Workplace Bullying in the New Zealand Nursing Profession

The Case for a Tailored Approach to Intervention

Stakeholder Report

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Executive Summary

Workplace bullying is a recognised problem internationally, and nursing is one profession in which it is of particular concern. With existing studies mapping the workplace bullying terrain, the research field is now moving towards how best to manage the problem. However, anti-bullying policies and generalised conflict management strategies that are commonly recommended tools to support intervention in bullying experiences are often ineffective and researchers have recognised the need for a different approach that considers the impact of the work environment of intervention efficacy.

The aim of this research is to understand how the work environment influences intervention in workplace bullying. Specifically, the research is guided by two questions: 1) How do targets of workplace bullying in the New Zealand nursing profession represent their intervention experiences? and 2) 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 intervention process model portraying targets' experiences of intervention, leading up to the outcome of a workplace bullying experience. Subsequent thematic analysis of the interview and focus group data identified how a number of contextual and work environment factors influence the intervention experience and outcome.

The findings explain three key stages of intervention that influence the outcome of a bullying experience, namely identification and labelling, reporting, and intervention agent response. 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 to stopping a bullying experience are identified and 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. To explain the influence of work environment factors, a systems approach is used that explains how factors at the societal, industry, organisational and team levels influence employee and intervention agent responses to workplace bullying and intervention. Tailored intervention strategies are recommended in light of the findings.

Contents

Research Purpose

This report presents the findings from a doctoral study that sought to understand intervention in experiences of workplace bullying in New Zealand's nursing profession. The research was undertaken by Kate Blackwood, Massey University, with the support of Dr Margot Edwards, Assoc Prof Bevan Catley, and Prof Tim Bentley. The research had a high level of industry engagement, as well as collaboration with union and government representatives, in the research design phase and for the duration of the study.

Kate is a member of Massey University's Healthy Work Group, a team of academics interested in employee wellbeing and psychosocial hazards in the workplace. In 2009, the Healthy Work Group and associates, led by Prof Tim Bentley, conducted the first national study on workplace bullying and found high levels of bullying prevalence in the education, healthcare, tourism and hospitality sectors in New Zealand. Following on from this, Kate has devoted the last four years to this doctoral study exploring workplace bullying in the nursing profession in New Zealand, with a specific focus on the facilitators and barriers to effective intervention.

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Acknowledgements

Publications

Ideas and findings from this research have been published or presented in the following forums:

Refereed journal articles
Blackwood, K., Bentley, T., Catley, B., Tappin, D., & Forsyth, D. (2013). Out of step? The efficacy of Trans-Tasman law to combat workplace bullying. *New Zealand Journal of Employment Relations, 38*(1), 27-41.
Blackwood, K., & Catley, B. (2013). Workplace bullying in the nursing profession: A call for secondary intervention research. *Meiji Business Review, 60*(4), 91-106.

Refereed book chapters
Catley, B., Blackwood, K., Forsyth, D., & Tappin, D. (2015). "Workplace bullying in New Zealand: "She'll be right?" In M. Omari, & M. Paull (Eds.), *Workplace abuse, incivility and bullying: Methodological and cultural perspectives.* London, England: Taylor and Francis.
Blackwood, K., Catley, B., Bentley, T., & Tappin, D. (2013). Bullying at work: Its meaning for HRM and ER. In J. Parker (Ed.), *The big issues in employment: HR management and employment relations in New Zealand.* (pp. 159 - 176). Auckland, New Zealand: CCH New Zealand.
Bentley, T., Blackwood, K., Catley, B., Gardner, D., Le Fevre, M., & Tappin, D. (2013). The vulnerability of the bullied worker. In T. Fashoyin, M. Tiraboschi, M. Sargeant, & M. Ori (Eds.), *Vulnerable workers and precarious working.* (pp. 274 - 292). United Kingdom: Cambridge Scholars Publishing.

