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**WORKPLACE BULLYING IN THE
NEW ZEALAND NURSING PROFESSION:
THE CASE FOR A TAILORED APPROACH
TO INTERVENTION**

A thesis presented in partial fulfilment of the requirements for the

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ABSTRACT

This thesis explores intervention in the workplace bullying experiences of New Zealand hospital nurses. Workplace bullying is a recognised problem internationally, and nursing is a high risk profession for such ill-treatment. With existing studies mapping the workplace bullying terrain, the research field is now moving towards how best to manage the problem. Recent research has identified numerous barriers to effective intervention and, as a result, existing studies recognise the need for a different approach that considers the impact of the work environment on intervention efficacy.

The aim of this study is to understand how the work environment influences intervention in workplace bullying. Specifically, the research was guided by two questions: i) how do targets of workplace bullying in the New Zealand nursing profession represent their intervention experiences? and ii) how do work environment factors impact on the intervention experiences of targets of workplace bullying in the New Zealand nursing profession?

The findings of this research are informed by 34 semi-structured interviews with targets of workplace bullying and three focus groups with organisational representatives responsible for bullying intervention. Thematic analysis of the interviews resulted in the development of an holistic intervention process model portraying how targets represent their intervention experiences. Subsequent thematic analysis of the interview and focus group data identified how a number of contextual and work environment factors influence the intervention process model.

The model explains three key stages of intervention, namely identification of a bullying experience, reporting and intervention agent response, and how each of these stages influences the final outcome of an intervention experience for targets of workplace bullying. Specifically, the cyclical and iterative way in which these stages are experienced by targets is emphasised. A number of contextual and work environment factors that are barriers or facilitators in the intervention experience are explained. To explain the influence of contextual factors, five types of bullying experience are presented, each with a unique set of features that influence intervention in different ways, emphasising the heterogeneous nature of workplace bullying. Work environment factors are also identified as influencing the intervention process, providing empirical support for an extension of the work environment hypothesis to intervention in workplace bullying experiences. Tailored intervention strategies are recommended in light of the findings.

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PUBLICATIONS

Some of the ideas and versions of various chapters of this thesis have been published or presented in the following forums:

Refereed journal articles

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TABLE OF CONTENTS

ABSTRACT	i
ACKNOWLEDGEMENTS	ii
PUBLICATIONS	iii
LIST OF FIGURES	x
LIST OF TABLES	xi
CHAPTER ONE: INTRODUCTION	1
1.1 Locating the research.....	2
1.2 Research aims	6
1.3 Research design	7
1.4 Research contributions	11
1.5 Thesis structure.....	11
CHAPTER TWO: INTRODUCING WORKPLACE BULLYING	13
2.1 Defining Workplace Bullying	14
2.1.1 Behaviours	15
2.1.2 Frequency and duration.....	17
2.1.3 A single target	18
2.1.4 Power imbalance.....	18
2.1.5 Intent	19
2.1.6 A definition of workplace bullying	20
2.2 The prevalence of workplace bullying	20
2.3 The consequences of workplace bullying	21
2.4 Workplace bullying and the work environment hypothesis	23
2.4.1 Individual factors	24
2.4.2 Work environment factors	25
2.4.3 Moderators	30
2.4.4 Summarising the work environment hypothesis.....	33
2.5 The research context: The nursing profession in New Zealand	34
2.5.1 Academic and practitioner interest in workplace bullying in New Zealand	35
2.5.2 Workplace bullying research in the context of nursing	37
2.5.3 The New Zealand nursing profession.....	39
2.6 Conclusion.....	41

CHAPTER THREE: SECONDARY INTERVENTION IN WORKPLACE BULLYING	43
3.1 Managing workplace bullying	44
3.1.1 Primary intervention	45
3.1.2 Secondary intervention	47
3.1.3 Tertiary intervention	48
3.2 The intervention gap	49
3.3 Understanding and labelling workplace bullying	50
3.3.1 Negotiating definitional elements	51
3.3.2 Target labelling process	53
3.3.3 The IA labelling process	55
3.4 Target responses to workplace bullying	58
3.4.1 Coping responses	58
3.4.2 Reporting	62
3.5 Organisational responses to workplace bullying	64
3.5.1 The anti-bullying policy and intervention	65
3.5.2 Barriers to anti-bullying policy implementation	66
3.6 The aims of this current research study	69
CHAPTER FOUR: METHODOLOGY	75
4.1 Research rationale	75
4.2 Justification for the paradigm and methodology	77
4.2.1 The methodological approach	77
4.2.2 Research design	77
4.3 Organisation Recruitment	83
4.3.1 Site selection	83
4.3.2 The stakeholder group	84
4.4 Data collection and analysis	85
4.4.1 Data collection phase one	86
4.4.2 Data collection phase two	100
4.5 Ethical considerations	106
4.5.1 Ethical considerations for the interviews	106
4.5.2 Ethical considerations for the focus groups	108
4.6 Conclusion	109

CHAPTER FIVE: THE HOLISTIC BULLYING INTERVENTION PROCESS
..... 110

5.1 An overview of the experiences 110

5.2 Target information processing: The themes 115

 5.2.1 *Perception and cognition* 117

 5.2.2 *Decision to avoid*..... 124

 5.2.3 *Ability to avoid*..... 132

 5.2.4 *The feedback loop* 136

 5.2.5 *Breaking the cycle* 140

5.3 Presenting an holistic intervention process model 142

 5.3.1 *Vignette #1: Participant N30, ‘Sarah’* 145

 5.3.2 *Vignette #2: Participant N25, ‘Sami’* 146

 5.3.3 *Vignette #3: Participant N24, ‘Marnie’* 147

 5.3.4 *Summarising the application of the intervention process model* 148

CHAPTER SIX: CONTEXTUAL FACTORS INFLUENCING BULLYING INTERVENTION 149

6.1 The known bully experience 150

 6.1.1 *The key features of the known bully experience*..... 150

 6.1.2 *The impact of the known bully features on the intervention process* 153

6.2 The performance-related experience 159

 6.2.1 *The key features of the performance-related experience* 159

 6.2.2 *The impact of the performance-related features on the intervention process* 161

6.3 The conflict-related experience 169

 6.3.1 *The key features of the conflict-related experience*..... 169

 6.3.2 *The impact of the conflict-related features on the intervention process*. 171

6.4 The learning-related experience 177

 6.4.1 *The key features of the learning-related experience* 177

 6.4.2 *The impact of the learning-related features on the intervention process* 179

6.5 The role-related experience 183

 6.5.1 *The key feature of the role-related experience*..... 183

 6.5.2 *The impact of the role-related features on the intervention process* 184

6.6 Typology summary..... 187

CHAPTER SEVEN: WORK ENVIRONMENT FACTORS INFLUENCING BULLYING INTERVENTION	190
7.1 Overview of focus group responses to the typology	191
7.1.1 <i>The known bully experience</i>	191
7.1.2 <i>The performance-related experience</i>	194
7.1.3 <i>The conflict-related experience</i>	195
7.1.4 <i>The learning-related experience</i>	197
7.1.5 <i>The role-related experience</i>	199
7.1.6 <i>Summary of key intervention areas raised by focus group members</i>	201
7.2 Prerequisites to effective intervention	202
7.2.1 <i>IA willingness and ability to intervene</i>	202
7.2.2 <i>Target and perpetrator response</i>	203
7.3 Work environment factors	206
7.3.1 <i>Societal-level factors</i>	208
7.3.2 <i>Industry-level factors</i>	211
7.3.3 <i>Organisational-level factors</i>	219
7.3.4 <i>Team-level factors</i>	227
7.4 Summary of work environment factors influencing workplace bullying intervention	230
CHAPTER EIGHT: DISCUSSION	232
8.1 Secondary intervention as an holistic process	233
8.1.1 <i>Perception/ cognition as a component of the holistic intervention process</i>	235
8.1.2 <i>The decision to avoid as a component of the holistic intervention process</i>	236
8.1.3 <i>The ability to avoid as a component of the holistic intervention process</i>	238
8.1.4 <i>The holistic intervention process</i>	239
8.2 Workplace bullying as a heterogeneous phenomenon	241
8.2.1 <i>The known bully experience</i>	244
8.2.2 <i>The performance-related experience</i>	248
8.2.3 <i>The conflict-related experience</i>	252
8.2.4 <i>The learning-related experience</i>	257
8.2.5 <i>The role-related experience</i>	260

8.2.6 <i>The typology as a theoretical and practical contribution</i>	262
8.3 Extending the work environment hypothesis to workplace bullying intervention.....	264
8.3.1 <i>The nature of work</i>	269
8.3.2 <i>The structure of work</i>	271
8.3.3 <i>Culture</i>	272
8.3.4 <i>Team leadership</i>	274
8.4 Conclusion.....	275
CHAPTER NINE: CONCLUSION.....	277
9.1 Overview	278
9.2 Theoretical implications	279
9.3 Methodological contributions.....	281
9.4 Practical contributions	284
9.5 Limitations and suggestions for future research.....	286
9.6 Concluding comments	290
REFERENCES.....	292
APPENDICES	320
APPENDIX A: Participant Recruitment Advertisement.....	320
APPENDIX B: Participant Information Sheet	321
APPENDIX C: Letter of Massey Human Ethics Committee Approval.....	322

LIST OF FIGURES

Figure 1.1. Research Process Map.....	8
Figure 2.1. Mapping the Work Environment Approach to Understanding Workplace Bullying.....	26
Figure 4.1. The Original Information Processing Framework.....	79
Figure 4.2. The Ecological Systems Framework.....	83
Figure 5.1. A Process Model of Secondary Intervention in Workplace Bullying..	144
Figure 6.1. Barrier Areas in the Intervention Process Model for the Learning- Related Experience.....	188
Figure 6.2. Facilitated and Barrier Areas in the Intervention Process Model for the Known Bully Experience.....	188
Figure 7.1. Systems Model Illustrating Work Environment Factors Influencing Workplace Bullying Intervention.....	207
Figure 8.1. A Process Model of Secondary Intervention in Workplace Bullying..	234
Figure 8.2. The Similarities between Risk Factors and Factors Influencing Effective Intervention.....	268

LIST OF TABLES

Table 2.1. Bullying Behaviours as Listed in the Negative Acts Questionnaire-Revised.....	16
Table 4.1. Stakeholder Group Representative Roles.....	84
Table 4.2. Semi-structured Interview Questions Guided by the Information Processing Model and Ecological Systems Framework.....	90
Table 5.1. Target Reports to IA.....	113
Table 5.2. Intervention Action by IA.....	114
Table 5.3. Intervention Outcome.....	114
Table 7.1. Key Intervention Areas for the Known Bully Experience.....	193
Table 7.2. Key Intervention Areas for the Performance-Related Experience.....	195
Table 7.3. Key Intervention Areas for the Conflict-Related Experience.....	197
Table 7.4. Key Intervention Areas for the Learning-Related Experience.....	199
Table 7.5. Key Intervention Areas for the Role-Related Experience.....	201
Table 7.6. A Summary of the Key Intervention Areas for the Bullying Intervention Typology.....	201
Table 8.1. Practical Strategies to Encourage Effective Intervention in the Known Bully Experience.....	248
Table 8.2. Practical Strategies to Encourage Effective Intervention in the Performance-Related Experience.....	252
Table 8.3. Practical Strategies to Encourage Effective Intervention in the Conflict-Related Experience.....	256
Table 8.4. Practical Strategies to Encourage Effective Intervention in the Learning-Related Experience.....	259
Table 8.5. Practical Strategies to Encourage Effective Intervention in the Role-Related Experience.....	261

CHAPTER ONE

INTRODUCTION

Amy is a registered nurse, in the first year of her career, going about her daily routine in one of New Zealand's busy hospital wards. Behind Amy stands her manager who, to the elderly patient Amy is treating, embodies trust and reassurance, an experienced senior there to provide Amy with guidance and confidence in situations where a wrong move could potentially cost a life. But what the elderly patient doesn't know is that, for Amy, the manager evokes feelings of fear rather than confidence.

Amy's hands are sweating and shaking as she senses her manager glaring over her shoulder, fearing a repeat of yesterday's public attack for asking a question she "should have known by now" and being a "useless waste of time". As Amy attempts to steady her hand, she recalls the behaviour of her manager since she started in the ward just two months ago – the constant criticism, the jokes made at her expense in front of the team, the turned back as she walks into the lunch room.

At first, Amy could cope with it. She excused the criticism as being her manager's attempts to boost her confidence, the turned back as being busy or perhaps not noticing her there. But, as the behaviours continued, frequently and persistently, Amy's interpretation of them changed – she felt targeted, defenceless and hurt. Any remaining confidence was quickly replaced with self-doubt: "Maybe the turned back was really because she doesn't like me. Maybe I am as useless as she's making me feel".

The Director of Nursing, responsible for the nurses employed at this hospital, understands that bullying is a very real problem in their organisation but cannot understand why intervention in experiences of workplace bullying is so often ineffective.

(Continued on page 277)

1.1 Locating the research

In many of today's workplaces, bullying is a commonly discussed problem. Not only is it of increasing interest to practitioners, interest has steadily gained momentum in academic circles over the past three decades. Although the field is still relatively young, a growing body of international studies offer a good understanding of international prevalence rates (Lutgen-Sandvik, Tracy, & Alberts, 2007; Nielsen, Matthiesen, & Einarsen, 2010; Zapf, Escartín, Einarsen, Hoel, & Vartia, 2011), risk factors (Baillien, Neyens, De Witte, & De Cuyper, 2009; Hauge, Skogstad, & Einarsen, 2007; Hutchinson, Wilkes, Jackson, & Vickers, 2010; Notelaers, De Witte, & Einarsen, 2010; Salin, 2003; Skogstad, Torsheim, Einarsen, & Hauge, 2011) and the harmful consequences of workplace bullying (Bond, Tuckey, & Dollard, 2010; Jennifer, Cowie, & Ananiadou, 2003; Nielsen, Matthiesen, & Einarsen, 2005; O'Donnell, MacIntosh, & Wuest, 2010; Sheehan, McCarthy, Barker, & Henderson, 2001).

One occupational group that is particularly at risk to workplace bullying is the nursing profession (Cleary, Hunt, & Horsfall, 2010; Hogh, Hoel, & Carneiro, 2011; Vessey, Demarco, Gaffney, & Budin, 2009). Extensive research efforts in the nursing context indicate that bullying is a concern for the profession internationally (Hutchinson, Jackson, Wilkes, & Vickers, 2008; Johnson & Rea, 2009; Strandmark & Hallberg, 2007), as well as in New Zealand (Bentley et al., 2009; Foster, Mackie, & Barnett, 2004; McKenna, Smith, Poole, & Coverdale, 2003).

Workplace bullying is generally understood in the literature to be a problem of the work environment, rather than a dyadic problem that exists between two individuals. Therefore, rather than focusing on personal characteristics that increase an employees'

risk of becoming a target or a perpetrator¹, researchers focus predominantly on factors in the work environment, such as job design (Notelaers et al., 2010), or leadership (Hoel, Glasø, Hetland, Cooper, & Einarsen, 2010; Roscigno, Lopez, & Hodson, 2009) that create conditions that enable or encourage bullying to develop (Baillien et al., 2009).

Existing studies have provided a detailed understanding of workplace bullying and its causes, and attention has recently turned towards how to manage the problem. The prevention of workplace bullying appears to be a high priority for researchers and practitioners (Ferris, 2009; Vartia & Leka, 2011). Attention has focused largely on work environment factors that enable bullying to proliferate, implying that mitigating these risk factors, and thus removing the source of the problem, is required in order to prevent workplace bullying. Further to this, a number of prevention initiatives have been recommended, including, for example, the development and implementation of anti-bullying policies, and training for managers and employees (Duffy, 2009; Gardner & Johnson, 2001).

Effective intervention in existing cases of workplace bullying is generally posited as an important supplement to prevention initiatives, required in order to minimise the costs of workplace bullying and send a message to employees that bullying is not tolerated. However, intervention in existing cases of bullying is often ineffective (Djurkovic, Casimir, & McCormack, 2005; Harrington, Warren, & Rayner, 2013) and comparatively less is understood about good practice in intervention than is understood about good practice in prevention. Intervention in existing cases of workplace bullying is therefore the focus of this research.

¹ The term target is used throughout this thesis to mean an employee who is or has been subjected to workplace bullying. The term perpetrator is used throughout this thesis to mean an individual who is, or who the target perceives to be, a bully.

In this current study, intervention is conceptualised as a process of stopping a workplace bullying experience. The examination of intervention in this thesis focuses largely on intervention from the target's perspective, while acknowledging the roles played by other parties to a bullying experience. This study therefore focuses on intervention at the level of the individual experience (i.e. the micro-level) with consideration being given to how systemic work environment factors influence the individual experience. Identified from the existing literature, three key areas of concern for stopping a workplace bullying experience provide the general framework upon which intervention efficacy is examined: (1) the identification and labelling of a workplace bullying experience; (2) reporting; and (3) intervention agent (IA)² willingness and ability to intervene effectively in workplace bullying experiences.

Existing studies indicate a number of potential barriers within each of the key areas of intervention which can prevent bullying experiences from being stopped (see for example, D'Cruz & Noronha, 2010; Dzurec & Bromley, 2012; Harrington et al., 2013; Woodrow & Guest, 2013). Firstly, accurate identification and labelling of workplace bullying experiences appears to be problematic. Workplace bullying is a subjectively constructed phenomenon and highly context dependent (McCarthy & Barker, 2000). Thus, behaviours that could constitute workplace bullying are often covert and subtle, and it is only with persistency and duration that a target¹ begins to experience harm (Aquino, 2000; Einarsen, Hoel, Zapf, & Cooper, 2011). Studies show that, in early stages of bullying development, targets experience confusion about what the behaviours mean (D'Cruz & Noronha, 2010) and struggle to make sense of the

² In many organisations, there are multiple people to whom targets can report an experience of workplace bullying and who, in turn, are responsible for taking intervention action. These people commonly include direct line managers, senior managers, human resource personnel, and union delegates. Intervention Agent (IA) is the term used in this thesis to describe any person responsible for organisational action to stop a workplace bullying experience.

experience (Lutgen-Sandvik, 2008). The literature also points to concerns for the accurate labelling of workplace bullying for other parties to a bullying experience (Aquino & Thau, 2009; Parzefall & Salin, 2010). While the identification and labelling of a bullying experience is likely to affect how a party responds to bullying, little is known about how the initial identification stage influences effective intervention.

Secondly, it is well documented that workplace bullying is significantly underreported (Bentley et al., 2009; Deans, 2004; Green, 2004). Although a number of alternatives to reporting are acknowledged in the literature (Ólafsson & Jóhannsdóttir, 2004; Zapf & Gross, 2001), it is also recognised that targets of bullying who rely on individual coping mechanisms are often unsuccessful at stopping the bullying, or the harm incurred from it (Fahie & Devine, 2014). Reporting and IA action is therefore required for effective intervention. However, existing studies indicate that underreporting is of concern due to, for example, unclear reporting channels (Duffy, 2009), normalisation of bullying in organisational culture (Ferris, 2004), and target fears that they will be blamed or perceived as incompetent by IAs (Hutchinson, Vickers, Jackson, & Wilkes, 2007).

The third area of concern relates to the unwillingness and/or inability of IAs to effectively intervene in workplace bullying experiences. For example, Harrington and colleagues (2013) found that IAs legitimise bullying by managers, justifying bullying behaviours as being normalised in a high pressure work environment or excuse behaviours as being a lack of managerial skills. Further, Woodrow and Guest (2013) found that IAs are discouraged from acting on complaints of bullying due to organisational culture, and Harrington et al. (2012) found evidence to indicate that IAs see their role as supporting the organisation, rather than being an employee advocate.

Studies exist that highlight the poor efficacy of bullying and harassment policies as tools to support intervention (Cowan, 2011; Ferris, 2009; Rayner, Hoel, & Cooper, 2002; Salin, 2008; Woodrow & Guest, 2013), suggesting that other factors are likely to be affecting policy efficacy and, in turn, intervention efficacy. With this, researchers are suggesting the need for a different approach to intervention that considers the impact of work environment factors (Salin, 2008; Woodrow & Guest, 2013).

1.2 Research aims

With the workplace bullying field moving towards how best to manage the problem, there is growing acknowledgment of the need to further our understanding of the dynamics of workplace bullying intervention and the factors influencing intervention efficacy. The prevailing approach to examining workplace bullying has been through the lens of the work environment hypothesis. However, little is currently known about how factors in the work environment influence intervention in workplace bullying. The primary aim of this study is, therefore, to develop understanding of workplace bullying intervention and the work environment factors that influence intervention efficacy. In order to address this key aim, two research questions were devised.

Firstly, in order to examine the efficacy of intervention, intervention must be considered as an event or process that results in an outcome. Studies examining intervention in workplace bullying experiences generally focus on one aspect of intervention (for example, bullying identification, coping responses, or IA intervention). This research posits that a more comprehensive understanding of how targets experience bullying intervention and why cases go unresolved can be gained by exploring intervention as an holistic process that comprises the areas of concern

identified in the literature. With the aim of understanding intervention as an holistic process, the first research question that this study aims to address is:

Research Question One: How do targets of workplace bullying in the New Zealand nursing profession represent their intervention experiences?

In order to better understand the efficacy of intervention and progress understanding towards how to better manage the problem of workplace bullying, researchers have recognised a need to develop understanding around how work environment factors influence intervention (Salin & Hoel, 2011; Woodrow & Guest, 2013). Therefore, this study aims to answer these calls and provide insight into how work environment factors influence workplace bullying intervention. Accordingly, the second research question that this study aims to address is:

Research Question Two: How do work environment factors impact on the intervention experiences of targets of workplace bullying in the New Zealand nursing profession?

1.3 Research design

Figure 1.1 provides a map of this thesis, showing the research process and the different research stages. The New Zealand nursing profession was chosen as the context for this study because workplace bullying is prevalent in the nursing profession internationally (Mikkelsen & Einarsen, 2001; Quine, 2001; Zapf et al., 2011), and the first nationwide study of workplace bullying found it to be a significant concern in the New Zealand healthcare profession (Bentley et al., 2009). Following a full review of the existing literature, a stakeholder group consisting of

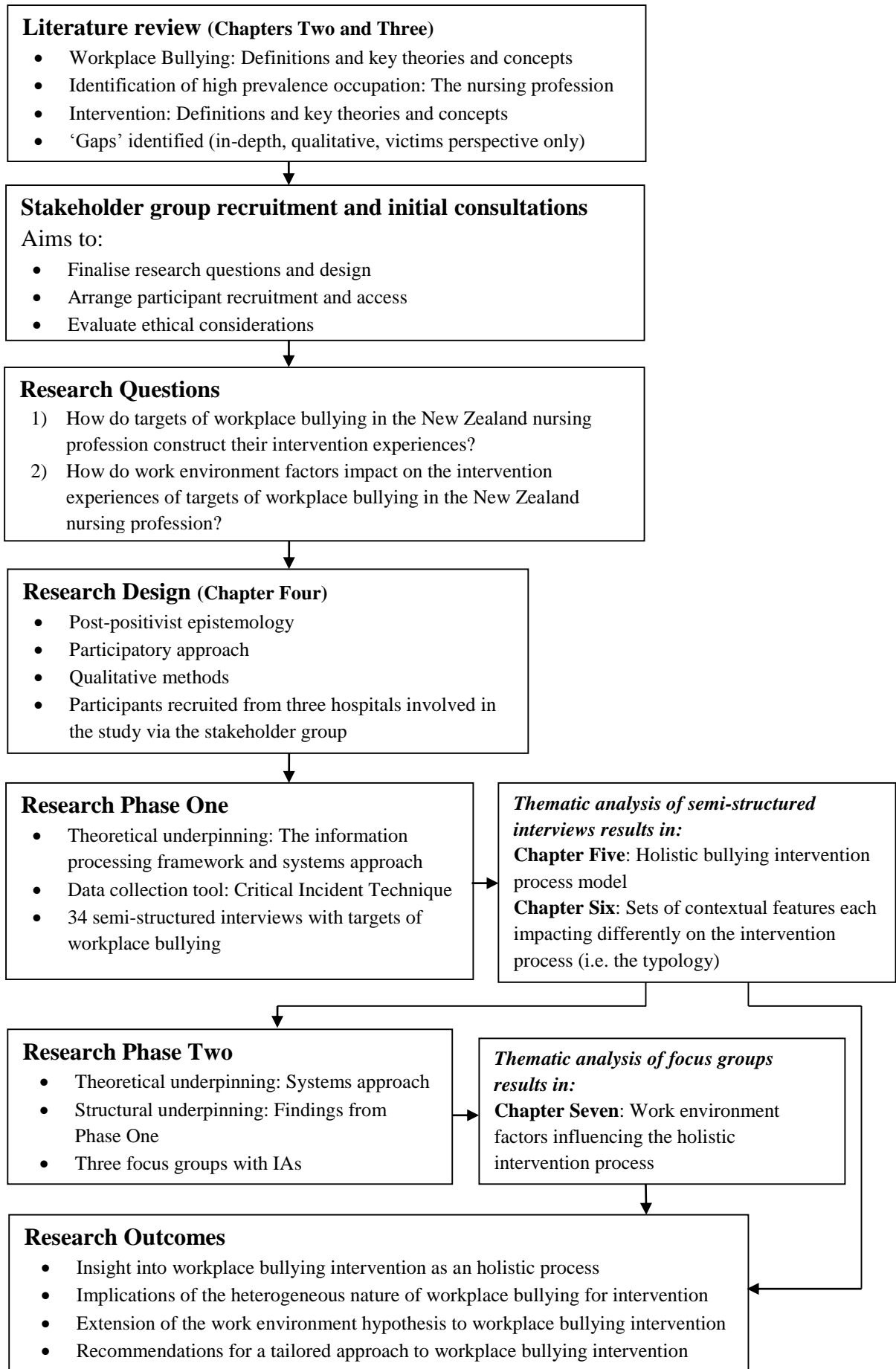


Figure 1.1. Research Process Map

nurse managers, union and government representatives, was recruited and remained involved throughout the study. Through consultations with the stakeholder group, the research questions and design was finalised. The stakeholder group assisted with access to participants and provided expertise around occupation-specific ethical considerations.

So as to obtain a rich and comprehensive understanding of the intervention process for targets and factors shaping this process, a qualitative approach was taken to data collection and analysis. The research was conducted in two phases. The first phase consisted of 34 semi-structured interviews with targets of workplace bullying and the second phase consisted of three focus groups, with a total of 21 IAs responsible for workplace bullying intervention.

In order to address the first research question, and develop insight into workplace bullying intervention as an holistic process, an information processing model was used as the theoretical underpinning for the study. The information processing model has been used previously by other researchers exploring hazards in the workplace (Bentley, 2009; Bentley & Page, 2008; Ramsey, 1985). This framework was chosen based on its ability to capture the areas of concern relating to intervention in workplace bullying that are identified in the literature, and because it recognises intervention as a process that leads to an intervention outcome. The structure of semi-structured interviews and transcript analysis was guided by the information processing framework and by the principles of Critical Incident Technique (CIT) and Sequential Incident Technique (SIT), which enabled data to be gathered that related to the perceived efficacy of events within intervention experiences (Flanagan, 1954; Stauss & Weinlich, 1997). Thematic analysis of the semi-structured interview data generated findings that explained how targets of workplace bullying represent their intervention

experiences and enabled the development of an intervention process model to better understand intervention in workplace bullying as an holistic process.

In order to address the second research question, a systems approach was taken to exploring how work environment factors influenced the holistic intervention process that was developed in this previous phase of this study. The systems approach reflects the existing understanding of workplace bullying as a multi-factorial workplace problem, rather than a dyadic issue that exists and should be managed, solely between the target and the perpetrator. The systems framework aligns with the prevailing approach to exploring workplace bullying as a problem of the work environment, whereby factors in a work environment system interact to create conditions for workplace bullying proliferation. The systems approach underpinned the data collection and analysis for both the semi-structured interviews and focus groups, with the aim of contributing to our current understanding of how work environment factors influence intervention in workplace bullying.

Thematic analysis of the semi-structured interviews and focus groups identified numerous contextual and work environment factors that influenced intervention. Firstly, the semi-structured interview analysis found that targets' intervention experiences were influenced predominantly by a unique set of contextual features common to the type of bullying experience. Accordingly, contextual factors influencing the intervention process from the targets' perspective are presented and explained in the form of a typology. Analysis of the focus group data generated findings that explained how systemic work environment factors influence effective intervention in workplace bullying from the organisations' perspective.

1.4 Research contributions

This thesis contributes to existing knowledge of intervention in experiences of workplace bullying. The research proffers an holistic understanding of workplace bullying intervention in such a way that enables insight into how targets make sense of the initial identification and labelling stage of a bullying experience, make decisions regarding reporting and how they are influenced by organisation (i.e. IA) responses to the experience. The process model developed enables understanding of how decisions that are made at multiple stages of the intervention experience influence the outcome, and subsequent efficacy, of workplace bullying intervention.

The research also offers unique insight into how contextual and work environment factors influence the decisions made throughout the intervention process. The research identifies barriers in the intervention process from the perspective of targets and IAs responsible for intervention, and explains how contextual and work environment factors create these barriers. The typology highlights the heterogeneous nature of workplace bullying and its implications for intervention. Finally, the discussion offers a tailored approach to intervention in light of the findings that addresses the calls of workplace bullying researchers to consider the work environment in the development of a different approach to intervention.

1.5 Thesis structure

This thesis is organised as follows (also, see Figure 1.1). Chapters Two and Three provide a review of existing literature on workplace bullying and intervention in bullying experiences. Specifically, Chapter Two introduces the problem of workplace bullying, discusses definitional elements, and details the work environment hypothesis as the prevailing approach to understanding workplace bullying. The chapter

concludes with an overview of the research context: the New Zealand nursing profession. Chapter Three introduces existing research on the management of workplace bullying. The chapter highlights the gaps in the literature around intervention and outlines where this study aims to contribute. Chapter Four details the research design and methods chosen to address the research questions. The chapter provides further details of the information processing framework used to structure data collection and analysis to explore intervention as an holistic process, and the systems framework to structure data collection and analysis of the contextual and work environment factors that influence the intervention process.

Chapter Five presents the findings that resulted from the thematic analysis of target interviews. The themes presented explain how the intervention process is experienced by targets. Factors that influenced the intervention process from the targets' perspectives are presented in Chapter Six in the form of a typology. Guided by the intervention process presented in the previous chapter, Chapter Six introduces five types of bullying and explains how contextual factors associated with each type influence the intervention process in different ways. Chapter Seven concludes the findings chapters by presenting the results generated from the focus group sessions with IAs exploring how work environment factors influence intervention in workplace bullying experienced by nurses.

Chapter Eight discusses the findings in light of the previous literature and key research studies. The discussion details how the research has addressed the gaps in the literature around intervention in workplace bullying and the contributions that this study makes to theory and practice. Chapter Nine concludes this thesis by presenting an overview of the contributions, acknowledging the limitations of the research and recognising future research directions.

CHAPTER TWO

INTRODUCING WORKPLACE BULLYING

“Although the marks cannot be seen in the way we find lacerations on the flesh from a beating, this does not lessen its seriousness”
(Crawford, 1999, p. 88).

Over the last three decades, academic interest in workplace bullying has grown rapidly and how best to manage and overcome bullying is currently a topic of high priority to many organisations internationally. Researchers have found evidence to suggest that the majority of employees will experience workplace bullying at some stage during their working career (Einarsen et al., 2011), and argue that the costs to individuals and the organisations in which they work can be crippling (Einarsen, 2000; Rayner & Keashly, 2005).

Interest in workplace bullying originated in the psychology field (Einarsen et al., 2011), with only more recently scholars adopting a sociological and psychosocial approach to its study (Fevre, Robinson, Jones, & Lewis, 2010; Hodson, Roscigno, & Lopez, 2006). As a result, workplace bullying research is dominated by positivist perspectives and quantitative methods of research. The focus to date has been on defining workplace bullying, mapping its prevalence and consequences in numerous geographical and industry contexts, and identifying antecedents that enable or encourage the proliferation of workplace bullying. Although the field is still largely undertheorised (Parzefall & Salin, 2010), the work environment hypothesis is the dominant approach to exploring the nature and causes of workplace bullying (Baillien et al., 2009; Bowling & Beehr, 2006; Hoel & Salin, 2003; Salin, 2003).

This chapter begins by defining workplace bullying and introducing existing studies that examine the prevalence and consequences of workplace bullying. Following this, the work environment hypothesis is introduced, and the risk factors and moderators of workplace bullying within a work environment framework are explored. The chapter concludes with an overview of research in New Zealand into workplace bullying and introduces the New Zealand nursing profession as the context of this study.

2.1 Defining Workplace Bullying

Workplace bullying is a relatively new field of study and public concern. Although American psychiatrist, Carroll Brodsky, had recognised and thoroughly described the phenomenon of workplace bullying in his book entitled *The Harassed Worker* (1976), the work received very little recognition and failed to provoke interest in the phenomenon in the Western world (Einarsen et al., 2011). Scholarly interest therefore originated in Scandinavia in the 1980s, pioneered by Heinz Leymann with his conception of the term ‘mobbing’. A family therapist throughout the 1970s, Leymann was predominantly inspired by his experience with family conflicts and also by research that focused on schoolyard bullying (Einarsen et al., 2011). After publishing the book *Mobbing: Psychological Violence at Work* (1986), interest was realised throughout Scandinavia and academic research in the area became more popular (Einarsen et al., 2011). However, maybe due to very few publications being available in English, it wasn’t until the late 1990s that the workplace bullying phenomenon became of interest to researchers internationally.

In the last three decades, research into workplace bullying has grown increasingly popular and a large number of studies now map the field of workplace bullying.

However, there is still some contention around what exactly workplace bullying is, which is reflected in the lack of consistent definition in the literature. Indeed, some scholars instead elect to study workplace bullying as a component of ill-treatment, recognising the significant overlap that exists between concepts such as aggression and hostility (Fevre, Lewis, Robinson, & Jones, 2012). However, for the purpose of this thesis, workplace bullying will be considered as an independent concept that is defined by characteristics identified in the literature. Further to the behaviours themselves, bullying is characterised by frequency and duration, being directed at a single target, an imbalance of power between the target and perpetrator and, in some instances, perpetrator intent. The following sections discuss each of these elements in turn.

2.1.1 Behaviours

Although bullying behaviours come in many forms, they are predominately psychological rather than physical in nature (Einarsen et al., 2011). Bullying behaviours are often classified as person-related, work-related, or physically intimidating. Person-related bullying includes behaviours such as threats, rejects, verbal attacks, and ridicule. Work-related behaviours include, for example, not being given work, or being given meaningless work, undue pressure, preventing access to resources or isolation. This distinction between work-related and person-related behaviours has been recognised by a range of scholars (Einarsen, 1999; Einarsen, Hoel, & Notelaers, 2009). Physically intimidating behaviours include threats of or actual physical attacks, such as finger-pointing and blocking space in a corridor.

The most popular tool utilised to measure the prevalence of workplace bullying is the Negative Acts Questionnaire-Revised (NAQ-R). The scale consists of a list of direct and indirect behaviours (see Table 2.1) and requires the respondents to

identify how often they have been subjected to these behaviours in the last six months. The NAQ-R relies on targets' accounts of psychological negative behaviour and deliberately avoids specific referral to 'bullying' so as to limit the cognitive and emotional processing required by the respondent with the aim of achieving a more objective estimate of prevalence (Einarsen et al., 2009; Notelaers et al., 2006). The behaviours in the NAQ-R are currently the most comprehensive list of bullying behaviours available.

Table 2.1.

Bullying Behaviours as Listed in the Negative Acts Questionnaire-Revised

Work-related bullying	<ul style="list-style-type: none"> • Someone withholding information which affects your performance • Being ordered to do work below your level of competence • Have your opinions ignored • Being given tasks with unreasonable deadlines • Excessive monitoring of your work • Pressure not to claim something to which by right you are entitled • Being exposed to an unmanageable workload
Person-related bullying	<ul style="list-style-type: none"> • Being humiliated or ridiculed in connection with your work • Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks • Spreading of gossip and rumours about you • Being ignored or excluded • Having insulting or offensive remarks made about your person, attitudes or your private life • Hints or signals from others that you should quit your job • Repeated reminders of your errors or mistakes • Being ignored or facing a hostile reaction when you approach • Persistent criticism of your errors or mistakes • Practical jokes carried out by people you don't get along with • Having allegations made against you • Being the subject of excessive teasing and sarcasm • Being shouted at or being the target of spontaneous anger
Physically intimidating bullying	<ul style="list-style-type: none"> • Intimidating behaviours such as finger-pointing, invasion of personal space, shoving, blocking your way • Threats of violence or physical abuse or actual abuse

Source: Einarsen et al., 2009, p. 32

2.1.2 Frequency and duration

The frequency and duration of negative behaviours is a key variable which distinguishes the bullying phenomenon from other hostile behaviours in the workplace. Leymann (1996) states that “the distinction between conflict and mobbing does not focus on what is done or how it is done, but on the frequency and duration of what is done” (p. 168). Many bullying behaviours are covert and subtle, sometimes so much so that a party to a bullying experience could perceive behaviour to be trivial or normal when considered in isolation. However, targets’ interpretation of the behaviour changes with frequency and persistency of exposure, and the context changes to be one of stigmatizing the individual (Leymann, 1996). An empirical study by Notelaers, Einarsen, De Witte and Vermunt (2006) reported that the more frequent the bullying behaviours, the higher the level of strain felt by the target. This supports Einarsen and colleagues’ (2011) claim that bullying is a severe form of social stress but can only be characterised in such a way if acts occur frequently. Although Leymann (1990) refers to frequency as ‘almost every day’, frequency is more commonly defined as ‘at least once a week’ (Hoel, Cooper, & Faragher, 2001; Leymann, 1996; Zapf, Einarsen, Hoel, & Vartia, 2003).

It is also widely recognised that the duration of negative behaviours is a crucial component of the definition of workplace bullying. Einarsen and Skogstad (1996) found, in a study of 7986 Norwegian employees, that the average duration of workplace bullying episodes was 18 months. Several other studies have also reported bullying episodes with duration in excess of 12 months (Zapf, 1999). Leymann (1996) was the first of many scholars to utilize the time period of six months, acknowledging that it is this duration over which exposure to bullying is likely to induce to psychological and psychosomatic illnesses. This has become the most

commonly utilised measure of duration based on the premise that a duration of six months allows scholars to distinguish between social stress in the workplace and exposure to workplace bullying (Einarsen et al., 2011).

2.1.3 A single target

In order for an experience to be labelled workplace bullying, researchers agree that a perpetrator's behaviours must be directed towards a single target. While the term 'bully' has been used liberally to characterise the aggressive behaviour or destructive leadership that could be exhibited towards multiple targets (Hoel et al., 2010), scholars accept that bullying is targeted towards one individual (Einarsen et al., 2011). Targeted bullying diminishes the subjected individual's personal coping strategies, including the loss of social support and control over the situation, forcing the individual into a position where they are unable to defend themselves (Zapf & Einarsen, 2005). Although the behaviours must be targeted for an experience to constitute workplace bullying, not all experiences of bullying feature a single perpetrator. In bullying cases which feature a group of perpetrators all exhibiting bullying behaviours (referred to as a 'clique'), the perpetrators within the group prosper from 'power in numbers', allowing the bullying to easily be concealed, obscured and hidden from the organisation and protecting the perpetrators from taking responsibility for the outcome of their behaviours (Hutchinson, Vickers, Jackson, & Wilkes, 2006a).

2.1.4 Power imbalance

Imbalance of power is a component included in many definitions of workplace bullying. It is generally agreed that a target is either formally in, or is informally reduced to, a position of lesser power than the perpetrator. Although a target's perception may be that they have equal power at the beginning of a bullying

experience, exposure to bullying behaviours frequently over a period of time diminishes a target's ability to cope, and to retaliate or defend themselves (Einarsen et al., 2009). With this, a target becomes powerless, thus increasing the imbalance of power between them and the perpetrator (Einarsen et al., 2009; Leymann, 1996).

2.1.5 Intent

Researchers have argued that all negative behaviours that constitute bullying are based on the underpinning dynamic of intent (Leymann, 1990). In other words, the perpetrator of the bullying has a desire to manipulate the psychological, or in some cases physical, status of the target (Leymann, 1996). However, perpetrators are often reluctant to admit intent (Rayner, Hoel & Cooper, 2002) and, therefore, intent is difficult to gauge by researchers attempting to obtain objective estimates of prevalence (Einarsen et al., 2003; Spector & Fox, 2005). The general stance amongst researchers is to exclude intent from definitions of workplace bullying as it is almost impossible to verify (Einarsen et al., 2003).

Workplace bullying is subjectively constructed and highly context dependent, and it has therefore been suggested that definitions of workplace bullying should focus on the subjective perceptions of the behaviour according to the target (Neidl, 1996). Einarsen et al. (2009) recognise that it is the subjective perceptions of hostile behaviours that induce psychological and psychosomatic health problems, and argues that subjective perceptions of intent are most important in determining whether an experience constitutes workplace bullying. However, because workplace bullying definitions generally do not include intent, it is omitted from the definition used in this research.

2.1.6 A definition of workplace bullying

The issue of intent aside, the inclusion of the other elements that comprise definitions of bullying appear to be concurrent throughout bullying literature. There appears to be a consensus that bullying is predominately psychological negative behaviour that, with frequent and persistent exposure towards a single target, can result in harmful individual and organisational consequences. Einarsen and colleagues (2011) provide a comprehensive definition for workplace bullying:

Bullying at work means harassing, offending, or socially excluding someone or negatively affecting someone's work. In order for the label bullying to be applied to a particular activity, interaction, or process, the bullying behaviour has to occur repeatedly and regularly in the course of which the person confronted ends up in an inferior position and becomes the target of systematic negative social acts. A conflict cannot be called bullying if the incident is an isolated event or if two parties of approximately equal strength are in conflict. (p. 22)

For the purpose of this research, a lay definition was presented to participants that captures each of the elements recognised in the literature. This definition was “numerous negative behaviours towards a single target that makes the target feel powerless and causes personal harm”.

2.2 The prevalence of workplace bullying

Organisations depend on accurate estimates of bullying prevalence in order to assess the amount of time and resources required to handle the problem (Nielsen et al., 2010). The most commonly utilised tool to measure workplace bullying is the NAQ-

R (see Table 2.1), while self-labelling methods (Out, 2006) are also used by researchers to estimate the prevalence of workplace bullying.

Previous research suggests that workplace bullying is prevalent in many organisations internationally (Lutgen-Sandvik et al., 2007; Nielsen et al., 2010; Zapf et al., 2011). According to Einarsen and colleagues (2011), the majority of employees will be exposed to workplace bullying, either as witnesses or as targets themselves, at some stage during their working life. Internationally, the prevalence of workplace bullying typically varies between 11% and 18% (Nielsen et al., 2010). The prevalence of bullying in New Zealand is likely to lie at the higher end of this spectrum (Bentley et al., 2009; Proctor-Thomson, Donnelly, & Plimmer, 2011).

Although colleague-to-colleague bullying may be the predominant concern of most organisations, it has previously been identified that supervisor-to-subordinate, subordinate-to-supervisor, and client-to-worker bullying is present in many organisational settings. Einarsen et al. (1994) found that 40% of targets reported their supervisors as the perpetrators of bullying behaviour, while 50% had been subjected to bullying from their colleagues. Bentley et al. (2009) found client-to-worker bullying in the New Zealand hospitality, education and healthcare sectors. The researchers found that waitresses were at risk of being bullied by customers, and that academic staff were at risk of being bullied by students. Healthcare workers were at risk of bullying from patients and relatives.

2.3 The consequences of workplace bullying

Workplace bullying is said to be more harmful than all other forms of work-related stress combined (Einarsen et al., 2011). Numerous reports of anxiety and depression, post-traumatic stress disorder, musculo-skeletal disorders, and even suicide have

been reported in the literature (Björkqvist, Österman, & Hjelt-Bäck, 1994; Einarsen & Skogstad, 1996; Leymann, 1990; Neidl, 1996; Nielsen et al., 2005; Saastamoinen, Laaksonen, Leino-Arjas, & Lahelma, 2009). In an empirical study by Mikkelsen and Einarsen (2002), 27% of the difference in psychological health complaints was found to be due to exposure to workplace bullying. Other studies have also argued that bullying is a severe social stressor at work (Agervold & Mikkelsen, 2004; Hauge et al., 2007) and a common cause of post-traumatic stress syndrome (Bond et al., 2010; Leymann & Gustafsson, 1996; Nielsen et al., 2005).

The consequences of workplace bullying are not only limited to the direct target. Lutgen-Sandvik, Tracy, and Alberts (2007) suggest that workplace bullying has rippling effects, influencing everyone in the workgroup negatively. Their study found that witnesses to bullying experienced higher negativity than those employees who were not exposed to bullying behaviours in their place of work. Job satisfaction was higher for non-exposed employees than for employees who had been exposed to bullying as witnesses, and employees exposed to bullying reported higher levels of stress. Jennifer, Cowie and Ananiadou (2003) found that witnesses to bullying exhibited higher levels of role ambiguity and more work-related conflicts. A recent study by Jenkins and colleagues (2011) found that accused bullies can also suffer from negative psychological health outcomes such as depression, anxiety and post-traumatic stress.

The individual costs of workplace bullying, in turn, cost the organisations in which workplace bullying exists. Low morale, job commitment, and job satisfaction resulting from exposure to workplace bullying has been linked to lower productivity levels and to increased absenteeism, sick leave, and staff turnover (Einarsen, 2000; Einarsen & Raknes, 1997; O'Donnell et al., 2010; Rayner & Keashly, 2005; Tepper,

2000). It is estimated that 25% of targets (Rayner & Keashly, 2005), and approximately 20% of witnesses (Rayner, 2000), in the United Kingdom leave their jobs as a result of workplace bullying. Workplace bullying also costs organisations in displaced time and effort in dealing with complaints, and legal expenses should a complaint be escalated to the court system (Caponecchia, Sun, & Wyatt, 2012). One study estimated that workplace bullying could cost Australian organisations up to AUD\$13 billion per annum (Sheehan et al., 2001). However, estimates have yet to be proposed in the New Zealand context.

2.4 Workplace bullying and the work environment hypothesis

Researchers generally understand workplace bullying to be a product of the work environment as characteristics of that environment give rise to conditions resulting in bullying (Hauge et al., 2007; Salin & Hoel, 2011; Skogstad et al., 2011). This approach is termed the work environment hypothesis and was instigated by Leymann (1990, 1996) who emphasised the importance of organisational factors such as leadership, work design, and departmental morale as precursors to workplace bullying behaviours. Scholars in the field of workplace bullying have since adopted this approach, evidenced in the attention given to the role of work environment factors in bullying proliferation (Baillien et al., 2009; Bowling & Beehr, 2006; Hutchinson, Wilkes, et al., 2010; Notelaers et al., 2010; Salin, 2003; Skogstad et al., 2011; Sperry, 2009; Zapf, 1999). This section explains the key work environment factors discussed in the literature and their influence on workplace bullying. The section begins, however, by acknowledging individual factors, justifying the focus on bullying as a product and problem of the work environment, rather than an interpersonal problem that exists between the two parties involved in the experience.

2.4.1 Individual factors

A number of studies have explored personality characteristics exhibited by targets of workplace bullying such as shyness (Einarsen et al., 1994), low social skills (Zapf, 1999), neuroticism or low emotional stability (Coyne, Seigne, & Randall, 2000; Matthiesen & Einarsen, 2001), being submissive and non-controversial, and being anxious and sensitive (Coyne et al., 2000). However, although accounts of individual risk factors are relatively similar, there are documented differences in the extent to which these characteristics cause, or whether they are at all antecedents of, bullying (Zapf, 1999). Leymann (1996) acknowledged that no prior research had revealed any evidence to suggest that personality traits are significant antecedents of bullying and that, rather, a target's personality changes due to exposure to bullying. Bjorkqvist et al. (1994) also posited this view suggesting that, although being a bully is a stable personality trait, victimisation is more likely to depend on situational factors rather than personality type.

Einarsen (2000) argued that, rather than personality influencing the likelihood of becoming a target of bullying, it may be more relevant to investigate the impact that personality type has on the perceptions of and reactions to bullying behaviour. Einarsen acknowledged that the reactions of targets to bullying behaviours are predominantly dependent upon targets' personality traits such as intellect and temperament. A meta-analysis of 168 studies published between 1987 and 2005 indicated that, when compared with work environment risk factors, targets' individual risk factors account for little variation in whether or not they are harassed (Bowling & Beehr, 2006).

Similarly, reports of personality types in perpetrators are inconclusive. Hoel, Rayner and Cooper (1999) identified that no empirical evidence had been reported to support

claims that perpetrators are likely to possess certain personality traits. Alternatively, Frey, Hirschstein, and Guzzo (2000), suggested that, in order to be socially competent, an individual should have the ability to detect and understand another person's feeling and respond to those feelings accordingly. The findings of subsequent research complies with this view, suggesting that those who are competent in self-reflection or perspective-taking are more likely to be socially competent and therefore alter their behaviours according to the feelings of others (Matthiesen & Einarsen, 2007; Zapf et al., 2003). While studies that explore the role of individual factors in workplace bullying suggest that personality traits may have a limited influence, research into work environment factors provide significantly more conclusive findings in terms of eliciting workplace bullying.

2.4.2 Work environment factors

The work environment risk factors that contribute to the emergence and existence of workplace bullying have been the predominant focus of academics in their pursuit to locate the source of the problem. Figure 2.1 represents a consolidation of identified risk factors and the consequences of workplace bullying. The model is interactive in that bullying is considered a multi-factorial problem whereby the components depicted in the model interact with one another in the workplace bullying experience. The model identifies factors in the work context and in society, at the organisational level, and at the task level, which interact to create an environment conducive to workplace bullying³. The model also shows the moderators or channels through which workplace bullying develops. The components of the model are discussed in the following sections.

³ Contextual and societal risk factors, outside of the 'work environment' are included in this discussion. The term 'work environment' is used broadly throughout this thesis to connote factors at the team, organisational, industry and societal levels that impact on workplace bullying and intervention.

