

Original Article

**The Investigation of Forms and Causes of Symbolic Violence:
Patient Safety**

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Abstract

Aim: This study was conducted to investigate the forms and causes of symbolic violence applied to the patients by nurses. The social context of the reasons for not providing patient safety were investigated.

Methods: The data obtained from photographs and written presses which was done by content analysis method.

Results: Sub-themes are “violation of privacy and autonomy”, “violation of the principle of respect for life”, “ignoring the patient safety”, “violation of the principle of primum non nocere”, “not displaying to emotional labour due to depersonalization”, “being unable to gain professional habitus”, “symbolic interaction”, “official and social media sanctions”.

Conclusion: The forms and causes of symbolic violence that is applied to the patients by the nurses have been determined. In nursing the most important cause of symbolic violence is nurses could not obtain a professional habitus. Interventions aimed at counteracting symbolic violence are the key to improving job satisfaction in nurses and the quality of care.

Keywords: Patient safety, workplace violence, mental health and violence, media and violence, internet and abuse

Introduction

Nurses and nursing students use social media for many different reasons such as personal, educational and professional reasons. However, nurses and nursing students are not only able to establish social relations and comment on the news on social media, they could share information about their professional interactions. For this reason, it is stated that the use of social media strengthens socio-cultural communication, but can negatively affect professional motivation, performance and efficiency (Orehek and Human, 2017; De Gagne et al., 2019). This situation may cause nurses to deviate from health field doxas and professional habitus tendencies. Because the impulsiveness encouraged in social media may lead to the deviations of the users from the expected social norms by entering non-civilian communication (Ott, 2017). Thus, online inappropriate behavior may include negative comments about patients, colleagues or other healthcare professionals, confidential patient information or pictures of drunken people or sharing

obscene content, using swear or discriminatory language. Although these deviations raise the violation of patient privacy and ethical limits, they may adversely affect patient safety and may harm the image of nursing and include organizational risks due to unprofessional behavior. As a result, patient safety may be adversely affected as a result of violation of ethical principles and distancing from professional roles and responsibilities (Tower et al., 2015; Marnocha et al., 2015; Piscotty et al., 2016; Marnocha et al., 2017; Barnable et al., 2018). However, nurses are expected to maintain professional and ethical standards by the public and nursing managers (De Gagne et al., 2019). Moral violence is a symbolic violence (Bourdieu, 1991, 2001; Paula et al., 2017) and therefore an ethical problem (Malpass et al., 2016). It is very difficult to determine whether the ethical principles are applied in the care, whether symbolic violence occurs when not. Because symbolic violence, which is very important in terms of patient safety, is very difficult to detect due to its occurrence. Symbolic violence is a polite form of violence that occurs through the

symbolic channels of cognition, knowing, communication, and even feelings. It may not be mostly noticed by its victims. Symbolic violence can be carried out by disregarding the rights of others, humiliating them, and inhibiting their freedom (Bourdieu, 1991, 2001; Wiegmann, 2017). Because violence is not just a physical act, it can be an act of power against one another. In the act of power, another person has been harmed and this situation is defined as violence (Shapiro, 2018). In the literature, we can give a few examples of such violent incidents that do not intentionally cause harm; such as yelling, snide comments, withholding pertinent information, and rude, ignoring, and humiliating behaviors, metaphoric violence, militarist language, disrespect, speeches that dishonor people (Nie et al., 2016; Shapiro, 2018; De Gagne et al., 2019). Symbolic violence can lead to social distress and consequently negative effects on health and welfare (Malpass et al., 2016; Cuijpers, and Brown, 2016; Paula et al., 2017; Shapiro, 2018). It has negative effects on the health and well-being of disadvantaged people, especially those who are stressed and have low self-esteem (Bourdieu, 1991, 2001; Moore, 2008, p. 75-90). Symbolic violence may cause patients to internalize the sense of worthlessness that the institution conveys to it (Johnson, 2008, p. 108-123). As a result, patients who experienced stigma and social exclusion, which is an element of symbolic violence, stated that they felt depressed (Mertl et al., 2018). In the literature, there are many studies investigating the nature and features of cyber aggression in social media (De Gagne et al., 2019) and examining how nurses and nursing students use social media which is an online behavior that does not comply with the norms or values of the nursing profession (Tower et al., 2015; Marnocha et al., 2015; Piscotty et al., 2016; De Gagne et al., 2016; Marnocha et al., 2017; Barnable et al., 2018; De Gagne et al., 2019). Unfortunately, in the literature, a study examining social media posts reflecting the symbolic violence practiced by nurses in the clinic has not been reached. It is stated in the literature that social media can give superpower to symbolic violence in many ways (Suler, 2015). However, Fenwick (2014) has asked healthcare professionals to consider whether non-professional behavior is a result of social media or a result of existing problems made visible through

