MORAL HARASSMENT IN NURSING WORK

ASSÉDIO MORAL NO TRABALHO EM ENFERMAGEM

ACOSO MORAL EN EL TRABAJO DE ENFERMERÍA

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Objective: understand the experiences of nurses resulting from exposure to moral harassment at their workplace. Method: qualitative research in which nine interviews were conducted with nurses of a private hospital in the city of São Paulo. The adopted theoretical framework was based on the social phenomenology of Alfred Schütz. Results: the main results found refer to the physical and psychic consequences that affect both the personal and the professional performance of nurses, which involves the fear these professionals feel to face the situation experienced. Conclusion: by understanding the experience of the professionals in face of the consequences of moral harassment, it was possible to evidence that they are subjected to degrading situations, in order to protect themselves and keep the stability of their day. As a reflex, they suffer the consequences as victims of moral harassment.

Descriptors: Workplace Violence; Nurses; Social Behavior.

Objetivo: compreender as vivências dos enfermeiros resultantes da exposição ao assédio moral no ambiente de trabalho. Método: pesquisa qualitativa. Foram realizadas nove entrevistas com enfermeiros de um hospital privado do Município de São Paulo. O referencial teórico metodológico utilizado apoiou-se na fenomenologia sociológica de Alfred Schütz. Resultados: os principais resultados encontrados referem-se às consequências físicas e psíquicas, que afetam tanto a vida pessoal quanto o desempenho profissional dos enfermeiros, fato que envolve o medo que esses profissionais têm de se posicionar em relação à situação vivenciada. Conclusão: ao entender a vivência dos profissionais diante das consequências do assédio moral, pôde-se mostrar que eles submetem-se a situações degradantes, a fim de se protegerem e manterem a estabilidade de seu dia a dia. Como reflexo, sofrem as consequências como vítimas do assédio moral.

Descritores: Violência no Trabalho; Enfermeiros; Comportamento Social.

Objetivo: comprender las experiencias de enfermeros derivadas de la exposición al asedio moral en el ámbito laboral. Método: investigación cualitativa en la que fueron realizadas nueve entrevistas con enfermeros de un hospital privado del Municipio de São Paulo. El referencial teórico metodológico utilizado se apoyó en la fenomenología sociológica de Alfred Schütz. Resultados: los principales resultados hallados se refieren a las consecuencias físicas y psíquicas, que afectan tanto a la vida personal como al desempeño profesional de los enfermeros, hecho que involucra el miedo que estos profesionales tienen de tomar posición respecto de la situación vivida. Conclusión: al entender la experiencia de los profesionales frente a las consecuencias del asedio moral, puede demostrarse que ellos se someten a situaciones degradantes, a fin de protegerse y mantener la estabilidad de su día a día. Como reflejo, sufren las consecuencias en carácter de víctimas de acoso moral.

Descriptores: Violencia Laboral; Enfermeros; Conducta Social.

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Introduction

In its broadest sense, violence has many different causes and meanings and is inserted in a sociocultural context that prevents the establishment of a universal definition. Thus, each society uses their own values and criteria to establish definitions and limits for the concept[1].

Workplace violence is defined as any negative behavior or action occurring between two or more people that is expressed through aggressiveness. It can occur either sporadically or continuously, and unexpectedly, exposing workers to intimidation, humiliation, and threats[2]. This includes moral harassment, defined as: "Repeated, unreasonable behaviour directed towards an employee, or group of employees, that creates a risk to health and safety. In this case, the work system or practices may be used as a means of humiliating, undermining or threatening."[3:11]

The labor market fosters increased competition for space and visibility as workers attempt to maintain position and job security, ensuring personal and professional stability. This fact can be enhanced and lead to consequences such as job insecurity, flexibilization of employment relationships, and the acceleration of the economy in order to optimize resources through cost reduction. Higher unemployment rates, increased outsourcing, and a growing informal sector are factors that represent merely the tip of the iceberg in a society that is motivated by the advancement of professional competition, in which interprofessional relationships are shaped according to the criteria of each institution[4].

In the corporate world, targets result in the selection of workers with profiles for greater competitiveness for specific and individual tasks. The profile of workers resembles a sports competition, in which high performance is worshipped[5].

In a context of globalization and neoliberalism, nursing professionals are influenced by social factors, such as unstable employment conditions and flexibilization of laws that regulate professional activities in the market and determine working conditions in health institutions. Nurses are strongly influenced to accept flexible employment relationships[6].

A survey conducted by the Brazilian Federal Board of Nursing (COFEn) in partnership with the Osvaldo Cruz Foundation (FioCruz), published in 2014 on the profile of Brazilian nurses, emphasized "subwages" and professional exhaustion. These conditions make nursing even more difficult and hinders the safety of these professionals, in stark contrast to the norms established by COFEn resolutions on staffing size[7].

