Perceptions of nurses on the concept of...



ORIGINAL ARTICLE

PERCEPTIONS OF NURSES ON THE CONCEPT OF HARASSMENT PERCEPÇÕES DOS ENFERMEIROS SOBRE O CONCEITO DE ASSÉDIO MORAL PERCEPCIONES DE LOS ENFERMEROS SOBRE EL CONCEPTO DE ACOSO MORAL

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ABSTRACT

Objective: to identify the perceptions of the nurses of a private hospital in the city of São Paulo in relation to the concept of moral harassment. *Method:* qualitative, descriptive and exploratory study, in which eleven nurses participated. Data collection was done through interviews with guiding questions later analyzed by the technique of Content Analysis, in the Thematic Categorization modality. Results: from the nurses' testimonies, it was possible to verify the diversities, divergences and difficulties of the same in correctly defining the concept of moral harassment. *Conclusion*: the study points to the importance of creating spaces for discussion about Harassment at work because of the difficulty that Nursing professionals have in conceptualizing the term moral harassment. Descriptors: Nursing; Non-sexual Harassment; Confict; Social Behavior; Concept Formation; Moral.

Objetivo: identificar as percepções dos enfermeiros de um hospital privado do município de São Paulo com relação ao conceito do assédio moral. Método: estudo qualitativo, descritivo e exploratório, do qual participaram 11 enfermeiros. A coleta de dados foi realizada por meio de entrevistas com questões norteadoras posteriormente analisadas pela técnica de Análise de Conteúdo, na modalidade Categorização Temática. Resultados: a partir dos depoimentos dos enfermeiros, foi possível verificar as diversidades, divergências e dificuldades dos mesmos em definir corretamente o conceito de assédio moral. Conclusão: o estudo aponta para a importância de se criar espaços de discussão sobre o assédio moral no trabalho por causa da dificuldade que os profissionais enfermeiros têm em conceituar o termo assédio moral. Descritores: Enfermagem; Assédio não Sexual; Conflito; Comportamento Social; Formação de Conceito; Moral.

Objetivo: identificar las percepciones de los enfermeros de un hospital privado del municipio de São Paulo con relación al concepto del acoso moral. Método: estudio cualitativo, descriptivo y exploratorio, del cual participaron 11 enfermeros. La recolección de datos fue realizada por medio de entrevistas con cuestiones orientadoras posteriormente analizadas por la técnica de Análisis de Contenido, en la modalidad Categorización Temática. Resultados: a partir de los testimonios de los enfermeros, fue posible verificar las diversidades, divergencias y dificultades de los mismos en definir correctamente el concepto de acoso moral. Conclusión: el estudio apunta a la importancia de crear espacios de discusión sobre el acoso moral en el trabajo, debido a la dificultad que los profesionales enfermeros tienen en conceptualizar el término acoso moral. Descriptores: Enfermeira; Acoso no Sexual; Conflito; Conducta Social; Formación de Concepto; Moral.

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INTRODUCTION

The term mobbing, which comes from the word mob, which translates into the idea of a mob or mob, was introduced in 1963 when it was analyzed the behavior of small animals that, when confronted with invasions of territory by other animals, especially by a larger animal, showed an aggressive behavior, with intimidation of the group to expel the solitary invader.¹

Subsequently, in the 1970s, records very similar to those of animal research showed, in a study carried out in a school setting, children who presented the same tendency of animals when another child invaded their space.² This research² became a pioneer in the detection of harassment in human relations.

A decade later, in the 1980s, the term moral harassment was popularized in the description of a general framework with its epidemiological characteristics, evidencing effects on health and forms of prevention.² This categorization resulted in 45 situations of violence occurring frequently in labor relations, structuring an inventory of working conditions and ordering harassment actions in five groups: actions to reduce the chances of a victim communicating properly with others, including the harasser himself; actions to prevent the victim from having the possibility of maintaining social contacts; actions that discredit or prevent the harassed person from maintaining his or her personal or professional reputation; actions through professional discredit; actions that affect the physical and mental health of the victim.3

Harassment at work was initially defined in the 1990s as a deliberate degradation of working conditions by establishing unethical (abusive) communications characterized by the long-term repetition of hostile behavior that a superior or colleague develops against an individual who begins to present, as a reaction, a picture of lasting physical, psychological and social misery.³

From this definition, ³ many others on the term moral harassment were articulated to define this concept. According to the booklet elaborated by the Ethics Committee of the Ministry of Labor and Employment, "Harassment" is characterized by the exposure of workers to humiliating and repetitive situations that are repetitive and prolonged during the working day and related to exercise of their functions. "^{4-5: 11}

