

Moral harassment experienced by nurses in their workplace

Situações de assédio moral vivenciadas por enfermeiros no ambiente de trabalho

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Keywords

Social behavior; Ethics, nursing; Occupational health nursing; Working conditions; Occupational health

Descritores

Comportamento social; Ética em enfermagem; Enfermagem do trabalho; Condições de trabalho; Saúde do trabalhador

Submitted

February 7, 2014

Accepted

March 26, 2014

Abstract

Objectives: Investigate moral harassment experienced by nurses in their workplace.

Methods: Cross-sectional study performed with 259 nurses working in primary healthcare units and public hospitals. The tool employed in the research was composed of a questionnaire available in the union council's website, and the nurses were emailed the invitation to participate.

Results: Results showed that the moral harassment phenomenon is more frequently regarded to the manipulation perpetrated by the aggressor toward opposed interests of the victim, followed by the acknowledgement that the harasser seeks to hinder the professional development of the harassed worker.

Conclusion: The study revealed that the moral harassment experienced by the nurse in the workplace directly impacts his/her labor performance, as well as health and emotional statuses.

Resumo

Objetivos: Investigar situações de assédio moral vivenciadas por enfermeiros em seu ambiente de trabalho.

Métodos: Pesquisa transversal realizada com 259 enfermeiros que trabalham em unidades básicas de saúde e hospitais da rede pública. O instrumento de pesquisa foi um questionário disponibilizado em um site do conselho de classe e os enfermeiros receberam por email o convite para participar.

Resultados: Os resultados mostraram que a situação de assédio moral mais frequente diz respeito ao agressor manipular pessoas para assumir posicionamentos contrários aos interesses da vítima, seguida da constatação de que o assediador impede o crescimento profissional do assediado.

Conclusão: O estudo revelou que situações de assédio moral vivenciadas pelo enfermeiro no ambiente de trabalho influenciam diretamente em o desempenho laboral, saúde e estado emocional.

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DOI

<http://dx.doi.org/10.1590/1982-0194201400027>

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Conflicts of interest: there are no conflicts of interest to declare.

Introduction

Moral harassment is deemed to be a subtle, dissimulated, intentional, repeated and prolonged psychological violence aimed at socially humiliating and excluding a given person in the work setting, resulting in psychosocial stress and several types of damage to both the society and the organization.⁽¹⁾

In order to characterize the harassment, the repercussion of the abusive conduct in the health status of the victim, the frequency and the duration of the abusive act, and the intentionality of the aggressors should be taken into account.⁽²⁾ Abusive conducts stand out as those capable of damaging human dignity and may cause those who cannot stand them either to get ill or to make unexpected decisions regarding their professional lives, such as resign or change position/department in the institution.⁽³⁾

This is not a recent phenomenon in the work relations. Nevertheless, it has been reaching global dimensions lately, impacting different work contexts and professional segments.⁽³⁾

Moral harassment has become an object of increasing concern worldwide to workers, employers and also the scientific community. The study of such phenomenon has been a growing trend in the healthcare area, above all in the psychology and medicine fields, due to the physical and psychic damages brought about by this type of violence. Researchers affirm that this violence in the work environment can be clearly observed in hospitals, where healthcare professionals are sometimes the perpetrators of the occupational abuse, and other times the victims of such violence, that is, aggressiveness and humiliation conditions are steadily reproduced and perpetuated in the work environment.⁽⁴⁾

Among health team workers, this study identified that nurses are the major victims of moral harassment. For this reason, researchers show deep concern and alert that measures should be created in order to safeguard the physical and psychological integrity of health professionals, nurses in particular.⁽⁴⁾

It is worth highlighting that the nursing professional is a potential victim of moral harassment and that such practice may be perpetrated by the service manager, work colleagues, subordinated workers, other health team professionals, such as the doctor, for instance, as well as clients and patient's family members.⁽⁵⁾ Such information may lead to the conclusion that moral harassment in the nursing service is quite a frequent practice in the Brazilian scenario. Notwithstanding, there are no current data that can quantify such practice in the work of this professional segment. At the same time, the studies related to such issue in the daily work of nurses are quite incipient.

