



Moral harassment among professors in a public university in Brazil*

Assédio moral entre docentes de instituição pública de ensino superior do Brasil

Asedio moral entre docentes de una institución pública de enseñanza universitaria en Brasil

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ABSTRACT

Objective: To identify the existence of moral harassment (SA) among professors in a public university in Brazil. **Methods:** This was a quantitative, descriptive and sectional research; the sample consisted of 54 professors (62.8%) who answered questions about moral harassment at work. **Results:** Most were women (92.6%), between 40 and 59 years (72.2%), working at the institution less than 15 years (61.1), 40.7% admitted being victims of SA at work, 59.3% knew the fellow who had suffered SA and 70.4% stated that it is a common problem in the institution. The cases described participation of: chiefs, superiors, peers, teachers and advisers. **Conclusion:** Universities are places where there is competition for positions and for research/publication resources, which facilitates the occurrence of this phenomenon. The individualities must be overcome with ethical values such as equity and solidarity to avoid the happening of moral harassment.

Keywords: Occupational health; Faculty; Ethics; Moral damage; Social behavior

RESUMO

Objetivo: Identificar a existência de assédio moral (AM) entre os docentes de uma instituição pública de ensino superior do Brasil **Métodos:** Estudo quantitativo e descritivo de corte transversal abrangendo amostra de 54 professores (62,8%) que responderam a um instrumento contendo questões sobre AM no trabalho. **Resultados:** A maioria era mulher (92,6%), entre 40 a 59 anos (72,2%), com tempo de trabalho institucional inferior a 15 anos (61,1); 40,7% admitiram já ter sido vítimas de AM no trabalho; 59,3% conheciam colegas que haviam sofrido AM e 70,4% afirmaram que é um problema comum na instituição. Descrições dos casos envolveram chefes/superiores, colegas e professores/docentes/orientadores. **Conclusão:** Universidades são locais onde acontecem competições por cargos, recursos para pesquisas e publicações, o que facilita a ocorrência desse fenômeno. As individualidades devem ser superadas por valores, como equidade e solidariedade para que não aconteçam esses tipos de situações.

Descritores: Saúde do trabalhador; Docentes; Ética; Dano moral; Comportamento social

RESUMEN

Objetivo: Identificar la existencia de asedio moral (AM) entre los docentes de una institución pública de enseñanza universitaria en Brasil **Métodos:** Se trata de un estudio cuantitativo y descriptivo de corte transversal abarcando una muestra de 54 profesores (62,8%) que respondieron a un instrumento que contenía preguntas sobre asedio moral en el trabajo. **Resultados:** La mayoría era mujer (92,6%), entre 40 a 59 años (72,2%), con tiempo de trabajo institucional inferior a 15 años (61,1); 40,7% admitieron haber sido víctimas de AM en el trabajo; 59,3% conocían a los compañeros que habían sufrido AM y, 70,4% afirmaron que es un problema común en la institución. Las descripciones de los casos involucraron a jefes, superiores, compañeros, profesores, docentes y orientadores. **Conclusión:** Las universidades son locales donde se compite por cargos, por recursos para investigaciones y para publicaciones, lo que facilita la ocurrencia de este fenómeno. Las individualidades deben ser superadas por valores, como equidad y solidaridad para que no sucedan este tipo de situaciones.

Descriptores: Salud laboral; Docentes; Ética; Daño moral; Conducta social

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INTRODUCTION

Health at work is a relevant subject for the whole society, once it reflects how it is developed and organized. The tendency to an “erosion of work conditions in a global scale”, has also reverberated in Brazil’s work conditions, and can be observed through the intensification of labor activity for those who have only got their workforce to sell, fear and stress resulting from the possibility of unemployment, repetitive strain injuries, work-related diseases, among other “ways stress, illnesses, and suffering take place”⁽¹⁾.

Moral Harassment (MH), when related to work, can be called Moral Harassment at Work, an expressive factor among countless others that determine work conditions erosion, and is considered a type of violence; it is also part of the complex occupational risks picture, more specifically, within psychosocial risks. Due to the importance of such phenomenon and its impact on workers’ life, MH has been considered a work-related disease⁽²⁾. So much so the International Labor Organization states that 8.1% of the working population in Europe is a MH victim⁽³⁾.