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In the definition of the World Health Organization, Harassment in the workplace is referred to as:

Irrational behavior, repeated, in relation to a particular employee or group of employees, which creates a risk to health and safety. One can understand by 'behavior' the actions of an individual or a group. In the case, it is the use of a system or practice of work as a means to humiliate, debilitate or threaten. Harassment is often misuse or abuse of authority, a situation in which victims may have difficulty defending themselves. 6:12

The harassment studied by a specialist also received the following definition:

It is a subtle form of violence that involves and encompasses multiple damages, both material and moral, within the scope of labor relations. What happens in harassment is the repetition of the act that intentionally violates the rights of the other, reaching its biological integrity and causing disorders to the psychic and physical health. It comprises a set of signs in which a fence is established to the other without giving truce. Its intentionality is to exercise dominion, to break the will of the other, imposing an end to the conflict either by way of dismissal or subjection. It is a process, mediated by words. symbols and signs, established, impose on the other blind obedience without question or explanation. provocations, Must "accept" jokes, disqualifications and ridicule in constant and repetitive ways without complaining or questioning.7:49-50

In the legal sphere, the Superior Labor Court defined moral harassment as:

"Emotional, malicious, non-sexual and non-racial emotional abuse in order to alienate employees from professional relationships through rumors, intimidation, humiliation, discredit and isolation". 8:9

Harassment is seen as "a kind of perverse violence that is characterized by repetition or systematization against the dignity or physical or psychological integrity of a person, threatening their employment or degrading the working climate". 9- 10:17

The European Agency for Safety and Health at Work defines:

Harassment at the workplace means unjustified and continuous behavior towards a worker or group of workers which may constitute a risk to health and safety. In this definition, "unjustified behavior" means behavior that, according to common sense and circumstances, is liable to victimize, humiliate, threaten, or compromise a person's self-esteem and self-confidence. 11:12

Given the breadth of definitions that aim to characterize Harassment, there is confusion in

identifying it and it becomes important to differentiate the fact characterized as destructive with the occurrence of a normal conflict in the work environment, and it is essential that the nexus be established causal of both.

In bringing the subject to the health area, specific to Nursing, scope of this study, it is that the labor market understood considerably influenced by phenomena such as the relaxation of relations, the acceleration of the economy, through the optimization of resources and lower costs, as well as increased unemployment and outsourcing. Nursing is exposed to a strong political movement so that precariousness will last, through the flexibilization of workers' ties, in relation to working hours, double bonding and work in cooperatives that, instead diminishing or adjusting, "oblige "The worker to attend non-isolated demands of the institution to double working days. In this context, Harassment can be established at work.12

Studies that relate Nursing and workplace violence, including physical violence, sexual abuse and Harassment, are a growing concern and the approach to how the concepts and terms that surround this sphere of understanding are defined is of the utmost importance for the correct characterization of the experiences in Nursing work environment. Studies show some evidence of violence in the Nursing team and the consequences of these professionals' lives. 5,13-15

OBJECTIVE

 To identify the perceptions of the nurses of a private hospital in the city of São Paulo regarding the concept of Harassment.

METHOD

A qualitative, descriptive and exploratory study, carried out from July 2015 to January 2016, in a private hospital in the city of São Paulo.

The study population consisted of nurses working in the referred hospital, regardless of their sector, provided they met the following inclusion criteria: acting in the Nursing area for at least three years; be working in the period of data collection and consent to participate in the research. The sample consisted of 11 randomly selected nurses.

Participants were approached in the workplace and invited to participate in the study after clarifying the objective and accepting and signing the Informed Consent Term (ICT).

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The instrument of data collection consisted of interviews, with the help of guiding questions formulated and validated and recorded, allowing greater freedom of expression and greater fidelity in the process of capturing ideas. The guiding questions were: What do you mean by Harassment in the workplace?; Who practices moral harrasment? Please state some reasons why you believe someone intends to harass someone.

The closure of the interviews occurred after reaching the proposed goal, that is, when the content of the testimonies began to repeat themselves. In this way, the discourses were transcribed respecting their sequence, language, pauses and repetitions. Whenever requested by the interviewee, the interview was paused and resumed, with their consent, from the pause performed.