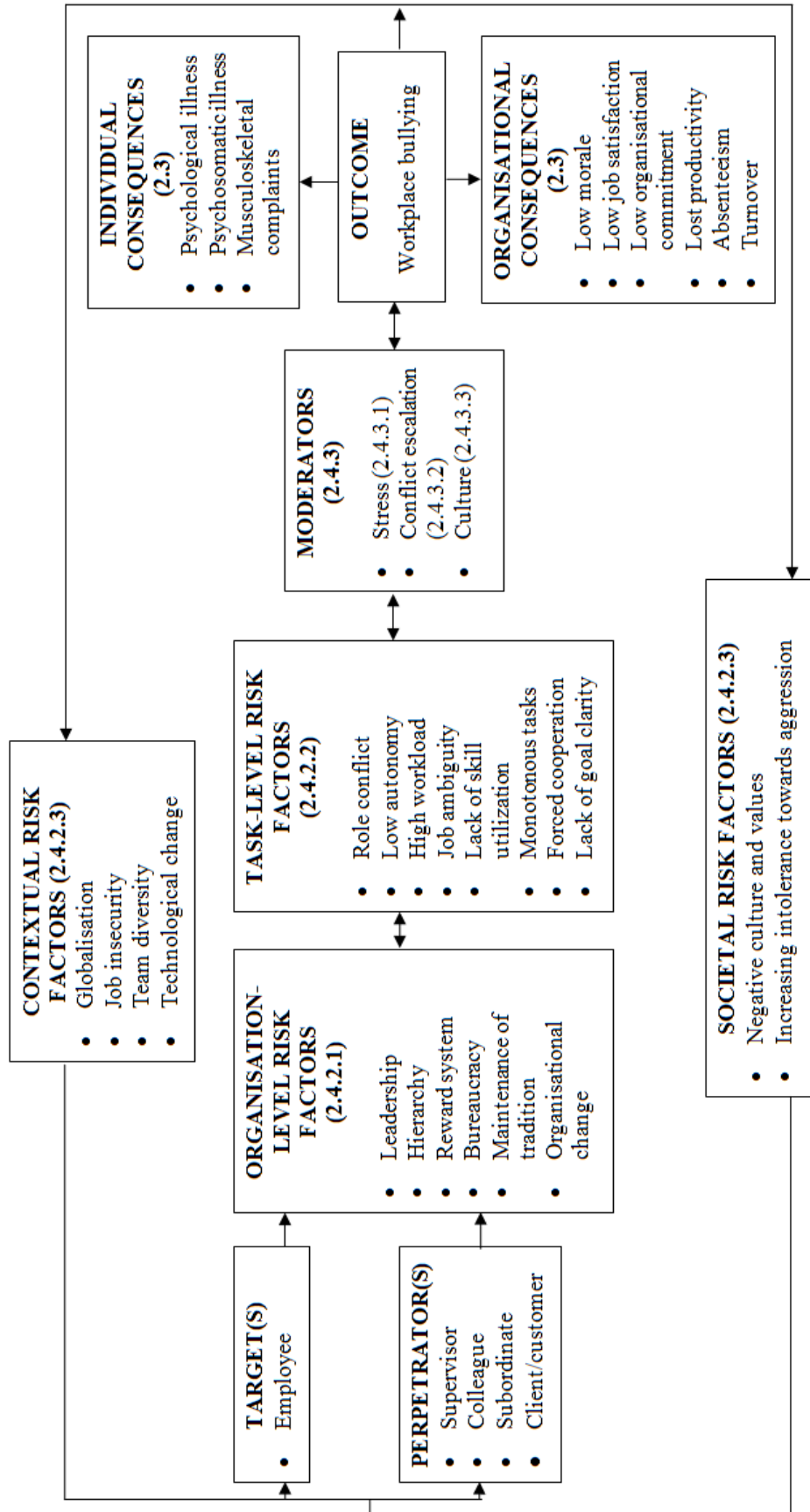


Figure 2.1. Mapping the Work Environment Approach to Understanding Workplace Bullying

(Adapted from Chappell & Di Martino, 2006, p. 123)

2.4.2.1 Organisation-level risk factors

Researchers have identified a number of factors at the organisation-level that contribute to bullying proliferation. A range of leadership styles have been identified as antecedents of workplace bullying. Destructive leadership, or abusive supervision, alludes to a situation where managers abuse the power that comes with their position. Not only can destructive leadership be demonstrated in a manner that directly constitutes workplace bullying, it can also be a significant source of employee stress which can, in turn, provoke colleague-to-colleague bullying (Hoel et al., 2010; Hogan & Hogan, 2001; Tepper, 2000). A lack of constructive leadership, often referred to as laissez-faire leadership, has also been linked to role ambiguity and role conflict, which are task-level factors that can potentially stimulate workplace bullying (Hoel et al., 2010; Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007). A recent national study in the United Kingdom found the biggest risk of unreasonable treatment was an environment where the organisation was put before the needs to employees (Fevre, Lewis, Robinson & Jones, 2011).

High internal competition and accompanying organisational reward systems are also likely to induce workplace bullying. Organisations that have a strong hierarchical structure and reward employees according to their ranking may encourage sabotage (Neuman & Baron, 1998; Salin, 2003). Organisations that are most likely to exhibit these characteristics are commonly referred to as ‘military-like’ such as the fire service, army, and prisons (Archer, 1999; Ashforth, 1994). Organisational practices in these settings often require that employees undergo regular obedience tests, have their behaviour strictly regimented, and be subjected to authoritative supervision, all with the central objective of achieving employee compliance (Ashforth, 1994). These organisational risk factors create conditions where the power administered to

leaders is able to be abused by means of bullying subordinates. Further to this, these organisations value the maintenance of tradition including, for example, induction processes, socialisation practices, and routinised behaviour in the day-to-day operations of the organisation (Archer, 1999). Bullying behaviours are often embedded within these institutionalised traditions.

Organisational change has also been recognised as a relevant antecedent to workplace bullying. Zapf et al. (2003) identify that, although organisations adopt formal structures and processes, change creates gaps in the structure of an organisation which encourages micro-political behaviour and can develop into bullying. The concept of micro-political behaviour suggests that employees will act in their own interests and try to maintain or improve their status (Zapf et al., 2003). Micro-political behaviour is especially relevant in turbulent organisational settings and in periods of change when formal structures are often ambiguous. Additionally, organisational change has also been suggested to generate many of the other task-level risk factors identified, thus creating a work environment prone to bullying. Organisational change creates role ambiguity, favourable circumstances for abuse of power, and an opening for potential ineffective leadership (Bentley et al., 2009).

2.4.2.2 Task-level risk factors

Task-level antecedents of bullying have also been of significant interest to academic researchers. Job characteristics such as high workload, job insecurity, role conflict, low autonomy, lack of goal clarity, and lack of skill utilisation have all previously been suggested as antecedents of workplace bullying (Baillien et al., 2009). Such characteristics have been recognised as causes of stress or conflict in the workplace which can, in turn, evoke the negative behaviours that constitute bullying. Using Warr's (2007) synthesis of job characteristics (including opportunity for control,

opportunity for skill use, externally generated goals, variety, environmental clarity, availability of money, physical security, opportunity for interpersonal contact, and valued social position) to examine task-level antecedents, Notelaers, De Witte, and Einarsen (2010) found role conflicts to be the most significant in predicting exposure to workplace bullying. This finding is supported by a number of other academic studies (Baillien et al., 2009; Zapf & Einarsen, 2005). Notelaers and colleagues also found evidence to suggest that opportunity for control, opportunity for skill use, externally generated goals, and environmental clarity are all related to workplace bullying. Einarsen et al. (1994) found task-level antecedents to account for 10% of the difference in whether bullying was reported, with the most strongly correlated antecedent being role conflict, followed by low satisfaction with leadership, social climate, and work control.

2.4.2.3 Contextual and societal risk factors

Contextual and social factors have been acknowledged as broader factors' influencing the understanding of and responses to workplace bullying. Social complexity, intensified by today's competitive global marketplace, has been suggested to increase the prevalence of workplace bullying (Einarsen et al., 2003). In today's marketplace, organisations are consistently looking for ways to improve their productivity. In doing so, the psychological contracts that traditionally guaranteed continued and fair employment in exchange for meeting the requirements of the job are often weakened (Hodson et al., 2006). Such contracts have been, to an extent, replaced by fixed-term or temporary positions where job security is uncertain, reward systems encourage employees to exceed current performance standards, and more volatile working environments are common. Job insecurity due to restructuring

and outsourcing has previously been identified as the most common cause of the proliferation of bullying in an organisational context (Hearn & Parkin, 2001).

Furthermore, the increasing utilisation of global management teams and subsequent team diversity enhances the probability of conflicts relating to diverse work practices and customs which, if managed ineffectively, are likely to escalate into bullying (Harvey, Treadway, & Heames, 2007). Hoel and colleagues (2001) suggest that the high prevalence of superior-to-subordinate bullying found in their study could be attributed to the social and economic changes in Great Britain that were putting pressures on employees and potentially increasing the vulnerability and stress levels of managers. Crawford (1999) recognised that public acts of aggression are becoming increasingly unacceptable and it may be for this reason that perpetrators are resorting to less detectable forms of aggressive behaviour, many of which constitute workplace bullying.

2.4.3 Moderators

Work environment factors have been found to enable or encourage workplace bullying through three key channels: (1) they can cause stress which evokes negative behaviours, or diminishes personal resilience to negative behaviours; (2) they create conflict between individuals, or; (3) they encourage a culture where bullying behaviours are normalised and tolerated (Baillien et al., 2009). This section discusses each of these three moderators in turn, concluding the discussion of the work environment hypothesis by explaining how the work environment factors discussed above create conditions that give rise to workplace bullying.

2.4.3.1 Stress

Research indicates that stress is likely to play a role as both a moderator and a consequence of workplace bullying. As a moderator, stress is induced by work

environment factors and, in turn, evokes bullying behaviours or, from the target's perspective, influences the interpretation of behaviours (Bunk, 2006; Heames & Harvey, 2006; Lazarus & Folkman, 1984). A stressor is perceived through an individual's appraisal of a certain situation. Spector and Fox (2005) developed the 'stressor-emotion model of counterproductive work behaviour' which suggests that a work environment factor is transformed into a perceived stressor through the process of appraisal. The model recognises work environment factors (termed environmental stressors by Spector and Fox) as an objective characteristic that is often perceived as stressful.

An individual appraises a situation based on what they feel is equitable or just (Spector & Fox, 2005). Researchers are increasingly acknowledging injustice-related bullying at work (see for example, Beugré, 2005; Neuman & Baron, 1998). It has been suggested that managerial decisions or actions which employees perceive to be unfair evoke frustration and aggression and a need for retaliation to restore 'justice' (Beugré, 2005; Geddes & Baron, 1997; Van Yperen, Hagedoorn, Zweers, & Postma, 2000). In this sense, the stress evoked from injustice can cause an individual to display bullying behaviours.

2.4.3.2 Conflict escalation

Workplace bullying is traditionally considered as a form of conflict escalation (Leymann, 1990; Zapf & Einarsen, 2005; Zapf & Gross, 2001). Leymann (1990) suggests four phases that depict a structure of critical events, from an original conflict through to expulsion from the organisation. Leymann describes a process whereby an original critical incident triggers the process of bullying. From this, bullying and stigmatisation develops with frequency and duration, therefore becoming injurious in nature. In the third phase, management becomes involved in

intervening in the escalated conflict, often seeing only the damage caused by the target in terms of decreased efficiency and productivity. Management are often concerned only with the personality of the target as the main cause of the issues, rather than the external environment. According to Leymann, management intervention results in ‘expulsion’ whereby the target is expelled from the workplace. Forms of expulsion, such as long-term sick leave and degrading work tasks, are likely to lead to further stigmatisation (Leymann, 1990).

The stereotypical process of conflict escalation explained by Leymann (1990) is supported by similar conflict escalation models (Leymann, 1996; Zapf & Gross, 2001). For example, Einarsen (1999) identified a bullying process consisting of four phases: aggressive behaviour, bullying, stigmatisation, and severe trauma. Rather than an initial conflict as suggested by Leymann (1990), Einarsen recognises a situation where subtle aggressive behaviours start to be directed towards an individual in the work group. He then describes a stage at which the episodes of aggression become more open, direct and frequent, and where the target becomes unable to defend themselves. Einarsen supports the findings of Leymann (1990), suggesting that management blame the target’s personality for the bullying, and that stigmatisation over a prolonged period of time leads to severe trauma such as psychological and musculoskeletal disorders (Einarsen, 1999).

2.4.3.3 Culture

A diverse range of definitions exist around the concept of organisational culture. However, it is generally agreed that organisational culture exists where beliefs, values, norms, and traditions are shared among individuals within a group (Parmelli et al., 2011). Culture becomes embedded as a group or organisation ages and shared assumptions develop (Schein, 2004). The likelihood of accepting the normative

assumptions of a group depends on the extent of commitment that an individual has to that group (Elder-Vass, 2010). In an organisational environment, commitment to work groups is generally strong due to the financial dependency that individuals have on the organisation (Giddens, 1984).

Although organisational culture is also discussed as an antecedent of bullying (Fevre et al., 2011), there is evidence to suggest that culture acts as a moderator, determining what behaviours are acceptable in a specific context and how employees react to the antecedents previously discussed. Baillien et al. (2009) consider culture as a moderator whereby work environment factors create conditions which directly stimulate bullying behaviours. Through semi-structured interviews, the researchers uncovered cultures of gossip and mockery, suggesting that bullying was somewhat condoned. Salin (2003) also found that organisational culture acts as a moderator, encouraging bullying to proliferate through the normalisation of harmful behaviours, through organisational alliances, and in work environments where the perceived costs of bullying behaviours are low.

2.4.4 Summarising the work environment hypothesis

Thus far, this chapter has provided an overview of workplace bullying research with particular focus on the prevailing approach to studying the field - the work environment hypothesis. The discussion has explained how factors at the team, organisational and societal levels can create conditions that induce stress or conflict which in turn evoke bullying, or give rise to a culture where bullying is accepted and condoned. Traditionally, the work environment hypothesis suggests that work environment factors allow and/or encourage the proliferation of workplace bullying. However, as the field of workplace bullying research moves towards how best to manage the problem of bullying, researchers are calling for studies that explore how

work environment factors influence workplace bullying intervention (Fox & Cowan, 2014; Salin & Hoel, 2011; Woodrow & Guest, 2013).

A number of studies highlight barriers to effective intervention. Harrington, Rayner and Warren (2012) found evidence to suggest that IAs perceive their role as supporting the organisation and subsequently often side with managers when dealing with cases of managerial bullying. Similarly, Leck and Galperin (2006) noted that IAs are less likely to intervene in an experience of workplace bullying, and may even reward the perpetrator where the perpetrator is perceived to be productive. Although such studies provide important insight into the obstacles to effective intervention, the role of work environment factors in creating these obstacles is relatively unknown. Accordingly, extending the work environment hypothesis to intervention in workplace bullying could provide valuable insight into effective intervention in workplace bullying and is one of the main aims of this study (see Chapter Three).

2.5 The research context: The nursing profession in New Zealand

The context chosen for this study is the New Zealand nursing profession. The nursing profession in New Zealand was selected as the context of this research because the profession is known for a high prevalence of workplace bullying internationally (Cleary et al., 2010; Curtis, Bowen, & Reid, 2007; Eagar, Cowin, Gregory, & Firtko, 2010; Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012; Hoel, Giga, & Davidson, 2007; Huntington et al., 2011), and in New Zealand (Bentley et al., 2009; Foster et al., 2004; McKenna et al., 2003). The following sections provide a background to academic and practitioner interest in workplace bullying in New Zealand, and the nature of workplace bullying in the nursing

context. The chapter concludes with a brief overview of the nursing profession in New Zealand.

2.5.1 Academic and practitioner interest in workplace bullying in New Zealand

Despite workplace bullying being a topical issue in New Zealand workplaces, academic research in the area is still in its infancy. Interest in New Zealand was pioneered by Human Resource (HR) practitioner Andrea Needham with the publication of *Workplace bullying: The costly business secret* (2003) which described bullying and its consequences based on Needham's experience as a consultant. Alongside the publication of her book, Needham conducted workshops with managers and brought the term 'workplace bullying' out in the open. Needham's work had a considerable impact on the New Zealand workforce, giving targets the confidence to label their experience and flooding employment assistance hotlines with complaints (Swanwick, 2004). There was a discrepant managerial response to Needham's book, with some managers suggesting that the labelling of bullying has "brought nothing but trouble" (p. 46) and Needham herself suggesting that a culture of conflict avoidance from New Zealand managers is a likely attributer to such responses (Swanwick, 2004). Olsen (2004) supported Needham's assumption, acknowledging targets' lack of self-confidence and feelings of being at fault when they are unable to clearly label themselves a target of bullying. Olsen explained how management often succumb to the manipulative charm of a bully-manager, in turn, protecting the bully and failing to provide support to the target. Olsen argues that this reinforces perceptions of a lack of support from management and a tendency not to complain. Describing a sample of targets who had called a bullying hotline, Olsen (2007) explained that 73% of the experiences featured a lack of managerial action in response to complaints of workplace bullying, with 52%

indicating that management had instead sided with the perpetrator. Olsen acknowledged that managers often confuse bullying behaviours with legitimate managerial behaviours. He concluded that bullying in New Zealand is rife, and that managers perceive intervention to be too difficult and likely to only make things worse.

Much of the HR practitioner focus following Needham's exposure of the issue of bullying focused on superior-subordinate bullying (Goldblatt, 2007; McCormack, 2010; Olsen, 2007) and introducing bullying as an unlawful act under the existing legislation (Davenport, 2011; Upton, 2006). The New Zealand Government has recently acknowledged the impact of psychosocial hazards at work, amending the health and safety legislation accordingly. In 2014, the introduction of the WorkSafe New Zealand best practice guidelines – *Preventing and responding to workplace bullying* – was clear acknowledgement by the New Zealand Government of the workplace bullying problem. The WorkSafe guidelines define bullying as a workplace hazard, describe the consequences to the individual and organisation, and provide practical strategies for identification, measurement, prevention and intervention to assist both employees who believe they are experiencing workplace bullying, and employers tasked with managing the problem in their organisations. Recent practitioner periodicals reflect the Government's stance on workplace bullying, acknowledging bullying as a health and safety issue and encouraging employers to treat it as one (Nelson, 2014; Sutton & Watson, 2014).

In regards to academic research, the first national study of workplace bullying in New Zealand was not conducted until 2009. Bentley and colleagues' (2009) study was commissioned by the Health Research Council of New Zealand and (now former) Department of Labour and found a 17.8% prevalence of bullying across the

education, healthcare, hospitality and tourism sectors in New Zealand. Employees in the education and healthcare sectors were found to be most at risk of bullying with 22.4% and 18.4% of respondents reporting being a target of bullying (i.e. being exposed to at least two negative acts, weekly, over the last six months). Respondents who identified themselves as targets reported their organisations as having lower levels of constructive leadership and support, and less effective organisational strategies and policies, than those who had not reported being a target. In the healthcare and education sectors, a number of structural risk factors were identified including under-resourcing and poor work organisation and bullying intervention strategies. Managers reported often being unaware of bullying in their organisations, and had limited understanding of the problem and how it should be managed.

2.5.2 Workplace bullying research in the context of nursing

The nursing profession is a common work context for academics researching the workplace bullying field. Of particular interest to researchers is the high prevalence of bullying behaviours directed towards student and new graduate nurses (Curtis et al., 2007; Lewis, 2005; McKenna et al., 2003; Randle, 2003). Bullying is often passed down from experienced nurses, with nurses commonly reporting being exposed to bullying during their training and induction years (Foster et al., 2004; Jennifer et al., 2003; Randle, 2003). Such exposure to bullying throughout socialisation processes normalises bullying behaviours from the point of entry into the profession (Josephson, Lagerström, Hagberg, & Wigaeus Hjelm, 1997). Indeed, Randle (2003) found that nurses conformed to bullying behaviours that had confused and harmed them when they initially entered the profession, suggesting that their expectations adjusted as a result of becoming familiar with the role of the nurse and learning behaviours from their senior role-models. Newly registered nurses

participating in a study conducted in the New Zealand context (McKenna et al., 2003) reported being subjected to bullying behaviours such as having learning opportunities blocked, being undervalued, suffering emotional neglect, being distressed about conflict and being given too much responsibility without appropriate support. Nurses reported experiencing fear, anxiety, depression, frustration, mistrust and nervousness, as well as a number of physical consequences such as weight loss and fatigue. Nearly half of the events described were not reported to the organisation, with only 12% receiving formal intervention following a complaint (McKenna et al., 2003).

Historically, nurses have been identified as an oppressed group who are perceived to hold low authority in the hierarchy of the healthcare system (Hutchinson et al., 2008). Stemming back to when modern nursing was pioneered by Florence Nightingale in the 1800s, nursing was traditionally a very hierarchical system and submission was expected and encouraged (Johnson, 2009). Subsequently, bullying in the nursing profession is often attributed to oppressed group behaviours (Hutchinson et al., 2008; Johnson & Rea, 2009; Strandmark & Hallberg, 2007). Oppressed group behaviours are said to occur in groups that are powerless to confront authority and subsequent low self-esteem and attempting liberation results in aggression towards others in the group (Freire, 1971). Bullying in the nursing profession is therefore strongly embedded in industry culture.

Previous research suggests that organisations that are high in instability and change (Salin, 2003) and high in internal issues and time pressures (Soares & Jablonska, 2004) are likely to exhibit role conflict and ambiguity. As previously discussed in this chapter, role conflict and ambiguity are commonly recognised antecedents of workplace bullying, providing opportunities to feign ignorance, increasing the risk of

interpersonal conflicts, and allowing managers and employees to take advantage of vague or unfamiliar structures and processes (Hutchinson, Vickers, Jackson, & Wilkes, 2005; Notelaers et al., 2010; Salin, 2003). This appears to be the case for the nursing profession. Huntington et al (2011) found a number of contextual and organisational concerns that act as precursors for bullying: nurses are often under significant physical and emotional stress in their work, with high workloads, limited resources and community expectations resulting in an inability to reach a satisfying level of patient care. Further, a dominating politicised climate exists, where power and ego rather than staff wellbeing is nurtured, leading to a lack of collegiality and a climate of nurses “eating their own” (Huntington et al., 2011, p.1417).

2.5.3 The New Zealand nursing profession

The healthcare system in New Zealand comprises 20 District Health Boards (DHBs) and numerous private and Non-Government Organisation (NGO) providers. Approximately three-quarters of healthcare funding, sourced primarily from general taxation, is allocated to the DHBs who are each responsible for the provision of healthcare in a region of New Zealand. Accountable to the Ministry of Health and National Health Board, each New Zealand DHB plans, funds, and manages the delivery of healthcare for the population in their region, including the provision of primary care, hospital services, and public health and aged care services. Each DHB comprises at least one public hospital that provides publically funded medical, surgical, maternity, diagnostic and emergency services (Ministry of Health, 2011).

Increasing public expectations, increasing patient numbers, and limited resources have contributed to further internal changes and stressors for the New Zealand nursing profession (Huntington et al., 2011). New Zealand has a growing population, currently of around 4.3 million people. Like many countries, New Zealand also has

an ageing population due to lower fertility, increasing longevity and the ageing of the baby boomers (Ministry of Social Development, 2011). This inevitability puts more pressure on the healthcare system. Further to this, however, income growth and technological change are said to be the main drivers of the recent increases in health spending, affecting both the demand for, and cost of, supplying healthcare (Bell, Blick, Parkyn, Rodway, & Vowles, 2010). The increasing demand for public health services in New Zealand and financial constraints imposed at government level are resulting in New Zealand public hospitals struggling with increasing patient numbers and under-resourced services. In order to sufficiently service the population's needs, public hospitals are targeting shorter stays in emergency departments, improved access to surgery, and shorter waits for cancer treatment (Ministry of Health, 2013). Public hospitals are assessed by the Ministry of Health according to how they are performing in their service delivery.

The New Zealand healthcare system employs approximately 50,000 nurses (Nana, Stokes, Molano, & Dixon, 2013). The role of the New Zealand nurse is strongly governed by legislation and industry policy. There are two key legislations that govern nursing in the public sector: the NZ Public Health & Disability Act (2000) and the Health Practitioners Competence Assurance Act (2003). These legislations guide the ethical conduct, scope of practice, and general operations of DHBs, as well as private and NGO health providers, throughout New Zealand. The nurses' Code of Conduct, developed by the New Zealand Nurses Council (NZNC), acts as a guide for ethical behaviour in nursing and is strongly aligned with the relevant government legislation. The Code of Conduct consists of four principles: compliance with legislation; acting ethically and maintaining standards of practice; respecting patient rights; and, justifying the trust and confidence of the public. In New Zealand, ethical

conduct is regulated according to the substructure of the Treaty of Waitangi: partnership, participation, and protection (Orange, 1987).

The nursing structure at the team level, in terms of patient care, tends to differ between hospitals and wards. Traditionally, a primary model of nursing was adopted with each registered nurse taking full responsibility for several patients. More recently, a team model of nursing is being implemented in wards throughout New Zealand whereby several registered nurses share responsibility for the patients in the ward. In public hospital wards, nurses are assigned to shifts according to their level of expertise. A range of skill levels are required on each shift in order to maximise the quality of care given to patients. The nurse manager, and often an associate charge nurse, delegate responsibility and act as the direct reporting supervisors for registered nurses, enrolled nurses, and healthcare assistants in the ward. However, registered nurses are expected to provide a degree of direction and delegation to enrolled nurses and healthcare assistants. Nurses are not only required to report to the nurse supervisor (i.e. charge nurse) but are also under instruction from the doctors in the ward.

2.6 Conclusion

As detailed in this chapter, the body of research into workplace bullying has progressed to provide a relatively thorough understanding of what workplace bullying is and is not, the extent of the problem and the severe costs to individuals and the organisations in which bullying exists. The work environment hypothesis has been the predominant framework used to understand the phenomenon of workplace bullying and existing studies have identified a range of work environment factors that create conditions where workplace bullying is enabled or proliferated. The field

of research is now moving towards how best to manage the problem of workplace bullying. Leading on from the first national study of workplace bullying conducted in New Zealand (Bentley et al., 2009), this current study aims to contribute to knowledge of the management of workplace bullying in the New Zealand nursing profession.

CHAPTER THREE

SECONDARY INTERVENTION IN WORKPLACE BULLYING

The previous chapter introduced the field of workplace bullying and the New Zealand nursing profession. Specifically, the chapter explained the work environment hypothesis as the predominant approach to understanding the field, recognised the calls of researchers for the work environment hypothesis to be extended to the management of workplace bullying, and introduced the New Zealand nursing profession as the context of this study. This chapter draws on existing studies that inform current understanding of the management of workplace bullying with the aim of identifying where relevant contributions can be made. The chapter begins by discussing the three approaches to the management of workplace bullying, namely primary, secondary and tertiary intervention, and outlines the key intervention strategies recommended in the literature. The discussion recognises the prevailing focus on prevention and identifies secondary intervention (i.e. intervention in existing experiences of workplace bullying), the focus of this current research, as a management approach that warrants further exploration.

The second half of the chapter consists of a review of studies exploring secondary intervention in workplace bullying and is structured around three emerging areas of concern to scholars on the problematic nature of secondary intervention. The first area of concern is the struggles employees face in identifying an experience of workplace bullying. The second area is around the alternative coping strategies targets of workplace bullying deploy in response to realising they are being affected by workplace bullying and the problem of underreporting. The third concern consists of the barriers to effective IA (intervention agent) intervention in workplace bullying experiences.

The discussion identifies that, while a number of studies exist that explore how targets and IAs make sense of and respond to bullying, the three areas of concern are generally studied independently. The discussion posits that examining secondary intervention as a process that is influenced by factors in the work environment could provide valuable insight into intervention efficacy and why so many bullying experiences go unresolved. Accordingly, the chapter concludes by summarising the gaps in the literature and identifying the research aims.

3.1 Managing workplace bullying

To date, the major focus of researchers exploring the field has been mapping the nature and extent of the problem of workplace bullying. More recently, attention has moved towards management and intervention. The management of workplace bullying is typically categorised into three main areas of focus termed, primary, secondary and tertiary interventions (Vartia & Leka, 2011). Primary interventions focus on how to prevent bullying from occurring and have received the most attention with an agreed stance amongst researchers being that obstructing or disabling the causes of bullying eliminates harm caused to employees and organisations. However, while zero-tolerance for workplace bullying is a favourable goal, it is recognised that workplace bullying is part of the human condition and it is unlikely that bullying will ever be completely eliminated. Hence, secondary and tertiary measures, although receiving comparatively less attention, are vital aspects of good practice in the management of workplace bullying.

Secondary interventions consist of strategies for intervening in existing cases of workplace bullying and tertiary measures are those that focus on rehabilitating employees back into the workplace following harm caused by bullying (Vartia &

Leka, 2011). A number of strategies aimed at primary, secondary and tertiary intervention are recommended throughout the literature and distinctions can be found between those that are implemented to address the individual employee (micro-level) and those that are implemented in the team or organisation to address the broader problem (macro-level). The following section highlights the different interventions that have been recommended to manage workplace bullying.

3.1.1 Primary intervention

The most commonly suggested strategy for the prevention of bullying at work is the development and implementation of an anti-bullying policy. Duffy (2009) identified the need to include a number of components within anti-bullying policies. Duffy stated that they must include the purpose of the policy, a statement about what bullying is, examples of bullying behaviours, appropriate contact persons for reporting, an option for informal resolution and/or alternative dispute resolution, disciplinary processes, a statement about confidentiality, a time frame within which claims will be investigated, how the findings will be reported, and the appeals process. These components are supported by recommendations from a number of other researchers (Gardner & Johnson, 2001; Richards & Daley, 2003). Fox and Cowan (2014) argue that anti-bullying policies could provide a concrete foundation upon which IAs can more objectively assess bullying claims. However, the existence of a policy is unlikely to influence the prevalence of bullying without being monitored and enforced by the organisation (Ferris, 2009). Richards and Daley (2003) identified that a reoccurring weakness in all of the policies which they have seen is the exclusion of the details for monitoring the policy itself. Monitoring demonstrates an organisation's commitment to the policy, enforcing its legitimacy, and subsequently encouraging targets to speak out.

In conjunction with the development and implementation of a policy, training for IAs is often recommended. Basic training for all employees on the details of the policy, how to recognise bullying, how to go about reporting incidents of bullying, and how to assist colleagues who are targets of bullying is recommended (Richards & Daley, 2003). The importance of providing training to IAs on how to understand and identify bullying and deal with complaints effectively has also been discussed (Ferris, 2009). Formal systems do, however, require time and IAs must be trained in dealing informally with ambiguous complaints so as to avoid conflict escalation (Rayner & Keashly, 2005). The propensity of leaders to act as bullies themselves due to their formal position of power is a potential issue, and training is required to equip such leaders with the skills to better manage their behaviour (Ferris, 2004).

Although several other management strategies, such as employee selection techniques (Ferris, 2009), providing coping strategies for targets (Gardner & Johnson, 2001; Leck & Galperin, 2006) and changing work design (Resch & Schubinski, 1996) have been recommended throughout the literature, the prevailing objective of many of these strategies is the development of an anti-bullying culture. By clearly defining the organisation's intolerance towards bullying and disciplining employees' unacceptable behaviour, an organisation encourages a culture of courtesy and respect (Gardner & Johnson, 2001; Rayner & Keashly, 2005). Importantly, to be effective as a preventative tool, a zero-tolerance policy must be seen as legitimate and authoritative in the eyes of employees. Hence, to establish policy legitimacy and send a strong message that bullying is not tolerated, cases of bullying must be able to be identified and then addressed efficiently.

3.1.2 Secondary intervention

Secondary intervention in workplace bullying consists of processes and systems to intervene in existing cases of workplace bullying with the objective of resolving the situation or preventing further escalation. Outlined in general zero-tolerance policies, the complaint investigation process is not only a legislative requirement in New Zealand under the Employment Relations Act (2000) but is required in order to determine the facts of a workplace bullying complaint and come to a fair decision regarding its legitimacy and subsequent intervention action. The investigation process should provide the opportunity for an individual to have their complaint heard and potential for redress (Meglich-Sespico, Faley, & Knapp, 2007) and arrive at a fair outcome as perceived by the parties involved as well as the wider organisation (Hoel & Einarsen, 2011). This requires investigators to adhere to the principle of natural justice, allowing parties to a complaint to hear the charges against them and be given the opportunity to respond. The investigation process should be kept confidential and it is recommended that the complainant put forward the names of witnesses who are willing to be involved in the investigation (Merchant & Hoel, 2003). The implementation of such interventions is generally the responsibility of the direct line manager or HR personnel.

Mediation is a commonly utilised secondary intervention, the efficacy of which is debated in the literature. Mediation, facilitated either by IAs or an external party, is a voluntary and informal process in which the parties to a bullying experience meet with the aim of reaching a negotiated outcome (Fox & Stallworth, 2009). While mediation is a traditional conflict resolution process, a number of scholars argue that it is often unsuccessful in escalated cases whereby the power differential between the parties is significant and power intervention is required (Ferris, 2004; Keashly &

Nowell, 2011; Saam, 2010). Similarly, Jenkins (2011) argues that mediation may be an effective intervention tool for resolving complaints of workplace bullying unless the experience has become destructive or is being controlled by one party through violence.

Enhancing the coping strategies of targets of bullying is also recommended as a secondary intervention measure. It is suggested that providing employees with assertiveness training and opportunities to form teams and friendships provides ‘power in numbers’, which is likely to equip targets with the skills that enable them to be resilient and respond with assertiveness when faced with a bullying situation (Leck & Galperin, 2006). Similarly, it is identified that building positive nurturing relationships and networks, maintaining positivity and developing emotional insight, achieving life balance and becoming more reflective enhances the resilience of individuals facing workplace adversity (Jackson, Firtko & Edenborough, 2007).

3.1.3 Tertiary intervention

The provision of rehabilitation opportunities for targets following exposure to a bullying experience is an important component of workplace bullying intervention in order to minimise the costs of bullying to individuals and the organisation. Therapy counselling as a means of organisational support is often considered as an effective tool (Ferris, 2004; Lockhart, 1998). Mikkelsen and Einarsen (2006) found that counselling for targets who were currently unemployed or on long-term sick leave improved targets’ health and increased their prospect of returning to work. Tehrani (2011) suggest that counselling for perpetrators of workplace bullying may also be effective as a healthy tool for exposing the meanings and intent behind bullying behaviours and enabling perpetrators to gain insight into how their behaviours could be interpreted by others. Group recovery programmes and morale building activities

are also recommended tertiary interventions at the team and organisational level (Vartia & Leka, 2011).

3.2 The intervention gap

Although several secondary intervention strategies are recommended in the literature, intervention in workplace bullying experiences is often ineffective and the outcome is often that targets leave the organisation (Djurkovic et al., 2005; Harrington et al., 2013). Studies show the efficacy of zero-tolerance policies as an intervention strategy is limited (Cowan, 2011; Salin, 2008) and a different approach to intervention is needed (Woodrow & Guest, 2013). However, while evaluation studies are a desired approach to measuring the efficacy of alternative intervention strategies, few strategies further to the implementation of policy and training currently exist to be evaluated. The study aims to provide a closer examination of intervention in workplace bullying and make progress towards identifying alternative strategies that could support effective intervention.

In order to explore intervention efficacy, it is important to consider the stages leading up to an intervention outcome so as to gain a thorough understanding of how efficacy is influenced. Based on the existing literature, three general stages can be identified that could influence the efficacy of intervention in existing cases of workplace bullying. These stages include: 1) understanding and labelling workplace bullying; 2) target responses to workplace bullying; and 3) organisational responses to workplace bullying. The following sections discuss what is currently known about these stages.

3.3 Understanding and labelling workplace bullying

Intervention in workplace bullying initially requires targets' to identify experiences as one of bullying. However, the literature identifies concerns regarding the accurate identification and labelling of workplace bullying. In the initial stages of a bullying experience, targets undergo a sense-making process where they attempt to understand whether they are being targeted or whether they are misinterpreting the behaviours (Lutgen-Sandvik, 2008). At this stage, targets experience confusion about how to attribute the behaviours and, often only in retrospect, are targets able to identify when a bullying experience began (D'Cruz & Noronha, 2010). Although existing studies do not focus specifically on how understanding and labelling affects intervention, inaccurate labelling is likely to have implications for other parties' responses to workplace bullying. Indeed, the literature raises concerns regarding IAs ability to accurately identify an experience of workplace bullying and, in turn, their ability to respond fairly to complaints (Harrington et al., 2013; Parzefall & Salin, 2010) and to alleged perpetrator claims that their behaviours are reasonable within the scope of their role (Jenkins, Zapf, Winefield, & Sarris, 2012).

The following section draws on existing studies to explain how and why targets and IAs struggle with understanding and labelling workplace bullying, why discrepancies between accounts of workplace bullying exist, and how the labelling process affects secondary intervention. This section begins by detailing how the subjective nature of workplace bullying affects the representation of workplace bullying experiences.

3.3.1 Negotiating definitional elements

As discussed in Chapter Two, bullying behaviours are generally categorised as work-related, person-related, or physically-intimidating (Einarsen et al., 2011). Behaviours range from overt behaviours that are easily interpreted by the target and witnesses as unreasonable (e.g. screaming and public humiliation) to covert behaviours that are likely to be perceived as normal or trivial if they were to be experienced as a one-off incident (e.g. undue criticism, unmanageable deadlines). However, when these seemingly trivial behaviours are experienced persistently and systemically, the frequency and duration of exposure changes targets' interpretation of the behaviours and they begin to experience harm (Einarsen et al., 2011; Leymann, 1996). Therefore, it is often not until the target has been systematically subjected to behaviours, particularly those that are covert or work-related, that they are likely to interpret the situation as workplace bullying (Aquino, 2000).

Bullying is a highly context-dependent and subjectively constructed phenomenon, and target interpretation of an experience as workplace bullying is influenced by a number of factors. Although previous studies have explored the behaviours that constitute workplace bullying (Einarsen et al., 2011), and measurement tools such as the NAQ-R rely on these behaviours to measure the prevalence of bullying in many different industry contexts, there are significant variations in reported prevalence rates when utilising different measurement methods. For example, a meta-analysis of 82 independent prevalence studies reported a mean prevalence across the studies using the NAQ-R of 14.%, a mean prevalence of 11.3% for self-labelling methods with a definition, and 18.1% without a definition (Nielsen et al., 2010). Although the behaviours listed in the NAQ-R are the most comprehensive set of bullying behaviours currently available, the tool measures only the frequency of exposure to

the listed behaviours rather than the harm caused by them, whereas self-labelling measures the harm caused as a result of any behaviours (regardless of whether or not they are included in the NAQ-R). This suggests that an employee considers much more than the behaviours they are exposed to when labelling themselves a target of workplace bullying.

The literature indicates that organisational factors play a pivotal role in the likelihood of an employee identifying themselves as a target of bullying (Aquino & Thau, 2009). For example, a key factor influencing the labelling of workplace bullying is organisational culture. Using a self-reporting measure, Mikkelsen and Einarsen (2001) found that approximately two per cent of hospital employees felt they had been bullied, yet according to the NAQ-R's operational definition, 16% of the same population had been a target of bullying in the past six months. It is likely that the discrepancy identified could be attributed to behaviours listed in the NAQ-R being accepted and normalised in organisational culture and therefore not being identified by respondents as behaviours that would constitute workplace bullying. The nursing profession is known for a culture that accepts and normalises bullying behaviours (Deans, 2004; Nichols, 2011). Although nurses are being subjected to behaviours frequently and persistently and thus are considered targets of workplace bullying according to the NAQ-R, employees instead attribute behaviours to the nature of the work required of employees within the profession's 'toughen-up' culture.

The ongoing debate around whether or not 'intent' should be included within academic definitions of workplace bullying is a key indicator of subjectively-constructed nature of bullying and the subsequent obstacles to accurately identifying an experience of workplace bullying. While some scholars have argued that intent is a required element in order to avoid inclusion of accidental incidences, others have

argued that, in conforming to organisational or industry norms, perpetrators may exhibit bullying behaviours without intending to cause harm (Keashly & Jagatic, 2011). Deans (2004) suggested that it was highly likely that many of the staff who were identified as aggressors in his study had “little or no understanding of the effect of their behaviour on others” (p. 36).

3.3.2 Target labelling process

As discussed, many subtle behaviours that could constitute workplace bullying may not be recognised by targets (MacIntosh, Wuest, Gray, & Aldous, 2010), or intended by perpetrators (Jenkins et al., 2012), due to cultural norms and behavioural expectations. However, employees who are not blinded by cultural norms are likely to experience significant harm as a result of exposure (Randle, 2003). Dzurec and Bromley (2012) discussed the nature of human interactions and how this relates to target interpretation of bullying behaviours. The researchers suggested that verbal and nonverbal aspects of a bully’s language leaves targets feeling confused, demeaned and ruminating about what a bully means, potentially magnifying the significance of the behaviour (Dzurec & Bromley, 2012). As bullying behaviours continue over time, a cycle of demoralization develops where a target begins to doubt themselves and their confidence is undermined (Crawford, 1999). Hence, the nature of workplace bullying is such that targets are unable to identify an experience immediately.

Increasingly scholars are exploring the subjective process of understanding an experience as one of bullying from a social exchange perspective (Neuman & Baron, 2011). A number of studies have begun to examine victimisation through the lens of, for example, justice theory, psychological contract breach and trust theory (Parzefall & Salin, 2010), sense-making (Lutgen-Sandvik, 2008), and perceived organisational

support (Djurkovic, McCormack, & Casimir, 2008). Parzefall and Salin (2010) discuss justice as a central element of workplace bullying, providing explanation for the negative reactions from targets and witnesses. The researchers explain the importance of target expectations in the psychological contract, suggesting that a breach of the contract plays a crucial role in how targets understand an experience of workplace bullying. These suggestions align with the variations in reported prevalence previously discussed in that behaviours said to constitute bullying as listed in the NAQ-R are expected and normalised in certain work contexts such as healthcare. Therefore, although employees may be subjected to the behaviours, there has been no breach of the psychological contract because the behaviours are expected. Similarly, Aquino and Thau (2009) suggested that an employee experiences harm when fundamental needs, such as a sense of belonging, a feeling of worthiness, and being able to trust, are not met, and that being subjected to workplace bullying thwarts these fundamental needs thus causing the target to feel hurt.

As bullying behaviours continue persistently, target interpretation of the behaviour changes as they begin to make assumptions as to the intent of the perpetrator. However, as an employee begins to feel targeted and develop feelings of powerlessness, they can begin to doubt themselves and believe that they are at fault (Crawford, 1999). Several studies exploring target responses to workplace bullying have suggested that targets begin to question whether they belong or are ‘cut out’ for the role (Deans, 2004), that they experience confusion and seek advice and support of colleagues (D’Cruz & Noronha, 2010), and that they undergo a sense-making process where they attempt to make sense of the bullying and rebuild self-identity (Lutgen-Sandvik & Tracy, 2012). Lutgen-Sandvik (2008) identified a ‘pre-bullying’

phase in which targets attempt to confirm their perceptions of bullying and identifying the causes of abuse while re-establishing a sense of safety and security, rebuilding comfort, and validating self and value of self. While a number of studies point to struggles for targets in identifying their experience as workplace bullying, little is currently known about how the initial sense-making and identification stage influences the intervention process.

3.3.3 The IA labelling process

The nature of workplace bullying and associated subjectivity and context-dependency not only creates difficulties for targets in identifying whether an experience constitutes workplace bullying, but also for IAs in establishing the legitimacy of an observed or voiced experience. Indeed, many bullying behaviours are such that they are likely to go unnoticed to a disassociated witness and it is only an IA who has been present to witness the systematic exposure and understand the context who is likely to identify the behaviours as workplace bullying. Ongoing debates over the most accurate method of measuring the prevalence of workplace bullying and the inclusion of intent within definitions highlights the complexities in deciphering exactly what is and is not workplace bullying. As discussed, even targets sometimes struggle with identifying workplace bullying, experiencing confusion as they try to make sense of why they are feeling hurt (D'Cruz & Noronha, 2010; Lutgen-Sandvik, 2008).

As stated by Aquino and Thau (2009), “in some cases it is important to rely on more than just the target’s interpretation; if, for example, he or she is seeking a legal remedy or if internal disciplinary action is to be taken against the harm-doer” (p. 719). Several studies portray targets of bullying as making unintentional errors in their interpretation of an experience, or exaggerating responses to episodes, thus

portraying them as a ‘trouble-maker’ to IAs. For example, Parzefall and Salin (2010) acknowledge that “cognitive biases and attributional errors may make targets more likely to attribute the negative behaviour to the perpetrator’s personality and explicit intentions to harm rather than environmental circumstances” (p.764). Dzurec and Bromley (2012) suggest that targets exaggerate the harm caused by bullying behaviours as a result of struggling to find words to explain how they are feeling and why the behaviours make them feel that way. The researchers term this ‘catastrophization’, whereby targets are seeking support, attempting to find words to portray the hurt they are experiencing from what may seem trivial behaviours to IAs. As a result of targets’ ‘overreaction’ to bullying, IAs instead see the target as a trouble-maker, having a personality defect, or playing a typical target, and therefore do not perceive the complaint to be genuine. Targets of bullying also risk being perceived as at fault by IAs where they believe targets have done something to deserve the mistreatment, or exposure to bullying causes targets to make errors in their work and, thus, look incompetent (Lutgen-Sandvik, 2008).

Studies generally treat targets and bullies as distinct groups, with targets being perceived as the group that requires support and sympathy, and bullies being the group that must be punished (Brotheridge, Lee, & Power, 2012). However, Crawford (1999) suggested that some cases of bullying should be treated as “an equation with factors on both sides” (p. 88). For example, studies suggest an element of ambiguity when it comes to deciphering workplace bullying from tough management. The few studies exploring workplace bullying from the accused perspective (Jenkins, Winefield, & Sarris, 2011; Jenkins et al., 2012) suggest that accused perpetrators can feel genuinely hurt by an accusation of bullying and are often unaware of the effects their behaviours are having on their subordinates. The nature of workplace bullying,

however, can be such that superiors who intend to cause harm can easily justify their actions as being within the scope of their role (Jenkins et al., 2012). This enables the manipulative superior to constructively dismiss weak performers or employees who do not fit within the team while hiding their undue criticism within the subjective nature of workplace bullying behaviours and the tendency of IAs to believe them over their subordinate.

Negotiating who is ‘right and wrong’ is not only a problem existing in cases of superior-subordinate bullying. Indeed, existing studies also suggest that this may be of concern to IAs facing a case of colleague-to-colleague bullying. Studies focusing on the bullying-target, an accused bully who also claims to be a target of bullying, add credibility to the statement of Crawford (1999), that there may be contributing factors on both sides of a workplace bullying experience. Studies show that bullying-targets often consider themselves to be an overachievers and exemplary employees (Brodsky, 1976). Bechtoldt and Schmitt (2010) suggest that this perceived superiority in the bullying-target may offend colleagues, provoking negativity in them, putting the bullying-target at risk of isolation and harassment. In their study of bullying-targets, Bechtoldt and Schmitt’s (2010) found that bullying-targets held the opposing party responsible for the deterioration of their relationship and denied the possibility that they could be partially responsible. The researchers suggested that “bullying-targets have internalised the image of themselves as targets and constantly perceive themselves on the receiving end of negative acts” (p. 406). The complexity of the relationship is further exemplified by Brotheridge and colleagues (2012) who suggest that bullying-targets bully others as a coping strategy in response to perceptions that they themselves have been bullied. They argue that bullying-targets lack coping resources and instead respond with anger and aggression.

This literature review identifies the struggles faced by targets and IAs in accurately identifying a workplace bullying experience. The inability of targets to identify their experience as workplace bullying, and/or fears that an IA will not identify the experience as bullying, has been found to contribute to underreporting (Dzurec & Bromley, 2012) and subsequent lack of IAs' awareness and intervention. Where an experience is reported, disparate perceptions of an experience are likely to influence the perceived efficacy of subsequent intervention should an IA not take action that supports targets' perceptions of justice (Parzefall & Salin, 2010).

3.4 Target responses to workplace bullying

Once a target identifies an experience as workplace bullying, a concern for intervention then becomes how the target responds. Although a number of alternative coping responses are available to targets, those who rely on alternatives to reporting are not often able to cope long-term and are rarely successful at stopping the bullying (Dehue, Bolman, Vollink, & Pouwelse, 2012; Fahie & Devine, 2014; Zapf & Gross, 2001). While reporting and subsequent IA action is therefore a requirement for effective intervention, research indicates that workplace bullying is severely underreported (Bentley et al., 2009; Deans, 2004; Green, 2004). The following section identifies the different coping responses deployed by targets of workplace bullying and explains what is known about why workplace bullying is underreported.

3.4.1 Coping responses

Coping refers to “the cognitive and behavioural efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction” (Folkman, 1984, p. 843). The literature identifies a number of passive and

constructive coping strategies that targets deploy in response to workplace bullying. Withey and Cooper (1989) identify four coping mechanisms that dissatisfied employees respond with: exit, voice, loyalty and neglect (EVLN). Exit consists of the target resigning from the role and is often the chosen response when the costs of voice are high, improvement is perceived as unlikely, and a better alternative is available (i.e. outside of the organisation). The researchers described voice as reporting the experience and explained that reporting is likely only when the costs of voicing dissatisfaction is low, when individuals believe that improvement was possible, and when they believe that they have control of the dissatisfaction internally. The loyalty response consists of staying and supporting the organisation and the neglect response is considered as focusing attention on non-work interests while doing nothing about the work situation that is causing them dissatisfaction – both responses are deployed when the cost of voicing dissatisfaction is high. Withey and Cooper (1989) detected sequences of coping responses in their study, indicating that employees changed their responses when the initial response was unsuccessful.

The first study to apply the EVLN model to workplace bullying was Niedl (1996). Niedl's study of targets in the healthcare industry in Austria found evidence to suggest that targets of bullying do indeed deploy coping responses that follow a number of different routes. Upon realising that they were affected by bullying, eight of the 10 participants first responded with voice, four of which then changed to a strategy of neglect when voice was unsuccessful. Four participants exited the organisation. Zapf and Gross (2001) was the first study that attempted to identify a typology of coping response sequences for workplace bullying using the EVLN model. The most common coping sequence was voice-loyalty-voice-neglect-exit. Four of the five sequences began with voice, and one began with loyalty; all

sequences ended with exit. The findings indicate that intervention is often unsuccessful and targets are often left to deal with bullies alone, or are forced to resort to other solutions such as leaving the organisation (Fahie & Devine, 2014; Hoel & Beale, 2006; Rayner, 1998, 1999).

Zapf and Gross (2001) also examined the typology of coping responses developed by Rahim and Magner (1995) and its applicability to the coping responses of workplace bullying targets. The typology consists of five styles of handling interpersonal conflict: integrating, obliging, dominating, avoiding, and compromising. In relating this typology of responses to workplace bullying, the majority of their participants began with an integrating response which indicated collaboration between the parties to reach an agreed upon solution (indicating high concern for themselves and the other party) and the majority ending up with avoiding which involves withdrawal and sidestepping the situation. These findings indicated that, in the early stage of bullying development, targets often have high concern for themselves and others, but as the experience escalates, they develop low concern for themselves and the other party. The ‘dominating’ response (i.e. coercing the other party into believing that they are wrong, indicating high concern for self and low concern for the other party) requires power which is inconsistent with definitions of bullying and not available to targets, while ‘integrating’ requires control to influence the situation which is difficult for targets of escalated bullying (Zapf & Gross, 2001).

