

RESEARCH ARTICLE

Psychological Violence in the Management of Health Workers: A Study from the Brazilian Context

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Abstract

The present study has as objective to describe the contribution of the organizational management way in organizational context for the occurrence of psychological violence among workers. For this purpose, an exploratory study was made, in a qualitative approach with workers from health institutes of an important Brazilian medical center. Based on a critical review of existing literature, the interviews showed that workers are constantly exposed to at least three forms of management that characterize psychological violence: management practices by injury, management by fear and organizational harassment. The results illustrated that the management form and the organizational culture contribute in a direct way to the occurrence of psychological violence among workers and lead to the conclusion of the necessity of improvement of people management practices, to contribute to a better life quality and productivity at work.

Keywords: *Health workers, Management, Psychological Violence.*

Introduction

From the ending of the decade of 1980, the violence at work started to be recognized as an important question for the worker's health, and there are indications that violence in the health sector is a global phenomenon [1]. Among the various situations of violence in the work context, the psychological violence has been gaining more attention by the communication vehicles, researchers and workers, due to the repercussions for the organizational context. Psychological violence refers to behaviors like: humiliation, mobbing, discrimination, management by stress; practices by injury, management by fear and organizational harassment.

The psychological violence in the organizational context can be defined as every voluntary action from one or more individuals against another individual or group that begin to cause moral or psychological damage; characterizing a certain privation or infringement of fundamental principles on labor and pension rights; that can be interpreted as neglect of working or that characterize as omission of care, help or solidarity in a situation. This action occurs in the labor or in other situations that are related to this [2, 3].

It's understood it might be investigated aspects of psychological violence that can be negative implications for the life quality of workers, which

the main function is to guarantee the health of their clients / patients. In order to contribute to the discussion of the subject; this study has as objective to characterize the forms of psychological violence that health workers are exposed, in order to obtain data to help to identify the origins and consequences.

Method

This research is configured as a qualitative study; the sample was composed of 13 workers, selected by convenience, using the saturation criteria purposed by Minayo [4]. The research was submitted and approved by a research committee of Vale do Rio dos Sinos, attending the criteria of the resolution 196/96 of the National Council of health.

The sample was obtained in the SINDISAÚDE - Syndicate of workers affiliated in Health establishments, which is located in the north region of Rio Grande do Sul - Brazil. The syndicate is composed by professionals from public, philanthropic and private hospitals, clinics, health offices and health companies in general, that don't have their own syndicate. For the purpose, it was utilized, a sociodemographic questionnaire file plus semi structured interview which was recorded and transcribed. The inclusion criteria for the research were affiliated

workers, for at least a year, and who perform professional activities in health services for a minimum of three years. It was excluded of the study the affiliated deviated from work for any reason.

The interview was constituted through a guide script about experiences of violence at work; objecting to evaluate questions about the following subjects: management practices by injury, management by fear and organizational harassment. After the interview was made, an integration of the qualitative and quantitative results following the orientations of Flick [5], where the analysis of the data was made by the content appreciation, was complemented by the statistical data of the questionnaire. Together with the interview, a current narrative literature review, that held to provide support for the scientific debate.

The option to seek the subject in the syndicate and not in the current workplace was made for the reason that these companies do not allow the workers to talk about the theme in the workplace. It was decided to study workers from the north area of Rio Grande do Sul by the fact that the region represents a pole in the health sector, being a reference not only for the State, but for nearby states. This area attracts the demand for attendances of various cities of the south region of Brazil [6]

Results and Discussion

The sample was composed only by women, although masculine or transsexual individuals were not excluded from the study. The mean age was 41,7 years (SD=6,872), in relation of the civil state, 53,8% (n=7) was married; 30,8%(n=4) single; 7,7%(n=1) divorced and 7,7%(n=1) widow. Regarding the schooling, 61,5% (n=8) have full technical education; 15,4(n=2) basic education incomplete; while 7,7% (n=1) have basic education complete, 7,7% (n=1) high school complete, and 7,7% (n=1) higher education complete.

