

An Exploration of Discourses of Workplace Bullying of Organizations, Regulatory Agencies
and Hospital Nursing Unit Managers

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A dissertation
submitted in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

University of Washington

2013

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Program Authorized to Offer Degree:

School of Nursing

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Abstract

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Purpose: The purpose this dissertation was to explore discourses of workplace bullying and workplace bullying management used by managers of hospital nursing units, used within the hospitals in which they were employed, and used by agencies responsible for regulating these hospitals.

Methods: The study was conducted in Washington State. Data for managerial discourses were collected via interviews with fifteen hospital nursing unit managers. Interview data were analyzed using Willig's Foucauldian Discourse Analysis. Data for organizational discourses were collected from documents that were produced by the seven hospitals in which managers worked. Data for regulatory agencies came from official websites for agencies responsible for regulating hospital workplaces. Hospital and regulatory agency documents were analyzed using Fairclough's Critical Discourse Analysis.

Results: Analysis of the hospital (n=14) and regulatory agency (n=8) documents indicated there was no common label for bullying-type behaviors within or across the documents. In these documents, discourses of patient safety were mentioned more often than occupational safety discourses. Discussions of the needs of targets of bullying were minimal. Analysis of managerial discourse revealed that bullying was characterized as an interpersonal issue attributable to both the target and the perpetrator, an intrapersonal issue related to

characteristics of the perpetrator, or an ambiguous situation that was difficult to classify. Two discourses of managing bullying were identified: bullying that was the responsibility of the staff to resolve and bullying that was the manager's responsibility to resolve. Actions that were available to managers in the discourse included doing nothing, actions other than progressive guidance, and progressive guidance. When managerial discourses were compared with hospital organizational discourses, differences were found in the words used to label bullying-type behaviors, the assignment of responsibilities for managers and staff, and the actions available to managers within the discourse.

Conclusions: This study is believed to be the first to examine discourses of workplace bullying from hospital documents, regulatory agencies, and hospital nursing unit managers. The results indicate that obstacles to the resolution of workplace bullying include omission of a discussion of the needs of the targets from the documents. Managerial actions in response to complaints of bullying were dependent upon their characterization of the incident. Finally, differences in managerial and hospital discourses allow managers to address bullying in ways not sanctioned by their organization.

TABLE OF CONTENTS

	Page
LIST OF FIGURES	iv
LIST OF TABLES	v
Chapter 1: Background and Study Aims	1
Background	1
Outcomes of Bullying	2
Antecedents of Bullying	3
Current State of Knowledge of Management of Workplace Bullying in Hospitals	5
Study Aims	6
Chapter 2: Discourse Theory and Discourses of Workplace Bullying.....	8
Discourse Theory	8
Organizational Discourse	9
Critical Discourse Analysis	11
Discourses of Workplace Bullying.....	12
Labels for Bullying Behaviors	12
Academic and Nonacademic Characterizations of Workplace Bullying	14
Academic Discourses on the Role of Organizations in Workplace Bullying Management	16
Academic Discourses on Managers' Roles and Responsibilities in Workplace Bullying Management	18
Summary	19
Chapter 3: Discourses of Workplace Bullying in Documents produced by Hospitals and Regulatory Agencies.....	21
Abstract	21
Introduction	22
Literature Review	24
Methodology and Method	26
Methodology	27
Method	27
Results	32
Genre	32
Intertextuality	36
Linguistic and Grammatical Analysis	39
Discussion	48
Conclusion: Limitations and Future Research	52
Chapter 4: Discourses of Workplace Bullying of Hospital Nursing Unit Managers.....	54
Abstract	54
Introduction	55
Literature Review	56
Methodology and Method	59
Methodology	59
Participant Recruitment and Settings	61

Data Collection.....	62
Data Management and Analysis.....	63
Results	65
Description of Sample	65
Discursive Constructions of Workplace Bullying	66
Discourses and Action Orientation.....	70
Practice	75
Subject Positions	82
Discussion	85
Implications for Practice	90
Limitations	90
Conclusion.....	91
Chapter 5: Comparison of Organizational and Managerial Discourses of Workplace Bullying.....	92
Abstract	92
Introduction	93
Literature Review	94
Methods.....	96
Study Settings, Participants, and Recruitment	97
Data Collection.....	97
Data Analysis	98
Results	99
Description of the Sample	99
Comparison of Words Used to Label Bullying-type Behaviors.....	102
Comparison of Discourses of Roles and Responsibilities.....	105
Comparison of Actions Available to Managers within the Discourses.....	108
Discussion	109
Limitations and Future Research.....	113
Conclusion.....	114
Chapter 6: Summary and Future Directions.....	115
Specific Aim 1: Hospital and Regulatory Agency Discourses.....	115
Specific Aim 2: Managerial Discourses	116
Specific Aim 3: Comparison of Hospital and Managerial Discourses	118
Future Directions: Implications for Policy Development.....	119
Future Research.....	123
Conclusion.....	127
References	128
Appendix A: Request for documents from Human Resources.....	144
Appendix B: Document Review Protocol	145
Appendix C: Recruitment Letter	147
Appendix D: Telephone Screening Form for Potential Participants	148
Appendix E: Consent Form.....	150
Appendix F: Field Note Guide for Nursing Unit Manager Interviews.....	154
Appendix G: Interview Guide for Nursing Unit Managers	155

Appendix H: Confidentiality Agreement for Transcriptionist.....	160
Appendix I: Instructions for Transcriptionist	161

LIST OF FIGURES

Figure Number	Page
Figure 3.1: Intertextuality.....	38
Figure 4.1: Practice of Managing Workplace Bullying.....	76

LIST OF TABLES

Table Number	Page
Table 3.1: Description of Agency Documents	33
Table 3.2: Description of Hospital Documents	35
Table 5.1: Description of Sample.....	101
Table 5.2: Comparison of Words used by Organizations and Managers to Discuss Bullying-type behaviors	105

ACKNOWLEDGEMENTS

There are many people who contributed time, energy, and support to the completion of this dissertation. Unfortunately, there is not enough space to mention them all here, but I am deeply grateful to all of them.