The objective of the present study was to investigate moral harassment situations experienced by nurses in their workplace.

Methods

This exploratory research counts on a quantitative approach. All 259 nurses who participated in the study worked in primary healthcare units and public hospitals in the municipality of João Pessoa, Paraíba State. Inclusion criteria were as follows: nurses performing nursing activities at the moment of the data collection process; and nurses working in the nursing area for at least six months.

It should be emphasized that the adopted sampling process was not probabilistic.

The research instrument was built upon the variables of this study. Taking into account the confidential character of the study, the instrument was disclosed by electronic means at the official website of the Regional Nursing Council of Paraíba between June and August of 2011. The emails of the nurses invited to take part in the study were found in the referred Council's database.

After responding the questionnaire and pressing the Done key, the participant automatically received the confirmation of a document that could be visualized by the researcher in PDF, XLS, CSX and RTF extensions. With access to the document, the researcher responsible for the study was then

able to manage the uploaded information. In order to be granted exclusive access to the information produced by the contents of the questionnaire, the researcher needed a login and password, so that the confidentiality of information could be preserved.

Data were assessed by the Statistic Package for Social Sciences (SPSS) for Windows, version 19, and compared by frequencies and percentages.

The development of the study complied with national and international ethical guidelines for research involving human beings.

Results

Harassers are capable of promoting repeated attacks, such as initial subtle attitudes that are intensified as time passes. In order to assault the victim, the harasser humiliates, chastises, constrains, and isolates, among other embarrassing situations, causing the worker to undergo physical and mental suffering. Moral harassment shows distinct characteristics in various conditions. Therefore, aiming to more profoundly understand the moral harassment experienced by the nurses who participated in the study, the tables below display the conducts carried out by the aggressor, according to the information provided by the participants.

It should be highlighted that the quoted conducts were grouped and correlated in four categories, namely: purposeful deterioration of work conditions; attack against dignity; isolation and refusal to communication; and verbal, physical and sexual abuse.

Table 1 highlights the responses of the participants in the study concerning aggressive situations undergone in the work environment in the category of purposeful deterioration of work conditions. This category shows that the most recurrent type of violence is related to “manipulation that leads people to stand against the victim’s interests”, followed by the observation that such behavior “hinders professional development”.

The attack against dignity category showed that the main responses of the participants in the study

were: unfairly and exaggeratedly criticizes your work (47.41%); spreads bad words and slanders about you (40.52%); publicly speaks negative things about you (31.03%); and insinuates and spreads rumors that you have a health problem (6.03%).

Table 1. Aggression situations undergone in the workplace in the category of purposeful deterioration of work conditions

Purpose deterioration of work conditions	%
Manipulates people toward taking up positions that go against their interests	47.41
Hinders professional development	40.52
Systematically confronts all decisions	27.59
Restrains rights only to generate damage (vacations, rewards, time schedules)	31.90
Delegates excessive amounts of activities	22.41
Provides confusing and inaccurate information	22.41
Does not convey other useful information toward the performance of tasks	22.41
Requires urgent, yet totally unnecessary tasks	22.41
Forces you to resign	22.41
Obstructs work progress	21.55
Does not take health problems into account	19.83
Provides instructions that are impossible to be executed	18.97
Removes the work that usually belongs to you	18.97
Deprives you from work instruments: telephone, fax, computer, table, among others	17.24
Orders you to perform uninteresting tasks	16.38
Sends registered warning letters	16.38
Induces you to errors	13.79
Assigns tasks that are not compatible with your health status	12.07
Purposefully and systematically assigns tasks that are lower than your competences	11.21
Purposefully and systematically assigns tasks that are higher than your competences	10.34
Imposes unjustifiable time schedules	10.34
Does not provide any service at all	2.59

Source: Empirical material of the research, João Pessoa, Paraíba, Brazil. 2011

Table 2 shows aggression situations undergone in the workplace in the verbal, physical and sexual abuse category. Verbal abuse was on the top of the list in the assessed sample, reaching 32.76%.

