Impact of the Moral Harassment Experiences of Nursing Teams.

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Abstract:Introduction: *Bullying is defined as any conduct that characterizes abusive, frequent, and intentional behavior, through attitudes, gestures, words, or writings, which harms the physical or psychological integrity of a person, jeopardizing his/her employment or degrading his/her work environment. From this, it was defined as an objective: to identify the impact of the experience of bullying by the nursing staff, through an integrative literature review.* ***Methodology:*** *An integrative review of qualitative approach and exploratory nature was conducted using 09 articles available in the Lilacs, Medline, and NCBI databases, from 2010 to 2017, which directly addressed the impact of bullying on the nursing team. From this selection, three categories were delimited to be addressed: profile of the professional who suffers bullying; experience of bullying of the nursing team in the multidisciplinary team and experience of bullying of the nursing team practiced by patients and their families.* ***Results:*** *We conclude that the impact of the experience of bullying for the nursing team can bring about several harms to the health and life of the nursing worker, and may lead to physical, psychological, and social consequences.* ***Conclusion:*** *Thus, disseminating information on the subject and fighting against bullying are essential to minimize these problems.*
Key Word*: Labor; Humanization of childbirth care; Normal birth; Nursing obstetrician.*

I.   Introduction

Pregnancy and labor are important moments in a woman's life. In the 18th century, women starred in their deliveries, with help and care for midwives and occurred at home, but with the emergence of maternity hospitals, childbirth becomes hospitalized, no longer a physiological, family and feminine moment and becomes a controlled event, directed to profit, where complications become routine and no longer a sudden event (SANFELICE et al., 2014).

Moral Harassment is defined as any conduct that characterizes abusive, frequent, and intentional behavior, through attitudes, gestures, words, or writings, which injure the physical or psychological integrity of a person, jeopardizing his/her employment or degrading his/her work environment. Although bullying at work is as old as work itself, it was only at the beginning of this decade that it was really identified as a phenomenon (HIRIGOYEN, 2010).

Workplace bullying arises in authoritarian, inhumane, and unethical hierarchical relationships. As for the form, it can be vertical employer towards the employee or horizontal when the embarrassment may occur between similar or workers of the same category, very common in competitive activities (CORREIA, 2012).

The victim feels offended, belittled, demeaned, inferiorized, embarrassed, defamed and feels coerced. Moral harassment not only comprises the degeneration of the work environment but generates a chain of social disorders that extends to people who are part of the social interaction, such as children, spouse, relatives and friends. This happens because of the stressful situation to which the victim is subjected. With this, the harassed person, in general, externalizes his/her dissatisfaction to people of his/her intimate circle, mainly the family (PICANÇO, 2011).

The victims are not necessarily fragile people or people with any disorder, most of the time they have specific characteristics perceived by the aggressor, who feels threatened by them. According to the moral harassment primer, the profile presented by the victims is: workers over 35 years old, honest, perfectionists, sick, with some kind of disability or health problems, do not hesitate to work on weekends, stay late and do not miss work even when sick. (KEMPINSKI et al., 2010).

According to the International Labor Organization (ILO), bullying is already considered a severe problem for public health. The survey also reveals that 42% of Brazilians said they had suffered some kind of moral harassment (Moraes, 2011).

Data from the Labor Prosecutor's Office of the 2nd Region, which covers the São Paulo capital, metropolitan region and Baixada Santista, show that between January and September 2014, 467 cases of moral harassment in employment were reported. The number is 32% higher than that recorded in the whole of 2013 (CACIOLI, 2014).

To health professionals, it is essential to stress the need to be especially alert to possible situations of harassment since their daily activities are stressful. It is important to show respect among co-workers, increasing the trust that is built over time. It becomes essential to claim a work environment where responsibility, ethics, are the principles for a better knowing and a better doing of each professional, so that teamwork is efficient and developed with quality (COSTA et al., 2010).

Moral harassment in nursing is revealed by aggressive acts and behaviors that aim, above all, at professional disqualification and demoralization and the emotional and moral destabilization of the harassed, making the work environment unpleasant, unbearable, and hostile (COSTA et al., 2010).