First of all, I would like to thank my committee chair, Dr. Butch de Castro, who provided support and encouragement from the beginning of my doctoral studies. Butch introduced me to the concepts of Occupational Health Nursing, and helped me see that workplace bullying is indeed an occupational health issue. He has been an excellent mentor and has always been supportive of my efforts. His support throughout the program has helped me attend conferences and publish papers. I am particularly grateful for his support in obtaining funding for me through the NIOSH/Educational Research Center.

I would also like to thank my other committee members. In particular, Dr. Doris Boutain and Dr. Jenny Tsai, who gave generously of their time throughout the research process. From the writing of the proposal, to the analysis of the data, to the writing of the dissertation, they offered valuable insights and critiques that made my work stronger. I really appreciate their willingness to read and comment on multiple drafts of this work. I also want to thank Dr. Randall Beaton for his support and encouragement. In particular, I want to thank him for helping me write and publish “An Ecological Model of Workplace Bullying: A Guide for Intervention and Research” during the second year of my doctoral studies.

I would like to acknowledge the managers who gave generously of their time to participate in my research study. It would not have been possible without their interest. I also am grateful to all those who were not eligible to participate, but who indicated interest in the project. All of the emails and conversations that I had with these interested parties helped convince me that this was a worthwhile study to pursue.

The camaraderie and support of my friends and fellow students was an important part of seeing me through this journey. It would have been a difficult and lonely journey without them. In particular, I want to thank Mayaan Agmon for helping me through statistics, and other rough patches in the journey, and Amy Knopf for all the support and encouragement she has given me.

I also want to acknowledge the faculty and staff at the University of Washington-Tacoma, Department of Nursing and Healthcare Leadership, whose encouragement and kind words helped me immensely.

I could not have finished this dissertation without my family. In particular, my husband, Mark Maurer, who encouraged me to pursue a PhD, who cooked for me, picked up the slack in the housework, and whose humor and support has helped me through many tough times. I also want to thank my daughters, Cassandra and Marissa who understood when I couldn't visit them as often as we would have liked.

Finally, I would like to thank the School of Nursing for providing support for this research through the Hester McLaws Scholarship.

DEDICATION

Dedicated to hardworking nurses everywhere.

“One of the risks of being a nurse is that you can be exposed to deadly diseases, and (sp) deadly co-workers (laugh) and, and others.” (Natalie,* Manager 15 years)

*Pseudonym used.

Chapter 1: Background and Study Aims

This chapter introduces the research study and explains the background and significance of the study. This is followed by a description of the study's aims and how the study will contribute to research on workplace bullying.

Background

Workplace bullying is an occupational stressor that has only been the subject of research and regulation since the early 1980s (Einarsen, Hoel, Zapf, & Cooper, 2011a). It is commonly defined by academics as persistent and repetitive hostile behaviors that are directed at one or more persons in the workplace, and that negatively affect the physical and mental well-being of the target. These hostile behaviors can be physical or verbal, and can undermine the target's professional and social standing at work.

Workplace bullying among nurses has been the subject of discussion and research, particularly in the last ten years (Vessey, Demarco, & DiFazio, 2010). The increased interest in workplace bullying among the nursing workforce is evident in the number of articles indexed in Cumulative Index to Nursing & Allied Health Literature (CINAHL). Using the key words *bullying*, *nursing*, and the related term *lateral violence*, 53 articles (an average of 3.5 articles per year) were identified in the 1991-2004 literature. Between 2004 and 2010 the number increased to 91: an average of 15.2 articles per year. Professional nursing organizations, such as the American Nurses Association (2010), the Washington State Nurses Association (2008), and the American Association of Critical Care Nurses (2005), have also identified workplace bullying as a problem in hospital nursing units in the United States (US).

Data on the overall prevalence of bullying among nurses across the US is not available. However, three small-scale, geographically limited studies reported that 21-31% of

nurses surveyed were targets of bullying (Berry, Gillespie, Gates, & Schafer, 2012; Johnson & Rea, 2009; Simons, 2008). In contrast, it is estimated that 9-13% of the general working population in the US experiences workplace bullying at any given time (Workplace Bullying Institute, 2007, 2010). While the research on the prevalence of bullying among nurses in the US has limited generalizability, the data suggest that the nursing profession may be experiencing bullying at a higher rate than the general population of workers.

Outcomes of Bullying

Workplace bullying has been linked to a number of physical and psychological health outcomes, both among the targets of bullying and those who witness bullying (Vartia, 2001). Negative physical outcomes of bullying include new onset cardiovascular disease (Kivimäki, et al., 2003), new onset fibromyalgia (Kivimaki et al., 2004), sleep disturbances (Niedhammer, David, Degioanni, Drummond, & Philip, 2009), psychosomatic complaints such as stomachaches, headaches, and backaches (Moayed, Daraiseh, Shell, & Salem, 2006), and salivary cortisol levels indicative of physiological stress (Hansen, et al., 2006). Negative psychological outcomes of bullying include depression (Kivimäki, et al., 2003; Niedhammer, David, & Degioanni, 2006), anxiety (Hansen, et al., 2006), symptoms of post-traumatic stress disorder (Matthiesen & Einarsen, 2004), and suicidal ideation (Brousse, et al., 2008; Leymann, 1996).

Workplace bullying also has negative consequences for health care organizations and the departments in which it occurs. Direct costs include increased sick leave use by targets of workplace bullying (Kivimäki, Elovainio, & Vahtera, 2000; Quine, 2001), and increased turnover of staff who have witnessed or been targets of workplace bullying (Johnson & Rea, 2009; Quine, 2001; Simons, 2008). In 2007, it was estimated that the average replacement

cost for a registered nurse working in a hospital was \$36,567 (Group, 2009). Additionally, there are indirect costs to hospitals associated with decreased productivity (Berry, et al., 2012), decreased commitment to patients (MacIntosh, Wuest, Merrit-Gray, Cronkhite, 2010), and less than optimal patient care (Purpora, 2012) provided by nurses who have been targets of bullying. Additional indirect costs are incurred when managers and human resource personnel become involved in lengthy investigations into complaints of bullying (Hoel, Sheehan, Cooper, & Einarsen, 2011).

