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Psychological and organizational repercussions of verbal violence in professional settings, field study of paramedical workers.

الانعكاسات النفسية والتنظيمية للعنف اللفظي في الوسط المهني، دراسة ميدانية لدى عمال شبه الطبي.

Répercussions psychologiques et organisationnelles des violences verbales en milieu professionnel, étude de terrain auprès du personnel paramédical.

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ملخص:

هدفت هذه الدراسة إلى الكشف عن الإنعكاسات النفسية والتنظيمية للعنف اللفظي الممارس على عمال شبه الطبي، ولذلك قمنا بإختيار عينة تتكون من (30) عاملا من عمال شبه الطبي، وقد تم إختيارهم بطريقة عشوائية من مجتمع دراسة يتكون من (112) فردا من عمال شبه الطبي ينتمون إلى المؤسسة العمومية للصحة الجوارية، ولجمع البيانات تم إستخدام إستبيان يتكون من 28 بند منها 16 لمعرفة الإنعكاسات النفسية و12 خاصة بالإنكاسات التنظيمية.

ولقد إعتمدنا في بحثنا هذا على المنهج الوصفي، والبرامج الإحصائية الوصفية بالإعتماد على برنامج (spss) للتحقق من فرضيات البحث.

وأسفرت نتائج البحث أن تعرض عمال شبه الطبي للعنف اللفظي أثناء قيامهم بمهامهم يؤدي إلى إنعكاسات نفسية وتنظيمية.

الكلمات المفتاحية: الانعكاسات النفسية؛ الانعكاسات التنظيمية؛ العنف اللفظي؛ الوسط المهني.

Abstract

This study aimed at detecting the psychological and organizational repercussions of verbal violence on paramedical workers, so we selected a sample consisting of (30) paramedical workers, selected in a random manner from a study society consisting of (112) Paramedical personnel belonging to the Public Organization for Neighbourhood Health, and data collection, a questionnaire consisting of 28 items, including 16, was used to identify psychological and 12 organizational repercussions.

In our research, we relied on the descriptive approach, and the descriptive statistical programs based on the spss program to verify the research hypotheses.

The results of the research have resulted in verbal violence by paramedical workers while on duty resulting in psychological and organizational

Keywords: psychological repercussions; organizational repercussions; verbal violence; professional environment.

Résumé :

Cette étude visait à détecter les répercussions psychologiques et organisationnelles de la violence verbale sur les travailleurs paramédicaux, nous avons donc sélectionné un échantillon composé de (30) travailleurs paramédicaux, sélectionnés de manière aléatoire dans une société d'étude composée de (112) personnels paramédicaux appartenant à l'Organisme Public de Santé de Quartier, et de collecte de données, un questionnaire composé de 28 items, dont 16, a été utilisé pour identifier les répercussions psychologiques et 12 organisationnelles.

Dans notre recherche, nous nous sommes appuyés sur l'approche descriptive et les programmes statistiques descriptifs basés sur le programme spss pour vérifier les hypothèses de recherche.

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Les résultats de la recherche ont donné lieu à des violences verbales de la part des travailleurs paramédicaux pendant leur service, entraînant des conséquences psychologiques et organisationnelles.

Mots clés : répercussions psychologiques; répercussions organisationnelles; violence verbale; environnement professionnel.

1. Problematic:

Work is a fundamental place in society because it is the key element in the dynamic of building one's identity and in achieving physical, psychological and mental balance. The movements of the individual are only a set of sequenced or interrelated muscle processes that reflect the psychological, mental and social function in which he or she deals. The workplace is one of the basic environments affecting the mental, psychological and physical health of individuals. and the evolution of the modern era in the field of employment has in turn led to the rapid development of the disappeared sectors of employment and thus modification and change in the working patterns and management style, The obligation to keep pace with this development and the changes that occur from time to time in the workplace makes it vulnerable to many psychosocial hazards, of which violence at work is the most serious. The phenomenon has recently increased and escalated until we live daily in all sectors, especially in the health sector. This makes violence vulnerable to many psychological and social hazards. While the Algerian State is endeavouring to take the necessary preventive and punitive measures to reduce such uneven behaviour and to try to improve working conditions, as well as to provide the worker with the right atmosphere for the best performance of his or her functions, it is increasing so terribly that it has become an inherent problem in the management and public utilities that impedes the provision of services of high quality and difficult tasks for workers.

