reported having suffered accidents/occupational diseases, and the majority (53%) reported having physical and psychological accidents/diseases. Among the professionals who claimed to have suffered some accident/illness at work, 53% stated their problem resulted from a specific work accident. Of these, 100% notified and completed the Work Accident Report (CAT). Among those who reported accidents/occupational diseases, 53% needed to miss work, and 76.4% used some medication.

The descriptive analyses of the domains evaluated by the ClimaSeg-H - Hospital Work Safety Climate Scale are presented in Table 2.

Table 2

Descriptive analysis of the ClimaSeg-H - Hospital Work Safety Climate Scale

Variables	Average	Standard Deviation	Maximum	Minimum
Overall	**3.71**	**0.37**	**4.48**	**2.79**
Safety programs and standards	3.68	0.49	5.00	2.45
Safety equipment	3.83	0.47	4.67	3.00
Support for work and safety practices	3.63	0.47	4.75	2.63
Safety training and education	3.72	0.59	5.00	2.00

Regarding the ClimaSeg-H Scale, Cronbach's alpha (α) was 0.87, showing satisfactory internal consistency. According to Table 2, the best average is from the domain "Safety equipment and environmental organization." The domain that obtained the lowest average and, consequently, the worst evaluation was "Support for work and safety practices," which evaluates elements of the interpersonal work environment related to standards, obstacles, communication, and safety feedback. Table 3 shows the associations between occupational accidents/diseases and the safety climate.

Table 3

Comparison of the domains of the ClimaSeg-H Scale with the variables related to health problems at work (n = 30)

Variables	*N*	Safety Programs and Standards	Safety Equipment and Environmental Organization	Support for Work and Safety Practices	Safety Training and Education	
		Average (± *SD*)	Average (± *SD*)	Average (± *SD*)	Average (± *SD*)	Overall
Work-related accidents/illnesses						
No	13	3.91(± 0.47)	3.83(± 0.52)	3.77(± 0.39)	3.96(± 0.52)	3.87(± 0.36)
Yes	17	2.52(± 0.45)	3.83(± 0.44)	3.53(± 0.51)	3.57(± 0.60)	3.61(± 0.35)
p-value		**0.033***	1.0	0.195	0.07	0.06
Type of problem						
Physical	08	3.60(± 0.44)	3.91(± 0.36)	3.68(± 0.53)	3.67(± 0.46)	3.72(± 0.18)
Physical and Psychological	09	3.44(± 0.50)	3.83 (± 0.49)	2.43(± 0.52)	3.44(± 0.73)	2.54(± 0.46)
p-value		0.524	0.701	0.335	0.452	0.316
Work accident						
No	08	3.62(± 0.35)	3.93(± 0.34)	3.42(± 0.38)	3.67(± 0.51)	3.66(± 0.33)
Yes	09	3.45(± 0.53)	3.75(± 0.51)	3.62(± 0.61)	3.48(± 0.67)	3.57(± 0.37)
p-value		0.439	0.392	0.417	0.516	0.615
Missed work						
No	8	2.76(± 0.48)	3.82(± 0.44)	3.61(± 0.43)	3.91(± 0.49)	3.77(± 0.35)
Yes	9	2.50(± 0.48)	3.85(± 0.55)	3.67(± 0.59)	3.30(± 0.62)	3.58(± 0.40)
p-value		0.189	0.891	0.769	**0.008***	0.192
Use of medication						
No	04	3.87(± 0.41)	3.78(± 0 .48)	3.70(± 0.39)	3.98(± 0.50)	3.83(± 0.34)
Yes	13	3.43(± 0.50)	3.89 (± 0.45)	3.53(± 0.57)	3.39(± 0.55)	3.56(± 0.36)
p-value		**0.014***	0.524	0.368	**0.005***	**0.049***

Note. SD = Standard deviation.

*$p < 0.05$.

The comparison between the safety climate and occupational accidents/diseases showed a significant difference ($p < 0.05$) in the perception of the domain "Safety programs and standards" and the variables "Work-related accident/illness" and "Use of medication resulting from work-related accident/illness." Workers who reported accidents/diseases and medication use have a poorer perception in this domain. There is also a significant difference ($p < 0.05$) in the perception of the "Safety Training and Education" domain and the variables "Use of medication resulting from work-related accident/illness" and "Missed work due to work-related accident/illness." Workers who had to use medication and miss work had a poorer perception in this area. A significant difference ($p < 0.05$) in the general perception of the safety climate and the variable "Use of medication resulting from work-related accident/illness" is also seen. A worse perception of the safety climate is associated with medication use.

Discussion

Safety climate and the importance of preventing accidents/occupational diseases have gained greater prominence in nursing. In this study, most participants are female (60.0%), and most have children and are married (70.0%). Culturally, nursing is thought of as a predominantly female profession. Although the male contingent is increasing, women still prevail in the care category (Machado et al., 2015).

In this study, 56.7% of the participants stated that they had had some type of work-related accident/illness, which is corroborated by the national literature, which points out that health workers are exposed to distinct types of risk, such as posture-related injuries, accidents with sharps and needles, and occupational stress (Andrade et al., 2015). According to some researchers, work-related diseases have a worldwide influence on the occurrence

of work accidents, which can cause disease and/or death (Alves et al., 2016).

Despite the high rates of occupational accidents and disease, the fact that 100% of the workers claimed to have reported the accident should be seen as a positive point. This result is much higher than Santos et al. (2017) found, who observed that only 70% of nursing professionals filed the Work Accident Report (CAT). The authors point out that the CAT records are still scant given the actual health situation of professionals in the area.

