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ORIGINAL ARTICLE

MORAL HARASSMENT IN THE NURSES' EXPERIENCES: PHENOMENOLOGICAL PERSPECTIVE

ASSÉDIO MORAL NA VIVÊNCIA DOS ENFERMEIROS: PERSPECTIVA FENOMENOLÓGICA

ASEDIO MORAL EN LA VIVENCIA DE LOS ENFERMEROS: PERSPECTIVA FENOMENOLÓGICA

Ellen Maria Hagopian[1], Genival Fernandes de Freitas[2]

ABSTRACT

Objective: to understand the meanings attributed by nurses to moral harassment at work. ***Method:*** this is a qualitative, descriptive study, with an approach to social phenomenology. The survey region was constituted by nine nurses from a private hospital. It is reported that the interviews were individual and the testimonies were recorded, transcribed and analyzed by social phenomenology. ***Results:*** it was allowed, through the content of the interviews, to organize and analyze the categories that emerged from the nurses 'understanding of the practice of moral harassment and the nurses' expectations regarding a form that addresses the practice of moral harassment. ***Conclusion:*** the question of harassment in the broad sense regarding the forms of organizational management, the hidden interests to favor institutional production and the consequences that directly or indirectly involve all professionals was visualized. ***Descriptors:*** Social Behavior; Nursing; Ethics; Ethics in Nursing; Exposure to Violence; Violence at Work.

RESUMO

Objetivo: compreender os significados atribuídos pelos enfermeiros ao assédio moral no trabalho. ***Método:*** trata-se de estudo qualitativo, descritivo, com abordagem da fenomenologia social. Constituiu-se a região de inquérito por nove enfermeiros de um hospital privado. Informa-se que as entrevistas foram individuais e os depoimentos, gravados, transcritos e analisados pela fenomenologia social. ***Resultados:*** permitiu-se, pelo conteúdo das entrevistas, organizar e analisar as categorias que emergiram a partir da compreensão da vivência dos enfermeiros com relação à prática do assédio moral e às expectativas dos enfermeiros quanto a uma forma que coíba a prática do assédio moral. ***Conclusão:*** visualizou-se a questão do assédio em sentido amplo quanto às formas de gestão organizacional, aos interesses ocultos para o favorecimento da produção institucional e às consequências que envolvem, direta ou indiretamente, todos os profissionais. ***Descritores:*** Comportamento Social; Enfermagem; Ética; Ética em Enfermagem; Exposição à Violência; Violência no Trabalho.

RESUMEN

Objetivo: comprender los significados atribuidos por los enfermeros al acoso moral en el trabajo. ***Método:*** se trata de un estudio cualitativo, descriptivo, con enfoque de la fenomenología social. Se constituyó la región de investigación por nueve enfermeros de un hospital privado. Se informa que las entrevistas fueron individuales y los testimonios, grabados, transcritos y analizados por la fenomenología social. ***Resultados:*** se permitió, por el contenido de las entrevistas, organizar y analizar las categorías que surgieron a partir de la comprensión de la vivencia de los enfermeros con relación a la práctica del acoso moral y a las expectativas de los enfermeros en cuanto a una forma que cobija la práctica del acoso moral. ***Conclusión:*** se visualizó la cuestión del acoso en sentido amplio en cuanto a las formas de gestión organizacional, a los intereses ocultos para el favorecimiento de la producción institucional y a las consecuencias que involucra, directa o indirectamente, a todos los profesionales. ***Descriptores:*** Comportamiento Social; Enfermería; la Ética; Ética en Enfermería; Violencia en el Trabajo.

[1]University of São Paulo / USP. São Paulo (SP), Brazil. ORCID: http://orcid.org/000-0001-5966-0159 Email: ellen_hagopian@yahoo.com.br ORCID: http://orcid.org/0000-0003-4922-7858 Email: genival@usp.br

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INTRODUCTION

It is known that moral harassment is not a new fact in the work environment, however, it has recently acquired greater awareness of the dissemination of human rights and citizenship laws.[1] It is defined 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 his or her job or degrading the work climate".[2]

Moral harassment was addressed in some studies in the field of Nursing.[3-5] It is pointed out that this violence induces the imbalance in the quality of care provided, since it directly impacts on the health of the harassed worker and interferes in their quality of life and co-workers. The workflow is also hampered, since in the institution involved, there is an increase in absenteeism and a decrease in productivity.