Refereed conference presentations
Blackwood, K., Bentley, T., Catley, B., Edwards, M., & Forsyth, D. (2014, June). *Multi-party perspectives on factors inhibiting resolution of workplace bullying complaints in New Zealand's nursing profession*. Paper presented at the 9th International Conference on Workplace Bullying and Harassment, Milan, Italy.
Blackwood, K., Bentley, T., Catley, B., & Edwards, M. (2014, June). *Factors influencing target approaches towards workplace bullying resolutions*. Paper presented at the 9th International Conference on Workplace Bullying and Harassment, Milan, Italy.
Blackwood, K., Bentley, T., Catley, B., Edwards, M., & Tappin, D. (2014, September) *"Am I really being bullied?" Factors influencing target labelling of their experience and implications for interventions.* Paper presented at the International Congress for Occupational Health and Work Organisation and Psychosocial Factors, Adelaide, Australia.
Blackwood, K., Bentley, T., Catley, B., & Edwards, M. (2013, December). *Factors influencing the reporting of workplace bullying: Evidence from the New Zealand nursing profession.* Paper presented at the Australia and New Zealand Academy of Management Conference, Tasmania, Australia.
Blackwood, K., Catley, B., Tappin, D., & Bentley, T. (2012, December). *Falling between stools: Workplace bullying and the New Zealand employment relations context.* Paper presented at the Australia and New Zealand Academy of Management Conference, Perth, Australia.
Blackwood, K., Catley, B., Tappin, D., Forsyth, D., & Bentley, T. (2012, November). *Workplace bullying and human resource management: Lessons from Employment Relations Authority and Employment Court determinations.* Paper presented at the Human Resource Institute of New Zealand 2012 Research Forum, Auckland New Zealand.

1.0 Introduction and Research Aims

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. Extensive research efforts in the nursing context indicate that bullying is a concern for the profession internationally and in New Zealand (Foster, Mackie, & Barnett, 2004; Hutchinson, Jackson, Wilkes, & Vickers, 2008; Johnson & Rea, 2009; McKenna, Smith, Poole, & Coverdale, 2003; Strandmark & Hallberg, 2007). Bentley and colleagues (2009) found in the first nationwide study of workplace bullying prevalence in the New Zealand context that 18% of healthcare employees in their study had been the target of workplace bullying in the past six months.

Existing studies have provided a detailed understanding of workplace bullying and its causes, and attention has recently turned towards how to manage the problem. Existing research suggests that it is almost impossible for intervention agents[1] (IA) to effectively intervene in escalated experiences of workplace bullying (Djurkovic, Casimir, & Mccormack, 2005; Harrington, Warren, & Rayner, 2013; Zapf & Gross, 2001) and high prevalence of target absenteeism and turnover, likely to be caused by failures to effectively intervene, is a well-documented problem (Einarsen, 2000; Einarsen & Raknes, 1997; O'Donnell et al., 2010; Rayner & Keashly, 2005; Tepper, 2000). Studies 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 contextual factors on the implementation of intervention strategies (Salin, 2008; Woodrow & Guest, 2013).

In this current research, 'intervention' is conceptualised as a process of stopping an existing workplace bullying experience. Although coping strategies exist as alternatives to reporting and IA intervention, research shows that targets who rely on these strategies are often unsuccessful at stopping the bullying and are unable to cope long-term (Fahie & Devine, 2014). Reporting and organisational action is therefore required for effective intervention. With this in mind, this research is framed around the following concerns for effective intervention: (1) the accurate identification and labelling of a workplace bullying experience; (2) reporting a workplace bullying experience; and (3) IA willingness and ability to intervene effectively. The research aims to understand target experiences of intervention as a holistic

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[1] Intervention Agent (IA) is the term used in this report to describe any person responsible for organisational action to stop a workplace bullying experience. These people commonly include direct line managers, senior managers, human resource personnel, and union delegates.

process comprising the three key areas of concern, and understand how contextual and work environment factors influence the efficacy of this process.

2.0 Method and Participant Overview

The findings presented in this report are based on thematic analysis of 34 semi-structured interviews with targets and three focus groups (21 members) with IAs responsible for workplace bullying intervention. All participants came from three New Zealand hospitals who were involved throughout the study. All participants, including the hospitals in which they were employed, are anonymous. This research was approved by the Massey Human Ethics Committee (MUHEC12/077).

In total, 40 participants came forward to report their experience believing they had been a target of workplace bullying. For the purpose of this research, workplace bullying was defined as 'numerous negative behaviours towards a single target that makes the target feel powerless and causes personal harm'. When provided with this definition, six participants felt that their experience did not meet with the definition provided. Of these cases, five experiences constituted a one-off incident that the participant felt was bullying, and one participant felt that the same bullying behaviours were displayed towards everyone in the team equally. These interviews were omitted from data analysis and therefore, a total of 34 target experiences informed the findings of the thematic analysis.

Participants reported a range of behaviours and consequences. 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.