Other studies examining the coping responses of targets have focused on the relationship between individual and organisational factors and target coping responses. Olafsson and Johannsdottir (2004) aimed to understand the contents and determinants of coping strategies used by targets of workplace bullying by exploring

the effects of age, gender and type of bullying. The coping strategies were derived from focus groups and consisted of seeking help (i.e. IA intervention), avoidance (i.e. taking leave, resigning, seeking a transfer), being assertive (i.e. approaching the perpetrator), and doing nothing (i.e. waiting for it to stop, trying not to let it have an affect). Males were more likely to confront the perpetrator and less likely to seek help from IAs, the older the target the more likely they were to respond by doing nothing, and targets of person-related bullying (as opposed to work-related) were more likely to respond with avoidance or doing nothing.

Aquino (2000) examined the influence hierarchical status and coping responses had on perceptions of victimisation of employees, using the five styles of handling interpersonal conflict developed by Rahim and Magner (1995). Low status employees were more likely to respond to the perpetrator by obliging, and were more likely to perceive themselves as targets of workplace bullying. Aquino subsequently suggested that employees should be advised to be more assertive in dealing with perpetrators to avoid being perceived as easy targets of mistreatment. Musser (1982) identified that targets in subordinate positions base their choice of coping strategy on their desire to remain with the organisation, the degree of congruence between their beliefs and that of their superior (i.e. the perpetrator), and on the degree of protection that the target believes they have from arbitrary actions from the superior.

In a similar study by D’Cruz and Noronha (2010), four stages of bullying were identified. The first stage constituted the initial confusion that was experienced as targets struggled with making sense of their experience and engaged in organisational options such as trying to look at the situation positively and seeking support through friends and family. Determining the unfairness and injustice of the experience led to the second stage where targets reported to IAs. Reporting was often

unsuccessful with targets not often hearing back from IAs regarding their complaint. The third stage, ‘moving inwards’, was identified as a period of confusion and uncertainty with targets feeling significant distress as multiple attempts to address IAs had only made them feel like a troublemaker and further targeted. The researchers identified ‘moving inwards’ as a stage where targets felt alienated and disinterested in their work (mirrors neglect according to the EVLN model). In the final stage, it was through their social networks that targets realised that there were other options available outside of the organisation which resulted in their resignation (exit).

In summary, the findings of existing research suggest that targets of workplace bullying are often unable to find a resolution to their experience and that exiting the organisation is a common outcome. Targets generally deploy a number of coping responses prior to exiting. However, existing research suggests that targets who respond with passive strategies that require them to intervene in the experience themselves are often unsuccessful (Fahie & Devine, 2014; Hoel & Beale, 2006). While targets are in a position where they have little power to intervene effectively in their own experience of workplace bullying (Zapf & Gross, 2001), IAs are in a power position and ultimately responsible for secondary intervention. Hence, encouraging the use of voice, and subsequent IA action that stops the bullying, is required for effective intervention in workplace bullying.

3.4.2 Reporting

Once an employee identifies themselves as a target of bullying, a significant concern for effective secondary intervention becomes the organisation’s awareness of the situation. Often, despite having policies in place, managers are unaware of the prevalence and severity of bullying in their organisations (Bentley et al., 2009).

Research suggests that under-reporting and acceptance of bullying in organisational culture are factors contributing to organisational unawareness (Deans, 2004; Green, 2004). In 2009, a study of registered nurses in the United States (Vessey et al., 2009) revealed that 65% of targets did not use formal channels to report their experience, despite being aware of the employee assistance programmes and harassment policies available to them. This was attributed to fear of retaliation from the bully and having little faith in the reporting system. An Australian study (Hutchinson et al., 2007) also revealed that 64% of targets did not report their experience for fear of being blamed or being perceived as incompetent. Other studies indicate that many complainants are blamed or seen as trouble-makers and have their problems deflected back with little or no support from IAs (D'Cruz & Noronha, 2010; Gaffney et al., 2012).

The underreporting of workplace bullying is often attributed to the normalisation of bullying behaviours in organisational culture (Ferris, 2004), unclear or unsafe reporting channels (Duffy, 2009), perceived lack of support from IAs (Deans, 2004), fear that a complaint will be perceived by IAs as unsubstantiated (Dzurec & Bromley, 2012) and fear of further victimisation (Rayner & Keashly, 2005; Rucker, 2012). Lutgen-Sandvik (2003) describes how bullying in an organisation develops when upper management fail to intervene, resulting in target resignation and the perpetrator turning their attention to another target. She described the cyclical regeneration effect where a culture of bullying becomes embedded in an organisation, underreporting is common, and bullying behaviours are perceived to be accepted. Lutgen-Sandvik (2003) explained the importance of breaking this cycle at the level of upper management, describing it as a “crucial juncture” (p. 487) required to penetrate the bullying culture and encourage future targets to report their experiences of workplace bullying.

While encouraging reporting remains a complex concern that warrants further investigation, witnesses to bullying have been acknowledged as playing an influential role in shaping the bullying experience and its resolution. Paull, Omari and Standen (2012) identified 13 roles a witness to bullying could potentially assume. Witnesses to bullying that associate themselves with a nurse clique may be more inclined to assume an instigating, manipulating, collaborating or facilitating role. In this sense, the witness encourages the bully or creates situations for the perpetrator to victimise the target, often for their own personal benefit. Alternatively, the witness may be inclined to choose an abdicating or avoiding role whereby they allow the perpetrator to continue bullying or simply walk away from the situation – such a role is likely to be considered by those nurses in cliques or who fear victimisation as a result of becoming involved. Other roles of the witness include intervening, defusing, empathising, or defending, whereby the witness takes an active role in support of the target. Assuming such roles, it would seem, influences target understanding and shapes their interpretations of the behaviours they are being subjected to, and in some situations, may encourage them to report. With this in mind, the witness role can strongly influence the outcome of a bullying episode (Östergren et al., 2005).

3.5 Organisational responses to workplace bullying

Numerous recommendations to facilitate effective intervention in workplace bullying can be found in the existing literature, primarily focusing around the design and implementation of anti-bullying policies and training and awareness for employees. However, studies indicate that a high number of workplace bullying complaints go unresolved and that policy alone is insufficient to ensure effective intervention (Guest & Bos-Nehles, 2013; Salin, 2008). A growing number of studies highlight

deficiencies in the implementation of policy by IAs and other personnel responsible for carrying them out (Harrington et al., 2013; Woodrow & Guest, 2013). The following section discusses IA intervention in existing cases as a key area of concern for effective secondary intervention in workplace bullying, with particular focus on the perceived causes of inaction or ineffective action by IAs.

3.5.1 The anti-bullying policy and intervention

The development and implementation of an anti-bullying policy, supported by training for IAs and employees, is the most commonly recommended approach to preventing workplace bullying (see section 3.1.1). However, not only is it recommended as a tool to communicate behavioural expectations, it also provides standardisation and formalisation of intervention processes to support IAs with intervention in complaints of workplace bullying (Rayner & Lewis, 2011). Despite the predominant focus on the development and implementation of an anti-bullying policy to support effective intervention in workplace bullying, there have been few studies to date that explore their efficacy. Salin (2008) was the first study that attempted to do so, where it was found that having a policy did not affect IAs' approach to dealing with a bullying complaint (which was more often reconciliatory rather than punitive) or decrease the likelihood of IAs avoiding taking action. Cowan (2011) found that IAs wanted to help targets of bullying but existing policy design failed to act as a tool to do so. She went on to explain that "anti-bullying measures are not a priority and bullying does not rise to the level of illegal harassment" (p. 323).

Guest and Bos-Nehles (2013) propose a framework consisting of four stages in the implementation process of HR strategies. The first stage of the framework features the decision at organisational level to adopt an HR practice, the second consists of

the quality of the HR practice, the third consists of the decision to make use of the practice, and the fourth stage refers to the quality of the implementation of the practice. The framework suggests that consideration needs to be given to who is likely to be responsible for implementing the practice and who is likely to evaluate the effectiveness of the HR practice. While it is likely that senior management are responsible for the decision to adopt an anti-bullying policy and the quality of it, the decision to make use of the policy, and supporting strategies, is likely to be the responsibility of IAs, and the evaluation of it is likely to lie with the target and the perpetrator, as well as the IA themselves. Existing studies acknowledge that there is a gap between what is intended by anti-bullying policies and what is actually implemented (Salin, 2008; Woodrow & Guest, 2013). The following sections outline how targets perceive IA responses to complaints of workplace bullying and the reasons that IAs choose not to adopt formal organisational policy or practices.

3.5.2 Barriers to anti-bullying policy implementation

Research exploring the target's perspective of intervention indicates that the enactment of policies (i.e. the conducting of investigations into a complaint) is frequently perceived as unfair (Rayner et al., 2002). Much of the qualitative research exploring target experiences of bullying portrays the organisation and IAs as corrupt (Hutchinson, Vickers, Wilkes, & Jackson, 2009), as being full of promises but unwilling to follow-through, and as scapegoating bullying complaints (D'Cruz & Noronha, 2010). For example, D'Cruz and Noronha's (2010) study found that IAs often vocalised their intent to follow-up a complaint or indicated that confidential action was being taken, but targets experienced no response and no change in the perpetrator's behaviour, often resulting in targets resigning from their role.

As previously discussed, workplace bullying is less amenable to intervention than more overt forms of harassment, discrimination and violence due to the subtle, procedural and subjective nature of the phenomenon (McCarthy & Barker, 2000). Unlike many overt forms of harassment, the often covert and context-dependent nature of bullying can create difficulties for identification, with harm occurring only as the target's perception of intent develops over a duration of being subjected to numerous systematic behaviours (Einarsen et al., 2011). Hence, IAs who are unaware of or misinterpret the context can easily downplay many of the covert behaviours associated with bullying. The subjectivity of bullying and different perspectives through which behaviours can be interpreted points to difficulties for IAs in assessing the legitimacy of complaints, an area that is imperative to effectual intervention in workplace bullying (Aquino, 2000). Further, in the nursing profession particularly, cliques are claimed to provide opportunities for nurse bullies to be nurtured, encouraged, and protected from the repercussions of their harmful behaviour (Lewis, 2005). Studies have found, despite having harassment policies, these informal alliances encourage behaviours that are counterproductive to that encouraged by policies by ensuring that complaints are discouraged or ignored (Josephson et al., 1997).

Woodrow and Guest (2013) also identify a number of other reasons for IAs failing to act on organisational policy. The key reasons identified include IAs not having the time or lacking the confidence to do so, not believing it is their responsibility to deal with conflict between staff, and feeling that they will be implicated in the complaint. The research showed that hospitals had policies which aligned with published recommendations regarding good practice. However, “there was a lack of consistency and quality of application” (p. 51-52). Culture was found to play an

important role in this regard as IAs were discouraged from following policy and therefore lost confidence to do so. The researchers suggest that strong leadership is required in order to implement bullying policies effectively, arguing that “top management in the division had key role to play in shaping divisional culture and priorities” (Woodrow & Guest, 2013, p. 53).

Complaints of superior-to-subordinate bullying appear to be those which are most likely to feature IA inaction and failure to implement policy. Superior-to-subordinate bullying is especially prevalent in the nursing profession with alleged inaction and tolerance of bullying behaviours contributing to the silencing of complaints (Stevens, 2002). Harrington et al. (2013) found that IAs legitimise the bully-managers, justifying their behaviours as a lack of management skill, as being in pursuit of high performance, or as being normalised in a high pressure work environment. IAs in their study reported that dealing with bullying claims was “hard, uncomfortable and horrible” (p. 8), especially in terms of trying to decide between two conflicting accounts. IAs felt they had a lack of power when the alleged perpetrator was a manager and difficulties arose as complaints were made within a performance-management discourse. Leck and Galperin (2006) suggest that IAs may be reluctant to address workplace bullying when bullies are otherwise perceived as effective and productive, and that bullies may even be rewarded with promotion.

Concerns with the power imbalance in the investigation of bullying episodes can also be found in the current debate over the efficacy of mediation as a means of finding a resolution to bullying situations. As acknowledged by New Zealand’s former Department of Labour (now the Ministry of Business Innovation and Employment), “mediation is designed to be an empowering process that gives the parties a direct input into the outcome of their dispute, in contrast to litigation, where

the outcome is decided by a third party” (McLay, 2010, p. 19). However, where the perpetrator is in a position of power, despite whether that power is formal or informal, mediation is likely to enforce the existing power imbalance and thus favour the perpetrator. As suggested by Needham (2003), the nature of bullying is such that, through the eyes of the perpetrator, it is often “a game to be won – not issues to be discussed, compromised and action jointly agreed” (p. 36). Hence, if bullying is instigated by an initial conflict, it may only be at this early stage of development when target has not yet been forced into a defenceless position that mediation is likely to be successful. The debate surrounding the efficacy of mediation further supports the need for consideration of the type of intervention depending of the stage of development of the bullying episode (Glasl, 1994). Indeed, bullying episodes that are allowed to develop and escalate over an extended period of time are likely to require organisational intervention (such as power intervention) different from those of an episode in its early stages of development (Glasl, 1994).

3.6 The aims of this current research study

This chapter has discussed the existing literature relating to secondary intervention in workplace bullying and was structured around three emerging areas of focus and concern to researchers, namely the identification and labelling of workplace bullying, target responses to workplace bullying, and IA intervention. Understanding how best to intervene in existing experiences of workplace bullying is not only required to minimise the risk, and subsequent individual and organisational costs, of prolonged and escalated bullying experiences, but also to intervene in bullying at the organisational level by sending a message to employees that bullying will not be tolerated, thus breaking an existing culture of workplace bullying (Lutgen-Sandvik, 2003).

A number of studies identify that effective IA intervention in escalated cases of workplace bullying is almost impossible (Djurkovic et al., 2005; Harrington et al., 2013; Zapf & Gross, 2001). However, a review of the literature indicates that there are still significant gaps where contributions could potentially provide new insight into workplace bullying intervention that could assist organisations with effective intervention. Indeed, ultimately it is the organisation's responsibility and in their best interests to effectively intervene in cases of workplace bullying. This current research therefore aims to develop existing understanding of intervention and contribute to good practice in the management of workplace bullying. Specifically, the study aims to contribute in two ways, by exploring intervention as an holistic process and by examining how work environment factors influence this process.

While three key areas of focus emerge in relation to secondary intervention in workplace bullying (namely identification and labelling, reporting and IA action), these areas have to date been explored as relatively independent components of secondary intervention. As a result, little is known about the cumulative effect of the dynamics within different stages of targets' intervention experience on the intervention outcome. Indeed, the closest researchers have come to understanding intervention as a process are those studies exploring the sequence of coping strategies deployed by targets in response to realising they are being affected by workplace bullying (Djurkovic et al., 2005; Hogh & Dofradottir, 2001; Neidl, 1996; Ólafsson & Jóhannsdóttir, 2004; Zapf & Gross, 2001). Although these studies recognise reporting and IA intervention, they view the bullying experience as the target acting alone and offer little insight into the role of other actors in the experience and how their role influences the outcome (D'Cruz & Noronha, 2010).

The broad body of workplace bullying literature features a number of studies that explore the initial stage of the workplace bullying experience, explaining that targets go through a sense-making process as they come to understand and make sense of their experience (Lutgen-Sandvik, 2008) and may at first be oblivious to bullying behaviours before experiencing confusion as to what the behaviours mean (D'Cruz & Noronha, 2010). The literature gives some indication that this initial stage could have implications for subsequent stages of an intervention experience and the intervention outcome. For example, conflict escalation models suggest that targets of bullying lose control over the bullying experience as it escalates (Zapf & Gross, 2001) which indicates that early identification is likely to increase the likelihood of a target responding constructively to an experience of bullying. The potential advantages of early identification and subsequent intervention are also evidenced in the mediation debate. Further, Hogh and Dofradottir (2001) refer to the importance of the initial sense-making stage for intervention in their acknowledgement that coping responses are influenced by “the subjective element in the person’s perception and interpretation of the environment, and his or her efforts to manage these stressful events” (p. 454). Several studies have explored the type of behaviours experienced by targets and the impact this has on the choice of coping response (Djurkovic et al., 2005). However, further to this, the identification and labelling stage of an experience of workplace bullying has not yet been considered in terms of how it affects effective intervention in workplace bullying.

With the aim of providing a more holistic understanding of secondary intervention and the cumulative process that all too often results in targets exiting the organisation, this research will examine secondary intervention as a process that begins at the identification stage (i.e. the initial exposure to behaviours) and ends at

the point in which the target perceives the bullying to have stopped. Based on the literature, the research assumes that by exploring how targets come to understand their experience as bullying, why targets respond in certain ways and which outcome this leads to, a more complete and comprehensive understanding of secondary intervention in workplace bullying experiences can be developed. The first research question that this study therefore aims to address is:

How do targets of workplace bullying in the New Zealand nursing profession represent their intervention experiences?

Further to understanding the holistic intervention process, this research aims to explore how work environment factors influence secondary intervention. The literature provides strong evidence that IAs struggle to establish the legitimacy and severity of complaints of workplace bullying, and rarely intervene successfully (Cowan, 2011; Harrington et al., 2013; Salin, 2008; Woodrow & Guest, 2013). With little understanding of the best ways to manage workplace bullying, IAs still adopt general employment disputes strategies in dealing with claims of bullying. This generally involves an investigation of the claims (regulated by legal obligations) if the claim is deemed sufficiently serious, mediation between the parties, or an informal discussion with an alleged perpetrator about their behaviours (Duffy, 2009). General complaint processes, such as incident reports, are commonly utilised to avoid historical complaints. Research indicates that the generalised dispute resolution frameworks featured within anti-bullying policies are not often implemented effectively and IAs lack the tools to sufficiently understand and effectively manage complaints of workplace bullying (Salin, 2008). These findings suggest that existing practices for secondary intervention in workplace bullying are

largely ineffective. This current study posits that the efficacy of intervention (i.e. the likelihood of stopping the bullying) could be enhanced by developing an understanding of how work environment factors influence the intervention process and outcome, and in turn, by considering the influence of these factors in the development and implementation of intervention strategies.

The work environment hypothesis (see Chapter Two) has, to date, been explored in regards to how work environment factors encourage or allow workplace bullying to proliferate, therefore treating work environment factors as antecedents of workplace bullying. However, the literature provides some indication that work environment factors could also influence the way in which bullying experiences are handled (Harrington et al., 2012; Leck & Galperin, 2006). Indeed, Woodrow and Guest (2013) identify a need to better understand contextual factors influencing intervention, and Salin and Hoel (2011) suggest that work environment factors, such as organisational policies and processes, job design, and leadership, could all have an effect on how workplace bullying is made sense of, and in turn, how it is managed. This research aims to answer the calls of researchers by examining how work environment factors influence intervention. The second research question that this current research study therefore aims to address is:

How do work environment factors impact on the intervention experiences of targets of workplace bullying in the New Zealand nursing profession?

In conclusion, this research aims to understand targets' intervention experiences as an holistic process and how factors in the work environment influence the process and outcome. To achieve this, this study firstly examines the process that targets of

workplace bullying go through from their initial exposure to behaviours, through to a time when they perceive the behaviours to have stopped. Secondly, it aims to understand the factors in the work environment that influence this process from the perspectives of targets themselves and IAs responsible for organisational intervention. The following chapter (Chapter Four) explains the approach that this research takes to addressing these research questions.

CHAPTER FOUR

METHODOLOGY

This chapter explains the research assumptions underlying the study, the research design and the data collection and analysis processes undertaken. In acknowledgement of calls to undertake research that will develop our understanding of how best to manage workplace bullying, the overarching aim of the research is to further our knowledge pertinent to intervention in workplace bullying. Recognising that workplace bullying is prevalent in the nursing profession in New Zealand and internationally, New Zealand's nursing profession is the population that is examined.

This research study aims to make two important contributions to the literature. The first aim of the study is to develop an understanding of secondary intervention as an holistic process. Once an understanding of how targets represent their intervention experiences has been obtained, the findings are used as a basis for addressing the second aim of this research which is to explore how work environment factors influence the intervention process. This second research aim is explored from target and IA perspectives.

4.1 Research rationale

Academic research into workplace bullying has provided an understanding of the prevalence, causes and consequences of workplace bullying in numerous geographical and industry settings internationally and the field is now moving towards how best to manage the problem. This research aims to contribute by understanding how work environment factors influence the intervention process and the outcome of workplace bullying experiences.

The genesis of the study context occurred as a direct result of the first national study of workplace bullying conducted in New Zealand (Bentley et al., 2009). While workplace bullying research in New Zealand is relatively unexplored, the study of Bentley and colleagues (2009) found a high prevalence of workplace bullying in New Zealand's healthcare industry and, despite finding that managers are largely unaware of the prevalence and severity of the problem, the profession acknowledges that there is a problem of bullying that needs to be addressed. This current study, therefore, sought participative input from a nursing stakeholder group who subsequently asked for the study to be designed to maximise the practical impact of the findings.

Not only does this topic enable the exploration of an identified concern in a New Zealand industry, it aims to contribute to a key gap in the literature by offering further insight into intervention and work environment factors that influence intervention. It was therefore necessary to find a balance between meeting the needs of an industry stakeholder group and the academic requirements of doctoral study. Based on these requirements, I have utilised methods suitable for in-depth exploration of a recognised gap in the literature in such a way that accommodates the profession's needs. The following discussion will firstly introduce the overarching methodological approach and research design including details of the organisations involved in the study. Following this, the two phases of data collection are discussed, including details of the recruitment process, ethical considerations, and data collection and analysis methods.

4.2 Justification for the paradigm and methodology

4.2.1 The methodological approach

This thesis is positioned within a post-positivist paradigm and uses qualitative methods of data collection and analysis. Post-positivism makes no claims of pure or absolute objectivity, but accepts that participant responses are as close to the truth as is possible to obtain. Post-positivists maintain the traditional positivist belief that an experience can be reduced to distinct set of ideas or concepts, but factor in the unpredictable and contradictory nature of human experience (Giddings & Grant, 2007). Although post-positivism asserts that reality is socially and culturally constructed, and researcher objectivity is impossible, the post-positivist researcher aims to stay as close to the words of the participants as possible (Sandelowski, 2000) and uses raw description with little interpretation. The choice of methods is driven by the research questions, and gaining multiple perspectives provides the researcher with confidence that the findings are as close to the truth as possible (Giddings & Grant, 2007).

4.2.2 Research design

Qualitative data collection and analysis methods were selected for use in this study because they were best suited to addressing the research questions and generating valuable theoretical and practical outcomes. Indeed, Lewis, Sheehan and Davies (2008) identified that quantitative research methods produced findings that were not sufficiently detailed to be of value in assisting organisations tackle the problem of workplace bullying. The methods used in this study consisted of semi-structured interviews with registered nurses who believed they had been the target of workplace bullying and focus groups with organisational representatives responsible for bullying intervention. The structure of the semi-structured interviews and focus

groups were guided by two frameworks: (1) an information processing model; and (2) an ecological systems framework. The following sections discuss why each of these frameworks was chosen and how they guided the approach to data collection and analysis.

4.2.2.1 The information processing model

To develop understanding of secondary intervention in workplace bullying, semi-structured interviews with targets of bullying were chosen specifically to provide thematic data that could then explain how targets of bullying in the nursing profession represented their intervention experiences from initial exposure to bullying behaviours through to the intervention outcome. As discussed in Chapter Three, three areas of concern for effective intervention in workplace bullying can be identified within the existing literature; namely the initial identification stage, reporting, and IA intervention.

There are no existing theoretical frameworks that apply directly to the research question. An information processing model was chosen to provide an initial framework to guide the interview process and to provide a foundation for the creation of a new model describing target experiences of workplace bullying intervention because it broadly captures the three areas of concern to researchers around secondary intervention. Further, the model captures intervention efficacy in that it implies that progression through each stage of the model is required in order effectively intervene and thus stop a bullying experience.

Information processing theory is traditionally adopted in the field of psychology, but has since been used by several management scholars as a framework upon which to explore how work environment factors influence a management process. The

specific model used in this study was originally developed by Ramsey (1985) as an information processing approach to examining the application of ergonomic factors to avoid potential hazards in consumer products. The model has since been modified by Bentley (2009) as a tool to examine work system factors impacting on the risk of injury due to slips, trips and falls in the workplace and adventure tourism and sports injuries (Bentley & Page, 2008). The model is helpful because it enables intervention to be recognised as a process and aligns with the calls to explore intervention efficacy in that it leads to an outcome of the bullying experience (i.e. (no) risk of harm). The information processing model used in this study is depicted in Figure 4.1 below.

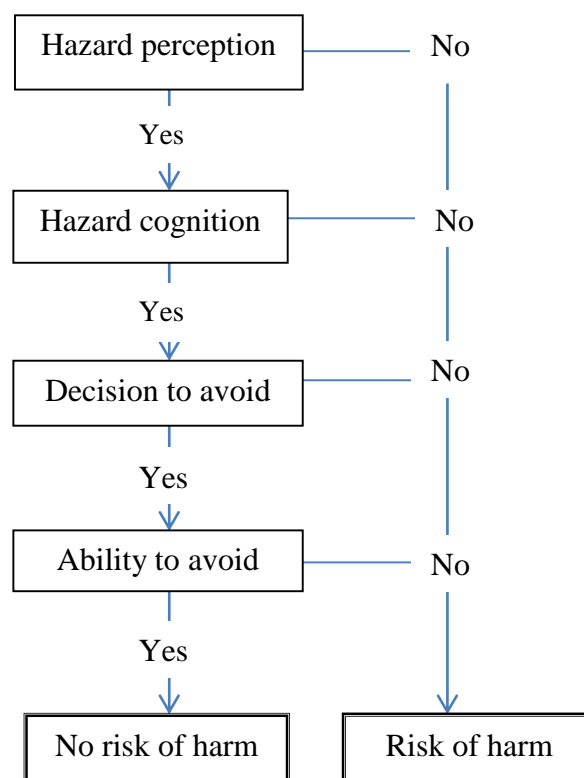


Figure 4.1. The Original Information Processing Framework

Figure 4.1 shows the information processing model used to structure data collection and analysis for this study. As shown, the model consists of four stages: perception, cognition, decision to avoid and ability to avoid. The model assumes that if an individual being subjected to ‘a hazard’ (in this case a psychosocial hazard, workplace bullying) does not perceive the hazard, cognise it as a hazard, decide to avoid the hazard, or is unable to avoid the hazard, they risk being subjected to harm. While the model appears to align with the areas of concern to scholars regarding intervention in workplace bullying, workplace bullying is not a physical or concrete hazard and the subjective and context-dependent nature of the phenomenon is likely to have implications for the applicability of the model. Firstly, as discussed in Chapter Two, a key element of bullying definitions is persistency and frequency of exposure to bullying behaviours. While the model implies that the individual whose information processing is being examined is acting alone with a single hazard, the nature of workplace bullying is such that the individual is exposed to multiple behaviours and it is only after the behaviours have caused harm that the individual is likely to perceive and/or cognise the experience as workplace bullying. Secondly, the ability to avoid stage assumes that the individual has control over the experience and their ability to avoid it. However, as workplace bullying experiences involve more than a single actor, the ability to avoid an experience of bullying may not be within the individual’s control. Indeed, Zapf and Gross (2001) acknowledged that escalated cases of workplace bullying are a no-control situation for targets.

With these implications in mind, the model appears still to be a useful tool upon which to examine the process of secondary intervention in workplace bullying. The model recognises the stages of secondary intervention identified in the literature review and assumes that, should a target not be able to make sense of their

experience, the experience will continue. If they are able to make sense of their experience and identify it as workplace bullying but decide not to report the experience, the experience will continue. And if they identify their experience and report it, but action is not taken that stops the behaviours, the experience will again continue. The model implies that it is only when targets are able to identify their experience (i.e. perception and cognition), choose to take action (i.e. decision to avoid), and receive a response that stops the bullying (i.e. ability to avoid), that exposure to workplace bullying will cease.

Although these are merely assumptions, recognising the stages of the information processing model provides structure to the semi-structured interviews and provides a foundation upon which to explore the applicability of the model, and subsequently provide an in-depth understanding of intervention in workplace bullying as a process, beginning at initial exposure to behaviours and ending at the point in which the target is no longer being exposed to bullying behaviours. Importantly, the semi-structured interviews that make use of this model are structured in such a way as to allow for the process of secondary intervention to be generated from the data rather than holding strongly to the linkages assumed by the original model.

4.2.2.2 The ecological systems framework

As discussed, the information processing model was the framework used to understand how targets of bullying represent their intervention experiences. However, the information processing model alone captures only the representation of targets' intervention experiences as an holistic process and does not provide structure for the examination of work environment factors (required to address research question two), nor how such factors impact on the intervention process. In order to address research question two, whereby factors in the work environment that

influence the developed intervention process are examined, this research considers the information processing framework as existing within an ecological system. The ecological framework was pioneered by Bronfenbrenner (1979) who suggested that human development is influenced by factors that exist within a hierarchical system.

Adopting an ecological framework reflects the growing recognition that bullying is a multi-factorial workplace phenomenon rather than a dyadic issue that exists (and should therefore be managed) between two individuals. Johnson (2011) argued that workplace bullying exists within an ecological framework, whereby antecedents and consequences of workplace bullying exist at the individual, team, organisational and societal levels. As discussed in Chapter Two, the work environment hypothesis is the prevailing approach to understanding the causes of workplace bullying. This study aims to extend our understanding of the work environment hypothesis by exploring how it applies to secondary intervention in workplace bullying. The work environment hypothesis is considered important for this current study because, where existing research suggests that IAs find it almost impossible to intervene effectively in experiences of workplace bullying (Djurkovic et al., 2005; Harrington et al., 2013; Zapf & Gross, 2001), the work environment hypothesis may offer an alternative to understanding intervention efficacy. Indeed, understanding how these factors influence the intervention process could help to support organisations in creating an environment conducive to effective intervention (i.e. work environment factors could potentially be tailored to accommodate target needs). Therefore, combining the information processing model and ecological systems framework allows examination of how different work environment factors influence the different stages of workplace bullying intervention. Figure 4.2 shows how the ecological systems framework is examined in relation to the target's bullying

intervention experience and, subsequently, how the framework guides the approach to data collection and analysis of research question two.

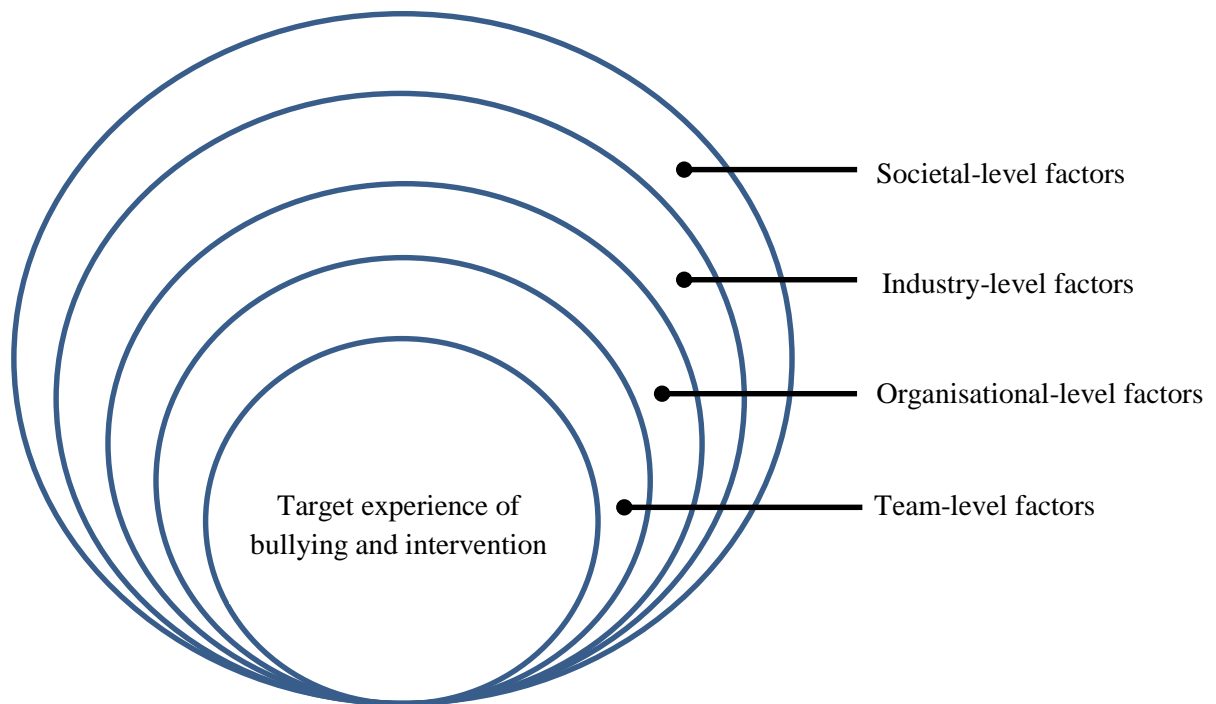


Figure 4.2. The Ecological Systems Framework

4.3 Organisation Recruitment

4.3.1 Site selection

With the aim of securing the approval and engaging the interest of managers at the District Health Boards (DHBs) where participants were employed, the Directors of Nursing (DoN) and Associate DoN (ADoN) at each of New Zealand's 20 DHBs were contacted via email. Three DoNs and one ADoN responded to the email registering their interest in the study. After further study information was provided to each of the respondents, three of the four agreed to participate, and in doing so, agreed to put forward representatives to be actively involved through the research process in a 'stakeholder group'. Each DHB in New Zealand has at least one public

hospital and the three DHBs involved in this study granted access to invite registered nurses employed at their public hospital to participate in interviews. Of the three DHBs involved in the study, one was a large DHB whose public hospital employed over 2000 registered nurses and serviced a large predominantly urban region, another was considered medium-sized, and another small employing fewer than 500 registered nurses and servicing a predominantly rural area.

4.3.2 The stakeholder group

A stakeholder group was recruited in conjunction with the recruitment of the DHBs and consisted of representatives from nursing management, the union and the New Zealand Government (see Table 4.1). The group was involved throughout the study and collaborated with research design, assisting with access, consulted around ethical issues and pragmatic obstacles that hindered data collection progress, and assisted with dissemination of the results.

Table 4.1.

Stakeholder Group Representative Roles

Industry representation	Individual stakeholder roles
Government representation	Technical specialist
Union representation	Professional Nursing Advisor Principal Researcher Educator
Nursing management representation (Hospital A)	Director of Nursing Nurse Leader of Professional Development Research Advisor
Nursing management representation (Hospital B)	Director of Nursing
Nursing management representation (Hospital C)	Director of Nursing Associate Director of Nursing

Management research has been criticised for its lack of relevance to managerial practice (Hodgkinson, Herriot, & Anderson, 2001; Starkey & Madan, 2001). The

decision to recruit a stakeholder group was made predominantly upon the grounds that it was considered important to be able to give back to the participants and organisations involved in the study. The research was designed to increase the likelihood of doing so through both the engagement of influential industry, union and government bodies and their senior management, and through shaping the study (by consulting throughout the research design phase) to address their concerns. Further, the sensitive nature of the research and my own lack of industry experience meant that it was important to consult with industry experts around potential ethical concerns (especially participant and organisation confidentiality) and to identify potential context-specific limitations to participant recruitment and data collection.

Frequent visits and/or email communication was made throughout the duration of the research, where stakeholder contributions were made to research design and the dissemination of findings. With their permission, stakeholder representatives were aware of the other DHBs involved in the study, however the names of individual representatives were kept anonymous to representatives from other DHBs and organisations. Numerous other nursing and union representatives were also involved in the study informally, including union delegates who were employed by the hospitals, HR and occupational health and safety representatives at the hospitals, other nursing managers and representatives from Maori nursing groups.

4.4 Data collection and analysis

Data was collected in two phases. The first phase consisted of semi-structured interviews with targets of bullying with the objective of collecting data relating to both research questions. The second phase of research consisted of three focus groups, one at each of the hospitals involved, with the objective of exploring how

work environment factors influence the intervention process from the perspective of IAs responsible for intervention.

The data collected from the interviews and focus groups was analysed in three sequential stages. Firstly, the semi-structured interview transcripts were thematically analysed in order to identify how targets of bullying represent their intervention experiences and to understand intervention as an holistic process (findings presented in Chapter Five). Secondly, the semi-structured interview transcripts were subjected to further thematic analysis to identify factors that influenced the efficacy (i.e. facilitators and barriers) of the intervention process (presented in Chapter Six). And thirdly, the focus group transcripts were analysed thematically with the aim of examining how work environment factors influence the efficacy of the intervention process from the perspective of IAs responsible for intervention in workplace bullying (presented in Chapter Seven). The following section details each data collection phase in turn, firstly the semi-structured interviews and the two approaches to data analysis of that data, then the focus group and the approach taken to analysing the focus group data.

4.4.1 Data collection phase one

4.4.1.1 Interview design

The primary aim of the semi-structured interviews was to collect data relating to the two research questions from the perspective of targets of workplace bullying. At the beginning of the interview schedule, the following questions were included to obtain information for the study about the general experiences of the participant group (Flanagan, 1954):

- 1) What DHB were you employed in at the time of your experience?
- 2) What was your nursing title and area of practice?
- 3) How long had you been in that role?
- 4) How long prior to your experience had you been a hospital nurse?
- 5) How long ago approximately did this happen?
- 6) How long did the bullying go on for?

To ensure that the participant was a target of workplace bullying, each participant was also provided with a definition of workplace bullying to which they were asked whether they felt that the definition fit with their experience. The definition provided was: ‘numerous negative behaviours towards a single target over a period of time that make the target feel powerless and causes personal harm’. Following this, the majority of interview time was allocated to capturing the stories of each participant’s experience of workplace bullying intervention.

To capture each participant’s experience, the interviews required a structure that was able to explore the information processing model. The structure required information to be gathered about the exact details of how the intervention process unfolded, the perceived efficacy of events in the experience in terms of progressing and ultimately successfully stopping the bullying experience, and it required information to be gathered about the factors that influenced each stage and the resultant outcome. The aim was to capture the events in targets’ experiences in a sequential timeline form, from the very outset when they first suspected they were being bullied, their actions in seeking solutions, and their perceptions of the intervention outcomes. As the stories were told, information about how work environment factors shaped the experiences needed to be obtained. The interviews were structured with joint consideration of the information processing model and the systems framework.

Respect was also given to the principles of Critical Incident Technique (Flanagan, 1954) and Sequential Incident Technique (Stauss & Weinlich, 1997).

Critical Incident Technique (CIT) aims to capture critical incidents observed by the participant and the extent to which they were seen as effective or ineffective in a particular activity. The tool relies on participants' direct experiences and recollection of those experiences with data collection often being in the form of interviews. The objectivity of data is measured on the participant's ability to clearly recall details of the events that occurred. The technique has been used in a variety of forms since it was first developed by Flanagan in 1954, including a study investigating bullying as a social and cultural phenomenon (Liefoghe & Olafsson, 1999). In an overview of research methods applicable to the study of workplace bullying, Cowie and colleagues (2002) acknowledged CIT as an appropriate tool for data collection and discuss its ability to be adapted to suit the aims of a study. CIT is recognised for its flexibility in the collection and analysis of data while having clearly defined criteria upon which the data should be collected.

Critical incident technique outlines procedures for collecting observed incidents that have special significance and meeting systematically defined criteria...it should be thought of as a flexible set of principles which must be modified and adapted to meet the specific situation at hand (Flanagan, 1954, p. 8-9).

CIT, however, has a number of weaknesses in certain contexts. CIT is limited in its ability to capture the cumulative effect of incidents, although this can be gained by adding a 'sequential' or 'process' element to the formulation of research questions (Stauss & Weinlich, 1997). To overcome this, Stauss and Weinlich employed

‘service mapping’ whereby the participants were presented with a horizontal flow chart reflecting the course of a typical customer process and were asked to evaluate their experience at each point of the map. The researchers argued that, although this technique is very similar to CIT, it avoids its weaknesses in that it also captures ‘normal’ incidents and it enables researchers to evaluate the perceived effectiveness of the incident in relation to the stage of the process and what has come before.

To address research question one for this study, capturing how nurses made sense of the bullying experience, some elements of CIT and Sequential Incident Technique (SIT) were incorporated into the interview design. As there is currently no pre-established process for intervention in workplace bullying, the information processing model provided the initial process framework required by SIT for the interview structure (Stauss & Weinlich, 1997). Participants were asked about the events within each stage of this process that they believed positively or negatively influenced whether the bullying experience stopped. Where more explanation was required, participants were asked directly about contextual or work environment factors that they believed shaped the event and the outcome.

By using elements of CIT and SIT, participants were able to tell their experience in the form of a story, enabling each of the stages of bullying intervention to be captured. Where necessary, participants were prompted about a certain event in their experience and the factors influencing the event and, in turn, the intervention outcome. Table 4.2 gives examples of the questions that were asked in relation to each stage of the information processing model. The sub-questions shown in Table 4.2 represent the questions in relation to how participants represent their intervention experiences and the factors influencing the intervention stages and outcome. The events (i.e. critical incidences) were explained in a sequential manner, questions

being repeated for each of the events until the point in which the participant believed that the bullying experience stopped (or until the time of the interview if the experience was continuing).

Table 4.2.

Semi-structured Interview Questions Guided by the Information Processing Model and Ecological Systems Framework

<u>Information processing stage</u>	<u>Questions relating to Research Question One</u> (guided by the information processing model, CIT and SIT)	<u>Questions relating to Research Question Two</u> (guided by the ecological systems framework)
Hazard perception and cognition	<ul style="list-style-type: none"> • Please briefly explain your initial relationship with the bully and how the behaviours started • Can you explain any events that occurred that influenced your ability to identify the experience as workplace bullying? • Do you think that recognising the behaviours as ‘bullying’ was important to your decision whether or not to take action? Why? 	<ul style="list-style-type: none"> • What do you think were the key factors that influenced your ability to identify the experience as bullying? Why? • Can you think of any other factors that, had they been present, may have influenced your ability to identify the experience as bullying?
Decision to avoid	<ul style="list-style-type: none"> • What did you do when you first realised you were being bullied? (Critical Incident #1) • Upon reflection, were there any other options available to you that could have been more effective in stopping the bullying? Why did you choose (Critical Incident #1) over this option? 	<ul style="list-style-type: none"> • What factors influenced your decision to respond to the bullying experience in this way?
Ability to avoid	<ul style="list-style-type: none"> • What were you hoping to get out of taking that action? • Do you believe it had a positive or negative impact on stopping the bullying? Why? 	<ul style="list-style-type: none"> • What factors do you believe influenced whether or not the action taken was effective?

4.4.1.2 Piloting the interview schedule

Prior to commencing the interviews, three pilot interviews were conducted with personal contacts who were nurses who had experienced bullying in the past. Pilot interviews are useful in order to refine an interview schedule prior to the implementation of a study (Sampson, 2004). Although no major changes were made to the interview schedule following the pilot interviews, they allowed me to establish that the interview questions were able to be answered by participants, that the questions were interpreted by participants as expected and that there was no significant resistance to any of the questions asked (Quinlan, 2011). However, through the pilot interviews, I was able to identify that participants were inclined to tell aspects of their bullying experience in the form of a story which encouraged me to allow for flexibility of the interview schedule when implementing the study in order to establish trust (Deans, 2004). However, it also encouraged me to be conscious of the risk of too much interview time being spent on aspects of participant experiences that were extraneous to the research aims. Discussions with experienced colleagues provided me with techniques for how to respond or intervene when the participant stories diverted from the research aims. For example, one colleague advised me how to be more assertive in re-directing the course of the interview should the content being discussed be extraneous to the research questions and aims.

4.4.1.3 Participants and recruitment

Participants were recruited from the main hospital within each of the DHBs involved in the study. Access to participants was granted by the Directors of Nursing at each of the hospitals, who were also members of the stakeholder group. The criteria for

inclusion, developed with respect to the desired research outcomes and the needs of the stakeholder groups, were:

- The participant is a registered nurse
- The participant is currently working in the DHB in a hospital setting
- The participant believes they had been a target of bullying within the last two years

The hospital setting was specified because the stakeholder group believed the experiences of nurses working in the community would be substantially different (in terms of working relationships with colleagues, managerial proximity and autonomy) than those in the hospital setting. The two year time limit was imposed to ensure that participants could recall specific details about their experience (Flanagan, 1954). Based on the ability of pilot participants to recall specific details, I believed that a time period of two years would be a sensible choice of time limit to minimise errors in participant recall. A period shorter than two years would restrict numbers whose experience had yet to be resolved (the average duration of a bullying experience is eighteen months according to Einarsen & Skogstad, 1996).

Nurses were recruited via advertisement disseminated in the form of printed flyers, wall posters and the DHB intranet (see Appendix A). Nurses were invited to email me directly if they met the criteria and wished to participate in the study. Upon receiving an email response, an information sheet (see Appendix B) and consent form was sent via email and a suitable time was booked for the interview. This method was chosen over techniques such as snowball or representative sampling because of the sensitive nature of the research and subsequent need to recruit participants anonymously. The selection criteria and technique ensured that the

participants had direct experience with workplace bullying which supported the authenticity and conformability of the data and subsequent findings (Polit & Beck, 2008). The risk of the recruitment approach according to the stakeholder group was that there was potential for response numbers in the hundreds. To accommodate this, recruitment was staggered across the three hospitals. Measures were put in place whereby purposive sampling would have been utilised had the number of responses been too high. However, the number of responses was such that all responding registered nurses who met the criteria were interviewed.

In total, 40 nurses who believed that they had been a target of bullying volunteered to be interviewed. Of these 40 nurses, 34 believed that their experience met the definition of bullying provided ('numerous negative behaviours towards a single target that made the target feel powerless and caused them personal harm'). Six felt that their experience did not meet with the definition. Of these six, five target experiences constituted a one-off incident that the participant felt was bullying and one acknowledged that they felt bullied but that the alleged perpetrator exhibited similar behaviours to everyone in their team and one nurse did not feel targeted and acknowledged that many of her colleagues were subjected to bullying from the alleged perpetrator. Therefore, a total of 34 target experiences informed the findings of the thematic analysis. 34 participants was considered sufficient as a level of saturation had been met and the number was similar to that of other qualitative studies exploring nurses experiences of workplace bullying (Hutchinson, Vickers, Wilkes, & Jackson, 2010; O'Donnell et al., 2010; van Heugten, 2013).

4.4.1.4 The interview process

To encourage participation and due to the geographical spread of participants, interviews were conducted over the phone. Not only is it suggested that participants prefer this approach to ensure anonymity, but it also encourages disclosure of sensitive details. A study by Sturges and Hanrahan (2004) revealed no significant differences in the interviews between telephone and face-to-face interviews. Studies have also recognised that telephone interviews can motivate participants to be involved in research on sensitive topics where relative anonymity is desired (Fenig, Levav, Kohn, & Yelin, 1993). Indeed, telephone interviewing on topics of a sensitive nature may increase data quality due to participants' perceptions of increased anonymity (Greenfield, Midanik, & Rogers, 2000). Phone interviews also enabled interviews to be conducted in the evenings and weekends so that participants had the option of taking part in the privacy of their own homes; many registered nurses did not have their own office in the workplace.

To ensure that each participant was able to share their experiences in a way that they felt comfortable, the semi-structured interviews were largely in story form, with questions relating to each stage of the intervention experience being asked to encourage participants to elaborate on an aspect of the process or direct them towards the information that needed to be obtained from the interview. Jackson and colleagues' (2010) study provides support for this approach, as they acknowledged that allowing targets of workplace bullying to tell their story helps to build a trusting and open relationship between the interviewer and participant and therefore supports transferability and credibility of the results. Indeed, as predicted by the pilot interviews, participants saw the invitation to be interviewed as an opportunity to voice their story in a safe and confidential environment. Many participants

acknowledged that they were participating in the hope that their story would be conveyed through the research in an anonymous way to increase bullying awareness in their organisation, assist colleagues who face similar experiences, and help the organisation to implement effective intervention strategies.

Following the interview, participants were asked if they agreed to being emailed a timeline representing the most critical incidents and the process of resolution of their experience as it had been portrayed to the researcher. This ‘participant check’ technique was inspired by Deans (2004) who returned the initial findings to participants to make comments about the authenticity of the data. All participants consented to the participant check, with some offering their personal email address so as not to receive it at work. Participants were asked to review the timeline and boxes were provided to add or change information if they believed it had been misinterpreted or misrepresented. Approximately half of the participants replied to the timeline email, agreeing that it fairly represented their experience with three making minor changes of clarification.

Any participants whose experiences were continuing at the time of the initial interview were invited to a follow-up interview in an attempt to capture as many ‘complete’ experiences as possible. These emails were sent between three and six months following the initial interview (interview date dependent), a timeframe which was decided upon on the grounds that participants were likely not to have resigned from the organisation but significant events towards the resolution of their experience may have happened. Nine participants registered their interest to participate in a further interview, of which all were once again conducted over the phone. The initial interview was recapped and the same interview schedule was utilised, beginning from the point in their experience at which the previous interview

had been conducted. Three further participants sent detailed emails of the events following the initial interview which, with their consent, was added to their initial timeline and transcript.

4.4.1.5 Data analysis of semi-structured interviews

As previously discussed, the interviews were designed so as to capture the full extent of participants' experiences from the point in which they first began to notice the behaviours, through to when they perceived the experience to have stopped. Each of the interviews was transcribed verbatim. Two data analysis techniques were used to make sense of the interview data and reflected the two research questions. The first technique consisted of thematic analysis with the aim of developing an understanding of intervention as an holistic process (presented in Chapter Five), and the second involved a more complex thematic analysis process with the aim of understanding how work environment factors influenced the process (presented in Chapter Six).

The first thematic analysis technique, designed with the aim of understanding intervention as an holistic process, followed the six phases of thematic analysis recommended by Braun and Clarke (2006). Data familiarisation occurred at the transcribing of the interviews, and reading each of the transcripts repeatedly while writing initial notes. The data was then fractured and coded using the data management tool Nvivo, following the general framework of the information processing model. As groups of repeating ideas became evident, Nvivo was used to sort the ideas into broad categories while remaining focused on the patterns of behaviours that were identifiable in the experiences (Aronson, 1994). As the coding process continued, it was possible to recognise certain themes (Auerbach & Silverstein, 2003). These were then defined and named to align with the coded data

(Braun & Clarke, 2006). At this stage, although the original informational processing framework was still recognisable, an information processing model for bullying intervention was beginning to develop and I returned to the original transcripts to ensure that the model, and themes that comprised it, still aligned with the original transcripts (Braun & Clarke, 2006). The bullying intervention process that was developed from this technique is presented in Chapter Five.