In harassment, the repetition of the act that intentionally violates the rights others, reaches its biological integrity and causes disruption to the mental and physical health of the harassed person. It is seen that the intention is to exercise dominion over the other, to break their will and to end the conflict through submission or dismissal.[6]

It focuses on many studies that relate Nursing and moral harassment in identifying the most frequent reactions adopted by the harasser to the harassed, which affect their integrity and destabilize their balance. Some effects are listed: stomach pains, crying crises, anxiety, loss of appetite, changes in sleep, desire to quit their jobs and low self-esteem.[7] It is possible to perceive, although currently, moral harassment is a relevant issue in the context of work relations, a practice not yet discussed in the field of health, in particular in nursing, moral harassment in different forms, such as acts of isolation, gestures of humiliation, aggressive words and situations of degradation of human dignity, totally invading the life of the worker. It is recorded that professionals exposed to this type of violence are more likely to present symptoms of burnout and minor psychic disorders.[8]

In a study carried out with registered professionals at the Federal Nursing Council (COFen), almost 30% (541,360) of the Nursing team reports that they have suffered or sometimes suffer from violence at work and that 66.5% (1,200,000) of the team went through psychological violence, 17.1% (308,575), institutional, 15.6% (281,507), physical and 0.9% (16,240), sexual violence. It is highlighted that nurses are more affected by violence than nursing technicians and assistants.[9]

It is known that, currently, moral harassment is more globalized and labor relations are more precarious; therefore, the subject is increasingly present in the media and in the nursing class councils, and the Labor Courts are receiving more and more cases related to this violence. It is verified that the daily professional relations, be they vertical or horizontal, are still little explored in the area of Nursing. It is therefore necessary to bring up the issues of moral harassment because the working class is afraid to expose this type of violence and suffer reprisals. It is argued that the consequences observed in the life of the person reached in their work period are seldom described in the literature.

OBJECTIVE

- Understanding the Meanings Assigned by Nurses to Moral Harassment at Work.

METHOD

This is a qualitative, descriptive study with an approach to the social action of phenomenology, which allows us to understand the phenomenon from the point of view of nurses' experiences after work-related harassment. Innumerable concepts that focus on the subjective impulses of human action are established, in explaining the theory of existential motivation, which guides human action in two parameters classified as motives for, men act, directing their goals for the future and motives because men, according to their past experiences, establish their stock of knowledge and explain the reasons for their present actions, which can only be understood in retrospect by an act of reflection.[10]

The procedures for collecting the statements were approved by the REC of the institution involved and the Certificate of Presentation for Ethical Appreciation (CAAE) number 43834215.0.0000.5392, as established by Resolution 446/12 of the National Health Council.[11]

Random interviews of approximately forty minutes were conducted with nurses who experienced and experienced moral harassment in the work environment, as well as some nurses who spontaneously sought the researcher. It should be noted that the number of respondents was not defined, only being established during the research, when it was observed that the data corresponded to the objective proposed by the study.

Nine nurses from a private hospital in the municipality of São Paulo (SP) were included in the survey. Inclusion criteria are listed: being a nurse working in the hospital during the collection of data; have at least three years of services in the same institution and have experienced harassment in the workplace in the last three years. The three-year delimitation was chosen in order to identify the experiences of a recent period, avoiding that the interviewees brought old

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experiences that did not constitute moral harassment at work. It was considered, as an exclusion criterion, to be in the period of medical leave at the time of the research. Data was collected from July 2015 to January 2016.

The speeches were transcribed after each interview, respecting the sequence, the language, the pauses and the repetitions. It is emphasized that, whenever requested by the interviewee, the interview was interrupted and resumed with their consent. All unrecorded testimony was dismissed. Respondents with the acronyms E1 (interviewed one), E2 (interviewed two), and so on were identified.

Three questions were used to guide the interviews: "How do you experience moral harassment at work?"; "Why do you think moral harassment occurs at work?"; "How would you like to see referrals to workplace moral harassment and what are your expectations?".

For the analysis of the discourses, the analysis methodology proposed by scholars of social phenomenology was used, [12] which suggest a path for the comprehensive analysis in a gradual way and in six steps: attentive reading of the speeches; re-reading of transcriptions; to group the units of meaning extracted from the discourses that presented convergences of content and, from these data, to divide them into categories that contain similar discourses, for later analysis; to establish meanings of the social act of experiencing moral harassment in the workplace; constitute the type lived from the analysis of the categories; to make a comprehensive analysis of clusters of meaning based on social phenomenology and referential themes.