social media. In this context, I am saying that we should consider whether the symbolic violence inflicted by nurses is a result of social media or an existing problem made visible through social media. However, these social media posts can make the violence visible and noticeable in order to recognize the types of violence such as symbolic violence that are difficult to notice in the clinic and to ensure patient safety. Based on the importance of the safety of patients and the necessity of acting in accordance with ethical principles, I think it will be important to examine the symbolic violence news reported by the nurses reflected in the newspapers to raise awareness of symbolic violence situations and to determine the necessary precaution strategies. While there have been many studies on the provision of patient safety. Any study has been found on the social context of the reasons why patient safety has not been achieved. In this context, this study attempts to investigate the causes of symbolic violence, the forms of its formation and the social context of the causes that cannot provide patient safety, and in addition, evaluate whether social media use has an impact on this. For this reason, it is the originality of the research whether the use of social media is among the causes of symbolic violence against patients or whether symbolic violence is only a symbolic value. This study was conducted to investigate the forms and causes of symbolic violence applied to the patients by nurses. The social context of the reasons for not providing patient safety were investigated.

Methods

Study design: Qualitative descriptive research design was used to examine symbolic violence. For the reporting of this research, the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong, et al. 2007) was implemented.

Data collection: Symbolic violence is difficult to prove because it is an invisible and polite form of violence (Bourdieu, 1991, 2001; Wiegmann, 2017). In the written press such as news texts, news headlines, photo selection is important that symbolic violence can be demonstrated through news discourse and language. For this reason, in this study photographs representing symbolic violence were used. Photographs are important tools for embodying the symbolic violence that is difficult to

prove. Thus, symbolic violence will be better understood through photographs (Olcer, 2019). For this reason, news related to this issue of five newspapers, including Hurriyet, Sabah, Sozcu, Posta and, Haberturk, which were among the top sellers in the newspaper sales circulation in Turkey between 01 January 2011 and 30 October 2017, were examined.

Data analysis: The references to the theoretical concepts of the symbolic violence by Bourdieu was the foundation for the analysis. Content analysis was conducted by creating tables on the computer. The data were obtained from photographs analyzes and written presses were processed in data tables prepared on the computer. Analyzes were made using photographs that embody symbolic violence.

Results

The social context of the reasons for not providing patient safety were investigated. The newspaper news in our study sample consist of 12 cases from 7 different countries. The nurses recorded their images without consent of the patients who were unconscious or who were dependent on the bed. Some of them were died. Themes and sub-themes are listed in Table 1, 2, and 3.

Discussion

For the purpose of the study, the forms and causes of symbolic violence applied to patients by nurses reflected in newspapers were investigated in a social context. The fact that symbolic interaction is a finding as the reason for symbolic violence in these cases is by the nature of sociological cases. Because symbolic interaction involves trying to understand the meaning of the actions of others and the use of important symbols (Parse, 1998, p. 7-15). Symbols are objects with the same meaning and the same interpretation that only people in the group know (Morrione, 1998, p. 10-11). In this context, symbolic interaction is closely related to the knowledge that nurses should perform their nursing activities within the context of their moral and professional responsibilities (Tapp and Lavoie, 2017). In these cases, it is understood that nurses do not perform professional symbolic interaction in the clinic, but they create symbols within the framework of their own value judgments and meanings. In other words, these nurses built a new symbolic world in their clinic with their own values and moral judgments by

