







WITNESSES OF MORAL HARASSMENT IN NURSING: IDENTIFYING CHARACTERISTICS OF THE PHENOMENON, FEELINGS, AND COPING STRATEGIES

TESTEMUNHAS DE ASSÉDIO MORAL, NA ENFERMAGEM: IDENTIFICANDO CARACTERÍSTICAS DESSE FENÔMENO, SENTIMENTOS E ESTRATÉGIAS DE ENFRENTAMENTO

TESTIGOS DE ACOSO MORAL EM ENFERMERIA: IDENTIFICANDO LAS CARACTERÍSTICAS DEL HECHO, SENTIMIENTOS Y ESTRATEGIAS DE AFRONTAMIENTO

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ABSTRACT

Objective: to identify elements that characterize the occurrence of moral harassment in reports of nursing professionals who have witnessed this practice; investigate feelings expressed by these professionals, when witnessing situations of harassment; and verify the coping strategies adopted before this phenomenon. **Method:** exploratory study with a qualitative and quantitative approach carried out at the outpatient clinic of a public hospital in the municipality of João Pessoa-PB, Brazil. The sample consisted of 25 professionals who were identified as witnesses of moral harassment in their professional practice. The empirical material was obtained through a semistructured form and then analyzed in light of the technique of discourse of the collective subject. **Results:** relevant elements were found that characterize the studied phenomenon, such as the description of the aggressor of the practice of moral harassment, situations, duration and frequency of acts, and reports of examples and repercussions of harassment on the victims' health. Feelings of sadness, anger and impotence were experienced by the witnesses. The main attitudes adopted as coping strategies consisted in giving guidance to the victim and communicating the facts to superiors. **Conclusion:** it was verified that the role of the witness in the identification of elements that characterize moral harassment is fundamental and allows the investigation of the behavior in the appropriate instances, the support to the victims, and the prevention of new cases.

Keywords: Nursing; Bullying; Social Behavior; Ethics, Professional; Workplace Violence.

RESUMO

Objetivo: identificar elementos que caracterizam a ocorrência do assédio moral em relatos de profissionais de Enfermagem que já testemunharam essa prática; investigar sentimentos expressos por esses profissionais, ao presenciarem situações de assédio; e verificar estratégias de enfrentamento a esse fenômeno. **Método:** pesquisa exploratória com abordagem qualiquantitativa, realizada no ambulatório de um hospital público no município de João Pessoa-PB, Brasil. A amostra foi composta de 25 profissionais que foram identificados como testemunhas de assédio moral em seu exercício profissional. O material empírico foi obtido por meio de formulário semiestruturado e, em seguida, analisado à luz da técnica do discurso do sujeito coletivo. **Resultados:** foram encontrados elementos relevantes que caracterizam o fenômeno estudado, como descrição do agressor da prática do assédio moral, situações, duração e frequência dos atos, relatos de exemplos e repercussões do assédio na saúde das vítimas. Sentimentos de tristeza, raiva e impotência foram vivenciados pelas testemunhas. As principais atitudes adotadas como estratégias de enfrentamento consistiram em orientar a vítima e comunicar os fatos aos superiores. **Conclusão:** constatou-se que o papel da testemunha na identificação de elementos caracterizadores do assédio moral é fundamental e possibilita a apuração da conduta nas instâncias apropriadas, o apoio às vítimas e a prevenção de novos casos. **Palavras-chave:** Enfermagem; Bullying; Comportamento Social; Ética Profissional; Violência no Trabalho.