In recent years, national studies have identified nurses as victims of this type of violence in the workplace and international studies show the vulnerability of these professionals to this phenomenon (FONTES, 2011; AYAZ, 2010; BARBOSA, 2011).

Although bullying is not considered a crime, in order to minimize cases and reduce the harm caused by it, numerous bills are in progress, such as the "bill (Law No. 4.742/2001) aiming to create the article 146-A of the Criminal Code that criminalizes the conduct of bullying in the workplace" (JESUS, FONSECA, 2013).

Therefore, we seek to work with the theme, after experience in internship fields where it was possible to observe the prevalence and impact of bullying for health professionals. Bullying is a relevant event, however, still little discussed in the historical context of health, especially in nursing. This situation of psychological violence for nursing teams has negative repercussions on individual and collective work and on psychological and physical aspects.

Thus, this theme becomes relevant since the theme is recent in relation to scientific studies, little researched and professionals will be able to better understand the aspects related to harassment and the impacts it brings to it. To promote academic research in the area that collaborates with the increase of social visibility of this problem, which increasingly affects, and silently and irreversibly, the health of workers.

The aim of this study is: to identify the impact of the experience of moral harassment by the nursing team by an integrative review of the literature.

II. Material And Methods

This is an integrative review of a qualitative and exploratory approach, which consists of a research method that involves the systematization and publication of the results of bibliographic research in health in order to be useful in care, emphasizing the importance of academic research in clinical practice. The main objective of the integrative review is the integration between scientific research and professional practice in the field of professional practice (MENDES, SILVEIRA, GALVÃO, 2008; DE OLIVEIRA et al, 2018).

Similar to the traditional research steps, comprehensive reviews are divided into six steps: identifying topics and selecting hypotheses or research questions to formulate comprehensive reviews; development of criteria for inclusion and exclusion of studies, sampling and retrieval of the literature; information extracted from definitions of the studies and categorization of the studies, evaluation of the studies included in the comprehensive review, interpretation of the results and review of knowledge and presentation of the synthesis.

In the first stage: the impact of the experience of moral harassment by the nursing team was delimited as the theme of study. And the question was, what is the impact of the experience of bullying on the nursing team?

In the second stage: the inclusion criterion was the search for complete articles, available online and in full, published in (inter)national journals, in Portuguese and English, from 2010 to 2017. Articles that addressed the theme in the title, in the nursing area and addressed the impact of bullying from the reading of titles, were also considered. Articles that did not present correspondence with the proposed objective and inclusion criteria, as well as theses and dissertations, were excluded. The Electronic Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS) databases were used to select articles through the Virtual Health Library (VHL), in addition to the National Center for Biotechnology Information (NCBI) database.

The descriptors selected for the research occurred through the consultation of Descriptors in Health Sciences (DeCS), in search of specific descriptors for the indexation of scientific articles, finding the following terms: nursing team; violence at work; worker health. The search strategy included the descriptors with the following combinations: nursing team and work violence and worker health (Figure 1).

In the third stage: an instrument was elaborated to record the characterization of the articles according to authorship, title, database, year of publication, objective and results, presented in Chart 1 and 2.

In the fourth stage, the abstracts were systematically read, and the selected articles were read thoroughly. In the fifth stage, we were to discuss the most important findings of the study, confronting the authors and, thus, obtaining new suggestions for improvement in the health field.

Como sexta etapa: apresentamos a revisão e síntese do conhecimento de maneira descritiva, respaldando a discussão nos teóricos da temática.

According to the VHL, a total of 46 (forty-six) publications with the selected descriptors were found. Of these studies found, only those that could be read online and in full were considered, leaving 34 studies. The inclusion criteria were used and duplicate articles were also excluded. After this stage, 20 articles remained, reading their titles and abstracts to observe the proximity to the theme to be addressed, leaving 14. After reading the texts in full, 09 that directly addressed the impact of moral harassment on the nursing team.