RESULTS

The moral harassment in the nurses' experience in the everyday world has been identified, which in social phenomenology translates into a world in which day-to-day priorities prevail over existentiality[12] and at this point of departure , the world of daily life of the nurses interviewed was full of suffering, fears, fears, anguish, revolts and conformism, as opposed to the appreciation for the profession, the desire for better opportunities and the silent expectation for a work environment that is surrounded by justice and respect.

The content of the interviews allowed us to organize and analyze the concrete categories of lived experience that emerged from the elucidation of the understanding of the nurses' experience regarding the practice of moral harassment (why) and the expectations of nurses for a process that the practice of moral harassment (grounds for).

The reasons were found because in the discourses of the interviewed nurses, which showed the reasons why nurses believed that moral harassment occurs and the conditions that favor this practice in the Nursing profession. The following categories were thus created.

Category 1: Moral harassment as a daily practice inherent to nursing experience.

> *[...]it is very easy and simple to say: "That person is like this, is not it?", and not to move. We see a lot in Nursing that, when there is this kind of problem, it removes the person from one place, puts it in the other and goes on relocating. This is not the way you will solve. (E1)*
>
> *[...]now, it is very bad when one speaks: "Let's accept". There is a lot of culture of: "She is like that". As much as you have a plausible explanation and you're right, I need to keep quiet so as not to increase the discussion, for example: "That explanation again?" And the rebuke came. At no time, the person who is above does she conclude that she has. (E5)*
>
> *They usually ask us to put aside and take stock of the situation. This only causes us to become more harassed because, often, if someone major, from the boss, reaches the person who harassed, take action, she will, next time, think twice before doing the same thing. (E8)*

Category 2: Moral harassment as a practice arising from the power to enforce the way of working.

> *Moral harassment is a way for you to harass the employee and do it in a way that he does everything you want, without him having any choice [...] is to infringe on the freedom to work. (E2)*
>
> *[...]the point is, "I am superior to you, so you have to do what I want, the way I want to." They are people who have no respect and do because they are bosses. (E4)*
>
> *It's the power, "I have the power, so I'm going to use my power in the wrong way." For those who are hierarchically smaller, feel really coerced, it is a hierarchy that, instead of being good, is evil. (E6)*

Category 3: The practice of moral harassment as a response to institutional collection and the precariousness of work in Nursing.

> *[...]Most of the time, I think the reasons are these: something that went out of your control and you even did not want it to be that way but it ends up hurting the other person. In recent years, I see a lot of people coming out of their emotional controls in the face of so much stress and pressure from the hospital. I think deep down they are also afraid of losing their job and do what they do. (E1)*
>
> *[...]today, within the health area, mainly, I think that there is a lot of moral harassment because the profile of the employees is changing, the profile of the patients is changing and the institutions are changing. The way of thinking and the way to manage, both the hospital part with its problems, and managing conflicts between people, is very different from before, so harassment is very present. (E2)*

The harassment, today, within the area of health, is very present. He has always been present, but in my experience he is more, because of the accreditations, because of competition, the scale of precarious work, little employee, a very large volume of service and requirement and people forget that they have rights labor, have the right as a professional to miss the service when he is sick, to miss the service when the child is sick and not having to do the things that everyone tells him to do. Why such a large charge? Why this threat? Because we are working today on the basis of threats. (E2)

Category 4: The practice of moral harassment as a response to job insecurity.

[...]the superior begins to harass the employee because, first, sometimes, lack of experience, not knowing how to handle as a conflict situation (the boss), then he harasses the employee. The boss can not solve problems in the face of a situation. (E2)

I think sometimes, even for personal problems, for thinking that we have a posture that, perhaps, ends up leaving him with some fear, because they think we can take charge of them. They want to show that "I'm in charge here" and not in a friendly way. Seizing, they want to show that we are subordinate to them. I go through this straight, I'm a victim. (E3)

[...]I have another slope, which is the question of insecurity. We realized that when people stood out as a professional, other people complimented us, instead of finding it good because it was her team, she was bothered, so, different situations, such as compliments, etc., she kept for her and Score. We did not even know. So it is not aggregator as manager to develop people; it seems like always pushing away, making you feel super bad day by day, it seems like you are not competent to stay there. (E7)

The following categories were highlighted for the following categories.

Category 1: It is expected that there will be no concealment of the truth.

