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Organizational climate and culture as determinant factors of workplace violence in health care institutions

Clima y cultura organizacional como factores determinantes de la violencia laboral en instituciones de salud

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ABSTRACT

This chapter analyzes workplace violence in healthcare institutions from the perspective of organizational climate and culture, understood as determining factors of this phenomenon. Hospitals operate in highly demanding environments, where technical, emotional, and organizational demands converge, creating a scenario conducive to the emergence of psychosocial risks. According to the evidence reviewed, inadequate working conditions, work overload, care pressure, lack of autonomy, and authoritarian leadership generate cumulative tensions that deteriorate the work environment, affecting the mental health of staff and increasing the likelihood of violent behavior. It is suggested that the prevention of workplace violence should focus on transforming the organizational climate and culture. Likewise, the need to incorporate institutional mental health programs, wellness activities, and training in effective communication, conflict resolution, and stress management is emphasized. Interventions must be structural and multidisciplinary, as only through systemic changes can a safe, dignified, and wellness-oriented work environment for healthcare personnel be guaranteed. The analysis concludes that workplace violence is a systemic phenomenon that reflects failures in institutional management and that its prevention requires a profound transformation of organizational dynamics. A healthy climate and a protective institutional culture not only reduce workplace violence but also strengthen patient safety, team cohesion, and the overall performance of health services.

Keywords: Organizational Climate; Organizational Culture; Workplace Violence; Psychosocial Risks; Healthcare Personnel.

RESUMEN

El presente capítulo analiza la violencia laboral en instituciones de salud desde la perspectiva del clima y la cultura organizacional, entendidos como factores determinantes de este fenómeno. Las instituciones hospitalarias operan en entornos altamente demandantes, donde convergen exigencias técnicas, emocionales y organizacionales que configuran un escenario propicio para la aparición de riesgos psicosociales. De acuerdo con la evidencia revisada, las condiciones laborales inadecuadas, la sobrecarga de trabajo, la presión asistencial, la falta de autonomía y el liderazgo autoritario generan tensiones acumulativas que deterioran el ambiente de trabajo, afectando la salud mental del personal e incrementando la probabilidad de comportamientos violentos. Se plantea que la prevención de la violencia laboral debe centrarse en la transformación del clima y la cultura organizacional. Asimismo, se subraya la

necesidad de incorporar programas institucionales de salud mental, actividades de bienestar, y capacitaciones en comunicación efectiva, resolución de conflictos y manejo del estrés. Las intervenciones deben ser estructurales y multidisciplinarias, ya que sólo a través de cambios sistémicos se puede garantizar un ambiente de trabajo seguro, digno y orientado al bienestar del personal de salud. El análisis concluye que la violencia laboral es un fenómeno sistémico que refleja fallas en la gestión institucional y que su prevención requiere una transformación profunda de las dinámicas organizacionales. Un clima saludable y una cultura institucional protectora no sólo reducen la violencia laboral, sino que fortalecen la seguridad del paciente, la cohesión de los equipos de trabajo y el desempeño general de los servicios de salud.

Palabras clave: Clima Organizacional; Cultura Organizacional; Violencia Laboral; Riesgos Psicosociales; Personal de Salud.

INTRODUCTION

Healthcare institutions, such as clinics and hospitals, are among the most complex, demanding, and challenging work environments in the service sector. The functioning of these institutions involves extremely sensitive dynamics that require technical, emotional, ethical, and organizational balance. This means that the nature of hospital work reflects a complex network of human interactions and critical processes that require constant attention and management, given the consequences that carelessness or inadvertence would entail. In this type of context, the organizational climate and culture play an essential role as determining factors of psychosocial risk, such as workplace violence. Of course, healthcare organizations are not exempt from this type of phenomenon.