Once the intervention process had been developed, further thematic analysis was conducted using the same transcripts to identify and explain how work environment factors influenced the intervention process from the targets' perspective. As the coding process progressed, it became clear that features specific to the experience were influencing multiple events that occurred within each participant's intervention experience. In other words, most participants referred predominantly to a set of features that stemmed from the background context upon which their experience was based. Based on this observation, I returned to the qualitative methodology literature and reassessed the approach to this stage of data analysis. With consideration of the nature of the factors explained by participants within their experiences and the aim of this stage of the analysis (i.e. to explain how work environment factors influenced the intervention process, and to provide findings that could be of practical value to the stakeholder group), the typology emerged as the most suitable way of presenting the findings.

A typology is defined in the Oxford English Dictionary as a “study of analysis using a classification according to a general type” (Simpson & Weiner, 1989). The purpose of a typology is “to synthesize meaningful characteristic aspects of individual phenomena in order to explain the occurrence of social events” (Hekman, 1983, p. 121). While it is acknowledged that nothing in reality precisely fits a ‘type’, such an

approach does enable typical models of what is likely to happen provided all actors in a situation act rationally (Eliaeson, 2000). A number of studies on workplace bullying have presented findings in the form of a typology. For example, Paull and colleagues (2012) presented a typology of 13 roles that bystanders to bullying experiences can assume and Ferris (2004) presented a preliminary typology of organisational responses to workplace bullying. Hutchinson and colleagues (2010) utilised a thematic approach to identify a typology of bullying behaviours experienced by Australian nurses.

To develop the typology, each interview transcript was kept intact and each participant experience was re-coded as a whole. The re-coding process consisted of identifying the events within each intervention stage of each individual experience and noting the key contextual factors (referred to in Chapter Six as features) of each experience that the participant believed had influenced whether the incident had a positive or negative affect on the intervention outcome. The experiences were then classified according to common features that had influenced the intervention process.

It is important to acknowledge that real life experiences are messy and complex (Eliaeson, 2000) and, as such, so too were each of the participant's intervention experiences. With this in mind, some participant experiences were influenced by features outside of a common set of background features. The classification process was therefore an iterative process whereby experiences were grouped and regrouped and the associated features were defined and redefined until all of the experiences were grouped into a classification in which the defined features aligned with the features of each of the experiences within it (Kluge, 2000). This meant that not all factors that participants believed had influenced their intervention process were

captured, but that the key features that impacted multiple experiences in a similar way could be explained.

Once each of the experiences had been grouped into a classification whereby the features of the experiences had been defined, I returned to the original transcripts for a final time. This final coding process involved independent analysis of each of the five types identified. Beginning with the most common experience, each of the experiences that fell within this type were coded according to the how the intervention process was influenced by the defined key features. The transcripts were searched for points at which the participant had referred to a key feature, and codes were created according to how the feature had affected the intervention process. At the conclusion of this process, stages of the intervention process that had been affected by the key features were identified and how the features had affected the intervention process became apparent.

Thirteen groups were initially typed but as more comparisons were made, and further subtle changes were acknowledged, the final number of types was reduced to five and these were given a name to represent the most important contextual aspect of the experience. This analysis process was by no means perfect. In order to contain the number of types into a useable size to maximise their potential impact in the workplace, and in order maintain the veracity of each participant's experience, it was important to acknowledge that some compromise was necessary and that some target's stories would overlap into two of the types. Twenty-seven fitted into one type, and seven fitted into two. The typology is presented and explained in Chapter Six.

4.4.2 Data collection phase two

4.4.2.1 Focus group design

Phase Two of the research involved data collection from three focus groups, one conducted at each of the hospitals involved in the study. The aim of the focus groups was to obtain the perspective of IAs about how work environment factors influenced effective intervention in workplace bullying. There were a number of reasons for this. Firstly, due to the approach to target interview recruitment (whereby those who volunteered to participate in the study are more likely to have had a particular negative experience) and indications in the literature that there is a disconnect between target and IA perspectives on effective intervention (Fox & Cowan, 2014), it was important to obtain the perspective of IAs responsible for intervention. It was acknowledged that, while the self-report approach to participant recruitment was the most appropriate technique, the data obtained and subsequent results may have been influenced by societal desirability or negative affectivity (Zapf, Knorz, & Kulla, 1996) and the perspective of IAs provides triangulation and further insight into the problem. Secondly, targets of workplace bullying who participated in the initial interviews drew predominantly on factors relating to the background context upon which their experience was based (reflected in the typology) rather than on broader or systemic work environment factors.

While the main aim of data collection in phase two was to capture data that provided further insight into the second research question, the focus groups also provided an opportunity to present the intervention process and typology as developed from phase one (semi-structured interviews with targets) to key industry representatives and discuss the validity of the model and typology based on their experiences and understanding of workplace bullying in their profession. The perspectives of more

senior representatives with expert knowledge of intervention was required to obtain more detailed information on broader work environment factors influencing the intervention process and, due to the collaborative approach to the research, key industry representative engagement throughout the research was a desired goal.

Focus groups were chosen as the most favourable method for collecting data relating to these aims for a number of reasons. Firstly, focus groups generate descriptions of experiences shared by members of a group and are useful for triangulation purposes (Stake, 2000). Cowie and colleagues (2002) argued that “focus groups provide a useful method for getting responsive data on the nature of bullying at an organisational level” (p. 43). Focus groups were therefore considered a prime opportunity to bring together the multiple IAs (i.e. nurse managers, union representatives and HR personnel) who each have an homogenous goal (as recommended by Zikmund, 2003) of effective intervention in workplace bullying but offer a unique perspective depending on their position in the organisation and in relation to the parties to bullying experience. The focus group method therefore enabled constructive discussion around the findings generated from interviews with targets of bullying and how work environment factors influence intervention from the IAs perspective. Secondly, focus groups were seen as an opportunity to further engage stakeholder group members and other intervention experts at the hospitals, while giving back to members of the stakeholder group in the form of a presentation of preliminary findings.

4.4.2.2 Members and recruitment

The focus groups included members from nursing management, HR personnel and the union, because they were part of the key intervention channels operating in the workplace, as recognised by the literature and the interview participants. As

recommended by Cowie and colleagues (2002), focus group members were selected from a range of work groups, teams and functional areas but still met the requirements suggested by Zikmund (2003) that they had a homogenous goal while providing an element of triangulation (Stake, 2000) in that they represented the key IA channels responsible for intervention in workplace bullying.

Initially, the proposal of conducting focus groups was put to the stakeholder group and a positive response was received. As the stakeholder group consisted of representatives from the nursing management team at each of the hospitals, and union representatives, focus group member recruitment began with the stakeholder group. Firstly, the stakeholder representatives of the nursing management team at each of the hospitals agreed to participate, suggesting other members to invite from the nursing team and HR. Union members were contacted through the union representatives in the stakeholder group. Focus group times were arranged according to the Director of Nursing's schedule in a meeting room at each respective hospital. No members declined the offer to participate on the grounds that they felt uncomfortable, but several declined on the grounds that they were unavailable at the scheduled time. At each focus group, at least two members were present from the nursing management, at least one from HR, and at least one from the union. Member numbers at each focus group ranged from six to eight, which aligns with recommendations of focus group size so as to allow an even power balance across the group while allowing all member voices to be heard (Zikmund, 2003). Recruitment was a transparent process to ensure that all members were comfortable with the process and with the other members present. No concerns were raised in regards to the members who had been invited to attend.

Upon being invited, members were sent a document consisting of a letter of introduction (directed towards those members who were not already a representative in the stakeholder group) to provide a background to the research and involvement of the hospital, to inform them of the collaborative research approach and overall aims of the study, and ultimately to initiate a relationship and introduce an element of trust in the hope of setting the scene for positive and constructive discussion in the focus group. The document also included a discussion guide (as recommended by Zikmund, 2003) and sample consent form, the focus group programme, and an overview of the typologies to be discussed in the focus group.

4.4.2.3 Conducting the focus groups

In conjunction with designing the focus group structure and programme, a pilot focus group was conducted with six colleagues present including my supervisors and other academics in the School of Management. Although it was acknowledged that the content of this focus group was unlikely to reflect that of the focus groups to come (as although the colleagues had an understanding of the bullying literature, they had limited experience of the nursing industry), the colleagues present had experience in facilitating focus groups and offered their expertise regarding unique approaches to collecting data and possible obstacles to consider around audio recording and transcription, time management, and note taking. This advice was taken into consideration in the focus group preparation and design.

At the beginning of each focus group, members were informed of the background to the research and their rights as a participant in the study, and were then asked to sign the participant consent form. The intervention process model and typologies, developed from the initial interviews, were presented to the group. Presenting the focus group members with typologies was a technique from which to elicit ideas and

experience, as well as upon which to facilitate further questions (Cowie et al., 2002). While providing a broad structure upon which to elicit discussion, structuring the focus group around the typologies still enabled the focus group format to be relatively unstructured, free-flowing and flexible, encouraging members to discuss amongst themselves with the interviewer acting only as a moderator (Davidson & Tolich, 1999; Madriz, 2000; Zikmund, 2003).

As the presentation progressed, members spoke about their perspective on dealing with each of the scenarios and their experience in terms of the implications for intervention. Members were offered the opportunity to disagree with any findings presented or contribute another scenario that they may have felt did not fit into any of those captured through the initial interviews. Each member was given an A3 sheet of paper which, throughout the presentation and discussion, they were asked to write notes on about the aspects of the intervention process they believed were important to intervention, noting the scenario they believed it applied to when applicable. Upon concluding the findings presentation and discussion component of the session, members were asked to highlight in one colour those aspects of intervention that they believed were supported by factors (facilitators) at the organisational or industry level in terms of their efficacy for addressing bullying, and in another colour the aspects which were restricted in their efficacy due to barriers at the organisational and industry level, noting the facilitators and barriers alongside the relevant aspect. These facilitators and barriers acted as the framework for the remainder of the discussion.

For the remainder of the discussion, members were asked to put forward, drawing on the typologies as discussed and notes they had taken, the work environment factors that they believed influenced the intervention process for nurses. Constructive

discussion was encouraged amongst the members from the different intervention channels present as to whether or not they agreed and how they thought the factor put forward influenced intervention. Two forms of data were collected from each focus group, namely the audio recording and the A3 notes page from each member.

4.4.2.4 Data analysis of the focus group sessions

Focus group data can be analysed in numerous ways, including for example, content, thematic, ethnographic, narrative, and discourse analysis (Wilkinson, 2011). Thematic analysis was chosen as the approach to focus group data analysis for this study as it was appropriate to identify the key work environment factors and how they influence intervention. Each of the focus group discussion recordings were transcribed verbatim and relevant notes from member note sheets added into the transcription where applicable. The transcripts were then subjected to thematic analysis using the framework of societal, industry, organisational, and team level factors to structure the analysis (i.e. systems framework). While initially members were asked to identify ‘facilitators’ and ‘barriers’ to effective intervention at these levels, participants felt that many of the factors acted as both (i.e. strong leadership capabilities versus a lack of leadership capabilities); the analysis was altered accordingly. Once analysed, an overview of the key themes was sent to the members from each focus group and respective DHB stakeholders for feedback and to provide the opportunity to add any relevant data they had since thought of. One focus group member forwarded the overview to a Maori representative in their organisation who provided further written data on factors influencing intervention from a Maori perspective which was incorporated into the analysis.

4.5 Ethical considerations

4.5.1 Ethical considerations for the interviews

Full ethical approval from the Massey Human Ethics Committee (MUHEC) was obtained prior to the commencement of data collection (see Appendix C). One of the three hospitals participating in the study also had their own ethics and research approval process that was obtained with the guidance of the hospital's research team. Further to many of the ethical concerns needing to be considered with most research projects, there was specific consideration given to participant and organisation anonymity and risk of harm in being asked to relive sensitive experiences. As part of obtaining research approval from the hospital that required it, a formal agreement was signed whereby I was required to obtain approval from the hospital for any presentation or publication resulting from data collection at the hospital.

Participant rights were acknowledged on the information sheet (see Appendix B). Participants were informed of their right to decline to answer any question, withdraw from the study until one week following the interview, ask any questions about the study, be provided with a summary of the findings, and ask for the recorder to be switched off at any time during the interview. The rights provided on the information sheet with consistent with research obligations for research conducted under MUHEC approval.

One important issue was raised by the stakeholder group and that was the possibility that registered nurses who viewed the advertisement may respond looking for advice on a continuing experience of bullying. It was therefore made explicit on the participant information sheet that I was not in a position to offer advice about experiences of bullying. Instead, key support persons/groups were listed on the

participant information sheet that registered nurses could contact for advice. These support persons were purposefully selected on their previous experience in dealing with situations of bullying and included nurse union coordinators at the hospital, HR personnel, and senior nurse managers. The location of the hospital's bullying and harassment policy was also stated on the information sheet.

As the interviews were conducted over the phone, participants gave oral rather than written consent. Prior to commencing the interview, each participant was asked if they had read and understood the participant information sheet, agreed to what was stated on the information sheet, and asked if they had any further questions about the study. The participant rights, as stated on the information sheet, were also recapped prior to the start of each interview. Participants were also reminded that, as we were speaking over the phone, I was restricted in my ability to gauge how they were feeling. Participants were told that, if any time they felt uncomfortable, they were not obliged to answer the question that had been asked. They were also asked to inform me if they were starting to feel upset. During several of the interviews, participants did report that they were feeling upset which I was also able to gauge through a breaking voice, changes to the tone of voice, and, on rare occasions, sobs. When this happened, the participant was asked if they would like to stop the interview but in all cases the participants indicated that they wanted to continue. In no cases did the support number of EAP counselling and Lifeline need to be provided.

In terms of data presentation, great care has been given to protect individual identities. The use of individual timelines and stories is not presented in this thesis, except in the case of three vignettes (Chapter Five), carefully selected because they lacked specific identifying features and reflected tales of bullying that were commonly told. They were therefore unlikely to allow identification of the

individuals concerned. Quotes from interviewees are given identification numbers throughout the thesis to protect individual identities.

4.5.2 Ethical considerations for the focus groups

A low risk notification was submitted to MUHEC as an extension of the original full ethics application and approval prior to the commencement of this phase of data collection. Upon discussions with the stakeholder group representatives who were also going to be focus group members, developing and maintaining trust throughout the focus group was considered a key consideration in order to encourage open and honest discussion. With that in mind, stakeholder representatives requested that no other facilitator or note-taker was present, and asked for audio recording of the discussion, rather than visual recording. To overcome the obstacles this created in remembering who contributed which perspective in the discussion, each member's focus group pack (containing all of the information required and note sheets) was colour coded according to the intervention channel they represented (i.e. nursing management, HR, or union). This also meant that members were not individually identified on any of the data forms collected in the focus groups, but their perspective was clear.

The source of the findings presented was anonymous, with each focus group being aware that the data had been collected at their hospital and two others, but unaware of the names of the other two hospitals. Members were informed only of the number of participants that had been involved in the study at their hospital, and that all further findings were analysed and presented according to the total number of interviews across the three hospitals (i.e. the findings presented consisted not only of participant experiences from their hospital). Only one scenario (the 'role-related experience') consisted of experiences from only two of the three hospitals. However,

focus group members from the hospital in which no participants had reported that type of experience still acknowledged that this type of bullying existed, or had existed in the past, in their hospital setting.

4.6 Conclusion

The research design and methods chosen to collect and analyse data for this study was driven by the aim to address the two research questions and understand how work environment factors influence the intervention process for targets of workplace bullying in the New Zealand nursing profession. To summarise, data collection was carried out in two phases. The first phase, consisting of semi-structured interviews, aimed to collect and thematically analyse data to develop an holistic process model explaining how targets of bullying in the nursing profession represent their intervention experiences. The holistic intervention process is explained in Chapter Five. The semi-structured interviews with targets also aimed to explore how work environment factors influenced the identified intervention process. Through the data collection and analysis process it was found that targets of bullying referred predominantly to a set of contextual factors in regards to how their experience was influenced. The contextual factors influencing the intervention process are presented in the form of a typology in Chapter Six. The second phase of data collection consisted of focus groups with IA representatives to obtain their perspective on the intervention process and typology, and provide further insight into how work environment factors affect workplace bullying intervention. The findings resulting from the focus groups are presented in Chapter Seven.

CHAPTER FIVE

THE HOLISTIC BULLYING INTERVENTION PROCESS

This chapter is the first of two chapters that presents the key findings from the semi-structured interviews with targets of workplace bullying. The aim of the interviews was to understand the holistic process of bullying intervention and how factors shaped the intervention process for targets. This particular chapter focuses on explaining the process of bullying intervention. The chapter begins by describing the demographics of the targets who participated in the study and the key features of their bullying experiences. Following this, ten key themes are presented which explain how the intervention process for targets of bullying is represented. Finally, a model is presented to show the relationships between the themes and demonstrate how the themes fit within the holistic intervention process. Three vignettes of participant experiences are presented to illustrate the application of the model.

5.1 An overview of the experiences

All 34 targets who participated in the study were registered nurses who were employed at the time of the interviews at one of the three New Zealand hospitals involved in the study. They believed that they had been exposed to ‘numerous negative behaviours towards a single target over a period of time that made them feel powerless and caused them personal harm’. Although each participant believed that their experience met this definition, each experience was unique and varied in terms of the behaviours experienced, the characteristics of the target and perpetrator, the length of the experience, and the nature and success of the intervention process.

Although the behaviours and consequences were not the main focus of the interviews, each participant recalled numerous behaviours and consequences

throughout the telling of their intervention experiences. The behaviours reported were most often related to the target's work with all 34 participants reporting some form of work-related bullying behaviours. Only two participants reported attacks on personal attributes that were unrelated to work. Criticism of the participants work (n=18), micro-managing and controlling behaviours (n=13), and general aggression and intimidation (n=11) were commonly reported behaviours. Other participants explicitly mentioned ignoring (n=9), screaming and yelling (n=8), public humiliation (n=7), blaming (n=6), withholding information (n=7), withholding work opportunities (n=7) and inflexibility with hours of work (n=5). Two participants recalled forms of physical abuse, while one recalled threats of physical abuse.

Participants also reported a range of consequences as a result of being subjected to bullying. Participant Nurse 04 (N04), for example, listed the consequences of the bullying for her:

There's anxiety, sleeplessness, self-esteem, tearful all the time, not wanting to go to work, just reactive depression. It's almost like you hold on before you even get out the door. A lot of sick leave, I was sick for a long time. (N04)

Similarly, N15 described:

And certainly I had changed; I was just a mess. I put weight on. I was a mess, I cried all the time. I've got children and they were all sort of like, wondering what the hell mummy was doing crying in her bedroom all the time. (N15)

The most commonly reported consequence was deteriorating levels of confidence, which was explicitly mentioned by 11 participants. They reported feeling “distraught” (N22), “absolutely broken” (N15), “disturbed” (N18), “drained” (N20) and “frightened” (N21, N26). Participants spoke about how they became incompetent and made errors at work (n=9), that they wanted to resign (n=5), and did not want to go to work (n=5). They reported crying (n=8), sleeplessness (n=4), and taking sick leave (n=3). One participant even spoke about taking “drugs and alcohol and driving that little bit too fast” (N21). Four participants also stated how they felt that the experience had ruined their future employment opportunities.

The length of the participants’ bullying experiences ranged from several months to many years. Eight participants reported the experience lasting several months, and 15 reported the experience lasting more than two years. The remaining 11 participants reported their experience as lasting one to two years. All 34 targets were female and identified the perpetrator to be female in all but one instance. Four participants had been registered as a nurse for less than 10 years, 10 had between 10-20 years’ experience as a registered nurse, and 20 were registered more than 20 years ago. Thirteen participant experiences featured bullying from their direct line manager or preceptor⁴, two from a subordinate, seven from a nurse colleague of equal status in their team, five from a colleague who was not in their team (two were doctors), and seven participants acknowledged that their experience featured a clique, whereby there was more than one perpetrator. Fifteen were new to their role when the bullying started while the remainder had been in the role for some time. Of

⁴ A preceptor is a term used in the nursing profession in New Zealand to denote a teacher or instructor. A preceptor may hold a formal management position or may be a colleague. When nurses start employment in a new team, they are generally assigned a preceptor for support and guidance. The preceptorship is generally informal and unstructured and does not have an established duration (i.e. it fades out as the new nurse gains experience and no longer requires support).

those who had been in the role for some time, five participants acknowledged that the bullying started when the perpetrator was new to the role, and three acknowledged that the bullying started after changes were made to either the target or perpetrator's role.

Twenty-four participants confronted the perpetrator in response to the bullying, but many of these did not explicitly use the term bullying when doing so. Twenty-eight participants reported to one or more IA channels. The most common channel through which bullying experiences were reported was managers who were not the direct line manager of the target (n=17), while reporting to direct line managers was also common (n=15). Participants also recalled reporting to HR personnel, union delegates and/or coordinators, and external parties such as lawyers. Six participants did not report their experience to any intervention channel at all. Table 5.1 shows the number of participants who reported to each of the channels.

Table 5.1.

Target Reports to IA

Intervention Agent	Number	Percentage
Did report	28	82
Did not report	6	18
Total	34	100
Direct line manager	15	29
Manager (not direct line)	17	33
Human resources	9	17
Union	6	11
External party (i.e. MBIE, lawyer)	5	10
Total reports	52*	100
<i>* The total reports (n=52) equates to greater than the total number of participants (n=34) because participants often reported to more than one IA</i>		

Of the participants who reported their experience, 13 featured no action taken by the IA, while the remainder featured one or more intervention actions being taken. Actions taken by IAs included meeting with and/or disciplining the perpetrator, mediation, coaching the target to cope, team building, ‘buddying-up’ the target with another senior nurse colleague, and leadership/preceptor training for the accused. Of the 34 target experiences, 15 experiences were continuing at the time of the interview. Two featured the target and perpetrator still working together and the behaviours had stopped, and a further three featured a situation where the behaviour was continuing but it was controlled and no longer causing harm to the participant. Twelve participant experiences ended because they resigned from the role and two had ended because the accused had resigned.

Table 5.2.

Intervention Action by IA

Intervention action by IA	Number	Percentage
Not applicable (experience not reported)	6	18
No action taken	13	38
Action taken	15*	44
Total	34	100
<i>* Only one of these participants acknowledged that the action taken by the IA had been successful in stopping the bullying experience.</i>		

Table 5.3.

Intervention Outcome

Intervention outcome	Number	Percentage
Continuing	15	44
Target resigned	12	35
Perpetrator resigned	2	6
Bullying stopped	5**	15
Total	34	100
<i>** At the time of the interviews, three of these participant experiences were continuing but currently controlled. These three participants acknowledged the possibility of the bullying escalating again.</i>		

The participants were employed at one of three New Zealand hospitals at the time of the interview. Twenty-six interviews were conducted with targets from Hospital A, five from Hospital B and three from Hospital C. The size and location of the hospitals had an influence on the experiences reported but did not appear to be a key concern to the applicability of the findings. For example, unlike Hospital A participants, Hospital C participants acknowledged personally knowing senior management and the HR team. However, participants from both hospitals represented their intervention experiences in the same way.

5.2 Target information processing: The themes

Interviews with targets of workplace bullying were conducted based on an information processing model, with targets being asked about incidents that occurred at each of the information processing stages and what factors influenced each of the incidents. By approaching the interviews in this way, data was collected regarding how targets of bullying represented their intervention experiences. The information processing model has not previously been used to examine intervention in workplace bullying. Therefore, the stages of the intervention process have been defined to align with existing literature of intervention in workplace bullying.

While perception and cognition are considered distinct stages of the original information processing model, in regards to workplace bullying, the literature recognises a ‘sense-making stage’, which begins from the time of first exposure through to the time at which the target identifies the experience as one of workplace bullying. The assumed concern for effective intervention at this stage is that targets are unable to respond constructively to workplace bullying unless they are able to identify the experience as such. Further, the longer it takes for targets to make sense

of their experience, the more likely it is that the bullying experience and cycle of demoralisation will escalate. In this current study, perception and cognition is therefore combined as one stage of the intervention process and is considered as the stage in which the target comes to identify their experience as workplace bullying.

As explained in Chapter Three, although there are other response alternatives available to targets of workplace bullying, targets are often unsuccessful when relying on coping strategies and reporting to a IAs is therefore imperative to effective intervention. Therefore, in this current study, the decision to avoid stage is conceptualised as when the target reports the experience to an IA. The ability to avoid is conceptualised the IA's ability to respond in such a way that stops the target from being exposed to further bullying behaviours. By examining perception and cognition (i.e. identification), the decision to avoid (i.e. reporting), and the ability to avoid (i.e. IA response) as sequential stages that ultimately lead to the outcome of an intervention experience, the aim of this study is to examine secondary intervention in workplace bullying as an holistic process and the themes generated relate to how target experiences progress through the intervention process to ultimately stop the bullying experience.

This chapter presents the results of the thematic analysis of how targets represented their experiences of workplace bullying intervention. The results presented here are structured according to the 10 themes that emerged as a result of the analysis, and a secondary intervention process model explaining how targets represented their intervention experiences is presented. The chapter concludes by providing vignettes of three participant experiences that explain the application of the holistic intervention process.

5.2.1 Perception and cognition

This section presents the themes that emerged as influencing the identification stage of participants' experiences in terms of their ability to progress to the decision to avoid stage of the intervention process. While participants could recall initially noticing behaviours and struggling to identify the behaviours as workplace bullying, the continual process that participants recalled was primarily identifying the behaviours as unreasonable. Other definitional elements of workplace bullying were not raised by participants when recalling how they came to identify their experience as workplace bullying. For example, the duration and frequency of the behaviours did not emerge as a key theme of participants' cognising their experience. Indeed, six participants felt that they realised that the experience was bullying 'immediately' and another five (which have been excluded from the remainder of the analysis as discussed above) acknowledged that their experience featured a single incident. Of those who took some time to realise, duration and frequency was an underlying element, but not explicitly acknowledged as a key consideration in cognising their experience. For example, targets put initial behaviours that made them feel uncomfortable down to a one-off incident (N31), management style or requirements (N09) or personality differences (N24). Participant N03 initially attributed the behaviours to the personality of the perpetrator.

I didn't think of it as bullying initially. I just thought this is somebody who likes to pretend to be the know-all and doesn't like to share knowledge. (N03)

Similarly, participants N25 and N09, who were both new to the team environment, did not initially interpret the behaviours as unreasonable.

It took a while because initially I thought, I'm new to this position and this must be the way they do things over here. (N25)

I thought, no, this must be acceptable. All the other new grads must have gone through this, which is probably why I accepted it at first. (N09)

With duration and persistency of behaviours and re-evaluation of the environment in which the behaviours were exhibited, participants' interpretation of the behaviours began to change and experiences were identified as bullying as participants came to recognise the behaviours as unreasonable. Assessing the 'reasonableness' of the behaviours was therefore key to the identification stage of the intervention experience, although duration and frequency were underlying elements in that it took systematic exposure to behaviours to change participants' interpretation of what was unreasonable. Participants considered what was 'unreasonable' by interpreting and evaluating the nature of the behaviours in relation to their expectations of behaviours within that environment. By doing so, participants sought to confirm that they were not at fault, or they sought to establish that the individual exhibiting the behaviours was a bully; these represent the first two themes that are discussed below.

5.2.1.1 Theme #1: It's not my fault

In reflecting on their experiences, participants recalled that the experience had been going on for some time prior to them identifying it as workplace bullying. During this time, participants struggled with making sense of the experience by exploring why they were feeling victimised. Participants initially felt that "it was my fault. I must be doing something wrong" (N04) and "maybe I just need to harden up" (N09). Unclear expectations of what behaviours should be tolerated in the work

environment caused participants to question whether the hurt that they were feeling was justified. Feelings of fault escalated in targets with duration of the experience. Participants expressed a loss of confidence from the “little incidents that were chipping away at my soul and my character” (N24) that made them ask themselves “maybe I am useless” (N24). Participant N17 is one example of how fault is escalated through resulting errors in the workplace.

But I was losing my confidence and I was actually more like an idiot day-by-day, you know what I mean, I didn't believe in myself, I was beginning to wonder...you know. (N17)

Similarly, participant N32 recalled:

So I started to think at first, maybe I need to be better. Maybe this is criticism for my own good. Maybe I need to lift my game. But after a while, it takes away your self-esteem and it actually disempowers you as a nurse, because I then started to question myself. (N32)

How participants came to confirm that the behaviours were unreasonable was a process of determining that they were not at fault. Participant N32 recalled this process taking a long time for her.

This is something that belongs to them and not to me – it's taken me a long time to figure that one out. (N32)

Participants searched for validation of their own performance and actions in the work environment. Where behaviours were unable to be confirmed as unreasonable based on features of the experience itself, participants sought support from colleagues, IAs,

or factors in the environment that would allow them to benchmark their performance and alleviate feelings of fault. Participant N04 was unable to find this support and reflected on how it had affected her.

I really needed someone to say ‘hey I know what you’re feeling and it’s not in your head, it’s not you’. But I just thought it’s my fault if nobody else has been feeling like this. (N04)

Other participants found the support to validate their performance and alleviate feelings of fault. Participant N29 found validation in her organisation’s anti-bullying policy, while participant N09 was able to find support by benchmarking her performance against the performance of her colleagues.

Everything that was listed under bullying, I could tick just about all of it off. And suddenly my stomach settled and I could see what was happening. (N29)

I’ve read other nursing notes and I’m sorry to say that they’re quite rough and not full sentences. At the end of the day I questioned myself, but there was really nothing to justify why she behaved that way towards me. (N09)

Confirming that the behaviours were not their fault was central to participants identifying the behaviours as unreasonable. Participants deployed coping responses prior to confirming that the experience was unreasonable. However, responses were indirect and self-focused (i.e. passive), rather than attempting to address the perpetrator’s behaviour (i.e. constructive). For example, participants N04 and N29

recalled changing their own work ethic and enhancing skills in order to avoid further work-related behaviours.

I just thought it was me. I thought, oh I'm not good enough, so you do some more study and try harder and harder and harder. (N04)

So I'd make sure that I dotted my I's and crossed my T's so that I knew in my heart that she had no good reason to pick on me. (N29)

Participant N23 exemplifies how alleviating feelings of fault often results in more constructive coping responses; the participant recalled confiding in a senior colleague about work-related behaviours that she was experiencing and, although the colleague's advice was to get a new job, alleviating feelings of fault encouraged the participant to remain in the role and deploy constructive coping strategies. An extract of the interview with participant N23 is provided below:

Participant N23: "I went to talk to one of my senior colleagues and they said 'what they're talking about is being really quite petty'. And then I think I decided that it wasn't really my fault and that I would stay and fight it. The person that I spoke to before, his advice was to get a new job."

Interviewer: "Their advice was to get a new job?"

Participant N23: "Yes"

Interviewer: "But instead the conversation with them made you want to stay and fight it?"

Participant N23: “Yeah, yeah, yeah”

Alternatively, participant N24 had quite a different experience due to internalising feelings of fault and questioning whether the behaviours were unreasonable. The participant resigned from her role.

I’d just lost all confidence and I thought I had to do something else, somewhere else. Because you get that feeling where you think, maybe it’s me. And I guess I had to prove to myself and work somewhere else to know that actually it wasn’t me. (N24)

5.2.1.2 Theme #2: They’re just a bully

Identifying that the behaviours were unreasonable was also a process of confirming that the perpetrator was a bully. Participants recalled initially “trying to think the best of people” (N19) and “making allowances for [the bully] because the other side of that person was very charming” (N32). They acknowledged that “personalities come into it too” (N24) as they struggled to determine the intent of the perpetrator. Participant N19 spoke about her process of identifying that the behaviours were happening for a reason.

Slowly the pennies were beginning to drop that these things were happening and they were happening for a reason. (N19)

N19 went on to say:

I realised this woman was a bit of a manipulator, even a master manipulator. You know what I mean? I felt that she had some skills that my naivety had made me not see. (N19)

Identifying the behaviours as unreasonable was therefore a process of shifting blame to the perpetrator and finding support on which to confirm the blame.

Participants found support in confirming that the behaviours were unreasonable by observing the perpetrator's behaviours with others in the team environment. For some participants, this involved realising that they were not the only one experiencing similar behaviours.

But then as time went on, I noticed inappropriate behaviour from this particular person to other people as well. (N25)

It never really occurred to me that it was bullying for quite some time until I guess I'd been there a while and I heard that actually what was happening wasn't unique. (N03)

Confirming that the perpetrator was a bully generally resulted in participants responding with constructive coping strategies. For example, once participant N08 had confirmed that the perpetrator's behaviours were unreasonable, she then confronted the person.

She was very unfriendly and unsupportive for someone who's meant to be teaching me. So I chose to address it by being assertive and I said, 'I'm not happy. I don't feel supported by you'. (N08)

Alternatively, participant N04, who did not identify the perpetrator as a bully, reflected on how she was likely to have taken constructive action should she have been able to do so.

I probably would have looked into avenues to do something about it. I think if [colleague's name] had come up to me earlier and I'd been aware that she'd been bullied in the past...I think if someone come along and taken me under their arm, it would have empowered me somewhat. (N04)

Participants' ability to identify behaviours as unreasonable, by confirming that they were not at fault and/or by determining that the perpetrator was a bully, therefore influenced the decision to respond constructively to an experience of workplace bullying. Interestingly, participants often took constructive action without vocalising the experience as 'workplace bullying'. For example, participant N23 recalled not actually ever using the term bullying to describe her experience. Similarly, participant N11 acknowledged identifying the behaviours as unreasonable but "I wouldn't have even thought of it as bullying except a colleagues of mine had said that it was". Participant N33 acknowledged reporting to an IA about "negative comments, insisting that I stay after hours, and accusations of being slack and sloppy" and admitted that she "knew it was completely unreasonable" but never used the term bullying when she initially reported to the IA. This finding suggests that, although identifying an experience as one of workplace bullying is required to make a formal complaint of workplace bullying, the decision to deploy constructive coping responses is more dependent on identifying that the behaviours are unreasonable, rather than specifically labelling the experience as workplace bullying.

5.2.2 Decision to avoid

This section presents the themes that emerged as influencing the decision to avoid stage of participants' experiences and their willingness and ability to report to IAs. Although there were examples of participants acting on impulse, once participants

had assigned fault and/or determined that the perpetrator was a bully, participants then considered factors relating to IAs in deciding whether or not to report. The decision not to report the experience was therefore primarily a process of ‘predicting’ the likelihood of a negative response from an IA. Three key themes emerged in regards to predicting, namely: predicting the likelihood of disagreement, predicting no change, and predicting repercussions. Where the outcome of reporting was expected to be negative (i.e. not be perceived as substantiated, nothing likely to change, or likely to make the situation worse), more passive coping responses were chosen, whereas if the outcome was expected to be positive, participants made the decision to report their experience.

5.2.2.1 Theme #3: Predicting disagreement

Participants recalled making a decision about whether or not to report by predicting the likelihood that the experience would be believed, or perceived as substantiated, by IAs. Although at this point feelings of fault had been alleviated and/or the perpetrator had been identified as a bully, participants expressed the feeling that IAs may perceive the complaint differently. For example, participant N22 explained that she did not report because she felt that the performance accusation against her from the perpetrator was a likely cause of the IA believing the perpetrator over her.

Well I was in a difficult situation because they would look at it as if I was just disgruntled by the disciplinary [action] that she put forward to me...I just felt that they were biased, in the explanation that they'd been given about me from this team leader. (N22)

Similarly, when asked why she didn't report to an IA, participant N20, who was experiencing bullying from a clique of nurses, felt that the IA would believe them over her.

Because I thought it opens such a can of worms and it'll be against six or eight nurses who all band together. So it would look wrong, you know what I mean. I felt the odds were so against me. (N20)

Participants struggled with how they would convey the seriousness of their experience to an IA who had not seen the behaviours first-hand and feared that “these little tiny niggles, that if I isolated them, it looked ridiculous” (N15) and “if they don't do it where these people can see what they're doing, it makes it really hard” (N01). As participant N07 states:

Unless the people in the situation knew or the people who were familiar with me listened to my story before; know who I am; know what's going on; if some strangers come in they don't know what's going on. It's very hard to explain those things. (N07)

Similarly, participant N20 did not report to an IA because “they're not at the meetings, they don't know what's going on”.

Personal attributes, especially in terms of their leadership style and values, was raised by participants as influencing their decision to approach an IA. This was more commonly raised when reporting to a manager, rather than HR, who participants rarely knew personally.

[The manager] is a transformational leader. She's very understanding; she's very aware. (N19)

I did go to the manager and voice my concerns because at the time she and I were quite close. (N05)

Alternatively, participants believed that IAs were personally closer with the perpetrator and therefore predicted that the IA would agree with the perpetrator over them. When asked why she didn't approach an IA, participant N04 replied:

Because to me, she's in bed with everyone. Everyone thinks she's wonderful and she's got in with the managers and everyone up higher, so people below her have got no way of getting through because no one's going to understand it. (N04)

5.2.2.2 Theme #4: Predicting no change

Participants recalled making a decision about whether or not to report by predicting the likelihood that IAs would take action that would be successful in stopping the bullying. Participants reported that some managers were proactive and likely to take action on a complaint. Participant N05 believed that her manager was likely to deal with a complaint in a way that would bring about change. When asked why she reported to her manager, participant N05 described the leadership style of her manager as the reason for her approaching him.

Well, he was very good at listening to problems and trying to figure out a solution, and he always involved you in it. (N05)

Similarly, N08 decided to report to her manager because of her reputation of responding proactively to relationship issues. However, she acknowledged that proactivity in managers that she had worked with was rare.

Yes, [I reported to] my team manager. She's probably one of very few who will ever go anywhere near addressing issues of communication and relationships in the team. (N08)

However, when this was unsuccessful, the same participant acknowledged that more senior management wouldn't take action to address a complaint and chose to not to report because nothing would change.

They're interested in their little tasks which is the managing of numbers, doing the payroll, making sure the floor's covered, and those kind of mundane issues. And they just put their head down and do that. The rest of us have just got to work it out amongst ourselves. (N08)

Friendships between IAs and the perpetrator were a common reason for predicting that nothing would change.

She wouldn't have done anything. She was friends with that person. (N10)

And everywhere I looked, the people who I could go and talk to seemed to be her friend. She befriended everyone in those sorts of roles so everyone was in under her spell. And so there's no way I'm going to get through to this so what's the point in the end? (N04)

However, predicting change was not only a process of believing that IAs would take no action in response to a complaint, but also a process of determining that any action taken was unlikely to have an effect. Participants recalled thinking, "I just don't see what management can really do" (N20). For example, participants N03 and

N01 believed that nothing would change by reporting to management because of a lack of monitoring and predictions that the perpetrators would return to their old ways.

Well, what's going to happen anyway? What's going to change?

She'll get a slap on the hand and she'll be back to her old ways.

(N03)

I just felt like it wasn't sustainable; and that there wasn't the

support, so what was the point? (N01)

Preconceived impressions of how IAs were likely to respond, based on past experiences and observations of others' experiences, influenced participant N30's and N28's decision not to report to HR about a bullying experience involving their managers.

You may not like what I'm going to say but HR is very good for the organisation but they don't look after the individual and if there's a crisis as such, HR will always take the organisation's side.

(N30)

I think, you read up on the policy and from past experience seeing other people having been through it, it doesn't always go your way.

It tends to always go towards the management side. (N28)

Similar experiences were reported by participants who were considering approaching a manager but were reluctant because "the bosses are known to just sit on their hands" (N09) because the perpetrator is a valuable member of the department: "They will want him to stay. They don't want to rock the boat" (N30). Participant N17

admitted “I don’t think it would’ve been effective, nothing’s really done effectively there”. Indeed, participants often felt that the perpetrator was in such a position that they were irreplaceable, or would be perceived to be so by IAs, and chose not to report because IAs tolerated the bullying in order to keep the team functioning. When asked why she did not escalate a complaint, participant N13 replied:

The problem is this relationship that we have with [the perpetrator’s department] and the need to keep that going at all costs. (N13)

5.2.2.3 Theme #5: Predicting repercussions

Participants recalled making a decision about whether or not to report by predicting the likelihood that reporting a complaint would result in personal repercussions and, in particular, resulting from a lack of confidentiality. Participant N17 believed that an IA would perceive her as a troublemaker and that reporting would damage her reputation.

I was too scared to say too much. I really didn’t want to make too many waves because I didn’t want them to turn it around to think it’s me. (N17)

Damage of reputation was of significant concern to junior nurses who had yet to establish their career. Participant N09 explained that she “still wanted to maintain that degree of professionalism”. However, more senior nurses expressed concern too that making a complaint formal could damage their reputation.

Because you get really panicky and you think, if I lodge these comments it's going to be on my file, I'm going to be vilified, damned if I do, damned if I don't and nothing will come of it. I just don't think that anything good will come of it. (N33)

Participants recalled fears that making a complaint was “just going to make life miserable” (N27) for them personally. However, participant N32 also feared the impact that making a complaint would have on the team and their patients.

But because it was a colleague of senior standing, it just makes it more difficult. And I didn't feel it was worth the impact on the group of patients that we serve. It sounds very noble but it's the truth. (N32)

Trust in IAs that they would keep a complaint confidential and not spread rumours that the target was a troublemaker was important to participants. Participant N30 described how she feared that the complaint would not be kept confidential and that the behaviours from the perpetrator would worsen.

I probably could go to them, although I'm very hesitant at this stage. What if this leaks out that I've made a complaint? And because it's very specific, they will know I've complained. That's my big fear, that they'll make life worse for me than it already is. (N30)

Participant N28 did not identify anyone in particular as being untrustworthy yet recalled a general mistrust as influencing her decision not to report to anyone: “You don't know who to trust and not to trust around the environment” (N28).

Alternatively, participant N03 chose to report because she did not believe that any repercussions would come from reporting.

There weren't any repercussions for me at the end of the day, nothing on my file, nothing against me. I felt that at the end of the day I was doing the right thing, so that's why [making a complaint] sat okay with me. (N03)

5.2.3 Ability to avoid

This section presents the themes that emerged as influencing the willingness and ability of IAs to respond to and intervene in an experience of workplace bullying in such a way that stops the target from being exposed to further bullying behaviours by the perpetrator. Targets had no control over the ability to avoid unless they were to resign from their role. Targets therefore relied on IAs taking successful action to stop the bullying. Participants reported IAs taking no action, either because they appeared to disagree with the complaint or excused action on the grounds that they could not or should not take any action that would be successful in stopping the bullying. Others experienced attempts by IAs to take successful action which, in all experiences but one, was either unsuccessful or only temporarily successful.

5.2.3.1 Theme #6: Disagreeing

Participants recalled IAs appearing to disagree with their complaint because they felt that the participant was at fault or that the complaint was not worthy of IA action. For example, participant N06 had high expectations that an IA would offer support and recalled feeling let down when the response implied that she needed to take responsibility for the situation.

I'll tell you something now, the [IAs] are absolutely useless. They had no interest whatsoever and basically it was my problem. (N06)

Participant N24 also felt that “it was still my problem. That’s the only sense I got from everybody, it’s my problem” and participant N26 believed that “I don’t feel as if she understood, she had no empathy. She didn’t understand what I went through at all”. For participant N07, the IA response was:

Think about the big situation. Do not bring this scandal, this conflict out, to other people. Think about working as a team. (N07)

Participants recalled feeling that IAs believed the perpetrator’s version of events over theirs. Participant N17 recalled how an IA didn’t understand how the perpetrator could be a bully.

I don’t think she could see it in her because she didn’t appear that way...she was friendly. So she couldn’t see that side to her. (N17)

Participant N23 reported that an IA had not taken any action because “this isn’t really a big deal” and participant N29 recalled an IA response of “I don’t know what your problem is, nobody else complains and [the perpetrator’s] done nothing wrong”.

Other participants did not hear back at all about a complaint that they had made to an IA, including participant N25 who stated: “As far as I’m concerned, nothing happened because nothing changed, there were no meetings”. Similarly, participant N06 recalled “nothing happens. There’s this awful vacuum where you don’t know...”

5.2.3.2 Theme #7: Excusing

Participants recalled IAs making excuses for not taking action. IAs excused action because they “couldn’t really do much from her end” (N09) or that a complaint was “best kept low level” (N26). Participants also recalled IAs, who had the power to take action, excusing inaction due to the process that was required to be taken. For example, N29 recalled HR saying “really we can’t do anything unless you make the official complaint”. Similarly, N03 recalled her manager “almost begging me to [make a formal complaint]” but putting the onus on the participant to take the action because her “hands are tied unless someone puts it in writing” (N03). Similarly N33 recalled that the IA to whom she reported “were very interested in these behaviours but I don’t think they had enough to go on” (N33).

Participants also felt that IAs excused complaints based on the need to keep the perpetrator and/or their department happy. For example, participant N16 described how an IA had not taken any action because of the relationship that the target’s department had with the perpetrator’s department and the need to keep the relationship going at all costs.

[The IA] knew that she needed some disciplinary action there but I think after a while she knew that [the dependent department] wouldn’t because it was an [other department] employee. (N16)

Similarly, participant N25 reported that, where the perpetrator had a specific skills set that was required by the organisation, “you have to keep him sweet because he might leave” (N25). Participant N22 recalled that, on approaching an IA, no action was taken because a bullying complaint was likely to be unsuccessful due to a performance accusation by the perpetrator towards her.

Again [the IA] had said ‘look, you’ve just got to go with it and you’ve got to accept it and go with the process’. (N22)

5.2.3.3 Theme #8: IA attempts

Participants spoke of IAs who had attempted to take action but had no success or were unable to fully stop the bullying. Participant N20 explained how her manager had “tried to get everybody to air their grievances, so to speak”. She went on to say how “everybody did that and it was all negative”. The manager then went on to put processes in place in an attempt to eliminate the cause of the behaviours (i.e. role ambiguity) and conduct team building exercises. At the time of the interview, the participant spoke of how supportive her manager had been but explained how the lack of success in stopping the bullying has caused her to want to leave: “I keep thinking, I’m not young anymore, do I need this?” (N20). Participant N04 spoke about how she was allocated a support person but, when that was unsuccessful she said “so in the end I just had to suck it up really”. Participant N05 described how her manager had talked to the perpetrator about the bullying but had no success because “of course, they’re going to mask it, mask the issue, and they were saying it was me all the time. So I guess [the IA] got worn out”. Participant N15 acknowledged her intent to leave following IA action that had not addressed the perpetrator’s behaviour, saying “by this stage I thought ‘this is it. I’m just over this. I’m not going to win this at all’” (N15).

Experiencing no change as a result of unsuccessful attempts, therefore, made these participants feel that the bullying would not stop as a result of IA action and they did not take further constructive action. Participants described how IA action had temporarily stopped the bullying but that ‘I’ve noticed it start creeping back in again

now” (N31) and “she probably could’ve been on a tighter rein afterwards” (N03) indicating that a lack of ongoing monitoring allowed the behaviours to return.

Participants described how IAs, to whom they had reported, had implemented strategies to support the target rather than addressing the perpetrator’s behaviour. Participant N31 explained how being given a buddy “gave me someone to talk to and if anything happened I felt like I could talk to her about it and she understood...but it didn’t actually stop the bullying”. Similarly, participant N08 explained how an IA had held a preceptor support meeting which she believed was “effective for me having a forum for bringing up some of the issues but I felt that it didn’t directly address the behaviour”. Participant N16 spoke about how her manager had called a meeting with her colleagues to say “[the participant] has had a meltdown. We need to talk about this” but that no action was taken to address the perpetrator. Subsequently, she felt “it was dreadful. I felt like I was the big problem here”.

5.2.4 The feedback loop

As previously discussed, the ability to avoid was not an information processing stage for targets as they had no control over the willingness and ability of IAs to respond by taking effective intervention action. However, for targets of workplace bullying, the intervention process featured a feedback loop whereby they considered the response of an IA and re-identified the experience and/or re-predicted the response of subsequent IAs. Indeed, unlike the linearity implied by the original information processing framework, the intervention process was cyclical and the identifying and predicting stages were repeated multiple times throughout the intervention experience. As discussed, participants initially responded by reporting, based on confirming the behaviours as unreasonable and making positive predictions about an IA response. However, when IAs disagreed, excused a complaint, or when the action

taken was unsuccessful, participants considered the response of the IA in regards to whether the behaviours were in fact unreasonable (i.e. re-identifying) and/or reconsidered how the same or other IAs were likely to respond to subsequent complaints (i.e. re-predicting). The following two themes explain how and why the intervention process is iterative and cyclical for targets of workplace bullying.

5.2.4.1 Theme #9: Re-identifying

Experiencing inaction from an IA, particularly disagreement, made participants re-question whether the behaviours were unreasonable, indicating that the participant was returning to the cognition stage of the process and was exemplified in expressions of fault and feeling that the experience was their problem following reporting to an IA. Participant N18 explains how she had approached a manager whose response was “did I really want to have the problems that would come with formalising [a complaint], and did I really think it was a big enough issue to formalise?” (*disagreeing*). She explained how “by that stage, you aren’t able to stand up for yourself because you think you’re in the wrong anyway” (N18) (*re-identifying*). Although participant N18 exemplifies how targets of bullying re-identify their experience in response to disagreement from an IA, she also describes how having the support can assist targets not to return to feeling at fault for the experience.

Having others telling you that you don’t deserve it and that’s not their experience of you, that helps because that reinforces your own reality, so that you don’t actually start to think that it’s all your fault. (N18)

Similarly, participant N24 complained to the department manager that she had been experiencing bullying from her preceptor. She explained how the response from her preceptor was:

‘I’m sure that you can work it out’. So it was still my problem...it just became really difficult to try and resolve things and to get that person to see that there was actually a problem and that it wasn’t just me with the problem. (N24, *disagreeing*)

When asked why she had not explored other avenues she replied with “I’d just lost all confidence...because you get that feeling where you think, maybe it’s me” (N24, *re-identifying*). In this re-identifying stage, the participant did not find support to re-alleviate the feelings of fault that had developed as a result of the IA response. She resigned from the role.

5.2.4.2 Theme #10: Re-predicting

Not all participants reported returning to the cognition stage of their experience. In other words, they did not all develop feelings of being at fault following a lack of action or apparent disagreement by an IA. Instead, they decided not to approach the same or another IA as a result of assessing the response they had received from making the initial complaint. Experiencing inaction made participants change their predictions about whether reporting was likely to result in change or repercussions; this indicates a return to the ‘decision to avoid’ stage of the intervention process. For example, participant N19 initially responded constructively but chose not to complain again after predicting that subsequent reports to an IA were also likely to be unsuccessful in bringing about change. When asked why she didn’t explore alternative IA channels, she replied:

I didn't want to cause too much more trouble because, by this stage, I didn't feel a lot of reassurance that it would be any better anyway. (N19)

This statement exemplifies how participant N19 re-predicted '*no change*' as a result of assessing the IA response to her initial complaint. Similarly, participant N15 experienced no action from an IA to whom she reported and which influenced her subsequent predictions that the IA would support her.