Figure 1-Flowchart for selection of the studies found. Salvador-BA, Brazil. 2017.
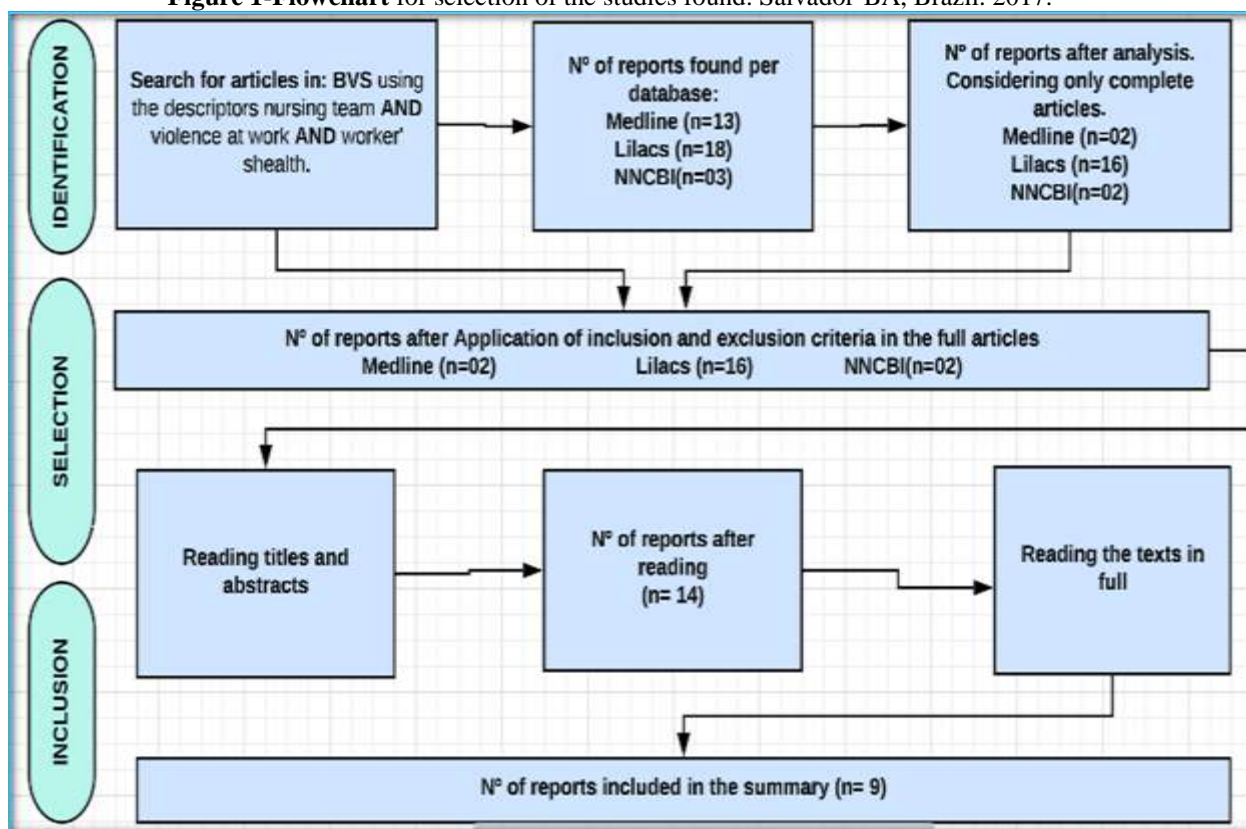
SOURCE: Prepared by the authors.

III. Result

Through the analysis, it was possible to observe that the years 2013 and 2011 had a greater number of publications, with three publications and two publications in each year, respectively. The other years (2012, 2014, 2015 and 2017) obtained only one publication. In 2010 and 2016, no articles were found that fit with the proposed theme. Regarding the database, seven studies (75%) were found in LILACS, one publication (12.5%) was selected in Medline and one (12.5%) in NCBI.

Most studies were published in Portuguese, representing 87.5% of the studies, representing the other 12.5% by articles published in English. Regarding the methodological design of the articles, it is emphasized that all are qualitative in nature.

Regarding the journals of the selected articles, seven were identified, which were: Cofen magazine; Brazilian Journal of Nursing; Latin American Journal of Nursing; Acta Paulista de Enfermagem; Journal of the School of Nursing USP; British Journal and Bahia Journal of Nursing.