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RESUMEN

Objetivo: identificar elementos que caracterizan el acoso moral en los relatos de profesionales de enfermería que presenciaron esta práctica; analizar sus sentimientos en dichas situaciones y buscar estrategias para afrontar tales hechos. **Método:** investigación exploratorio descriptiva, con enfoque cualitativo y cuantitativo, llevada a cabo en un hospital público de la ciudad de João Pessoa, PB, Brasil. La muestra consistió en 25 profesionales identificados como testigos de acoso moral en el ejercicio de sus tareas. El material empírico se obtuvo a través de un formulario semiestructurado, analizado según la técnica del discurso del sujeto colectivo. **Resultados:** se encontraron elementos que caracterizan el fenómeno estudiado tales como: descripción del agresor de acoso moral, situaciones, duración y frecuencia de los hechos, relatos de ejemplos e impacto del asedio en la salud de las víctimas. Los testigos sintieron tristeza, rabia e impotencia. Las principales actitudes adoptadas como estrategias de afrontamiento consistieron en orientar a la víctima y comunicar el hecho a sus superiores. **Conclusión:** se constató que el rol de testigo en la identificación de los elementos que caracterizan el acoso moral es fundamental y permite investigar la conducta en las instancias adecuadas, ayudar a las víctimas y prevenir nuevos casos.

Palabras clave: Enfermería; Acoso Escolar; Conducta Social; Ética Profesional; Violencia Laboral.

INTRODUCTION

Labor relations and highly competitive environments in contemporary society have made it common, the occurrence of labor violence against workers, in the private and in the public sector. However, this violence is not always manifested in a perceptible way, because labor relationships can be subtly marked by the practice of psychological violence and persecution, which is known as moral harassment.¹

Moral harassment is a form of psychological violence that occurs in a subtle, disguised, often intentional, repetitive and protracted way, with the intention of humiliating and socially excluding a person from the context of work activity.² As a consequence, this practice in the workplace generates physical and psychological illnesses in the victims and impacts on companies and society, due to the reduction of services provided for workers to treat their diseases.³

This phenomenon has been present throughout the trajectory of work practices; however, it has been more emphasized in national and international studies since the year 2000 onwards, with the political denominations *psychic terrorism*, *mobbing* and *bullying*.² There are, basically, three forms in the classification of moral harassment: *horizontal*, which occurs when there is some confusion at work on a hierarchical or occupational level; *vertical*, which is subdivided into descending (when the aggression comes from a superior against a subordinate); and ascending (when a subordinate assaults the superior); and the *mixed* form, involving the two classifications in

the same case, involving the vertical and horizontal harasser and the victim.⁴

A pioneering study on this theme⁵ highlighted that the criterion adopted to define moral harassment was a frequency of one day, once a week and at least six months of exposure. However, it is believed that this parameter must not be seen with extreme rigidity, because the frequency and duration of moral harassment can vary with the influence of other factors.⁴

Moral harassment covers situations such as excessive supervision, unfounded criticism, impoverishment of tasks, denial of information, and persecution at work. These actions are capable of transforming the experience of pleasure and success at work into a situation of sacrifice.⁶ The problem that people who suffer harassment have is the difficult task to prove the phenomenon in a situation of denunciation against the aggressor. This obstacle is due to the fact that harassing makes frequent use of subtle mechanisms and verbal aggressions, and this makes it difficult to prove such behavior. There is, however, the possibility that the harasser practices the psychological violence in the presence of others who can represent witnesses of the fact. A witness is an "individual who is summoned to testify, and who expresses his personal experience regarding the existence, the nature and the characteristics of a fact, for being in front of the object (*testis*) and keeping its image in the mind."⁷

In the context of nursing, studies have confirmed that professionals in this area are more vulnerable to the practice of moral harassment in the field of health and that there is a significant number of scientific productions on the subject prepared by authors of that category. Despite of this, most of the studies are intended to investigate victims of moral harassment, while studies with witnesses are rare.

Considering the relevance of the theme and the scarcity of studies in the scientific literature addressing the witnesses of moral harassment, this study started based on the following guiding questions: What are the elements that characterize the moral harassment identified in statements of nursing professionals who have already witnessed that practice? What are the feelings and coping strategies that are adopted by the witnesses regarding the moral harassment they observed? Given the above, the study aimed: to identify the elements that characterize the occurrence of moral harassment in experiences of nursing professionals who have already been eyewitnesses of that practice; investigate the feelings expressed by these professionals when they witnessed situations of harassment; and verify the coping strategies against this phenomenon.