Hospital environments should be in constant transformation, whether due to the techniques, procedures, or technologies used in different treatments. While globalization influences these changes, the increase in healthcare demand cannot be ignored. This scenario has led to working conditions that favor the emergence of psychosocial risks, which can act as triggers or facilitators of violent behavior within healthcare institutions.[1] This type of risk arises primarily in organizations where the distribution of work does not always guarantee a balance between the demands of the activity itself and the resources available to carry it out, leading to tension that accumulates over time and ultimately results in stress, exhaustion, and relationship deterioration.

Organizational culture, which represents the system of values, norms, practices, and beliefs within the organization, plays a vital role in how workers interpret their context, solve problems, and manage highly emotional situations. Authoritarian leadership styles, interpersonal relationships, lack of autonomy in the performance of their activities, and the absence of strategies to prevent violence are common factors within healthcare institutions that contribute to the deterioration of labor relations.[2]

In critical areas such as emergency rooms, psychiatry, or high-demand settings, these elements become more significant, intensifying healthcare personnel's vulnerability.

The organizational climate, for its part, focuses on the shared perception that workers have of the policies, norms, and processes in place at the institution. A hostile climate denotes work overload, lack of social support, poor communication, and, above all, a lack of tools for conflict resolution, which significantly increases the likelihood of both internal and external violence. Studies conducted among healthcare personnel document that 63 % of workers have

experienced some form of victimization.[3] These figures represent a direct risk to the mental health of healthcare personnel, which is exacerbated by daily interaction with patients in delicate situations, but also by organizational failures that perpetuate conditions of stress, inequality, or lack of protection.

Similarly, negative psychosocial risk factors such as high job demands, ambiguity and role conflict, occupational stress, and insufficient social support directly undermine mental health, causing anxiety, depression, fatigue, and sleep disorders.[4] All these conditions together act as a trigger for the occurrence of workplace violence, as they imply a decrease in coping skills, reduce tolerance to conflict, amplify irritability, and increase the likelihood of confrontations between colleagues, with supervisors, and even with users.

Workplace violence among healthcare personnel is not limited to physical aggression. Even forms of psychological violence, such as verbal abuse, threats, harassment, disparagement, and microaggressions, have been recognized as the most frequent and, conversely, the least reported form of violence.[5] There is evidence that emergency service workers reported high levels of verbal abuse, situations that are often not reported or denounced for fear of reprisals from superiors. The normalization of abuse, coupled with cumbersome administrative processes, reveals a type of organizational culture in which violence is tolerated, made invisible, or assumed to be an inherent part of the job, posing a severe risk to workers' health.

A poor organizational culture not only encourages the entrenchment of workplace violence among healthcare personnel but also accentuates autocratic leadership patterns, limits effective communication practices, and hinders the creation of collaborative environments.[2] These circumstances erode team cohesion, foster mistrust, and ultimately compromise patient safety. Some studies reveal that 61 % of the causes of workplace violence identified in healthcare institutions are related to organizational factors, demonstrating the importance of intervening not only at the individual level, but also in the institution's management and leadership structures.

On the other hand, there is scientific evidence that highlights that psychosocial risks and workplace violence are strongly associated with the work environment. This type of assertion allows us to affirm that the deterioration of the work environment in healthcare institutions is not only a consequence of violence but also a cyclical factor, as it both originates and reproduces it.[3]

It is essential to address the different forms of workplace violence among healthcare personnel, not only through the development and implementation of disciplinary or corrective measures, but also through a profound cultural and institutional transformation. To this end, it is necessary to establish clear violence-prevention policies, strengthen communication channels, provide training in positive leadership, promote peer social support, improve workload distribution, and ensure decent and safe working conditions. Some authors have concluded that early identification of psychosocial risks and the implementation of multidisciplinary strategies can significantly reduce the incidence of workplace violence and improve the mental health of staff.[1]

That is why a comprehensive analysis of organizational climate and culture is crucial for understanding workplace violence in healthcare institutions. Analyzing how relationships are built, how rules are communicated, how leadership is exercised, and how workloads are

distributed allows us to identify critical junctures where violence begins or the conditions that increase it.[6] Similarly, recognizing healthy organizational practices, such as teamwork and collaboration, professional recognition, autonomy, and social support, allows for the design of effective interventions aimed at preventing abuse and promoting positive workplace coexistence.