The selected publications presented the definition of moral harassment suffered by nursing professionals and problematized its consequences. In addition, they theorized their causes in the work organization, identifying and discussing its implications for nursing practice. It was found that the publications analyzed the behaviors that signal suffering after moral harassment at work, as well as the coping strategies adopted by nursing professionals in the face of such violence. It was possible to find reflections on the moral harassment performed by the patient\family and the other members of the work team against the nursing professionals.

Table 1 and 2 present the synthesis of the studies included in the review, which constituted the corpus of the study and represented the essence for the elaboration of the results, discussion and respective conclusion on the theme of moral harassment in the nursing team.

Table 01–Identification of articles, years 2011 and 2013

Author	Title	Database	Year	Objectives	Results
SANTOS et al.	Institutional violence: experiences in the daily life of the nursing team	LILACS	2011	Describe the experience of nursing team professionals exposed to institutional violence.	Professionals are susceptible to violent attitudes in the work environment because they remain longer and in greater interaction with patients and companions
BARBOSA et al	Psychological violence, in the professional practice of the nurse	LILACS	2011	To analyze the presence of psychological violence in the nurse's professional practice; characterize the type of violence and the aggressor; identify the victim's reactions after the assault.	Psychological violence occurs in the hospital and academic environment; the aggressors are mostly women, especially co-workers, followed by the doctor and other health team professionals; nurses with less than one year of graduation were the ones who suffered the highest degree of aggression and with the highest intensity.
FONTES, et al.	Factors associated with bullying in the nurse's work environment	LILACS	2013	Identify nurses, victims of bullying at work and associated factors	It was found that 11.56% of the subjects studied were victims of moral harassment. In addition, having children, working in public health units, working in the institution for a period of 1 to 3 years, currently facing bullying behaviors and feeling morally harassed are risk factors for bullying
JESUS, FONSECA	Moral harassment in nursing: experiences of technicians and auxiliaries				
Nursing academics from UCSAL	MEDLINE	2013	To know the occurrences of moral harassment on the part of nurses experienced by Academic Nursing Technicians/Auxiliaries of the Catholic University	The Academics are unaware of the concept of moral harassment, pointing out only characteristics of the phenomenon. However, the occurrence of moral violence is often practiced by nurses in their rights, which mostly do not react and end up suffering consequences in the work environment, socio-family and	

				of Salvador in Health Institutions in the Exercise of the Profession	health.	
RODW ELL, FLOW ER	The oppressive nature of work in healthcare: Predictors of aggression against nurses and administrative staff					
	NCBI	2013		Assess the history of workplace aggression (bullying and violence) among nurses and administrat ion officials	External emotional abuse was reported by 29% of nurses. Appropriate training for managers in providing support and recognition of individual factors associated with aggression is essential. In addition, managers should monitor the risk of aggression of patients and their associations to staff at busy times.	

SOURCE: Prepared by the authors.

Table 02–Identification of articles, years 2012, 2014, 2015 and 2017.

Author	Title	Database	Year	Objectives	Results
VASCONCELOS , ABREU, MAIA	Occupational violence suffered by nursing professionals in the hospital emergency care service.	LILACS	2012	Make the sociodemographic characterization of the nursing team that works in the hospital emergency care service	The results allowed us to observe that these workers have few expectations in changing the current situation and do not believe that their coordinators can help them in the problem and that most of the harassment they suffer well from patients and their families.
CAHÚ et AL	Situations of bullying experienced by nurses in the workplace	LILACS	2014	Investigate situations of moral harassment experienced by nurses in their work	The most frequent bullying concerns the aggressor manipulating people to take positions contrary to the interests of the victim. This type of harassment

					environment.	influences the professional's performance in the service, as well as on their health and emotional state.
LIMA, SOUSA	Psychological violence in nursing work	LILACS	2015		To investigate and characterize practices of psychological violence internal in the team, in the relationships between patients, companions and other professionals with nursing workers of the public hospital network of Caxias, in the State of Maranhão.	The highest number of occurrences was verbal aggression (95%) of patients versus nurses in the emergency department. Professionals pretend that nothing has happened or become inert in the face of violence.
HAGOPIAN, FREITAS, BAPTISTA	Moral Harassment in nursing work	LILACS	2017		Understanding the experiences of nurses resulting from exposure to bullying in the workplace	The main results found refer to the physical and psychic consequences, which affect both the personal life and professional performance of nurses, a fact that involves the fear that these professionals have to position themselves in relation to the situation experienced.