METHOD

This is a research of exploratory nature with quantitative approach performed in an outpatient clinic of a public hospital

located in the city of João Pessoa, Paraíba, Brazil, whose population involved 62 professionals of the nursing team who were working in the period of data collection. To select the sample, the following inclusion criteria were adopted: a) that the professionals had at least six months of professional activity in the ambulatory sectors of the hospital chosen for the study; b) that they were active at the time of collection and confirmed that they had witnessed the practice of moral harassment during their professional career. As exclusion criterion, professionals who were on vacation, medical leave and those who had no direct contact with the victim, that is, they only knew of moral harassment through third parties were excluded.

To meet the inclusion criteria, the number of 25 professionals who witnessed cases of moral harassment during their professional practice was obtained. In order to enable the collection of empirical material, a semi-structured instrument was prepared containing objective and subjective questions related to the objectives of the study. To analyze the quantitative data, descriptive statistics were used. Subjective questions were analyzed qualitatively with the technique of discourse of the collective subject (DCS). This technique proposes a way of organizing the data collected through verbal expression, respecting its dual qualitative and quantitative condition as object.⁹

This technique is operationalized following these steps: selection of key expressions (which are extracted from each individual speech, and the answers of each question integrally copied to represent the discursive content); highlight of the central ideas; grouping and identification of core ideas (each group should be named in a way that expresses core and similar ideas); and formulate a synthetic discourse that represents the discourse of the collective subject.

It is worth noting that the ethical precepts of research involving human beings, recommended by Resolution 466/2012 of the National Health Council and the Code of Ethics of Nursing Professionals of the Federal Nursing Council, were ob-

served.^{10,11} The participants granted the authorization by signing the Informed Consent Term (ICT). The research was appreciated and approved by the Research Ethics Committee of the *Universidade Federal da Paraíba* – UFPB.

RESULTS

CHARACTERIZATION OF STUDY PARTICIPANTS

Of the 25 participating witnesses, 92% were women and 68% were in the age group between 26 and 45 years. As for the function performed, 36% were nurses, 56% were nursing technicians, and 8% were nursing assistants; 56% of the participants had more than one graduation.

DESCRIPTION OF THE HARASSER OF THE PRACTICE MORAL HARASSMENT

Figure 1 presents the participants' responses about who was the author of the moral harassment, based on the hierarchical relationship between the abuser(s) and the victim.

TYPE OF MORAL HARASSMENT WITNESSED, DURATION AND FREQUENCY

Figure 2 shows the association of two important variables to characterize moral harassment. The first corresponds to the frequency of exposure to harassment, and the second, to the type of situation witnessed. For this purpose, participants were given a list of six types of situations represented in Figure 2 by the letters A, B, C, D, E and F. The witness could choose one or more situations of harassment and should reveal how often the aggressions were practiced (daily, weekly, biweekly or monthly).

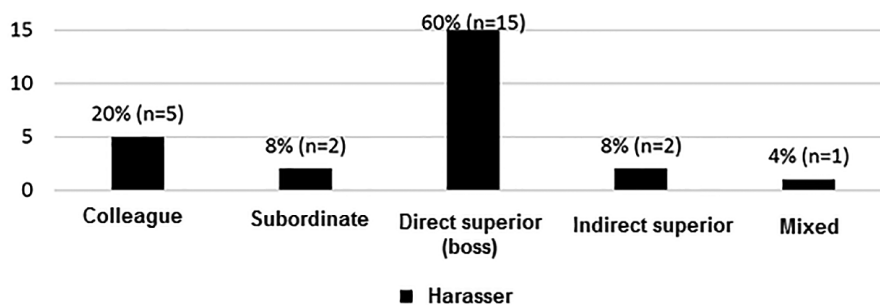


Figure 1 - Description of the harasser according to the witnesses involved in the study. João Pessoa, PB, Brazil – 2016. Source: direct research.