Research conducted in the last decade has shown that nursing workers can present various processes of professional exhaustion that impact physical and mental health. This, in turn, influences their work capacity and productivity[8].

The technicist training of nursing professionals prevails in order to meet the demands of the neoliberal market. For this reason, the status quo may be a contributing factor in silencing these professionals and reducing possibilities of obtaining social rights.

Regarding harassment, the nature of their job makes nurses vulnerable to workplace violence, as they work with multiprofessional teams that are rigidly organized and under constant pressure. They must also deal with conflicts originating from interpersonal relationships with patients, family members, peers and other health professionals on a daily basis. This understanding was corroborated in a study that demonstrated a strong correlation between the work of these professionals and the acceptance and reproduction of harassment[9].

Moral harassment in nursing work relationships, even when not detected or felt, is dealt with in different ways. For example, professionals can believe they are being harassed when in fact the situation is caused by

misalignment in work processes, which require simple measures to be resolved. They can also be suffering harassment and not recognize it. In any case, the difficulty in establishing a precise definition of harassment makes it difficult to defend against, demonstrating the importance of research about the experience of professionals with this phenomenon and its different forms of expression, in order to empower nurses and their role in health teams[10].

The rigid structure of the hospital environment, in which hierarchical relationships predominate, also works in favor of moral harassment. This vertical structure coupled with understaffing, low-quality materials, the exhausting pace of shift work, and multiple cognitive and emotional demands, among others, result in increased vulnerability of nurses to harassment.

Research on the psychic suffering of nursing workers point to the importance of organizational aspects relative to hierarchy, leadership and supervision[11]. In this context, in the nursing work routine, harassers prefer to manifest non-verbally to make it difficult to reveal their strategy and for victims to defend themselves. Some examples include: sighs, smiles, puns, sexist word games, indifference, shrugs, looks of contempt, forced silence, ignoring the victim's existence and singing[12].

The subtleties of abuse conceal the strategies used, and sometimes victims believe they are experiencing "normal conflicts" within the workplace. Studies on this type of violence in nursing need to be explored so that the idea of "normal conflict" versus "moral harassment" can be discussed early on, in nursing education. This would help nurses to properly identify the phenomenon when it occurs.

The nature of the nursing profession, in particular, and its hierarchized work organization, leads to interpersonal relationships based on pre-established norms and routines. These conditions predispose workers to display subservient behavior, which can be a triggering factor for moral harassment[13].

The objective of the present study was to understand the experiences of nurses with the consequences of being exposed to moral harassment in the workplace.

Method

This was a qualitative study based on the theoretical and philosophical approach of Alfred Shütz' phenomenological theory for social action. This methodology allows an understanding of the experience of nurses in their work environment based on the findings and the "in-order-to motives" and "because motives" of their experiences.

This study was submitted to the Research Ethics Committee of the University of São Paulo School of Nursing (EEUSP) and approved under ruling no. 1.105.439, in compliance with resolution no. 446/12 of the Brazilian National Health Council. Before initiating data collection, the professionals to be interviewed were provided with explanations on the aim of the study and were given informed consent forms to sign. These forms were in accordance with the cited resolution, which provides for ethical aspects in research with human subjects.

Area of inquiry is defined as that of perplexity, which is related with the researcher's concerns. This area does not refer to a specific physical space, but to a concept in a specific context in which people act. Area of inquiry is defined as the topic to be explored with research subjects[14]. In this study, the area of inquiry was the consequences of moral harassment as experienced by nine nurses at a private hospital in the municipality of São Paulo, Brazil, who voiced concerns about talking about the topic in the work environment.

During the interviews, the nurses gave their testimonies about their experiences with traumatic moral harassment in the workplace. Inclusion criteria were: nurses who were working at the hospital during the data-gathering period, i.e., not on vacation, medical leave or

any other type of leave; had at least three years of experience working at the hospital; and who had experienced moral harassment in the workplace in the three years prior to the study.

Data collection took place between July 2015 and January 2016 and was based on semi-structured interviews with guiding questions in order to reach the aim of the study. This technique is correlated to Alfred Shütz' theoretical and philosophical framework. The interviews were recorded to enable greater freedom of expression and greater accuracy in capturing the participants' ideas. The interviews were fully transcribed, respecting their sequence, language, pauses and repetitions.

The face-to-face relationship between researchers and participants was established spontaneously, which enabled the researchers to capture the subjective meaning of the testimonies. Discourse analysis was applied to the content of the interviews by using the methodology proposed by social phenomenology. A comprehensive analysis sequence was developed gradually over the course of six stages: conducting a thorough reading of the discourse to apprehend the participants' experience with moral harassment in the workplace; re-reading the transcripts to identify common aspects; grouping units of meaning extracted from the discourse that presented content convergence in order to compose categories from the concrete; establishing the meanings of the social act of experiencing moral harassment in the workplace through the types present in the participants' discourse to obtain the experienced typification; constituting the experienced types based on category analysis; comprehensive analysis of groups of meanings based on Alfred Shütz' social phenomenology and on references on the theme[15].