Yeah, she totally didn't address it at all so I didn't feel comfortable ringing her and saying, 'What do I do next?' (N15)

Participant N21 recalled trying a range of IA channels. The statement below explains how she predicted that nothing would change after multiple unsuccessful attempts. She subsequently left the organisation.

They all knew it was happening to me but they knew it was futile. It was like fighting your way out of a plastic bag – they kind of knew, we all knew, that there was no point in me fighting it. The easiest thing is to stop kicking away and just lay down and go. (N21)

The examples above show that some participants appeared to retain the feelings that they were not at fault for the behaviours and made subsequent predictions about other IA responses (i.e. returned to the decision to avoid stage).

5.2.5 Breaking the cycle

At the time of the interviews, 15 participants were still experiencing the intervention process; in other words, their experience was still continuing and the cycle had yet to be broken. However, 19 participants had broken the cycle, including three who acknowledged that there was potential for the bullying to start again. These 19 participants reported three different ways that the cycle had been broken, namely through isolation, successful IA intervention, and through their own response to the perpetrator. These three resolution alternatives are explained below.

5.2.5.1 Isolation

Isolation commonly involves the target resigning from the role (n=12). A further two participants reported the perpetrator resigning from the role, and both participants recalled this form of isolation as being unrelated to the bullying experience (i.e. the perpetrator left for other reasons). Participant resignation was featured at numerous stages of the intervention process – in the cognition stage where the unreasonableness of the behaviours could not be confirmed, at the decision to avoid stage where the participant had predicted disagreement, no change or repercussions and therefore had not reported, and at the re-identification and re-predicting stages, where reporting to an IA had resulted in the participant being unable to re-identify the behaviours as unreasonable, or making re-predictions that further IA reporting would result in disagreement, no change or repercussions. Perpetrator resignation was not featured at all at the ability to avoid stage; in other words, no IAs took punitive action against a perpetrator that terminated their employment.

5.2.5.2 IA stopping

Two participants reported that the bullying behaviour had ‘stopped’ and that they were still working in the same team as the perpetrator. However, only one of these

was due to an IA taking effective action. This participant had little knowledge of the action that the IA had taken. She described how she had noticed that the behaviours had stopped after reporting to senior management but acknowledged that the action taken was confidential.

They kept on saying that, basically, it was my word against hers and they kept stressing that I wouldn't find out anything about what they decided to do, whether I was judged to have a legitimate complaint or not. (N12)

She went on to say:

I was told unofficially that the person who had been bullying me had agreed to apologise. She's never apologised...but yes, the behaviour stopped apart from once. (N12)

The other bullying experience had stopped because the performance accusation that was central to the bullying complaint had ended. Clearly, the ability of IAs to take action that stops the bullying permanently and returns the relationship to its former state is rare.

5.2.5.3 Direct address by target

Three participants acknowledged that the experience was controlled in that they now had the confidence to address the perpetrator. External validation from IAs, and knowing that they have IA support, encouraged participants to deal with the situation themselves. Participant N18 was able to find support and understanding from an IA and was empowered to approach the perpetrator directly.

I decided I wasn't going to let [the perpetrator] just bully me, if she did things to me then I would confront her and I started a campaign of doing that. She backed way off – it made a huge difference! So she's backed right off, she doesn't like me – I know that. But I don't care, you don't have to like people you work with, you just have to be civil to them and be courteous. (N18)

Similarly, participant N25 acknowledged that “we have a better relationship, and I won't let them bully me anymore”. She described how she changed her own behaviour to be extra nice to the perpetrator and noticed a change in their behaviour as a result.

Every single time I spoke back to him nicely, no matter how bad he was, no matter what he said. And from my point of view, it worked. I was amazed. And his attitude towards me started to change. (N25)

Participant N07 described how she upskilled and put herself in positions to learn about policy and process so that she was able to defend herself against the bullying behaviours from her manager. She described how “it's really working, it's really effective”.

5.3 Presenting an holistic intervention process model

The above themes illustrate what happens for targets at each stage of the intervention process. On the basis of the key themes identified from the interview data, the information processing framework has been redesigned into a process model of

secondary intervention in workplace bullying (see Figure 5.1). Although the information processing model provided a sound framework for an initial coding of data, it soon became apparent that the experience was not linear. Instead, it was iterative and cyclical whereby participants decided and took constructive action based upon their initial cognition of the behaviours experienced and how they predicted an IA would respond to the experience. In turn, the IA response impacted subsequent cognition of the experience (re-identifying) and/or predictions to report (re-predicting). This intervention process cycle was only broken when the target and perpetrator were isolated, where IA intervention was successful, or when the target was empowered to directly defend themselves against the perpetrator's behaviour.

The intervention process was complex, cyclical, and included numerous repeated phases. In addition, the experiences were rarely able to be resolved to a point where the target felt that the relationship had permanently returned to a functioning and healthy level. While the original framework was somewhat reflective of participants' experiences, it was not representative of the iterative nature of intervention for targets of workplace bullying and did not capture the impact of how other parties to the experience interpreted and responded to it. Whereas the original information processing framework considers the individual being studied as a single actor in the work environment, the findings here indicate that IAs in a bullying experience play an influential role in shaping the experience process and outcome. Indeed, while the target appears to have a lot of control over the cognition and the decision to avoid, the ability to avoid workplace bullying depends solely on IAs' responses to it.

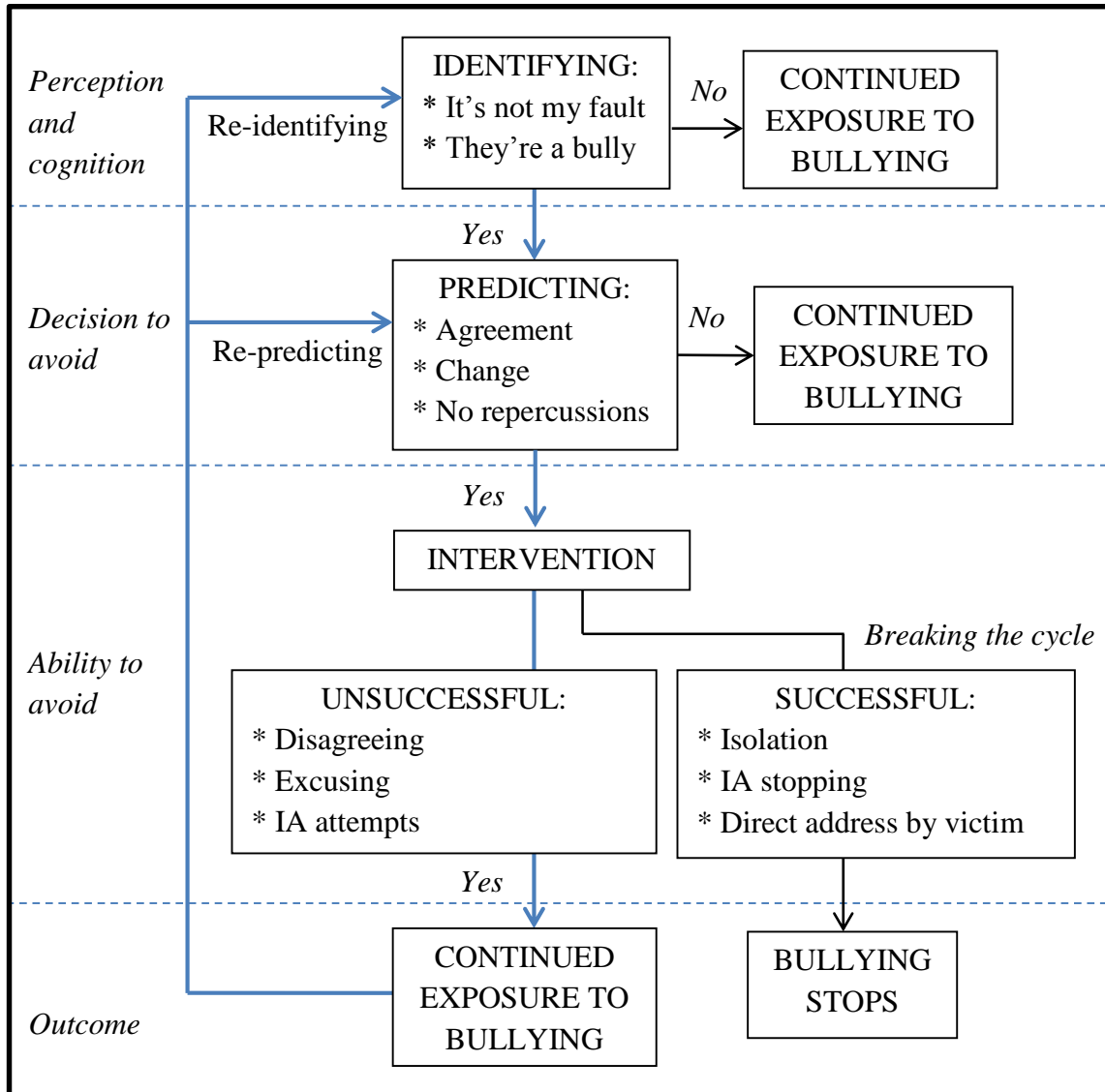


Figure 5.1. A Process Model of Secondary Intervention in Workplace Bullying

Figure 5.1 shows the holistic intervention process model illustrating how targets represent their experiences of secondary intervention. Reflecting on the themes that emerged, it becomes clear that IAs involved in an experience had more influence on the intervention process for targets than originally assumed. In making a decision regarding the best approach to intervention, targets considered how IAs to whom they reported were likely to respond. Once targets made a decision and received a response, targets reassessed their interpretation of the severity and legitimacy of the experience based on the IA response.

The following three vignettes illustrate how the different stages come together to form the intervention process. The vignettes represent three different intervention experiences of participants in this study and provide an illustration of the complex nature of the bullying experience. In each case, the participant's intervention experience is detailed in a narrative form. The themes discussed in this chapter are identified within the vignettes, which demonstrate the application of the developed intervention process model.

5.3.1 Vignette #1: Participant N30, 'Sarah'

Sarah was a target of workplace bullying by a colleague. She felt her "passive-aggressive" colleague frequently ignored her and was rude to her on multiple occasions. Within a short time frame, Sarah identified the bully's behaviour as unreasonable and knew that she was not at fault. Sarah was confident in her skills and shared her belief that "they wouldn't have employed me if I was a bad nurse" (*It's not my fault*). However, although Sarah did not feel that she was at fault for the behaviours she was subjected to, she was hesitant to report the experience. When weighing up the expected outcomes, she decided that nothing would change and that it was likely there would be repercussions if she was to take constructive action. Sarah explained, "I'm not quite sure how to deal with it because [the perpetrator] is big with personality, she's popular, and she gets her own way". She also admitted her fear: "I haven't done anything positive about remedying it because I'm in the situation where I'm frightened of the consequences...I believe it would just get nastier because that's the nature of the beast" (*Predicting repercussions*).

Sarah was able to identify an IA in the organisation who she could go to for support but believed that the person was "a bit inclined to talk and not keep confidence so I'm sort of a little bit hesitant to go down that path". She explained her hesitancy to

report by stating, “I could probably go to others although I’m very hesitant at this stage because what if this leaks out that I’ve made a complaint. That’s my biggest fear: that she’ll make life worse for me than it already is” (*Predicting repercussions*). She also shared her belief that “HR will always take the organisation’s side” and related this to their reluctance to “rock the boat” and to the bully’s “highly skilled expertise” (*Predicting change*).

Having made her prediction that the IA intervention options available to her were likely to result in no change and/or in repercussions, she made a critical decision and decided not to take any constructive action. Sarah’s experience was continuing at the time of the interview and she was determined to try to avoid working with that particular colleague whenever she could. Sarah concluded our conversation by saying, “I think I’m the obstacle to resolution because I’m frightened” (*Continuing*).

5.3.2 Vignette #2: Participant N25, ‘Sami’

Sami was a target of workplace by a colleague who would constantly put her down in front of other people and was “really, really nasty”, blaming Sami for mistakes that other people made. Sami took a while to realise that the behaviours were unreasonable because she thought, “I’m new to this position and this must be the way they do things here”. However, over time, Sami noticed the bully’s “inappropriate behaviour” was directed to other people as well and she decided her colleague was “an out-and-out bully” (*They’re just a bully*).

Sami complained to her manager whose reply was “no, no, that’s nothing to do with me” (*Excusing*), so she then laid a formal complaint with HR. However, Sami heard no response (*Disagreeing*) and believed that her hospital was not interested in pursuing the matter “because this person was senior so you may as well forget it”

(Re-predicting). She therefore decided that she had to deal with the perpetrator herself and resorted to passive strategies whereby she made a conscious effort to “[speak] back to the bully nicely no matter how bad it was, no matter what they said”, and as a result she has noted a significant improvement in the perpetrator’s behaviour towards her. She described the embedded nature of the bullying behaviour in her final statement: “[The bully] started changing towards me, it was much better....but that person is still a bully” (**Direct address by target**).

5.3.3 Vignette #3: Participant N24, ‘Marnie’

Marnie was a target of bullying by her preceptor. She acknowledged that the behaviours “were very insidious” and that “there was nothing outright” but “I was made to feel like I didn’t know what I was doing and I probably would never be able to do it properly, but that I would be put up with because there was no one else to do the job”. Marnie admitted that she was confident when she began in the role and had “a reasonably strong will herself” and that “there came a time when I thought I shouldn’t be treated like [that because I’m not] the new person anymore, and be given the benefit of the doubt” (**It’s not my fault**).

Marnie reported the experience to her manager whose response was “I’m sure you can work it out”. Marnie shared her explanation of how she made sense of the response: “It was still my problem. That’s the only sense I got from them. It’s my problem. I didn’t feel supported at all” (**Disagreeing**). Marnie acknowledged that she talked to another IA for support but said “it just became really difficult to try and resolve things and to get them to see that there actually was a problem and that it wasn’t just me with the problem” (**Disagreeing**). Marnie had chosen not to escalate the complaint further because “I just got so demoralised, I gave up. You get to that feeling where you think, maybe it is me” (**Re-identifying**). She described a vicious

cycle of self-doubt: “If there’s no support there, no one believes what you’re saying, then maybe I am as useless as I think I am” (*Re-identifying*). Marnie resigned from her job and justified her decision as she said: “I guess I had to prove to myself and work somewhere else to know that actually it wasn’t me” (*Isolation*).

5.3.4 Summarising the application of the intervention process model

The vignettes presented above illustrate how the holistic intervention process applies to the intervention experiences of targets of workplace bullying. The key events in each participant’s experience relate to a stage of the holistic intervention process model and each experience can be tracked through the model, highlighting the cyclical and iterative nature as the participants experience a response from an IA that causes them to re-identify the experience, or re-predict future responses of IAs. Sarah’s story shows that she was experiencing continued exposure to bullying at the time of the interview as she re-predicted a negative response from IAs and therefore chose not to report the experience further. The outcome of both Sami’s and Marnie’s experiences was that the bullying stopped, due to direct address and isolation respectively. While these outcomes were successful at stopping the bullying, neither of these participant experiences stopped due to IA action.

CHAPTER SIX

CONTEXTUAL FACTORS INFLUENCING BULLYING INTERVENTION

This chapter presents a typology of workplace bullying experiences that was developed according to the influences that each type of experience had on the intervention process for targets of workplace bullying. The five types of experience that comprise the typology are: (1) the known bully experience; (2) the performance-related experience; (3) the conflict-related experience; (4) the learning-related experience; and (5) the role-related experience. The analytical process through which the typology was developed (see Chapter Four) identified that each of these five types of bullying comprises a unique set of features. Each set of features, in turn, influences the intervention process for targets of workplace bullying in different ways.

The typology is a useful tool to examine the key features of bullying experiences and how they influence the intervention process in different ways. It is worthy of note that the five types presented are not necessarily exhaustive of all bullying experiences, but are relevant to the nursing context in New Zealand. They are not mutually exclusive, although the majority of participant intervention experiences (n=27) were influenced predominantly by one of these types of bullying. Seven participant experiences consisted of features of two types of experience (for example, the perpetrator was a known bully but the participant was also in a position of learning). Finally, it is important to keep in mind that the types of bullying intervention experience also operates within a system of societal, organisational and team level factors that will be discussed in Chapter Seven.

This chapter explains each type of intervention experience in turn, beginning with the most common type of experience (the known bully experience, n=13) to the least common type (the role-related experience, n=4). Each type is first described in terms of the features common to the experiences classified within that type. Following this, an explanation is provided of how participants perceived the features to influence the different stages of the intervention process. By explaining each type in this way, the stages of the intervention process that are facilitated or obstructed by features specific to the type of experience are identified.

6.1 The known bully experience

6.1.1 The key features of the known bully experience

For 13 participants, the bullying intervention experience was shaped predominantly by a member of staff known to be a bully by the target and others in his/her team. The three key features of this type of experience were: 1) the perpetrators displayed (or had displayed in the past) similar behaviours towards others, 2) the perpetrators were valued for their expertise and knowledge in the area that they worked, and 3) the perpetrator's behaviour was not necessarily intentional but attributed to a need for, and/or abuse of, power and control.

6.1.1.1 Feature #1: Perpetrator's history of similar behaviours towards others

All targets of the known bully experience had observed or heard of the perpetrator exhibiting similar behaviours towards others in the past. Perpetrators were known amongst the team for their blunt and confrontational communication style and had a history of 'being a bully'. For example, when participant N01 was asked to describe how she came to understand her experience as workplace bullying, she began with "well everyone knows this person is very difficult to deal with". She continued to

describe the perpetrator by saying, “I know she likes to crush people and stuff like that” (N01). Participant N02 described how “[the perpetrator] will single someone out and for some reason she just picks on that person, she goes and does the rounds” (N02). Similarly, participant N33 described how the perpetrator of her experience had exhibited similar behaviours to multiple others in the team in the past.

So the general rule in [the department] was that if it wasn't you, it would be someone else – just sort of went around in a circle. (N33)

The cyclical pattern of bullying exhibited by the perpetrator was also noted by participant N26 who explained:

It was almost on rotation who she would be targeting at any given time, you never quite knew if you were Arthur or Martha. But you knew when it was your turn because she was going to pick on absolutely everything that you were doing. (N26)

6.1.1.2 Feature #2: Perpetrator valued for expertise and experience

Perpetrators of the known bully experience generally had expertise and experience that was valued in the work environment by management. For example, participant N13 described how the perpetrator of her experience had established a good reputation because of her clinical expertise.

There are people in the [department] that believe that it couldn't survive without her...her knowledge is huge. (N13)

Similarly, participant N25 described how “[the perpetrator] has no social skills whatsoever, but he's brilliant [at what he does]”. She went on to describe how the organisation has extreme difficulty in getting people with the expertise of the

perpetrator to stay and work in that location. Participant N03 described how the perpetrator in her experience was “a damn good clinical nurse, it’s just her people skills and the way she treated people that wasn’t good but she knows what she’s doing”.

6.1.1.3 Feature #3: The perpetrator’s personality

The perpetrator’s desire for, and/or abuse of, power and control was a key feature of the known bully experience. As participant N08 expressed, “well you could call it bullying but it’s a kind of control behaviour isn’t it” (N08). Similarly, participant N01 described how “I couldn’t understand what makes that lady tick...I think it’s power and control”, and participant N02 explained that for her, the bullying was about the perpetrator being controlling and believed that “to me, being controlling is a form of bullying”. She went on to explain how she believed that the perpetrator was not good with power.

Some people don’t do well with power, they just don’t handle it very well. She’s got a lot of knowledge and experience and she’s a very good resource. And personally, she’s actually very kind-hearted, but in a work situation, she just doesn’t handle it very well and she’s a bully basically. (N02)

Participants acknowledged that the perpetrator was often unlikely to be aware that their control behaviours were interpreted as bullying. For example, participant N03 described how she felt that the “[the perpetrator] has absolutely no insight and that’s what the charge nurse says and other people say, she actually has no idea”. Similarly, participant N11 stated, “I don’t even know if she knows she’s doing it, I think it’s second nature to her to be hypercritical”. Participant N32 reflected on how the

perpetrator may have justified the bullying and why she felt that the perpetrator didn't believe that she was a bully.

It's funny because I think that [the perpetrator] could justify the behaviours to herself as being extremely good at their job and everybody else not good at theirs. So from that perspective, she would feel that she was justified in getting angry, as it being okay because she's so good at her job. (N32)

6.1.2 The impact of the known bully features on the intervention process

Participants described how they perceived features of the 'known bully' to have influenced their intervention experience. Features of the known bully generally facilitated the identification stage in terms of assisting participants in identifying their experience as unreasonable (n=10). Therefore, participants were not at risk to continued exposure due to being unable to identify the experience as unreasonable. However, there were two barriers to breaking the intervention cycle for participants of the known bully experience. The two stages in the intervention process where these occurred were: 1) targets predicting that nothing would change as a barrier to reporting (n=9); and 2) IAs not taking (i.e. excusing) direct action (n=7). The following section explains how the three features of the known bully experience influenced the different stages of the intervention process for targets of workplace bullying.

6.1.2.1 Facilitated area #1: Identifying

At the identifying stage, the perpetrators' similar behaviours towards others (***feature #1***) was the primary facilitator of identifying that the behaviours were unreasonable. For example, participants N25 and N03 realised that they were not the only one experiencing behaviours from the perpetrator by observing how the perpetrator

behaved in the team environment. This supported them in confirming the unreasonableness of the behaviours by determining that the perpetrator was a bully.

But then as time went on, I noticed inappropriate behaviour from this particular person to other people as well. (N25)

It never really occurred to me that it was bullying for quite some time until I guess I'd been there a while and I heard that actually what was happening wasn't unique. (N03)

Similarly, participant N04 explained how, because others were aware of the bullying, she realised that the behaviours were unreasonable.

I think because it was out in the open I could look and face up to it and say '[your behaviour is] not acceptable'. (N04)

Participant N32 described how realising that the perpetrator had exhibited similar behaviours to others had helped her to realise that she was not at fault.

But the biggest thing that helped me really was when another nurse also addressed the bullying with her. Because, for that, she could also say her behaviour was justified because I was incompetent. But when you find other people incompetent as well... (N32)

And participant N02 described how "in the past when things have happened, I've thought maybe I need to try to deal with this myself because I'm not sure if my colleagues feel the same way". However, she subsequently explained how knowing that "quite a few people throughout the years have been on the wrong end of this person" had helped her to realise that it's not her fault.

I'm not saying that I'm never in the wrong; don't get me wrong, sometimes I do make mistakes. But the fact it's known does help in the sense that it kind of validates me and makes me feel that it's actually her problem and not mine. (N02)

6.1.2.2 Barrier area #1: Predicting and re-predicting

The predicting stage was influenced by the similar behaviours of the perpetrator to others in the past and by the perpetrator's personality. Firstly, the history of the perpetrator's behaviour (*feature #1*) influenced the intervention process for participants at the predicting stage of their experience. By observing that the perpetrator exhibited similar behaviours towards others in the past but no action had been taken to address their behaviour, participants predicted that reporting was unlikely to result in change for them. For example, participant N02 reflected on why she chose not to report her experience to an IA.

Because of the experiences of other colleagues making [a complaint] and it's basically not got anywhere, well, what's the point? (N02)

Participant N33 described how her colleagues' perceptions of the perpetrator as being a bully made her believe that reporting was unlikely to result in change.

[Colleagues] would look away and roll their eyes. They'd say 'we know that they're a bully and you've just got to suck it up'. (N33)

The personality of the perpetrator (*feature #3*) also caused participants to predict that nothing would change if an IA were to take action. Participant N32 believed that "once people are bullies you can put boundaries on them but their behaviour never

truly really stops”. Similarly, participant N13 had come to believe that the behaviours were a result of the perpetrator’s personality and expressed:

You’ve really got to get into the mind of the person and change the way that they behave. You can talk all you like about it but unless they want to change and actually see their behaviours as a problem, what’s going to happen? (N13)

For participants of the known-bully experience, there was a clear underlying culture of tolerating bullying behaviours and predicting that reporting would not change the perpetrator’s behaviour due to their personality. As summarised by participant N02:

You can all sit around and talk until you’re blue in the face and you know that everyone’s aware of it, but nothing ever really gets done about it, it’s allowed to continue. It’s ‘oh, that just how she is, so we’ve got to put up with it and carry on’. (N02)

Participant N02 explained why she had not reported because she felt that, if the perpetrator was addressed, she was likely to talk her way out of it. She explained how the perpetrator was “an extremely good arguer, she’s an expert with words and will talk her way out of anything”. Similarly, participant N32 stated:

[The perpetrator] would’ve loved a third person but I wouldn’t have come out of it very well because she’s an absolute whizz at those situations. That’s her forte, of team meetings, personalities. So I actually think I wouldn’t have found it a good process really. (N32)

Participants described how their predictions of no change, both prior to and following reporting, had caused them to avoid constructive action. They described how they had given up and instead simply put up with the perpetrator's behaviour towards them. For example, participant N11 described how she had not made a complaint about the perpetrator's behaviour and had developed the attitude that “a lot of people are aware of the way that she behaves, and we've just got to not let it get under our skin” (N11). Similarly, participant N13 concluded her story with “it's difficult but you just have to rise above it and cope with it”.

6.1.2.3 Barrier area #2: Excusing

Targets of the known bully experience believed that IAs had excused direct action because of the expertise of the perpetrator (*feature #2*). For example, participant N03 described how the perpetrator had good clinical skills and therefore the IA did not take action that directly addressed the perpetrator's behaviour.

The manager really liked this person and valued her clinical skills and she acknowledged, just like the doctors did, that she had a problem with her interpersonal relationships but that she was actually a very good clinical nurse and it was difficult to get somebody as good as her. So I felt that the manager didn't deal with it as strongly as she would have if it was somebody she didn't like. (N03)

Similarly, participant N08 explained how the IA did not directly address the perpetrator's behaviour because the perpetrator was valued and they did not want to upset her.

[The IA] probably won't want to go near because it's too challenging for her. She doesn't want to upset this woman. (N08)

Participant N25 described the difficulty of replacing the perpetrator because of their skill set and perceived this as the cause of the IA failing to take any action in response to her complaint, stating, "I think they might be afraid that [the perpetrator] might leave". She went on to explain that "if I treated [the perpetrator] like that, I'd be sacked, no doubt in my mind, I'd be sacked. But nobody deals with them at all" (N25). Participant N03 also described how no punitive action was taken against the perpetrator because of their skills set.

Because at the end of the day she was a damn good clinical nurse, it's just her people skills and the way that she treated people that wasn't good but she knows what she's doing. So they didn't want to rock the boat. (N03)

Indeed, participant N13 recalled how a colleague had come up to her in response to making a formal complaint against the perpetrator and said "you can't carry on with this. We can't cope without her". Targets commonly had the perception that "everybody knows what's going on. But nobody can deal with it" (N13) and that, when a complaint is made "absolutely nothing happens" (N25). Participant N25 recalled that the response of the IA to whom she had complained was "you shouldn't give [the perpetrator] any reason to complain". She highlighted the IA's attitude towards the perpetrator and their known bullying behaviour: "It's like her whole attitude was that he's in charge, you just do as he says" (N25). Similarly, participant N02 described how the IA to whom she reported excused action on the grounds that it was the participant's responsibility to deal with the known bully.

I don't feel as though I have the support of my manager though to be honest...in many ways she's a very good manager but she'll always turn it around and say 'you have to deal with this person'. She won't deal with it; she always puts it back on me to deal with it. (N02)

Although it was not featured as dominantly as the expertise of the perpetrator, the perpetrator's personality was also noted by participants as causing IAs to excuse direct action (*feature #3*). For example, participant N01 described how her manager had advised her how to communicate with the perpetrator due to "the sort of person she is". Her manager had said:

She's a person who likes the details and she likes all the information and so if you help her out and try and communicate, that might help her. (N01)

6.2 The performance-related experience

6.2.1 The key features of the performance-related experience

For nine participants, the bullying intervention experience was shaped predominantly by a manager's criticism of their performance. The two key features that influenced this type of experience were: 1) the performance management or criticism that underpinned the bullying experience, and 2) the management position of the perpetrator.

6.2.1.1 Feature #1: Underlying performance management or criticism

All participants whose experience was performance-related reported some form of performance management or criticism as the feature upon which the experience was

constructed. Experiences generally involved instances of constant criticism of the participant's work and/or informal performance management processes that participants' perceived to be workplace bullying. Participant N29 listed numerous behaviours that she interpreted as bullying from her manager describing how she felt that she was "always being hauled up for one thing or another", while participant N27 also listed a number of performance-related behaviours concluding with "I feel like I've got 'pick on me' on my forehead every time I go to work". Participant N18 described behaviours that were performance-directed but interpreted as unreasonable. She gave an example of how the perpetrator had "screamed across the unit to pick up the phone when I was already on the phone" and went on to say "so it was lots of things like that" (N18). Participant N06 described how the performance appraisal conducted by her manager was unreasonable on the grounds that her previous appraisal had been wonderful.

I was getting another appraisal from the manager who said she didn't like me, saying that I wasn't very efficient in the areas and all these places I was missing out in. (N06)

Participant N01 exemplifies how performance management or criticism was itself interpreted as bullying: "I kind of feel [the performance management] was the bullying, you know". While seven of the participants reported numerous performance-directed behaviours, two of the participants experienced one serious allegation followed by numerous events to manage the allegation upon which they represented their bullying experience.

6.2.1.2 *Feature #2: The management position of the perpetrator*

All perpetrators of the performance-related experience were in a position of management whereby the participant was their direct subordinate. Participants frequently referred to the managerial position of the perpetrator throughout the interviews, saying “that’s the management thing again” (N28) and “because she’s in a management position” (N29). This feature overlapped with the performance management or criticism (i.e. feature #1) in that the underlying performance management and criticism was a role performed by someone in a management position.

6.2.2 The impact of the performance-related features on the intervention process

Participants described how features of the performance-related experience had influenced their intervention experience. Seven of the nine participants referred to these features in terms of how they came to identify the behaviours as unreasonable, therefore indicating that features of the performance-related experience facilitated identification. However, eight participants recalled hesitance in reporting due to predicting and/or re-predicting that IAs would disagree that their experience constituted workplace bullying; this represents the first barrier area. The second area that represented a barrier to participants in terms of being unable to break the bullying experience cycle was IAs not taking action (i.e. disagreeing) in response to a complaint (n=7). It is also worth noting one potential barrier area for targets of the performance-related experience, namely re-identifying. Three participants described how they had re-questioned whether they were at fault following apparent disagreement from IAs. The following section explains how the two features influenced the different stages of the intervention process for targets of the performance-related experience.

6.2.2.1 *Facilitated area #1: Identifying*

The underlying performance management or criticism featured in the performance-related experience was found to facilitate participants' progression through the intervention experience (*feature #1*). Participant N18 described how performance was central to her experiences of workplace bullying in that she did not follow process and instead attempted to performance manage the participant in a manner that the participant believed was unprofessional and unreasonable.

[The perpetrator] made it a disciplinary process because she told me that she could make life difficult for me. If [the perpetrator] had followed process and done it professionally, I wouldn't have experienced it as bullying. I experienced it as bullying because of how she behaved towards me. (N18)

Participant N22 described how the performance allegation was, for her, the incident upon which she noticed the change in behaviours from her manager towards her.

Prior to that, I'd never had a problem with this person. It was in [that month] that she approached me with an accusation...it was from then on that she became quite dismissive and cold towards me. (N22)

Interestingly, although the behaviours exhibited were management-related and often disbelieved by IAs, participants of the performance-related experience did not recall struggling to interpret the unreasonableness of the behaviours, nor did they struggle to alleviate feelings of fault. For example, participant N23 described how she was confident in her abilities as a nurse and was able to confirm that the behaviours being exhibited were unreasonable.

She said to me that my practice was unsafe and they wanted to talk to me about it...but I had also worked in a previous [department]. So I don't actually believe that my skills were really not up to par. (N23)

6.2.2.2 Barrier area #1: Predicting and re-predicting

Participants recalled being hesitant to report to IAs because of the performance management processes that featured in the experience (*feature #1*). Participants often predicted that a complaint of bullying would not be perceived as genuine by IAs when there was performance management processes involved. Participant N22 felt that the performance issues featuring within the experience would cause HR to believe that her complaint was not genuine.

I didn't approach HR because I thought that they were biased in the information they'd been given about me from [the perpetrator]...I was in a difficult situation because they would look at it as if I was just disgruntled by the disciplinary [action] that she put forward to me. (N22)

She went on to describe how, in situations such as hers where performance management underpins the bullying experience, “the biggest thing [about reporting] is that you don't know who's going to believe you and if it's going to be taken seriously” (N22). Similarly, participant N27 did not want to report the experience because “I don't want to make waves because it just puts you on the back foot”, and participant N01 predicted that a complaint would be disbelieved because of the performance issues that were underpinning the experience.

Because I felt like I was on the back foot because of [the performance management]”...I felt like she was out to get me so I just kept my head down and did my work and didn’t do anything.

There wasn’t the support, so what’s the point? (N01)

Participants also recalled being hesitant to report to IAs because they predicted that IAs were likely to support the perpetrator who was a manager (*feature #2*). For example, in referring to the management team, participant N29 described how she did not report her experience because “I think that they would’ve scuffed me somehow, I think they would’ve just ganged up and done that” (N29). Participant N28 drew on her own observations of others being unsuccessful in making a complaint against management.

You read up on the policy and from past experience seeing other people having been through it, it doesn’t always go your way. It tends to always go towards the management side. (N28)

Participant N18 perceived the organisation to value someone in a management position over herself and therefore predicted that she would not be supported in making a complaint against her manager.

I didn’t go ahead and formalise it because I was scared that I wouldn’t get support from management because I figure that I’m more disposable than she is. So I didn’t see that they would support me. (N18)

Participant N18 had previously been warned of the consequences of making a complaint when there were underlying performance issues being dealt with.

But when I went and saw [the perpetrator's manager], she said that I could make a formal complaint but that I might not want to as it might make things worse for me. (N18)

Participant N28 summarised the influence of the management position as a key reason why targets who are being bullied by a manager do not report.

It's really useful to have somebody there who will back you up but you also need somebody who's not going to back the management up if it's the management who are doing it, because that's why people don't report. It is because of that scenario. (N28)

6.2.2.3 Barrier area #2: Disagreeing

The likelihood of IAs disbelieving a complaint when the experience featured underlying performance management processes was a barrier for participants who did report (*feature #1*). Participant N26 acknowledged the difficulties in differentiating between bullying and performance management as the likely cause for her experience not being addressed.

I don't feel that her bullying was ever addressed. I think it was probably a difficult one because it is a fine line between managing staff and what's okay. (N26)

She described how the advice received from IAs had been to discourage her from escalating a complaint due to the fact that the bullying experience was constructed on the unfair implementation of performance management processes.

I had to go and see the director to discuss my documentation because [my manager] accused her of problems with it, but it was just all kind of a bit petty and pathetic. I was so angry that I rang the union and they were like, ‘well, it’s best kept low level’. (N26)

Participant N22 received similar advice not to escalate a complaint of bullying when it was founded on performance management processes.

The union said at the time ‘well, we’re in a difficult situation here because they’re going to look at it as if you’re just disgruntled by the disciplinary [action] that she’s put forward to you. So you’ve just got to go through that process and let’s take it from there and see what the outcome is of that. (N22)

She went on to approach another IA who gave the same advice.

The lawyer said, ‘look, you’ve just got to go with it and you’ve got to accept it and go with the process’. And I was just at an absolute loss of not knowing who to go to. There weren’t many upwards channels that I could go to and it was just totally unsupportive. (N22)

Participants felt that the management position of the perpetrator was likely to have also caused the apparent disagreement from IAs and subsequent lack of action taken in response to a performance-related complaint (*feature #2*). For example, participant N01 reported that middle management had dismissed her complaint on the grounds that the behaviours were justified within the scope of the management role.

I talked to her manager who couldn't really help me. She said, 'well if that's how she wants to run her service, I can't do anything about it'. (N01)

She also explained how she had approached HR who she believed had unfairly sided with the perpetrator because of their management position.

I had a meeting with HR about how I was so stressed but they just completely backed [the perpetrator] up...it was just bullshit! (N01)

Participant N28 also attributed failure to address the complaint as due to the IA wanting to be seen to support management.

If they're in management, they like to be seen to be supporting the manager regardless of whether they're in the right or the wrong. (N28)

Similarly, participant N29 described how the management position of the perpetrator was a likely cause of third parties believing the perpetrator over her.

It didn't seem like I was ever going to get the situation resolved because I feel that she abused her position as a manager, and because she's in a management position, everybody believes her. (N29)

6.2.2.4 Potential barrier area #1: Re-identifying

Three participants described how they had re-questioned whether the behaviours exhibited by the perpetrator were unreasonable following disagreement from IAs. Participant N27 spoke about how the complaint had been turned around and "now I

feel guilty”. She also described how she questioned whether the behaviours really were unjustified and subsequently planned to document the bullying behaviours in order to “try and analyse why it was, and maybe get someone independent to read it and see if they think this calls for that to happen” (N27). Participant N29 described how she leant on a senior colleague for support following reporting to an IA whose response had suggested they ‘disagreed’ with the legitimacy of the allegation. She used this example to explain how this support had helped her because she had begun to feel that she was at fault.

She made me feel a lot better. To have somebody like that, seeing all sides and seeing what’s going on, it kind of boosted me a bit to know that it wasn’t all my fault. (N29)

Similarly, participant N18 described how she had sought the support of her colleagues following a dismissive response from an IA also because it had ensured her that it was not her fault.

Even though it was done quietly, having people who you work with telling you that ‘you don’t deserve’ helps because that reinforces your own reality, so that you don’t actually start to think that it’s all your fault. Because when you start thinking that it’s all your fault, you stop standing up for yourself because you think you must be in the wrong anyway. (N18)

Only three of the nine participants referred to developing feelings of fault following no action from IAs in response to their complaint, and two of the three had experienced support from a colleague to alleviate the feelings of fault at the time of the interview. However, should these participants not have had the support of

colleagues, there is a potential risk that no further constructive action would have been taken.

6.3 The conflict-related experience

6.3.1 The key features of the conflict-related experience

For eight participants, the bullying intervention experience was shaped predominantly by a significant conflict that had occurred within the bullying experience. The three key features for participants of the conflict-related experience were: 1) initially a low power imbalance between themselves and the perpetrator, 2) an overt episode of conflict, and 3) the specific and isolated nature of the experience.

6.3.1.1 Feature #1: Initial low power imbalance

Participants of the conflict-related experience described how a dispute or disagreement(s) had occurred between themselves and the perpetrator and how it had escalated into bullying. Prior to the dispute escalating, it appeared that participants felt that there was a low power imbalance between them and the perpetrator which was evidenced in their confronting the perpetrator about the dispute or disagreement. For example, participant N16 described how, following an initial disagreement, she had approached the perpetrator and attempted to de-escalate the situation in a civil manner. The participant went on to explain how, as the result of a disagreement, she felt that the perpetrator of her experience “saw me as an enemy and interpreted my actions as not being supportive towards her” (N16). Similarly, participant N19 described how she had approached the perpetrator near the start of her experience and felt that “[the perpetrator] couldn’t understand where I was coming from”. Participant N19 described how perhaps the perpetrator “had felt a little bit threatened...maybe it was because she interpreted my role as showing her up” and

that she “was wondering whether she was taking things too personally”. Participant N30 explained how “I thought I had quite a good working relationship and then one night he was quite rude to me...he’s decided to pick on me for some reason but he won’t say what the problem is or what I’ve done...maybe he’s got me confused with someone else” (N30).

Participants described events in their experience whereby the perpetrator was likely to have felt that they were being treated unfairly by the participant. Participant N19 acknowledged that “[the perpetrator] was saying that she was feeling that I was undermining her” (N19) and participant N03 described how “[the perpetrator] told everybody that I was targeting her and actually said I was bullying her, which I wasn’t, but that’s how she saw it” (N03).

6.3.1.2 Feature #2: An overt episode of conflict

In representing their experience, participants of the conflict-related experience recalled not initially feeling powerless and having the confidence to confront the perpetrator, but slowly becoming demoralised after numerous overt attacks. They described how perpetrators became “very aggressive and she was very negative” (N12) and “explosive with her anger. She verbally attacked me” (N16). Participant N16 described numerous incidences of conflict with the perpetrator and only reported to her manager when “it just escalated until finally [the perpetrator] erupted in explosive anger at me in the office...I was pretty shaken by the whole thing” (N16). Participant N19 described how the perpetrator was “towering over me, wagging her finger and getting really agitated”. Participant N15 described a heated argument with the perpetrator where the perpetrator had thrown a file and screamed: “Don’t give me all the jobs that you can’t be bothered doing!” She then described how the confrontation had affected her:

I've never been in shock, but it was probably the nearest thing to being in shock. My face felt really numb, I was shaking. I just felt sick. (N15)

6.3.1.3 Feature #3: The specific and isolated nature of the experience

Unlike performance criticism or experiences whereby the perpetrator was known for bullying behaviour, conflict-related experiences involved a dispute or disagreement that was specific and unique to the relationship between the participant and the perpetrator. The behaviours were interpreted by participants as being more personal rather than work-related. Participants described the isolation of their experience saying “I felt really isolated” (N15) and “no one else had that experience of her, they didn't seem to think it was a problem” (N04) and the perpetrator made comments to others such as “her and I have got history” (N12). Participant N30 described a very specific dispute between her and the perpetrator that would easily be identified by the perpetrator and others should they find out she had made a complaint “because it's very specific they will know I've complained”.

6.3.2 The impact of the conflict-related features on the intervention process

Participants described how the features of the conflict had influenced their intervention experience. However, unlike the previous two intervention types, two stages of the intervention process, namely identifying and predicting were found to have conflicting features. Features of the conflict-related experience acted as both facilitators and barriers to identifying, with five of the eight participants acknowledging conflict-related features being how they came to understand their experience. All eight participants mentioned a feature of the conflict as influencing their predictions and subsequent decision to respond constructively but, again, features were discussed in terms of how they had facilitated the decision to respond

constructively, while other features had caused hesitance in doing so. However, features of the conflict-related experience were considered barriers to successful IA intervention by seven participants who had experienced unsuccessful attempts by IAs to resolve the experience and/or excusing from IAs. The following section explains how the three features of the conflict-related experience influenced the different stages of the intervention process for targets of workplace bullying.

6.3.2.1 Potential barrier area #1: Identifying

Features of the conflict-related experience emerged as both facilitators and barriers to identifying the bullying behaviours as unreasonable. The overt episode of conflict that featured within the type of experience was a facilitator of the intervention process in that it enabled participants to more readily establish that they were not at fault (*feature #2*). For example, participant N12 described how an episode of conflict that featured at the beginning of her experience enabled her to notice a change in the nature of the relationship following a major incident of conflict between herself and the perpetrator.

The two of us worked in [the department] together for quite a few years and got on really well. We got on really well, and then one night... (N12)

Alternatively, participants recalled experiencing undercurrents prior to the initial incident but identified the incident as being the way in which they were able to identify the unreasonableness of the behaviours and confirm the experience as workplace bullying. For example, participant N04 recalled noticing behaviours from the perpetrator but only identified it as unreasonable following a significant incident.

I am quite a sensitive person. I used to think I was over dramatising it and it shouldn't hurt me like it did. But that one where she said, 'I'll chew you up and spit you out... (N04)

However, the isolated and personal nature of the experience (*feature #3*) emerged as a barrier to identifying the bullying behaviours as unreasonable. For example, participant N04 described how she had questioned whether she was at fault for the bullying because other colleagues could not see a problem with the perpetrator.

I did mention it to a couple of friends and they sort of brushed it off that they didn't have that experience of her so it wasn't a problem. And I just thought, 'oh it's just me then if nobody else had been feeling like this'. (N04)

This was particularly relevant where overt conflicts had not been witnessed.

6.3.2.2 Potential barrier area #2: Predicting

For participants of the conflict-related experience, constructive responses were encouraged by an overt episode of conflict (*feature #2*). While initially, participants attempted to address the situation directly with the perpetrator, unsuccessful attempts caused them to feel bullied and overt acts of anger instigated their choice to report the experience. "it just escalated until finally [the perpetrator] erupted in explosive anger at me in the office...I was pretty shaken by the whole thing and I went to see my manager...it had got out of hand really" (N16). Participant N03 described how the disagreement between herself and the perpetrator had progressed to a major incident which instigated her taking constructive action.

I'll approach it when I have to though. Like this incident when she swore and I thought, 'no, enough is enough, it's time I make a stand'. (N03)

Participant N15 explained how a significant episode of conflict encouraged her to report as it was severe enough to warrant reporting to an IA.

I didn't do anything until the big confrontation because it was these little tiny niggles, these tiny comments from other nurses about things that were being said. I felt like it looked like I was super-sensitive and I couldn't go to my boss because it was these tiny niggles that made me feel that it was my problem. (N15)

Similarly, participant N16 described how "It just got really bad and that was the final straw for me. I went to my manager after that".

However, the isolated and unique nature of the conflict-related experience discouraged participants from reporting (*feature #3*), because they predicted repercussions from being identified as the complainant. For example, participant N04 explained how she chose not to report to a manager because the perpetrator would be aware of the harm they were causing her.

I just thought she'd have my number then, she'd know that I was aware of what she was doing to me. I thought she'd just get worse and worse with the bullying. So I thought, no, I couldn't risk that. (N04)

Similarly, participant N30 described how she was hesitant to report because of the specific nature of the bullying experience.

I'm very hesitant at this stage because of feeling vulnerable. What if this leaks out that I've made a complaint, and because it's very specific he will know I've complained. That's my biggest fear; that he'll make like worse for me than it already is. (N30)

Participant N03 acknowledged isolation of the experience and the risk that the perpetrator would be able to identify that it was her who had complained but chose to make the complaint regardless. In describing the process of making a complaint she said, "well it makes no difference putting [my name] on it because she'll know who it is anyway" (N03).

6.3.2.3 Barrier area #1: Unsuccessful attempts and disagreeing

The influence of the initial low power balance and subsequent confrontational disagreements between the target and the perpetrator had a strong influence on the ability of IAs to take successful action (*feature #1*). In describing how intervention attempts were unsuccessful, it was apparent that initial personal disagreements in the early stage of the experience influenced perpetrator's perceptions of the experience and their subsequent responses to IA action. This is exemplified in the three participants who experienced a bullying accusation against them from the perpetrator during their intervention experience. Participant N03, for example, described how the perpetrator had cried during the mediation and how her support person "said that I was bullying her and there was an accusation that I was actually the bully". Similarly, participant N15 experienced attempts by a manager to mediate between her and the perpetrator and believed that the manager attributed blame to both parties. In this experience, a bullying accusation from the perpetrator saw the manager being forced to take a more neutral stance in subsequent attempts to resolve

the experience, and perceiving the experience to be a communication breakdown or personality clash whereby the target and perpetrator were equally to blame.

It became this resolution of being professional staff nurses to each other and helping each other out...by this stage I thought, 'I'm just over this. I'm not going to go on with on this at all'. (N15)

Similarly, participant N14 reported that the IA probably felt like she was “between a rock and a hard place because [the IA] was trying to keep us both happy”. Participant N19 described how the mediation process had “really angered [the perpetrator]. She went away very, very angry”. She explained how the perpetrator had felt that the accusation was unreasonable and had no insight into why her behaviour was an issue for the participant.

You know how you go into mediation and you try to find something that you can work with to move forward. But there was nothing there – it was all me, it was all my problem. There was absolutely no insight. (N19)

N19 went on to say:

But certainly by the end of all this, the person truly believed that she was the target, she had been the target in this, she hadn't done anything to deserve it. (N19)

Participant N12 described how she felt let down by an IA who had attributed blame to her and failed to acknowledge the bullying from the perpetrator: “I felt that she was trying to say I was responsible in some way. [There was] no acknowledgement that she hadn't acted appropriately” (N12). Participants whose experiences were conflict-related described how perceptions of fault, laying with both parties,

influenced the support they received from IAs. Participant N03 described how an IA said “that it wasn’t bullying, that it was personality clashes. She dismissed it and said I was trying to get people on my side because I was more popular” (N03).

Participant N03 also described how the personal and isolated nature of a bullying experience based on conflict could easily be perceived as a personality clash (*feature #3*). “It’s very hard to prove ‘he said, she said’. And especially when it’s one person against another, it could just be seen as a personality clash”. Participant N12 reported a similar experience regarding her complaint to an IA whereby they had said to her “it was my word against hers”. Participant N04 described how an IA “didn’t think it was a personal vendetta against me really”. The isolated nature of the experience influenced participants’ experiences in that they had little support from others: “I was just floating around on my own really and didn’t have any support” (N04).

6.4 The learning-related experience

6.4.1 The key features of the learning-related experience

For seven participants, the bullying intervention experience was shaped predominantly by the features related to learning. The key features of this type of experience were: 1) the teacher-student relationship between the target and the perpetrator, and 2) the inexperience of the target.

6.4.1.1 Feature #1: The teacher-student relationship

All participants whose experience was learning-related were in a learning position whereby the perpetrator was their teacher (i.e. preceptor): “I was a newbie and had come along and wanted to learn stuff in this area” (N10). Behaviours were primarily teaching related with participants recalling that “it was like I was seen as not confident enough and there were things that I should have known that I didn’t know”

(N09) and “she was saying that I wasn’t clicking on to my assessments as quickly as I could have” (N17). Participant N17 described how the initial teacher-student relationship between herself and the perpetrator had underpinned her bullying experience.

She continued to act as my tutor-type person the whole time I worked there, like I was a student who had to have my work checked. She checked me like I was some sort of idiot. (N17)

Although the bully was initially in a position of teaching the participant, she described how the bullying behaviour had had the opposite affect for her.

But she’d make it so difficult...and I’m thinking I did learn that but I don’t know, you know. I started to doubt everything I knew...it made me freeze and unable to learn. (N17)

Similarly, participant N24 framed her bullying experience in that the perpetrator did not facilitate her learning and felt she undervalued.

I was made to feel like I didn’t know what I was doing and I probably would never be able to do it properly, but that I would be put up with because there was no one else to do the job. (N24)

6.4.1.2 Feature #2: The inexperience of the target

Participants whose experience was learning-related were inexperienced nurses who were new to the role. The inexperience of the participant meant that they were not only learning the role, but had limited experience with how the team and organisation operated. As stated by participant N31, “I really didn’t know what I was doing properly, you know, I didn’t know all the stuff they had on their wards”.

Similarly, participant N07 acknowledged that she wasn't aware of the policies and protocols that she was expected to follow because she was not only new to the role but new to the country.

I'm not really familiar with the protocol and policy in our unit because I'm a foreigner. It's my first time working in New Zealand. I didn't really have much training and work experience overseas. I don't really know about certain policy and protocols and nobody told me. (N07)

Participant N09 described how her inexperience meant that she had little knowledge of how the organisation operated: "I'm not sure about the politics and the ins and outs" and "I don't really understand what their role is" referring to an IA. She went on to describe how "it's sort of like a structure in the organisation and there are channels" but recalled being unsure of exactly how the structure worked: "I think that has to start with the [IA]. I think there has to be some kind of meeting and process to follow, but I'm not sure" (N09).