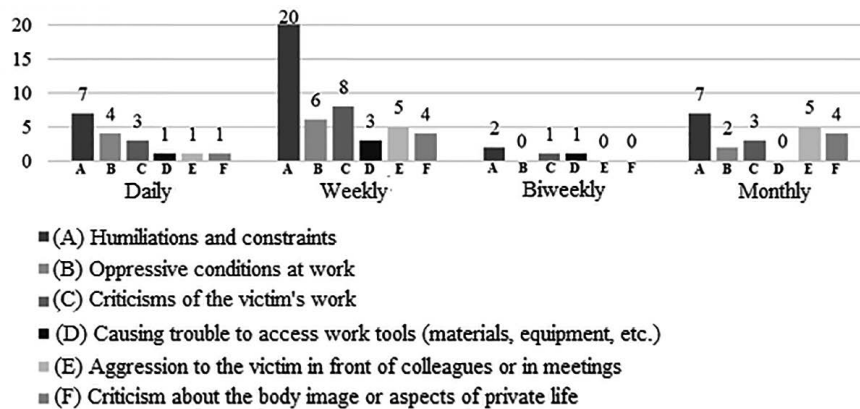


Figure 2 - Distribution of harassment situations. João Pessoa, PB – Brazil 2016. Source: direct research.

Regarding the harassment situations presented to the participants, exposure to embarrassment and humiliation in the workplace stood out (40.9%), followed by criticism of the victim's work (17.04%), and oppressive working conditions (13.63%). Aggression in the presence of co-workers or in meetings represented 12.5% of the responses. There were critiques of the individuals' body image or of aspects of their private life (10.22%) and causing trouble to access work tools (5.68%).

As for the duration of moral harassment suffered by nursing professionals, the average was 17.3 months, with periods of up to one year (46%) and a maximum of six years (4%). The aggressions varied in the following frequency: at least once a week (52.3%); monthly (23.9%); daily (19.3%); and biweekly (4.5%).

DESCRIPTION OF THE MAIN SITUATIONS WITNESSED

After the participants listed the most frequent harassment situations, as already mentioned in Figure 2 by the letters A, B, C, D, E and F, they were instructed to choose one of the letters and briefly reveal how the aggression occurred.

The following are the discourses of the collective subject (DCS) of the participants regarding the categories most frequently reported by them.

Central idea A (CI A) – exposure to humiliating and embarrassing situations.

My colleague, while she was in ambulatory care, was humiliated in front of the patients and she was shouted at in front of all students and residents. She was treated with words and tone of voice that humiliated her and embarrassed her, she was called dumb and inexperienced. The boss was waiting at the counter at her appointed time. If the employee would arrive one minute late, she would

send her home, she would not accept any justification. Due to humiliation, a 24-year-old colleague had an outbreak and, after working hours (19 hours), she kept walking around the closed clinic saying she was waiting for the clock to come in (DCS).

The second most described CI (CI C) – criticism of the victim's work – was demonstrated in some testimonials such as this:

He always criticized her work and attitude and always complained with the coordinator about my colleague. He was trying to embarrass my colleague because she did not know how to handle a computer. He told the rest of the team not to drink the coffee she made because it could be poisoned. He said that every dressing she did became infected. He said she did not know what he was capable of. People called her dumb, inexperienced; because she wanted to measure the vital signs of the patient and the other colleagues said that was silly. She had been working with children for a long time and went to give the patient a medication using a syringe pump. The nurse called her attention because she was using a device that supposedly was wrong; but she was correct. The nurse believed that it was not correct and publicly asked for someone to teach to the health technician what the equipment was (DCS).

REPERCUSSIONS OF MORAL HARASSMENT IDENTIFIED BY PARTICIPANTS IN THE HEALTH OF THE VICTIMS

It was possible to identify physical and psychological repercussions on the health of victims of moral harassment. The participants' responses were presented as a discourse of the collective subject (DCS) and presented in Table 1.

Table 1 - Central ideas and discourse of the collective subject of the research participants in response to the question: in your understanding, what are the repercussions of moral harassment on the victim's health? João Pessoa, PB, Brazil – 2016

Central ideas (CI)	Discourse of the collective subject (DCS)	%
Unaware	<i>I am not aware of any repercussions</i>	8
Psychological and physical repercussions	<i>She was sad, tearful, stressed and afflicted. This [harassment] causes discouragement and demotivation in the performance of work and, consequently, in social interactions. She developed depression and panic syndrome. She makes use of medication and does psychological and medical treatment. She had several crises of headaches, hypertension and insomnia. She was very nervous; in his presence she would tremble and fall ill. She had a worsening of her heart disease.</i>	92
Total		100

Source: direct research.