SOURCE: Prepared by the authors.

Regarding the year of publication, the years 2012 (2) and 2014 (2) were more frequent. Of these, 85.7% used it as a type of qualitative research with mostly parturient participants and only one reported the experience of obstetric nurses. The authors were nurses, 03 with specialization in obstetrics, 02 with a master's degree and 02 with a degree in nursing. For better training and writing, the discussion was divided into three categories (Humanization of labor, exercise of the nurse in labor, exercise of the nurse in childbirth).

The articles compile that childbirth is humanized through the exercise of nurses who use strategies in labor (welcoming the puerperal women; promoting the bond between nurse and parturient; encouraging the presence of the companion; use of non-pharmacological methods) and childbirth (empowerment of autonomy and stimulation of empowerment and the preparation of the environment and emotional support).

IV. Discussion

After the exhaustive analysis of the selected articles, the results were grouped into three thematic categories presented below.

Profile Of the Professional Who Suffers Moral Harassment

Bullying can occur in different environments and can exist in four diverse ways, the most common type being descending vertical harassment, in which the subordinate is assaulted by someone who has a higher hierarchical level. In the ascending harassment, there is the harassment of a superior by one or several subordinates. In horizontal harassment there is harassment by a co-worker, that is, of the same hierarchical level. And, in the mix, there are different forms of harassment (GOUVEIA et al., 2011).

When considering the nursing team, Oliveira (2008) observes that all team professionals are exposed to harassment in the work environment, however, nursing assistants have a higher number of cases when compared to nurses, 87.3% of auxiliaries who suffered some type of violence and 12.7% of nurses. Contradictorily, Lima e Sousa (2015) and Vasconcelos et al. (2012) noticed a higher occurrence of violence in professionals with higher education level, with nurses being the main targets.

It is also noted that the highest number of cases of bullying occurs in women than with men, as observed in a study conducted by Barros (2010), with 123 nursing professionals from the Regional Hospital of Ceilândia, it was found that verbal aggressions occurred in female professionals, and 48.2% of the women on the team have already suffered harassment, while no man has suffered bullying.

In a study conducted by Fontes et al. (2013), with 199 public and private sector nurses from the municipality of Maringá, Paraná, it was observed that moral harassment was reported in 52.2% of cases by females, of which 39.1% suffered violence by two to four people, 34.8% by one person and 26.1% by more than four people. This harassment was related to variables such as: professionals who have one child or more, those who hold more than one job; the area of activity can influence the experience of harassment and others.

Santos et al. (2014) obtained related results, finding that 30.4% of individuals who suffered violence in the workplace also suffered bullying and, of this quantitative, mostly female people. This fact is also supported by Lima and Souza (2015), due to the predominance of women working in this profession and this violence may be due to the authoritarianism of medical professionals, which, in most cases, consists of male companions. There is also the "vulnerability of women in the dominant patriarchal culture", which can interfere in the search and conquest of women in a position of greater demand and responsibility, favoring the maintenance and existence of cases associated with submission and oppression.

In addition, it is possible to observe that there is a frequent association of bullying with sexual harassment and, it exists when professionals with higher positions aim to seek benefit in situations with women who work in this environment. These women experience a situation they repudiate, and, from this, moral harassment arises, through the marginalization and humiliation suffered by them (FONTES, PELLOSO, CARVALHO, 2011).

Contradictorily, in a study conducted by Fontes (2010), it found that there are no relevant differences between the bullying suffered by men and women who are part of the nursing team. According to Fontes, Pelloso and Carvalho (2011), this fact may occur due to the lack of studies addressing the theme of moral harassment associated with gender.

It was also verified that nursing professionals under the age of thirty years and older than forty-four years, who have a shorter period of employment, female and more anxious, are considered as a group that is more likely to suffer bullying (SANTOS et al., 2014). Berry et al. (2012) corroborates the information related to moral harassment and the shorter time of the professional's performance, detecting that 58.4% suffered this type of violence, being the most experienced nursing professional authors.