From this point of view, the health sector is the most vulnerable to violence

, according to a study by the Canadian Center for Health and Occupational Safety on the most vulnerable occupations of all kinds in the workplace. The results of the study resulted in the ranking as follows: health care workers, security personnel, social service workers, educators and public works employees.

Consequently, the risk of violence at work varies according to occupation, and health service workers rank second only to security personnel in the various forms of occupations most vulnerable to abuse. The results of the study indicate that a high proportion of health service employees have experienced violence and these ratios range from 80 to 95%.

In Algeria, Ford, in a report by the Ministry of Health and Population on the violence of public hospitals in early 2019, recorded 27909 verbal attacks and counted 626 judicial complaints against persons who had perpetrated violence on medical staff. In our study, we tried to reveal the psychological and organizational repercussions of verbal violence among semi-medical workers and asked the following question:

What are the psychological and organizational repercussions of verbal violence on paramedical workers?

2. **Objectives of the study**:

This study aims to:

- ✓ Detection of psychological repercussions of verbal violence among paramedical workers.
- ✓ Disclosure of regulatory implications of verbal violence among paramedical workers

3. **Procedural definitions**:

Verbal violence: is an aggressive behaviour that uses words to harm, control or intimidate someone, who uses numerous images and different forms to inflict harm on the victim.

These numerous forms of verbal violence result in negative psychological, physical and organizational effects on the victim.

Repercussions: The psychological and organizational effects of verbal violence against paramedical workers.

4. previous studies

Study (2006) Chappel&Di Martino:which noted that the phenomenon of violence at work encompasses a wide range of persistent and overlapping behaviors and manifests itself in the workplace in one way or another such as trapped anxiety rape , vulnerability burglary, intimidation, wounding, threat of battering interrupted physical assaults, leaving bad messages, Aggressive, Biting, Physical Signals Punching Tampering Work Tools Spitting Aggressive Behavior , scratching, insulting, shouting stalking and thugs, verbal assault, winking persecution silence, disc and harassment, including sexual or racial harassment.

This study surveyed 15 members of the European Union for some (15,800) workers showed that there is an association between work and gender, young people and sectors with a particular risk. For example, young women can risk harassment from other workers. The study also showed that the sectors most vulnerable to violence are physical and psychological, such as trapping and bullying.

Study (2010) Sabine et al :.Aimed at exploring nurses' experiences against patient and visitor violence, and then recognizing the complex occupational risks among health care professions with the nursing profession in general, the survey descriptive curriculum was used, and the study sample was formed from 291 nurses working in various clinical departments in general hospitals in Switzerland, selected in a survey manner, the study found that (72%) of nurses experienced verbal violence from the patient and visitor and (42%) of them have experienced physical violence from visitors and patients during the past 12 months.

The results of the study also showed that (23%) members of the sample were subjected to physical violence, which resulted in the need for sick leave of one day or more. It was observed that there was a higher risk of patient and visitor violence with nurses working with pathological conditions in the field of psychiatric illness and mental disorders. (2010) Samir et al: This study aimed at identifying forms of workplace violence against nurses working in maternity and gynaecology departments and assessing their interaction and attitudes. A descriptive study was conducted involving 416 nurses who were selected to work in maternity and gynaecological departments in 08 hospitals in Cairo, Egypt.

Most nurses (86.1%) were found to have experienced violence in the workplace. The patients' relatives represent the largest source of violence (38.5%). Psychological violence was the most common form of violence (78.1%), claiming neglect (40.5%) and poor practice of nurses (35.8%). Not more than 50% of nurses used the official system for reporting violence, and the majority of nurses (87.2%) considered that workplace violence had a negative impact on them and needed to prepare guidance for the protection of nurses.

Study (2013), Carter, et al :.Aimed at identifying the prevalence of the impact of psychological violence behaviors on work among British National Health Service workers and detecting impediments to reporting psychological violence at work. It is an occasional type descriptive study. The sample of the study consisted of 2,950 workers from doctors, nurses, dental surgeons, administrators and laboratory technicians. The prevalence of psychological violence was measured through the modified Negative Acts Questionnaire (NAQ-R). The impact of psychological violence was measured using psychological suffering indicators (12-GHQ).