FEELINGS EXPRESSED BY WITNESSES REGARDING THE HARASSMENT WITNESSED

The participants expressed feelings of revolt, disappointment, impotence, embarrassment, and sadness in situations of moral harassment that they witnessed. The main expression used by witnesses of moral harassment in the workplace was impotence, mentioned in the speech of 24% of the participants.

The following is the DCS about the feelings of revolt, disappointment, and impotence cited by the witnesses.

I got angry and revolted, I felt humiliated and outraged before the situation. As if I was a fish before so many sharks. I did not like the situation. I felt disappointed, sad and upset at the leader's proposal to want to be better than the peers only because she is in a particular position or because she is superior to the other. Unfortunately there are many cases like this. I felt extremely helpless and embarrassed. Once I had to defend her, but I could not take the initiative, because he was the coordinator and I do not have the strength to fight.

COPING STRATEGIES THAT WITNESSES ADOPTED TO DEAL WITH MORAL HARASSMENT

The coping strategies employed by the witnesses were synthesized and the central ideas and discourses of the collective subject were presented in Table 2.

DISCUSSION

Considering the results presented in the characterization of study participants, women predominated. This result can be

attributed to the fact that Nursing is an area where the female sex predominates.

Table 2 - Central ideas and discourse of the collective subject of participants in response to the question: What did you do when you witnessed harassment? João Pessoa, PB, Brazil – 2016

Central ideas (CI)	Discourse of the collective subject (DCS)	%
Absence of attitude	<i>I did nothing about the case. I only noticed the situation, but I did not get involved.</i>	36
Adoption of attitude before the harassment	<i>I instructed my colleague to change her attitude before harassment. I advised her to look for her rights and report what happened to a superior.</i>	56
Participants who did not respond to this question		8
Total		100

Source: direct research.

The results obtained in the study, according to the hierarchical relationship between abusers and victims, showed four modalities of practices of moral harassment. According to the data presented in Figure 1, harassment involving professionals with equivalent hierarchy (horizontal modality) occurred in 20% of the cases. The ascending vertical modality, characterized by harassers who are hierarchically inferior to the victim, was observed in 8% of the cases reported by the participants, while vertical descending had a higher incidence (60%). This modality is recurrent, serious, and impairs the worker's activities, denies his rights, and represents the abusive use of the power granted by the position of the harasser in the institution.^{12,13} The occurrence of mixed moral harassment (4%) was observed in a lesser extent, a category in which the victim is assaulted by combining the aforementioned types of harassment.

Researchers argue that moral harassment from a superior has more serious consequences on the health of the worker than the other types. As the victims has a lower position in the organizational hierarchy, they feel more isolated and face many difficulties to solve the problem.²

The results presented by the witnesses showed that, with respect to the duration of the harassment, there was prevalence of up to one year (46%) and a maximum of six years (4%). In terms of frequency, the participants reported that the victims suffered aggressions at least once a week (52.3%), once a month (23.9%), daily (19.3%) and at least one every 15 days (4.5%). The practice of moral harassment therefore lasts for a long time, from months to several years, and has a significant impact on the quality of life of the victim, who eventually becomes ill.¹⁴ The study revealed that moral harassment proved to be repetitive and that the frequency of acts varied according to the dynamics of the work regime, commonly called the shift schedule.

It is worth noting that the harasser is not always present on the same day as the victim. For example, when the harasser

is a manager who works on a day-to-day basis and the victim is a professional who works on a shift schedule, the interval between one aggression and the other is longer, which is peculiar in some professions such as nursing.

This study highlights that repetition is one of the fundamental aspects in the characterization of harassment, but it should not be considered in isolation, because the acts may be repeated, but with varying frequency and duration. People who suffer as victims of moral harassment are repeatedly exposed to uncomfortable and humiliating situations in many circumstances, with the aim of harming and putting them away from the work environment.¹⁵

Among the harassment situations cited by the witnesses, humiliation and embarrassment (Figure 2, item A) stood out, with the use of inadequate words and tone of voice, in which victims are deprived of the right to opinion and treated with severity, with the objective of denigrating their image publicly, causing them physical and emotional harm.