Therefore, Barbosa et al. (2011) and Cahú et al. (2012), reaffirm the existence of bullying to people with shorter training time and complete, stating that this problem is a relevant situation in health services, due to its high prevalence and, thus, this type of violence should be detected and guidance on the harms of this practice should exist, minimized this practice and its problems.

It is noted that there is a predominance of cases relating the experience of moral harassment in women, since they are the majority in the health environment; nurses, due to the proximity to the patient and his/her family members; and under 30 years or with little time to graduate, due to inexperience.

Experience of Moral Harassment of the Nursing Team in the Multidisciplinary Team

It is noted that there is currently a trivialization of moral harassment and violence in the work environment, so that it is frequent to reproduce these attitudes, which are often worshiped as normal and are part of the routine of the institution (LIMA, SOUSA, 2015).

This type of violence goes beyond the organization of work and is characteristic of a "chronic and deliberate degradation of working conditions, usually provoked by repetitive conducts and tyranny attitudes of bosses in relation to their subordinates" (AZEVEDO, ARAÚJO, 2012).

It can also be considered a psycho-organizational risk, since it is an invisible phenomenon, but it affects the lives of these employees, causing harmful effects, which can lead to suicide (AZEVEDO, ARAÚJO, 2012).

Despite the idea that health institutions should play a role in protecting their employees, they are not free from moral harassment, significant due to the physical, mental and moral injuries they cause, as well as causing institutional problems such as absenteeism, interpersonal relationship problems in the sector, reduced productivity and quality of services and others (FONTES, PELLOSO, CARVALHO, 2011).

Therefore, instruments are developed in order to minimize interpersonal conflicts related to moral harassment in the multidisciplinary team, since the stigmatization of the individual, through the inferiorization of his work and questioning his competence, may precede other personal attacks that may be related to the stereotype of mobbing (FONTES, PELLOSO, CARVALHO, 2011).

Jesus et al. (2016) corroborates this statement and consider that, in multidisciplinary teams, psychological violence acts as a means of propagating envy and rivalry, in addition to jealousy of the competence and success of the co-worker. It is considered that moral harassment, from the point of view of the harasser, becomes more pleasurable when witnessed by co-workers of the harassed, because they are not sensitized, contradictorily, positioning themselves indifferent to events, due to the fear of unemployment, also becoming the target of violence and others, contributing to the continuity of moral harassment.

Fontes, Pelloso and Carvalho (2011), observed that nurses, in addition to targets, also commonly perform moral harassment, being a frequent violence in this professional environment, and can be used in nursing techniques and auxiliaries, as a means of emphasizing their leadership. In addition, it is known that verbal violence is the main form of moral harassment used by nurses as a technique to weaken the lead.

In a study conducted by Barbosa et al. (2011), when seeking to characterize the aggressor, it was found that the highest number of moral harassment (32.9%) was performed by individuals of the same professional class, that is, by nurses, and this violence was performed more than once by their subordinates. Sequentially, the highest number of assaults was performed by physicians in 24.2% of the cases, and another professional from the multidisciplinary team in 21.2%.

The absence of a position of the head was also found in the study by Hagopian, Freitas and Baptista (2017), who considered in their study developed in Rio de Janeiro that 38.4% of victims of bullying reported what happened to their boss, but 27.2% did not outline any reaction. In cases that did not report the incident, 53.4% answered that they did not believe that changes would be promoted.

Sources et al. (2013) state that, when considering the public sector, moral harassment was not recognized, becoming common and may have the duration of years, since individuals could not be dismissed, resulting in major problems for the victim's health. Another problem seen in this environment is the difficulty in reporting the problems to the head, due to their difficult access and, therefore, these environments are considered risky for the development and maintenance, in the long term, of bullying.

Moreover, in the public sector, although no dispute is observed regarding productivity, there is a rivalry in the search for power and, in view of this, 73.3% of physicians report the power struggle between physicians and nurses in the multidisciplinary team, even 90.9% aware that this dispute can lead to ethical problems between categories (FONTES et al., 2013).

It is noted that moral harassment in the multidisciplinary team affects the life of nurses, causing several harms to their professional life, since coexistence becomes complicated due to distinct factors, and the violence suffered can cause physical, psychological, and social problems, which can even lead to suicide. Problems such as the emergence of illnesses, depression, emotional overload, and problems in personal life, outside the work environment may arise due to the moral harassment suffered by this professional.

