## WORKPLACE CYBERBULLYING IN NEW ZEALAND NURSING

A REPORT FOR PARTICIPANTS AND PROFESSIONAL BODIES

Prepared by

Natalia D'Souza

**Dr. Darryl Forsyth** 

Dr. David Tappin

Dr. Bevan Catley

School of Management, Massey University, Auckland, New Zealand

### ACKNOWLEDGEMENTS

We sincerely thank the organisations who have been involved in the process and providing access to participants for this study – your interest and guidance is greatly appreciated. We are also deeply indebted to the participants in this study for offering up their time and having the courage to share their stories. We believe that sharing your narratives will pave the way for conversations, collaboration, and change to take place.

For more information about this research study, please contact:

Natalia D'Souza

N.J.D'Souza@massey.ac.nz

Ph: +64 21 175 7444

## EXECUTIVE SUMMARY

This report summarises the key findings of an exploratory study examining nurses' experiences of workplace cyberbullying. For most targets workplace cyberbullying was experienced within a broader pattern of bullying behaviour; either through the co-occurrence of traditional bullying behaviours or via the presence of other targets within the workplace. Further, it is evident that workplace cyberbullying has a potentially broader scope of harm for the targets and organisations involved. Finally, the potential for nurses to be cyberbullied from sources external to the organisation – such as clients, patients, relatives, and students – is also highlighted.

Alongside these key findings, a model of factors underlying the occurrence of workplace cyberbullying within nursing is developed. These factors correspond to the individual (micro), organisational (meso), as well as industry and national (macro) level of the socioecological work system. Such a model may provide a useful initial framework for future investigations into this phenomenon. Finally, in addition to outlining the nature of cyberbullying and harm experienced, recommendations are put forward for practice and policy at the organisational, industry, and national level. These include:

- Increased education around the nature of cyberbullying as well as potential avenues for seeking help
- Incorporating forms of cyber ill-treatment and cyberbullying into existing workplace bullying and harassment guidelines, as well as clearly indicating reporting mechanisms and strategies that make use of digital evidence
- Detailed expansion of workplace cyberbullying (particularly from external sources) within the existing guidelines around social media and electronic communication in nursing
- Collaboration from potential intervention agencies (such as legal consultants, the police, and NetSafe) at a national-level toward a protective agenda and set of guidelines, enabling organisations to proactively prevent the occurrence of workplace cyberbullying

The urgency of combined efforts toward creating awareness, prevention, and intervention of workplace cyberbullying is emphasised, given the increased scope and permanence of harm presented by this new workplace psychosocial safety hazard.

## TABLE OF CONTENTS

1. In	troduction5			
1.1	Background5			
1.2	Research Aims6			
2. M	ethod7			
2.1	Participants7			
3. Fi	ndings9			
3.1	Finding one: Workplace cyberbullying as a pattern of behaviour9			
3.2	Finding two: Workplace cyberbullying had a wider scope of harm11			
3.3	Finding three: Workplace cyberbullying perpetrated from external sources13			
4. A	model of workplace cyberbullying14			
4.1	Recommendations16			
5. C	onclusion18			
References19				

## 1. INTRODUCTION

#### 1.1 BACKGROUND

Much has been written about workplace bullying within the nursing profession, both globally (Spector, Zhou, & Xin Xuan, 2014) and locally (Blackwood, Bentley, Catley, & Edwards, 2017), with nurses experiencing a higher prevalence of bullying than other healthcare workers (Bentley et al., 2009; Quine, 2001). In addition to the impaired performance and productivity (Berry, Gillespie, Gates, & Schafer, 2012; Hutchinson, Wilkes, Jackson, & Vickers, 2010), as well as detrimental physical and psychosocial health outcomes for targets (Jackson, Clare, & Mannix, 2002; Katrinli, Atabay, Gunay, & Guneri Cangarli, 2010), bullying also presents significant turnover costs for organisations estimated at approximately NZD\$23,800 per registered nurse (North et al., 2013). Importantly, workplace bullying has also been associated with risks to patient safety and quality of care (Stanley, 2010; Wright & Khatri, 2015). Indeed, the New Zealand Nurses Organisation (NZNO, 2011) recognise that bullying affects nearly forty percent of workplaces in New Zealand; and tackling this concern has remained at the forefront of healthcare organisations and professional bodies. Yet, recently cyberbullying has emerged as a new threat to health and safety within the workplace.