In relation to the position held in the workplace, 53,8% (n=7) was nursing technicians; 23,1%(n=1) working as cleaning assistants; 15,4%(n=2) working as nursing assistants; and 7,7%(n=1) exercised the function of kitchen assistant. Regarding the type of health workplace, 92,3%(n=12) work in philanthropic institutions and 7,7%(n=1) in private institutions. In relation to the work time, 76,9% (n=10) worked in the daytime, while 23,1%(n=3) worked at nighttime. The time working in the current institution, the mean was 15,15 years (SD=5,64); in relation to

the time of filiation in the Sindisaúde, the mean was 13,54 years (SD= 6,79).

The content analysis detected the presence of the following types of occupational violence: management practices by injury, management by fear and organizational harassment. Although every subject reported at least one type of violence, just the principal reports will be described below, with the scientific support.

The management practice by injury is characterized by environments where unprepared professionals submit workers to a violent and disrespectful routine, through insults to dignity and honor. These insults occur generally when the production levels are not satisfactory, and even in these situations do not present repetitively. These practices can cause a huge damage to health [7, 8].

The testimony of the worker called "M" can illustrate this practice: "It happened to me, the boss called my attention in the presence of other colleagues, behaviors like *cursing, swearing, dare I say, an abuse of authority, like: "I told you to shut up, shut up you idiot!!" Can you believe?"*". This act can be related to extreme anger situations, in the part of the managers, as illustrated by the testimony of subject "K": "*For example, the doctor comes in and wants a tube. If the tube is not there (...) and you bring another tube because it is an emergency, he says: "you are really stupid, you incompetent animal" and throws the tube against the wall*".

These testimonies manifest verbal offences, disrespectful and coarse behavior, in public, which workers were exposed, sporadically, because of the conduct of the professionals designate to manage the team of workers. For professionals of the health field work in an effective way, it is necessary for the effective leadership to deal with the challenge of the increasing complexities of the field. The professionals currently responsible for the leadership have in their schooling, in general, exclusively linked to health areas, and not in people management areas.

The management by fear was identified in the testimonies as well; this form of violence is configured as a possible management strategy for the guarantee of the adherence of the production rhythm, and the other formal and informal standards of health institutions [7, 9]. The most common instrument used in this management practice was the intimidation to lose the job, was also reported the use of this management way as a form to guarantee the acceptance of workers,

like work without legal labor rights, as refereed by G: *‘ I don’t receive insalubrity that I could gain (...) and if you complain, they say that there are a lot of other workers that want your job, waiting to occupy your position.’*; and in order to accept the sudden changes in the shift, as said by I: *‘ they force you, and what they force the most is the nighttime, they come there and the rooster is there, when you look at the rooster, you are recruited to go an entire month at nighttime (..) you do it or you are fired’*.”

The statement of the interviewed D confirms the evidence: *“The number of workers instead of increase, decreases, and sometimes have to leave to help in another function(..) so, sometimes, it is complicated to do everything, but you have to do it, because, as they say, there area lot of other workers out there wanting our job.”*

Therefore, it is observed that, further the imminence of unemployment characteristic of the current socio-economic panorama, the workers are constantly reminded that there are other professionals waiting for a work opportunity and that they can occupy their place. This behavior does not necessarily reflect in only a leadership style, but in an organizational culture and the panorama that is the actual market.

The third form if psychological violence found in the testimony was the organizational harassment that refers to an organizational structure arranged in a form to construct an abuse structure. This event occurs as a way of management that has as the main objective the control and/or increase of production [10] as refereed by G:

“Now, we had training, with a hospital lawyer, telling us to not make the outcome files(of the patient), so you don’t have to report what happen in your turn, but what the firm wants you to put, just the essential of the basic (...)You don’t have any weapon, is a two-bladed knife, because if I follow the ethics of my profession, they take my real information and can lose a case and I lose the job, and don’t find another here or in any other firm of the region”.

According to this testimony, it is perceived a group of nursing technicians being obligated to register the patient outcome in a distorted manner to avoid that the health company has a risk of losing compensation claims at the court of justice. If they do not comply with this determination, they are implicitly threatened to

lose their jobs. As was possible to perceive in some of the testimonies, the psychological violence was perpetuated by superiors. Changes in health arising from overwork in health workers can lead to physical and mental illnesses such as: job stress, burnout, violence and musculoskeletal disorders, as well as absenteeism, accidents, medication errors and inappropriate work conditions [11].