developing a symbolic interaction that is far from the professional and ethical principles, goals and values of the profession. And it is understood that this situation gave rise to symbolic violence. Therefore, as a result of personal symbolic interaction, it is usual for nurses' non-professional behaviors to be perceived as normal or even funny within the group and to be recorded and shared on social media. However, it is an indication that the nurses sharing on social media, this symbolic situation in which the group in the clinical setting imposes the same meaning, that other groups in social media, perceiving it as violence by not loading the same meaning, and the evaluations within the framework of moral, professional principles could change between the groups that have symbolically affected (Parse, 1998, p. 7-15; Morrione, 1998, p. 10-11; Tapp and Lavoie, 2017). Failure to gain professional habitus as another reason for symbolic violence which allows us to understand the reason why professional symbolic interaction doesn't happen. Because nurses exhibiting non-professional behaviors show that they do not internalize the goals and values of the nursing profession, moral and ethical principles, do not develop a professional identity, that is, they cannot gain professional habitus and do not express themselves with their professions. Failure to gain professional habitus in these cases may be due to both psychological and institutional violence caused by inappropriate working conditions (Cuijpers and Brown, 2016; Wiegmann, 2017; Malak Akgun, 2019; Kim, 2020). Institutional and psychological violence negatively affect nurses and nursing practices (Paula et al., 2017; Shapiro, 2018). The incriminating aspect of policies to control access to dangerous medicines can lead to symbolic violence and stress in nursing. Another possible reason for symbolic violence may be that nurses are experiencing violence (Malpass et al., 2016; Cuijpers, and Brown, 2016; Paula et al., 2017; Shapiro, 2018; De Gagne et al., 2019) or symbolic violence from patients or other healthcare professionals (Paula et al., 2017). Because symbolic violence or violent violence is associated with people who have a generally oppressed status like nurses, considering the hierarchical structure of the health system (Cuijpers and Brown, 2016; Falletta, 2017).

Table 1. Sub-themes of the symbolic violence forms theme

Sub-themes	Explanations	Newspaper News
Violation of Privacy	Nurses did not apply their professional ethical principles in their care and applied symbolic violence to their patients without respecting the privacy of their patients, such as taking pictures with the patient and sharing this on the social networking site, without paying attention to the confidentiality of the naked body areas before and during the medical procedure.	<p>“... The nurse candidate who took a selfie in front of the patient who would have angioma caused reactions.” (Posta C3, C4, Sabah C4)</p> <p>“In America, a nurse who photographs the genitals of unconscious patients and sends them to her friend...” (Hürriyet, Posta C1)</p> <p>The nurse wrote the photo, "My favorite thing to do surgery in the first hours of work". (Hürriyet C4)</p>
Violation of Autonomy	In this sub-theme, it is understood that symbolic violence can take place in the form of recording the violence such as physical, psychological, and sexual violence inflicted by nurses. It is understood that the nurses violated the autonomy of the patients and applied psychological and sexual violence to their patients and recorded this situation by turning it into symbolic value.	<p>“... The nurse who was raped by unconscious female patients... it was learned that the nurse posed for the camera while filming.” (Posta C11)</p> <p>“A nurse applies lipstick to her baby's lip, making eyebrows and eyelashes. The nurse then takes a photo of this baby's make-up.” (Sabah, Habertürk C9)</p> <p>The nurse took a photo with an organ taken during surgery without the patient's consent and knowledge. (Hürriyet, Posta C1)</p>
Ignoring the Patient Safety	Nurses do not care about the safety of the patient by giving a lighter to a patient in an intensive care unit with confusion.	<p>First, the nurses who give the cigarette to the patient then take the cigarette and laugh, then give it cigarette and lighter again. Then the nurses who took the cigarette and lighter again, laugh. The elderly patient, who wants to burn the cigarette, gets angry and shouts at the nurses when cigarettes and lighter are taken from his hand. Nurses who continue to make fun of the patient say: “Oh, give a lighter to uncle, let's see what he will do, he will put in his mouth, give it let's see...” (Hürriyet C12)</p> <p>The patient has a cigarette in his hand. (Hürriyet C12)</p>
Violation of the Principle of “Primum Non Nocere”	Medical procedures and care practices are carried out for the benefit of the patient. Nurses who do not comply with the "first, do not harm" ethic principle, act by focusing on their own needs by putting their own needs into the focus of care, without thinking about whether their practice will benefit or harm the patient.	<p>“In the intensive care unit, nurses and caregivers dressed in surgical gowns dance the halay first, and then belly dance. ... The other staff who perform belly dancing, on the one hand, laugh while interfering with the patient on the other.” (Hürriyet, Sabah, Sözcü C2)</p> <p>“... When a nurse posed with the spleen of a patient whose spleen was surgically removed and then shared the photograph on the internet, it led to the scandal.” (hürriyet C10)</p> <p>Nurses dance while they were providing health care. (Hürriyet, Sabah, Sözcü C2)</p>