The most commonly reported consequence was deteriorating levels of confidence, which was explicitly mentioned by eleven participants. They reported feeling "distraught" (N22)[2], "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). Four participants also stated how they felt that the experience had ruined their future employment opportunities.

> *"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" (Participant N04).*

The table below shows the outcomes of target participants' bullying experiences.

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[2] Participants in this research have been allocated numbers to ensure their anonymity. 'N' followed by a number represents a participant and follows a specific quote, while 'n=' represents the number of participants whose experience featured a similar characteristic.

Bullying experience outcome	Number	Percentage
Continuing	15	44
Target resigned	12	35
Perpetrator resigned	2	6
Bullying stopped	5*	15
Total	**34**	**100**
* 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.		

During their bullying experience, 28 of the 34 participants reported to one or more IA, either formally or informally, in an attempt to stop the bullying. Six participants did not report their experience to anyone. The table below shows the position of the IAs to whom participants reported.

Intervention agent position	Number*	Percentage
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**
* The total reports (n=52) equates to greater that the total number of participants who reported (n=28) because participants often reported to more than one IA.		

Of the 28 participants who reported the bullying formally or informally to an IA, 13 participants experienced no action taken by the IA in response to their complaint. 15 participants experienced some form of action taken by the IA, however, only one of these participants acknowledged that the action taken had been successful in stopping the bullying experience.

This report summarises the key findings of the research in three stages:

Stage One: The first stage identifies an intervention process that broadly reflects three areas of concern for effective intervention, namely the accurate identification of workplace bullying, encouraging reporting, and organisational intervention. How targets of workplace bullying experience this intervention process is explained.

Stage Two: The second stage identifies and explains five types of bullying that participants in this research had experienced, or were currently experiencing at the time of the interviews. Each type of bullying has unique features that affect the intervention process in different ways. The barriers to stopping each type of bullying are explained in this stage.

Stage Three: The third stage identifies and explains numerous systemic factors that were found to influence how parties to a workplace bullying experience respond, and identifies these factors as general systemic barriers to effective intervention.

3.0 Stage One: An intervention process model

The model presented below shows an intervention process from the perspective of a target of workplace bullying that was developed from the findings. Although workplace bullying intervention is, in reality, much more complex than that which can be portrayed in model form, the model does help to explain some of the key barriers to effective intervention in workplace bullying and why many experiences of bullying go unresolved. The following sections explain each of the stages of this model.

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│                    │  IDENTIFYING:    │No │  CONTINUED       │    │
│   Re-identifying   │ * It's not my    │──>│  EXPOSURE TO     │    │
│                    │   fault          │   │  BULLYING        │    │
│                    │ * They're a bully│   └──────────────────┘    │
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│                    ┌──────────────────┐   ┌──────────────────┐    │
│                    │  PREDICTING:     │No │  CONTINUED       │    │
│   Re-predicting    │ * Agreement      │──>│  EXPOSURE TO     │    │
│                    │ * Change         │   │  BULLYING        │    │
│                    │ * No repercussions│  └──────────────────┘    │
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│                    │  INTERVENTION    │                           │
│                    └──────────────────┘       Breaking the cycle  │
│          ┌──────────────────┐   ┌──────────────────┐              │
│          │  UNSUCCESSFUL:   │   │  SUCCESSFUL:     │              │
│          │ * Disagreeing    │   │ * Isolation      │              │
│          │ * Excusing       │   │ * IA stopping    │              │
│          │ * IA attempts    │   │ * Direct address │              │
│          └──────────────────┘   │   by victim      │              │
│  ─ ─ ─ ─ ─ ─ ─ ─ │ Yes ─ ─ ─ ─ └──────────────────┘─ ─ ─ ─ ─      │
│          ┌──────────────────┐   ┌──────────────────┐              │
│          │  CONTINUED       │   │  BULLYING        │              │
│          │  EXPOSURE TO     │   │  STOPS           │              │
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3.1 Identifying

The model shows that targets of bullying go through a stage where they attempt to make sense of the experience and identify it as unreasonable. The results indicated that identifying the behaviours as unreasonable is more influential to the intervention process than labelling the experience as workplace bullying (i.e. targets often made complaints of unreasonable behaviour before they had labelled the experience as one of bullying). In order to identify the behaviours as unreasonable, targets looked to their own performance, benchmarking it against that of other colleagues and formal performance expectations, to determine that they were not at fault (***It's not my fault***) and/or they looked to the individual exhibiting the

behaviours, assessing the severity of the behaviours and how other colleagues in the team responded to the individual, to determine whether the individual's behaviour was indeed unreasonable (***They're just a bully***). Targets who were unable to identify the behaviours as unreasonable did not generally report the experience and risked continued exposure to bullying.