Thus, the list of characteristic behaviors of psychological violence verified in this present research involve behavior linked to organizational culture and the management form, and are, principally disrespectful and denounce the supremacy of inhuman interpersonal relationships over healthy and collaborative relations. The constant interaction with these stressful situations can lead to a lower level of cortisol in the Brain [12, 13]. Higher levels of cortisol are linked with stress and depression related disorders, evidence suggests that lower levels of cortisol are linked to somatization and post-traumatic stress disorder [14]. Thus beyond, reflect in a negative way in the health of the workers, and consequently for the organization, that have the potential of their employees reduced.

It is important to accentuate that there are two types of stress that affect the performance of workers; the first type is characterized by chronic fear, and occurs when managers demand perfection or other specific tasks through a management by fear or injury, reducing the ability to think with clarity. The second type of stress is associated with the motivation of the workers that occurs when the situation that causes stress does not occur frequently and are not threatening, and so the equilibrium is reached. Thus the stress by itself is not negative for the performance at work, but the difference between the two forms of stress have a direct link with the organization of the firm and the management form, as in one case it is due to threats and harassment and in another is through motivation for achieve goals [15].

The management form plays a main role in the cause and the solution of this psychological violence presented here. Currently there are a lot of evidence of the impact of the organizational culture in the workers and managers, such as compromise, productivity, emotional equilibrium and welfare. It is understood that the change of organizational culture is strongly linked to individual change; thus, the managers of higher positions must be compromised with this change

[16]. In another way, it is perceived that managers of the field sectors need to conciliate the management and assistance, without distorting them, but they use these tools in an empirical way, and without a theatrical support [17]. So, it is perceived the necessity to enable spaces of reflection for managers of health sector, for the benefit of all the organization, leading to a better life quality at work and a greater team engagement [18].

Thus, to strengthen the wellbeing of everyone involved in the organization, it is necessary to think in the structure of the organization in a similar way of an organic problem in a human, where the cure must be linked to the identification of aspects that cause this behaviors and not only the “remission od symptoms” [19]. The organizational culture is not modified, but signified and extended through changes in the managers behaviors by the internalization of new forms to lead the organizational routine [20].

Conclusions

The results showed that in the studied environment the workers are exposed to violence at work. The management by fear, as was told by the subjects, was configured as a management strategy to guarantee the adherence of the production rhythm and to the other formal and informal norms, established by the health institutions. The most common tool used was the threat to lose the job, so, in addition to panorama, the managers remind the workers daily that they can be easily replaced. The organizational harassment was identified as another management technique, in the researched context. With this strategy, the health enterprise can obtain control and discipline among a group of workers, forcing them to act against their ethic code. The sample of workers deals with insults and with verbal offence that is characteristic of the practice by injury. The psychological violence of this nature denounces the brutality which

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superiors, consciously or unconsciously treat their subordinates.

The limitations of the present study are related with the size of the sample and regionalism and these results do not mean the overall picture of Brazil, but one of its regions. We believe that this research can contribute to the consideration of future strategies related to management in the health sector, and that this sample can contribute as a piece of future abridgment study, that aim to report a reliable overview through the testimony of the workers.

The real magnitude of the problem of psychological violence at work still are unknown and recent research show that the current frame is just the top of the iceberg and what is needed to think in strategies of mitigation, prevention and coping, considering, mainly, the negative results that this practices can cause in the health of the victims, for the organization and for the society. We believe that they are relevant to the investment in the formation in the management areas for managers of healthcare sector, due to the fact that the required formation is only in the medical health area, and that the abilities of people managed do not have an emphasis. It is needed to highlight the importance of the promotion of a healthier workplace in the health sector, due to the fact that they imply directly to the quality of the hospital services rendered to the population. Lastly, it was verified the presence of psychological violence in every subject interviewed, attempting to the fact that health institutes care about the health of the clients, but the same doesn't apply to the workers. It is expected that in the near future, the quality of management be considered in the area of human resources in companies focused on the health sector, providing health to their workers.

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