Workplace cyberbullying can be understood as unwanted or aggressive behaviour(s) perpetrated through electronic media, that may harm, threaten, or demoralise the recipient(s). While general reported prevalence rates ranging from 3% (Gardner et al., 2016) to 10% (Ford, 2013; Privitera & Campbell, 2009), a study in the UK found rates of up to 46% within the medical field (Farley, Coyne, Sprigg, Axtell, & Subramanian, 2015). This form of bullying may occur beyond the work hours or premises, and has been linked with harmful consequences for the individuals involved (Coyne et al., 2016; Ford, 2013; Kopecký & Szotkowski, 2017), as well as the organisation (Borstorff & Graham, 2006; Van Gramberg, Teicher, & O'Rourke, 2014). Indeed, due to certain features of digital communications – such as anonymity, the potential for a wider audience, constant twenty-four-seven access, and permanent nature of online content – it is generally suggested that the impact of harm from workplace cyberbullying may be worse than traditional bullying (Patchin & Hinduja, 2015; Tokunaga, 2010). More importantly, scholars within the field predict that instances of workplace cyberbullying will not only continue to increase in the near future (Copley, Flores, & Foltz, 2014; Privitera &

Campbell, 2009), but may "morph" in unique ways (D'Cruz & Noronha, 2013), in the absence of prevention and education. Yet, despite evidence suggesting that traditional forms of workplace bullying often co-occur with cyberbullying (Coyne et al., 2016; Privitera & Campbell, 2009), to date there has been no research investigating the phenomenon of workplace cyberbullying within nursing; a profession known to experience higher-than-usual rates of workplace bullying (Bentley et al., 2009). Thus, efforts toward addressing this issue in workplaces remain crucial.

## 1.2 RESEARCH AIMS

The present study aimed to address a critical gap in knowledge by exploring experiences of workplace cyberbullying within the nursing profession in New Zealand. Specific research objectives included identifying the nature of cyberbullying, as well as understanding responses to these incidents, with a view to inform theory and practice. Accordingly, the following overarching question was proposed:

RESEARCH QUESTION: HOW IS WORKPLACE CYBERBULLYING EXPERIENCED WITHIN THE NURSING PROFESSION IN NEW ZEALAND?

### 2. METHOD

Following ethical approval from the Massey University Human Ethics Committee (NOR 16/01), a qualitative, semi-structured interview design was used to examine eight cases of workplace cyberbullying. While this is a smaller sample, the literature is generally indicative of low self-reporting rates of workplace bullying within nursing samples (Cleary, Hunt, & Horsfall, 2010; Griffith & Tengnah, 2012; McKenna, Smith, Poole, & Coverdale, 2003), as well as those using self-labelling approaches (Nielsen, Matthiesen, & Einarsen, 2010; Way, Jimmieson, Bordia, & Hepworth, 2013); and the sample size is consistent with previous qualitative inquiries into cyberbullying (Blizard, 2015; Rivituso, 2014). Furthermore, the aim of this study was to conduct an in-depth exploration of how targets experience workplace cyberbullying, and therefore the sample size should not be misconstrued as a reflection of prevalence.

#### 2.1 PARTICIPANTS

All participants had been working in nursing for at least six months, and most participants were over thirty years old. With the exception of one academic nurse, all participants were direct care nurses in a variety of settings including hospitals, emergency departments, mental health services, and public health. They were also geographically spread across the country. A summary of participant cases is presented in Table 1 below.

#### Table 1. Summary of Workplace Cyberbullying Cases

Participant	Behaviours	Duration	Source	Outcome
P001(F)	Undermining, ignoring and exclusion, hostile comments	1+ year	Horizontal	Cyberbullying stopped but unresolved
P002 (F)	Defamation, false sexual allegations, breaches of privacy	5+ years	External	Unresolved and uncertain about future
P003 (M)	Unwarranted disciplinary and excessive performance management	1.5 years	Vertical	Resolved when management changed
P004 (M)	False allegations, unwarranted disciplinary and incident reports, performance management via email and text	Several months	Vertical	Unresolved as of data collection
P005* (M)	Offensive, aggressive emails as well as accusatory and defamatory remarks	6 weeks	Horizontal	Resolved through target initiatives
P006* (F)	Hostility and aggression, exclusion, isolation, and withholding behaviours	Several years	Horizontal and vertical	Resolved when complaint escalated
P007 (F)	Defamation on public platform	Several months	External	Unresolved and uncertain about future
P008 (F)	Hostility and aggression, inappropriate phone calls and voice messages	Several years	External	Unresolved and uncertain about future

Note: Table indicates participant gender (*M*/*F*), behaviours and duration of experience, direction of bullying (top-down; peer; or external sources), and whether the cyberbullying has been resolved. Further, cases marked with an \* represent two separate sources of cyberbullying.

## 3. FINDINGS

The data were analysed using Framework Analysis (Ritchie & Spencer, 2002), and three key findings are reported below.