Experience of moral harassment of the nursing team practiced by patients and their families.

Among the health workers of nursing professionals are those who are more exposed to suffering problems related to moral harassment by patients and their families, due to their greater proximity and, therefore, are the first to suffer from the manifestations of discontent and dissatisfaction (VASCONCELLOS, ABREU, MAIA, 2012).

In addition, in Brazil, these professionals must still deal with the precariousization of the work environment, combined with overload, double working hours, insufficient number of professionals and other situations that influence their psychological. These factors can lead to ineffective care, with often violent actions of patients and their families, which can be physical or verbal (SANTOS et al., 2011).

According to Vasconcellos, Abreu and Maia (2012), the main causes of moral harassment in the emergency care nursing team were companions in 87% of cases, and patients in 52.2% of cases. In this study, all cases occurred through verbal aggression. This fact is associated due to the precariousness of health services, an escape valve for the problem or also the means found to have the attention of professionals.

Equivalent results were obtained by Lima and Sousa (2015), who obtained in their study that aggressions can occur in different care areas, such as psychiatry (41%), emergency rooms (18%), clinical units (13%) and surgical units (8%). The main aggressors were patients, in 60% of the cases, followed by their relatives, in 32%.

Family members perform violence, especially when they see the distress of their families and/or have feelings of fear and anguish, desiring an immediate response from the team. When this does not occur or the result obtained is not expected, feelings of despair and revolt can be developed, resulting in violent attitudes. On the other hand, patients, situations that can occur violence are when they receive bad news, are agitated or when a procedure or something is performed that is against. These factors associated with dissatisfaction with service, daily stress and others may also influence violence (SANTOS et al., 2011).

The experience of bullying suffered by nurses, patients and family members can provide inconvenient situations for the professional, since they will have to deal with, mainly, verbal violence. The situation in which the patient and his/her family members are experiencing can influence the occurrence of this violence, even in situations that the nurse cannot do anything about. According to VASCONCELLOS (2012) the confrontation between professionals and patients is one of the situations that can cause tension at work in the hospital sectors, making these professionals feel devalued and less recognized.

Nurses, especially in specific sectors, need to know how to deal with the stress experienced in the sector and in this type of harassment that can occur, seeking to minimize these cases and, in the event, know how to solve and calm patients and family members, through clear communication, humanized and individualized care, providing comfort, safety and well-being.

V. Conclusion

Given what was presented, the study showed that the performance of the obstetric nurse in labor and delivery is important for the humanization of care.

It is also necessary for obstetrical nurses to guide prenatal care so that parturients arrive empowered to implement strategies that promote bonding, psychological and emotional support and the use of methods that alleviate pain and favor comfort.

Thus, it is essential to exercise obstetric nurses with current technical-scientific knowledge to abolish unnecessary procedures that lead to discourage the autonomy of the parturient and favor cesarean delivery.

This research does not exhaust the theme, it is suggested that obstetric nurses and health professionals conduct new research to report their experiences on the contribution of humanized childbirth; that the wheels of conversations on the theme be held and that these humanized practices be inserted in maternity hospitals through care protocols.

It is noted that the impact of the experience of moral harassment by the nursing team can cause several harms to the health and life of the nursing worker, which may have several consequences. The nursing team, because it is closer to the patient, may suffer moral harassment by patients and family members, as well as through leadership, by differences in gender, ethnicity, by differences with colleagues in the profession and/or of the multidisciplinary team and others.

The consequences that moral harassment causes work environment are the aggressions suffered, which directly affect the relationship between the team, causing a change of mood in the victim; and in the development of work activities, reaching the quality of care and, consequently, the patient and his/her family members. The influences of bullying also affected social and family relationships.

Despite being a frequently experienced theme, few studies on this theme are found. The dissemination of information is essential for combating this evil, for professionals to be aware of what is bullying, how to act in these situations, what their rights and others. Therefore, further studies are fundamental for the proliferation of knowledge about new points of view and aspects, so that this issue can be discussed, and its harms minimized.

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