Violation of the Principle of Respect for life	By turning two important concepts in life and nursing, such as life and death, into an entertainment object, nurses violated the principle of respect for life.	“... Nurse taking ugly hand signs at the head of dying patients and posted them on internet sharing sites after taking a selfie ...” (Posta, Hürriyet C7)
		“The nurse took a selfie with a patient in the intensive care unit and shared it as a “tiny painting of those left to die”. In another photo of the nurse taking a selfie with a bedridden patient, “I am at home right now, and the back is a very expensive painting I bought. 04:20 a.m tiredness”. (Sözcü, Posta, Habertürk C3)
		The nurse takes a photo with her dead patient. (Posta C8)

Table 2. Sub-themes of the causes of symbolic violence theme

Sub-themes	Explanations	Newspaper News
Symbolic Interaction	While nurses record the symbolic violence experienced, they are not only alone, but also received social approval when they share their records with others. This causes common value judgments to objectify and give these common objects the same meaning.	<p>“... Nurses and caregivers in surgical gowns first perform halay in the intensive care unit and then perform belly dancing. Among the caregivers and nurses, the words “It does not stand still, shake it”, “It is not clear whether she is doing maintenance, or playing game”, “Slow down!, the camera will break down, don’t go fast”, “Learn how to dance” are also reflected on the images. In the second images, a staff sitting at the table in the intensive care unit with food in front laughs as soon as the camera turns to him.” (Hürriyet, Sabah, Sözcü C2)</p> <p>“There was a lot of reaction to the posts of the nurse on social media. The most thought-provoking part of this disgrace is that 28 people like this sharing; We wonder what they liked in this photo!” (Sabah C3)</p>
Being Unable to Gain Professional Habitus	The fact that nurses record their unprofessional behaviors and share this situation in social media by seeing it as entertaining and funny, shows that they do not adopt the principles of nursing value, role, responsibility and ethics.	<p>“The photos of the nurse accused of killing 38 patients with the bodies were revealed.” (Posta C6)</p> <p>“... It turned out that it was the nurse who tied the baby's mouth. The nurse's defense was at least as shocking as the photo. The nurse said, “The baby was making a lot of noise and I taped her mouth,” for the scandal.” (Sabah, Sözcü C5)</p> <p>“... An investigation was launched when a nurse shared the photos that she had taken together with a patient who died. ... Wrote “See if he's dead or asleep? Tip; I'm a spirit thief” for the photo she shared. ... In the photo she shared ... made comments such as “long live the devil”.” (Posta C8)</p>

**Not to Displaying
Emotional Labor
Due to
Depersonalization**

The comments written by nurses under their photos reflecting symbolic violence allow us to understand that they experience desensitization, and therefore they do not care about the needs of patients, especially their emotional needs, do not value their patients as a person and do what they do without loving their profession.

The nurse takes a selfie with the patient, who is unconscious or dead in the ambulance, in a way that can lead to the identification of the patient and by making a victory sign. (Posta C7)

The nurse poses by pointing the syringe in her hand to the camera and writes the note "I shoot" under the photo. (Hürriyet C3)

"... After taking selfies by making inappropriate hand signs at the bedside of dying patients, the nurse who posted them on internet sharing sites was fired. While the 25-year-old nurse posted self-portraits on the internet with the inappropriate hand movements of the patients who were taken to the ambulance and were dying, notes were written below them as "I hate my job". (Posta C7)

"Her thumb is like 'okay' above, her tongue is outside like a lifeless woman, a dirty smile on his face ... After recording this photo, she writes a strange sentence under it. The sentence is exactly this: "Brr, mmh, la vita e la morte, mmh.". The translation of this sentence is: "Life and death.". She did not comment at trials, seemed to be cheerful." (Hürriyet, Sabah C6)

The nurse wrote the note under the photo, "Are you aware that we are working while you sleep?" (Hürriyet C3)

The nurse wrote the note under the photo, "I am at home right now, and the back is a very expensive painting I bought. 04:20 a.m tiredness" (Hürriyet C3)