6.4.2 The impact of the learning-related features on the intervention process

Participants described how the features of learning had influenced their intervention experience. Five of the seven participants identified features of the learning-related experience as barriers to identifying the experience as unreasonable. The identifying stage of the intervention process for participants of the learning-related experience was therefore a barrier area in that an inability to identify the behaviours as unreasonable restricted their ability to progress through the intervention process to predicting and reporting. Six of the seven participants identified features of the learning based experience influencing their predictions that IAs would agree with the

experience and that there would be no repercussions. The predicting stage therefore emerged as a second barrier area for participants of the learning-related experience. Participants who did report to an IA at some point during their experience did not attribute the lack of action taken by IAs to features of the learning-related experience. The following section explains how the two features of the learning-related experience influenced the different stages of the intervention process for targets of workplace bullying.

6.4.2.1 Barrier area #1: Identifying

Participants attributed the ‘teacher-student’ relationship between them and the perpetrator as contributing to the difficulties in identifying the behaviours as unreasonable. Participants acknowledged that when they first started in the role, they did not fully understand what they were doing and that they had a lot to learn (*feature #1*). For example, participant N24 exemplifies how features of the learning-related experience caused targets to struggle with identifying the behaviours as unreasonable.

I didn’t recognise it straight away. It’s always a bit hard when you’re the new person on the block. And obviously, I had things to learn and I understood that. (N24)

Similarly, participant N17 described how she was starting to question “what’s wrong with me” when the perpetrator of her experience criticised her for “not being up to scratch within a few weeks”.

Lack of knowledge of the role and working environment (*feature #2*) caused targets to question whether the behaviours they were being subjected to were tolerated and should be considered reasonable in that particular work setting and whether the harm

they were experiencing was justified. For example, participant N09 believed that her lack of experience working in the role caused her to question whether she was at fault.

I thought, maybe this is the culture of the ward, maybe I needed to harden up. Or, if this is acceptable and no one has said anything to me, then maybe it's just me. (N09)

Participants recalled how gaining experience of the work culture and structure had helped them to identify the behaviours as unreasonable. For example, when speaking about how she came to make sense of her experience, participant N09 described how she began to familiarise herself with the team environment and what was expected.

I've read other nursing notes and I'm sorry to say that they're quite rough and not full sentences. At the end of the day I questioned myself, but there was really nothing to justify why she behaved that way towards me. (N09)

Similarly, over time, participant N07 increased her knowledge and experience around protocol and policy so that she was able to identify whether the criticism of her preceptor were reasonable.

If [the perpetrator] tells me something you can or can't do, I'm able to identify what she's saying is true...I will be able to identify better than before now. (N07)

Importantly, in the initial stage of the learning-related bullying experience where participants were very new to the role, their inexperience and lack of knowledge about the workplace culture and structure caused them to struggle to identify the

reasonableness of behaviours and was a barrier to confirming that the experience was workplace bullying.

6.4.2.2 Barrier area #2: Predicting

Participants described how their inexperience had caused them to predict that there was likely to be repercussions from reporting (*feature #2*). Participant N24 described how “when you’re the new person, you don’t want to make waves”. Similarly, participant N17 recalled being “scared it would be turned around to make me out as the incompetent nurse”. She admitted “I could’ve talked to senior management about it but I was scared of retribution and they’d say I just wasn’t capable of doing my job” (N17). The inexperience of participants and lack of knowledge about the team and organisation was also an influential feature in terms of their ignorance of the reporting alternatives available to them. When asked why she decided not to make a complaint, participant N31 replied “I didn’t know that you could”. She was also not aware of the organisation’s bullying and harassment policy at the time. Similarly, participant N09 described how she struggled to understand the structure and processes of the organisation and who she could go to for support.

I only learnt about the HR and what their role is – that they handle incidents with colleagues—just recently, two weeks ago actually. So yeah, I didn’t know what their services involved. I didn’t use them at the time and I could’ve. (N09)

Similarly, participant N24 described how she was not aware that the union could support her with a bullying experience: “I really didn’t think of it from a union view so much”.

6.5 The role-related experience

6.5.1 The key feature of the role-related experience

For four participants, the bullying intervention experience was shaped predominantly by their role itself. The one key feature of the role-related experience that influenced the intervention process for targets of bullying was the dependent relationship with the perpetrator's team.

6.5.1.1 Feature #1: The dependent relationship with the perpetrator's team

Participants of the role-related experience were in a position where the perpetrator of their experience did not work in their direct team but worked in a team that was required to function and operate in conjunction with the participant's. For example, participant N16 explained how she worked alongside the perpetrator who was employed by another organisation in a joint venture with her organisation. Similarly, participant N13 explained how the perpetrator was employed in another team which "we have to work alongside; we depend on them for assistance". She went on to explain how "we enjoy a relationship which most of the time is difficult because the manager doesn't want us there", but that "it's vital that we have a working relationship with them" (N13). Participant N21 described the relationship between her unit and that of the perpetrator's, saying "the two cultures were completely different – the difference between Norway and New Zealand say". Similarly, participant N20 described how "there was existing culture of being 'anti' our unit". She went on to explain how "when people dislike you or dislike your unit, it's very difficult".

6.5.2 The impact of the role-related features on the intervention process

Participants described how the features of the role-related experience had influenced their intervention experience. The identification stage was not influenced by the dependent relationship with the perpetrator's team. Further, all four participants initially took constructive action and reported to an IA; in other words, the features of the experience did not initially cause them to assume that IAs would not believe them, would not take action that could change the situation, and or that there would be repercussions. However, the 'excusing' responses of IAs to a complaint caused participants to re-predict that nothing would change. Therefore, there were two barrier areas that were strongly affected. The two stages in the intervention process where these occurred were: 1) IAs excusing direct action (n=4), and 2) targets re-predicting that nothing would change as a result of reporting (n=4). The following section explains how the one feature of the role-related experience influenced the different stages of the intervention process for targets of workplace bullying.

6.5.2.1 Barrier area #1: Excusing

All four participants experienced some form of excusing when they reported to IAs, which they attributed to the dependent relationship between their team and the perpetrator's team. Participant N13 explained how she had reported to an IA whose response was "well, we'll see what we can do to sort it out because it's imperative that we keep on-side with [the perpetrator's] department". She described how "everyone tip-toes around...they haven't got whatever it takes to deal with it" (N13). Similarly, participant N16 explained how the IA to whom she reported discouraged her from taking formal action on the grounds that the IA did not want to cause friction between the departments due to the need to work together.

As an organisation, I really started to see that I was just a number here, I was the problem, and they didn't really want to know...To be told to put on my professional hat – I was totally traumatised! And I thought, they don't care, all they care about is this contract that have with [the perpetrator's department]. (N16)

Two participants did experience some action taken by IA to whom they reported. However, the IA response was focused heavily on providing the participant with tools to cope with the situation and address the bully themselves; no action that directly addressed the perpetrator's behaviours was reported. For example, participant N20 explained how the IA had put in place guidelines to clarify the processes and structure of the relationship between her department and that of the perpetrator's, while participant N21 explained how an IA had attempted to equip her with the tools to defend herself. The indirect action reported by these two participants was attributed to IAs not being willing or able to directly take action due to the dependent relationship that existed between the participant and perpetrator's departments.

6.5.2.2 Barrier area #2: Re-predicting

Participants referred to the relationship between their department and the perpetrator's department when explaining why they had re-predicted that no action would be taken by IAs should they choose to report again. For example, N13 perceived that her manager would be unlikely to take action because of their department's dependency of the perpetrator's department and the need to maintain a functioning relationship.

But because we have this relationship with the other ward, I was very mindful about not rocking the boat because we rely on cooperation. (N13)

When asked about other support channels available to her, participant N13 again referred to the need to work with the perpetrator's department in predicting that any channel she reported to was not going to resolve the experience: "The problem is this relationship we have with [the perpetrator's department] and the need to keep that going at all costs" (N13). Similarly, participant N20 explained how, after reporting, she realised that nothing was going to change and decided to leave the role "because you get to a point where you're powerless to impact anything". Participant N21 explained how she also got to a point where she realised that IAs were not going to resolve her experience and left the role: "The easiest thing is to stop kicking away and just lay down and go" (N21).

Participant N16 initially felt supported by the organisation and predicted that taking reporting would resolve the experience. However, following multiple unsuccessful responses from IAs, she realised that an IA was not going to resolve the experience (i.e. re-predicting). She explained how she did not take any further constructive action.

I didn't get into it with them. I just felt I couldn't do anything really. I realised that all they care about is this contract that have and it's a too hard box. I just really lost a lot of faith and felt really vulnerable. It was not a good feeling. I thought I was the problem. (N16)

6.6 Typology summary

The aim of the typology presented above is to describe the key features of bullying experiences that influence the intervention process for targets of workplace bullying. The discussion of each type is structured around the way in which the features of each type influence the intervention process with the intent to not only explain how features of the experience influence the intervention process but to demonstrate that the intervention process for targets is shaped differently according to the type of bullying being experienced by the target.

As explained in this chapter, each of the five types of bullying intervention experience has different features that act as facilitators or barriers to different stages of the intervention process. These differences can be clearly illustrated by a comparison of the learning-related and known bully intervention experiences. Figures 6.1 and 6.2 depict the differences in facilitated (shown in green) and barrier areas (shown in red) between the learning-related and known bully intervention experiences respectively.

Targets of the learning-related experience risk ineffective intervention at the identifying and predicting stages due to the inexperience of the target and teacher-student relationship between the perpetrator and target. The findings indicate that, due to their inexperience, targets of the learning-related experience struggle to alleviate feelings of fault and identify the bullying experience as unreasonable, and that those who are able to do so are at risk of not reporting to IAs due to fears that the complaint will not be perceived as substantiated. On the other hand, targets of the known bully experience, for example, are often able to identify the experience as unreasonable, however the risks to effective intervention exists where IAs excuse

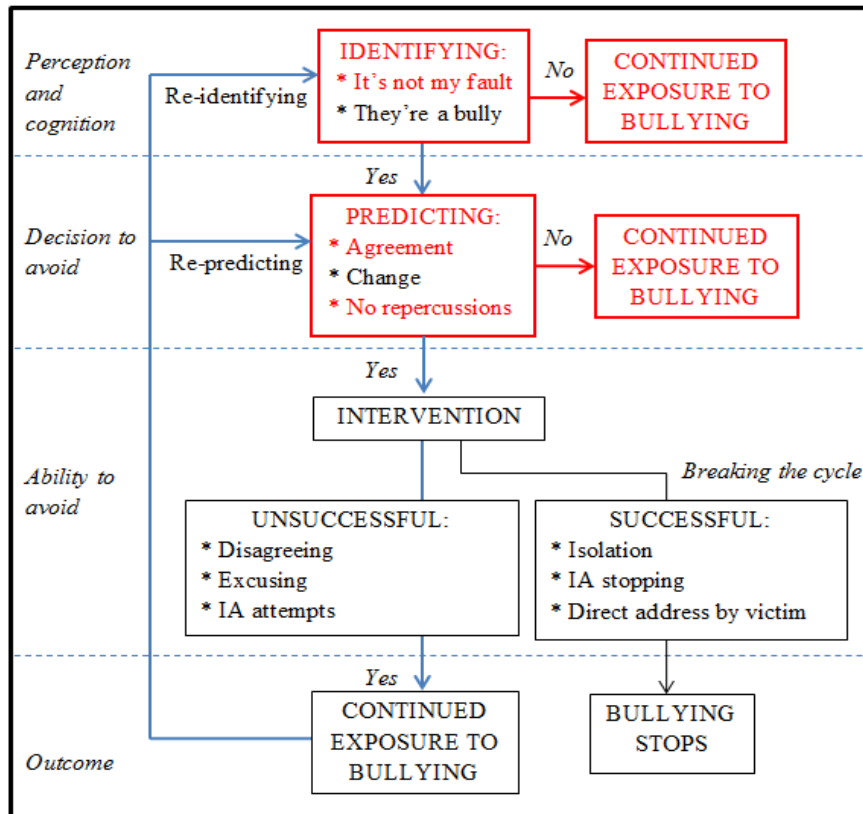


Figure 6.1. Barrier Areas in the Intervention Process Model for the Learning-Related Experience

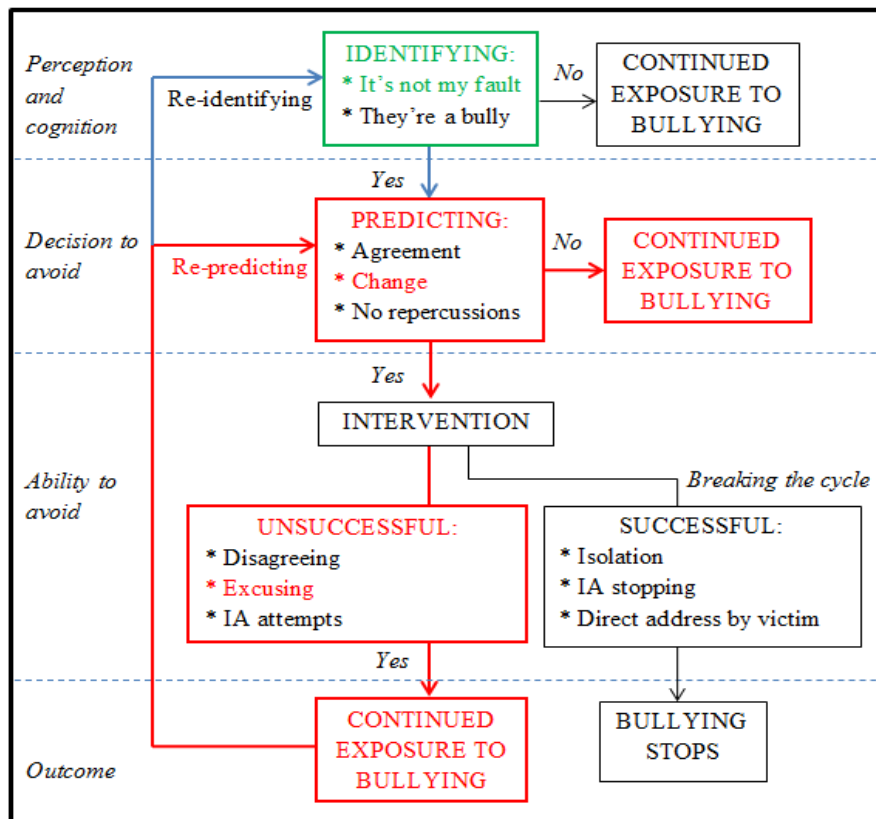


Figure 6.2. Facilitated and Barrier Areas in the Intervention Process Model for the Known Bully Experience

action due to the expertise of the perpetrator and the value that they bring to the team. A further risk exists at the reporting stage, with targets of the known-bully experience predicting that IAs will not take action due to the perpetrator's expertise and a pattern of failures to address complaints regarding the perpetrator's behaviours in the past.

Importantly, the findings of this chapter of the study indicate that, in regards to intervention, workplace bullying should not be considered as a homogenous phenomenon. Indeed, there are multiple types of bullying experience each with unique features that influence the intervention process in different ways. The typology contributes to existing understanding of how and why features of bullying experiences shape the intervention process, ultimately resulting in a failure to effectively intervene in workplace bullying experiences.

CHAPTER SEVEN
WORK ENVIRONMENT FACTORS INFLUENCING BULLYING
INTERVENTION

This chapter presents the work environment factors within a systems framework that were found to influence nurses' experiences of workplace bullying intervention. Accordingly, the chapter addresses the research question: 'How do work environment factors impact on the intervention experiences of targets of workplace bullying in the New Zealand nursing profession?' The findings presented are based on data collected during three focus groups consisting of senior nursing management, human resources and union representatives. One focus group was conducted at each of the hospitals involved in the study.

With the aim of identifying the work environment factors influencing effective intervention in workplace bullying in the nursing profession, focus group members were presented with an overview of the intervention process model and typology resulting from the interview study (presented in Chapter Six). Members were asked to discuss their experience of each type of bullying and the areas that they believed were barriers and facilitators to effective intervention in each type of experience. The identified facilitators and barriers for each type of bullying provided the foundation upon which members were then able to discuss how work environment factors influenced the efficacy of intervention in workplace bullying experiences. This chapter begins by providing a brief overview of the focus group member responses to each of the five intervention experiences and the key areas that were identified as being a concern for effective intervention for each experience. Following this, the work environment factors that emerged from the focus group discussions are presented.

7.1 Overview of focus group responses to the typology

In this section, the response of focus group members to the typology is presented, focusing on the member perspectives of key intervention areas for each type of bullying. Focus group members at each of the three hospitals confirmed that all five types of bullying experience existed in their organisations and confirmed many of the facilitated and barrier areas that emerged from the interview findings. All of the bullying experiences presented were validated by the focus group members, with members at each focus group recalling bullying experiences in their organisation that had features, and followed a similar intervention process, to each of the five intervention experiences that were presented. Focus group members did not offer any other type of bullying experience that was not included in the typology.

7.1.1 The known bully experience

Members from each of the three focus groups acknowledged the existence of the known bully experience in their organisation. Members from both Hospitals A and B confirmed the hesitance of targets to report known bully experiences due to a lack of trust that anything will change, and in turn, acknowledged that reporting is a key barrier to effective intervention. For example, a member from Hospital B explained that, with the known bully experience, “there’s a perception that nothing will happen if I do something”. An HR representative in the focus group supported this perception, stating that:

History creates the known bullies. Because either, something hasn’t changed, somebody’s tried it, it didn’t work, so they just walk away. We know the known bullies but nobody, from an HR perspective, nobody will make a complaint, nobody will stick their head out because of all that has come before. (Hospital B)

Similarly, a member from Hospital A explained that targets are rarely willing to document a known bully experience and that documenting is required in order for an IA to take action.

You can have people make flippant comments like, ‘oh, she’s a bully’, but you can’t get them to document it. It’s a fear thing, and a power thing, and a lack of trust in the whole system. But you can’t action hearsay. (Hospital A)

Another Hospital A member supported this explanation stating that “they won’t report it because there’s a perception that it’s not being managed. And as a manager, it makes it really difficult if they don’t report it but you hear about it” (Hospital A).

The second area of concern to effective intervention in the known bully experience was a lack of perpetrator insight. Members explained that “sometimes the bully doesn’t know that they’re being the bully until they’re told” (Hospital B). One member from Hospital C explained that behaviour change can result from gaining insight into how their behaviour was being perceived or experienced.

This is an interesting [type of bullying] because I think that, if I look at an all-female team and we’ve seen someone who is a known bully, that person, their behaviours changed when addressed because they lacked insight. (Hospital C)

The lack of perpetrator insight into how their behaviours were perceived in the known bully experience caused members to suggest that intervention is most likely to be effective when targets confront the ‘known bully’ perpetrator directly. For example, an HR member from Hospital C believed that “intervention means you

need to empower the person to stand up”, while another participant from the same focus group supported this belief stating:

A lot of these strong female characters’ who people are fearful of, intimidated by and feel bullied by, as soon as people stand up and say that’s not okay with me, the behaviour changed because it actually gave them insight. (Hospital C)

Similarly, providing the target with confidence to respond constructively to the known bully experience, whether it is by reporting or direct confrontation, was prioritised highly by focus group members at Hospitals A and C. For example, one nurse management member at Hospital A acknowledged that “there’s got to be so much care and compassion to support someone to get to that step where they may have the skills to take it further”. Finally, members from Hospital A acknowledged that “there are many scenarios that are not managed when there’s a recidivist bully”. One member explained how known bullies, in some situations, are even supported by managers and are “allowed to function because it helps the manager to do their job” (Hospital A). The key intervention areas that focus group members raised as requiring consideration to enable effective intervention in workplace bullying experiences are listed in Table 7.1.

Table 7.1.

Key Intervention Areas for the Known Bully Experience

KNOWN BULLY EXPERIENCE Suggested intervention focus areas:	Hosp. A	Hosp. B	Hosp. C
• Encouraging reporting	✓	✓	
• Developing perpetrator insight	✓	✓	✓
• Encouraging target confidence	✓		
• Encouraging management intervention	✓		✓

7.1.2 The performance-related experience

Focus group members acknowledged that the performance-related experience was common in their organisations. One member from Hospital A stated, “I think this performance-related one is quite relevant and flows through the whole organisation. There is pressure for performance-related measures, achieving targets. The CEO gets it, all the way down”. Similarly, a Hospital B member explained that:

You get managers who are getting hammered by people above to reach performance targets. The more stress they get, the less ability they have to manage themselves around people who may not be performing. So they get into bullying for performance, rather than actually managing appropriately for performance. (Hospital B)

However, that member went on to acknowledge that “some of these behaviours are going to be very hard to avoid now that we’ve got targets and monitoring, because it’s all attached to status and finance, unfortunately” (Hospital B).

As depicted in Table 7.2, there was one key area focus groups perceived as important to effective intervention in the performance-related experience and this was the identification stage of the bullying intervention process. Members emphasised the need to performance manage, explaining that “it is often a misunderstanding or a lack of education about the fact that performance is something that is looked at, will always be looked at, and has to be looked at” (Hospital A). Similarly, another member stated, “what are we doing it for? We’re actually doing it for patient safety and improvement, that’s where you need to be driving it” (Hospital A). The Hospital C focus group discussed the importance of target interpretation in this type of experience, offering, “I don’t think people are used to criticism. So anything that’s

said, even if you do it really nicely, can be taken the wrong way”. They went on to explain that “anything you bring up can easily be seen as a criticism. So this is where a lot of the performance-related stuff is probably coming from” (Hospital C).

Table 7.2.

Key Intervention Areas for the Performance-Related Experience

PERFORMANCE-RELATED EXPERIENCE Suggested intervention focus area:	Hosp. A	Hosp. B	Hosp. C
<ul style="list-style-type: none"> • Developing target insight 	✓	✓	✓

7.1.3 The conflict-related experience

Each of the three focus groups acknowledged the existence of the conflict-related experience in their organisation, with one member from Hospital B stating that “this type of bullying happens all the time”. Members confirmed there was a high risk of IAs ‘disagreeing’ with complaints of conflict-related bullying. One member from Hospital A explained that “you have to decide whether it’s a mutual thing or whether it’s one-sided...that’s the tricky bit”, while another from Hospital B explained that “sometimes it comes down to a ‘he said, she said’ type of scenario. And we get a lot of that. And managers do tend to say that it’s a clash of personalities”.

As depicted in Table 7.3, three key areas were identified by members as requiring consideration for effective intervention in the conflict-related experience. Target and perpetrator insight in the conflict-related experience was the first area of concern. For example, one Hospital A member suggested that “sometimes the individual’s insight into what’s happening is proportional to how much they feel that they’re getting bullied”. Similarly, a Hospital B member explained that “it’s not just about the target getting the understanding of it, but the perpetrator also getting the

understanding of it”. Another Hospital A member believed that “it’s about language and interpretation. I feel that if we have an openness of communication about those things, bringing the parties together, we may not end up with the culture of feeling that they’ve been bullied”.

The second area of importance that was raised was the importance of early intervention in the conflict-related experience. Members explained that “if it’s not managed first up, it becomes bullying behaviour” (Hospital B), and “surely if it was deescalated and addressed in a timely manner, it would actually solve the issue” (Hospital A).

The final area of importance was encouraging management intervention. Members acknowledged that managers often avoid intervention in the conflict-related experience. As explained by a Hospital A member, “some managers avoid conflict...it’s about being able to engage in those conflict situations with both parties”, with another arguing that “managers don’t have the guts to sit down and talk about it” (Hospital A). Similarly, a Hospital B member explained that “managers are conflict averters, most people don’t necessarily like conflict, so they’d much rather avoid dealing with that type of thing. I think it may be in the ‘too hard basket’ for some people”. This explanation was supported by a senior management representative who explained, “we’ve got some managers who are inexperienced at dealing with it and don’t deal with it. Some of our managers don’t know what to do and find it very difficult to manage the situation” (Hospital B).

Table 7.3.

Key Intervention Areas for the Conflict-Related Experience

CONFLICT-RELATED EXPERIENCE Suggested intervention focus areas:	Hosp. A	Hosp. B	Hosp. C
• Developing target and perpetrator insight	✓	✓	✓
• Early intervention	✓	✓	
• Encouraging management intervention	✓	✓	✓

7.1.4 The learning-related experience

Members in each of the focus groups acknowledged the existence of the learning-related bullying experience in their organisations. One member from Hospital A explained the engrained perceptions of student and new graduate nurses being a nuisance to preceptors.

We had quite a few problems where they'd hear the nurses saying 'oh God, who's got that student' and 'I had them yesterday'. You really felt like you were a spare wheel. (Hospital A)

Similarly, Hospital C explained the expectations of new graduate nurses to function like the rest of the staff immediately.

For the wards to function right, [new graduate nurses] are forced to function like the rest of the staff. They might come out bright and ready to function but they get ground down by the culture. (Hospital C)

Members acknowledged the tendency of new nurses not to report experiences of bullying. Hospital B members explained that "we're trying to develop a culture

where we're supporting new graduate nurses to speak up" (Hospital B). However, they acknowledged that external influences can work against them.

I heard some pretty concerning stuff the other day that is being said to new grads in training institutions – ‘head down, bum up, and get on with it, ignore it, because you just have to get through this year’. This really concerned me because if our new graduates aren't being set up to deal with bullying, that's how they're being advised from the start, we're doomed. (Hospital B)

Alternatively, members at Hospitals A and C discussed how they felt that effective intervention is most likely to come from targets being given the confidence to confront the perpetrator directly as opposed to reporting. As explained by a Hospital A member, “it's about getting to them early enough and giving them some coaching so they can address what they perceive as the bully-er [sic] and say ‘when you speak to me it makes me feel...’” (Hospital A). Similarly, a Hospital C member contributed: “Someone who is twenty and this is their first job is unable to push back”. Finally, the skills and ability of managers to intervene in the learning-related experience was raised as an area of importance to effective intervention in the learning-related experience. For example, one Hospital A member explained that “when we're looking at leadership to lead bullying intervention, if we haven't given them the skills and knowledge to lead it, that is where it will fall down” (Hospital A).

Table 7.4.

Key Intervention Areas for the Learning-Related Experience

LEARNING-RELATED EXPERIENCE	Hosp. A	Hosp. B	Hosp. C
Suggested intervention focus areas:			
<ul style="list-style-type: none"> • Encouraging target confidence • Encouraging reporting • Encouraging management intervention 	✓	✓	✓

7.1.5 The role-related experience

All three focus groups agreed that the role-related experience existed in their organisation, despite none of the role-related experiences that informed the typology being targets of bullying from Hospital C. Members recognised the difficulties faced by managers in dealing with this type of experience. Hospital B members explained that role-related bullying in their organisation exists between nurses and non-nurses. They discussed the difficulties of managing a role-related bullying experience where the perpetrator was not a nurse.

Some of our managers don't know what to do. They find it very difficult to manage the situation, particularly if it's a non-nurse.

Because other professions have different power bases and there are different norms. (Hospital B)

One member suggested that bullying often exists between sectors in health stating that “we're meant to be one healthcare system. But as soon as DHB nurses suggest something it's ‘you don't know what's going on here’” (Hospital B). They proposed that “role-related bullying requires a political approach to dealing with it and that's not a one or two day process” (Hospital B). The majority of the members of the

focus groups agreed that the process avoided due to the need to function with other sectors.

We're telling ourselves, 'don't react'. We're taking the moral high-ground to get ourselves to where we need to be. But again, that's saying, 'put your head down and your ass up and get on with it', which isn't helpful. (Hospital B)

Members also recognised that role-related bullying existed within a service in the hospital. Members explained that “we have one particular service that causes constant problems for everybody else, and it's directly related to one or two people” (Hospital B). Hospital A gave an example of role-related bullying in their organisation where a charge nurse was bullied because “the charge nurse inherited a large group that needed to be managed but had never been managed properly because the service manager had colluded with the team”. Similarly, one member from Hospital C recounted an historical experience that had been going on for many years whereby other charge nurses continually bullied her, directing the behaviours towards criticisms of her team.

A charge nurse in a meeting made comments about the staffing in her ward and I thought, 'when are they going to give up?' (Hospital C)

Members acknowledged that bullying was “around meeting targets, it's around theatre utilisation, over-run and over-time” (Hospital A). The double-sided aspect to the drive for targeted measurements was raised by one member from Hospital B:

Now that we print targets in each department, where we're doing well and where we're not doing well is having a negative impact...it can benchmark and bring people up but it can also drive a wedge. (Hospital B)

While members suggested that management is required to take action in order to effectively intervene in role-related bullying experiences, they offered few suggestions about how to overcome these barriers to intervention.

Table 7.5.

Key intervention Areas for the Role-Related Experience

ROLE-RELATED EXPERIENCE	Hosp. A	Hosp. B	Hosp. C
Suggested intervention focus area:			
<ul style="list-style-type: none"> Encouraging management intervention 	✓	✓	✓

7.1.6 Summary of key intervention areas raised by focus group members

As identified in the previous discussion, key intervention areas differed according to the type of bullying being discussed. Table 7.6 recaps the key barrier areas that were identified in regards to each of the bullying types.

Table 7.6.

A Summary of the Key Intervention Areas for the Bullying Intervention Typology

	Known bully	Performance -related	Conflict-related	Learning-related	Role-related
Developing target insight		✓	✓		
Developing perpetrator insight	✓		✓		
Encouraging reporting	✓			✓	
Encouraging target confidence	✓			✓	
Encouraging management intervention	✓		✓	✓	✓

7.2 Prerequisites to effective intervention

Based on the suggested intervention focus areas, focus group members were then asked to explain how work environment factors influenced effective intervention. In their explanation, members identified two key prerequisites to effective intervention: (1) IA willingness and ability to intervene; and (2) target and perpetrator responses to bullying and to intervention. This section describes how IA willingness and ability to intervene in workplace bullying experience, and target and perpetrator response to bullying and intervention, were discussed by members as prerequisites to effective intervention. The purpose of this section is to provide a foundation for the following discussion of the specific work environment factors identified (see section 7.3).

7.2.1 IA willingness and ability to intervene

In each of the three focus groups, members discussed widely the willingness and ability of IAs to take action in response to a complaint of bullying. Members acknowledged the pressures on front line managers to balance confidentiality with transparency while remaining objective and fair throughout the intervention process, and each hospital acknowledged that managers often find this difficult and “feel like backing off” (Hospital A). At Hospital B, an HR representative recalled experiencing complaint investigations that took up to two months, which they believed was much too long. Focus group members from Hospital A supported this conclusion, in their statement that “the process does work if you follow it” but that it is very time consuming. Hospital A members acknowledged that the efficacy of intervention was heavily dependent on the competencies of those required to implement intervention processes. Often intervention is delayed because of a lack of skill, confidence, and support for front line managers:

You question yourself [as an intervening manager] whether you are making it personal or whether it's an issue that you need to take forward. Because the people that you are performance managing, they do twist it; they are the perpetrator but then you end up being the bully for managing their perpetration. So you need quite a lot of confidence and support to take that forward. (Hospital A)

Representatives from nursing management identified the pressures that bullying intervention places on them: "I never take my job home but you can't help but taking [bullying] home, you feel like you want to leave" (Hospital A). Focus group members at Hospital C believed that the efficacy of any strategies related to bullying intervention relies heavily of the competence and engagement of the person required to implement the strategy. They identified that the organisation supports nurses coming forward but, at the same time, they acknowledged that responding and dealing with the situation is very difficult for IAs.

7.2.2 Target and perpetrator response

The second prerequisite to effective intervention in workplace bullying that was discussed was the responses of the target and perpetrator to bullying and intervention. Factors were identified that influenced the expectations of parties to a complaint and their subsequent responses to intervention. The interpretation of a workplace bullying experience was frequently discussed by focus group members.

Everyone has a different threshold. Everyone reacts differently to different behaviours. So, I may be experiencing really bad behaviours but I don't see that I'm being bullied... and that's no disrespect to somebody who finds it uncomfortable. But everybody has a different threshold. (Hospital C)

Members in each of the focus groups explained the importance of emotional intelligence as a requirement for effective intervention in workplace bullying. Hospital A members explained that “there’s a lot more focus that’s needed around growing self and growing others, self-awareness, and just the emotional intelligence skills”. They also explained that consideration of target and perpetrator responses is a crucial component to intervention and that reliance on management intervention alone is insufficient to enable effective intervention.

It’s no good talking about management and everything if people don’t know how they’re wired, personal development, that component is so important. (Hospital A)

Other members supported this comment explaining that:

The people I’ve sent to coaching and mentoring who’ve failed it, they have no emotional intelligence, and probably some mental health issues. It’s about an acceptance of self. You have to concentrate on the people that will benefit from development. (Hospital A)

It’s about taking personal responsibility for yourself and the person you happen to be working with. (Hospital A)

Similarly, members discussed the importance of target and perpetrator insight into their behaviours and the experience itself as a prerequisite for effective intervention. As explained by a Hospital B member, “it’s not just about the target getting the understanding of it, but the perpetrator also getting the understanding of it. So it works both ways”. One Hospital C member recounted her experiences of

perpetrators changing their behaviour as a result of their behaviours being addressed and gaining insight.

Target confidence to report and be resilient to workplace bullying was frequently discussed throughout the focus group sessions. Members from Hospital A acknowledged that “sometimes they won’t report [bullying] because there’s a perception that it’s not being managed. And as a manager, it makes it really difficult if they don’t report it but we need to hear about it”, while a Hospital B member stated:

Bullying is never resolved, and it has created an undercurrent and until it is resolved there is distrust in the relationship. As a result, the bullying has just gone on and on. So there’s a perception that nothing will happen if I do something. (Hospital B)

Hospital C discussed the importance of “building resilience in this nursing workforce” and providing nurses with coping strategies in order to respond in such a way that enables effective intervention.

Assisting people with coping mechanisms is part of it, but it doesn’t mean that you let bullying carry on and don’t do anything about it. (Hospital C)

It appeared that all the focus group members agreed that there needs to be consideration given to both IA intervention and target empowerment but there appeared to be disagreement over the degree to which each should be given focus. Some members believed that a lack of target confidence requires managers to play a

central role in intervention, while others believed that management cannot simply run with a complaint and that the target needs to own it as well.

7.3 Work environment factors

Members discussed a range of factors that influenced effective intervention in workplace bullying, both in regards to IA willingness and ability to intervene and target and perpetrator responses to intervention. While some of the factors emerged as influencing one direction more than the other, the relationship between the IA and the target and perpetrator is complex and cannot be considered independently. For example, organisational culture influences how the IA, as well as the target and perpetrator, perceive a complaint and the subsequent response of each of the parties. This point is exemplified in the statement of a focus group member:

There are constant pressures and stresses that reduce people's level of tolerance in regards to people's ability to manage difficult situations, or being on the receiving end of difficult situations. It affects the way we put things across to people, the way we interpret what's being said to us, and the way we then react or respond. (Hospital B)

Considering that work environment factors can influence intervention from multiple perspectives and directions, the work environment factors identified in this current research as influencing effective intervention in workplace bullying are discussed generally.

Figure 7.1 depicts the key factors that emerged from the focus groups at the societal, industry, organisational and team levels. The factors identified interact to influence the efficacy of secondary intervention in workplace bullying. The factors are not static or independent of one another; instead, they operate in a system, interacting interdependently, thus influencing other layers of the system. For example, industry culture also influences organisational culture, which is likely to influence leadership competencies of managers and their willingness and ability to intervene in experiences of workplace bullying. However, to ensure clarity, the remainder of this chapter discusses each of the work environment factors in turn, from societal-level through to team-level, examining how they influence the efficacy of workplace bullying intervention.

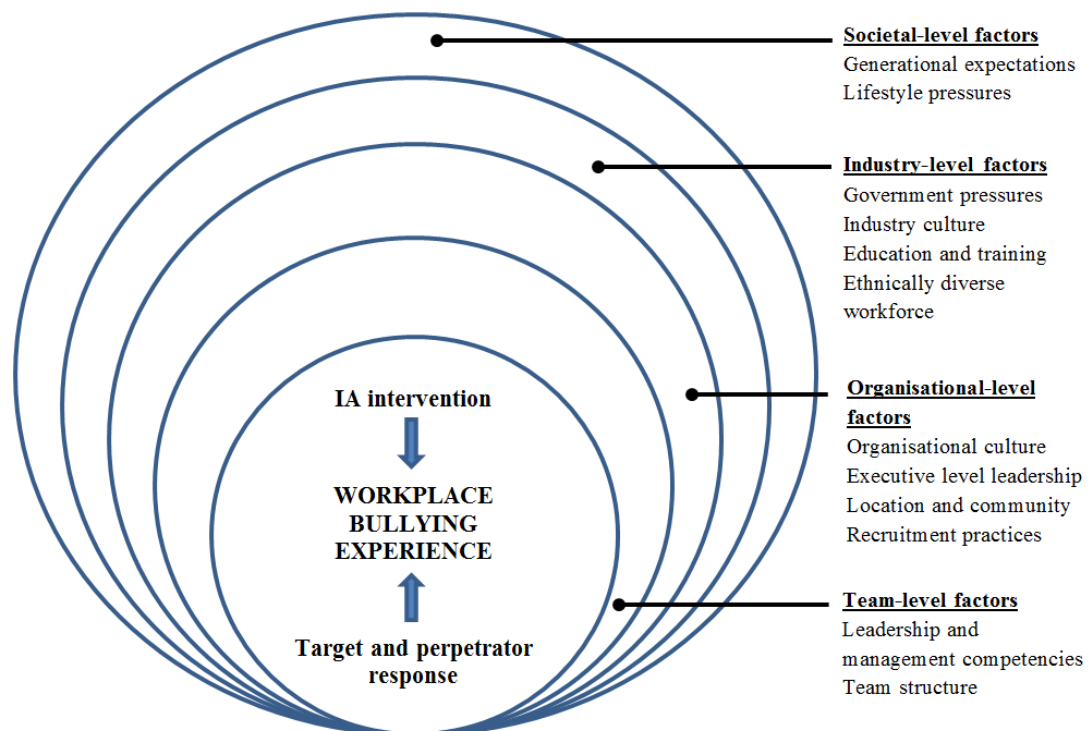


Figure 7.1. Systems Model Illustrating Work Environment Factors Influencing Workplace Bullying Intervention

7.3.1 Societal-level factors

Members discussed two key societal-level factors as influencing effective intervention throughout the focus group discussions: 1) generational expectations; and 2) lifestyle pressures.

7.3.1.1 Generational expectations

The expectations on staff due to societal pressures were identified as influencing the way in which targets and perpetrators respond to intervention. Hospital A acknowledged a time when nursing was a vocational profession and had a moral obligation to the organisation, and current practice, where the younger generation of nurses demand more flexibility and have a sense of personal entitlement.

You worked hard and you played hard, but you certainly didn't dictate to your workplace when and where you can and can't work, which is what we get now. It's a flip, we're an inconvenience...it's all about what's in it for me. So it's a generational thing. (Hospital A)

Similarly, another member acknowledged "that sense of entitlement. You owe it to me. You're lucky I work for you" (Hospital A), while a Hospital B member commented:

Think about the new nurses coming through and the generation that they're from and what their expectations are – very, very different from what they used to be. New graduates are lot more assertive, and a lot more difficult for managers to control. (Hospital B)

Hospital C members also acknowledged generational expectations as influencing the ability to effectively intervene in experiences of workplace bullying, explaining that

“people aren’t used to being challenged”. One member used the metaphor of school children running a race to explain how parties to a workplace bullying experience respond to intervention. She explained that employees aren’t used to constructive criticism and, when challenged, often retaliate and respond defensively.

Kids at school are running a race and you get a certificate even if you come last. I get all that, but I don’t think people are used to criticism. So anything that’s said, even if you do it really nicely can be taken the wrong way. (Hospital C)

Hospital B also referred to generational expectations, acknowledging that managers from different generations have different expectations and ways of working, which results in inconsistencies between what are considered acceptable behaviours and subsequent reasonable address.

7.3.1.2 Lifestyle pressures

Members explained how external pressures from outside of work in today’s society influenced target resilience and subsequent interpretation of, and responses to, workplace bullying. For example, members from Hospital A recognised a significant increase in the number of personal issues being brought into the workplace and how this affected nurses’ resilience.

The difference in 20 years is huge, with numbers of staff working through personal dramas. There used to be three or four on the ward, now staff nurses tell me it’s three or four that aren’t. So a lot of staff are dealing with domestic violence, troubled kids, drugs and alcohol. Carrying on with three jobs, sleep deprivation...so the situation’s changed a lot for the staff on the ward. They come to

work and something doesn't go well, next minute – boom!

(Hospital A)

Members went on to discuss the affect this has on IAs' ability to effectively intervene in experiences of workplace bullying, explaining that "it's quite difficult sometimes to drill down to what the real issue is" (Hospital A).

I think there's often other things behind it like tiredness and I think there's an untapped amount of depression amongst nurses. So I've often found it quite difficult to get to the core of what the issues were. Sometimes I wasn't convinced that there wasn't something else. (Hospital A)

Similarly, Hospital C explained that "if something happens outside, it's very hard to separate them out". They too explained the difficulties of managing a workplace bullying situation that is influenced by external factors: "That's a very difficult situation to manage because a lot of the influences are outside of the workplace" (Hospital C).

Additionally, focus group members at Hospital B recognised that effective intervention in workplace bullying is influenced by societal expectations. As explained by one member, "nurses cannot escape the DHB, nor the profession, in terms of what their conduct is expected to be 24-7. There's a thing about public trust and confidence and we cannot be seen to ever let our hair down, never do anything wrong, never be human" (Hospital B). Other members from Hospital B supported this perception explaining that "we manage nurses within an inch of their lives" and "nurses are constantly under the spotlight". Members explained that societal expectations on nurses create pressures and stress that influences how nurses respond

to workplace bullying. “It’s all very publicised, so that pressure just gets heightened and heightened” (Hospital B).

7.3.2 Industry-level factors

Members discussed four key industry-level factors as influencing effective intervention throughout the focus group discussions: 1) government pressures; 2) industry culture; 3) education and training; and 4) the ethnically diverse nursing workforce.

7.3.2.1 Government pressures

Pressures on the nursing workforce were found to influence the responses of targets and perpetrators, as well as IAs, to workplace bullying. The increasing demands on healthcare in New Zealand were discussed as influencing effective intervention in workplace bullying. As explained by one Hospital A member, “nursing has changed hugely, there are no fit and well people in hospital anymore. They are chronically ill, they’re really complex, and they take a lot of concentration and time”. These pressures are heightened due to healthcare being publically funded, largely from general taxation. “You can sit around and see what we get from the CEO, and what the CEO gets from the Ministry, and what the Ministry gets from the Prime Minister, right down through” (Hospital B). Similarly, another member explained the mounting pressure as it runs down through the organisation.

I often say, the Ministry might sniff, then you get to the sneeze, and by the time you get to the front line you’ve got pneumonia because of the pressure flowing all the way down. (Hospital A)

Members explained that the pressures are “around meeting targets, it’s around theatre time” (Hospital A) and “the more stress they get, the less ability [nurses] have to manage themselves and situations they’re confronted with” (Hospital B).

Members explained increasing industry demands as not only affecting nurses’ responses to bullying, but the willingness and ability of managers to implement policy. As one member explained:

You have to keep to the specifics of the situation, the investigation, the whole HR process, and in time, you do get a result but it’s really time consuming. And it might be perceived that nobody’s doing anything but you’ve got to follow a process. But the process does work, it just takes time. (Hospital A)

An HR representative from Hospital B also acknowledged that “the process does work if you follow it” (Hospital B).

The fast-moving, changing environment of health is seeing managers take shortcuts or overlook policy in order to meet short-term targets: “These are the targets we’ve got to meet, and we’ve got to do it any way we can do it” (Hospital B). With government pressures resulting in more attention being given to performance targets, increasing pressure is being put on front line managers. Members acknowledged that government pressures create a tendency for managers to mitigate and minimise complaints of bullying rather than addressing them: “We mitigate and we minimise, and often I think we’ve accepted [bullying]” (Hospital A). Members explained that such pressures encourage managers to be “very task orientated, very focused on ‘we’ve got to deliver these targets’” (Hospital B) and discourage the soft-skills

required for effective intervention. One member from Hospital A explained the importance of making the time to demonstrate strong leadership.

From what I've seen, the shortcut in a busy work environment is to say, 'this is how you do it, watch me'...actually if you take the time, you will teach them more and build their confidence.

(Hospital A)

7.3.2.2 Industry culture

Members described the wider industry culture of the nursing profession as influencing effective intervention in workplace bullying. They discussed how, although the culture is improving, it still exists as a barrier to effective intervention. Members explained how, prior to the shift in culture, "people didn't verbalise bullying as an entity" (Hospital C). However, there is now more focus on bullying at the industry level: "From a health perspective, everyone has a focus on bullying" (Hospital C). Members from Hospital C suggested that, until recently, nurses tended to rely on personal resilience and coping rather than reporting workplace bullying.

The ability to be able to do anything about it was only in a personal grievance, and you would end up being the loser. It would forever be on your personal record and you would have to pay for it. So you wouldn't do anything because you'll, 'burn your bridges'. Where do you go? And that was when you had to build some resilience, because it's either that or walk away. (Hospital C)

Similarly, Hospital A members also acknowledged the change in industry culture but suggested that the culture of nursing profession still exists as a barrier to intervention strategies that could potentially be effective. For example, one member explained

how it would be hard to get buy-in for an onsite care centre for staff because a culture of distrust and non-reporting still exists.

Back in the dinosaur age when I did my training [a care centre] was available on-site. But, my goodness, you wouldn't go! Because then everybody would hear about it, or the perception was that everyone would hear about it and that it wasn't confidential. So I think it would be hard to get buy-in for [an onsite care centre for staff]. (Hospital A)

Although it was acknowledged that there has been a shift in culture, members explained that the traditional industry culture still exists as a barrier to effective intervention in workplace bullying. As stated by one member, “there's a culture of bullying and I think that goes back to where the profession came from, which was religion and very hierarchical” (Hospital B). They referred to the common phrase in the nursing profession that “nurses eat their own” (Hospital B). One member from Hospital A explained that “the thing with nurses is that historically, you're here for the patients. You're not here for yourself and you leave all your stuff at the door. So it's about trying to change that culture”. Similarly, Hospital B members explained that “[nursing] is not viewed as core business, it's about the patients, it's about people”. They explained how industry culture is a barrier to reporting experiences of workplace bullying.

We've got no problem with reporting patient concerns but they just don't have the same level of behaviour when it comes down to issues with their colleagues. (Hospital B)

Focus group members explained that “[nurses] don’t want to put the weights up for their colleagues, and therefore, the inexperienced manager can’t even start to manage it correctly” (Hospital B). Similarly, Hospital C acknowledged that “a thread through all of this is that, as nurses, we have a tendency not to do a lot about a number of things”, while a Hospital B member’s comment supports this acknowledgement: “As nurses, we’re notorious for not documenting it in the here-and-now so the manager or the union or whoever is up there can actually manage it appropriately. And that’s one of our biggest issues” (Hospital B).

7.3.2.3 Education and training

Members from each of the three focus groups acknowledged the influence that changes to education and training has had on employee responses to workplace bullying. As explained by one member from Hospital A, interpretation of workplace bullying experiences, and subsequent responses to it, are influenced by acceptance of hierarchy.

Nursing is hierarchical, and you have got some traditionalists as well, and you see that coming though. So if you want to get something done, the nurses will get it done. Is it aggressive? Is it assertive? Yes. Is it bullying? Well, they don’t think so. (Hospital A)

While traditionally nurses were trained onsite in the hospital setting, training of nurses in New Zealand is now classroom-based. Members in the Hospital B focus group identified the differences in expectations between onsite and classroom trained nurses, suggesting that nurses trained onsite are more accepting of hierarchy,

creating inconsistencies in behavioural expectations and subsequent behaviour address.

I do think there are people out there that are trained onsite and there are new people now who train through polytechnics and I see that as being a different culture. (Hospital B)

Similarly, Hospital C members discussed the difference in culture in terms of acceptance of hierarchy and the impact this has on the interpretation of workplace bullying.

I've just been sitting here reflecting on how all of us trained through the hospital system. So there was a hierarchy, and that was accepted. And we still have a hierarchy, all of the health professions do. On the one hand, that's seen as a bad thing, but on the other hand, you need hierarchy in particular in emergency situations and things. (Hospital C)

Changes to the structure of training were also discussed in regards to the individual characteristics of nurses entering the profession and the personal attributes that influence their responses to bullying and subsequent intervention. Members explained the importance of emotional intelligence for responding to stressful situations, and subsequently interpreting and responding to workplace bullying: "Emotional intelligence, you need a lot of it as a nurse. But I don't think it's part of their entry" (Hospital C). As stated by one member at Hospital A, "it starts at the undergrad, and probably before the undergrad – ensuring that the right people are coming into nursing". Hospital A suggested the need to recruit nurses with values such as care and compassion, and who are able to work well in a team environment,

while Hospital C suggested that nurses should be recruited who are likely to “challenge the norm”. Members at Hospital C went on to explain how recruitment practices also influence intervention and responses to workplace bullying.

They take on anyone who enrolls. If you're a lawyer, you get accepted for first year but then you can get culled. I don't think we really build that in when we're training people. We got an email the other day to say that there's not a shortage of nurses because people are coming out without jobs, and yes, people are coming out without jobs but are they the right people to fill the gaps in the hospitals? Do they have the right skills? Should they have been trained in the first place? (Hospital C)

7.3.2.4 Ethnically diverse nursing workforce

The increasing ethnic diversity of the nursing workforce in New Zealand was raised as influential to bullying intervention in each of the three focus groups, particularly in regards to the way in which employees understood and interpreted bullying. Different cultural norms in a team environment in the hospital setting were suggested to be resulting in perceptions of bullying that, to another party, may have been considered acceptable behaviour. Members from Hospital A discussed ethnicity on several occasions throughout the session as causing struggles for IAs to intervene effectively in experiences of workplace bullying. They discussed the differences in culture between Pacific-born nurses and New Zealand-born Pacific nurses as well as the Indian caste system.