The presence of workplace violence in healthcare institutions is not a problem of individuals, specific positions, or random events; it is the result of direct interactions related to how the workplace is organized and also how it is perceived. It reflects a poor climate and organizational culture that, to be effectively resolved, requires systemic changes through preventive interventions with concrete proposals to eliminate them and improve the safety, well-being, and performance of healthcare personnel.

Theoretical Framework On Organizational Climate, Institutional Culture, and Workplace Violence in Healthcare Settings

Workplace violence in the healthcare sector is one of the most difficult and persistent problems in the field of risk prevention. To understand it, it is necessary to situate it at the intersection of multiple organizational dimensions, particularly the organizational climate, institutional culture, and psychosocial risks linked to working conditions.[7] The evidence shows that these three elements not only coexist but also interact and feed into each other, creating work environments that can encourage the emergence, reproduction, and normalization of different forms of violence. It is essential to recognize how these dynamics are structured and how they become critical determinants within the healthcare sector.

1. Contemporary working conditions in healthcare: the starting point for organizational risk

The infrastructure conditions of hospitals and health centers operate in a context marked by the public and private sectors, with a gap shaped by the economic policy of a given region. Ideally, health institutions would undergo profound transformations driven by global processes, technological innovations, and changes in service demand. The reality is that these transformations have only partially altered how work is organized and have intensified the physical, cognitive, and emotional demands on healthcare personnel. Within clinics and hospitals, inadequate working conditions constitute psychosocial risks that affect the mental health of healthcare personnel.[1] Constant exposure to high-demand situations, pressure to achieve rapid response times, simultaneous care for multiple patients, and critical decision-making in unpredictable environments have created a scenario conducive to stress and conflict.

Psychosocial risks arise from the mismatch between job demands and the individual characteristics of healthcare workers,[8] which results in emotional overload, psychological exhaustion, and an inability to cope. These situations are particularly problematic in public institutions, where budgetary constraints, insufficient human resources, and pressure to provide care create environments more vulnerable to internal tensions. Therefore, the infrastructure conditions of health institutions are determined by the region's economy, widening the gap between the public and private sectors and creating a mismatch between service demand and healthcare workers' capacity.

2. Psychosocial risks as the structural basis of organizational climate and culture

Psychosocial risks are not only external conditions that influence individuals; they also act as structural elements capable of shaping or distorting the institution's internal dynamics. These factors are relevant given the demanding, emotionally complex nature of health services. Intense workloads, extended hours, limited autonomy, and poor interpersonal relationships directly

impact perceptions of fairness, support, and cohesion in the work environment, key components that affect the organizational climate.[9] In practical terms, an excessive and sustained workload can affect staff's ability to perform their duties efficiently, leading to physical and mental fatigue, increased conflicts with colleagues, and a higher risk of errors with patients. Feelings of frustration can arise from limited freedom to act and make decisions, leading to dysfunctional and even hostile interpersonal relationships.

The emergence of absenteeism, stress, and burnout is not simply a random event; it reflects a complex web of psychological and organizational reactions that feed into each other daily. This reaffirms that psychosocial risks have a direct impact on the organizational climate.[8] When healthcare workers operate under fast-paced conditions, sustained overload, and ambiguous roles, among other circumstances, this can favor the emergence of adverse emotional responses, such as irritability, emotional exhaustion, apathy, or social withdrawal. Together, these produce consequences not only for the individual but also for the collective, contributing to the consolidation of tense and poor working environments.