## 3.1 FINDING ONE: WORKPLACE CYBERBULLYING AS A PATTERN OF BEHAVIOUR

Targets in this study experienced workplace cyberbullying as a broader, ongoing pattern of behaviour. More specifically:

- in six cases targets experienced both cyber and traditional bullying behaviours, and
- across all eight cases participants had identified the presence of other targets within the organisation.

Not only does this finding provide additional empirical support for the overlap between the two forms of bullying within the workplace (Coyne et al., 2016; Privitera & Campbell, 2009), but also reveals an increased risk of harm for these targets (Raskauskas, 2010). In fact, research on victims who experience more than one type of abuse (polyvictimisation) indicates that the effects of harm may be cumulative rather than additive (Finkelhor, Ormrod, & Turner, 2007).

## IMPLICATION:

ASIDE FROM A POTENTIALLY INCREASED RISK OF HARM FOR TARGETS WHO EXPERIENCE BOTH FORMS OF BULLYING, THIS OVERLAP ALSO PRESENTS CHALLENGES IN TERMS OF LABELLING THE BEHAVIOUR, AS WELL AS WITH MANAGEMENT AND LEGAL INTERVENTION. FOR INSTANCE, RESEARCHERS AND PRACTITIONERS MUST CONSIDER WHETHER MOST OF THE BULLYING NEEDS TO OCCUR PREDOMINANTLY VIA ONE CHANNEL TO BE LABELLED AS 'CYBER' OR 'TRADITIONAL' BULLYING. ADDITIONALLY, TARGETS MAY EXPERIENCE BULLYING AND HARASSMENT CONCURRENTLY; THE LEGAL RECOURSE FOR THESE ARE DISTINCT WITHIN NEW ZEALAND.

Further, when several targets are experiencing bullying, this is generally indicative of broader factors within the work environment and beyond that may be unintentionally facilitating or triggering such behaviours (Leymann, 1996). Such a work environment perspective is generally supported by leading scholars within the workplace bullying (Bentley et al., 2009; Einarsen, Raknes, & Matthiesen, 1994; Salin, 2003) and nursing (Hutchinson, 2013; Hutchinson, Vickers, Jackson, & Wilkes, 2006a) literature. In this

way, like traditional bullying, cyberbullying is not an interpersonal issue, but rather an organisational issue (Rhodes, Pullen, Vickers, Clegg, & Pitsis, 2010).

#### **IMPLICATION:**

WORKPLACE CYBERBULLYING PREVENTION AND INTERVENTION EFFORTS WOULD GREATLY BENEFIT FROM A MULTI-LEVEL APPROACH THAT CONSIDERS THE ENTIRETY OF FACTORS OPERATING WITHIN THE WORK SYSTEM. SUCH AN APPROACH IS PROPOSED IN SECTION 4 BELOW.

The presence of other targets also highlights the likelihood that such behaviour may have witnesses, who are just as likely to experience negative impacts and report a poor workplace climate as a result of the bullying (Einarsen et al., 1994; Skogstad, Torsheim, Einarsen, & Hauge, 2011). This may be particularly pertinent in the case of relatively public incidents of workplace cyberbullying, where the ease in disseminating digital content could potentially increase the breadth of audience who become witnesses. Aside from the potential negative impacts on witnesses themselves, this could also open up the likelihood for witnesses to share and participate (intentionally or unintentionally) in the cyberbullying. Such incidents may also be relatively difficult to contain and intervene effectively.

#### **IMPLICATION:**

ORGANISATIONS MUST BE COGNIZANT OF THE RELATIVE EASE WITH WHICH A CYBERBULLYING INCIDENT CAN BECOME PUBLIC OR GO 'VIRAL', AND THE POTENTIAL RIPPLE EFFECTS OF THIS.

# 3.2 FINDING TWO: WORKPLACE CYBERBULLYING HAD A WIDER SCOPE OF HARM

Relatedly, the impact of workplace cyberbullying varied across participants. Indeed, in assessing the impact of the cyberbullying, participants described the incidents as ranging from "*frustrating*" and "*mildly churned*" to the bullying "*destroying*" them and "*setting of a depression*", reflecting the notion that cyberbullying behaviours range on a continuum of severity (Langos, 2014). Moreover, the bullying – both cyber and traditional – had personal and work-related impacts on targets, with cyberbullying often having a broader scope of harm for family members of targets, co-workers, and the service providers themselves. In fact, in at least two cases, cyberbullying not only impacted upon the targeted individuals, but also created negative publicity for the organisations involved with the potential to hamper the provision of health services, particularly within small communities. Thus, in some ways, the cyberbullying had potentially a wider scope of harm than traditional forms of bullying.