Antecedents of Bullying

Workplace bullying is a multifaceted problem that cannot be merely explained by the personality of the target and the bully (Einarsen, et al., 2011b). Studies have identified antecedents of bullying at the level of society, organizations, and departments (e.g., leadership style) (Johnson, 2011). At the societal level, evidence suggests differences in the way that organizations are structured in different countries may contribute to workplace bullying. For example, in Scandinavian countries, prevalence rates for bullying have historically been around 3-5%, while prevalence in the United Kingdom (UK) and the US is generally reported to be around 10-12% (Zapf, Escartin, Einarsen, Hoel, & Vartia, 2011). Workplaces in the US and the UK have been described as patriarchal and hierarchical, whereas the workplace culture in Scandinavia has been described as more egalitarian and feminist (Beale & Hoel, 2010). Patriarchal and hierarchical workplaces have been associated with higher levels of bullying than those with more participatory governance (Agervold, 2009). In addition, it is hypothesized that employees in the US and the UK are expected to be emotionally strong (Neuman, 2011). Therefore, managers and co-workers may not intervene

on behalf of targets of bullying because they believe he or she needs to toughen up and confront the bully on their own (Gaffney, 2012; Neuman, 2011).

Organizational culture is another factor that can contribute to workplace bullying. In organizations where there is a general culture of incivility, there tends to be more bullying (Laschinger, Leiter, Day, & Gilin, 2009; Salin & Hoel, 2011). In the nursing profession, studies have documented the process whereby student nurses and new hires have become socialized into the culture of bullying and begin to adopt these behaviors (Hutchinson, Jackson, Wilkes, & Vickers, 2006; Randle, 2003). Other organizational factors that researchers have identified as contributing to bullying are a chaotic work environment characterized by inconsistent enforcement of policies, organization-wide change, and an overly competitive work environment (Hodson, Roscigno, & Lopez, 2006; Hutchinson, Jackson, Wilkes, & Vickers, 2008; Hutchinson, Vickers, Jackson, & Wilkes, 2006; Keashly & Neuman, 2010). Bullying is also believed to thrive in organizations such as health care, which emphasize conformity (Salin & Hoel, 2011).

Leadership style has been implicated in the presence or absence of workplace bullying in a given workgroup. Autocratic leadership, laissez-faire leadership, and non-contingent punishment styles have all been associated with increased workplace bullying (Agervold, 2009; Hoel, Glasø, Hetland, Cooper, & Einarsen, 2010; Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007). On the other hand, fair and supportive leadership (Hauge, et al., 2011), and transformational and emotional leadership styles (Ayoko & Callan, 2010) have been associated with lower levels of workplace bullying. Departments in which managers intervene on the behalf of targets of bullying are reported to have fewer incidents of subsequent bullying than those with unsupportive managers (Hodson, et al., 2006; Quine,

2001). Furthermore, nurses who have been bullied and who reported that their managers were supportive exhibited lower rates of depression and burnout, and were less likely to state they intended to quit, than targets of workplace bullying who had unsupportive managers (Laschinger, et al., 2010; Quine, 2001).

Current State of Knowledge of Management of Workplace Bullying in Hospitals

Although workplace bullying has been identified as a problem in hospitals in the US, little is known about what is being done by hospitals to address this problem, and if these efforts are effective. In the US, organizations are not legally required to address workplace bullying (Yamada, 2011). However, some organizations, including those in healthcare, have voluntarily implemented policies that address bullying-type behaviors (Cowan, 2011; Duffy, 2009; Sellers, Millenbach, Kovach, & Yingling, 2009).

Research on anti-bullying policies is scant, and to the best of the author's knowledge, no study has examined the content of anti-bullying policies in hospitals. One study, which examined policies in a variety of unspecified organizations in the US, reported that these policies offered inadequate protection for targets of bullying (Cowan, 2011). This study also found that what human resource professionals believed was communicated in these policies was quite different from what was actually communicated in these policies. The authors concluded that this discrepancy can result in inconsistent application of the policies (Cowan, 2011). Another study, conducted in Finland, examined the content of anti-bullying policies in municipalities (Salin, 2008). This study reported that the policies were, for the most part, inadequate because they did not provide concrete steps managers could take to address incidents of bullying (Salin, 2008).

Managerial intervention has been identified by academics and targets of bullying as a key component to reducing workplace bullying (Laschinger, Wong, & Grau, 2012).

However, in several qualitative studies, nurses who have experienced bullying have reported that managers either did not respond to complaints of bullying, or their responses were ineffective (Dzurec & Bromley, 2012; Gaffney, 2012). Likewise, among the general population of workers in the US, 45% of workers who had been targets of bullying said their managers did nothing when they complained of the bullying, and an additional 18% reported that managerial responses actually exacerbated the problem (Namie & Lutgen-Sandvik, 2010). When active efforts to end workplace bullying are ineffective, employees report their only option is to find a new job (Gaffney, 2012; Simons & Mawn, 2010).

Current research on managerial and organizational responses to bullying has primarily been conducted by sampling employees, including targets and witnesses of bullying (e.g., Gaffney, 2012, Namie & Lutgen-Sandvik, 2010, Zapf, 2001). Understanding bullying from the targets' point of view only presents one side of the story. However, few studies have examined managerial responses to bullying. One study, which explored hospital nursing unit managers' experiences with bullying, reported that managers felt they had an obligation to address bullying but were not always sure if their efforts were successful (Lindy & Schaefer, 2010). In order to understand and improve managerial and organizational responses to bullying, more research is needed.

Study Aims

Using discourse analysis, or the study of how language creates conceptions of social reality and social practices, this study examined discourses of workplace bullying of

managers of hospital nursing units, the hospital organizations in which they are employed, and agencies responsible for regulating these hospitals. The specific aims were:

1. To describe discourses that managers of hospital nursing units use to characterize workplace bullying and their roles and responsibilities in workplace bullying management.
2. To describe discourses of workplace bullying used in documents produced by hospitals in which the managers worked and agencies that regulate workplace conditions within these hospitals.
3. To compare managers' discourses of workplace bullying with the discourses in the official documents of the hospitals in which they work.