This relationship between organizational climate and psychosocial risks becomes a reference point for understanding the presence of workplace violence. Organizations with a worn-out environment and a negligent organizational culture are very susceptible to this phenomenon. Hence, the importance of addressing it not only from an individual perspective but also from the collective structure and work management systems.[10]

3. Organizational climate: a critical mediator between the work environment and violence

The organizational climate functions as a perceptual system that guides employee behavior. When the climate is favorable, that is, with relationships based on respect, collaboration, and mutual support, there is less likelihood of conflict or violence developing. Conversely, when the climate is hostile, it is characterized by constant tension, poor communication, authoritarianism, or inequality, resulting in conflict in work interactions.

Some studies on healthcare personnel point to an undeniable connection: psychosocial risks are not isolated problems; they are closely linked to the work environment. Workers' perceptions of their work climate are a direct reflection of the number of psychosocial risks they face.[3] The presence of greater risk situations indicates a worse perception of the work climate. The coexistence of all these factors reflects a toxic environment, ideal for the emergence of violent episodes, which is not only uncomfortable but also a necessary condition for the occurrence of situations of physical, verbal, or psychological violence.

4. Organizational culture: values and norms that can normalize violence

Organizational culture is the set of unwritten rules within any company or institution that defines the patterns of behavior that guide what is accepted, permitted, and sanctioned. In other words, accepted behavior is that which is considered normal and expected; permitted behavior is that which is tolerated, even if it is not ideal; while sanctioned behavior represents acts that are punished or disapproved.[2] Within organizational culture, leadership styles play an essential role, particularly autocratic leadership, in which the leader exercises absolute control and makes decisions without consulting the work team, resorting to abuse and imposition. If, in addition, the environment lacks clarity and uses communication systems as tools of power, labor relations become tense, and conflicts are often resolved through coercive practices.

An organizational culture that is lax with behavior and leadership that is dictatorial and

imposing becomes a high-tension environment, where abuse of power and coercion are the norm, creating environments of psychological violence for healthcare personnel. Permissive institutions ignore any problematic or inappropriate behavior, such as harassment or abuse, and therefore do not investigate, much less punish, harmful acts. Consequently, they fail in their "attempt" to establish and enforce rules around respect, ethics, and professional conduct.

On the other hand, it has been identified that in a traditional hierarchical organizational culture, such as that found in healthcare institutions, structures have very rigid and strict lines of command and authority, which has an adverse effect because it limits the possibility of dialogue, participation, and mutual support among workers, restricting open communication and collaboration.

5. Manifestations of workplace violence in healthcare institutions

Workplace violence in the healthcare sector takes many forms, the most common being psychological violence. This manifestation of violence encompasses actions that seek to damage the emotional stability or dignity of the worker without physical contact. This includes insults, disparagement, humiliation, harassment, isolation, and threats. However, there is evidence of physical violence, particularly assaults on nursing staff, as they are on the front line of care and spend more time interacting with patients, family members, and other colleagues.[5] Administrative staff are also often the target of physical assaults, probably because of their role in handling bureaucracy, documentation, or simply admission or discharge processes. In addition, physical violence has been documented, especially in emergency services or psychiatric care, where workers interact with patients in states of agitation.

The most interesting thing about these situations is that most incidents go unreported, indicating that institutional culture directly influences workers' ability to seek help, support, or redress. Violence becomes normalized and is no longer seen as an anomaly or a crime, but rather as an inevitable or regular part of working in healthcare—after all, it is considered "part of the job." Violence becomes invisible when it is not reported; the incidents do not formally exist, so the institution can pretend that the problem does not exist, as there are no statistics, reports, or records. Finally, violence becomes internalized as workers assume that abuse is an inherent part of their job. Instead of blaming the aggressor or the institution, they often blame themselves for not being able to handle the pressure.

It is important to note that the lack of reporting does not reflect a lack of violence, but rather the harmful power of the type of organizational culture that forces workers to remain silent and accept abuse as part of their job.