#### **IMPLICATIONS:**

SINCE BOTH FORMS OF BULLYING OFTEN CO-OCCUR, THIS MAKES IT IMPOSSIBLE TO ISOLATE THE IMPACT SEPARATELY. HOWEVER, AS NOTED EARLIER, POLYVICTIMISATION MAY RESULT IN COMPOUNDED DETRIMENTAL EFFECTS (FINKELHOR ET AL., 2007). THUS, IT BECOMES PRUDENT THAT SUCH CASES ARE IDENTIFIED AND INTERVENED IN EARLY ON.

IN CONSIDERING THE INCREASED EASE, BREADTH, AND SPEED OF ONLINE DISSEMINATION, WORKPLACE CYBERBULLYING COULD LIKELY HAVE A MUCH WIDER IMPACT ON ORGANISATIONAL IMAGE AND PERFORMANCE.

FINALLY, NOT ALL BEHAVIOURS WERE PERCEIVED AS EQUALLY DISTRESSING OR HARMFUL, SUGGESTING THAT CYBERBULLYING IS NOT AN "ALL OR NONE" OCCURRENCE, AND THAT INTERVENTION AND MANAGEMENT MAY NEED TO BE TAILORED ACCORDINGLY.

Furthermore, within this study two key features of cyberbullying were generally perceived to be more harmful for targets. These included when the cyberbullying:

- resulted in a blurring of work-home boundaries, and/or
- was played out on a relatively public domain.

Since digital devices provide continued access to recipients, when cyberbullying was occurring beyond work hours, this prevented targets from being able to escape from the

bullying (D'Cruz & Noronha, 2013) and "recharge" their coping resources (Hinduja & Patchin, 2008). This depletion of coping resources can result in impaired health, wellbeing (Gardner et al., 2016) and performance (Giumetti & Hatfield, 2013). Further, when the cyberbullying behaviours were relatively public – such as on social media, blogs, or even email chains – this increases the audience and consequently amplifies the harm experienced (Dooley, Cross, & Pyżalski, 2009; Nocentini & Menesini, 2009). In this study, such behaviour was also used to damage social and professional networks, and isolate targets, which can further impact coping and access to help and intervention. In one case of anonymous cyberbullying, this not only increased the threat level for the target, but also prevented effective resolution by the organisation.

#### **IMPLICATION:**

THE ABOVE-MENTIONED FEATURES ARE UNIQUE TO CYBER CONTEXTS, SUGGESTING THAT CERTAIN FORMS OF WORKPLACE CYBERBULLYING MAY HAVE A MORE DAMAGING AND LONGER-LASTING IMPACT THAN TRADITIONAL FORMS OF BULLYING. ONCE AGAIN, THIS MAKES THE CASE FOR A TAILORED APPROACH TO INTERVENTION; ONE THAT TAKES INTO ACCOUNT THE SEVERITY, CONTEXT, AND NATURE OF THE CYBERBULLYING.

# 3.3 FINDING THREE: WORKPLACE CYBERBULLYING PERPETRATED FROM EXTERNAL SOURCES

Targets can experience repeated and ongoing workplace cyberbullying from sources external to the organisation such as clients, relatives, and students, referred to here as external workplace cyberbullying. This issue is relatively unexplored within the bullying literature, with such client- or patient-based behaviour categorised as consumer-related violence (Bowie, 2002) or patient aggression (Jackson et al., 2002), since they generally tend to be isolated occurrences. However, unlike with face-to-face encounters, cyberbullying can persist beyond the work premises and hours, and digital devices can provide continued access to targets. In this way, aggressive or unwanted cyber behaviours are not only repeated, but can transcend traditional safety strategies such as the use of security staff, being removed from the premises, and trespass notices. More importantly, at present there is little that organisations can do to successfully resolve such incidents, as workplace cyberbullying currently remains beyond the scope of current organisational, industry, and national-level policy. In fact, many cases in this study often lacked a clear resolution to the cyberbullying and targets were often left feeling uncertain and anxious about future incidents. Thus, the lack of effective intervention can result in secondary victimisation of targets (Citron, 2009; Halder & Jaishankar, 2011), creating further harm beyond that experienced from the cyberbullying.

#### **IMPLICATION:**

EXTERNAL SOURCES OF WORKPLACE CYBERBULLYING HIGHLIGHT A NEW VULNERABILITY FOR THE NURSING PROFESSION, AND TARGETS OF SUCH BEHAVIOUR MAY LIKELY LABEL THEIR EXPERIENCE AS 'WORKPLACE CYBERBULLYING' RATHER THAN HARASSMENT OR PATIENT VIOLENCE. THUS, IT IS CRITICAL THAT ORGANISATIONS – TOGETHER WITH INDUSTRY AND PROFESSIONAL BODIES – ACKNOWLEDGE THIS CURRENT HAZARD TO EMPLOYEE SAFETY, AND WORK TOWARD CREATING CYBER-INCLUSIVE ORGANISATIONAL POLICIES.