After the data collection phase, the transcribed empirical material was submitted to Content Analysis. The organization of the data was performed through three chronological poles consisting of pre-analysis, material exploration and interpretation of the contents. ¹⁶

Pre-analysis is the phase of organization proper which corresponds to a period of intuition, but which aims to systematize the initial ideas, in order to lead to a precise scheme of the development of successive operations, in a plane of analysis. This first phase allows to contemplate the following steps:¹⁶

- a) Floating reading: full transcript of the interviews and with the testimonies in hand, after being duly validated by the subjects of the study. At that time, the texts will be re-read to capture the first impressions;
- b) Choice of documents: after numerous re-readings, the importance of the analyzed set of elements in the universe of documents, called "corpus", which consists of materials indicated to be submitted to the analytical procedures, is demarcated and highlighted;
- c) The formulation of hypotheses and objectives: a hypothesis is a provisional statement that needs to be verified using the analysis procedures. It is an assumption whose origin is intuition and which remains in suspense as long as it is not subject to proof of secure data;
- d) The elaboration of categories and codification: categorization for thematic analysis and coding modality

for recording data;

e) Coding: is the treatment of material that corresponds to a transformation of the raw data of the text, by clipping, aggregation and enumeration, allowing a representation of the content and can serve as an index.

The exploitation of the material consisted mainly of coding operations in function of previously formulated rules. These were stages in which the final readjustments necessary to the process of organization of the analysis were made and which were done for the classification of the categories.¹⁶

In the content interpretation phase, the content analysis was carried out with the discussion of the categories that were constructed, making a correlation of the themes with the existing theoretical reference on the subject. These contents have been transformed into meaningful and valid data. ¹⁶

For the presentation of the results, the technique of Thematic Categorization was used. This is considered an operation of elements of a set, through differentiation and sequencing by regrouping according to the genus (analogy), with previously defined criteria. ¹⁶

To ensure the anonymity of the participants, the interviews were identified with the abbreviations Enf1, Enf2, Enf3, Enf4, Enf5, Enf6, Enf7, Enf8, Enf9, Enf10 and Enf11.

Because it was a study with human beings, it was submitted and approved by the Research Ethics Committee of the School of Nursing of the University of São Paulo (CAE: 43834215.0.0000.5392), according to Resolution 446/12 of the National Health Council.

RESULTS

According to the proposed methodology, four major themes emerged, namely:

Theme 1 - Harassment is seen as abuse of power

The nurses interviewed (Enf4, Enf5, Enf6 and Enf11) said:

I believe that it is the questions that involve the attempt of a leader, someone who has a leadership position, in our case - the nurse who tries to impose a certain inferiority condition, in this case, to the nursing technicians. So anyone who has a leadership position can harass someone. (Enf4)

This is quite complicated to speak of, but I think that is when, in a way, you are pressured into your activity by another professional colleague or not. I believe it happens on the part of the superior, a supervisor who understands that he has the

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right to pressure people and commit Harassment. (Enf5)

I think Harassment occurs when you are exposed to some problem that happened in front of other people or even the patient. The boss is the one who always harasses, because it is who has the power to exercise it. I myself have many memories of some situations that we have passed and never forget. (Enf6)

I think Harassment is abuse of power, that is, people do not know how to lead and end up abusing that power and morally harassing people who are below their hierarchy. (Enf11)

Theme 2 - Harassment is synonymous with humiliation and embarrassment

In the subject of Harassment as a synonym of humiliation and embarrassment, nurses Enf1, Enf2 and Enf8:

I think people are very confused about what Harassment is. For example: there are many people who are not motivated to work and confuse the orders received with Harassment. Harassment, in my opinion, is much more than that. It is humiliation in front of the team, pursuit from time to time, is to put pressure on someone and make them believe that is not able, is incompetent and is not fit for service. (Enf1)

I think harassment is when someone embarrasses another person, acua and the worker who receives this harassment is not able to defend himself, feels inhibited by the person and this person thinks he has the power to do what he does. (Enf2)

I think Harassment is synonymous with embarrassment. I believe that the level of hierarchy favors harassment, but it is not exclusive, no. All professionals, being boss or not, can cause harassment. (Enf8)

Theme 3 - Difficulty in understanding what is order, hierarchy, leadership and Harassment

The difficulty of understanding what order, hierarchy, leadership and moral harassment has been described by nurses interviewed Enf1 and Enf3 as:

From the little that I am aware of, I understand that people have no idea what harassment is. Many do not know what they are talking about and spread the idea that they are being harassed for any reason or even the simple charge of doing a job right. (Enf1)

Harassment? Wow, that's difficult, very difficult to define, but I'll give you an example: that person who keeps marking on the employee, usually with a higher position, in exchange for more work or other favors. (Enf3)

Theme 4: Harassment is a result of unethical conduct at work

Harassment as a result of unethical conduct at work was described by nurses Enf7, Enf9 and Enf10 as:

Harassment occurs because of a lack of professionalism. Sometimes we see that one person stands out and the other, if he is the boss, will try to diminish, to inhibit who stands out so that he does not appear more than the boss. I've seen it happen a lot. (Enf7)

For me, it is how much mutual lack of mutual respect for myself and others for me. Often, those who question a lot suffer from Harassment, as they usually do not like to be questioned and argue their ideas for imposition. (Enf9)

I think harassment occurs as a defense. New people in the institution suffer much harassment, as they pose a threat to those who are old. This is harassment. (Enf10)

DISCUSSION

In the face of the interviewees' speeches, there are many divergences in the configurations of what is or is not Harassment, which are manifested in different situations of daily life, but which are neglected, not debated or explained in the workplace. In this way, the possibilities for discussion and exchange of experiences among Nursing workers are eliminated and, to a certain extent, the opportunity to deepen and recognize the occurrence of harassment at work is lost, as well as to identify situations that involve practice.

Harassment occurs when work conditions deteriorate because of negative behavior of bosses over their subordinates, and they become subjective experiences that cause practical and emotional harm to the worker and the organization. The victim becomes harassed, ridiculed, inferiorized, blamed and discredited before the peers.

It is important to note that a single isolated act of humiliation is not moral harassment. presupposes: systematic repetition, intentionality, directionality, temporality, and degradation of conditions. 10 In the interviewees' statements, Harassment is often identified in relation to an isolated constraint or a work charge linked Harassment is the immediate boss. different for each worker depending on the support he or she has from peers and family members, the type of exposure the harasser is preparing, and the profile of the person who is harassed.

In the interviewees' speeches, one can perceive the diversity of opinions about the

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conceptualization of harassment and, sometimes, the difficulty that the professionals have in this characterization. Harassment, although it is a subject of relevance in the context of today's working relationships, is a little discussed practice in the field of health, particularly in Nursing.¹⁸

It is not enough to discuss the concept of Harassment, even though the issue is current, controversial and challenging. It is necessary to establish a new concept of the work environment in face of the economic, political and social impacts arising from the introduction of new technologies in the contemporary scenario. 19

Harassment can be confused with stress, especially in situations where the lack of professionals within the institution implies an overload of work in the individual context.²⁰ Given the breadth of definitions that aim to characterize harassment, it is of utmost importance to differentiate of the fact characterized as destructive with the occurrence of a normal conflict in the working environment and it is essential that the causal nexus of both is established.

The differentiation of situations inserted in a context of normal conflicts, opposing them with situations of exposure of the victim to harassment, was designed by scholars of the subject emphasizing that, in conflicts, the characteristics are constructed from: clear rules and tasks; collaborative relationships; common and shared goals; interpersonal relationships: healthy organization; occasional disagreements and confrontation; open and frank strategies; open conflict and direct discussion and communication. On the other hand, harassment has the following characteristics: ambiguity of rules; uncooperative behavior; lack of direction of objectives; organizational defects; long systematic unethical actions; wrong strategies; covert actions and denial of conflicts and oblique and evasive communication.²¹

Professional stress can be confused with harassment, because it is understood that stress is present in harassment, but it is not the guiding characteristic, that is, for this, the goal is a negative intention. Conflict is also easily interpreted as a harassment situation, but harassment occurs because of ineffectiveness in establishing conflict. In this case the points of view are exposed and a dialogue is initiated whereas in harassment the dialogical attitude is forbidden, hidden, implicit and sometimes suppressed.⁹

In a conflict, recriminations are said explicitly. In situations of harassment, there is

no relationship or conversation. Silence, along with disrespect, permeates the vulnerability of the victim. In general, in conflict there is a singularity in the conduct of information becoming necessary, inevitable and even constructive, if conducted with adequacy.⁹

CONCLUSION

Although still timid, studies related to Harassment, specifically in the area of Nursing, show some research in this field. These points point to the need of knowledge about Harassment by nursing professionals since its formation, because it deals with the area of health permeated by hierarchical practices, with a strong ideological inculcation of political domination.¹⁸

The postmodern world breaks with the stable organization and inserts values such as risk, flexibility and illegibility, leaving the worker to the mercy of the conditions imposed on him, oppressing his spontaneous creativity and distorting his values, as he prioritizes subservience to the constant instabilities in the labor market.²²

It is observed that nursing professionals have difficulty formulating a concept about the term moral harassment at work and what it represents in daily professional life. This reiterates the importance of creating spaces for discussion on the subject.

Disagreements over the understanding of harassment and conflict must be exposed and explained to workers in the institutions as a way of broadening the subsidies for identifying the occurrence of harassment and the consequent fight and prevention against those forms of relationship established in a silent.

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