On the other hand, there is also internal violence that arises among healthcare personnel, which is not accidental but rather a symptom of structural problems within the organization. Conflicts tend to arise from daily interactions between colleagues, bosses, and subordinates, with friction representing a significant risk, linked to other factors described above, such as poor communication, lack of recognition, unequal distribution of tasks, favoritism, hostility between teams, and negative leadership, among others.[11]

Conflicts between people are not just personal problems; they are often related to organizational structures that reflect systemic failures institutions have been unable or unwilling to resolve. Suppose we add to this the contextual barriers, which encompass the problems and limitations arising from the broader institutional environment, such as structural constraints,

bureaucracy, resource constraints, and internal policies. In that case, these become real triggers for conflict. These are the fundamental flaws in the system that force people to act under unsustainable pressure, making conflict and violence a logical response to their dysfunctional work environment.

Another manifestation of violence comes from outside the institution and involves patients and their families, and is related to the institution's inadequate response to this type of problem. The most common aggressors of healthcare personnel are patients and their families. Although this type of violence could be considered predictable, the response of healthcare institutions is often inefficient. Unfortunately, the lack of measures taken by management reinforces a culture of exposure and vulnerability.[5,12] The lack of clear protocols demonstrates a lack of specific guidelines for responding to a violent incident. The lack of staff training on how to handle this type of conflict exposes institutions' lack of interest. The shortage of security personnel demonstrates the absence of protection for staff at risk of assault. At the management level, the causes of external staff discomfort are not investigated. The lack of action by management reinforces a culture that exposes workers, leaving them vulnerable, and sends the message that their integrity is not an institutional priority.

6. Pending institutional actions

Workplace violence requires profound changes in the structural system, changing the organizational climate, i.e., making it more positive, safe, and supportive. Transform the organizational culture by modifying internal norms and values that allow or normalize violence.

It is essential to create social support networks and structures that enable workers to feel supported by their colleagues and superiors. Promote positive, empathetic leadership that supports their teams and avoids autocratic or coercive styles—train staff in crucial soft skills such as effective communication and stress management, with real training programs. Establish reliable reporting mechanisms with accessible channels that guarantee confidentiality and protect reporters from retaliation. And finally, redistribute workloads fairly.[1]

Intervention Strategies

Workplace violence in healthcare institutions is a multidimensional phenomenon whose roots go beyond isolated personal interactions. It is a direct manifestation of the organizational conditions and cultural patterns that define institutional functioning. The psychosocial risks inherent in the health sector, such as high work demands, emotional burden, and lack of autonomy, are the main factors that create a scenario of vulnerability, increasing the likelihood that violent behaviors will arise and, where appropriate, become entrenched in health sector environments.

The organizational climate and culture are identified as central elements of any effective prevention strategy. These are not mere secondary attributes, but determining factors with the potential to contain or exacerbate the incidence of violence. A culture that implicitly tolerates or minimizes mistreatment and a deteriorated work climate act as a risk factor that normalizes abuse. Conversely, a culture that actively promotes staff emotional well-being, together with a climate characterized by social support and collaboration, becomes an essential protective factor for workers' health and safety.

Therefore, successful intervention against workplace violence cannot be limited to timely incident resolution or individual support programs. A profound structural transformation of

institutional management systems is required. This involves implementing comprehensive actions, such as fair workload redistribution, positive leadership development, and accessible, reliable reporting mechanisms. These systemic measures, backed by a surveillance system that continuously monitors the climate and psychosocial risks, are indispensable for strengthening the work environment and promoting a truly protective culture in the health sector. To provide a more straightforward explanation, intervention mechanisms are proposed, the first focusing on organizational climate and culture. The second focuses on well-being and systemic prevention.

Preventive actions are grouped into strategies aimed at modifying interaction and management systems.

Table 5.1. Axes of transformation of the organizational climate and culture

Strategy	Main objective	Key actions
Social support	Act as a buffer against stress and violence	Build collaborative teams, create peer support networks, and establish institutional channels for psychological support.
Leadership	Eliminate autocratic leadership and reduce internal psychological violence.	Provide training in transformational and empathetic leadership; implement periodic evaluations and promote distributed leadership models.
Communication and reporting	Eliminate the culture of silence and underreporting of incidents.	Create simple, anonymous, and accessible reporting systems; guarantee confidentiality and protection against retaliation.
Workload management	Reduce stress and work overload that trigger conflicts.	Assess and redistribute workloads; increase staffing in critical services and plan with respect for breaks.