### 4. A MODEL OF WORKPLACE CYBERBULLYING

As mentioned earlier, the work environment perspective states that factors within the broader organisation likely enable and facilitate the occurrence of workplace bullying (Leymann, 1996). Alongside the above-mentioned key findings, this current study also identified a number of factors that enabled and facilitated workplace cyberbullying at various levels of the work system, including the individual (micro), organisational (meso), as well as industry and national (macro) levels. These factors are presented in Figure 1 below.

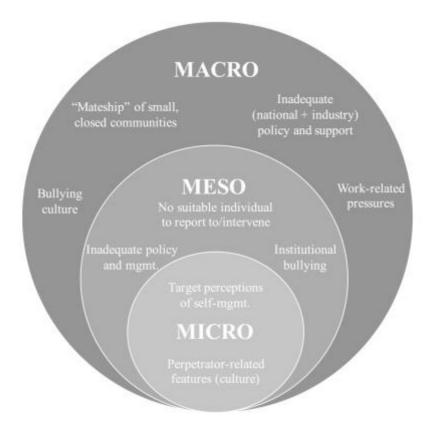


Figure 1. Socio-ecological model of factors underlying workplace cyberbullying in nursing

Such a socio-ecological model (Bronfenbrenner, 1977) has previously proved useful in examining traditional workplace bullying within nursing contexts (Johnson, 2011). Although this does not represent a comprehensive list of factors, the proposed model could function as an initial framework in informing our understanding of how workplace cyberbullying occurs. These factors – elaborated on in Table 2 below – could also provide useful starting points for prevention, intervention, and management efforts.

Table 2. List of factors underlying workplace cyberbullying at various levels of work system

Level	Factor	Description
Micro – <i>individual</i>	Perpetrator-related features	Targets occasionally attributed their cyberbullying to cultural or generational differences in communication.
	Target perceptions of self- management	Many targets did not report the cyberbullying because they believed they could or should deal with it on their own. For this reason, they often chose not to report it to bullying and harassment teams, or NetSafe. Unfortunately, only in one case the cyberbullying was successfully resolved through targets' own initiatives.
Meso – organisation	Insufficient policy and inadequate management.	A few cases of cyberbullying (external) noted that the organisation had no existing policy on how to deal with or effectively intervene in such cases, which meant the cyberbullying was unresolved.
	No suitable individual to report to or intervene	Targets also often perceived the lack of a visible intervention agent, particularly in cases of cyberbullying perpetrated from external sources.
	Institutional bullying	A few targets believed that the perpetrator involved in cyberbullying them was supported by upper management, and this prevented them from reporting the incidents once again.
Macro – industry and national	Bullying culture	Participants alluded to the notion of a "bullying" culture present within the workplace and broader industry, which once again was seen as both a factor underlying the cyberbullying and a barrier against reporting.
	"Mateship" of small communities	Targets noted that not only was it much more difficult to report the cyberbullying within the confines of small communities where most people knew each other, but that public incidents of cyberbullying also had the potential to damage the target's and organisation's reputation within these communities.
	Inadequate policy and support	Policy-related concerns were noted at the industry and national level, once again pertinent to cases of external and anonymous workplace cyberbullying. While occasionally organisations had sought help from external agencies such as lawyers and the police, these agencies were unable to offer any means of intervention or redressal. In such cases, NetSafe may play a crucial role in intervention. However, many participants were unaware of this intervention agency or (as mentioned earlier) had perceptions around self- management.
	Work-related pressures	Healthcare being largely underfunded meant that a few participants noted that they (nurses) were being blamed for system-level issues such as shortages of staff, increased workloads, deadlines and time constraints, and insufficiency of resources. Such environments largely support the occurrence and tolerance of workplace bullying.

#### 4.1 RECOMMENDATIONS

Through this study, a number of contributing or enabling factors have also been identified at various levels of the work system. In consideration of these factors, presented in Figure 1 above, a multi-pronged approach is suggested toward the prevention and intervention of workplace cyberbullying, much like with traditional bullying. However, unlike with traditional bullying, across all cases, organisations lacked any existing policy or guidelines on cyberbullying, at least from target perspectives. Unfortunately, this prevented targets from being able to utilise digital evidence in an effective manner, to be able to resolve the bullying. In fact, while several targets within this study had evidence of the cyberbullying, only one was able to utilise this in successfully resolving the matter. The ability to utilise digital evidence has been noted as a crucial feature in intervention (D'Cruz & Noronha, 2013), and it would be extremely beneficial if organisations were able to utilise this unique aspect of digital communications in the effective management of workplace cyberbullying.