The study found that 20% of National Health Service workers were subjected to psychological violence by colleagues, and that (43%) have witnessed psychological violence in the last six months, and the study also found that male workers with disabilities are most vulnerable to psychological violence behaviors, it has also been found that there are no statistically significant differences of race. But some differences have been identified with regard to negative behaviors, the study showed that psychological violence was associated with low levels of both mental health and occupational satisfaction, as well as high intention to leave work. The study also confirmed that officials were the primary source of psychological violence followed by colleagues.

5. The importance of the study:

- ✓ A greater understanding of the negative effects of verbal violence on paramedical workers.
- ✓ A new scientific addition that can be circulated to the same problem in the same environment or realities.
- ✓ Contribute to the development of effective solutions to reduce the phenomenon of verbal violence in health institutions.
- ✓ The study helps the management of health institutions to develop effective strategies to reduce the phenomenon of verbal violence.
- ✓ The study contributes to improving the working environment in health institutions and raising the level of performance of semi-medical workers.
- ✓ The study helps to improve the quality of health services provided to patients.
- ✓ The study contributes to the creation of a healthy and safe working environment for paramedical workers.

6. **Method:**

Basedon the nature of the research and the objectives we pursue, we have relied in this research on the most used descriptive curriculum in the field of social sciences because of its specificities appropriate to the nature of the social phenomenon.

Through this presentation, it is clear that the reality of verbal violence at work and its psychological and organizational repercussions on paramedical workers, which reflect the suffering they are experiencing in hospitals and public health institutions, is based on the appropriate prescriptive approach to studying this phenomenon as it is in fact and describing it accurately. to

quantify and qualitatively reflect the various repercussions at the psychological and organizational levels and then analyse, classify, study and discuss their data, and reach conclusions that contribute to the improvement and development of reality.

Areas of study:

Spatial area: The State Institute for Neighbouring Health has been studied in order to provide various health services in eastern Algeria.

Established by the Public Institution for Neighbourhood Health on 01/01/2008 in accordance with Executive Decree 07/140 dated 19/05/2007, which includes the establishment, organization and functioning of Public Hospital Institutions and Public Institutions for Neighbourhood Health.

The research community:

The research community includes the health sector, represented by the Public Institution for Neighbourhood Health in Dawroche. This study was applied to the multi-service clinic Kadri Abdul Hafeez and the treatment hall Mohammed Khemaisi was selected in view of the fact that the above-mentioned clinic is the most documented among the other clinics in the sector and most suitable for cases of verbal violence.

Sample study:

We selected a sample of 30 paramedical workers who were selected in a random manner from a study community of 112 paramedical workers belonging to the Public Institution for Neighbourhood Health.

Table No. (01) How to withdraw sample members:

Foundation	Total number of paramedical workers		
	Total Number	**Number withdrawn**	**Percentage**
Multi-service clinic Kadri Abdul HafeezMadawaroush (Urgencies	84	21	25 %
Maternity Interest	12	03	25 %
Treatment Hall Mohammed Khemaisi	18	06	33.33 %

Data collection tools:

A field study cannot be carried out without relying on data collection tools. In this study, we relied on the corresponding tools and the form, so that at the beginning of the field research we interviewed some workers to ensure that the society and the specimen chosen actually suffers from verbal violence.

Corresponding:

The interview is an important tool for obtaining information through its human sources. It consists in the most basic form of a set of questions that we have prepared. We used the interview to

confirm the existence of the problem of research, which is the phenomenon of verbal violence in paramedical workers. The main objective was to build the questionnaire, which is the main tool in our study.

We interviewed 05 of the institution's paramedical personnel and asked a range of questions about verbal violence in the working environment.

1. Have you been subjected to verbal violence in the workplace?

If the answer was yes, how many times have you been subjected to verbal violence?

2. Who is the source of verbal violence?

3. What forms of verbal violence have you experienced?

4. How long do you experience verbal violence?

5. Have you experienced difficulties doing your job after experiencing verbal violence?

Questionnaire:

It is a set of questions or items that are prepared for the purpose of obtaining the information or opinions of researchers about a particular phenomenon or situation. The form is one of the most used tools in the collection of data in the field of social sciences that requires obtaining information, beliefs, perceptions and opinions of individuals.

We built a form for the study in which we tried to collect our study variables, which are the psychological and organizational repercussions of verbal violence on paramedical workers.

Where we formed the form items centered on the first: personal data and the second: form items which in turn are divided into two axes:

First: We have developed 16 items on the psychological repercussions of verbal violence.