Scholars suggest that moral harassment is strongly present in workers' daily lives, a form of psychological torture that results from humiliation, embarrassment, persecution, defamation and disqualification, which show conflicts in interpersonal relationships in the work environment and may have many negative consequences on the victim's life.¹⁶ Other situations reported by the witnesses were repeated and continuous criticism of the victim's work (Figure 2, item C) regarding his professional capacity. In their testimonies, it was observed that the abuser criticized the victim in public or individually, in order to build a negative image of the activities developed by him.

Regarding the repercussions of moral harassment on the health of the victims, the DCS expressed in Table 1 indicates that most (92%) of the professionals participating in the study understood that physical and psychological manifestations were related to the suffering of the victims of moral harassment. And even in cases of preexisting diseases in the victims, the witnesses recognized worsening in the clinical picture due to the afflictions suffered.

A study called attention to the fact that harassment may not only reflect on the mental health of the victim, with symptoms of guilt, fear and depression, but also contribute to the manifestation of digestive disorders, eating disorders, palpitations, increase in alcohol and drug consumption and smoking, for example.¹⁷ It was found that the victim often undergoes a significant change in life and in the environment of sociocultural interactions, which makes it difficult to carry out the routine tasks and interaction with other people. These data corroborate those of a research that found similarities between the repercussions of victims of harassment and Burnout syndrome, characterized by loss of self-esteem, depression, irritability, fatigue, impotence, anxiety, detachment and exhaustion.¹⁸ Such findings coincide

with a study about moral harassment in professional relationships that emphasized that psychopathological responses to victims of social harassment range from stress, anxiety and anger to humiliation, fear, loss of control, and feelings of impotence, as reported by the participants of this study.¹⁹

Concerning questions about the feelings of the witnesses towards moral harassment, the participating professionals responded that work relations were strongly linked to issues of empathy among professionals working in the studied environment. They shared feelings similar to those of the victims, such as anger, disappointment and impotence in the face of harassment, thus demonstrating the ability to understand the affective and behavioral aspects of their co-workers.

Organizational processes of work are essentially arising and dependent on interpersonal relationships among professionals, and empathy is one of the elements that make up these relationships. Empathic relationships aim to understand how people feel, what they need, and this perception influences the attitude of help.²⁰ A study found that witnesses of moral harassment, but not victims of it, had significantly more stress symptoms and more desire to leave the profession. The study also showed a perception on the part of witnesses of moral harassment that Nursing is a less valued profession compared to those who were not witnesses. The study also pointed out that moral harassment negatively affects witnesses and turns them into secondary victims of the phenomenon.²¹

Regarding strategies adopted by witnesses to deal with moral harassment, as shown in Table 2, it was noticed that, when witnessing a harassing practice, 56% of the witnesses took a stand with the intention of directly or indirectly help the victim to face the situation, such as instructing the person to report what happened to a superior. However, most initiatives to intervene in the harassment are insufficient because if the fact is not informed to competent administrative and judicial bodies, the harasser will probably go on unpunished.

On the other hand, 36% of the witnesses only observed the situation, doing nothing to help the victim. Among the reasons for this lack of attitude is the feeling of impotence, in addition to the fact that the recognition that the violence happened in the workplace itself, which makes the witness a *potential victim*, who also needs psychological counseling to prevent health problems. A study shows that psychological treatments should also be indicated for witnesses of moral harassment, due to the high level of stress and negative feelings aroused by violence that may cause serious health problems.²²

The Code of Ethics of Nursing Professionals establishes that, in their professional relations, professionals in the Nursing area must communicate to the Regional Nursing Council of the state and to the competent bodies facts that violate legal provisions and that may impair the professional practice.¹¹

Moral harassment causes deep disturbances in work relationships by generating degrading reflexes in the victim and the people who witness it. However, one of the problems faced in the fight against moral harassment comes from the difficulty of creating evidence of this violence, which is sometimes practiced in disguise and secrecy. In this situation, in addition to suffering the consequences of the act, the victim carries the arduous task of producing a robust set of evidence against the abuser.