3.2 Predicting
Following identifying the behaviours as unreasonable, the findings showed that targets of bullying make a decision to report based on how they predict an IA (e.g. a manager, union delegate, or HR representative) was likely to respond to a complaint. The decision to report was determined by whether the target believed that the IA was likely to agree that they had a valid and substantiated complaint (***Agreement***), that the IA was likely to take action that could result in an improvement to the current situation (***Change***), and that there would not be repercussions from making a complaint (***No repercussions***). Targets who predicted that an IA would not see their complaint as substantiated, or that nothing would change as a result of their complaint, or that a complaint would only result in repercussions, generally made the decision not to report and risked continued exposure to bullying.

3.3 Unsuccessful Intervention
When targets reported to an IA, the unsuccessful responses could be grouped into three categories. The first category consisted of responses from IAs that indicated that they believed that the target was at fault or that the complaint was not worthy of organisational intervention (***Disagreeing***). The second category consisted of IAs making excuses for taking action (***Excusing***), such as that they "couldn't really do much from her end" (N09) or that the complaint was "best kept low level" (N26). The third unsuccessful intervention category experienced by targets was where IAs attempted to take action but were unsuccessful in stopping the bullying experience (***Attempting***). A range of unsuccessful intervention strategies were recounted by participants including, for example, putting in place policies to clarify roles and responsibilities, mediation, team building, team meetings, and buddy systems.

> *"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 lie down and go" (Participant N21).*

3.4 Successful Intervention
Successful intervention (i.e. the bullying experience stopped) was experienced by 19 participants. However, only five of these experiences featured the target and perpetrator still working in the same team, and three of these five participants acknowledged the potential for the experience to escalate again in future. Only one participant reported that the behaviours had stopped because an IA to whom they had reported had taken action that successfully stopped the behaviours (***Stopping the behaviours***); the other four had stopped due to the target addressing the individual exhibiting the behaviours directly (***Direct address by target***). The other experiences had stopped due to the target resigning from the role (n=12) or the perpetrator resigning unrelated to the bullying accusation (n=2) (***Isolation***).

3.5 The intervention 'cycle'

Intervention in workplace bullying is not a linear process. Indeed, all targets who participated in this study reported a cyclical and iterative intervention process whereby they re-assessed the responses of IAs and their peers to the bullying experience which made them question whether that had accurately identified the experience as one of bullying (***Re-identifying***) and/or influenced their predictions about subsequent reporting (***Re-predicting***). While for some targets, re-identifying involved finding the support to alleviate fault, for others, the response of IAs to reporting caused targets to feel that they were at fault, subsequently inhibiting future reporting.

> *"Even though it was done quietly, having people that you work with telling you that 'you don't deserve it' 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" (Participant N18).*

Re-predicting was a common feature of targets' experiences with many targets re-predicting that subsequent reports to IAs would be disbelieved, would not result in change, and/or would result in repercussions.

> *"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" (Participant N19).*

3.6 Summary of key points

- There are three broad stages that need to be given focus should we wish to encourage effective intervention in workplace bullying. Consideration needs to be given to encouraging the accurate identification and labelling of workplace bullying, to encouraging reporting, and to encouraging effective organisational intervention.
- Intervention for targets of bullying is often a cyclical and iterative process. The longer this process continues to cycle, the more a target is likely to become demoralised and experience harm, and the less likely it is that an intervention agent will be able to intervene in such a way that returns the relationship to its former state.
- Early identification and intervention in experiences of workplace bullying is crucial so as to minimise the cycle of demoralisation experienced by targets.

4.0 Stage Two: Contextual features as barriers to effective intervention

In this stage of the research, five types of bullying were identified, each with unique contextual features and subsequent unique implications for intervention. These types of bullying 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 types of bullying presented are not mutually exclusive, although the majority of participant intervention experiences (n=27) were influenced predominantly by one of these types. 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). The types presented are not exhaustive of all bullying experiences but are

particular to the nursing context in New Zealand. This section provides a brief overview of the types identified and the barriers to intervention for each type according to target and focus group participants. Tailored strategies to overcome the barriers are recommended based on the ideas and suggestions of participants and, where applicable, the relevant literature.