Interviews were identified by the letter I followed by a number in sequential order, i.e., I1, I2, etc., which stand for Interview 1, Interview 2, etc.

Results and discussion

The consequences of moral harassment in the life of nurses are demonstrated as it follows. It is worth mentioning that a significant part of the professionals not only reported their experiences, but also made observations about peers whose health had been affected by the suffering caused by moral harassment.

Certainly, moral harassment can cause physical and mental health problems, for I have gone through it and got very sick, so I understand that side. You think you're coping well and then after a while you realize that the situation is affecting your personal and social life, your health; I believe that it can actually affect your health [...] and there's another type of harassment, which progresses slowly and silently, happening every day. It's the kind that makes you finish every workday feeling incompetent and that everything is your fault. If it truly is your fault, then other people should always tell you, because then it's not about guilt, it's about making adjustments; Thank God, I overcame it, but I had to change sectors. (I1).

Moral harassment can cause health problems. I have friends and coworkers who left the institution, they're not here anymore, and they still suffer because of the harassment they were exposed to. People can get depressed, present physical problems, and that leads to low quality of life and burnout syndrome. Many large companies are addressing burnout, but not harassment, which they should because harassment and burnout go hand in hand. (I2).

I was so upset, so sad because of it that I went to the bathroom and cried, cried so much; I went back and my eyes were brimming with tears. The problem was the way she said it, her tone of voice and in front of everyone, it was very embarrassing, I was so ashamed that I was staggered. It stayed like that for a good while [...] If you had to work with this specific coordinator, you weren't able to sleep at night.... (I5).

It interfered with my performance, my motivation to continue working in that sector, even though the activities were never a problem for me. I liked what I did, but it was hard to organize my work in an environment in which I was one person when she wasn't there, and when she was, I would blank out and couldn't even look at the sides, I couldn't interact with my coworkers, for she was in the same environment. That really affected me psychologically and even today, when I remember my experience, it's very upsetting. This person blocked me professionally and personally too. I still feel a lot of resentment. (I7).

My credibility was put into check, harmed by ill-intentioned gossip from my peers. I feel stigmatized, eternally discredited by events, and I observed favoritism among peers considered "brown nosers". (I9).

As observed in the excerpts, moral harassment is reified through acts, gestures, words, and situations that degrade human dignity; it completely invades the life of affected professionals (victims) and leads to consequences related to their physical and psychological integrity[16]. This portrait is similar to that described in a study that describes moral harassment as: "[...] generating psychological tension, anguish, fear, guilt, and heightened self-vigilance. It causes emotional instability and harms physical and mental health, constituting a risk factor to health in work organizations."[17:13]

In a study conducted with 250 nurses in five hospitals in Australia to investigate types of abusive supervision, the researchers observed the occurrence of personal attacks, task attacks, and isolation[18]. The nurses declared that the harassment suffered in the workplace had personal and health impacts and caused stress. The discourse captured in the present study corroborates that of the Australian study.

The consequences of moral harassment are negative and harmful to the physical and mental health of workers exposed to this type of suffering. A study conducted in Rio de Janeiro, Brazil, showed that among a sample of 1,425 professionals, symptoms included upsetting memories, thought suppression, constant vigilance, and concern about maintaining distressing professional activities[19].

In an integrative review, the main psychological manifestations of exposure to moral harassment were: depression, feeling tired, frequent memories of the moral harassment behaviors, compromised personal life, extreme sadness when remembering the behaviors, anxiety, loneliness, and fear. The main physical manifestations included: headaches, gastrointestinal complaints, disturbed sleep patterns, chest pain, palpitations, increased or decreased appetite, and stress[20].

The following excerpts show that after exposure to moral harassment, the fear of speaking up and lack of hope about their professional future were stronger than the courage to report the situation because of the fear of being fired. Thus, when faced with such fear, they endure situations that affect their dignity.

If my superior is practicing harassment, I think it's very complicated to bypass your immediate superior. So maybe there's a person above them to which you can explain the situation very delicately, but it is still a form of exposure. I understand that for the person being harassed, seeking out someone above their superior can be a problem, because they can be negatively impacted. (I1).

It's complicated to address the topic within the institution, because depending on where the harassment is coming from, for example, from your superior or supervisor, there's nowhere to run to; so you need to appeal to the necessary entity [...] you think you'll be exposed, you think the institution will fire you. It's still a taboo. So much so that if we go to COREN and conduct a survey on harassment, you won't find a high percentage of people who report harassment. It doesn't correspond to reality. (I2).