Axis II: In the second axis, we put forward 12 item during which we tried to address and learn about the organizational implications of verbal violence

In order for the form to be applicable, both honesty and consistency must be measured:

1. Honesty: To ensure the authenticity of the tool, we relied on the honesty of the arbitrators. We distributed the form to four arbitrators to take advantage of their expertise and use their observations on the alternatives put in place. We made some changes based on their observations to be more honest.

2. Consistency: It is intended to give the questionnaire almost the same results if it is reapplied to the same group and in almost similar circumstances.

3. After obtaining the responses of the sample members, which we conducted on 05 individuals. In order to verify the stability of the questionnaire, we emptied the results in a statistical table and used the Social Science Statistical Packages Program (25-spss).

R= 0.97

The questionnaire is fixed and applicable

Statistical methods used for study:

Among the statistical methods used by the researcher to analyze the results of the study and verify the validity of hypotheses, since we have conducted a descriptive analysis study. We have relied on the statistical method of:

Percentage: used to calculate the response ratio through the duplication obtained and calculated as follows:

Percentage = Frequency% Sample Size × 100.

Presentation and analysis of results:

Table No. (02) Shows the responses of the sample individuals to the axis of psychological reflections:

Alternatives						
Never Before		Sometimes		Always		Items
Percentage%	Repetition	Percentage%	Repetition	Percentage%	Repetition	
06.66	02	13.33	04	80	24	01
16.66	05	16.66	05	66.66	20	02
6.66	02	06.66	02	86.66	26	03
3.33	01	13.33	04	83.33	25	04
16.66	05	06.66	02	76.66	23	05
10	03	10	03	80	24	06
13.33	04	13.33	04	73.33	22	07
3.33	01	6.66	02	90	27	08
3.33	01	3.33	01	93.33	28	09
10	03	6.66	02	83.33	25	10
90	27	3.33	01	6.66	02	11
100	30	00	00	00	00	12
66.66	20	16.66	05	16.66	05	13
93.33	28	3.33	01	3.33	01	14
93.33	28	6.66	02	00	00	15
6.66	02	16.66	05	76.66	23	16
33.74	Total	08.95	Total	57.28	Total	

Through our reading of the table data on the item of knowledge of the various psychological repercussions suffered by paramedical workers as a result of verbal violence in the performance of their duties, the average percentage is very high for items No.: 01, 03, 04, 06, 08, 09 and 10 so that it exceeds 80% and these items express respectively: Suffering from lack of concentration, anxiety, stress, depression, suffering from inability to communicate, stress and tendency to isolate.

Table No. (03) Shows the response of sample personnel to the survival of the axis of regulatory reflections:

Alternatives						
Never Before		Sometimes		Always		Items
Percentage%	Repetition	Percentage%	Repetition	Percentage%	Repetition	

6.66	02	26.66	08	66.66	20	17
20	06	3.33	01	43.33	13	18
6.66	02	26.66	08	66.66	20	19
6.66	02	10	03	83.33	25	20
6.66	20	16.66	05	16.66	05	21
16.66	05	33.33	10	50	15	22
16.66	05	33.33	10	50	15	23
3.33	01	6.66	02	90	27	24
10	03	16.66	05	73.33	22	25
33.33	10	16.66	05	50	15	26
6.66	02	16.66	05	76.66	23	27
00	00	3.33	01	96.66	29	28
17%	M.L. ' N%	18%	M.L. ' N%	65%	Average percentage	

Table data show that the highest percentage recorded in descending order came in items 28, 24, 20, 27 and 25 above 73% of the average percentage so as to reflect cases of lack of motivation to work, thinking about dropping out, feeling an unsafe working environment, finding it difficult to make decisions and neglect the devices used to perform the functions of the job.

Table No. (04) Average total percentage of items

Average total percentages (always)	Average total percentages (always)	Average total percentages (always)	Items
33.74 %	8.95 %	57.28 %	Psychological Repercussions
17 %	18 %	65 %	Organizational implications

Table 04 data show that the average total percentage of the alternative (always) is significant for psychological and organizational repercussions, which confirms that there are repercussions for semi-medical workers' verbal violence in the working environment.

Discussion and interpretation of results in the light of research objectives:

First, in the light of the first objective:

Through the results of Table No. (02), it is clear to us that the average percentages at the alternative (always) came as high as B: 57.28%, which explains the existence of negative psychological repercussions of verbal violence on paramedical workers, and the percentages in the alternative (always) by items No.: 01, 03, 04, 06, 08, 09 and 10 to exceed 80% and these items respectively reflect the following implications: Suffering from lack of concentration, anxiety, stress, depression, suffering from inability to communicate, stress and tendency to isolate.