Table 3. Sub-themes of doxas theme

Sub-themes	Explanations	Newspaper News
Official Sanctions	Since symbolic violence is learned through social media, the first sanction comes from social media. Legal proceedings are then initiated. Even if legal action has not been started, these actions are initiated as a result of larger reactions on social media.	<p data-bbox="1041 327 2027 383">“Provincial Directorate of Health launched an investigation into the incident, whose images were shared on social media and attracted reactions.” (Hürriyet, Sözcü C12)</p> <p data-bbox="1041 414 2027 502">“... It has been learned that ..., who is working as an intensive care nurse, has been working in the hospital for about two years and her position has been changed due to the investigation launched.” (Sözcü C3)</p>
Social Sanctions	Media	<p data-bbox="1041 566 2027 654">“The messages shared by the nurse in the intensive care unit and the nurse who had taken selfies and disregarded the patient's rights had a great reaction. A judicial and administrative investigation was launched after the incident.” (Posta C3, C4, Sabah C4)</p> <p data-bbox="1041 686 2027 774">“Many complaints about the scandal happened. ... I expect the Ministry of Health to immediately take this situation against the Patient Rights Regulation and all humanitarian rules and belongings.” (Habertürk, Sözcü, Posta C3)</p> <p data-bbox="1041 805 2027 901">“Municipality of ... allowed the nurse to continue her job as if nothing had happened after the appearance of the images. However, after the reactions from the media and non-governmental organizations, he was fired from the nurse job.” (Posta, Hürriyet C7)</p>

In these cases, nurses may be directing their dissatisfaction towards themselves and those who are less powerful than themselves (Wiegmann, 2017; Shapiro, 2018). Nurses are individuals who experience secondary trauma due to their highly stressful work (Kelly, 2020).

This type of secondary traumatic stress results in empathy failures (Komisar and McFarland, 2017) and can cause symbolic violence. This kind of behavior is not seen as a punishment usually imposed on the other by the practitioners, but rather as a parade that creates psychological soundness in young nurses (Falletta, 2017). Therefore, the nurse may be unaware that her violent actions are perceived negatively (Wiegmann, 2017; Shapiro, 2018).

Hierarchical and gender inequalities, workloads and poor working conditions, insufficient value in care practices and emotional labor, high levels of emotional violence in workplaces (Lee and Ji, 2018; Kelly, 2020) can make the nurses feel inadequate and worthless. Therefore, nurses who are exposed to symbolic violence might be coping with their own feelings of inadequacy and worthlessness by applying symbolic violence to patients. Nurses try to deal with feelings of worthlessness and inadequacy by opposing the rules. Because nurses can avoid responsibility by objecting to working conditions and institutional priorities instead of negligence (Goodman, 2014). Or because symbolic violence is a social control tool (Wiegmann, 2017), nurses may resort to symbolic violence to prove to themselves, patients and other healthcare professionals that they are in control of the clinic. Nurses record the symbolic violence and share it on social media, asking others who do not belong to the health profession to see the nurse working conditions and thus fulfill their desire to be understood and appreciated. Because the need to address others in the social network leads to the need to transfer each action taken to others. This situation is not only limited to social life, it can reach professional life and can be transformed into symbolic violence by exceeding ethical limits (Orehek and Human, 2017; De Gagne et al., 2019). Or, as in these cases, they can be shared on social media as documents reflecting symbolic violence in the clinic. In other words, these negative actions may not always be a

product of the environment, but they may have a dimension of their environment-blocked personalities (Suler, 2015). In this context, recording the symbolic violence experienced and sharing it on social media can be a canvas of the nurses' burnout and desire to see value. Because this approach is similar those who experience violence and abuse, making this situation a symbolic value by tattooing their bodies (De Gagne et al., 2019). As a result, it is important that the institution invests in symbolic violence prevention activities to improve the health of nurses and the quality of the service provided (Paula et al., 2017).