Accordingly, it is recommended that organisations – in collaboration with professional bodies and health and safety agencies – consider the value of creating awareness and education around the phenomenon of workplace cyberbullying, in order to minimise the stigma (Lutgen-Sandvik, Tracy, & Alberts, 2007) and silence (Kelly, 2011) that shrouds this issue. Such efforts would also act to dispel misconceptions that targets should handle such incidents on their own, as was a barrier to reporting cyberbullying within this study. In addition, it is suggested that organisations and professional bodies incorporate cyberbullying and other forms of cyber ill-treatment, particularly from sources external to the workplace, within existing bullying and harassment policies.

Likewise, at an industry level, the existing guidelines around social media and electronic communication while effective, may also benefit from the inclusion of information around the various forms of cyberbullying – including from patients, relatives, and students – and how to respond appropriately. Here, NetSafe can prove an invaluable resource, although within the present study there appeared to be barriers preventing targets from currently accessing such help. While it is recognised that policy alone is inadequate or insufficient to address problems of workplace bullying cyberbullying (McLinton, Dollard, Tuckey, & Bailey, 2014), such efforts can signal the organisation's commitment and willingness to tackle workplace cyberbullying to targets and witnesses alike. At a

national level, it is suggested that further integrated efforts are required from policy makers, professional bodies across industry, and intervention agencies, in developing a protective policy or agenda – much like the Worksafe bullying prevention guidelines (WorkSafe, 2017) – that covers this relatively recent but detrimental workplace psychosocial hazard.

## 5. CONCLUSION

In general, it appears that workplace cyberbullying is often experienced with other traditional forms of bullying, and that such incidents are generally indicative of other targets within the organisation. Indeed, a large number of contributing or enabling factors have been identified at various levels of the work system. Further, this cyberbullying can occur from sources within and external to the workplace, with a potentially wider and more detrimental impact for targets as well as the organisations involved. As such, this is a growing workplace psychosocial safety hazard that needs to be addressed immediately.

## REFERENCES

- Bentley, T., Catley, B., Cooper-Thomas, H. D., Gardner, D. H., O'Driscoll, M. P., & Trenberth, L. (2009). Understanding Stress and Bullying in New Zealand Workplaces: Final report to OH&S Steering Committee. *Wellington, New Zealand.*
- Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2012). Novice Nurse Productivity Following Workplace Bullying. *Journal of Nursing Scholarship*, 44(1), 80-87 88p. doi:10.1111/j.1547-5069.2011.01436.x
- Blackwood, K., Bentley, T., Catley, B., & Edwards, M. (2017). Managing workplace bullying experiences in nursing: the impact of the work environment. *Public Money & Management, 37*(5), 349-356.
- Blizard, L. M. (2015). Faculty Members' Experiences of Cyberbullying by Students at One Canadian University: Impact and Recommendations. *International Research in Higher Education, 1*(1), p107.
- Borstorff, P., & Graham, G. (2006). E-Harassment: Employee Perceptions of E-Technology as a Source of Harassment. *Journal of Applied Management and Entrepreneurship*, *11*(3), 51-67.
- Bowie, V. (2002). Defining violence at work: a new typology. *Violence at Work: Causes, Patterns and Prevention.*
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American psychologist, 32*(7), 513.
- Citron, D. K. (2009). Law's Expressive Value in Combating Cyber Gender Harassment. *Michigan Law Review*, *108*(3), 373-415. doi:<u>http://www.michiganlawreview.org/information/archive/issues</u>
- Cleary, M., Hunt, G. E., & Horsfall, J. (2010). Identifying and addressing bullying in nursing. Issues in Mental Health Nursing, 31(5), 331-335 335p. doi:10.3109/01612840903308531
- Copley, L., Flores, E., & Foltz, L. (2014). It Came from Online: The Unique Factors of Cyberbullying and their Implications for Interventions.
- Coyne, I., Farley, S., Axtell, C., Sprigg, C., Best, L., & Kwok, O. (2016). Understanding the relationship between experiencing workplace cyberbullying, employee mental strain and job satisfaction: a dysempowerment approach. *The International Journal of Human Resource Management*, 1-28.
- D'Cruz, P., & Noronha, E. (2013). Navigating the extended reach: Target experiences of cyberbullying at work. *Information and Organization*, 23(4), 324-343. doi:10.1016/j.infoandorg.2013.09.001
- Dooley, J. J., Cross, D., & Pyżalski, J. (2009). Cyberbullying Versus Face-to-Face Bullying. Zeitschrift für Psychologie / Journal of Psychology, 217(4), 182-188. doi:10.1027/0044-3409.217.4.182
- Einarsen, S., Raknes, B. I., & Matthiesen, S. B. (1994). Bullying and Harassment at Work and Their Relationships to Work Environment Quality: An Exploratory Study. *European Work* & Organizational Psychologist, 4(4), 381.