This study contributes important information to the fields of occupational health nursing and the literature on workplace bullying by providing insight into how hospitals, regulatory agencies, and managers characterize and manage workplace bullying.

The next chapter discusses discourse analysis, which provided the theoretical basis for this study. In particular, current discourses of workplace bullying management within the academic literature are explored. Chapters 3 through 5 present data collection methods, data analysis, results, and a discussion of the findings for each of the study's specific aims. Finally, Chapter 6 concludes this dissertation with a summary and overview of the entire study.

Chapter 2: Discourse Theory and Discourses of Workplace Bullying

In this chapter, the theoretical background of the study and a discussion of discourses of workplace bullying are presented. The chapter begins with a brief overview of Foucault's theory of discourse followed by a discussion of organizational discourse. The theoretical background of the methodologies used in this study, critical discourse analysis (CDA), and Foucauldian discourse analyses (FDA) are also discussed. A detailed explanation of how these methodologies were used to guide data collection and analysis are presented in Chapters 3 through 5.

Discourse Theory

This study was based on Foucault's theory of discourse. Discourse is defined as the language and symbols used in speech and writing. It is the medium through which thoughts, emotions, and opinions are formed and communicated (Foucault, 1972; Potter & Wetherell, 2010; Willig, 2009). Discourse is not merely spoken or oral language. Discourse is also the "practices that systematically form the objects of which they speak" (Foucault, 1972, p. 49). In other words, discourse is a way of talking about an object, concept, or phenomenon that shapes thoughts, perceptions, and feelings about this object (Mills, 2004). Social structures or institutions such as organizations are one of the objects that are created by discourses (Foucault, 1972).

By delimiting what can be thought or said, discourses also enable and constrain actions (Foucault, 1972; Mills, 2004), and are related to social practices in a given place and time (Fairclough, 2009). Social practices, such as the management of employees, are performed through the medium of language or symbols such as business attire. Through discourses on management, managers internalize how someone in this role should act, talk, and interact with employees (Fairclough, 2009; Potter & Wetherell, 2010). Discourse can

also suggest a given course of action for managers by providing clues about how other managers react to specific phenomena (Alvesson & Deetz, 2000), such as bullying.

Discourse can be thought of as occurring on two interrelated levels. Macro-level discourse refers to the way in which language is broadly used to represent aspects of the world (Foucault, 1981). Discourse analysis on this level examines how social reality is shaped through common themes, or ways of talking about an object or concept (Alvesson & Karreman, 2000; Fairclough, 2009). Micro-level discourse, on the other hand, is the language used in everyday speech and writing (Wetherell, Taylor, & Yates, 2001). Discourse analysis on this level can focus on how language conveys macro-level discourses or ideas, in other words, how it does the work theoretically ascribed to it (Fairclough, 2009). Research involving discourse analysis can focus on one level or both (Alvesson & Karreman, 2000).

Discourse is also linked to power, as powerful members of society or an organization have the most influence on discourses (Foucault, 1972). Alternative discourses can shift power relations and societal norms as they gain traction and become part of the larger discourse (Foucault, 1972). Critical discourse analysis (CDA), used in this study, is one type of discourse analyses that can be used to identify alternative discourses that may be harnessed to solve social problems (Fairclough, 2008).

Organizational Discourse

Discourses can be related to a given place, time, or culture, and they can also be related to a given institution or organization (Foucault, 1972). Within organizations, norms that dictate what topics may be talked about, and how they can be talked about, help shape organizational discourse (Mills, 2004). These norms influence the texts that are produced by the organization, everyday talk within the organization, and the way in which members of the

organization think about and respond to phenomena such as workplace bullying (Marshak & Grant, 2008a; Phillips, Lawrence, & Hardy, 2004).

In society, and within organizations, discourses are formed by inclusion and by exclusion (Foucault, 1972; Mills, 2004). By including some topics in formal documents, and excluding others, organizations indicate what issues are important to the organization (Marshak & Grant, 2008a). For example, if organizational documents do not contain language about workplace bullying, they indicate they do not see it as an area of concern (Cowan, 2011). Consequently, it becomes difficult for managers or other members of the organization to talk about workplace bullying, and to initiate formal actions against perpetrators of bullying (Cowan, 2011; Marshak & Grant, 2008b). Organizations use the process of exclusion to protect themselves against perceived threats to their legitimacy (Foucault, 1981). Some scholars have conjectured that organizations may exclude discussions of workplace bullying because it is seen as a legitimate management strategy (Lutgen-Sandvik & McDermott, 2008).

Organizational discourses suggest, but do not necessarily compel, actions. Individuals within the organization subscribe to official discourse to varying degrees, and can actively or passively resist these discourses (Fairclough, 2009; Phillips, et al., 2004). Official documents, such as policies and procedures, which become part of the general discourse of the organization, are more likely to influence actions than those that do not (Phillips, et al., 2004). Therefore, to determine whether texts actually influence actions, it is important not just to study the texts produced by an organization, but to also examine the manner in which individuals within the organization interact with these texts (Marshak & Grant, 2008b).

Critical Discourse Analysis

Critical discourse analysis (CDA) refers to a variety of approaches for studying discourse. CDA is differentiated from noncritical discourse analysis in that the focus of research is on a social problem and the power differentials within discourse that contribute to this social problem (Wodak & Meyer, 2009a). The goal of CDA is not just to describe discourse, but to examine how it contributes to the perpetuation of social problems and inequities through the creation of social structures, social identities, values, and consciousness (Fairclough, 2009; Willig, 2009). Borrowing from the critical theories of Habermas, the goals of CDA are to identify solutions to social problems (Blommaert & Bulcaen, 2000; Fairclough, 2008) and to change society (Wodak, 1999).