MH is understood as intentional use of power against a person or a group that might result in damages for one’s physical, mental, spiritual, or moral development. Such violence is characterized by an anti-ethic behavior, understood as one’s reaction to a potential threat, according to their own interpretation. Human relationships are degraded through non-ethical and abusive communications, characterized by repetition along time⁽⁴⁾.

Psychologist Heinz Leymann compared observations to animal behaviors and human conduct within work organization. MH, or mobbing, is a phenomenon where an individual or group uses psychological violence over another individual or group in a systematic and recurrent way, during a long range of time, repetitively; it is a type of molestation and assumes leaving someone with no choices in order to attack them⁽⁵⁾. Within the work environment, it is also known as estrangement or psychological harassment, and is possibly as old as labor itself⁽²⁾.

As to the types of existing MH, it is possible to list: the vertical-descending MH – which comes from a superior hierarchical position in relation to a subordinate (or more); simple-horizontal MH – which comprises one or more workers in relation to a peer; and vertical-ascending MH – which comes from one or more workers and is aimed against a superior hierarchical worker⁽⁶⁾. Also, the mixed MH is worth of attention, for it is characterized as a long-lasting horizontal harassment that becomes vertical-descending harassment due to supervisors’ omission⁽⁷⁾.

Consequences are varied for both health and other aspects, such as financial risks for companies, which are obliged to indemnify MH victims, productivity decrease, and poorer product quality⁽²⁾.

Damages caused by MH are described through several reactions: psychopathological reactions – anxiety, apathy, concentration problems, depressive humor, depressive experiences, repetitive and confusing thoughts, constant forgetfulness, suicidal ideas, reactions of fear, insecurity, insomnia or excessive sleepiness, nightmares, frequent dreams about the work environment, lack of initiative, melancholy; psychosomatic – blood pressure hypertension, dyspnea, asthma crises, cardiac palpitations, tachycardia, heart diseases, skin inflammations, hair loss, generalized body pains, loss of body balance, migraines, digestive disorders, loss of libido, and sexual and behavioral dysfunctions - eating disorders - bulimia or anorexia, aggressive attitudes, social isolation, higher drug usage, such as alcohol, cigarettes, medicines, etc⁽⁷⁾.

Environments with rigid hierarchies and procedures among bosses and their subordinates facilitate MH⁽⁶⁾. Organizations in the tertiary sector of economy, such as medicine and teaching – where tasks are not clearly defined, and consequently, it is possible to blame somebody for something they have nothing to do with – are the most exposed locations to MH, favored by the own organization circumstances⁽⁸⁾.

In the private sector, MH is more evident, lasts for less time, and generally ends with the victim leaving the company; however, in the public sector, it can last for years, for people are protected by the organization. In this case, harassment methods are mischievous and generate dramatic results over workers’ health⁽⁸⁾.

Schools, universities, and institutes, while considered centers of excellence in teaching and researching, also tend to be environments where perverted relationships among people and groups take place, and MH can be present⁽³⁾.

In schools, communication channels can be inefficient, there can be no communication between management and subordinates, teaching staff and students, and teachers’ work is generally solitary. Therefore, teachers have to deal with the daily classroom routine internal pressure by themselves, obeying to orders given by third parties that interact with supervisors, and having to respond to preconceived expectations. All disciplinary and pedagogical difficulties are on teachers, for their tasks cannot be entirely codified, hence, stigmatization becomes an easy alternative⁽⁹⁾.

With regard to researcher-professors, it is worth highlighting that such group is qualitative and quantitatively assessed, according to the number of articles published in indexed journals, or how many events they attend to, resulting in a logic that praises

whoever publishes more. Moreover, these activities have to be developed without interfering in tasks and demands related to the graduation and post-graduation groups, the increasing number of students, the number of teaching hours, among others, which are examples of how the teaching and researching relationship is unbalanced, as well as the professor-student relationship quantification⁽¹⁰⁾.

In summary, due to the way the academy environment is built – with competition for positions, publications, and funded researches – it facilitates MH situations.

The present investigation studied the MH phenomenon in the academic environment due to its relevance in contemporary society, and considering the proportions it can reach, with great impacts on the involved people's physical and mental health. The interest about the theme was related to the informal observation of workers' health problems, apparently resulting from MH situations.

Considering the above mentioned reasons, the present investigation aimed to identify MH and its categories among professors at a public higher education institution (PHEI) in Brazil.