Some of the Pacific Born nurses have a different way of working to the New Zealand-born Pacific nurses. So in some cases, they're very short with their colleagues. They are very respectful, they've got their values. And if a student or a junior nurse steps out of the values, they bring them back into the fold extremely quickly with the power of their eyes, or their voice, or their language. So you could say, if you were New Zealand born, that it was bullying. But when you spoke to the New Zealand-born Pacific person, they say you just have to let that one go because it's their culture. (Hospital A)

Hospitals B and C discussed perpetrator responses to being addressed about bullying and the struggles they faced in effectively dealing with differences in expectations and behavioural norms. One Hospital B member stated:

I brought up certain behaviours to a person and the reply was 'well it does them good to be rallied up or humiliated because I'm just not accepting that practice'. So it's part of their culture and it's really, really, hard to turn around. (Hospital B)

Similarly, a Hospital C member explained:

I know of a manager of another ethnicity managing Europeans who comes across quite difficult in terms of how she approaches problems. When challenged about that she states 'well, it's my culture'. (Hospital C)

The response of Maori nurses to the intervention process was also raised by Hospital A, identifying the impact of culture on reporting and receptivity to intervention action. Maori nurses are not only more likely to utilise Maori-specific IA channels, but respond positively to open communication and the wisdom of their seniors.

There is a lot of information that is shared amongst Maori that is only kept within the boundaries of Maori, we are whanau and keep it within whanau...Our concerns are directed usually to our own who have some seniority, wisdom, knowledge of the environment and will often guide. (Hospital A)

7.3.3 Organisational-level factors

Members discussed four key organisational-level factors as influencing effective intervention throughout the focus group discussions: 1) organisational culture; 2) executive level leadership; 3) location and community; and 4) recruitment practices.

7.3.3.1 Organisational culture

Each of the organisations acknowledged that they have a lot of engrained behaviours of bullying and, as a result, bullying is accepted and normalised in organisational culture. In turn, IA, as well as target and perpetrator responses to intervention are influenced. For example, Hospital B acknowledged that, although nursing strategy and the organisation's vision should restrict the negative influence of culture on workplace bullying intervention, it takes time to affect culture change and for employees to accept new policies and practices.

What we have got is our nursing strategy and our vision, so we have got things that cut across, but it comes back down to the application of those values and the vision and the way in which we behave together. The way in which decisions are made should align to those visions and values and I don't think that connect is there yet. I think people still haven't got the visibility, they don't get what it means to them. It's that culture. (Hospital B)

Focus group members at Hospitals A and B acknowledged organisational culture as a barrier to effective intervention, explaining that “at the moment we're chasing our tail at some of this stuff” (Hospital A), and “we've got significant engrained behaviours in our culture and I think chipping away at that is a big thing and it's difficult. And I think it may be in the too hard basket for some people” (Hospital B). Hospital A members discussed the impact of culture in terms of IA proactivity in acting on complaints of workplace bullying.

Some areas mitigate risk, and they've had it happen for a long time. Therefore their actions are to minimalise [complaints], ‘oh yes, we've had that once before with that person and it didn't come to anything’. (Hospital A)

They went on to explain:

We've mitigated management [of bullying complaints], we've minimalised some of them. And often I think we've accepted them, because [the perpetrators] have actually been productive. (Hospital A)

Similarly, Hospital B members explained how culture was a barrier to the willingness and ability of managers to intervene in workplace bullying experiences.

The soft stuff is missing. Some behaviours and cultures in people are engrained. Some people have been promoted to a position beyond their skill set before we got into developing leadership. So it's about trying to undo some of that. (Hospital B)

Importantly, the focus group at Hospital C was able to speak to the influence of culture from their experience of a positive culture shift in their organisation. Members discussed the culture change that they had observed in the past nine years as being a facilitator to effective intervention in workplace bullying experiences.

It's not the same as it was nine years ago. It was never verbalised as an entity, let alone something you did something about. You talked about bullying within the team, but as an organisation it was never addressed. (Hospital C)

As a result of changes to executive level structure and personnel, members explained that the bullying culture of the organisation at Hospital C had changed dramatically: “The thing that's very evident with this management change is that poor behaviour and bullying is unacceptable. That's been made very, very clear and it's such a different culture now than it was nine years ago”. Members discussed how the change in culture had encouraged IA intervention as well as targets to report experiences of workplace bullying. An HR representative in the Hospital C focus group explained how she is empowered by the culture change:

I think we're empowered as HR and managers to address it. And we hope to empower others through process and an indication that we actually follow through, walk the talk, that means staff will raise concerns...it's the empowerment of management and staff to do it. (Hospital C)

7.3.3.2 Executive level leadership

Executive level structure and power was acknowledged by each of the three focus groups as critical to effective intervention in workplace bullying. For example, one Hospital A member explained:

I think leadership at the top of the organisation is critical. And it depends on what type of leadership that is. My homework at the moment is on compassionate leadership. A compassionate organisation is happy and inspiring. If this is the type of leadership that you're doing, you have a high morale and a productive workforce. So if you can get that at the top, a lot of the other components should filter through. (Hospital A)

Similarly, Hospital B acknowledged the importance of leadership at the top of the organisation.

It's about leading from the top, and the application of learning. It has become very much about meeting targets; management becomes very task orientated, and very focused on delivering these targets in whatever way we can do it. So you've got a service manager who's under the cosh, that then filters down and affects the way nurses and managers respond to bullying. (Hospital B)

Importantly, Hospital C, who had experienced a change in the structure and culture at the executive level, were able to provide discussion about the influence of executive level leadership on the efficacy of workplace bullying intervention. As one member from the executive leadership team explained:

A change in structure does make quite a difference and has made quite a difference in this organisation too. My role has always been there, but beforehand, all I could do was offer support, there wasn't much I could do. Then I became an integral part of the executive management team which changed a lot of what was allowed and what was expected. That flowed on down the line too and made quite a big difference for [middle management and HR]. Culture at the executive level makes a big, big difference. (Hospital C)

Members in the focus group supported this statement acknowledging that the support of the executive leadership team has empowered them to address workplace bullying. An HR representative commented, “a key facilitator is being empowered. So if you know that you're backed, you're going to stand up. And that's a structural thing” (Hospital C), while a representative from nursing management explained the importance of encouragement and support: “So if [managers] come to [HR] with an issue, it'll be backed up. We won't be sent away saying, ‘don't be so silly and get on with it’” (Hospital C). Members emphasised the importance of executive level leadership as a form of “support, encouragement to address the issues, to follow the process” and intervene effectively in workplace bullying. “The culture of the CEO is reflected in the senior management team, and if it doesn't start there, there is no power or enabling change” (Hospital C).

7.3.3.3 Location and community

Members acknowledged that the size and location of the community in which they were based influenced the ability of IAs to effectively intervene in workplace bullying. Hospital C stated that in a small community such as theirs, a lot of external influences are brought into the workplace and that relationships outside of the workplace are having an impact on bullying and its intervention within the hospital setting. Difficulties for bullying intervention were attributed to these influences being out of the control of the organisation (i.e. external to the work environment).

I think with the smaller DHBs a lot of external influences are coming into the workplace and that's a common scenario that's not directly work-related. One-degree of separation - that's a very difficult situation to manage. (Hospital C)

Similarly, a Hospital B member explained that “in these isolated rural areas where we've got nurses with high skill and there's a lot of judgement of errors, they are microscopic on new staff. And there's a real culture shift that has to occur there”. Members acknowledged that in smaller, hard to staff areas, there is less ability and reluctance to discipline perpetrators due to difficulties in replacing them.

Further, members also acknowledged the impact of size and location on target responses to workplace bullying. Hospital A acknowledged that nurses were unlikely to report a bullying experience because of the reputation of their DHB and wanting to maintain their reputation should they wish to return in future.

It's very unlikely that a staff member will give a negative report on a manager or anyone else, especially somewhere like here where people want to come back. (Hospital A)

Hospital C members acknowledged that their nurses are also unlikely to report due to the small size of the community and limited job opportunities elsewhere.

There are not a lot of places to move to work, so job security is important. And as a Registered Nurse, you either work in a [General Practitioner's] practice or a rest home and there are not a lot of options available. (Hospital C)

7.3.3.4 Recruitment practices

Members explained their recruitment practices as influencing the efficacy of workplace bullying intervention. One member from HR discussed the importance of recruiting nurses who are not only resilient but who will challenge the culture of bullying.

We've talked a lot about resilience. So we need to purchase skills when we recruit. Are we recruiting resilient people? Are we recruiting people who challenge the norm? (Hospital C)

Similarly, Hospital A discussed the importance of marketing towards and recruiting nurses with values such as care and compassion, who are team players (rather than individualistic), and who are able to stay current in a constantly changing workplace.

Members also discussed the influence of recruitment practices in regards to employing managers with the leadership skills required for effective bullying intervention. For example, members explained that nurses are traditionally promoted into management positions based on the clinical competencies, rather than management and leadership competencies.

Eighty per cent of the nurse managers that we have, have probably been promoted on clinical or technical competencies. They've been put in those positions and they get promoted and say, 'here, you're now in charge of 40 people, here you go' – no support, no nothing and they're left to fail. (Hospital B)

Similarly, Hospital A and C focus group members explained recruitment of managers based on clinical competencies and acknowledged that managers are not always equipped with the skills required to effectively intervene in workplace bullying.

We don't recruit charge nurses with leadership capabilities. It's historical. There's a career pathway to management, but that might not be the career pathway for you. (Hospital C)

We've got quite long standing managers as well. So they might not be particularly good at managing that situation, but they might be good at other things. (Hospital A)

Members at Hospital C explained the need to change how managers are recruited in order to increase the potential to effectively intervene in workplace bullying.

I would say that you don't appoint the most clinically competent nurse into a charge nurse manager's role. It's actually more about their people management skills, not the expert clinician. But a lot of nurses still expect that person to be an expert clinician. We still see that a lot, and I think that's a mistake because they don't make the best leaders very often. Sometimes they do but not always.

Because you get caught up in being the expert and delivering expert patient care when you need to be dealing with your workforce. (Hospital C)

7.3.4 Team-level factors

Members discussed two key team-level factors as influencing effective intervention throughout the focus group discussions: 1) leadership and management competencies; and 2) team structure.

7.3.4.1 Leadership and management competencies

The leadership and management competencies of charge nurses (i.e. direct line managers) were discussed at length as influencing the efficacy of workplace bullying intervention. Leadership was considered crucial by members at Hospital B in terms of the ability and willingness of managers to intervene in workplace bullying. For example, despite having the support of policies, the efficacy of those policies is highly dependent on the skills and competencies of the IAs required to implement them.

We've got a system there but it doesn't get followed. Leadership is crucial to bullying intervention – it's not necessarily about HR and union processes, it's about the leadership and taking responsibility.
(Hospital B)

Hospital A members explained that leaders who are conflict-avoiders may be more likely to fail to effectively intervene in bullying: "I think that people have different styles of leadership and it's important to be able to engage in those discussions with both parties and some people just don't have that ability". Hospital B members

acknowledged that leadership often gets lost in the task-oriented attitudes of managers. Although there is leadership training, culture influences behaviour and some managers have been promoted into positions beyond their skill set before the introduction of practices designed to recruit and train competent leaders.

You've got training, but it's the application of that training. They have the task skills, but are missing the leadership skills. (Hospital B)

Leadership was believed to influence the ability of managers to understand the experience and intervene appropriately. For example, Hospital A members discussed the importance of the ability of managers to understand what is going on with each of the parties to a bullying experience. They acknowledged semantics as influential to the efficacy of formal process and that managers often apply intervention processes without considering the details of carrying it out and how the process is being interpreted, thus impacting on target and perpetrator responses to intervention.

Leadership also influenced target empowerment and reporting, with Hospital A members explaining the importance of understanding the power of the perpetrator and the impact this has on target confidence and their ability to take intervention action. Hospital A members also highlighted compassion and support as key factors in generating constructive target responses to workplace bullying experiences, in particular reporting and direct address.

If your self-esteem is in your boots, I think there's got to be so much care and compassion to support someone to get to that step where they may have the skills to take it further. (Hospital A)

7.3.4.2 Team structure

Members explained how the structure of departments within the organisation influenced the efficacy of workplace bullying intervention. Members referred to closed ward settings, acknowledging the family-like relationships of the teams as having an influence on reporting and perceptions of bullying. Hospital B suggested that in closed teams, nurses are reluctant to report due to fear of being further excluded and the power of the perpetrator to defend themselves.

We have managers who've been in areas for a really long time, it's sort of like a family, and the nurse manager is like a mother to them. So you never hear any issues. (Hospital B)

Similarly, in discussing the known bully experience, Hospital C members explained that perpetrators "are often strong-willed, dominant women, and this is not liked in a group setting, especially like in a closed ward setting that is their world". One Hospital A member suggested that, in these situations, managers encourage bullying as it facilitates the functioning and performance of their team.

Some people like bullies in those positions because they do their job. I came into an environment where the bullies were allowed to function because it helps the manager to their job. So there was almost bullying with manipulation in a hierarchical structure. (Hospital A)

The structure of teams also influenced alternative responses to intervention available to targets. Hospital C identified that, in certain wards, a target may not be rostered with the perpetrator for several weeks, thus encouraging avoidance as a coping strategy rather than reporting.

In nursing you can put up with it for a while because you work in different teams. One day you might work with them and then don't see them for a week. It's avoidance. (Hospital C)

While Hospital A discussed the way certain wards are structured to have multiple rotating managers taking up the role of charge nurse. The structure means that nurses' do not always have one direct line manager, causing negative responses to intervention by alleged perpetrators as a result of inconsistencies in the behavioural expectations of management.

You can work in a place where you have a lot of different leaders and there are often inconsistencies between what is acceptable and what's not. So that's where that sort of behaviour comes in – 'well, it was okay when I was working with such and such but it's not okay when somebody else was working'. (Hospital A)

7.4 Summary of work environment factors influencing workplace bullying intervention

This chapter has discussed how work environment factors influence the workplace bullying intervention process, informed by data gathered from the perspective of focus group members responsible for intervention in workplace bullying. The findings indicate that a range of work environment factors at the societal, industry, organisational, and team level influence IA willingness and ability to intervene in experiences of workplace bullying, and also influence how targets and perpetrators respond to bullying and intervention, in turn, influencing intervention efficacy. The systems approach to examining work environment factors enables consideration of

how systemic work environment factors influence the intervention process. Although each factor has been presented in turn, suggesting that each is independent of one another, it is important to consider that each of these factors are indeed likely to interact with one another and, together, influence the intervention process. For example, recruitment practices at organisational level are likely influence management and leadership competencies in that, with traditional recruitment approaches of employing charge nurses into positions of management based on clinical expertise rather than leadership capabilities, the leadership capabilities of managers at the team level is also likely to be negatively influenced. Likewise, industry culture is likely to influence organisational culture and executive level leadership which, in turn, is also likely to influence leadership and management capabilities at the team level. It is therefore important to recognise that the influence of factors at the most broad or systemic levels bleed through the layers of the ecological system, and therefore influence the bullying intervention process both directly and indirectly.

CHAPTER EIGHT

DISCUSSION

This research aimed to contribute to the gap in the literature around secondary intervention in experiences of workplace bullying. Specifically, the study aimed to explore secondary intervention as an holistic process and explain how work environment factors influence this process by examining the experiences of targets and those responsible for bullying intervention in New Zealand's nursing profession. By presenting a model portraying how nurses represent their intervention experiences, the research offers new insight into secondary intervention as an holistic process and introduces implications for future studies exploring intervention efficacy. A number of contextual and work environment factors are identified and explained in regards to how they influence the efficacy of intervention in existing cases of workplace bullying.

This thesis makes a number of contributions to the existing workplace bullying literature. The findings address the calls of scholars to explore the influence of work environment factors in bullying intervention and provide insight into how and why secondary intervention in workplace bullying in the nursing profession is often ineffective. The findings also provide evidence to support an extension of the work environment hypothesis to bullying intervention. Importantly, although workplace bullying is generally treated as an homogenous phenomenon, the typology developed as a result of interviews with targets of bullying suggests that there are a number of different types of bullying that play out in a workplace, each with unique features that influence the intervention process in different ways. Thus, the findings of this

research also contribute by emphasising the importance of considering the heterogeneous nature of bullying in future studies exploring secondary intervention.

8.1 Secondary intervention as an holistic process

The first key contribution that this study makes is in understanding secondary intervention as a process. As discussed in Chapter Three, the literature identifies three existing areas of concern for effective intervention, namely the identification and labelling of bullying, coping responses and reporting, and IA intervention. However, these three areas of concern are generally studied as independent aspects of intervention and have yet to be considered as related components within an intervention process. This research posits that by understanding secondary intervention as a process that leads to an outcome, a comprehensive understanding can be attained about how work environment factors influence the efficacy of the intervention process and, in turn, why intervention is so often ineffective.

The first phase of the research aimed to explore the intervention experiences of targets of workplace bullying in New Zealand's nursing profession and develop a process model for understanding secondary intervention. In doing so, an information processing framework was used to structure the data collection and analysis. Structuring workplace bullying research around an information processing framework is unique but, at the same time, is aligned with the literature in that it captures the three areas of concern identified and acknowledges the subjectively-constructed nature of workplace bullying in its focus on information processing. To recap, the holistic intervention process model that was developed from the thematic analysis and presented in Chapter Five is shown in Figure 8.1 below.

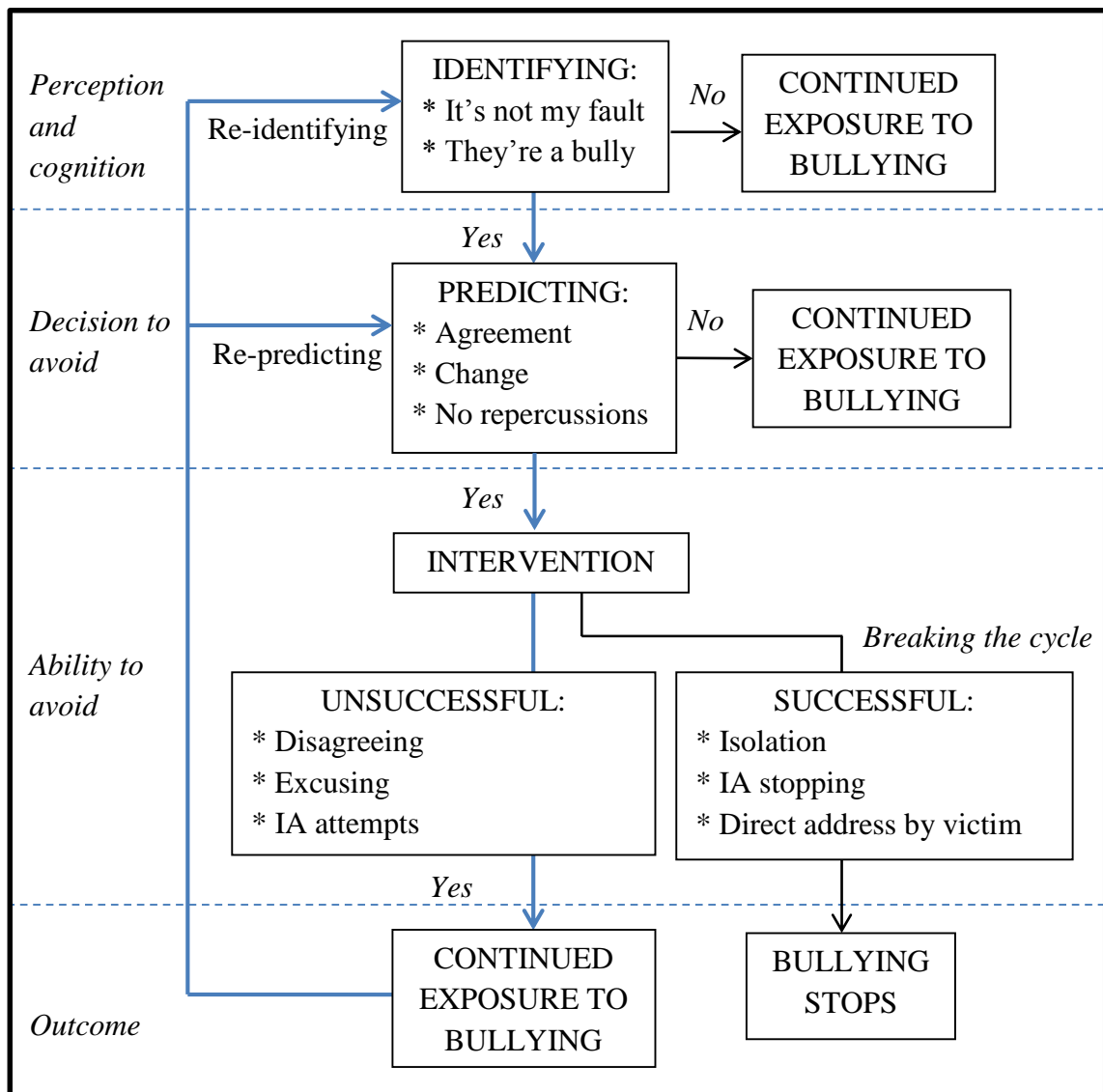


Figure 8.1. A Process Model of Secondary Intervention in Workplace Bullying

The findings that resulted in the development of the intervention process model indicate that secondary intervention can indeed be understood as a process that comprises the three areas of concern identified in the literature. It is important to acknowledge that no map or model is able to capture the complexity of workplace bullying intervention. However, the proposed model is helpful in understanding the complex dynamics of secondary intervention. The following sections discuss the key themes that emerged in each of the intervention process stages in relation to extant research findings.

8.1.1 Perception/ cognition as a component of the holistic intervention process

Exploring the intervention experiences of targets of bullying in New Zealand's nursing profession as an holistic process revealed a number of insights that support and extend existing knowledge of secondary intervention. Firstly, in regards to the perception and cognition stage of the experience, the findings support previous studies that suggest that targets of bullying experience confusion as they attempt to make sense of their experience. For example, Lutgen-Sandvik (2008) identified a pre-bullying phase where targets attempted to make sense of whether they were being targeted or whether they were misinterpreting the behaviours that they were being subjected to. Similarly, D'Cruz and Noronha (2010) identified an initial stage of targets experiencing confusion and only identifying the experience as bullying in retrospect. The findings of this current study support the findings of Lutgen-Sandvik (2008) and D'Cruz and Noronha (2010). As portrayed in Chapter Five (see sections 5.2.1.1 and 5.2.1.2), targets often take some time to identify the behaviours as unreasonable and initially struggle with feelings that they are at fault and that the behaviours they are being subjected to are justified.

While these findings support existing studies, the context in which they have been examined (i.e. as a component of an holistic intervention process) has enabled an important contribution in regards to how this stage of a bullying experience affects the workplace bullying intervention process. The findings of this study indicate that targets of workplace bullying respond with constructive coping strategies, such as reporting, only after they have confirmed that the behaviours are unreasonable. This confirmation is achieved either by alleviating feelings of fault or by identifying that the perpetrator is a bully. Importantly, labelling the experience as one of workplace bullying was not found to be a prerequisite to target reporting; the decision to report

was more so dependent on identifying the behaviours as unreasonable. Studies have focused on examining the coping responses of targets following their realisation that they were being subjected to bullying (see for example Neidl, 1996). However, the findings of this current study indicate that examining the coping responses of targets following their identification of the behaviours as ‘unreasonable’, rather than following identification of ‘bullying’, is likely to provide a more complete account of how targets respond to an experience of workplace bullying. Indeed, as detailed in Chapter Five, several participants explained how they had reported and not explicitly used the term bullying in their complaint but, at that point, had processed the experience sufficiently to realise that the behaviour were unreasonable.

While the initial ‘pre-bullying’ stage (Lutgen-Sandvik, 2008) where targets experience confusion about what the behaviours mean (D’Cruz & Noronha, 2010) is recognised in existing studies, this stage of the bullying experience has not previously been considered as a component of secondary intervention. The findings of this study suggest that the initial sense-making stage is an important component of the holistic intervention process and make a new contribution to the literature by exposing a need to consider the sense-making stage in future studies exploring intervention efficacy.

8.1.2 The decision to avoid as a component of the holistic intervention process

Support for this study’s findings regarding predicting the responses of IAs as a key prerequisite of reporting (i.e. the decision to avoid) can also be found in existing studies. The findings of this study indicate that, following alleviating feelings of fault and/or identifying the perpetrator as a bully, targets of workplace bullying decide whether to report by predicting whether IAs will perceive their complaint to

be substantiated, by predicting whether anything would change, and/or by predicting whether there would be repercussions as a result of reporting their experience.

These findings support and extend those of Withey and Cooper (1989) and Musser (1982) who studied the coping responses of dissatisfied employees. Withey and Cooper (1989) found that dissatisfied employees are likely to respond with voice when the cost of doing so is low and they believe that improvement is possible, which is similar to that of this study which found that targets respond with voice when they predict that there will not be repercussions and that reporting is likely to result in change. Musser's (1982) proposition that targets are likely to respond with voice when they believe IAs will agree with their complaint and they are protected from repercussions is also similar to the findings of this current study relating to predicting IA disagreement and predicting repercussions. Musser's suggestion that targets base their reporting decisions on their desire to remain with the organisation did not emerge as important to participants in this study.

The findings of this current study relating to target decisions to report also support existing studies that indicate that targets do not report for fear of repercussions (Rocker, 2012; Vessey et al., 2009), for fear of being blamed or being perceived as incompetent (Hutchinson et al., 2007) and for fear that their complaint will be perceived as unsubstantiated (Deans, 2004). With a considerable number of existing studies already exploring alternative coping responses and barriers to reporting, the findings offer little in the way of new or unique insight. However, the findings do affirm the barriers to reporting and emphasise the importance of target perceptions of IAs, and their responses, as a key component of the holistic intervention process.

8.1.3 The ability to avoid as a component of the holistic intervention process

Each of the three hospitals involved in this study had an anti-bullying policy. However, of the 34 participants interviewed, only one bullying experience had stopped due to successful IA intervention. This finding supports existing studies that IAs rarely intervene successfully in cases of workplace bullying (Djurkovic et al., 2005; Harrington et al., 2013; Zapf & Gross, 2001) and brings into question the efficacy of anti-bullying policies as a supporting tool for secondary intervention (Salin, 2008; Woodrow & Guest, 2013). The findings of this current study indicate that IAs often question the legitimacy of bullying complaints and/or make excuses for taking action. This supports the claims of existing studies that IAs often mistrust target claims of bullying (Harrington et al., 2012), struggle to assess the legitimacy of complaints (Aquino, 2000) and/or scapegoat bullying complaints (D'Cruz & Noronha, 2010). While it was found that IAs do sometimes attempt to address an experience of bullying, doing so was difficult for IAs and a lack of ongoing monitoring often allowed the bullying behaviours from the perpetrator to return.

Importantly, although IA strategies that consisted of providing support to the target in this current study were found to be somewhat effective, targets of bullying become disgruntled when IAs do not take action to address the perpetrator's behaviours. As discussed in Chapter Three, the evaluation of an HR strategy is likely to lie with the target and the perpetrator (Guest & Bos-Nehles, 2013). Although not examined directly, the findings provide evidence that some targets of bullying evaluate HR strategies based on whether the strategy addressed the perpetrator's behaviour, whether they felt supported by IAs that they were not at fault, and whether the strategy was effective long-term. Progress towards good practice for intervention in workplace bullying would benefit from future studies that provide a

more in-depth insight into how targets and perpetrators perceive and evaluate HR strategies.

8.1.4 The holistic intervention process

This study aimed to fill a gap in the literature by developing an holistic understanding of how targets of workplace bullying represent their intervention experiences. By examining secondary intervention as an holistic process, beginning at the identification stage through to when the experience is perceived to have stopped, this study makes an important contribution that is not captured by studies exploring a specific component or stage of intervention.

Importantly, the findings of this study emphasise the cyclical and iterative nature of secondary intervention experiences and, in turn, how initial IA responses influence subsequent iterations of the process. The iterative nature of secondary intervention in workplace bullying was strongly featured throughout the experiences of participants in this study with no target participants only deciding upon and receiving one response to the alternative chosen before the behaviours towards them stopped. In other words, all participant experiences featured a feedback loop whereby the target re-identified the experience (i.e. returned to feeling at fault) and/or re-predicted an IA response (i.e. returned to the decision to avoid) which influenced subsequent reporting decisions. This finding points to the importance of sense-making (Lutgen-Sandvik, 2008) and alignment of other parties' understanding (Musser, 1982), as a critical stage of the intervention process. The feedback loop also extends the work of D'Cruz and Noronha (2010) and Lutgen-Sandvik (2008) by identifying that sense-making occurs throughout the intervention experience as targets re-evaluate the intervention experience in response to the success (or not) of the previously deployed coping response.

The findings of this research align with the EVLN model of Withey and Cooper (1989) and coping response alternatives suggested by Rahim and Magner (1995) in that the intervention process featured a sequence of responses. However, the cyclical nature of the intervention process is an important extension to these studies that explore the sequence of coping responses that targets deploy following exposure to workplace bullying. The findings indicate that, following an IA response, targets of bullying return to earlier stages of the intervention experience in that they re-identify the experience and/or re-predict IA responses based on the initial use of voice. While Neidl (1996) and Zapf and Gross (2001) identified common sequences of coping responses for targets of workplace bullying, this study provides important insight into how and why these sequences exist. For example, while Zapf and Gross (2001) identified that the most common coping sequence was voice-loyalty-voice-neglect-exit, it is now clear that targets of bullying whose intervention experience features this sequence are likely to have been unsuccessful in using voice and re-identified their experience and/or re-predicted IA responses which ultimately resulted in their exiting the organisation.

Previous studies that have explored the coping responses of targets of bullying generally consider the target as acting alone but within the context of the work environment. Indeed, D’Cruz and Noronha (2010) acknowledged the tendency of researchers exploring coping responses to neglect the influence of IA actions in targets’ experiences of bullying. The findings of this current study emphasise the importance of considering the perceptions and actions of IAs in the coping responses utilised by targets in their intervention experiences. Indeed, other parties to an experience play a vital role in target perceptions of the intervention experience, the

response strategies that they deploy, and on the final outcome of the intervention process.

Finally, support was an important element underlying many of the themes that comprise the developed intervention process model. For example, participants relied on support from colleagues and friends to alleviate feelings of fault and/or identify the perpetrator as a bully, perceived support from IAs in order to report, and actual support in order for IAs to stop the bullying. While perceived and actual support is well-documented in the literature as influencing the representation of workplace bullying experiences (Djurkovic et al., 2005; Ferris, 2004; Hogh et al., 2011; Huntington et al., 2011), the findings of this study contribute to support discussions by extending the role of support to the holistic intervention process as well as components within it. It can now be argued that forms of support are important at each of the stages of the intervention process and, by examining how targets represent their holistic intervention experiences, this study contributes by identifying where and how support for targets is required in order to increase the likelihood of effective intervention.

8.2 Workplace bullying as a heterogeneous phenomenon

Once the intervention process model had been developed and an understanding of how targets represent the holistic intervention experience had been attained, the next key aim of this research study was to gain insight into how work environment factors shape the identified intervention process. Importantly, the findings generated from the perspective of targets indicate that the intervention process was influenced predominantly by unique features of the type of bullying being experienced, with key features common to each type influencing different stages of the process in

different ways. This section discusses workplace bullying as a heterogeneous phenomenon in light of the findings, and does so by incorporating discussion of both target and IA perspectives in acknowledgement of the disparities between these different perspectives of effective intervention in the literature (Fox & Cowan, 2014).

While most studies exploring secondary intervention have, to date, treated workplace bullying as a homogenous construct, one which has one set of similar causes and consequences and occurring under the same circumstances (Zapf et al., 2011), this study exposes the importance of considering the different types of workplace bullying in efforts to further understand experiences of secondary intervention and progress towards good practice in the management of workplace bullying. Parzefall and Salin (2010) argued that effective intervention requires each experience of bullying to be treated as unique. Although it may indeed be best to treat every bullying experience as unique, this research provides evidence to support an argument that treating an experience as one of the five types identified is likely to better inform and thus shape intervention strategies/recommendations. Further, understanding intervention experiences in this way can assist organisations with a framework for how and why targets are likely to respond the way they do and enable them to potentially tailor intervention strategies and create a work environment conducive to effective intervention. Indeed, Woodrow and Guest (2013) suggested that “we need to pay more attention to the contextual factors that facilitate or inhibit [HR strategy] implementation” (p. 52) and suggested that a “different approach” (p. 52) to intervention is required.

Although strategies for effective intervention in workplace bullying reflect the approach to understanding workplace bullying as a homogenous concept, a number of existing studies do indicate that there are different types of bullying. For example, Leymann (1996) identified five different types of bullying according to the effects they have on the target – these included effects on the targets’ possibilities to communicate adequately, maintain social contacts, maintain their personal reputation, effects of the targets’ occupational situation and on their physical health. A number of other studies have explored different ways of categorising bullying based on the types of behaviours (Leymann, 1986; Neidl, 1996; Zapf et al., 1996). However, the most commonly referred to typology of bullying behaviours is work-related, person-related and physically-intimidating behaviours that resulted from the NAQ-R.

Aside from these classifications, scholars have recognised a number of different antecedents to workplace bullying. For example, they acknowledge that workplace bullying can result from stress, be a form of conflict-escalation, or naturally flourish in cultures where bullying behaviours are accepted and normalised (Baillien et al., 2009). They acknowledge that workplace bullying can be used to gain power and self-progress in organisations in which hierarchy and reward structures encourage employees to do so (Neuman & Baron, 1998; Salin, 2003), or it can be used to constructively dismiss employees who are perceived as weak members of the team or who don’t ‘fit the mould’ (Aquino, 2000; Bentley, Le Fevre, Blackwood, Catley, & Tappin, 2012). Bullying is also likely to flourish where laissez-faire leadership and lack of formal disciplinary procedures mean that the perceived costs of bullying to the perpetrator are low (Bentley et al., 2012; Skogstad et al., 2007).

The five types of bullying that are presented in this study are unique in that they emerged from a research aim that focused on examining intervention in workplace bullying. Although evidence of each of the types of bullying can be found in the existing literature, this research provides valuable new insight into how features common to each of the types identified influence intervention efficacy in different ways. The following sections discuss each of the types that comprise the typology presented in Chapter Six, incorporating the IA perspectives presented in Chapter Seven, and explain how the features of each type of bullying uniquely shape the intervention experiences for targets. Tailored practical strategies are recommended to overcome or minimise each of the key barriers identified for each type of intervention experience. The strategies have been reformatted from the ideas and suggestions of target participants and focus group members and, where applicable, have been recommended based on relevant literature. The strategies are posited to supplement commonly recommended intervention strategies, such as anti-bullying policies and training, thus potentially increasing the likelihood of effective intervention by taking into consideration the heterogeneous nature of bullying experiences identified in this study.

8.2.1 The known bully experience

Evidence of the known bully can be found in the existing literature. Researchers have identified destructive leadership as a form of workplace bullying (Aasland, Skogstad, & Notelaers, 2010; Ferris, Zinko, Brouer, Buckley, & Harvey, 2007; Hoel et al., 2010), implying that such leaders are known for bullying their subordinates. Caponecchia, Sun and Wyatt's (2012) study exploring how lay persons use the term 'psychopath' to label perpetrators of bullying suggested that both targets and non-targets can identify known bullies in their workplaces. Further, numerous studies

have explored the personality traits of targets (Coyne et al., 2000; Matthiesen & Einarsen, 2001), indicating that some perpetrators are known for exhibiting bullying behaviours towards numerous employees. Although this type of experience can be drawn from the literature, the findings of this study make important contributions regarding how specific features of this type of experience influence the efficacy of intervention.

This study describes the known bully experience as one where perpetrators are valued for their expertise and experience, and are either known to have exhibited similar behaviours to others in the past or are known for their confrontational and blunt communication style in the team environment generally. One feature of primary significance is that the perpetrators are known to exhibit similar behaviours, which facilitates target identification of their experience as unreasonable. Identification is facilitated by the target observing the way that the perpetrator interacts with other colleagues, and by witnesses providing confirmation of unreasonable behaviour by voicing ‘that’s how he/she is’. Paull and colleagues (2012) identified that the action or inaction of witnesses to bullying will contribute to its escalation or diminution. It appears that in the known-bully experience, witnesses’ often assume an abdicating or avoiding role which Paull et al. (2012) identify as facilitating bullying behaviour by ignoring it. However, by examining the contextual features of the known bully experience, it can now be argued that perpetrators who are known to bully-create or precipitate a culture within the team that such behaviours are permissible which causes targets to predict that nothing will change thus discouraging reporting.

The key barriers for effective intervention in the known bully experience that were identified in this study were around predicting and re-predicting that IAs would intervene successfully and, at the ability to avoid stage, IAs excusing taking action. Targets took into account previous complaints about the perpetrator that had been unsuccessful at stopping the bullying, which contributed to a perceived lack of organisational support. Withey and Cooper's (1989) EVLN model suggests that the coping response of voice is used when an employee believes that improvement is likely. Further, Musser (1982) suggested in regards to conflict management strategies that employees are more likely to respond with problem solving strategies when there was a perceived high congruence between the employee's attitudes and beliefs and those of their superior. These findings relate to the known-bully experience in that targets chose not to report to their direct line manager because they perceived the perpetrator to be a valuable member of the team and were therefore unlikely to take punitive action against them. Although targets were able to find support in the team environment to cognise their experience as one of workplace bullying (i.e. the perpetrator exhibited behaviours towards others and could therefore attribute blame to the perpetrator's personality rather than their own performance or personal attributes), this did not lead to decisions to respond constructively with voice.

In the focus group sessions, IA discussion of the known bully experience generally supported target accounts. It was found that targets have a fear of documenting and often believe that IAs will not take action if they complain. The need to maintain anonymity in the complaint management process was found to contribute to these target perceptions. However, in some known-bully cases, managers are hesitant to intervene when the bullying behaviours are helping the managers to do their job

(Leck & Galperin, 2006). A lack of perpetrator insight emerged as a key concern for effective intervention, and providing a perpetrator with insight into how their behaviours are affecting was suggested as most effective in stopping the behaviours of the known bullies.

Existing studies recognise that perpetrators target employees who they perceive to be weak members of the team in order to enforce their power and status within the informal hierarchy (Aquino, 2000). This is likely to be the case in the known bully experience where perpetrators are known to thrive on power and control. Targets of the known bully experience may indeed benefit from approaching the perpetrator assertively and with the aim of changing the perpetrator's perception that they are vulnerable and an easy target (Curtis et al., 2007).

Effective intervention in the known bully experience is negatively influenced by a team culture created by previous ineffective intervention. In order to change this culture and stop the perpetrator's behaviour, strong punitive measures that directly address the perpetrator's behaviour and monitor the behaviours thereafter are required, despite the value that they bring to the team. Such action is required in order to infiltrate the culture of tolerance for workplace bullying as well as the direct experience. Developing the clinical expertise and capabilities of other members of the team could potentially assist front line managers with punitive action as it is likely to reduce the reliance on the perpetrator's skills in the team and heighten the perpetrators perceptions of the risk of their actions (Salin, 2003). Table 8.1 shows the key barrier areas in the intervention process from the targets' perspective and, where applicable, the related intervention area identified by IAs in the focus groups. Possible strategies aimed at addressing the barrier/intervention areas are presented.

Table 8.1.

Practical Strategies to Encourage Effective Intervention in the Known Bully Experience

<u>Key barrier area</u> <i>(identified by targets)</i>	<u>Key intervention area</u> <i>(identified by IAs)</i>	<u>Aim</u>	<u>Possible strategy</u>
Excusing	Encouraging management intervention	Reduce the perceived irreplaceability of the perpetrator	Develop the skills and capabilities of other employees through training
	Developing perpetrator insight	Giving the perpetrator insight into their behaviours	Clear communication with perpetrator Mediation
	Encouraging target confidence	Change existing perceptions of the target being a 'weak' member of the team	Develop target skills and confidence Provide target with support through team building and peer-support programmes
Predicting and re-predicting	Encouraging reporting	Change team perceptions that nothing will be done	Implement strong punitive measures to directly address the perpetrator's behaviours Ongoing monitoring of behaviours
Predicting and re-predicting	Encouraging reporting	Enable anonymity in the reporting process	Create a reporting box for anonymous complaints in order to identify and monitor the behaviours of known bullies, and take informal action.

8.2.2 The performance-related experience

Performance-related experiences featured superior-to-subordinate bullying based upon the target's performance. Superior-to-subordinate bullying is recognised as a highly prevalent form of bullying, and is especially common in the healthcare context (Hutchinson, Wilkes, et al., 2010; Quine, 2001; Randle, 2003; Vessey et al., 2009). There are also a number of studies that recognise destructive leadership

behaviour as a form of workplace bullying (Aasland et al., 2010; Ferris et al., 2007; Hoel et al., 2010). This current study contributes important insight into how the specific features common to superior-to-subordinate bullying may influence the intervention process and outcome.

IA disagreeing, or perceiving a complaint to be unsubstantiated, is a key barrier in the intervention process for targets of the performance-related experience. Existing studies exploring the management of bullying from IAs' perspective have found that IAs feel that their role is to support management and take the organisation forward, and do not see themselves as an advocate of employee interests (Cowan, 2011; Harrington et al., 2012). Harrington and colleagues (2013) found that alleged perpetrators in managerial positions justify their behaviours as legitimate performance management practices. Jenkins and colleagues (2012), in exploring bullying accusations from the accused manager's perspective, produced the same finding.

Harrington and colleagues (2013) found that, in their interviews, IAs presented their narratives within a performance management discourse for all manager-to-employee claims of bullying discussed. Like the findings of this study relating to the performance-related experience, the narratives did not necessarily discuss formal disciplinary processes but instead the increasingly target driven nature of organisations and the drive for increased employee performance. Through this, IAs were found to negate any label of 'bullying' making the anti-bullying policy ineffective to complainants, thus removing the power from the target to voice their complaint that the anti-bullying policy is intended to provide. The current study findings show that IAs do tend to support the perpetrator of performance-related

experiences with the key focus area raised being that of assisting targets with an accurate interpretation of performance management processes. IAs felt that many performance-related experiences were likely to have been the result of an employee responding negatively to performance management rather than a legitimate case of workplace bullying. This finding represents a key area of discrepancy between target and IA perceptions of effective intervention. However, despite whether or not the allegations are legitimate or bullying in themselves, the presence of performance management processes against the target of the performance-related experience is a key feature influencing a lack of IA support in response to a complaint of workplace bullying, with targets often even being advised not to escalate complaints as ‘it will only make things worse’. Harrington and colleagues (2013) concluded that bullying is manifested in organisational structures and processes. This certainly appears to be the case for the performance-related experience, leaving targets with few alternatives for support.

With the findings of IA disagreeing already existing in the literature, the key contribution that this current study makes about bullying experiences framed around a performance-management process is in how targets come to identify and label an experience as workplace bullying. How targets of the performance-related experience come to cognise their experience was based on their knowledge of the organisation’s performance management processes and on the noticed change in the perpetrator’s behaviour towards them during or following a performance management accusation/process. Importantly, re-identifying arose from this study as a potential high risk area for effective intervention in workplace bullying with three participants developing feelings of fault following no action from the IA in response to their complaint. Considering this alongside the IAs’ perspective of needing to

focus on target interpretation of such experiences to ensure effective intervention, the importance of interventions that focus on clarifying performance and behavioural expectations is brought to the fore. Accurately identifying and labelling a performance-related bullying experience is an important stage of the intervention process for both targets and IAs in order to progress towards effective intervention in the performance-related experience.

Anti-bullying policies generally direct target complaints to their direct line manager in the first instance. However, for targets of the performance-related experience, the perpetrator is often their direct line manager, or the perpetrator has a close relationship with the direct line manager, and thus is unavailable as a reporting channel. Targets are often left with no option but to escalate complaints immediately to HR, union representatives, or more senior management. With a lack of informal intervention channels available to targets of the performance-related experience, there is an apparent need for an alternate channel of informal or low-level support for targets. Participants in this study also suggested the need for an external (and therefore unbiased) support channel with the required expertise and power to take intervention action. Table 8.2 identifies the key barrier and intervention areas, and possible tailored strategies for intervention in the performance-related experience.

Table 8.2.

Practical Strategies to Encourage Effective Intervention in the Performance-Related Experience

<u>Key barrier area</u> <i>(identified by targets)</i>	<u>Key intervention area</u> <i>(identified by IAs)</i>	<u>Aim</u>	<u>Possible strategy</u>
Disagreeing	Developing target insight	Encourage accurate identification and labelling of workplace bullying for targets and IAs	Clarify performance expectations Implement and communicate performance management processes with targets and IAs
<i>Predicting and re-predicting</i>		Increase the availability of low-level informal reporting channels Increase the availability of external unbiased reporting channels	Train internally employed union delegates and/or RN employees in bullying identification and management, and communicate their availability as reporting and support channels (NB: The power of the reporting channel to take intervention action is important to targets and requires consideration)

8.2.3 The conflict-related experience

Experiences of workplace bullying stemming from an initial incident of conflict have long since been recognised in the literature (see for example, Leymann, 1990, 1996). Scholars suggest that such bullying experiences begin with an initial conflict or disagreement which develops and escalates when the two parties fail to find a resolution (Keashly & Nowell, 2011). As earlier intervention attempts fail to resolve the conflict, the ability of one party to defend themselves becomes restricted and the party (i.e. the target) experiences harm (Andersson & Pearson, 1999; Crawford, 1999; Fisher, 1990). In Glasl's (1994) model of conflict escalation, it is suggested that more intrusive organisational interventions are required the more advanced the

conflict escalation. The current research identifies the unique features of such experiences and how they influence intervention efficacy.

Due to the low initial power imbalance, conflict-related experiences often feature overt and argumentative interactions between the two parties prior to identifying the experience as bullying and/or reporting. Keashly and Nowell (2011) argued that, for cases where the bullying stems from an initial conflict, target responses such as approaching the perpetrator are likely to be ineffective and even harmful. The findings of this research could explain why this is so in that, although direct confrontation is a common response in early stages of development of the conflict-related experience, these confrontations are often heated and argumentative.

The overt episodes of conflict featured in the conflict-related experience were found to shape the intervention process for targets significantly. Overt behaviours facilitate identification but, on the other hand, the isolated nature of the experience can cause hesitance for targets in attributing fault. Similarly, while overt behaviours are perceived to warrant reporting by targets, the isolated nature of a conflict-related experience causes hesitance regarding confidentiality for reporting a complaint, with target fears that the perpetrator will identify them as the complainant, and that, as a result, they will be subjected to repercussions.

The low initial power imbalance in conflict-related experiences means that IAs often attribute blame to both parties for the relationship breakdown and struggle to comprehend the hurt being experienced by the target. Indeed, despite there being more objective evidence to support a claim due to the overt nature of the behaviours, the findings indicate that IAs gravitate towards treating the complaint as a conflict

(rather than workplace bullying) due to prior altercations with the alleged perpetrator.

The failure of IAs to understand target demoralisation and hurt is often amplified by a reactive bullying complaint from the alleged perpetrator. Bullying-target situations (where an accused perpetrator makes a bullying accusation against the target) appear to be most common in the conflict-related experience. Previous studies have identified the bullying-target as perceiving themselves to be superior to others and could therefore not be responsible for the deterioration of the relationship, and as having an internalised target mentality (Bechtoldt & Schmitt, 2010). Brotheridge and colleagues (2012) suggested that bullying-targets engage in bullying behaviours in response to being bullied because they lack the coping resources to respond in other ways. What this research suggests is that the initial episode of conflict, and earlier direct and heated confrontations between the two parties, provides the alleged perpetrator with reasons to alleviate blame and thus attribute it (at least partially) to the complaining party. Indeed, the findings from the focus group sessions do suggest that IAs struggle to identify whether a conflict-related bullying experience is mutual or one-sided and often attribute the experience to a clash of personalities. Accordingly, findings from the IAs' perspective indicate that effective intervention requires insight on the part of both the target and perpetrator. Early intervention in conflict-related experiences and encouraging management intervention also emerged as imperative to effective intervention.

Based on the findings of this research, effective intervention in conflict-related experiences necessitates that IAs have a good understanding of workplace bullying and specifically on how the cycle of demoralisation develops for targets of such experiences, in order to accurately assess the legitimacy of complaints. Importantly,

the nature of workplace bullying is such that generalised conflict management processes, and reporting methods such as incident reports, are unlikely to be effective as they fail to consider the cycle of demoralisation experienced by targets of workplace bullying due to the repeated and systematic exposure of negative behaviours over a prolonged period of time and they instead focus on the severity of the behaviours out of context. Targets of the conflict-related experience would benefit from having an advocate in the intervention process, as their own cognitive processing and subsequent ability to communicate about their experience dissipates. Although it is likely that some conflict-related experiences do feature fault on the part of the target, effective intervention in such experiences is likely to require IAs to accurately determine between legitimate cases of workplace bullying and those that are simply a personality clash or communication breakdown. Again, this requires training and education for IAs on the nature, causes and consequences of workplace bullying. Finally, it is important to note that anonymity for targets is especially important for effective intervention in conflict-related experiences. Consideration should be given to target anonymity in the intervention process should reporting of this type of experience be encouraged.

Table 8.3

Practical Strategies to Encourage Effective Intervention in the Conflict-Related Experience

<u>Key barrier area</u> <i>(identified by targets)</i>	<u>Key intervention area</u> <i>(identified by IAs)</i>	<u>Aim</u>	<u>Possible strategy</u>
Disagreeing	Encouraging management intervention	Increase IAs' understanding of the cycle of demoralisation and accurate identification of workplace bullying	Workplace bullying identification and management training for IAs
Identifying	Early intervention Developing target insight	Increase target support (in turn, decreasing isolation) to accurately identify workplace bullying	Workplace bullying training and awareness for target and witnesses
Predicting		Decrease target hesitancy to report resulting from fears regarding anonymity	Training for leaders on how to develop trusting relationships with employees Incorporate confidentiality practices into bullying intervention policies and practices, as well as into intervention training for managers Communicate employee rights regarding anonymity when making a complaint of workplace bullying
Unsuccessful attempts and disagreeing	Encouraging management intervention	Ensure that bullying reporting systems and subsequent IA responses reflect the subtle and systematic nature of workplace bullying	Discourage IAs from recommending incident reports for reporting a workplace bullying experience Encourage targets to document bullying behaviours (Note: IAs should be considerate of historic behaviours and focus on the context in which the behaviours are displayed rather than each individual behaviour or event reported).

8.2.4 The learning-related experience

The learning-related experience features a teacher-student relationship between the perpetrator and an inexperienced nurse target. This type of bullying experience is commonly reported in studies of workplace bullying in the nursing profession. For example, a study of New Zealand trainee nurses on clinical placement found that 90% of nurses had experienced some form of workplace bullying (Foster et al., 2004). In a study conducted by McKenna and colleagues (2003) of nurses in their first years of practice, nearly half of the distressing events were not reported. The findings of this current study explain why underreporting is common in this type of experience. The findings also make an important contribution by highlighting the barriers to bullying identification for inexperienced nurses.