It is very difficult for us to assume, we are far behind, we need to understand the hospital environment (I do not know other companies) as a place where there is a lot of risk of harassment, because there are several involvements between the team and not only between the team, but the customers, it's all the time, so we need to not armor but talk more about it. We need to make it clear that it exists, it happens every day and all the time and you need to talk about it. From the moment you speak, such as, for example, the mistake, today, people accept the error better than they accepted before, because they talk about the mistake, so if you make a mistake, the attitude is to sit down and let's talk everybody, and with harassment, it should be like that, it's not not to talk, so I think it's this. (E1)

I do not have much expectation as to how to improve or minimize moral harassment at work. When a problem occurs, this has to be addressed, clarified and closed and not placed under the carpet. Do not leave without resolution and turn into gossip. I think everyone has to do their part without looking at the other as a threat. (E9)

Category 2: I wish institutional guidance to be provided on moral harassment.

[...]if we could have, on the part of the human resources, a direction on what is a moral harassment? What should I and should not do? How far can I go, how much should I stand, accept? What is normal, what is not? This threshold is important, because we do not know, we have not learned, in fact, we learn is in experience, in suffering, no one teaches you. (E8)

Category 3: Expectation regarding the construction of a concrete dialogue flow for workers who feel immersed in stressful situations in the work environment.

There are some situations that we carry forward, but you see that it is not directed. Today, here in the institution, we have this part of the medical relationship, so we do reports, but there is a lot that does not go forward. So, it does not have support from the boss because they are different interests? (E4)

I think I should call both parties with a mediator so that the person would hear what she did, so, it would have to have a mediator who would be totally exempt to actually see the situation naked and what happened. It would have to be a situation personally because paper accepts everything. To investigate without hearing the parts is strange, it is for English to see, like this channel that they put up recently. (E6)

[...],but it's very distressing, because we're thinking, "Do people know what we're going through here, what gets in the ears of others?", even because we had a conviction that we were a good team, we always committed ourselves to spite of any treatment she put before us, and this is very revolting. The cool thing would be to be able to talk to someone trustworthy, without fear and to expose what has been happening. I felt very helpless. (E7)

Category 4: It is aspired that nursing supervision councils help work on the issue of harassment.

[...]I, as a professional nurse, think harassment has to be registered, he has to go there at COREN, regardless of any type of harassment, whether it was the superintendent's office, whether he left the technician, whether it was the nurse's, the supervisor's, you do not make a record of this harassment, it's as if there never was and harassment, it does exist. He is present and he needs to be registered and, by going there, you guarantee anonymity, because COREN will not expose you, he will simply open a union to know what happened, to see if the fact that actually happened is even moral harassment or not, and take the necessary steps from it. (E2)

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DISCUSSION

It is evaluated that the interviewed nurses recognize moral harassment as a situation inherent in the profession of Nursing, which is usually accepted by the category, linking moral harassment to hierarchically superior professionals who are exposed to pressure, stress and institutional collection linked to professional insecurity. In this context, nurses with feelings of revolt and discredit regarding transformations were presented.

In the discourses of the nurses interviewed, they revealed experiences that refer to thinking beyond common sense, viewing that moral harassment is not caused solely by a particular professional / personal profile in which individual characteristics prevail, but rather by a view from other points of departure as a propeller of the practice of this fact, as exposed in the categories that involve moral harassment inherent in the professional category studied, the use of power, devastating institutional collection and professional insecurity.

It is understood that the first category of moral harassment as a daily practice inherent in the Nursing category seems to be the most fearful, because, from a certain point where a certain practice is integrated into the daily life of a profession, opportunities for transformation and relational exhaustion makes suffering so arduous that many professionals are faced with degrading situations and give up, even after the course of their training. It is stated that "to accept as an integral part of" is to silence, silence something that oppresses the characterization of the category and puts at risk the professional self-esteem.

It is observed that moral harassment is a complex subject, described by a polysemic concept, which would already be difficult to identify; moreover, is part of a larger episode - generic violence -, revealing itself as one of its most complex and challenging faces: "[...] a non-visible risk that generates malaise and social reaction causes harm psychic, triggers illness and can lead to death by suicide".[6:p:23]

It is suggested that the attitude of impartiality that many professionals choose to maintain in the face of moral harassment in the workplace may be due to the fear of exposing themselves and, as a consequence, losing their jobs, among other the worker. It is understood that, between neutrality and silence, the intensity of acts can cause the deterioration of the conditions of the physical and psychological health of the worker, in addition to negatively interfering in their social and work life.[13]

It is pointed out that, in a study carried out with nurses from a public hospital network in Caxias, Maranhão, the authors investigated and characterized the practices of psychological violence in the team and one of the published results draws attention. It is reported by the authors that when they suffer from verbal aggression, nurses try to pretend that nothing has happened or they are inert in the face of violence, and employers do little with regard to the need for strategies to curb harassment.[15]

It is pointed out that, in the second and fourth categories of 'why' reasons, moral harassment as a practice that comes from power, to impose the way of working, and as a response to professional insecurity brings imposition on how to do, how to work by status and insecurity on the part of the hierarchical superiors.