There are multiple methods of approaching data collection and analysis within the tradition of CDA, and the selection depends on the study aims (Wodak & Meyer, 2009a). CDA involves the analysis of texts, which can take the form of a written document, transcribed speech, or a symbolic system. For this study, methods developed by Fairclough (2003, 2008) and Willig (2009) were used to analyze documents and transcribed interviews. Both Willig and Fairclough describe their methodology as grounded in the tradition of critical realism, based on the theories of Foucault. Critical realism posits that a material reality exists, but that a given individual's understanding of reality can only be partial (Fairclough, 2005; Willig, 2009). This understanding is based on discourse, or the language available to the individual, which is mediated by the social structures and practices that surround the individual. A crucial tenet of critical realism is that in order to understand an individual's discourse, it is important to understand the context in which this discourse was produced (Fairclough, 2005; Willig, 2009).

Discourses of Workplace Bullying

Having described the theoretical basis for this study, I will now discuss the manner in which workplace bullying is characterized in the academic literature. I will also discuss what research studies have revealed about the characterization of workplace bullying among workers and the general population, highlighting the differences between this discourse and the academic discourse. I will conclude this section with a discussion of what the academic literature has stated about the responsibility of organizations and managers in the management and prevention of workplace bullying.

Labels for Bullying Behaviors

The concept of workplace bullying is a fairly new one, and like many discursive concepts, it arose independently in several places at different points in time (Mills, 2004). Chronologically, the phenomenon was first described by Brodsky (1976), an American psychiatrist, in the book *The Harassed Worker*. However, this book did not enter academic or popular discourse, and was only rediscovered recently (Einarsen, et al., 2011b). Current academic discourses of, and research into, workplace bullying have their roots in the work of Leymann, a Swedish psychologist who studied workplace conflicts, which he labeled “mobbing,” in the early 1980s (Einarsen, Hoel, Zapf, & Cooper, 2003). The concept was gradually relabeled as bullying, although some researchers still prefer to use the term mobbing (e.g., Bortoluzzi, Caporale, & Palese, 2013; Duffy, 2009). Until the early 1990s, most of the research on workplace bullying was published in Nordic countries, and was not translated into English. Because of this, when American researchers began to investigate hostile, abusive, and aggressive workplace behaviors in the early 1990s, they borrowed from

the discourse of domestic violence, and labeled the concept “emotional abuse” (Keashly & Jagatic, 2011).

In the nursing literature, some of the discourses of, and research into, bullying-type behaviors can be traced to the theoretical work of Roberts (1983). Roberts (1983) used the label lateral violence, borrowed from Freire and Fanon’s work on groups oppressed by colonialism, to explain why nurses sometimes act in an aggressive, abusive, and hostile manner toward each other (Roberts, 1983). Some nursing researchers believe lateral violence is essentially the same concept as workplace bullying, and have adopted the term workplace bullying to describe these behaviors (Johnson, 2009; Simons, 2008). However, the term lateral violence is still used in the nursing literature (e.g., Coursey, Rodriguez, Diekmann, & Austin, 2012; Croft & Cash, 2012). Internationally, and across various disciplines, the term workplace bullying has become the preferred label for most academics who study this phenomenon (Einarsen, et al., 2011b; Nielsen, Matthiesen, & Einarsen, 2010). However, closure on the topic of labeling has not been reached, as articles are still being published that focus on the different labels researchers use to describe this phenomenon (e.g., Branch, 2008; Cowan, 2012; Keashly & Jagatic, 2011; Lutgen-Sandvik & Tracy, 2012).

Internationally, legal codes use different words to describe bullying-type behaviors. In Denmark, Iceland, and Norway, the term *bullying* is used (Hansen, 2011). In Finland, the European Union, Australia, Canada, and France, the term *harassment* is used. In the US, there are no laws that specifically address workplace bullying. Workplace harassment against a member of a legally protected class is prohibited by law, whereas bullying is not (Yamada, 2011).

While there is considerable overlap between the concepts of harassment and workplace bullying, most researchers have differentiated the concepts of workplace bullying and status-based harassment (i.e., racial, religious, or sexual harassment) (Yamada, 2011; Einarsen, et al., 2011a). On the other hand, some academics have argued that such distinction is not always warranted because of the overlap between the concepts, and because some individuals experience both bullying and harassment (Fox & Stallworth, 2005; Lewis & Gunn, 2007). Furthermore, there is evidence that managers and the general public do not always distinguish bullying and status-based harassment (Lewis, Giga, & Hoel, 2011; Yamada, 2011).

The multiplicity of labels for bullying indicates that the term workplace bullying is still in a state of denotative hesitancy, a period in which new concepts are introduced into discourse (Clair, 1993). During this period, some people contest the existence of the phenomenon, while others argue over how it should be labeled and defined (Lutgen-Sandvik & Tracy, 2012). This debate can divert attention from how to help workers and organizations recognize and end bullying-type behaviors in the workplace to how to label these behaviors (Crawshaw, 2009).

Academic and Nonacademic Characterizations of Workplace Bullying

Within the academic discourse, workplace bullying is characterized as negative workplace behavior of a harassing and intimidating manner that has the effect of offending or socially excluding another employee (Einarsen, et al., 2011b). These behaviors can also negatively impact the work of targets of the behaviors (Einarsen, et al., 2011b). To differentiate bullying from other workplace conflicts and aggressions, academics define bullying as behavior that occurs frequently (e.g., once a week) and persistently (e.g., for at

least six months), and results in lasting harm to the target (Einarsen, et al., 2011b; Saunders, Huynh, & Goodman-Delahunty, 2007). Within this discourse, one-time events do not meet the criteria for workplace bullying (Einarsen, et al., 2011b).