CONCLUSION

This study highlights that some of the harassment situations are not restricted to the harassers and victims, since some situations are observed by third parties (witnesses). The witnesses' discourses denoted that it is possible to investigate relevant elements to characterize the phenomenon studied, such as the description of the author of the moral harassment, the types and examples of situations experienced, the duration and frequency of the acts, and repercussions of harassment on the health of victims.

Witnessing cases of moral harassment in the workplace generates feelings of revolt, disappointment and, above all, the impotence of the witnesses towards the abuser. These feelings demonstrate the high level of stress experienced by the witnesses that can lead to health disorders in these individuals.

The coping strategies verified in the study evidenced that the witnesses were now inert before the harasser, or adopted attitudes with the intention of directly or indirectly helping the victim to solve the problem. However, initiatives to intervene in harassment, such as conversations and guidance to victims, are usually insufficient to resolve the problem because they do not reach the legal means capable of punishing the abuser for his acts.

One aspect that limited the research was the scarcity of publications that deal with the role and relevance of witnesses of this phenomenon, since the focus of a great part of the studies focus on the victims. There is, therefore, a need for further investigation about the factors involved in the occurrence of such violence from the standpoint of witnesses.

The study may contribute significantly to the recognition of elements that characterize the practice of moral harassment, based on the testimonies of nursing professionals. From this perspective, witnesses have the potential to substantiate moral harassment, support the victims, and prevent further cases. Therefore, the identification and summoning of these professionals to denunciate moral harassment are extremely important to investigate the alleged abuser, without ignoring the need to analyze other evidentiary elements and the broad right to defense.

REFERENCES

1. Silva IV, Aquino EML, Pinto ICM. Características psicométricas do Negative Acts Questionnaire para detecção do assédio moral no trabalho: estudo avaliativo do instrumento com uma amostra de servidores estaduais da saúde. *Rev Bras Saúde Ocup.* 2017[cited 2017 Aug 10];42(2). Available from: http://www.scielo.br/scielo.php?pid=S0303-76572017000100201&script=sci_abstract&tlng=pt
2. Cahú GPR, Leite AIT, Nóbrega MML, Fernandes MGM, Costa KNFM, Costa SFG. Assédio moral: análise de conceito na perspectiva evolucionista de Rodgers. *Acta Paul Enferm.* 2012[cited 2017 Aug 20];25(4):555-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002012000400012&lng=en
3. Karatza C, Zyga S, Tziaferi S, Prezerakos P. Workplace bullying and general health status among the nursing staff of Greek public hospitals. *Ann Gen Psychiatry.* 2016[cited 2017 Sept 08];15(1):7. Available from: <https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/s12991-016-0097-z>.
4. Hirigoyen MF. *Mal estar no trabalho.* São Paulo: Bertrand do Brasil; 2002.
5. Leymann H. The content and development of mobbing at work. *Eur J Work Organ Psychol.* 1996[cited 2017 Sept 12];5(2):165-84. Available from: <https://www.tandfonline.com/doi/abs/10.1080/13594329608414853>
6. Gómez OSM. Prevalencia de mobbing en trabajadores y factores de riesgo asociados. *Gac Med Mex.* 2016[cited 2017 Sept 12];152:452-6. Available from: http://www.anmm.org.mx/GMM/2016/n4/GMM_152_2016_4_452-456.pdf
7. Rangel P. *Direito processual penal.* 22ª ed. São Paulo: Atlas; 2014.
8. Costa ICP, Costa SFG, Andrade CG, Oliveira RC, Abrão FMS, Silva CRL. Produção científica acerca de assédio moral em dissertações e teses no cenário brasileiro. *Rev Esc Enferm USP.* 2015[cited 2017 Oct 19];49(2):267-76. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342015000200267&lng=en
9. Lefevre F, Lefevre AMC, Marques MCC. Discurso do sujeito coletivo, complexidade e auto-organização. *Ciênc Saúde Coletiva.* 2009[cited 2017 Oct 20];14(4):1193-204. Available from: <https://www.scielo.org/article/csc/2009.v14n4/1193-1204/>
10. Conselho Nacional de Saúde (BR). Resolução 466 de 12 de dezembro de 2012. Trata das pesquisas envolvendo seres humanos. *Diário Oficial da União,* dezembro de 2013; Seção 1. Brasília: CNS; 2012.[cited 2017 Jan 18]. Available from: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
11. Conselho Federal de Enfermagem (COFEN). Código de Ética dos Profissionais de Enfermagem: resolução COFEN nº 564/2017. Brasília: COFEN; 2017.
12. Yokoyama M, Suzuki M, Takai Y, Igarashi A, Noguchi-Watanabe M, Yamamoto-Mitani N. Workplace bullying among nurses and their related factors in Japan: a cross-sectional survey. *J Clin Nurs.* 2016[cited 2017 Nov 20];25(17-18):2478-8. Available from: <http://dx.doi.org/10.1111/jocn.13270>.
13. Oh H, Uhm D, Yoon Y. Workplace bullying, job stress, intent to leave, and nurses' perceptions of patient safety in south korean hospitals. *J Nurs Res.* 2016[cited 2018 Jan 12];65(5):380-8. Available from: <http://dx.doi.org/10.1097/NNR.0000000000000175>
14. Silva AF, Costa SFG, Batista PSS, Zaccara AAL, Costa ICP, Duarte MCS. Assédio moral: estudo com enfermeiros da estratégia saúde da família. *Rev Pesqui Cuid Fundam (Online).* 2015[cited 2018 Jan 27];7(1):1820-31. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3459/pdf_1411
15. Bobroff MCC, Martins JT. Assédio moral, ética e sofrimento no trabalho. *Rev Bioét.* 2013[cited 2018 Feb 20];21(2):251-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-80422013000200008&lng=en&nrm=iso.
16. Barreto M, Heloani R. Violência, saúde e trabalho: a intolerância e o assédio moral nas relações laborais. *Serv Soc Soc.* 2015[cited 2018 Feb 20];(123):544-61. Available from: <http://www.scielo.br/pdf/ssoc/n123/0101-6628-ssoc-123-0544.pdf>