4.1 The known bully experience

For thirteen 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 contextual features of this type of experience were:

1) The perpetrator displayed (or had displayed in the past) similar behaviours towards others.
2) The perpetrator was valued for their expertise and knowledge in the area that they worked.
3) The perpetrator's behaviour was not necessarily intentional but attributed (by target participants) to a need for (and/or abuse of) power and control.

Participants described how these features had influenced their intervention experience. There were two key barrier areas in the intervention process for this type of bullying experience:

1) Predicting and re-predicting: Targets were often hesitant to report as they believed nothing would change as a result of reporting (n=9). Complaints had been made about the perpetrator's behaviours in the past and nothing had been done. This was perceived by targets to be due to the clinical skills and expertise of the perpetrator, or IAs attributing the perpetrator's behaviour to their personality.
2) Excusing: In cases where targets did report to an IA, seven participant experiences featured no action taken by the IA in response to their complaint. According to targets, again, this was because of the perpetrators knowledge and expertise, or their personality.

Focus group sessions revealed four key areas that require focus for effective intervention from the perspective of IAs:

1) Encouraging reporting: IAs acknowledged the hesitance of targets to report due to a lack of trust that anything will change and a perception that these types of experiences are not being managed.
2) Developing perpetrator insight: IAs felt that the 'known bullies' often are not aware of their behaviours and how they are affecting others until they are confronted.
3) Encouraging target confidence: Encouraging targets to confront the perpetrator directly was encouraged by focus group members.
4) Encourage management intervention: IAs recognised that in some scenarios, known bullies are being allowed to function, and encouraging intervention in these scenarios is important.

In light of these findings, the table below suggests intervention strategies that are tailored to the unique barriers to effective intervention in the known bully experience.

Strategies for intervention in the known bully experience			
Key barrier area *(identified by targets)*	**Key intervention area** *(identified by IAs)*	**Aim**	**Intervention strategy**
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.

4.2 The performance-related experience

For nine participants, the bullying intervention experience was founded upon a manager's criticism of their performance. The two key contextual features that participants believed influenced this type of experience were:

1) The performance management or criticism that underpinned the bullying experience.
2) The management position of the perpetrator.

There were two key areas of the intervention process that were negatively influenced by these features, and one area that could potentially be negatively influenced (i.e. only discussed by three participants):

1) <u>Predicting</u>: Targets were often hesitant to report as they believed that IAs would disagree that their experience constituted workplace bullying, or make excuses to invalidate their complaint (n=8) because the behaviours that the target believed were bullying were related to their performance.
2) <u>Disagreeing</u>: Seven participants who did report their experience indeed found that IAs did not take any action in response to their complaint. Participants, again, believed that this was due to the performance criticism that underpinned their complaint and the management position of the perpetrator.
3) <u>Re-identifying</u>: Three participants described how they had re-questioned whether they were at fault following the lack of response and/or apparent disagreement from IAs.

Focus group sessions revealed that the key focus for effective intervention from the perspective of IAs is in <u>developing target insight</u>. While IAs acknowledged that some managers do bully for performance, they also believed that many performance-related experiences could likely be attributed to the lacking performance of the target, and that giving the target insight into the need for performance monitoring is required for effective intervention.

In light of these findings, the table below suggests intervention strategies that are tailored to the unique barriers to effective intervention in the performance-related experience.

Strategies for intervention in the performance-related experience			
Key barrier area *(identified by targets)*	**Key intervention area** *(identified by IAs)*	**Aim**	**Possible strategy**
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
Predicting and re-predicting		• Increase the availability of low-level informal 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)
Predicting and re-predicting		• Increase the availability of external unbiased reporting channels	• *See above*

4.3 The conflict-related experience

For eight participants, the bullying intervention experience was based on a personal conflict between the target and the alleged perpetrator. The three key contextual features of this type of experience were:

1) Initially a low power imbalance between the target and the perpetrator.
2) Overt and argumentative interactions between the target and perpetrator.
3) The specific and isolated nature of the experience.

Participants described how these features had influenced their intervention experience. Firstly, features of the conflict-related experience acted as both facilitators and barriers to participants identifying themselves as a target of bullying. While the nature of the behaviours were often more severe, objective, and worthy of reporting, the isolated nature of the experience meant that targets had little support from peers upon which to alleviate fault. The same features also influenced targets reporting decisions, with the isolated nature of the experience causing concern for target anonymity should they complain. There was one clear barrier area in the intervention process for this type of experience:

1) <u>Unsuccessful attempts and disagreeing</u>: The influence of the initial low power balance and confrontational disagreements between the target and the perpetrator caused difficulties for IAs in establishing whether the complaint was bullying or a personality clash. Reciprocal bullying accusations from the alleged perpetrator often compounded these difficulties and forced IAs to take a neutral stance in attempts to resolve the experience. Subsequently, targets felt unsupported by IAs.