Focus on well-being and systemic prevention

Strategies also require a focus on the overall health of staff and institutional commitment:

- Promoting well-being: Institutional culture should prioritize mental health through institutional mental health programs, access to psychotherapy, and well-being and self-care activities, counteracting the high prevalence of stress and anxiety.
- Interpersonal strengthening: Improve effective communication and cohesion through workshops on peaceful conflict resolution, teamwork, and emotional skills training.
- Zero tolerance and clear culture: The institution should issue an explicit statement of zero tolerance for violence, backed by clear sanctions and immediate protective actions for assaulted staff. This policy should be continuously disseminated to strengthen the sense of job security.
- Structural intervention in psychosocial risks: Systematic assessment and early identification of risk factors, such as role conflict, ambiguity, or overload, are essential. Intervening in these risks addresses the root of the problem and is the most crucial step toward structural prevention.

CONCLUSIONS

Workplace violence in healthcare institutions is a complex phenomenon that is directly linked to the organizational climate and culture. Adverse working conditions, work overload, authoritarian leadership, poor communication, and a lack of institutional support mechanisms contribute to a deteriorating work environment and encourage the emergence of aggressive

behavior, both internal and external. These conditions are associated with a higher prevalence of stress, anxiety, emotional exhaustion, and deterioration of mental health among healthcare personnel, which increases vulnerability to violent episodes and reduces the ability to cope with conflict situations.[3,12,13]

Likewise, psychosocial risks are central to understanding the phenomenon. Exposure to heavy workloads, long hours, and conflictive interpersonal relationships is directly linked to the likelihood of experiencing workplace violence or reproducing abusive dynamics within work teams. This interaction between psychosocial factors and violence is reinforced when the organizational climate is hostile, as the absence of social support, institutional ignorance of the problems, and the perception of injustice create an environment where violence is normalized and perceived as inevitable.[9]

External violence in healthcare institutions, mainly caused by patients and family members who express their frustration through aggression, is intensified by internal organizational failures. The problem is rooted in a deficient organizational culture that does not provide sufficient support to staff or have effective intervention protocols in place. The direct consequence of this deficiency is the underreporting of incidents, which is evidence of a culture of silence fueled by fear, the normalization of abuse, and mistrust in the institutional response.[2,5] This dynamic not only perpetuates violence but also makes it impossible to highlight and prevent it adequately.

Workplace violence in healthcare institutions is directly linked to organizational culture, with leadership style as the main modulating factor. Specifically, authoritarian or punitive leadership creates an atmosphere of tension and fear, weakening mutual support and increasing interpersonal conflicts. When institutional culture fails to value the emotional well-being of staff and fails to establish precise protection mechanisms, it creates an environment of vulnerability where psychological and emotional violence becomes persistent.

Institutional transformation is essential for the prevention of workplace violence. Strengthening social support, promoting positive leadership, improving communication, reducing workloads, and implementing health and mental health programs are necessary strategies for building safer, healthier work environments. These interventions reduce the impact of psychosocial risks and help create a more collaborative, respectful, and wellness-oriented work environment for healthcare personnel.

Finally, any prevention strategy must be supported by an institutional culture based on zero tolerance for violence. This involves establishing clear policies, accessible reporting mechanisms, action protocols, and monitoring systems that instill confidence in staff. A strong organizational culture, focused on protection and respect, serves as the primary barrier to workplace violence and the foundation for ensuring safe, efficient, and humane environments. Taken together, the conclusions allow us to affirm that preventing workplace violence requires not only operational interventions but also a profound change in organizational culture and climate, aimed at strengthening the relational and emotional fabric of those who provide care in health services.

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