METHODS

The present is a descriptive, cross-sectional study, with a quantitative approach, developed at a PHEI in the health area. The institution in question provides graduation and *stricto* and *lato sensu* post-graduation courses; its teaching staff develops researches integrating national and international investigation centers; national and international accords are established, and important community extension activities are performed.

During data collection, the PHEI accounted for 86 professors. The sample was comprised of 54 professors (62.8%), complying with the following inclusion criteria: subjects should be actively working during the period data collection occurred; they should have been working as professors for more than 3 months in the institution studied; agree to participate in the study; return the data collection form filled out within a three-month period; and could not be part of the group of professors who validated the data collection instrument.

Between October and December 2006, data collection took place by means of an instrument developed by the authors, with open and closed questions about the participants' socio-demographic profile, their professional background and work, as well as questions related to MH. Questions concerning MH were elaborated based on literature about the theme^(2,4-6,8). The instrument was submitted to seven professors' appraisal at the studied PHEI so as to verify its semantics, comprehension, logic, and content adequacy, which generated modifications

according to the presented observations relevance.

The data collection was performed by one of the authors, who contacted professors and invited them to participate in the research, within the time range set for such. A day and time to collect the questionnaires and a signed copy of the Informed Consent Term were previously arranged.

Data collection should occur between October and November, but had to be extended until December 2006, for some professors did not return the form in time, and others decided they did not want to be part of the research anymore, even after signing the Informed Consent Term, which was respected. Instruments that were filled out and returned after January 2007 were not taken into consideration. Participants were offered an option of returning the Informed Consent Term and the questionnaire in a previously arranged location, in a sealed envelope, so as to guarantee anonymity.

In summary, all factors mentioned were considered for the final sample number of 54 subjects, in December 2006.

After each variable had been appropriately coded, a codebook and a database were elaborated based on the instrument questions, using the application *MS Excel-XP*. The validation process occurred through double feeding (data entry), upon independent typing in two spreadsheets. The univariate and bivariate statistical analyses occurred by means of the Program SPSS (Statistical Package for the Social Sciences), version 14.0.

Results were presented in Tables, through absolute numbers and simple percentages, which were analyzed and compared to the consulted scientific literature on the theme.

This study was previously approved by the PHEI management, and its Comitê de Ética em Pesquisa com Seres Humanos (Committee for Human-being Research Ethics), and complies with nationally recommended norms⁽¹¹⁾. An agreement with the PHEI management does not authorize institutional specificities to be publicized. As previously reported, all participants were requested to sign the Informed Consent Term, which guarantees information confidentiality, as well as freedom to leave the research with no personal detriments.

RESULTS

Subjects' socio-demographic, professional background and work-related characteristics are presented in Table 1.

Results demonstrated that among the total number of participants, the majority was comprised of women (92.6%), between 40 and 59 years old (72.2%), who were married (64.8%), and had graduated in the same area covered by the studied PHEI courses (81.5%),

between 1970 and 1990. It was also possible to verify that 22.2% of them had between 6 and 10 years of experience working for the institution in question; when considering workers with less than 15 years of experience, the percentage was 61.1%, and 38.9% of the total sample had 16 years of experience or more.

With regard to identifying MH among the PHEI professors, data are presented in Table 2.

Table 1 – PHEI professors, according to socio-demographic, professional and work-related characteristics, Dec./2006

Variable	n	%
Gender		
Male	4	7.4
Female	50	92.6
Total	54	100
Age bracket		
20 ---- 29	1	1.9
30 ---- 39	19	35.2
40 ---- 49	20	37.0
50 ---- 59	11	20.4
60 or more	2	3.7
No answer	1	1.9
Total	54	100
Marital status		
Married	35	64.8
Single	14	25.9
Divorced	3	5.6
Other	2	3.7
Total	54	100
Graduation		
Graduation Type 1	44	81.5
Graduation Type 2	10	18.5
Total	54	100
Graduation period (decades)		
1960's	1	1.9
1970's	19	35.2
1980's	19	35.2
1990's	11	20.4
2000's	2	3.7
No answer	2	3.7
Total	54	100
Time working for the institution (years)		
Less than 1	11	20.4
1 ---- 5	8	14.8
6 ---- 10	12	22.2
11 ----15	2	3.7
16 ----20	5	9.3
20 ----25	8	14.8
26 ----30	4	7.4
More than 30	4	7.4
Total	54	100

* Type 1 – Graduation in the Health area, similar to courses provided at the PHEI.