Focus group members identified three key areas that require focus for effective intervention from the perspective of IAs:

1) Developing target and perpetrator insight: IAs discussed the importance of open communication, stating that "an individual's insight into what's happening is proportional to how much they feel that they're being bullied" (Hospital A).
2) Early intervention: Conflict-related experiences should be managed before the situation becomes one of bullying. IAs raised the need to deescalate and address experiences in a timely manner.
3) Encouraging management intervention: IAs explained the difficulties in deciphering between a legitimate complaint of bullying and a personality clash. They also acknowledged that there are managers who are inexperienced and avoid dealing with conflict.

The table below suggests intervention strategies in light of these findings.

Strategies for intervention in the conflict-related experience			
Key barrier area *(identified by targets)*	**Key intervention area** *(identified by IAs)*	**Aim**	**Possible strategy**
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 targets 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, subsequently, focus on the context in which the behaviours are displayed rather than each individual behaviour or event reported.

4.4 The learning-related experience
Seven participants in this research were new to their role and in a position of learning. The contextual features that influenced this type of experience were:

1) The teacher-student relationship between the target and the perpetrator.

2) The inexperience of the target.

Few of these participants reported their experience. Participants attributed features of the learning-related experience to two key barrier areas to intervention:

1) <u>Identifying</u>: Identifying the experience as bullying was a significant concern for targets (n=5). Target inexperience created difficulties for determining the behaviours as unreasonable, and targets often attributed the behaviours to being new to the role and their lack of knowledge, in turn, failing to alleviate feelings of fault.
2) <u>Predicting</u>: Six of the seven participants predicted that IAs would disbelieve their complaint of bullying and predicted that there would be repercussions because of their lack of experience.

The focus group sessions with IAs revealed three key areas that require focus for effective intervention:

1) <u>Encouraging target confidence</u>: Focus group members believed that effective intervention required new nurses to be given the confidence and skills to address the perpetrator directly.
2) <u>Encouraging reporting</u>: Hesitance of new nurses to report bullying was acknowledged and attributed to a culture of non-reporting, beginning at training institutions. Changing this culture was discussed as imperative to intervention.
3) <u>Encouraging management intervention</u>: IAs recognised the need to provide support for new nurses and believed that management intervention in learning-related experiences was an important component of such support.

Tailored strategies are suggested in the table below that could potentially address the key barrier areas identified.

Strategies for intervention in the learning-related experience			
Key barrier area *(identified by targets)*	**Key intervention area** *(identified by IAs)*	**Aim**	**Possible strategy**
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

4.5 The role-related experience
For four participants, the bullying intervention experience was underpinned by a structural dependency upon an external team. The key contextual feature that influenced intervention in this type of experience was a dependent relationship on the perpetrator's team. All four

participants initially took constructive action and reported to IAs. However, there were two key barrier areas in the intervention process which were negatively influenced by the dependent relationship:

1) <u>Excusing</u>: All four participant experiences featured IAs excusing action in response to a complaint on the grounds that they relied on a healthy and functioning relationship with the perpetrator's team and therefore did not want to 'rock the boat'. Action was also excused on the grounds that, if the complaint was reported to the direct line manager, they often had little power to take action as the alleged perpetrator was external to the team and not their direct subordinate.
2) <u>Re-predicting</u>: As a result of no action being taken, all participants re-predicted that nothing would change as a result of reporting and took no further action.

Focus group sessions revealed that IAs believed it is critical to <u>encourage management intervention</u> in this type of experience. The table below suggests intervention strategies tailored to the role-related experience.