- Farley, S., Coyne, I., Sprigg, C., Axtell, C., & Subramanian, G. (2015). Exploring the impact of workplace cyberbullying on trainee doctors. *Medical Education*, 49(4), 436-443. doi:10.1111/medu.12666
- Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Poly-victimization: A neglected component in child victimization. *Child abuse & neglect*, *31*(1), 7-26.
- Ford, D. P. (2013). Virtual harassment: media characteristics' role in psychological health. *Journal of Managerial Psychology, 28*(4), 408-428. doi:10.1108/jmp-12-2012-0398
- Gardner, D., O'Driscoll, M., Cooper-Thomas, H. D., Roche, M., Bentley, T., Catley, B., . . . Trenberth, L. (2016). Predictors of Workplace Bullying and Cyber-Bullying in New Zealand. International Journal of Environmental Research and Public Health, 13(5), 448.
- Giumetti, G. W., & Hatfield, A. L. (2013). What a Rude E-Mail! Examining the Differential Effects of Incivility Versus Support on Mood, Energy, Engagement, and Performance in an Online Context. doi:10.1037/a0032851
- Griffith, R., & Tengnah, C. (2012). Further legal protection needed for nurses who report poor practice? *British Journal of Community Nursing*, *17*(6), 287-290.
- Halder, D., & Jaishankar, K. (2011). Cyber Gender Harassment and Secondary Victimization: A Comparative Analysis of the United States, the UK, and India. *Victims & Offenders, 6*(4), 386-398. doi:10.1080/15564886.2011.607402
- Hinduja, S., & Patchin, J. W. (2008). Cyberbullying: An Exploratory Analysis of Factors Related to Offending and Victimization. *Deviant Behavior*, 29(2), 129-156. doi:10.1080/01639620701457816
- Hutchinson, M. (2013). Bullying as workgroup manipulation: a model for understanding patterns of victimization and contagion within the workgroup. *Journal of Nursing Management*, *21*(3), 563-571. doi:10.1111/j.1365-2834.2012.01390.x
- Hutchinson, M., Vickers, M., Jackson, D., & Wilkes, L. (2006a). Workplace bullying in nursing: towards a more critical organisational perspective. *Nursing Inquiry*, *13*(2), 118-126 119p.
- Hutchinson, M., Wilkes, L., Jackson, D., & Vickers, M. H. (2010). Integrating individual, work group and organizational factors: testing a multidimensional model of bullying in the nursing workplace. *Journal of Nursing Management, 18*(2), 173-181 179p. doi:10.1111/j.1365-2834.2009.01035.x
- Jackson, D., Clare, J., & Mannix, J. (2002). Who would want to be a nurse? Violence in the workplace–a factor in recruitment and retention. *Journal of Nursing Management, 10*(1), 13-20.
- Johnson, S. L. (2011). An ecological model of workplace bullying: a guide for intervention and research. Paper presented at the Nursing Forum.
- Katrinli, A., Atabay, G., Gunay, G., & Guneri Cangarli, B. (2010). Nurses' perceptions of individual and organizational political reasons for horizontal peer bullying. *Nursing Ethics*, 17(5), 614-627. doi:10.1177/0969733010368748
- Kelly, L. (2011). "I know it shouldn't but it still hurts" bullying and adults: implications and interventions for practice. *Nursing Clinics of North America*, 46(4), 423-429, v-vi. doi:10.1016/j.cnur.2011.08.003