Table 2. Aggression situations undergone at the workplace in the category of verbal, physical and sexual abuse

Verbal, physical and sexual abuse	%
Yells at you	32.76
Attacks you only when nobody else is around	12.57
Meddles in your private life with phone calls, e-mails, letters	5.17
Physically attacks you, although in a mild way, pulls you out and slams the door on your face	4.32
Threatens to physically attack you	2.59
Sexually harasses or attacks you (gestures or proposals)	1.72
Injures your car	0.86

Source: Empirical material of the research, João Pessoa, Paraíba, Brazil. 2011

Table 3 shows aggression situations in the workplace occurred between the harasser and the victim concerning isolation and refusal to communication. This category shows that the most frequent response is related to the aggressions ignores you in the presence of other people, followed by interrupts you when you start talking.

Table 3. Isolation and refusal to communication

Isolation and refusal to communication	%
Ignores you in the presence of other people	55.17
Interrupts you when you start talking	37.07
Threatens to transfer you to another department, in order to isolate you	13.79
Does not talk to you anymore	12.07
Segregates you from the others	11.21
Transfers you to another department, in order to isolate you	10.34
Uses written communication with you only	9.48
Prohibits your colleagues to talk to you	8.62

Source: Empirical material of the research, João Pessoa, Paraíba, Brazil. 2011

Discussion

The attitudes related to the purposeful deterioration of work conditions are harder to be spotted. The present study observed that the most frequent aggression situations are regarded to the manipulation of people by the harasser so that they take positions that are opposite to the interests of the victim, followed by the observation that the harasser hinders the harassed worker's professional development.

A study points out that the harasser might defend himself/herself justifying that he/she acted that way in order to improve the service activities.⁽⁶⁾ It is worth highlighting that the purpose of the harasser is to cause people to realize that the victim is incompetent.⁽⁷⁾ In these cases, subtle proceedings are carried out, such as: to systematically confront all the victim's decisions, not to take health problems into account, to remove activities that used to be usually assigned to the subject, to provide instructions that are impossible to be executed, to induce the victim to error, and not to allow the worker to have access to useful information in the execution of tasks.

The aggressor manipulates the victim's work by making use of mechanisms such as: delegation of excessive activities, assignment of unnecessary urgent tasks, purposeful and systematic assignment of tasks that are lower or higher than the victim's competence, lack of assignment of any task, and deprivation of the victim's access to the necessary work instruments in his/her professional activity, among others.⁽⁸⁾

Other forms of expression of the moral harassment aimed to deteriorate the work conditions of the victim are related to labor rights and compensatory labor measures. Here, the authors identify attitudes, such as restriction to the right to vacation, imposition of unjustifiable work schedules, wage discrimination, as well as arbitrary changes of work schedules.⁽⁸⁾

As the victim starts being discredited by colleagues, managers and other workers, the harasser manipulates people and cause them to take positions that are opposite to the interests of the victim, thus hindering his/her professional development and even sending him/her written warnings under the justification that the professional lacks competence and is not up to the demands of the service. The victim usually ends up feeling abandoned, disheartened and put under intense psychic suffering, not rarely giving up the job.

As for the aggression situations undergone in the workplace in the category of attack against dignity, it was observed that the harasser criticizes the work of the victim in an unfair, exaggerated way (47.41%), spreading bad words and slanders about

him/her (40.52%), and publicly speaking negative things about him/her (31.03%).

The attack against dignity is described as a behavior that is easily perceived by everybody; nevertheless, people believe that the victim is the one to blame.⁽⁷⁾ Attitudes related to this category are aimed to disqualify the victim. In general, harassers and work colleagues disqualify and criticize the work of the victim in an exaggerated, unjustifiable way, making derogatory remarks and exposing him/her to public mockery. Expressions such as *he/she is very sensitive*, or *he/she is paranoid*, are frequently used to stigmatize the victim.