In addition, loyalty to the profession or acquiring a professional habitus might cause to remain silent to symbolic violence and accompany feelings of inadequacy and worthlessness (Çeğin and Özpolat, 2016). It is stated in the concept of habitus that symbolic violence has a central function (Wiegmann, 2017). For this, institutional strategies for actions between professionals and service providers are based on the symbolic power or symbolic violence of professionals. However, a nurse has a humanist understanding built from the historical development of her profession (Frederiksen, 2019). For this reason, the nurse professional habitus includes the skills and competencies necessary to cope with daily nursing practices as well as adopting professional identity and goals. These abilities and competences are things like nursing values, empathy, interest in patient needs, holism, care (Malak Akgün, 2019). For this, further studies are needed to clarify whether it is the cause of whether to gain professional habitus to symbolic violence. In this context, the determination of health institution strategies based on the symbolic power or symbolic violence of professionals, which is not empathic and far from a humanist understanding, can be an important strategy in preventing symbolic violence.

Comparing the injector in the hand of a nurse to the gun and writing the note "I shoot" under the photo is a metaphor for violence in the "disease is war" metaphor. Military metaphors place unnecessary emphasis on their physical and biological aspects, pushing the psychological, spiritual and social dimensions of illness and recovery into the background. This imbalance can cause patients to

silence their voices about subjective illness experiences. For this reason, military metaphors can be perceived as symbolic violence as a metaphor of violence. Because patients cannot talk about their own experiences, they may think that their needs are ignored, they do not care, and the unfulfilled needs may cause the patient to feel worthless and the nurse to continue his power in the field and highlight their own needs (Nie et al., 2016; Shapiro, 2018; De Gagne et al., 2019). All these experiences take place in the center of care that is incompatible with the philosophy of nursing and turns into an understanding that is far from the "patient receives care from a holistic perspective" understanding (Goodman, 2014; Bergtun et al., 2019). The tendencies that a nurse should have in a professional habitus are not functional. Therefore, Nie et al. (2016) suggests the journey metaphor. This metaphor emphasizes the personal development dimensions and humanization of recovery, which places the patient at the center in the interaction of patient health personnel.

It should not be forgotten that violence makes both the practitioner (Shapiro, 2018; De Gagne et al., 2019) and the victim worthless (Lukić and Lotherington, 2019; De Gagne et al., 2019). In this process, it is inevitable that nurses feel worthless. The fact that nurses perceive themselves and patients as worthless brings the insensitivity experienced as a result of burnout (Maslach et al., 2001). In this context, we find the finding of not showing emotional labor due to desensitization. It has been reported in the literature that there is a relationship between burnout and emotional labor (Lee and Ji, 2018; Kim, 2020; Back et al., 2020). Since emotional labor cannot be exhibited as a result of failure to win a professional habitus, the individual is not evaluated from a holistic perspective. The work done and the individual can be perceived as a mechanical operation, not as a human. Emotional labor is not exhibited in this field where the feelings of the nurses are not to be included and the individual does not care about the emotional needs of the individual. As a result of not being able to earn a professional habitus, it may continue in burnout due to the lack of emotional labor, insensitivity as a result of burnout and therefore not exhibiting emotional labor. As a result of all this, symbolic violence, which is

unprofessional and contrary to ethical principles, may be experienced. Because the unmet emotional and psychological needs of the individual are considered as symbolic violence (Shapiro, 2018). As a result, making emotional labor visible and valuable ensures that it does not ignore and exploit the emotional needs of staff and patients (Lee and Ji, 2018; Kim, 2020; Back et al., 2020).

If a nurse tells the child patient that the injection will hurt as much as a fly bite, it will cause patient distrust and despair, as well as (Saunders, 2017) burnout in the nurse (Maslach et al., 2001). The use of phrases such as "I am a spirit thief" or "a tiny picture of those who die," using language and interactions that are insensitive and confrontational, harsh and intimidating, may be nurses' coping strategy that minimizes, sterilizes, or does not accept or trivialize the pain caused by patients (Shapiro, 2018).

These cases generally occurred in units where it is difficult to control whether professional and legal rules such as operating room, emergency room, intensive care are applied. It is difficult to control the symbolic interaction, the compliance of professional and legal rules, which are formed by the lack of professional habitus and subsequent control of doctrines produced with personal characteristics and values, away from professionalism in the clinic. In this context, official sanctions could be applied in these cases after reactions occurred in social media and newspapers. Institution administrators are unaware of this symbolic interaction and symbolic violence. Considering the form of symbolic violence, social media sanctions and then official sanctions can take place (Marnocha et al., 2015). Because, even if most of the violations in social media are accidental, they may have consequences such as job loss, civil and criminal penalties (Demiray et al., 2019; De Gagne et al., 2019). For this reason, it is the originality of the research whether the use of social media is among the causes of symbolic violence against patients or whether symbolic violence is only a symbolic value. Cuijpers and Brown (2016) evaluated newspaper news with qualitative analysis and found that the news in the media that included aggression representations of ambulance personnel included stigma, systemic and symbolic violence.