- Kopecký, K., & Szotkowski, R. (2017). Cyberbullying, cyber aggression and their impact on the victim The teacher. *Telematics and Informatics, 34*(2), 506-517. doi:<u>http://dx.doi.org/10.1016/j.tele.2016.08.014</u>
- Langos, C. (2014). Cyberbullying: The Shades of Harm. *Psychiatry, Psychology and Law*, 1-18. doi:10.1080/13218719.2014.919643
- Leymann, H. (1996). The content and development of mobbing at work. *European Journal of Work and Organizational Psychology, 5*(2), 165-184. doi:10.1080/13594329608414853
- Lutgen-Sandvik, P., Tracy, S. J., & Alberts, J. K. (2007). Burned by bullying in the American workplace: Prevalence, perception, degree and impact. *Journal of Management Studies*, *44*(6), 837-862.
- McKenna, B. G., Smith, N. A., Poole, S. J., & Coverdale, J. H. (2003). Horizontal violence: experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing, 42*(1), 90-96 97p. doi:10.1046/j.1365-2648.2003.02583.x
- McLinton, S., Dollard, M. F., Tuckey, M. R., & Bailey, T. S. (2014). The prevalence and nature of bullying: A national study of Australian workers. *Journal of health, safety and environment, 30*(2).
- Nielsen, M. B., Matthiesen, S. B., & Einarsen, S. (2010). The impact of methodological moderators on prevalence rates of workplace bullying. A meta-analysis. *Journal of Occupational and Organizational Psychology*, 83(4), 955-979. doi:10.1348/096317909x481256
- Nocentini, A., & Menesini, E. (2009). Cyberbullying Definition and Measurement. *Zeitschrift für Psychologie / Journal of Psychology, 217*(4), 230-232. doi:10.1027/0044-3409.217.4.230
- North, N., Leung, W., Ashton, T., Rasmussen, E., Hughes, F., & Finlayson, M. (2013). Nurse turnover in New Zealand: costs and relationships with staffing practises and patient outcomes. *Journal of Nursing Management, 21*(3), 419-428. doi:10.1111/j.1365-2834.2012.01371.x
- New Zealand Nurses Organisation. (2011). Young nurses struggle with emotional challenges of their job [Press release]. Retrieved from <a href="http://www.nzno.org.nz/about\_us/media\_releases/articletype/articleview/articleid/871/you\_ng-nurses-struggle-with-emotional-challenges-of-their-job">http://www.nzno.org.nz/about\_us/media\_releases/articletype/articleview/articleid/871/you\_ng-nurses-struggle-with-emotional-challenges-of-their-job</a>
- Patchin, J. W., & Hinduja, S. (2015). Measuring cyberbullying: Implications for research. *Aggression and Violent Behavior*. doi:10.1016/j.avb.2015.05.013
- Privitera, C., & Campbell, M. A. (2009). Cyberbullying: The New Face of Workplace Bullying? *Cyberpsychol Behav Soc Netw, 12*(4), 395-400. doi:10.1089=cpb.2009.0025
- Quine, L. (2001). Workplace bullying in nurses. Journal of Health psychology, 6(1), 73-84.
- Raskauskas, J. (2010). Text-bullying: associations with traditional bullying and depression among New Zealand adolescents. *Journal of School Violence, 9*(1), 74-97. doi:10.1080/15388220903185605
- Rhodes, C., Pullen, A., Vickers, M. H., Clegg, S. R., & Pitsis, A. (2010). Violence and workplace bullying: what are an organization's ethical responsibilities? *Administrative Theory & Praxis*, 32(1), 96-115.
- Ritchie, J., & Spencer, L. (2002). Qualitative data analysis for applied policy research. *The qualitative researcher's companion*, 573(2002), 305-329.

- Rivituso, J. (2014). Cyberbullying victimization among college students: an interpretive phenomenological analysis. *Journal of Information Systems Education*(1), 71.
- Salin, D. (2003). Ways of explaining workplace bullying: A review of enabling, motivating and precipitating structures and processes in the work environment. *Human relations, 56*(10), 1213-1232.
- Skogstad, A., Torsheim, T., Einarsen, S., & Hauge, L. J. (2011). Testing the Work Environment Hypothesis of Bullying on a Group Level of Analysis: Psychosocial Factors as Precursors of Observed Workplace Bullying. *Applied Psychology*, 60(3), 475-495. doi:10.1111/j.1464-0597.2011.00444.x
- Spector, P. E., Zhou, Z. E., & Xin Xuan, C. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. *International Journal of Nursing Studies*, *51*(1), 72-84. doi:10.1016/j.ijnurstu.2013.01.010
- Stanley, D. (2010). Multigenerational workforce issues and their implications for leadership in nursing. *Journal of Nursing Management*, 18(7), 846-852. doi:10.1111/j.1365-2834.2010.01158.x
- Tokunaga, R. S. (2010). Following you home from school: A critical review and synthesis of research on cyberbullying victimization. *Computers in Human Behavior, 26*(3), 277-287. doi:10.1016/j.chb.2009.11.014
- Van Gramberg, B., Teicher, J., & O'Rourke, A. (2014). Managing electronic communications: a new challenge for human resource managers. *The International Journal of Human Resource Management, 25*(16), 2234-2252. doi:10.1080/09585192.2013.872166
- Way, K. A., Jimmieson, N. L., Bordia, P., & Hepworth, G. (2013). Self-labelling versus behavioural experience of workplace bullying: differences in sector-and industry-level prevalence and sources. *Journal of health, safety and environment, 29*(2), 83-102.
- Wright, W., & Khatri, N. (2015). Bullying among nursing staff: relationship with psychological/behavioral responses of nurses and medical errors. *Health Care Management Review*, 40(2), 139-147. doi:10.1097/HMR.000000000000015