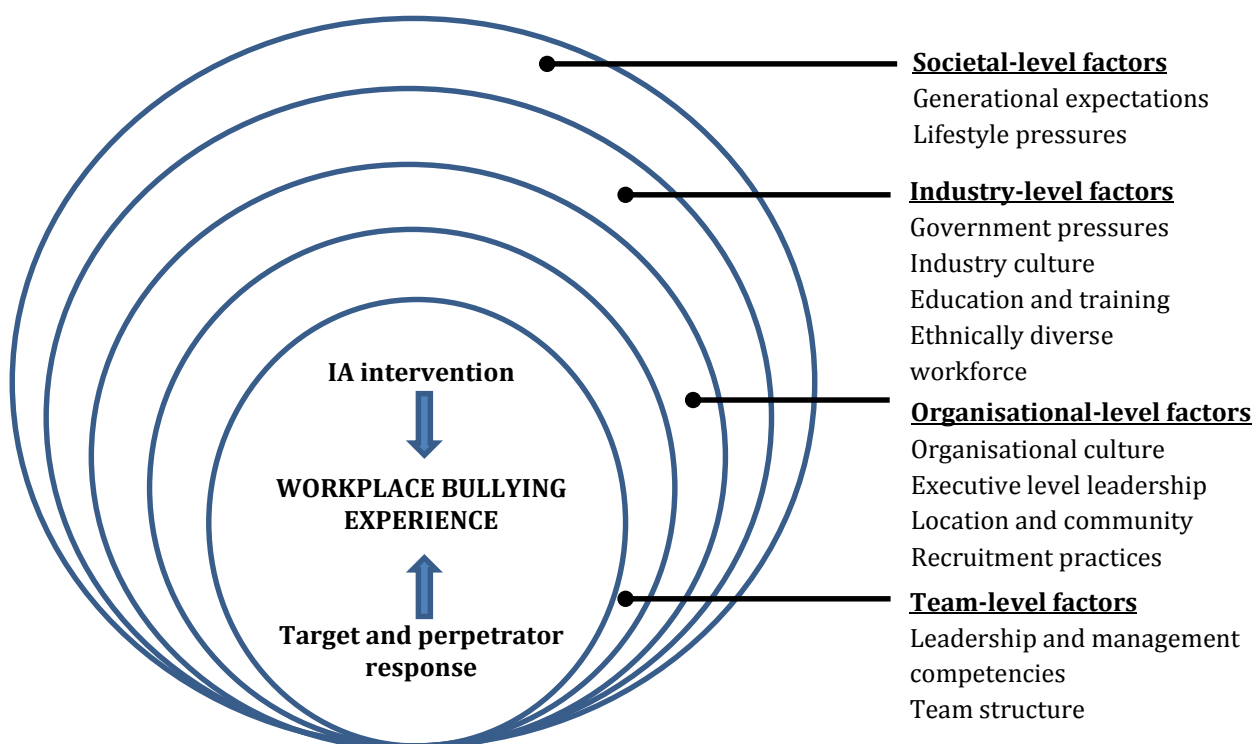| Strategies for intervention in the role-related experience			
Key barrier area *(identified by targets)*	**Key intervention area** *(identified by IAs)*	**Aim**	**Possible strategy**
Excusing	Encouraging management intervention	• Decrease existing dependencies between departments	• Structural change
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	• *See above*

4.6 Summary of key points
- Workplace bullying is not a homogenous concept and should not be treated as such.
- Each experience of workplace bullying is likely to have unique features that influences the efficacy of intervention. Organisational representatives should consider the types of workplace bullying present in the organisation, and where in the intervention process barriers exist. Intervention strategies should be tailored accordingly.

5.0 Stage Three: Systemic barriers to effective intervention

The bullying experiences discussed in Stage Two operate within a system of societal, organisational and team level factors. Therefore, further to the strategies suggested previously, consideration must be given to minimising the impact of systemic factors so as to create a work environment conducive to effective intervention in workplace bullying. The systemic factors explained in this section were generated from the three focus groups conducted with IAs responsible for intervention in workplace bullying at the three hospitals involved in this research.

As exemplified by the below statement made by a participant in the Hospital B focus group, the systemic factors found to influence intervention efficacy did so both in terms of how targets and perpetrators respond to an experience of workplace bullying, and in terms of IAs' willingness and ability to take intervention action. The factors identified are depicted in the diagram below.

> *"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).*

Societal-level factors
Generational expectations
Lifestyle pressures

Industry-level factors
Government pressures
Industry culture
Education and training
Ethnically diverse
workforce

IA intervention

↓

**WORKPLACE BULLYING
EXPERIENCE**

↑

**Target and perpetrator
response**

Organisational-level factors
Organisational culture
Executive level leadership
Location and community
Recruitment practices

Team-level factors
Leadership and management
competencies
Team structure

The influence of these systemic factors on intervention is complex and interactive, meaning that each factor influences intervention in different ways and also influences factors at other levels of the system. This section provides a brief overview of how the factors were found to influence the efficacy of intervention and is structured under four headings: the nature of work; the structure of work; culture; and leadership.