Within the academic discourse, behaviors that constitute bullying can include non-physical behaviors such as insults, spreading rumors or malicious gossip, excluding a co-worker from conversations or social events, and telling improper jokes (Moayed, et al., 2006). They can also include work-related actions that passively or actively affect the work of another; for example, withholding information, excessively monitoring, or publically criticizing the work of another (Einarsen, Hoel, & Notelaers, 2009). Workplace bullying rarely involves overt physical aggression; however, it can include subtle physical behaviors such as invading another's space, blocking their passage, or adopting physically aggressive postures in their presence (Moayed, et al., 2006). A key component of most academic definitions of workplace bullying is that there is a power imbalance between the bully and the target, which makes it difficult for the target to defend themselves (Einarsen, Hoel, Zapf, & Cooper, 2011a; Zapf & Gross, 2001). Because of this power imbalance, the academic discourse of bullying posits that targets need assistance from co-workers and managers to resolve incidences of workplace bullying (Lutgen-Sandvik, 2006; Vartia & Leka, 2011; Zapf & Gross, 2001).

Researchers have explored discourses of workplace bullying from the general population of workers, and have compared these discourses with academic discourses (Liefoghe & Davey, 2010; Liefoghe & MacKenzie Davey, 2001; Saunders, et al., 2007). The results of these studies indicate that there are differences between academic and non-academic discourses of workplace bullying. In nonacademic discourses, single incidents of

negative behavior can count as workplace bullying; and the bully does not necessarily have more power than the target (Liefhoghe & MacKenzie Davey, 2001; Saunders, et al., 2007). Workers have also introduced the concept of organizational bullying to describe oppressive and unfair organizational policies, procedures, and practices (Lewis, Sheehan, & Davies, 2008; Liefhoghe & MacKenzie Davey, 2001). However, some academics are opposed to this expansion of the concept of bullying, preferring to keep the focus on interpersonal acts (Einarsen, et al., 2011b; Hoel & Beale, 2006).

The differences between academic and nonacademic discourses of workplace bullying highlight the importance of qualitative research in the field of workplace bullying. Qualitative studies can give nonacademics an opportunity to share their concepts of workplace bullying, and influence the development of priorities for research (Liefhoghe & Davey, 2010). Studies that rely on questionnaires are based on researchers' perceptions of what constitutes workplace bullying, and can miss behaviors that workers or managers perceive to be bullying (Lewis, et al., 2008). Qualitative explorations of the meaning of workplace bullying as perceived by employees and managers can produce information that can be used to suggest new avenues for research and to create effective and meaningful interventions (Lewis, et al., 2008; Liefhoghe & Davey, 2010).

Academic Discourses on the Role of Organizations in Workplace Bullying Management

Within the academic literature, workplace bullying is characterized as a product of the interaction of individual characteristics of the bully and the target with organizational factors, such as a chaotic work environment (Hodson, et al., 2006; Salin & Hoel, 2011; Zapf & Einarsen, 2011). Research has demonstrated that individual differences do not explain all of the variance in bullying, and that organizational factors play a big role in the presence or

absence of bullying (Einarsen, et al., 2011). Because of the role that the workplace milieu plays in bullying, the academic discourse posits that organization-wide efforts are crucial in the prevention, mitigation, and remediation of workplace bullying (Einarsen, et al., 2011a). This discourse recommends that organizations write policies addressing workplace bullying, provide education on bullying and conflict resolution, and work to create positive workplaces that empower individual workers (Duffy, 2009; Namie & Namie, 2009; Saam, 2010). In addition, the academic discourse suggests that workplaces can reduce bullying by enforcing rules fairly, by eliminating favoritism, and by discouraging the formation of cliques (Hodson, et al., 2006; Hutchinson, et al., 2009).

Much of the academic discourse on organizational efforts centers on policy development (e.g., Cleary, Hunt, & Horsfall, 2010; Duffy, 2009; Namie & Namie, 2009; Rayner & Lewis, 2011). Consensus exists that a good policy should include a definition of bullying, examples of behaviors that constitute bullying, and a description of formal and informal processes for reporting and addressing complaints of bullying (Duffy, 2009; Rayner & Lewis, 2011). The discourse says that policies can provide guidance for managers, targets of bullying, and other employees (Salin, 2008; Vartia, Korppoo, Fallenius, & Mattila, 2003). The academic discourse also states that policies alone will not solve the problem of workplace bullying, and that organizational efforts need to include education about bullying as well as interventions that seek to create a culture of respect within the organization (Duffy, 2009; Namie & Namie, 2009). Most of this discourse has been theoretical. Few empirical studies have explored the content of organizational policies (Cowan, 2011; Salin, 2009), and none has examined whether policies affect the manner in which organizational members talk about or respond to bullying.

The academic discourse on organizational efforts also contains discussions on the role of conflict resolution and mediation in the management of bullying. Some authors state that organizations need to provide interventions to help individuals manage conflict, both to remediate and prevent incidents of workplace bullying (Fox & Stallworth, 2009; Keashly & Nowell, 2011). This discourse posits that since bullying can be the result of escalated conflicts (Einarsen, et al., 2011b; Zapf & Gross, 2001), teaching workers how to manage and diffuse conflict reduces incidents of bullying (Keashly & Nowell, 2011; Rayner & Keashly, 2005). Other authors believe that the power differential between perpetrators and targets renders conflict resolution and mediation ineffective, and these interventions can actually cause further trauma to the target (D'Cruz & Noronha, 2010; Saam, 2010). Some academics have taken a middle ground between these two stances, suggesting that the type of mediation or conflict resolution that is offered should depend on the nature of the bullying situation (McColloch, 2010). For example, bullying that can be attributed to what McColloch (2010) calls a workplace psychopath would not be amenable to mediation, whereas bullying that originated as an unresolved conflict might be resolved in this manner (Keashly & Nowell, 2011).

Academic Discourses on Managers' Roles and Responsibilities in Workplace Bullying Management

The academic discourse on the roles and responsibilities of managers in workplace bullying says that managers not only have an important role to play in preventing and resolving workplace bullying, but they also have a responsibility to act (e.g. Hoel, et al., 2010; Katrinli, Atabay, Gunay, & Cangarli, 2010; Stevenson, Randle, & Grayling, 2006). This discourse says that managers are obligated to address workplace bullying because when

ignored, bullying behaviors are normalized and perpetuated (Allan, Cowie, & Smith, 2009; Hutchinson, Vickers, Wilkes, & Jackson, 2010; Katrinli, et al., 2010). In addition, the discourse states that the ethical responsibility that managers have to provide a safe environment for their employees includes a responsibility to eliminate conditions that are conducive to bullying (Harvey, Treadway, Heames, & Duke, 2009; LaVan & Martin, 2008).