[...] I think it should indeed be reported, but precisely because of the moral harassment, we don't, out of fear of retaliation. (I4).

[...] Honestly, I really want to report this to a higher level, but, as we have to go through an intermediary to get to a higher entity, in this case, her, I do not know exactly how much the higher entity already knows about our situation. This is very distressing, because when people leave the sector, they are too afraid to come back and expose the harassment…You think "I don't want to make it worse for myself," because in all honesty, the whole situation can backlash against me. Especially because I know that she has a good, strong relationship with her superior. I've heard about some people who left the hospital, and with nothing to lose, exposed themselves to a superior, but then nothing was done. So, as much as I want to report her for the harassment I suffer, I don't think it will do much good with the person who is supposed to receive this information. What would she think of me? (I7).

[...] Nobody will take your side or defend you, because they are all afraid of being fired, even when they have witnessed the injustice [...] even with an outsourced service to address these matters, I don't feel safe to expose moral harassment, as it means giving names, and as the saying goes, "the rope breaks from the weakest point." I think that, for this reason, harassment is hidden. Gathering proof of the harassment is complicated because everyone, or almost everyone, is afraid of losing their job, especially because of others. Imagine, you might not be fired, but if you stand up for your coworker, you become stigmatized as well. (I9).

Fear of reporting harassment events at institutions exists, above all, because of the fear of being fired. Nowadays, employment is highly valued and its loss is considered a

form of punishment[17]. Thus, workers prefer to be discredited and endure the situation for as long as they can. According to the interviewed workers, with the experience of these situations, they create defense mechanisms to organize themselves internally before moral harassment. Such silence lends increasing strength to the suffering and the consequences of violence.

It is worth emphasizing that not only the victim suffers the effects of harassment, but the entire team, or at least some of it. Violence compromises the workflow, given that fear of exposure, of being punished or even fired means that concrete acts are not usually expressed, and can proceed insidiously, frequently over a long period of time.

Fear of exposure and of being fired, among other consequences, involves an atmosphere of impartiality and many choose to remain neutral and not take a stand relative to harassment. Frequently, the intensity of the actions cause severe illnesses that are difficult to reverse.

A study conducted in Rio de Janeiro showed that 38.4% of moral harassment victims reported situations of violence to their superiors and 27.2% did not take any action. In terms of reasons for not reporting the event, 52.4% answered that they did not believe anything would be done, and among those who did report the event to a superior, only 20% said it had been effective, 51.4% were very unsatisfied with the measures taken, and 8.6% were satisfied[21].

Most of the times, professionals who witness harassment break emotional ties with the victim in fear of being fired or also becoming a target, frequently reproducing the actions of the perpetrator in the workplace. This establishes a "pact of tolerance and silence," while the victim slowly destabilizes and grows weaker, "losing self-esteem"[14].

It is clear that when professionals are involved in an interprofessional relationship based on harassment, negative consequences occur to workers' health. These include the symptoms reported in the interviews, such as low self-esteem, anxiety, guilt, feelings of incompetence, and physical symptoms such as

stomach pain and tachycardia. Fear of speaking up is motivated by the desire to protect job stability and fear of exposing the situation, as it can hinder workers' chances of professional ascension. Some interviews showed that nurses were only able to "overcome" harassment after silently transferring to another sector; however, they still felt the consequences as memories or in other similar situations.

Conclusion

The present study provided an understanding of the meanings attributed by nurses to the experience of moral harassment in the workplace and its consequences on physical and psychological health. Based on the reflections expressed in the interviews, discourse analysis revealed the context of the existential motives experienced by the participants in their work routine.

The nurses' experiences with harassment and its consequences points to the need for creating an institutional policy for harassment, as professionals need help handling the situation and minimizing personal and professional harm caused by such violence, as stated in the interviews.

On understanding the experience of these professionals with the consequences of moral harassment, this study showed that they submit themselves to degrading situations in order to protect themselves and maintain their daily stability. As a reflex, they suffer the consequences as victims of moral harassment and somatize these situations, blaming themselves for the attacks; being afraid of self-exposure, and, consequently, developing physical and mental health problems. Furthermore, their social life is also hindered.

In conclusion, further studies should be conducted on the phenomenon in the context of the experiences of nurses, as it is a health area marked by hierarchical fields of knowledge and practices, with strong ideological inculcation of the political dominance among the social actors involved. New studies can unveil other aspects

of moral harassment practices, both among nursing teams and between nursing and other health professionals or patients.

Collaborations:

1. Conception, design, and data analysis and interpretation: Ellen Maria Hagopian;

2. Drafting and critical revision of the article: Genival Fernandes de Freitas and Patrícia Campos Pavan Baptista;

3. Final approval of the version to be published: Ellen Maria Hagopian and Genival Fernandes de Freitas.

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