In these situations, the aggressor manipulates the reputation of the victim, as the criticism is often related to damaging comments on the person's professionalism and even physical aspects or religious beliefs.

Verbal, physical and sexual abuse is also perceived in the moral harassment. The study shows that, in this category, moral harassment is presented in an explicit way, as threats and physical aggressions, regardless their intensity, may occur.⁽⁷⁾ Embarrassing, humiliating situations, such as yells, invasion of privacy of the victim by means of phone calls, emails, letters, among others, are clearly shown in this category.

Regarding the aggression situations undergone in the workplace, the category of verbal, physical and sexual abuse was put on top of the list by the participants in the study, 32.76%. The situation in which the harasser attacks the victim only when there is nobody else in the place was also indicated several times by the participants in the study (12.57%). Such data also reveal that moral harassment can be invisible. The sample shows that it is very difficult for the victim to prove an eventual harassment process when the aggressor does not leave any fingerprint behind, quite a frequent occurrence, as these aggressions take place when nobody else, but the harasser and the victim, witness the conflict.

A harassment process is defined by the repetition of that act. It is important to highlight that moral harassment is a process in which the worker undergoes a psychic massacre. Moral harassment, in other words, stands out as a series of interdepen-

dent acts aimed to achieve a final destructive goal.⁽⁹⁾ Hence, habitual tensions, as well as isolated conflicts and incidents, so pertinent in modern organizations, must be discarded.⁽⁸⁾

Similarly, harassed employees repeatedly complained about being shoved out, even mildly, as part of the physical violence present in moral harassment. As for sexual harassment, it is worth emphasizing that its similarities with moral harassment are the repetition of abusive actions, relentless persecution and power abuse. Nevertheless, a study⁽¹⁰⁾ affirms that they are distinct phenomena, despite the close connections between one another. Sexual harassment may constitute the premise that unleashes moral harassment, a result of the vengeance of the rejected aggressor against the victim. It is important to state that sexual harassment is characterized by the sexual conduct rejected by the victim. The purpose of the harasser is to achieve sexual advantages. In the moral harassment, on the other hand, the aggressor's intention is to deteriorate the work environment, so that the victim quits the job.⁽⁹⁾

As for the aggressions occurred between harasser and victim regarding the category of isolation and refusal to communication, it was observed that the most frequently recorded situation is when the harasser public ignores the presence of the victim (55.17%). In this case, the harasser despises the victim so that others realize that he/she is no longer needed in the company. Such conduct is evidenced by means of mechanisms used by the aggressor to establish an implicitly hostile communication with the victim, revealing that the final objective of this action is to manipulate the victim's communication.

Such interruption and refusal to communication end up psychologically destabilizing the harassed person. By ignoring him/her, the harasser isolates and excludes him/her, and also disqualifies him/her in a subtle, subjective manner.⁽¹¹⁾

Isolation is quite a clear characteristic of moral harassment. It stands out as a set of actions aimed to hinder the harassed person to communicate and establish social contacts within the work setting, thus strongly damaging his/her socio-professional interactions. In this sense, attitudes such as to ignore the victim's presence publicly, interrupt his/her

conversation, threaten to transfer him/her, isolate him/her, avoid speaking with him/her, communicate only by written form, segregate him/her from the others, and prohibit colleagues of speaking to him/her were all recorded in this phase of the studied phenomenon.

Results indicate how relevant it is to inform nursing professionals on the existence and the steady occurrence of the moral harassment, as well as the potential consequences the victims may undergo as a result of this type of psychological suffering. They also show the importance of the implementation of preventive actions, taking into account the significance of a healthy, friendly environment for the health of the workers.

Conclusion

Nurses reported several situations of moral harassment in the workplace that directly influenced their work performance, their health and their emotional status.

Collaborations

Cahú GRP collaborated with the conception of the project, execution of the research and drafting of the article. Costa SFG contributed to the conception of the project, execution of the research, drafting of the article, and approval of the final version of the article to be published. Costa ICP; Batista PSS and Batista JBV collaborated with the relevant critical review of the intellectual content.

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