Within this discourse, one of the actions that managers can take to end bullying is to develop and implement departmental or unit-level interventions, which include empowerment of workers and the creation of a positive workplace culture (Laschinger, et al., 2010; Lewis, 2006). Again, most of this discourse has been theoretical, drawing on research with targets and the recommendations of researchers and practitioners. To the author's knowledge, only one study has examined managers' perspectives on workplace bullying management (Lindy & Schaefer, 2010). Therefore, this is an area in which further research is needed.

Summary

This chapter explained the theoretical basis for the study, and focused on some of the discourses of workplace bullying within the academic literature. As with many new concepts, some of the academic discourses center on how to label and define these behaviors. In addition, there are differences in how the concept of workplace bullying is defined by academics and nonacademics, which may affect how workplace bullying is managed by individuals within organizations. This chapter also discussed academic discourses on the roles and responsibilities of organizations and managers in workplace bullying management. It highlighted the scarce information on organizational and managerial discourses of

bullying. Since discourses influence actions, this is an important area to explore. The subsequent chapters describe a study that was designed to close this gap.

Chapter 3: Discourses of Workplace Bullying in Documents produced by Hospitals and Regulatory Agencies

Abstract

Problem: Nurses report the presence of bullying in the hospital workplace. There is scant information about how hospitals discuss bullying in their official policy documents.

Aim: The specific aim of the study was to explore the language used in documents authored by hospitals and regulatory agencies related to workplace bullying.

Method: Hospital documents were collected from six hospitals in Washington State. Additional documents were collected from four regulatory agencies. Data were analyzed using Fairclough's Critical Discourse Analysis. Analytical strategies included examination of genre, intertextuality, lexical (word use), macro-level discourses and grammatical analysis.

Findings: Genre classification revealed two distinct genres of regulatory agency documents and three genres of hospital documents that addressed bullying-type behaviors. There were few instances of intertextuality between the documents. Lexical analysis indicated there was no common label for bullying-type behaviors within or across the documents, and the term bullying was only defined in one document. Discourses of patient safety predominated, and discussions of the needs of targets of bullying were minimal.

Research limitations: The study sample was restricted to documents produced by six hospitals within one state.

Practical implications: The omission of the needs of targets and lack of definitional clarity regarding bullying-type behaviors in the documents may limit organizational responses to bullying.

Originality/value: This is the first study that examines the discourses of bullying behaviors found in documents produced by both hospitals and regulatory agencies.

Introduction

Workplace bullying has been identified as a problem that occurs in many health care settings (Zapf, Escartin, Einarsen, Hoel, & Vartia, 2011). In the US, studies that have focused on bullying among nurses report bullying rates ranging from 27-31% (Berry, et al., 2012; Johnson & Rea, 2009; Simons, 2008), two to three times higher than the estimates of 9-13% among the general population of US workers (Workplace Bullying Institute, 2007, 2010).

Academics describe workplace bullying as harassing, intimidating, humiliating, abusive, or offensive behaviors in the workplace that have the effect of socially excluding or negatively affecting another person's ability to perform their job (Namie & Namie, 2009; Rayner & Keashly, 2005; Zapf, et al., 2011). To qualify as bullying, academics state these behaviors have to occur daily or weekly for at least six months (Einarsen, et al., 2011a). Bullying behaviors can be direct or indirect, and can include both physical and, more commonly, nonphysical behaviors (Zapf, et al., 2011). Specifically, nonphysical bullying includes behaviors such as yelling, inappropriately criticizing a co-worker's job performance, engaging in malicious gossip about a co-worker, withholding crucial information from a co-worker, criticizing a co-worker's appearance and demeanor, and ignoring or excluding a co-worker (Moayed, et al., 2006). Indirect physical bullying includes subtle acts such as invading another's personal space, making threatening gestures, making faces, or overt acts such as pushing or impeding passage (Moayed, et al., 2006). Direct physical bullying rarely occurs, but would involve actual physical contact (Einarsen, et al., 2011a). The majority of bullying is subtle and indirect (Notelaers, Einarsen, De Witte, & Vermunt, 2006). Consequently, targets of bullying report that managers and co-workers do not always recognize the harmful nature of these behaviors, and do not adequately address complaints of

bullying (Dzurec & Bromley, 2012; Gaffney, 2012). Survey data indicate that 65-70% of workers who have witnessed or experienced bullying in the US felt that managers in their organizations did not adequately address the problem (Namie & Lutgen-Sandvik, 2010).

Although individual bullying behaviors seem to be innocuous, targets of bullying experience negative mental and physical health outcomes as a result of the cumulative effects of multiple incidents (Nielsen & Einarsen, 2012). Physical and psychological effects associated with workplace bullying include new-onset cardiovascular disease (Kivimäki, et al., 2003), hypertension (Hallberg & Strandmark, 2006), fibromyalgia, (Kivimaki, et al., 2004; Vartia, 2001), depression and anxiety (Brousse, et al., 2008; Kivimäki, et al., 2003), symptoms of post-traumatic stress disorder (Matthiesen & Einarsen, 2004; Mikkelsen & Einarsen, 2001), and suicidal ideation (Brousse, et al., 2008).

In addition to the costs associated with adverse health outcomes among affected workers, workplace bullying can incur other costs for organizations (Hoel, et al., 2011). In healthcare, workplace bullying contributes to turnover among nurses (Laschinger, Leiter, Day, & Gilin, 2009; Quine, 2001; Simons, 2008). As a result, hospitals can experience direct costs of hiring temporary workers and recruiting and training new workers, as well as indirect costs associated with lost clinical and institutional knowledge (Jones & Gates, 2007). Other costs include loss of productivity and decreased quality of care (MacIntosh, et al., 2010; Purpora, 2012).