These findings can be explained by the fact that verbal violence in the working environment contributes to the creation of negative psychological manifestations and conditions Employment stress creates a worker's indifference and disagreement with the lack of quality standards of health services, which in turn increases the level of violence against paramedical workers during the performance of their duties, The lack of focus, tension and anxiety all lead to the inability to choose the right alternative when a problem arises and the increase in the rate of error at work. By the nature of the wrong profession, it has serious consequences at all levels. No inaccurate action or measure is entirely permitted. And when previous behaviors and feelings accumulate, the factor shows a tendency to isolate, which ultimately leads to depression.All these repercussions lead to the underdevelopment and decline of all areas of work and hamper the efficient and effective

achievement of the objectives of the institution, as well as achieving a low level of personal satisfaction of the worker himself and making him a high level of quality and effectiveness for the benefit of the health institution and society in general.The individual's satisfaction with his or her work depends on his or her ability to carry out his or her work effectively and to produce material and moral returns, since the professional roles expected of paramedical workers are becoming increasingly complex and complex in response to accelerated and endless societal demands and expectations; This requires a blueprint to address these uneven behaviours, based on formative programs that play a role in motivating nurses to improve their performance of tasks.

Assigned to them and how to deal with these behaviors and how to respond and pursue this acceleration in complexity and composition. Such aggressive behaviourcan also be overcome by means of a series of measures, whether it relates to prevention or how to take care of and assist victims of violence. The latter contribute to notifying this group of job satisfaction, developing its sense of greater responsibility and determining its ability to fulfil its responsibilities in an atmosphere of job satisfaction and professional commitment. Isolating the manifestations of verbal violence can contribute to closing gaps in the abilities and skills of paramedical workers that may weaken their level and create negative repercussions on the psychological side. This reveals the first goal we have set for our research: Detection of psychological repercussions of verbal violence on paramedical workers such as: Stress, anxiety, stress and depression, which is consistent with the findings of the Ait, Ras and Khalfan study (2019) that established a correlation between exposure to psychological violence at work and symptoms of normal mental health disorders in members of the sample, namely depression, anxiety and post-traumatic stress disorders.

The Samer Study (2010) also stipulates that the majority of nurses (87.2%) The impact of workplace violence on them is negative. This is consistent with the results of our research, but varies in the research sample. We find that the research sample was limited to the category of nurses only while we researched gender reunification and all paramedical workers, as indicated by a study (Sabine et al. 2010), which aimed to explore nurses' experiences against patient and visitor violence and then to learn about the risks and effects of exposure to violence. As a result of the study, 72% of the research sample experienced verbal violence at work. And one of his psychological repercussions is a sense of fear and insecurity in the workplace. And this is confirmed by the results of our research through the results of items 05 and 20 on dread and insecurity in the workplace and therefore consistent with the study.

Second: In the light of the second objective:

Through the results of Table 03, it is clear to us that the average percentages at the alternative (always) came so high that it is estimated that: 65%, which explains the organizational repercussions of verbal violence on paramedical workers, and the percentages of the alternative (always) in items No.: 28, 24, 20, 27 and 25 exceeded 73% of the average percentage so that it reflects cases of lack of motivation to work, thinking about dropping out, feeling an unsafe working environment, finding it difficult to make decisions and neglect the devices used to perform job tasks.

A working individual is free to choose his or her own actions that he or she adapts to himself or her and to his or her colleagues and environment. One of our findings in this research is that being subjected to verbal violence and attempting to adapt to this situation, which is considered a threat to

it, creates many situations of feeling an unsafe working environment and then finding it difficult to make decisions, resulting in neglect of the means and devices used by the paramedical worker to perform his or her job, These negative behaviors evolve over time and when no action is taken to remedy and eliminate the dysfunction that leads the employee to lack of motivation to work that ends in dropout His grandfather accepts the choice of socially acceptable behaviour and is well aligned with himself and his community and does not adapt poorly unless.

When a worker feels pressured in his workplace or if he is hurt, threatened and unacceptable, it leads to his deviation. The individual's subjective and cognitive importance in gaining compatibility is the more an individual is educated and acquired for ideas that fit into the reality surrounding him or her whenever he or she is able to adapt properly.