Through the approach to the nurses' world of life and through the experience of moral harassment at work and its unending consequences, the nurses organize their work dynamics through various biographical experiences that nurses organize their work dynamics through various face-to-face relationships conceived during their trajectory. It is thus shown, as stated in the speeches, that the nurse knows that on a given day he will work with a particular person, which causes anxiety because, through his biographical experience, he knows, among other things, that it will not be well treated.

In a study in which destructive behavior in the hospital environment is analyzed, real problems experienced by health workers, incivility, and psychological violence and, to a lesser extent, physical / sexual violence are evidenced. In this scenario, through humiliations and frequent intimidation and interpersonal and organizational disrespect, the behaviors that make the work environment destructive are set up. In this study, the aggressors were classified as hierarchically superior.[7]

It is pointed out that insecurity causes fear of instability in work and personal life and, through the high growth of professional qualifications coupled with increased competitiveness, insecurity may be the reason that triggers harassment of co-workers in different positions hierarchical.[16]

It refers to the third category included in the scenario 'why' because of moral harassment as a response to institutional collection and the precariousness of the nursing service.

It is understood that the importance of the professional category of Nursing, as well as the relevance of its function as the largest contingent of human resources within a hospital environment, draws attention to the complex nature in which a nurse practitioner is exposed to the practice of moral harassment.

It is pointed out that, at present, the improvement of technology in the area of health is

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indisputable and, through this development, many lives have been prolonged, saved and readapted for a better quality of life in its context; without contradictions to this fact, the interpersonal involvement is hampered by the transformations in the way of working according to the increase of competitiveness, precariousness and flexibility of work. One should, however, strengthen the understanding that human involvement is not replaced by a chip and, at this point, sound inter-professional relations make all the difference in articulating appropriate assistance.

It is argued, in this context, that the ever-increasing demands on workers, challenging them to new capacities and challenges; this advent communicates with the increase of profit, which is the prime objective of the capitalist system and propels the professionals to strengthen their ties with the commitment to the institution ("dressing up", collaborating, among others) and stimulating states of competition, which is reflected in the decadence of relations.

It should be noted that the organizational pressure imposed on the leaderships to fulfill goals already established, besides guaranteeing adjustments in their positions and in the work team according to the requirements of the hospital accreditations, refers to the practice of moral harassment. It is understood that hospitals no longer have a profile exclusively of human health treatment and become large business institutions involved in competitiveness and representativeness in the market; professional relationships are also modified and reflected in interpersonal relationships that extrapolate conflict and cause suffering in the work environment.[17]

It was observed in a case study carried out to describe the moral harassment in a federal institution, that the culture and structure of the institution may have favored the occurrence of the fact and the impunity of the aggressor; in this case, the person suffered vertical moral harassment descending, in which they were evidenced the abuse of power, the authoritarianism and the perverse manipulation. It is pointed out that, as a consequence, his health had physical and psychic affections and, for the institution, the degradation of the work environment generated the demotivation of the team, as well as the decline in the workflow and financial losses.[18]

It is considered that the working conditions to which Nursing professionals are exposed tend to deteriorate because of the strong influence of neoliberal policies instituted in hospitals, where the containment of human resources and degrading salaries of Nursing workers, as well as the high competitiveness, insidiously expose professionals in this category to violence in the workplace.[19-20]

It was identified, in an integrative literature review, the aspects of Nursing hospital work organization and its articulations with care, the complexity of nurses' work organization, which involves not only the patient, but theoretical and conceptual aspects were identified. It is pointed out, in the research, the need to rethink this multifaceted framework of tasks, to construct less exhausting work alternatives and to guarantee, besides patient safety, that of the worker.[19-20]

Psychosocial risks are defined as subjective perceptions that the worker has of work organization expressed through emotional, interpersonal stressors and those related to the organization of work. Competitiveness, lack of recognition, insecurity, fear of not knowing and being ridiculed, new demands associated with lack of autonomy, lack of respectful and transparent dialogue between peers, evaluation and the consequent generation of conflicts, the lack of clarity that favors the maintenance of fears and suspicions, among others.[20-21]

In the face of the possibility of change, it is possible that the expectations of nurses converge to the desire that the truth is not concealed by the institution and, thus, provide guidance given by human resources staff on moral harassment. Through the longing for the construction of a concrete dialogue flow for workers who feel immersed in exhausting situations in the workplace, as an action that must be carefully implemented to safeguard the seriousness and responsibility of not exposing professionals. The aspiration is that the body responsible for supervising the profession should support this fight against moral harassment at work as a possibility of anonymity and formalization, making it a fair and viable way of denouncing.