Targets of the learning-related experience lack support to identify themselves as a target of workplace bullying in the initial cognition stage of their experience. With little experience and knowledge of team structure and culture, it takes time before they develop enough knowledge of what their behavioural expectations should be in that environment and whether, against those expectations, the behaviours they are experiencing are indeed unreasonable. Alleviating feelings of fault and, in turn, identifying the behaviours as unreasonable is a key barrier in the learning-related intervention process. Reporting is also a concern for targets of the learning-related experience, due to a lack of knowledge of the reporting processes and culture, and fear of making waves and harming reputations so soon after starting in the role. IA perspectives on intervention in the learning-related experience are similar to that of targets, indicating that key focus areas for effective intervention lie in enhancing target confidence, not only to report, but also to be assertive in response to bullying behaviours from a preceptor, and encouraging management intervention.

Like any bullying experience, the learning-related experience features a cycle of demoralisation (Crawford, 1999) which is caused by feelings of inadequacy and lack of support. The cycle of demoralisation for targets of the learning-related experience is likely to decelerate when the target finds support within the team to justify the way they are feeling, that they are a competent nurse and that the perpetrator's behaviour is unjustified. Huntington and colleagues (2011) argued that nursing has become more about power and ego than patient care. What this current research suggests is that effective intervention in learning-related experiences, in terms of helping targets to cognise their experience as one of bullying and encouraging reporting or direct address, can be facilitated by increasing new nurses' knowledge of team structure and culture, and the policies and practices in place to address workplace bullying.

The implementation of a strong support system for new nurses could potentially enhance the efficacy of intervention in the learning-related experience. Foster and colleagues (2004) suggested that confidence comes from gaining exposure to the working environment, gaining knowledge of the profession, becoming more aware of the norms of nursing, and becoming socialised into groups in the team. Strategies to expedite this confidence building process are likely to facilitate intervention in the learning-related experience. For example, training and induction processes at the organisational level to communicate and clarify behavioural expectations and creating a support network within the team through team building and/or a buddy-system could facilitate target identification of bullying behaviours as unreasonable by alleviating feelings of fault. Training on the organisation's bullying policy and available reporting channels is likely to also be an important component of the induction process.

While it is the organisation's responsibility to effectively intervene in experiences of workplace bullying, encouraging targets to be assertive in response to a learning-related experience, as identified by focus group members, may indeed be an effective strategy for effective intervention. Aquino (2000) recommended that low status employees should be more assertive in response to workplace bullying to avoid being perceived as easy targets of mistreatment. Targets subjected to the learning-related experience could be perceived as an easy target for mistreatment and, therefore, developing target assertiveness could potentially be an effective intervention approach. It is worthy of note that, for other bullying experiences such as the conflict-related experience, encouraging assertiveness may be harmful as the bullying experience is unlikely to feature an easy target of mistreatment.

Table 8.4.

Practical Strategies to Encourage Effective Intervention in the Learning-Related Experience

<u>Key barrier area</u> <i>(identified by targets)</i>	<u>Key intervention area</u> <i>(identified by IAs)</i>	<u>Aim</u>	<u>Possible strategy</u>
Identifying	Encouraging target confidence	Clarify behavioural expectations and enable targets to identify unreasonable behaviours	Include components on behavioural expectations, emotional intelligence and performance expectations in training and induction programmes
Predicting	Encouraging reporting	Create awareness of reporting and support channels	Include training on the anti-bullying policy, disciplinary processes, and reporting and support channels in training and induction programmes
Identifying and predicting	Encouraging target confidence and reporting	Facilitate the development of support networks for new nurses	Implement peer-support programmes, team building, and socialisation practices Implement regular performance and progress reviews with new nurses

8.2.5 The role-related experience

The role-related bullying experience, featuring dependency from the target's team on the perpetrator's team, is not as well-documented in the existing literature. However, each of the three focus groups acknowledged that role-related bullying did exist in their organisations. The findings relating to the role-related experience suggest that structurally-created dependencies are a key concern for effective intervention in this type of experience. The dependency featured in the role-related experience acts as an excuse for IA inaction, with subsequent iterations of targets' intervention processes seeing them re-predict that nothing will change as a result of further reporting. The focus group sessions identified that the role-related experience is indeed present in healthcare settings, not only between nursing teams but also with perpetrators from other professions. Indeed, encouraging IA action is important but it is necessary to mitigate the dependencies in order to encourage IA action. While dependencies are present, pressures to meet performance targets and maintaining a functioning relationship with the perpetrators team appears to be prioritised by IAs, thus resulting in avoidance of action that could cause harm to the functioning of the team.

Another key concern recognised in the focus group sessions is the lack of power of nurse managers taking up the role of IAs in experiences where the perpetrator is from another profession (for example, a doctor, social worker, or employee of an external organisation). Nurse managers find themselves powerless to take punitive action due to the different power bases and norms of the perpetrator's profession. Unlike the other types of bullying discussed that generally feature nurse-to-nurse bullying within one team, managers who receive a complaint of role-related bullying rely heavily on the perpetrator's direct line manager to take effective action.

The dynamics of the role-related experience are likely to be complex, especially where different power bases are involved and dependencies are critical to the performance of the organisation. Effective intervention is likely to require more invasive and formal changes that are unique to the political and structural features of the organisation. The findings of this current study suggest that effective intervention in the role-related experience does require conditions in the work environment that encourage reporting and effective IA action. Consideration should therefore be given to ways of minimising or alleviating existing dependencies and aligning the norms and expectations of the different power bases within the relationship.

Table 8.5.

Practical Strategies to Encourage Effective Intervention in the Role-Related Experience

<u>Key barrier area</u> <i>(identified by targets)</i>	<u>Key intervention area</u> <i>(identified by IAs)</i>	<u>Aim</u>	<u>Possible strategy</u>
Excusing	Encouraging management intervention	Decrease existing dependencies between departments	Structural change
Excusing	Encouraging management intervention	Clarify the responsibility of managers to a bullying experience whereby the perpetrator is external to the target's team	Communicate expectations regarding the welfare of nurses involved when entering into contracts with external organisations Encouraging communication and unity between departments within the organisation rather than independence and competition
Re-predicting		Change existing perceptions that management are unwilling or do not have the power to intervene	<i>As above</i>

8.2.6 The typology as a theoretical and practical contribution

The aim of the typology analysis was not to provide an exhaustive list of the types of workplace bullying that exist, but instead to reflect the heterogeneous nature of bullying where the intervention process is shaped by the unique features that are not common to all experiences. Indeed, there are different types of bullying, each of which consists of unique features that shape the intervention process in different ways. The typology contributes by explaining why workplace bullying, particularly in regards to intervention, should not be treated as a homogenous concept, and provides an alternative for how instead it could be treated.

Secondary intervention, as with bullying itself, is currently treated as a homogenous concept with intervention recommendations focusing on generalised complaint investigation processes and training and awareness for managers and employees. However, generalised intervention strategies, such as those commonly advocated in anti-bullying policies, are often ineffective for addressing and resolving complaints of workplace bullying (Salin, 2008) and the personalised experience needs to be considered should the phenomenon of bullying be fully understood (Parzefall & Salin, 2010). By identifying this typology and its implications for intervention, it appears that consideration should be given to other aspects of secondary intervention rather than simply focusing on generalised complaint management processes. Indeed, the typology highlights the importance of tailoring intervention strategies to the type of bullying present in an organisation.

Experiences of workplace bullying are highly complex and influenced by numerous unique individual, team and organisational factors. The five types of bullying identified are not mutually exclusive and characteristics of one type may be present as characteristics of another (for example, the perpetrator of a performance-related

experience could also be a known bully). Other factors including hierarchical status (Aquino, 2000) and age and gender (Leo, Reid, Geldenhuys, & Gobind, 2014; Ólafsson & Jóhannsdóttir, 2004) have been identified as affecting the intervention process and have not been explicitly included in the above discussion. However, instead of identifying an exhaustive list of factors, the study aimed to describe ‘how’ key factors influence the intervention process for targets. In doing so, this current study identifies that no common list of factors can be found as influencing the intervention process for targets and that each process is influenced by different factors. This research therefore provides a framework (i.e. the typology) upon which further studies are able to explore in more detail how further factors influence each of the types of bullying identified (or other possible types).

It is important to note one key similarity that was identified across all of the experiences. As targets experienced subsequent iterations of the intervention process, the more they appeared to experience the cycle of demoralisation identified by Crawford (1999). Researchers exploring, for example, the sequences of coping responses deployed by targets (Djurkovic et al., 2005; Neidl, 1996; Zapf & Gross, 2001), and target experience with IA intervention, or lack of (D'Cruz & Noronha, 2010; Dzurec & Bromley, 2012), all suggest some form of cycle of demoralisation experienced by targets through the lack of perceived support and lack of success in coping with the bullying experience. Many of these studies acknowledged that targets who are unable to find success in their intervention experiences ultimately exit the organisation. Common to all of the types identified in this research was the cycle of demoralisation experienced by targets who faced multiple unsuccessful intervention attempts. Indeed, 12 targets had already left the role at the time they participated in this study.

A common feature of the escalated cases of bullying across all scenarios is that, after numerous iterations of the intervention process, targets have no confidence or strength to take any constructive action or be involved in any formal intervention with the perpetrator. Indeed, Zapf and Gross (2001) acknowledge that escalated cases of workplace bullying are a no control situation for targets. As suggested by participants in this current study, intervention in escalated cases of bullying requires an advocate to speak on behalf of the target. By this stage of the experience, targets struggle to process their thoughts and have little power or strength to defend themselves. At this escalated stage of the experience and of the intervention process, all individual and work environment factors are seemingly irrelevant to the target who has disassociated, disengaged and has no desire or ability to attempt to deploy further coping responses. The findings of this study, therefore, suggest that early intervention in workplace bullying is imperative for effective intervention.

8.3 Extending the work environment hypothesis to workplace bullying intervention

As discussed in the literature review (Chapter Two), the work environment hypothesis suggests that factors in the work environment, such as organisational policies and processes, job design, and leadership, give rise to conditions that create bullying (Hauge et al., 2007; Salin & Hoel, 2011; Skogstad et al., 2011). Researchers have indicated that the hypothesis could be applied more broadly, suggesting that work environment factors have an effect on how workplace bullying is made sense of, and in turn, how it is managed (Salin & Hoel, 2011). Indeed, researchers have acknowledged a need for further understanding of the role of work environment factors in the management of workplace bullying (Woodrow & Guest, 2013). This current study was therefore designed and carried out on the assumption that the work

environment influences the intervention process and, in turn, aimed to understand how work environment factors influenced the intervention process for targets of workplace bullying in New Zealand's nursing profession.

A number of studies have examined how work environment factors influence the development of workplace bullying (see Chapter Two) and examined these from a functionalist perspective, employing quantitative research to test the work environment hypothesis against the prevalence of bullying behaviours (Samnani, 2013). Relatively few studies have explored this using a qualitative research design. Further, while a number of studies have examined the relationship between target coping responses and factors such as hierarchical status, age, and gender (Aquino, 2000; Djurkovic et al., 2005; Ólafsson & Jóhannsdóttir, 2004), little is known about how these factors affect the holistic intervention process, from sense-making through to the outcome of the bullying experience. The previous section has discussed how features of the type of experience influence intervention, and highlighted where disparities exist between targets' and IAs' perceptions of effective intervention. This following section draws on the focus group findings to discuss how systemic work environment factors influence effective intervention and how these findings contribute to the existing literature by extending the work environment hypothesis.

The focus groups were designed to generate discussion of existing organisational policy and practices related to workplace bullying intervention and the intention behind their implementation. Existing practices were used as grounds for discussion of how work environment factors influenced whether or not the practices achieved what was intended by them and, in turn, their efficacy. The focus groups acknowledged that their organisations have become increasingly proactive in recent

years around the identification and management of workplace bullying. Many of their formal policies and processes have been implemented as a result of increasing societal pressures to address bullying in the workplace and are guided by government legislation and industry regulations. However, organisational representatives acknowledged that work environment factors influenced the efficacy of these policies and processes in terms of both influencing IAs willingness and ability to intervene in an experience of workplace bullying and in terms of the way that targets and perpetrators respond to workplace bullying. Importantly, existing studies acknowledge that the efficacy of policies is determined by IA implementation (Guest & Bos-Nehles, 2013). Further, researchers including Woodrow and Guest (2013) and Salin (2008) both argued that it is IAs' ability to enact the policy, as well as employees' positive perceptions of the enactment, that is most likely to result in effective intervention. With this in mind, the direction of the discussion upon which the work environment factors were examined was well aligned with existing research.

When this model is applied to the current setting, it becomes apparent that, although all DHBs in New Zealand have anti-bullying policies that reflect good practice recommendations, the policy is not always implemented by IAs effectively, if at all. Indeed, Nishii, Lepak and Schneider (2008) suggested that employees' attributions concerning the purpose of the HR practice, in this case policy and processes related to workplace bullying, affect how they respond. As discussed in Chapter Three, a number of existing studies indicate the causes of IAs' failure to intervene effectively in complaints of workplace bullying. These causes include, for example, managers' ability to justify their behaviours as being legitimate performance management (Harrington et al., 2013; Jenkins et al., 2012), IAs' perceptions that they are in

partnership with management (Harrington et al., 2012), and a culture of tolerance for workplace bullying (Woodrow & Guest., 2013). While numerous barriers to effective intervention have been identified, this current study provides further insight into how work environment factors play a role in this regard.

Many of the work environment factors that emerged as key themes influencing intervention were the same as those identified in the literature as antecedents of workplace bullying. The findings of this current study therefore provide support to indicate that the work environment hypothesis can indeed be extended to include how workplace bullying is made sense of and how it is managed. Table 8.7 shows how the findings of this study extend the work environment hypothesis by highlighting the similarities between the risk factors discussed in Chapter Two and the factors found to influence effective intervention in workplace bullying. The following discussion explains how the factors identified in this study extend the work environment hypothesis. The discussion is structured under four headings within which key factors identified in this research are grouped: the nature of work; the structure of work; culture; and, team leadership. In terms of practical recommendations, systemic work environment factors discussed in this section need to be considered, and eliminated or minimised where possible, in conjunction with strategies tailored to the type of intervention experience in order to create a work environment conducive to effective intervention.

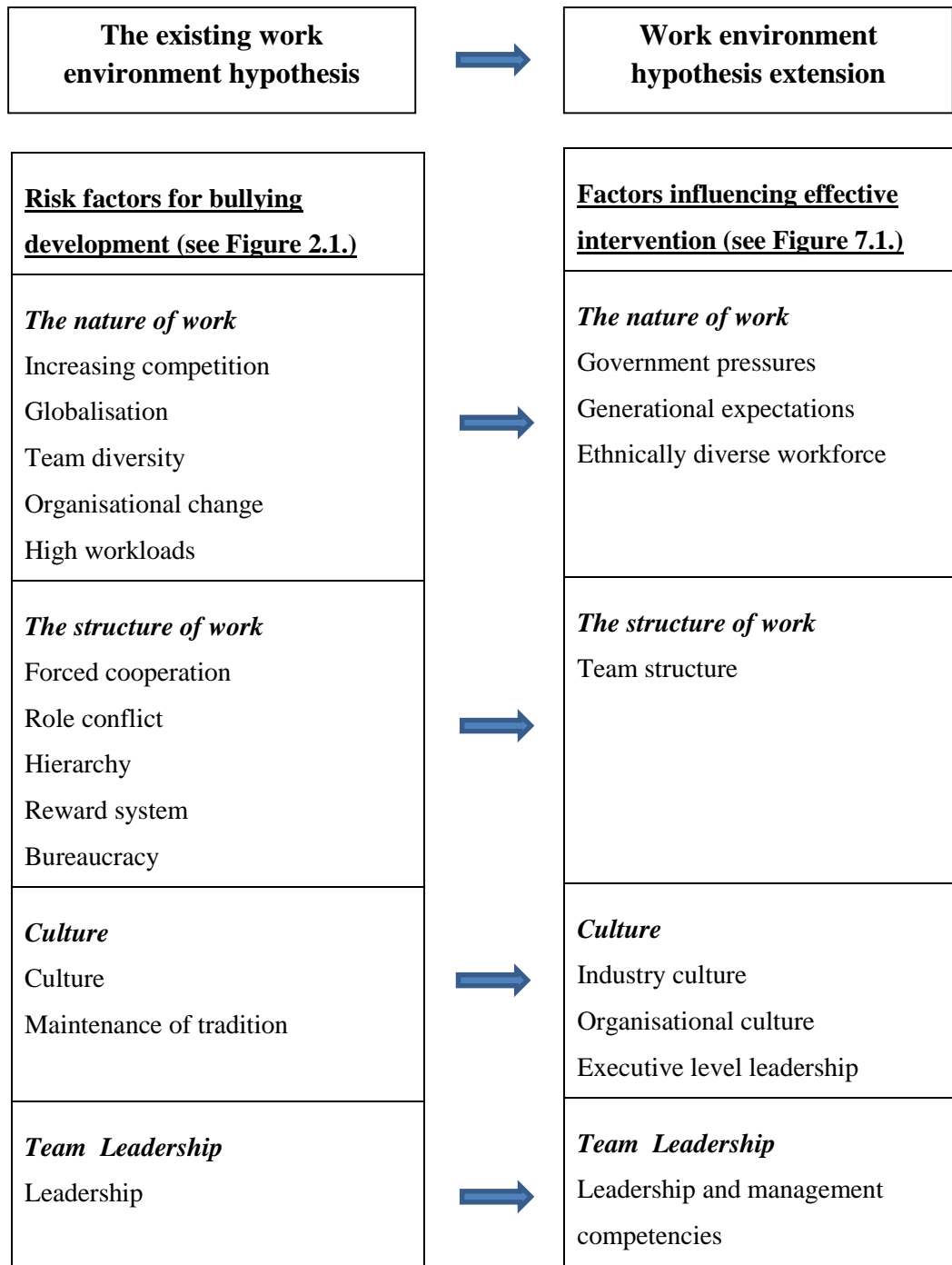


Figure 8.2. The Similarities between Risk Factors and Factors Influencing Effective Intervention

8.3.1 The nature of work

The findings of this study indicate that differences in generational expectations are having an influence on the way in which targets and perpetrators respond to bullying and intervention. Lifestyle changes are also creating more pressures on nurses, with external strains being brought into the work environment and depleting employee coping resources. Compounding these issues for the healthcare sector specifically, is the increasing demand on the industry from the New Zealand public due to the chronic and complex healthcare issues of patients and pressure from government to provide optimal healthcare services within limited public funding and time constraints. Such pressures from society and government increase stress and strain at the front line, limiting the time and resources available to IAs to focus on effective intervention, and inducing strains that discourage target identification and reporting. These factors have also been identified as antecedents to the proliferation of workplace bullying, with a prevailing focus on how changes to the nature of work, such as increased competition, globalisation, and team diversity encourages workplace bullying proliferation (Einarsen et al., 2011; Hodson et al., 2006; Hoel et al., 2001). For example, social and economic changes in Great Britain are increasing the vulnerability and stress levels of managers, thus increasing the prevalence of workplace bullying (Hoel et al., 2001). It is now possible to argue that similar factors apply in the New Zealand nursing context and may too affect the how managers respond to complaints of workplace bullying.

DHBs in New Zealand are publically funded which causes financial and time restrictions on their ability to implement policy (see Chapter Two). The findings of this study indicate that government pressures create strains on the time and resources required by the organisation to implement intervention-focused policy and practices,

as well as on direct line managers' and IAs' willingness and ability to apply them in the handling of a bullying experience. Woodrow and Guest (2013) also found that IAs are hesitant to implement anti-bullying policies because of the time consuming process required to enact them. The findings of this study indicate that this could be of particular concern to publically-funded organisations. Indeed, high workloads (Baillien et al., 2009) and availability of money (Warr, 2007) are identified in the literature as antecedents to workplace bullying, but the findings of this current study indicate that such pressures also restrict the ability of IAs to intervene in workplace bullying experiences, with IAs becoming task-oriented and focused instead on meeting targets whichever way they can. Further, restrictions on time and resources were recognised for encouraging nurse managers to carry out tasks themselves rather than taking the time to teach new graduated nurses and provide them with confidence in their practice (Foster et al., 2004). The consequences are likely to be especially relevant to the learning-related experience in terms of discouraging cognition and subsequent reporting of bullying experiences. Providing healthcare organisations with increased funding and time resources, as well as support systems for nurses to better cope with external lifestyle pressures and/or internal work stressors, could therefore be recommended in order to create a work environment conducive to effective intervention.

This current research identifies that societal factors also have a negative impact on employee coping responses and how they respond to workplace bullying and intervention. Although it has been argued that performance pressures, diverse work practices and customs, and increased use of temporary or fixed-term rather than fulltime contracts all enhance the risk of workplace bullying (Hodson et al., 2006), the findings of this study indicate that similar factors also have an impact on how

targets and perpetrators make sense of bullying and how they respond to it. For example, ethnically diverse teams are becoming increasingly prevalent (Harvey et al., 2007) and ethnicity has been found to account for differences in the type and frequency of bullying behaviours experienced by targets (Lewis & Gunn, 2007). This current study shows that the increasing ethnic diversity of nursing teams introduces different practices, norms and expectations into the work environment, causing difficulties for IAs in aligning performance and behavioural expectations. Providing clear behavioural expectations at the organisational and team levels may therefore help to align expectations and create conditions to facilitate effective intervention in workplace bullying.

8.3.2 The structure of work

Factors relating to the structure of work, such as forced cooperation, role conflict, hierarchy, the reward system, and bureaucracy, are identified in existing studies as giving rise to conditions that result in workplace bullying (Baillien et al., 2009; Notelaers et al., 2010). The findings of this research indicate that the influence of these factors can be extended to workplace bullying intervention, indicating that informal hierarchy, in closed ward settings, influenced target and perpetrator responses to bullying. The interactive nature of the work environment system is highlighted in that the structure of these wards also influences team culture and norms of reporting, as well as team-level leadership in that the rotating structure of nurse leaders inhibits the development of strong and trusting relationships between nurses and their managers.

Misaligned behavioural expectations that cause perception discrepancies about the legitimacy of bullying complaints are compounded by recent changes to the training system of registered nurses in New Zealand from hospital-based to classroom-based

training. The findings show the negative impact on intervention for classroom-trained nurses who are expected to enter the workforce with the practical capabilities of their seniors who had trained onsite, particularly for targets of the learning-related experience. It appears that existing training curriculums do not include components relating to organisational behaviour or teach the emotional intelligence skills required in the nursing profession. Indeed, one focus group member even alluded to a training institution which had discouraged effective intervention by instructing students to ignore bullying. The differences in perceptions and expectations of classroom and hospital-trained nurses has been recognised in this research as creating difficulties for IAs in aligning the behavioural expectations of parties to a complaint and subsequently taking intervention action that both parties deem to be just.

8.3.3 Culture

The influence of industry and organisational culture in effective intervention was a dominant theme emerging from the focus group data. The findings indicate that the historical and engrained culture of bullying in healthcare organisations is still having a negative influence on the efficacy of organisational intervention in New Zealand's nursing profession. Although industry and organisational culture are widely acknowledged in the literature as being a direct stimulant of workplace bullying (Baillien et al., 2009; Salin, 2003), comparatively fewer studies acknowledge their role in influencing the efficacy of intervention.

It is likely that the intervention process for role-related and known-bully experiences is most likely to be influenced by culture as the bullying experiences themselves are historic. In such bullying experiences, the perpetrator has been in the organisation for many years, has established their position as a highly skilled and valuable member of

the team, and the duration of their behaviours has encouraged a culture within the team where bullying is normalised and accepted. Not only does culture cause hesitancy in target reporting, but also acts as a factor upon which IAs excuse intervention action. Culture could provide an explanation for the findings of Harrington et al. (2013) in that it could be enabling IAs to legitimise bullying behaviours and play a role in creating the belief that they are protectors of the organisation rather than employee advocates. Industry culture was found to influence target responses to organisational intervention as nurses historically have a tendency to think they have to cope and therefore are hesitant to report experiences of bullying. Indeed, culture has been identified in existing studies as influencing the low prevalence of reporting of bullying experiences (Deans, 2004; Green, 2004).

This research benefited from the involvement of one hospital which had recently experienced a change in organisational culture and executive level leadership and noted the positive effects on intervention in workplace bullying. Representatives from the HR team explained how these changes had not only increased reporting of complaints but encouraged intervention action due to the support of senior management. This change in organisational culture has cut through industry norms of nurses not reporting issues with their colleagues and acceptance of the traditional informal hierarchy and exposure to oppressed group behaviours. Although findings across the three hospitals indicated that perceptions are changing in that bullying is now a recognised concern that needs to be addressed, this particular hospital provided case evidence to suggest that a significant culture and leadership change can indeed facilitate effective intervention.

Change in top management personnel, and subsequently in organisational culture, encourages open and honest communication about bullying and more complaints of bullying to be reported to managers and IAs. The findings offer evidence to suggest that effective intervention is linked to employee perceptions that managers are willing to proactively address bullying and encouraged to do so by top management. This finding supports the assumption of the EVLN model which suggests that targets are more likely to respond with voice when they perceive that something can be done to positively influence the situation (Withey & Cooper, 1989; Zapf & Gross, 2001). Yamada (2008) also acknowledged that “it starts at the top” (p. 55) and that it is organisational leaders who act as role models and communicate behavioural expectations are most effective in creating healthy organisational cultures. The findings of this current study emphasise that this is specifically applicable to effective intervention in workplace bullying.

8.3.4 Team leadership

This research identified the importance of strong team leadership in effective bullying intervention, primarily referring to how direct line managers respond informally to bullying experiences within their team. Existing literature acknowledges that one of the most effective strategies for intervention in workplace bullying is in encouraging open and honest communication (Bentley et al., 2012; Yamada, 2008). Existing studies have acknowledged the impact of values-based leadership and role modelling in preventing bullying (Yamada, 2008) and the harm caused by destructive, laissez-faire and autocratic leadership by enabling and encouraging workplace bullying (Hoel et al., 2010; Skogstad et al., 2007).

While it has been recognised that perceived organisational support for targets of workplace bullying influences their intention to exit the organisation (Djurkovic et

al., 2008), the influence of strong leadership (which is likely to be a key source of perceived organisational support) and how leadership facilitates effective intervention has received little attention. The findings of this research indicate that leadership is a key component of effective organisational intervention, not only throughout the process of policy implementation, but also in building trust with employees to encourage open communication and reporting. Indeed, leadership is defined by scholars as a process of social influence and exists between leaders and followers (Nye, 2008) and therefore lies in the relationship between them rather than simply in the characteristics of the leader.

This research indicates that leadership, particularly the soft-skills of IAs in nurse manager roles, is imperative to low-level interventions and target confidence. This research shows that nurses in New Zealand are often promoted into management positions based on their clinical expertise rather than on their leadership competencies. While nurse subordinates expect their leaders to be expert clinicians, changing the traditional recruiting norms for managerial positions and altering nurse subordinate expectations of their direct line manager so that more nurse managers have strong leadership capabilities could help to create a work environment conducive to effective intervention. Leadership training for nurse managers could also help in this regard.

8.4 Conclusion

This research aimed to explore secondary intervention as a process and explain how work environment factors influence the outcome of intervention experiences. This chapter has discussed how the findings of this research have advanced our theoretical understanding of secondary intervention in workplace bullying in a number of ways.

Firstly, by examining intervention as an holistic process, in a setting reported to have high incidence of bullying, this research has provided insight into how targets process their bullying experiences and how intervention is subsequently experienced by targets. The findings support existing studies that indicate that secondary intervention is often ineffective and proffer a number of contributions in regards to how contextual and environmental factors influence the intervention experience and, ultimately, the efficacy of secondary intervention. Importantly, the findings contribute by extending the work environment hypothesis to secondary intervention in workplace bullying and by providing evidence to indicate that research and practice should consider the unique features of the type of bullying experience in their endeavours to find effective strategies for intervention.

Ultimately, effective intervention in workplace bullying experiences requires early and accurate identification and labelling of the experience by targets and IAs, target reporting, and IA action that stops the bullying. Further to the different concerns for effective intervention according to the type of bullying experience, target and perpetrator responses to workplace bullying and the ability and willingness of IAs to intervene are also influenced by general systemic factors. While factors in the work environment are well-documented as causes of workplace bullying, this research provides evidence to indicate that work environment factors also influence the efficacy of intervention in workplace bullying. With this in mind, not only does this thesis offer tailored recommendations to create conditions for effective intervention in the different types of bullying experience, but also provides an indication of systemic factors that require address in order to create a work environment conducive to effective intervention.

CHAPTER NINE

CONCLUSION

(Continued from page 1)

The Director of Nursing, responsible for the nurses employed at this hospital, understands that bullying is a very real problem in their organisation. However, she is unaware that, despite having an anti-bullying policy in place, a number of factors in Amy's work environment are inhibiting effective intervention. IAs are currently treating bullying as an homogenous problem and rely on general dispute management processes, often with little success.

The Director of Nursing is unaware that effective intervention can be facilitated by considering the different impact of contextual and work environment factors that exist in their organisation. By tailoring the work environment, and IA intervention strategies, to minimise the impact of existing intervention barriers, the organisation could create conditions conducive to Amy's experience being resolved.

This research aimed to develop understanding of secondary intervention in workplace bullying in the context of the New Zealand nursing profession. Specifically, the research aimed to understand bullying intervention as an holistic process and gain insight into how work environment factors influence the intervention process. The findings of this research indicate that bullying intervention is not a linear process and is influenced by a complex array of work environment factors. This chapter concludes the thesis by providing an overview of the study and reiterating the key findings that were generated in relation to the two research questions. Following this, the methodological and practical implications of this

research are recapped. Finally, the limitations of this study are acknowledged and future research directions recognised.

9.1 Overview

The first phase of this study aimed to understand how targets of workplace bullying represent their intervention experiences. Data collection and analysis for this phase was guided by an information processing framework and semi-structured interviews were conducted with 34 nurses who believed that they had been the target of workplace bullying. Thematic analysis of the data revealed a number of themes that provided insight into how nurses represent their workplace bullying intervention experiences, and these themes were assembled to form an holistic intervention process model.

Using this model as a base, the research then aimed to understand how work environment factors influence the intervention process from a systems perspective. Further thematic analysis of the same 34 semi-structured interviews resulted in the development of a typology of bullying intervention experiences. Five types of experiences were identified: the known bully experience, the conflict-related experience, the performance-related experience, the learning-related experience, and the role-related experience. Although the types were not always experienced independently of one another, the typical intervention process of each was affected by their unique features and, therefore, each had different implications for effective intervention.

The final phase of this research aimed to further explore the impact of work environment factors on workplace bullying intervention by collecting and analysing data from three focus groups that were conducted with organisational representatives

responsible for intervention. A systems approach was taken to identifying work environment factors at the societal, industry, organisation, and team level, and a systems model was presented to explain how factors in the work environment interact to influence the efficacy of secondary intervention in workplace bullying.

9.2 Theoretical implications

The bullying literature has advanced sufficiently as to provide us with a relatively thorough understanding of the prevalence, consequences and causes of workplace bullying in numerous geographical and industry contexts. Recently, researchers have turned to exploring how best to manage the problem. Although focus is often given to understanding prevention and reducing the prevalence of workplace bullying, the reality is that workplace bullying will always exist. Understanding good practice in secondary intervention in workplace bullying is therefore an important goal in order to minimise the harm caused by experiences of workplace bullying and supplement prevention initiatives by sending a message to employees that workplace bullying is not tolerated.

The first key contribution of this study to secondary intervention in workplace bullying is promoting intervention as an holistic process from initial exposure to bullying behaviours through to the intervention outcome. By understanding the key stages of the targets' intervention experience, this thesis explains how the areas of concern for secondary intervention identified in the literature fit within an holistic intervention process and, importantly, emphasises the cyclical and iterative nature of the bullying intervention process. By understanding bullying intervention as a process, researchers are better able to understand the cumulative effects of barriers to

intervention at the different stages of the intervention process, and why intervention in existing cases of workplace bullying is rarely effective.

A second key contribution that this study makes is in identifying the differing influences of bullying experience features on the intervention process, which brings to light the heterogeneous nature of workplace bullying and its implications for secondary intervention. While workplace bullying is generally studied as a homogenous concept, and strategies for prevention and intervention reflect it as such, this thesis identifies a typology of bullying experiences that consist of features that shape the intervention process in different ways. These findings not only act as a framework for future studies exploring intervention efficacy, but also indicate a need to tailor intervention strategies to the type of workplace bullying experience rather than relying solely on generalised anti-bullying policy recommendations that research indicates are often ineffective.

The third key contribution that this study makes is in understanding how the work environment influences intervention in workplace bullying through the lens of the work environment hypothesis. Numerous studies explore the role of work environment factors as antecedents of workplace bullying (Baillien et al., 2009; Salin, 2003), and this current research has extended this field by providing insight into how work environment factors influence secondary intervention. In doing so, the research proffers new insight into the dynamics of intervention and progresses understanding towards good practice in secondary intervention of workplace bullying experiences. Further, the similarities observed between work environment hypothesis factors and the factors identified in this study indicate that prevention initiatives directed towards minimising risk factors (i.e. antecedents) and reducing

the prevalence of workplace bullying are also likely to create conditions for effective intervention.

Existing studies indicate that the enactment of policies is often perceived by targets to be unfair (Rayner et al., 2002) and that there are discrepancies between IA and target perceptions of effective intervention (Fox & Cowan, 2014). The findings of this current study support these claims and make an important contribution highlighting how target and IA perceptions differ. By presenting the typology findings that were developed from the targets' perspectives in the focus group sessions with IA, areas of importance for effective intervention were able to be generated from the IA perspective and compared to the high risk areas that were identified from target accounts. As discussed in Chapter Eight, there were both areas of consensus and areas where differences exist between the perception of targets and that of IAs. This marks a fourth key contribution made by this research and provides new in-depth insight into why policy enactment is often perceived to be unfair and, potentially, where to focus in order to work towards reconciling these perceptions.

9.3 Methodological contributions

While semi-structured interviews and thematic analysis of data are commonly used methods in qualitative studies exploring workplace bullying, the frameworks and tools used to collect data in this study were unique. The first methodological contribution that this study makes is in confirming the benefits of Critical Incident Technique (CIT) in workplace bullying research. CIT is well-established and commended as a flexible and useful tool for data collection in qualitative research. It has also been acknowledged as having potential benefits for data collection in workplace bullying research (Cowie et al., 2002), although the only study to have

previously utilised the technique for workplace bullying research is that of Liefvooghe and Olafsson (1999).

The use of CIT in this study enabled data to be gathered relating to perceptions of workplace bullying and its management by asking about the efficacy an event or set of events that had recently been experienced by the individual. By using CIT, this research was able to identify perceptions of efficacy of the intervention process from the perspectives of targets and, in turn, identify barriers and facilitators to effective intervention. With the field of workplace bullying research moving towards good practice in the management of workplace bullying, the use of CIT in this study proffers a potentially useful methodological approach for studies aiming to progress our understanding of good practice in the management of workplace bullying.

The unique structure of the focus groups conducted in this study marks a second methodological contribution made by this research. Although focus groups have previously been used for collecting data on workplace bullying (Cowie et al., 2002), the focus group sessions in this study consisted of representatives from three key intervention channels, which generated findings that reflected the perspectives of key IA, rather than relying solely of HR perspectives that are commonly utilised in interview studies exploring bullying from the organisation's perspective. The use of focus groups to examine workplace bullying and its management from the organisation's perspective is encouraged based on its successful use in this study.

Further, the focus group sessions were structured so as to generate discussion of intervention in workplace bullying based on the previously analysed target perspectives. To my knowledge, this is the first study of workplace bullying that has structured focus group sessions in this way. The approach was valuable for a number

of reasons. Firstly, it allowed for the findings from the analysis of target interviews to be checked against the perspective of key IA representatives. Secondly, in recognition of the discrepancies that exist between target and IA perceptions of effective intervention (Fox & Cowan, 2014), the focus group structure introduced an element of triangulation to the findings and enabled the discrepancies to be highlighted and explained. This approach therefore generated more thorough and impartial findings relating to intervention efficacy than would studies exploring a single perspective. The ability to identify discrepancies in target and IA perspectives using this approach may indicate that the use of case studies or other more specific multi-perspective methods of collecting data on a specific experience could also be beneficial to future studies exploring intervention efficacy.

The third key methodological contribution that this study makes is related to the decisions that were made throughout this research process due to the sensitive nature of the topic being explored. The approach taken to the research, and to data collection specifically, received positive feedback from the participants and organisations involved in this study and is likely to be helpful to others conducting similar research in future. Reflecting on the research experience, the two most helpful elements of the research design were in conducting phone interviews that enabled participants to openly share their stories, and in recruiting a stakeholder group to be involved throughout the research.

The use of phone interviews possibly increases the quality of the data gathered on sensitive topics and multiple participants commented on the importance of maintaining their anonymity and expressing their approval of the flexibility of hours so that they could be interviewed in the comfort of their own homes. Several participants also made comment that speaking about their experience with me was

part of the healing process and were thankful for the opportunity to be heard. Some participants became emotional during the interview which may have been uncomfortable for them should they have been visible. Based on my own reflections on the interview process, and on positive feedback from the participants interviewed, I would encourage future researchers to consider this method.

Finally, this research benefited from the involvement of the stakeholder group in a number of ways. Firstly, as I had little knowledge of the industry, the stakeholder group acted as advisors on topics such as ethical concerns that I may encounter that were specific to the profession, the best approaches to data collection, and the availability of participants. They also assisted with access to participants, supporting the participant recruitment process and promoting the study through meetings with nurses and through their general support. Maintaining the relationship with this group of organisational, union and government representatives throughout the research has ensured their engagement in the process and their interest in the final results. It has also helped to bridge the research-practice divide. As a result, there may be opportunities for future evaluative research with them that directly leads on from this study.

9.4 Practical contributions

With the field of workplace bullying research moving towards how best to manage the problem, a logical step in the progression of research into good practice is evaluative studies examining the efficacy of intervention strategies. However, with only few generalised strategies recommended in the literature (see Chapter Three), and studies already identifying that policy implementation is often ineffective (Cowan, 2011; Salin, 2008), the practical contributions that this study makes,

presented in Chapter Eight, offer “a different approach” to intervention as called for by other scholars (Woodrow & Guest, 2013, p. 52). The tailored interventions proposed in this thesis could act as a framework for future evaluation studies.

The first practical contribution that the study makes is in highlighting the stages of the holistic intervention process and the cyclical and iterative nature of secondary intervention in workplace bullying. Participants in this research experienced multiple iterations of their intervention process as they experienced a response from IAs that failed to successfully stop the bullying. As a result, targets were required to reconsider their alternatives, or re-identify with the experience itself, which often led to the target choosing not to report the experience again and, in some cases, exiting the organisation. These findings not only provide insight into the stages of the intervention process that require consideration in the development of intervention strategies, but also emphasise the importance of early and effective IA intervention in response to the initial raising of a workplace bullying complaint.

Secondly, this research highlights the importance of considering the heterogeneous nature of workplace bullying in the development and implementation of intervention strategies. This research provides empirical support for the areas of the intervention process that are of concern (i.e. barriers) for effective intervention in each type of bullying and why each are areas of concern. While generalised intervention practices are advocated in the literature, this research exposes the need to tailor intervention strategies according to the different types of experience.

Thirdly, further to tailoring intervention initiatives to the type of bullying experience, this research identified systemic work environment factors, from societal-level through to the team-level, that interact with one another to negatively influence the

efficacy of workplace bullying intervention. By explaining how these factors influence the intervention process, this research helps to explain why anti-bullying policies alone are often ineffective and what factors need be overcome or minimised in order to create a work environment conducive to effective intervention.

As it currently exists, IAs rarely intervene successfully in experiences of workplace bullying (Djurkovic et al., 2005; Harrington et al., 2013; Zapf & Gross, 2001) and “a different approach” to intervention that takes into consideration contextual and work environment factors is required (Woodrow & Guest, 2013, p. 52) This research puts forward empirical evidence to argue that the work environment should be tailored to support the effective implementation of policies and practices designed with the intent to intervene in bullying. This not only involves consideration of general systemic factors, but also contextual factors that affect the efficacy of intervention in the different types of workplace bullying.

9.5 Limitations and suggestions for future research

This research has shed light on the representation of secondary intervention experiences and factors in the work environment that facilitate or inhibit effective intervention. However, there are several limitations that must be kept in mind. Firstly, this research has utilised qualitative methods to explore the intervention experiences of 34 targets of bullying and 21 IAs (in three focus groups) who were employed at the three New Zealand healthcare organisations involved in this research. As a result, the transferability of the findings presented in this thesis is currently limited to the organisations involved in this study. Therefore, while this study puts forward evidence to suggest that the work environment hypothesis can be

extended to the management of workplace bullying, future research should explore the applicability of these findings to other industry and geographical settings.

During the research design phase, a great deal of consideration was given to the sensitive nature of this research and my role as an independent researcher who had limited knowledge of the healthcare industry. It was acknowledged that the engagement of a stakeholder group could introduce complexities in meeting their interests as well as the theoretical requirements of a PhD thesis. However, the involvement of key industry, government and union representatives was required to establish trust and confidence with the industry in conducting research of a sensitive nature that could put them at risk of harm if industry-specific ethical implications were not considered in the research design. Building trust and confidence with the stakeholder group members who were geographically widespread involved initial meetings and frequent email communication thereafter. Confidentiality was considered repeatedly throughout the process, resulting in decisions such as stakeholder representatives being aware of the organisations involved but not being aware of the individual representatives from each organisation, and stakeholders being sent drafts of publications prior to their public dissemination. Upon reflection, these decisions were critical to the ability to develop trust and confidence in my relationship with the stakeholder group.

Despite the stakeholder and participant recruitment process being designed with ethical considerations in mind, the approach to recruitment is likely to have influenced the findings generated from this research. Organisations for this study were recruited by email communication with the Directors of Nursing from each of the 20 DHBs in New Zealand and the three DHBs involved in this study were those that replied registering their interest to be involved. One further DHB declined

involvement in the study as the proposed research did not align with their organisation's initiatives of enhancing the personal resilience of their nurses. With this in mind, it is likely that the DHBs that were recruited for this research and the IA representative perspectives which informed the findings, were of a certain mind-set that may not necessarily be representative of all DHBs in New Zealand.

Further, target recruitment for interviews was carried out via advertisement and, although steps were taken to ensure that the large majority of registered nurses employed at each of the hospitals involved had access to the invitation to participate, the approach was likely to have encouraged targets whose experiences were not resolved satisfactorily or who felt particularly strongly that the intervention process was unfair and that their story needed to be heard. Accordingly, the results generated are not necessarily representative of all bullying experiences. However, this recruitment approach was necessary due to the sensitive nature of the research and to protect the ethical rights and safety of the participants involved.

Thirdly, while the majority of studies examine bullying from the perspective of targets, this current research supports existing studies (Fox & Cowan, 2014) that identify discrepancies between target and IA perceptions of effective intervention. By considering target and IA perspectives of intervention, this research highlights where these discrepancies lie. However, this study fails to capture perpetrators' perspectives of effective intervention. Originally, this research proposed to capture the perspective of perpetrators but recruited an insufficient number to provide an appropriate degree of saturation in the analysis process and, accordingly, the data was omitted from this research. What the preliminary analysis did suggest however is that perpetrators offer a unique perspective of the intervention process and perceptions of efficacy. Further, the nature of the data gathered indicated that the

alleged perpetrators who did volunteer their involvement in the study were likely to have been those that believed they were unfairly accused and did not genuinely or intentionally exhibit bullying behaviours. The discrepancies between targets and IA perceptions identified in this research indicate a need for future studies examining intervention efficacy to consider the perspectives of all parties to a bullying experience. However, with the difficulties identified in the recruitment process of this study in obtaining the perpetrator's perspective, future research should consider alternative ways to obtain the perspective of the alleged perpetrator regarding intervention efficacy. While consideration needs to be given to ethical implications of such research, a better understanding of effective intervention could be gained through future use of case studies and other forms of multi-perspective data collection and analysis.

Despite several limitations that featured in this thesis, the research did provide new insight into the nature of secondary intervention in workplace bullying and the influence of the work environment on intervention efficacy. With this, this study has created an important and potentially valuable opportunity for future research. As previously discussed, the nature, prevalence, causes and consequences of workplace bullying are relatively well-documented and the field of research is now moving more towards how best to manage workplace bullying. The implementation of anti-bullying policies, supported by training for managers and employees, is the most commonly recommended tool to support the management of workplace bullying. However, recent studies indicate that policy implementation is often ineffective (Cowan, 2011; Salin, 2008) and that it is almost impossible for IAs to effectively intervene in workplace bullying experiences (Djurkovic et al., 2005; Harrington et al., 2013; Zapf & Gross, 2001). This current research has addressed the calls of

scholars to explore a “different approach” (Woodrow & Guest, 2013, p. 52) to intervention with consideration of work environment factors that could influence the efficacy of the intervention process. As a result, this research provides evidence to support the extension to the work environment hypothesis to intervention in workplace bullying and proffers numerous tailored and general recommendations for practitioners to create a work environment conducive to effective intervention. While recent evaluative studies focus primarily on evaluating the efficacy of anti-bullying policies, this research puts forward a range of recommendations, based on empirical evidence, which can now be utilised in evaluative research. Indeed, evaluating the efficacy of intervention strategies appears to be the logical next step in progressing understanding of good practice in workplace bullying intervention.

9.6 Concluding comments

It is in organisations’ best interests to effectively intervene in existing cases of workplace bullying. Not only are organisations in New Zealand legally required to manage psychosocial risks such as bullying, ineffective intervention in workplace bullying all too often results in targets exiting the organisation (Rayner & Keashly, 2005), inflicting severe costs on the team and organisation (Lutgen-Sandvik et al., 2007; Sheehan et al., 2001). However, previous studies have identified that HR strategies, such as anti-bullying policies, are not being implemented effectively and are not leading to the intended result (Cowan, 2011; Salin, 2008). Indeed, Woodrow and Guest (2013) suggested that a different approach to bullying intervention is required and that more attention needs to be given to contextual factors that facilitate or inhibit effective workplace bullying intervention. This thesis advances understanding of barriers to effective intervention and offers tailored practical

recommendations that could support the New Zealand nursing profession and stakeholder institutions to improve the efficacy of their intervention practices.

This research has played a small part in contributing to our knowledge of the widespread and severely harmful phenomenon of workplace bullying. To the organisations and participants of this study, I hope that this research will help you to understand and overcome many of the barriers to intervention and be valuable in terms of increasing the efficacy of workplace bullying intervention. To future scholars of the field, workplace bullying is still highly prevalent in many industries internationally and there is still much progress to be made towards understanding how best to address the problem. All efforts to further understand and reduce workplace bullying should be encouraged.

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APPENDICES

APPENDIX A: Participant Recruitment Advertisement



MASSEY UNIVERSITY

Exploring New Zealand Hospital Nurses' Experiences of Bullying at Work

PhD Research

Do you believe that you have experienced workplace bullying?

I would like to know more about your experiences so that we can learn how to better address bullying in the nursing profession.

Have you felt like a **target** of bullying?

Have you been involved as a **witness** to bullying?

Have you been **accused** of bullying?



If the answer is yes, I would like to speak with you

Personal information will be kept confidential

If you would like to help by sharing your experiences, please email Kate Blackwood (PhD researcher): k.blackwood@massey.ac.nz

Look out for more information about this research in the [redacted] over the next two weeks beginning March 25.

Interview period: March 2013 – May 2013

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 12/077. If you have any concerns about the conduct of this research, please contact Dr Ralph Bathurst, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43404, email humanethicsnorth@massey.ac.nz

APPENDIX B: Participant Information Sheet

New Zealand hospital nurses' experiences of bullying at work INFORMATION SHEET

Project Description and Invitation

If you believe you have experienced workplace bullying as a hospital nurse in the last two years, I would like to invite you to participate in this PhD project. My name is Kate Blackwood and I am a Massey University PhD researcher exploring nurses' experiences of bullying at work. The aim of this research is to help us understand how better to address the bullying experiences of New Zealand hospital nurses.

Participant Identification and Recruitment

To ensure that the information obtained will contribute to the aims of the study, I would like to speak to nurses who meet one or more of the following criteria:

- Believe they have been the target of bullying in the hospital in the last two years
- Believe they have been accused of bullying in the hospital in the last two years
- Believe they have been involved as a witness to a target of bullying in the hospital in the last two years (e.g. talked to the target about the experience, involved in an investigation process, attempted to intervene in the bullying).

I would like to interview nurses working in any area of practice or working in any nursing role in the hospital setting.

Project Procedures

If you agree to take part in this study you will be asked to discuss your experience of bullying (as a target, witness or accused), with a particular focus on your experiences leading up to the point at which you perceive the episode to be resolved (or not). The discussions will be conducted in the form of a short phone interview where several structured questions will be asked. The questions will focus on the events following the point at which bullying became a reality for you. The interview will last between 10 - 45 minutes and will be digitally recorded with your permission. Approximately 40 participants will be asked to participate in further in-depth face-to-face interviews based on the findings of the initial discussions.

If you feel stressed or become uncomfortable during our discussion, the interview will be stopped and I will provide the contact details of independent counselling services. If you believe that you are currently experiencing bullying, please be aware that I am unable to offer you advice about your situation. If you require support, you are encouraged to contact your DHB, [REDACTED] or [REDACTED] representative whose details are provided below.

Your DHB representatives:

[REDACTED]

Your [REDACTED] representative:

[REDACTED]

Your DHB Maori support representatives:

[REDACTED]

Your [REDACTED] representatives:

[REDACTED]

Data Management

The information obtained from the interviews will be used to inform the results of the PhD project. All details that could potentially identify individuals or the organisations in which they work will be removed from any research publications.

During the interview, you will be presented with an opportunity to provide your details should you wish a summary of the project findings to be sent to you upon completion of the research.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study (up until one week following the interview);
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.
- ask for the recorder to be turned off at any time during the interview.

Project Contacts

If you would like to accept this invitation to participate, please contact me on the details provided below. If you have any questions regarding this project, please contact me or the project supervisor.

Kate Blackwood (project researcher)
PhD Candidate
Email: k.blackwood@massey.ac.nz
Ph: +64 027 523 3525

Dr Margot Edwards (project supervisor)
Senior Lecturer
Email: M.F.Edwards@massey.ac.nz
Ph: +64 414 0800 ext 43398

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 12/077. If you have any concerns about the conduct of this research, please contact Dr Ralph Bathurst, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43404, email humanethicsnorth@massey.ac.nz.

APPENDIX C: Letter of Massey Human Ethics Committee Approval



MASSEY UNIVERSITY
ALBANY

27 September 2012

Kate Blackwood
c/- Dr M Edwards
College of Business
Massey University
Albany

Dear Kate

HUMAN ETHICS APPROVAL APPLICATION – MUHECN 12/077
New Zealand Hospital Nurses' Experiences of Bullying at Work: The Role of Intervention Factors

Thank you for your application. It has been fully considered, and approved by the Massey University Human Ethics Committee: Northern.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R Bathurst'.

Dr Ralph Bathurst
Chair
Human Ethics Committee: Northern

cc: Dr M Edwards
College of Humanities and Social Sciences