5.1 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 workplace and depleting employee coping resources. Compounding these issues for the nursing profession 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.

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 nurses and, in turn, provide them with confidence in their practice. The consequences are likely to be especially relevant to the learning-related experience in regards to discouraging identification 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, is recommended in order to create a work environment conducive to effective intervention in workplace bullying.

5.2 The structure of work

A number of factors relating to the structure of work were identified as influencing intervention in workplace bullying. Of particular significance in this regard are the differences in behavioural expectations that arise as a result of changes to work structure. For example, the findings show how the differences in expectations of hospital-trained and classroom-trained nurses creates difficulties in determining the legitimacy of complaints and influences target and perpetrator responses to a workplace bullying experience. Further, the increasing ethnic diversity of nursing teams also introduces different practices, norms and expectations into the work environment, causing 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. Providing clear behavioural expectations at organisational and team level may therefore help to align expectations and create conditions to facilitate effective intervention in workplace bullying.

Each of the three focus groups discussed how classroom-based training created difficulties for bullying intervention. Classroom-trained nurses are often expected to enter the workforce with the practical capabilities of their seniors who had trained onsite. 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.

5.3 Culture

The influence of industry and organisational culture in effective intervention was a dominant theme emerging from the focus group sessions. The findings indicate that the historical and engrained culture of bullying in healthcare organisations is still having a negative influence on the efficacy of intervention in workplace bullying. Change in top management personnel, and subsequently in organisational culture, was identified as having a positive impact on bullying intervention in the findings of this research, with focus group members perceiving there to be more open and honest communication about bullying in their organisation and more complaints of bullying being reported to managers and IAs.

One hospital in particular had recently experienced the positive effects on intervention in workplace bullying due to a change in organisational culture and executive leadership. Representatives from the HR team at this hospital explained how a change in executive level leadership and subsequent changes to the culture of the organisation had not only increased reporting of complaints but encouraged intervention action due to the support of senior management. This change in organisational culture had cut through industry norms of nurses not reporting issues with their colleagues and acceptance of the traditional informal hierarchy. 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.

5.4 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. The findings 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.

Leadership, particularly in regards to 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 is helping in this regard, however, lacking leadership capabilities is still of concern.

5.5 Summary of key points
- Systemic work environment factors influence effective intervention in workplace bullying in terms of both the willingness and ability of IAs to take effective intervention action, and target and perpetrator responses to bullying and intervention.
- Tailoring intervention so as to eliminate or minimise the impact of systemic work environment factors should be considered alongside strategies to overcome barriers to intervention in the different types of workplace bullying.

6.0 The witness and accused perspective

A number of witnesses to bullying and individuals who had been accused of bullying in the past also participated in this study. Unfortunately there were insufficient responses and these interviews were therefore omitted from the research. However, the interviews did highlight several potentially important concerns. Individuals who had been accused of workplace bullying felt that:

- The target had misinterpreted the intent of their behaviours.
- There was insufficient evidence provided to justify their behaviours as bullying.
- Although an accusation may be quashed, a target must be held accountable (especially if complaint was raised formally and perceived to damage their reputation unnecessarily).
- They are expected to 'go with the flow' of intervention with little support.
- They were bullied by the target in the raising of the accusation.

Several of the participants were in management positions. These participants believed that:

- Bullying accusations restrict the ability of managers to manage as they feel vulnerable.
- Managers must ensure all performance management is factual and evidence based and are very cautious how they approach situations.

7.0 Concluding Statement

Effective organisational intervention is required in order to resolve experiences 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. This, in turn, not only costs the individual exposed, but can cost the team and organisation severely. However, previous studies have identified that HR strategies, such as anti-bullying policies, are not being implemented effectively and not leading to the results intended by them. The high number of unresolved experiences reported in this current study indicates that the New Zealand nursing profession also struggles with effective intervention in workplace bullying.

Woodrow and Guest (2013) suggest 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 current study addresses this call by, firstly, developing an understanding of intervention as a holistic process which leads to an intervention outcome and, secondly, by explaining how contextual and work environment factors shape this process. The research advances understanding of how the intervention process is influenced and allows practical recommendations that could support the New Zealand nursing profession and stakeholder institutions to improve the efficacy of their intervention practices and create work environments conducive to effective intervention in workplace bullying.

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