17. Teixeira FR, Reis MC, Santos LML. Assédio moral no trabalho: um estudo sobre as práticas de prevenção e combate ao fenômeno em empresas do norte do Paraná. *Rev Adm UFSM*. 2013[cited 2018 Mar 18];6(4):658-71. Available from: <file:///C:/Users/PROF%20ADRIANA/Downloads/5913-56076-1-PB.pdf>.
 18. Ramos FR, Barth PO, Schneider AMM, Cabral AS, Reinaldo JS. Consequências do sofrimento moral em enfermeiros: revisão integrativa. *Cogitare Enferm*. 2016[cited 2018 Feb 20];21(2):1-13. Available from: <http://revistas.ufpr.br/cogitare/article/view/45247>
 19. Gaffney DA, De Marco RF, Hofmeyer A, Vessey JA, Budin WC. Making things right: nurses' experiences with work place bullying-a grounded theory. *Nurs Res Pract*. 2012[cited 2018 Apr 20];243210. Available from: <http://www.hindawi.com/journals/nrp/2012/243210/abs/>
 20. Saviato RM, Ribeiro Leão E. Assistência em enfermagem e Jean Watson: uma reflexão sobre a empatia. *Escu. Anna Nery Rev Enferm*. 2016[cited 2018 Apr 20];20(1):198-202. Available from: <http://www.redalyc.org/articulo.oa?id=127744318026>
 21. Cardoso M, Fornés-Vives J, Gili M. Implicaciones del hostigamiento psicológico (mobbing) sobre los testigos: un estudio observacional en enfermería. *Enferm Glob*. 2016[cited 2018 Mar 16];15(42):303-12. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412016000200010
 22. Soares A. Assédio moral: o estresse das vítimas e das testemunhas. *Rev Segurança*. 2008[cited 2018 Apr 20];06(184). Available from: <http://nwn-downloads.com/wp-content/uploads/2015/06/Ass%C3%A9dio-Moral-O-Estresse-das-V%C3%ADtimas-e-das-Testemunhas.pdf>
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