Similar to this study, social media positively affected the termination of violence content in these cases. According to the findings of the study, it is understood that due to the inability to acquire a professional habitus, the nurses' professional auto-controls did not occur and as a result of social media and official sanctions, they could reflect their professional and ethical values on their behavior. Therefore, there are two methods as a strategy to prevent symbolic violence. These methods are gaining professional habitus to people, making the controls carefully in this process, and applying official sanctions when necessary.

Patients in these units are bed-dependent or unconscious and unable to defend themselves. This causes them to be a risk group for experiencing symbolic violence. Because symbolic violence is based on the accountability of patients from their own health and lives (Frederiksen, 2019). Although patients are victims of clinical violence, they may tend to allow or continue this violence because of their persistent belief in healthcare staff's ability to eliminate pain and delay death. Therefore, patients and families can tolerate unintentional acts of violence in order to eliminate pain and protect life (Shapiro, 2018). So, after discussing the causes of symbolic violence in these cases and the strategy to prevent symbolic violence, we can examine the forms of symbolic violence. When we look at the symbolic forms of violence in these cases, it is understood that patient safety is not ensured and therefore nursing roles and responsibilities are not fulfilled and ethical principles are violated. Symbolic violence covers moral violence (Bourdieu, 1991, 2001; Paula et al., 2017) and is therefore an ethical problem (Malpass et al., 2016). This theme is related to the role of the nurse in advocacy, nursing values, empathy and sympathy concepts (Malak Akgün, 2019). However, according to ethical rules, the nurse should act with compassion and respect, knowing the innate dignity, worthiness and uniqueness of each of individual (Nursing and Midwifery Board of Australia, 2008; American Nurses Association, 2015; Nursing and Midwifery Council, 2015). These findings, which are consistent with previous studies, are worrisome considering the ethical and professional standards adopted by the nursing profession. Nurses and nursing students made statements or attitudes on

social media that caused patients to lose their reputation and dignity, used expressions that disdain, humiliate, or intimidate another person, or used abusive names to humiliate others, made statements representing destructive actions or power, or shared photos, colleagues and made rude comments on patients (Marnocha et al., 2015; De Gagne et al., 2016, 2018, 2019).

Conclusion

This study is an important step in reviewing and identifying non-civilian interactions of nurses and nursing students on social media, making symbolic violence visible and raising awareness. Our findings show that nurses and nursing students need guidance and opportunities to practice professional behavior online. It is possible for nurses to benefit from the opportunities of social media without fear of harming their professions, colleagues, patients and the institution they serve, by preparing more detailed research about the use of social media and by preparing guides to enable nurses to use social media more effectively and consciously. Nurses should be provided with continuous training on the use of social media for both personal and professional development. These guides should be included in the nursing education curricula to ensure that students understand that they will be held responsible for their online behavior. Nurse educators should provide students with a basic definition of cyber mobility and ensure that they meet the highest standards of professionalism and understand that they will be held responsible for violations (Demiray et al., 2019; De Gagne et al., 2019). However, while discussing this strategy, the use of social media makes symbolic violence that is difficult to spot visible and enables us to understand its causes.

Through identification of the patient-related outcomes, the nurse managers could have an insight into all these existing consequences causing the occurrence of symbolic violence. Through this insight, they have understood the forms and causes of symbolic violence applied to the patients by nurses. The social context of the reasons for not providing patient safety have been understood. Interventions aimed at counteracting symbolic violence are the key to improving job satisfaction in nurses and the quality of care. Interventions and

policy changes that promote diverse ways of working may improve work life balance. Managers are called upon to modify their management style and to provide support to nurses who practice symbolic violence in order to alleviate their stress, which is an antecedent of missed nursing care. Hospital management should consider the phenomenon as an indicator of the quality of nursing care as well as establish the routine monitoring of the phenomena in the assessment of patient safety in health-care facilities.

Funding: The author has not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

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