The interviewees expressed the desire to formulate a concrete flow, in which the worker can expose face to face their relational difficulties and understand if the process established in the link deals with an act of moral harassment. It is also observed that exposing the consequences of the practice of moral harassment is an attitude that deserves help, action and, in the long term, restraint, a fact that renews the organizational culture of the institution.

It is demonstrated, in a study carried out with nurses who work in the basic health units in João Pessoa (PB), in order to investigate the situations of moral harassment experienced by nurses in their work environment, that harassment is part of everyday life influencing performance in daily activities and physical and mental health conditions. The importance of informing nurses about the existence of moral harassment and its characteristics was reported in this study, since,

according to the authors, it is easier to discuss how to implement preventive actions.[7]

COREN's support in matters related to moral harassment is indicated as an important ally of the nurse professional, who is independent of the specific flow of his or her organization and can seek help in his or her council in order to open a process of investigation of the situation denounced. COREN is thus perceived as an intermediary between the professional and the institution.

Responsibility for the regulation and supervision of the professional practice of Nursing is performed by the COFEN / COREN system created by Law n. 5905/73. It is known that this system ensures the quality of services provided and compliance with the Nursing Professional Exercise Law (Law No. 7498/86, which regulates the professional practice of nursing and other measures). It should be emphasized that COREN's activities involve responsibility, among other functions, such as "[...] supervising the professional exercise and deciding matters related to professional ethics, imposing appropriate penalties; care for the good concept of the profession and those who exercise it by proposing to COFEN measures aimed at improving professional practice."

It is considered, with regard to the code of ethics of nursing professionals, that the profession should be exercised "with freedom, autonomy and be treated according to legal, ethical and human rights principles and principles" (Law 7498/86, Article 1, Chapter 1) and the professional must "exercise the profession with justice, commitment, equity, resolve, dignity, competence, responsibility, honesty and loyalty" (Law 7498/86, Article 5, Chapter 1).

As for the prohibitions, the Code of Ethics in Nursing establishes "Obtain public compensation for offense that reaches the profession, through the Regional Nursing Council"; "To provoke, cooperate, be conniving or omission with any form of violence" (Law No. 7498/86, Article 34) and "Abusive use of the power conferred by the position or position to impose orders, opinions , to insult against modesty, to sexually or morally harass, to disadvantage people or to hinder professional practice "(Law 7498/86, Article 38).

It is assessed that moral harassment harms the established in the aforementioned precepts, therefore, the professional nurse has the full support against this type of violence, in the case of its supervisory board and may, depending on the case, be taken to higher levels of Justice. It is necessary, however, that the fear of speaking is removed and nurses are encouraged to seek the necessary support for the solution of the case.

CONCLUSION

Through this investigation, it was possible to understand the meanings attributed by nurses to the experience of moral harassment in their work environments. It has been shown that the acceptance of practice as a common act, the imposition of power, organizational pressure, the precariousness of Nursing work and professional insecurity are factors that propel the phenomenon caused in a work environment impotent for professional development and good nursing practice.

It is considered that the reality experienced by nurses on this subject and their considerations, attributed to the phenomenon unveiled in this context, have made an important contribution in relation to the emerging need to stimulate and support hospital institutions, to make viable the formal flows of education and support and supervision regarding the prevention and control of the practice of moral harassment.

It is concluded that studying how harassment is understood in nursing, given the discourse harvested, allowed an approximation with the subject to be possible, in an inherent way to the daily life of the profession, visualizing the question of harassment in a broad sense regarding to the forms of organizational management, hidden interests in favor of production, consequences that touched, directly or indirectly, all involved, among other related factors.

It is pointed out that, as a contribution to the nursing science, this work shows the importance of encouraging the opening of spaces for discussion on the subject of moral harassment, clearly within the institutions and academic areas, in order to enable the opportunities improvements in interprofessional relations.

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Corresponding Address

Ellen Maria Hagopian
Email: ellen_hagopian@yahoo.com.br