The workers in the nursing sector of the psychosocial care unit listed aggression/violence as the main type of accident, which differs from the reality of workers in other units, since most work accidents in nursing described in the literature are related to biological risk, with the prevalence of accidents involving sharps and needles. Thus, this result is closely related to the unit's characteristics, where users are affected by psychological disorders, which has implications in the nursing team's work processes and, consequently, different risks.

According to some studies, predisposing factors for violence in these institutions include issues related to the user profile, such as age, gender, presence of psychotic symptoms, and use of alcohol and/or drugs (Paula et al., 2018; Kelly et al., 2015). Some authors also report other factors that may influence the occurrence of episodes of violence in psychosocial care units, listing aspects related to the organizational culture, leadership profile, the attitudes of professionals, and characteristics of the environment (Vieira, 2017).

In this study, we also observed a high number of accidents involving Work-Related Musculoskeletal Disorder (RSI/WRMD) and psychological illness, which were closely related to missed work and the use of medication. This supports Nylander et al. (2019), who state that mental health professionals are exposed to an environment that is physically and mentally exhausting. Working in an unsafe environment conducive to physical aggression can lead to trauma and insecurity, requiring a psychological recovery that can be arduous and painful for workers.

The domain "Support for work and safety practices" was the one that received the worst evaluation by the participants and points to questions about the relationship between peers and supervisors on safety issues such as communication in general and conflict management. This result contradicts a study on the culture of health and safety at work conducted by Evangelista et al. (2018) in a small private hospital located in the interior of Goiás. In this study, data related to organizational safety practices received a good evaluation by nursing professionals, with an average of 4.52 (± 1.04). This difference in professionals' perception may be associated with the safety climate model adopted by each institution. It is important to consider that a low score in this domain reflects the idea that employees who work in the scenario evaluated do not recognize management's commitment to the safety culture.

There is, therefore, a need to put forth efforts in the development of management strategies linked to safety issues, improving and increasing the safety climate of the unit in question, since this is an important indicator in accident prevention and the promotion of worker health (Oliveira et al., 2018).

The domain that presented the best average among workers was safety equipment and environmental organization. From this, it can be inferred that the professionals interviewed have a good perception about the availability of Personal Protective Equipment (PPE) and about the organization of the area where they work, which are considered essential issues for maintaining a safe environment.

This study also found that professionals who have suffered accidents or who use medication because of work accidents assign lower averages to safety programs and standards than those who have not suffered an accident or do not use medication. Accordingly, it is important to consider that it is not enough for the accident to be reported at work. An evaluation must be made as to whether these indicators are analyzed and whether there is work to be done based on the numbers to seek out strategies that reduce the number of accidents. Priority must be given to investigating reported accidents so that there is an actual improvement in safety issues, and thus there is a better perception of the safety climate.

Research indicates that the perception of workers about safety at work is fundamental to understanding the meaning of risk in work activities. Investigations for this purpose can foster the emergence of new strategies and risk management policies that promote positive results in workers' quality of life and health (Andrade et al., 2015).

Workers who needed to use medication and missed work also had a poorer perception in the domain regarding safety training and education. An international study states that workers who perceive that management does not prioritize safety at work or feel unprotected in the face of occupational risks tend to have more negative perceptions about the safety climate. In addition, the perception of the safety climate is associated with longer absences and higher turnover rates among participants (Mohr et al., 2016).

The importance of promoting better working conditions in hospital institutions is evident. On the part of organizations, it is necessary to adopt strategies such as continuing education, psychological support, and development for the professionals to promote quality of life and work (Santos et al., 2017).

Regarding work in psychosocial care units, the need for health management to be committed to establishing a set of values and behaviors with nursing workers stands out. The construction of a safety culture is believed to facilitate the identification and notification of safety-related problems and accidents and consequently generate in everyone involved greater accountability and commitment in carrying out their work (Oliveira et al., 2018). The involvement of managers, workers, the scientific community, and the population is extremely important in searching for favorable working conditions for health, worker safety, and the quality of care (Bordignon & Monteiro, 2016).

Limitations of the study include the fact that the Clima-Seg-H Scale does not indicate a standardized score for assessing the perception of the safety climate; the study was carried out at an inpatient unit; and the use of a convenience sampling method.

Conclusion

The evaluation of the safety climate by workers indicates weaknesses in the safety culture, especially regarding support for work and safety practices.

The results pointed to difficulties related to elements of the interpersonal work environment, such as obstacles to safety, communication, and feedback, compromising support for safe work practices. In addition, workers who had some type of work-related accident or illness with repercussions on their lives, such as the use of medications and missed work, had poorer perceptions related to the areas of the safety climate.

Therefore, there is a need to develop educational actions and create safety programs with the participation of both managers and workers, aiming at the effectiveness, in practical terms, of strategies that ensure the protection of nursing professionals.

The study further identifies the need for greater participation in managing issues related to the organizational culture and work safety in psychosocial care units. In addition, it is also necessary to make workers aware of the importance of involving everyone as proactive subjects in the implementation of a safety culture. Based on this study, one can build collective and organizational strategies that make work safer in psychosocial care units in the hospital context.

Authors contribution

Conceptualization: Freitas, E. O., Siqueira, D. F.
Data curation: Freitas, E. O., Siqueira, D. F., Flores, A. N., Antunes, L. D., Foggiato, T.
Methodology: Freitas, E. O., Siqueira, D. F., Cunha, Q. B.
Supervision: Freitas, E. O., Siqueira, D. F., Cunha, Q. B.
Validation: Freitas, E. O., Siqueira, D. F.
Writing – original draft: Freitas, E. O., Siqueira, D. F., Flores, A. N., Antunes, L. D., Foggiato, T., Cunha, Q. B.
Writing – review & editing: Freitas, E. O., Siqueira, D. F., Flores, A. N., Antunes, L. D., Foggiato, T., Cunha, Q. B.

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