** Type 2 – Other graduations in the Health area, such as Psychology, Social Sciences, Pedagogy, Law, among others.

Table 2 – PHEI professors and MH existence, Dec./2006.

Variable	n	%
Was a MH victim		
Yes	22	40.7
No	22	40.7
Maybe	10	18.6
Total	54	100
A co-worker suffered MH		
Yes	32	59.3
No	14	25.9
No answer	8	14.8
Total	54	100
It is a common problem at the University		
Yes	38	70.4
No	7	13.0
No answer	9	16.6
Total	54	100

Legend: MH = Moral Harassment

It was possible to observe that 40.7% of the interviewees affirmed they had been MH victims, and a similar percentage of subjects affirmed they had not been through such problem, 18.6% of the subjects chose to answer “maybe”.

When questions were about co-workers, 59.3% reported having seen MH situations among peers, and 25.9% denied having noticed such situation. When asked if this was a common problem at the University, and considering information an abstract and distant element, 70.4% answered yes, and only 13% stated it was an uncommon problem; 16.6% did not answer the question.

MH case descriptions of situations experienced or seen by the research participants are presented in Table 3.

A remarkable number of professors (44.4%) did not describe any case and/or preferred not to describe anything, and 7.4% reported not knowing any MH cases at the PHEI.

DISCUSSION

The results analysis did not ignore the remarkable number of women participating in the study (92%). Throughout more than 50 years of existence, the studied PHEI has always had more female professors in its staff as well as more female students, due to the professional characteristics required by the market and provided by the institution in question; some of the professionals graduated by the PHEI have come to be part of its teaching staff along the years.

Currently, the man/women proportion among professors is of five men to 81 women, once men represent only 5.8% of the total staff. Such number does not represent the general standard of the studied PHEI, considering that between 2006 and 2007, it had about

Table 3 – PHEI professors, according to MH case descriptions, dez./2006

Case descriptions	n	%
Bosses forcing professors not to adhere to academic reformations, reports of co-workers' disease and retirement due to MH, threatening one's position legitimacy, non-participation in civil services examinations due to intimidation by board members, pressure to enter and/or change job through civil service examination, pressure from dissertation supervisors onto graduate students, jobs and activities imposed to staff members with fewer titles without their agreement or acceptance.	8	14.8
Co-worker shouts as an intimidation strategy in a meeting with strangers, co-workers united to impede an open discussion, co-workers harassment over students to receive praising, co-workers threatening other co-workers' jobs, demoralization, underestimation, superior positioned individual threatening subordinate.	5	9.3
Offensive behavior against professors, lack of respect and education among people, blackmailing co-workers.	3	5.5
Boss considers subordinate incompetent, co-worker criticizing another in public, causing a humiliation feeling.	3	5.5
Prominent professor commenting on others' particularities and negative aspects, speech modification when in group, usage of others' work for own prominence, disqualification of a co-worker's performance.	2	3.7
Anonym letters disqualifying and threatening other professors' work.	2	3.7
Gossip, mischievous comments, and co-workers disqualification when talking to others in the institution corridors.	1	1.9
Lack of solidarity after a co-worker was able to receive resources for research, devaluation and exclusion due to one's different professional background (compared to most professors)	1	1.9
Bosses devaluing and mocking co-workers, cuts on commissions without prior talks, co-workers' humiliations, embarrassments, and defamation via e-mail sent to others.	1	1.9
Does not know of any case in the institution.	4	7.4
No description and/or chose not to describe	24	44.4
Total	54	100

Legend: MH = Moral Harassment

66% (3.349) male professors, and 34% (1.729) female professors.

Among 54 subjects, there were no African-descendant individuals, which demonstrates how difficult it is for such segment of the population to grow in the national university environment, to reach the academic and professional space, historically occupied by Caucasian individuals⁽¹²⁾.

With regard to 98.1% of the participants who informed their age bracket, 74.1% of professors were more than 40 years old, opposed to 24.1%, who informed they were between 20 and 39 years old. Workers with an older age seem to be more common in public institutions. A study performed with workers – mainly in the hospital area – confirmed such findings, for workers with an older age prevailed in public hospitals, and the opposite was true for private hospitals⁽¹³⁾. Once positions at public institutions are fulfilled through civil service examinations, offering work stability, workers tend to remain in the institution for many years, and grow old still linked to it.