This confirms the second goal that we have set out in our research: to detect the organizational repercussions of verbal violence on paramedical workers such as low service quality, high absenteeism rates.

General conclusion:

The current research dealt with verbal violence at work and the detection of psychological and organizational repercussions of semi-medical workers. In order to achieve the objectives of the research, a theoretical study was carried out and verified on the ground as the main pillar of the theoretical and testing aspect. This research was based on a questionnaire to know the various negative repercussions so that the questionnaire was applied to his eye of 30 paramedical workers at different levels working in the underground.

Through statistical processing and discussion in the light of previous studies, the overall objective of the research was to learn about the negative psychological and organizational repercussions resulting from the existence of repercussions. We found the average percentage of the two tables of the above-mentioned repercussions due to the exposure of sample individuals to verbal violence and the persistence of this situation with no means of prevention and treatment. Work environment ", which creates a compelling working environment and an inappropriate atmosphere for the exercise of the functions of the post.

We also found in this research that the psychological repercussions were detected, the first purpose of the research, so that we found that the majority of the sample members always responded to the repercussions of suffering from lack of concentration, anxiety, stress, depression, suffering from inability to communicate, stress and a tendency to isolate.

The current research also found the responses of the majority sample individuals, who amounted to 73%, who stated that due to their exposure to verbal violence, they had a negative sense of lack of motivation to think about dropping out, a sense of unsafe working environment, finding it difficult to make decisions and neglect the devices used in the course of doing the work.

Conclusion

The findings of previous studies show that violence is both a global and a local phenomenon. And verbal violence in the workplace is one of the forms and manifestations of violence that must be researched and deepened and its prevalence in public institutions, Knowing the multiplicity and

variety of causes of violence and the effects of nursing workers such as anxiety frustration, tendency to isolate, absenteeism and stress, leading to a marked decline in an individual's behaviour and negatively affecting the workflow as well as the profound influence on the psychology and social relationship of semi-medical personnel, This is why efforts to combat verbal violence are limited or minimized, and the success of efforts to combat verbal violence depends on the work of providing an integrated strategy in terms of laws and the participation of civil society and the media.

Workplaces are a fertile environment for violence of all kinds. And this violence is different from the places where it is practised, depending on the specificity of each place, What has made the issue of violence in hospitals an issue that has come to threaten employees in the sector, especially the paramedical category, as the active element and the first person to receive and deal with patients and their families and that it represents a large proportion of workers in various public health institutions, Back to the results of the research, it is clear that verbal violence against paramedical workers in the working environment leads to many repercussions, both psychologically and organizationally, that may lose their balance and deteriorate their health status. and hamper their ability to care for their patients or perform their other duties, among these psychological repercussions we have observed the appearance of each of the cases: Suffering from lack of concentration, anxiety, stress, depression, suffering from inability to communicate, stress and tendency to isolate.

Suggestions:

In this context, a range of suggestions and different types of services and support for victims of verbal violence have been developed through:

- Provide psychological support and work on gender equality in the workplace.
- Adopt legislation to protect para-medical agents' wire exposed to violence within the workplace.
- Develop deterrent laws to reduce behaviour that promotes violence against paramedical workers directly or indirectly.
- Develop rehabilitative instructions for visitors and arrivals in these public facilities in order to avoid creating an environment that encourages the use of violence.
- Provide training programmes for all who deal with victims of verbal violence and focus on the dimensions and consequences of the problem and respond to it in an appropriate manner.
- Organizing special courses for health workers in order to enhance the spirit of the team and staff, and sensitizing the employee in order to improve his relationship with his colleagues in order to advance and overcome some practices classified as violence.

Supplements

Questionnaire:

items	Always	sometimes	never
After being subjected to verbal violence you became: Undercounted			

You have trouble sleeping. Concerned You feel nervous You're in awe. You feel depressed. Feel helpless Suffering from inability to communicate Feeling stressed You feel isolated Smoke I take drugs. I take medication. I think about trafficking. I follow up with a psychologist. I want to leave work. I feel helpless.I feel the lack of quality of servic I suffer from increased professional errors More Absence I feel an unsafe work environment I refuse to apply the instructions More altercation I suffer from increased conflicts with workers I'm thinking about leakage. Increase the Foundation's expenses These are the devices used. I feel inefficient. I find it difficult to make decisions. I feel a lack of motivation to work			

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