Normally, in order to work as a professor at a public university, professionals have to go through a public civil service examination, even when contracts are for temporary work. For their part, candidates for permanent professor positions go through a probation period that confirms whether a candidate will receive tenure once it is finished. The candidate's peers make such decision⁽¹⁴⁾. Similarly, at the university where the

present study took place, positions and professional growth depend on public civil service examinations, which do not often occur, and demand PhD titles. Such factors can also explain why workers with more than 40 years old are predominant in the institution.

As to graduation background, most participants (81.5%) were graduated in areas offered by the studied PHEI current courses. However, there were some professors with other graduation backgrounds, such as: psychologists, sociologists, and pedagogues, among others. Changes to the graduation courses curriculum justify professors in other specialties to be hired, which explains the existence of subjects with different professions in the group.

With regard to the graduation year, 35.2% of the subjects graduated in the 1970's, and the same percentage graduated in the 1980's. Participants who graduated between the 1960's and the 1980's are 72.3% of the total, and such group also represents the age bracket between 40 and 60 years old. Individuals who graduated between the 1990's and 2000's comprised 24.1%, and also represented the age bracket between 20 and 39 years old.

As to time working for the institution, 20.4% of the participants had been hired less than a year before, due to the hiring of new professors in 2006. Demonstrating that time working for the studied PHEI varied among professionals, 20 (37.0%) professors had been working for the institution from 1 to 10 years; 7 (13.0%) from

11 to 20 years, and 16 subjects with more than 20 years of experience (29.6%).

With regard to the existence of MH, when assessing the answers to the question “do you believe you have been a victim of this problem at the University?”, it was possible to verify that 40.7% of the participants revealed they had been victims of MH, and the same percentage reported they had not been victims. Ten (18.6%) participants informed they could have been victims of MH. Because this is a controversial subject, difficult to approach, these people could possibly have felt intimidated, believing they would at some point expose themselves too much in case they answered the question affirmatively, even after being informed that their right to anonymity and information confidentiality would be respected. Another possibility is that this group did not understand the concept of MH presented by the data collection instrument, and therefore, were in doubt when answering the question. When the question was about co-workers, asking “do you know any co-workers who have been through this type of problem?” subjects possibly felt more comfortable answering, once 59.3% of the informants affirmed they knew, among their peers, people who had suffered MH in the work environment. Answers to this questions informed that 25.9% of the participants did not know any co-workers who had gone through a MH situation, and 14.8% preferred not to answer the question, totalizing 22 people (40,7%). In a similar way, maybe some participants chose not to answer the question due to fear of being identified, even with an anonymity guarantee.

MH situations can also affect people who were not direct victims, but witnessed what happened in their work environment. Witnessing MH is a significant predictor of general stress and reactions to it⁽¹⁵⁾.

When asked if MH was a common problem in the university environment, 70.4% affirmed it was, that is, although there were negative or dubious answers (individuals did not admit they were victims, or that they knew people who were MH victims/did not answer), when the question refers to a more abstract instance (the university), answers were affirmative, which demonstrates incoherence among interviewees' answers regarding the subject.

MH is likely to occur at schools and universities, for rivalry-causing situations are common, facilitating MH, even though not many studies have been performed about the subject⁽⁹⁾.

When assessing answers to the questions involving co-workers, findings demonstrated that 40.7 % of the informants reported that co-workers were both the harasser (by intimidating, offending, shouting, criticizing, not supporting, getting united with other to impede an open discussion, approaching students in order to be

praised, threatening other workers' jobs, devaluing or excluding others due to a different graduation background), and the victims (by being mocked, disqualified, blackmailed by third parties, among other situations).

The superior/boss appeared in 31.5% of the situations described. Such individuals (legally instituted bosses and/or people respected as superiors due to their title) considered their subordinates to be incompetent, forced professors to do things, devalued and mocked their co-workers, cut commissions without previous talks, among other attitudes, according to the reports presented.

In 27.8% of the descriptions professors/staff members/dissertation supervisors were clearly mentioned as both harassed people (who suffered from offensive behaviors, and were forced to enter a civil service examination, or alter their career or teaching positions, receiving threats regarding the position legitimacy, and being forced to give up applying for a civil service examination due to intimidation by board members) and harassers (forcing professors under their supervision to do things, imposing activities to workers with fewer titles without their agreement to do them, making comments on other people's particularities, modifying the speech when in group, using other people's work for personal prominence, among other descriptions). In these situations, professors/staff members/dissertation supervisors were apparently more distant from the subjects than their co-workers, previously mentioned; may be this is the reason why they were reported as professors, and not co-workers, although all the involved participants were part of the PHEI teaching staff, and were, consequently, co-workers.

Part of the subjects' descriptions end up merging with the ones involving bosses, professors, and co-workers, and indicates more general situations (anonym letters disqualifying and threatening other staff members' work, gossip, mischievous comments, disqualification in corridor meetings, devaluation due to a different graduation background, among others).

Based on the individuals' descriptions, some MH cases tried to be identified. It was possible to observe Horizontal MH (HMH), which happens among peers and becomes something frequent when both workers compete for the same position, or promotion^(4,6,8). It is manifested through malicious jokes, waggery, rudeness, underestimation, and isolation, among other attitudes⁽⁶⁾. Among subjects' testimonies, several situations occurred among co-workers fit in this type of MH (HMH), for offense, shouting, criticism, threats, and defamation were involved. Also in this category are gossip, mischievous comments, disqualification in corridor chats, devaluation, among others. Besides these behaviors, in testimonies

where professors/dissertation supervisors/staff members were considered peers, situations where peers put pressure on/harass their peers increase, that is, HMH case examples also increase, such as forcing a peer to enter a civil service examination they do not want to do, or that will alter their career or teaching position, threats regarding the position legitimacy, and giving up a civil service examination due to intimidation, among others.

Vertical-descending MH (VDMH) also occurred, usually coming from the employer, understood as the employer itself, as well as any hierarchical superior (director, manager, boss, supervisor) that has power to delegate tasks and command^(4,6). Coming from a superior position, this type of MH brings more serious consequences to health than HMH, for victims feel even more isolated and face more difficulties to find solutions to their problem⁽⁸⁾. The present investigation enabled the verification of MH existence, once bosses/superiors considered their subordinates incompetent, put pressure on staff members/subordinates, devalued and mocked peers, suddenly cut commissions with no previous talks or justification, etc. When professors/dissertation supervisors/staff members are considered professors (considered an authority position due to longer experience working for the institution, or administrative power), harassment cases involving bosses/superiors and subordinates increase. Among descriptions of such reality, rude attitudes with students, use of hierarchical power to assign tasks that are not always within the subordinate's possibilities to perform, dubious opinions, depending on convenience, among others.

Ascending-vertical MH (AVMH) situations were not found. This type of MH comes from subordinates towards a boss or hierarchical superior. It is used against bosses who excessively use their power and adopt authoritative and arrogant positions so as to stimulate competition and rivalry, or even interfere on one's work by the abusive use of power^(4,6). In the PHEI environment, where so many abusive and humiliating situations as the ones described occur, harassed people probably do not feel they can react against their oppressors, and choose not to say anything about it, which corroborates to the problem perpetuation.

The MH cases described in the present studies can be originated from small conflicts among people; when

not solved, they can culminate in more serious situations. According to what was previously reported, competition for prestige and academic recognition, positions, publications, and funded researches, is common at universities, which make them favorable locations for MH-related situations to occur, such as the ones verified by this research.

However, it is important to always reconcile competition and cooperation, for the universal identity should always overcome singularities. Teaching staff should not suffocate equity and solidarity values, and needs to respect ethical boundaries established for academic life. Problems should be overcome, and dialogue has to exist, understanding should prevail in order to reach higher objectives, the university ideal, such as knowledge generation⁽¹⁰⁾. It is also important to face problems not only individually, but also institutionally, aiming for the described situations not to be considered normal and natural, which takes their importance.

FINAL CONSIDERATIONS

Moral harassment is an undesirable and aggressive situation that takes place in the contemporary world. The present investigation was performed in a public higher education institution, and aimed to identify such harassment occurrence and its descriptions among staff.

When asked about the phenomenon existence, most subjects affirmed it is a common problem at the studied university, mainly among peers (Horizontal Moral Harassment), and bosses/superiors in relation to their subordinates (Descending Moral Harassment). Cases described can be found in the literature about the theme.

University environments facilitate this type of harassment to occur. Competition and rivalry among people and research groups are common; academy members aim to reach higher indicators than their co-workers, for this means prestige, personal and academic recognition. Such situations culminate in conflicts, which are not normally solved and lead to negative consequences, such as the ones found by this study. Institutional solutions should be constantly aimed, considering such workers' health, as well as the institution performance, once it is relevant for the whole society that knowledge is built, and science, ethics and justice are developed.

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