The specific aim of this portion of the study was to describe discourses of workplace bullying used in documents produced by hospitals and agencies that regulate workplace conditions within these hospitals. Organizational discourse theory states that organizations produce documents, such as policies and procedures, in response to internal and external

pressures (Phillips, et al., 2004; Marshak & Grant, 2008). These documents influence actions of members of the organization (Phillips, et al., 2004; Marshak & Grant, 2008). Internal pressures include the identification and discussion of a problem, such as bullying, by members of the organization. External pressures include regulations or guidelines produced by agencies that have governance oversight of the organization. In order to gain insight into how organizations discuss workplace bullying and workplace bullying management, it is important to study both internal documents and the regulatory context in which documents are produced. Although bullying is a documented problem for hospital-based nurses, to date, no research has examined how bullying is represented in hospital documents or documents produced by agencies that regulate hospitals.

In the next section, current literature about organizational and regulatory responses to workplace bullying is reviewed. Then, methods used in this study to collect and analyze data are discussed. This is followed by a presentation and discussion of the findings.

Literature Review

Bullying can be costly to organizations (Hoel, et al., 2011) and detrimental to the health and well-being of targets and witnesses of bullying (Nielsen & Einarsen, 2012). Despite the negative outcomes associated with workplace bullying, targets and witnesses of bullying often report that managerial and organizational responses to complaints of bullying are nonexistent or inadequate (Namie & Lutgen-Sandvik, 2010). Based on the experience of counseling targets of workplace bullying, Ferris (2004) reported that organizations that responded to complaints of bullying in a helpful manner were generally those with policy language that specifically addressed workplace bullying.

Organizational policies are often crafted in response to regulatory agency recommendations or legal requirements (Namie & Namie, 2009; Salin, 2008). Currently, there is no legal mandate in the US that requires organizations to address workplace bullying (Yamada, 2011). There are statutes that protect certain classes of workers (e.g., women, racial and ethnic minorities, disabled persons) from harassment, but these statutes have been interpreted by the courts as excluding bullying behaviors (Yamada, 2000). Several states, including Massachusetts and New York, are considering anti-bullying legislation (Namie, Namie, & Lutgen-Sandvik, 2011). In response, many organizations, including hospitals, have decided that it is in their best interest to proactively address workplace bullying and have written policies to that effect (Duffy, 2009; Namie & Namie, 2009; Sellers, et al., 2009).

Empirical research on the presence and content of organizational policies related to workplace bullying within organizations in the US is scant. Surveys of nurses in New York State reported that 39-54% of respondents worked in hospitals that had a policy addressing workplace bullying (Sellers, Millenbach, Kovach, & Yingling, 2009; Sellers, Millenbach, Ward, & Scribani, 2012). However, the mere presence or absence of policies addressing workplace bullying may not adequately explain organizational responses to bullying. Analysis of the content of policies is important to determine if the policies can actually help organizational members recognize and respond to bullying (Cowan, 2011).

To date, only two studies have examined the content of anti-bullying policies. Salin (2008) examined anti-bullying policies in municipalities in Finland, and Cowan (2011) examined policies in unspecified organizations in the US. Salin reported that many of these policies were poorly written, and seem to have been copied from templates rather than written to suit the needs of a particular organization. Cowan reported that some policies,

which were identified by the human resource department as pertaining to bullying, did not actually address bullying behaviors. Instead, these policies addressed status-based harassment, which only covers employees who are members of a protected class; as such, they offered no legal protection to targets of bullying (Cowan, 2011; Yamada, 2011). Both studies reported that the majority of the reviewed policies did not provide clear or adequate definitions of bullying, and lacked specific guidelines for managers to use when addressing bullying. The consequence of these shortcomings is that managers were not given sufficient tools to address bullying, and the policies unintentionally communicated the message that addressing workplace bullying was not an organizational priority (Cowan, 2011; Salin, 2008).

While Cowan's study was conducted in the US, the occupational sector of organizations that were surveyed was not specified. To date, there does not appear to be any published research that has specifically examined the content of policies addressing bullying within hospitals in the US, or the content of documents written by agencies responsible for regulating hospitals. This information is important as it can help explain how members of an organization respond to workplace bullying. The specific aim reported in this chapter adds to the understanding of managerial and organizational responses to bullying by examining the policies written by hospitals, and the regulatory context in which the policies are written.

Methodology and Method

This study was guided by Fairclough's (2003, 2008, 2009) method of critical discourse analysis (CDA). The next section discusses the theoretical basis of CDA, followed by a description of methods for data collection and analysis.

Methodology

CDA is based on the premise that discourse, or the language used in speech and writing, creates conceptualizations of phenomena such as workplace bullying, and influences social practices, such as the management of bullying (Fairclough, 2009; Wodak & Meyer, 2009a). There are two levels of inter-related discourse. Micro-level discourse is the manner in which people use language in everyday speech and writing to convey thoughts, impart information, and make requests, while macro-level discourse describes the way in which language is used in a broader sense to represent social phenomena (Fairclough, 2009).

CDA is differentiated from other forms of noncritical discourse analysis. The goal of CDA research is not just to explore discourses, but to also examine how these discourses contribute to the perpetuation of social problems (Wodak & Meyer, 2009a). Discourses are reflective of society in a given place or time, and can be specific to a given institution or organization. CDA can also be used to examine organizational discourses, in particular to examine texts, such as policies and procedures, that are intended to guide the actions of members of the organizations (Fairclough, 2005; Phillips, et al., 2004). These texts also indicate what the organization views as important, and how the power structure within the organization is produced and reproduced (Phillips, et al., 2004).

Method

This section explains how Fairclough's CDA guided data collection and analysis. The sample and setting for this research is discussed. This is followed by an explanation of data management and analysis. Approval for the study was granted by the Human Subjects Committee of the University of Washington.

Sample and setting. The first step in Fairclough's CDA (2009) involves the identification of the network of practices within which a social problem is located. This step informs the selection of texts that will be analyzed. Suitable texts can include written documents and interviews, as well as media such as the Internet (Fairclough, 2009).

The management of workplace bullying is located in a network of practices, which includes oversight of hospitals by federal, state, and nonprofit accrediting agencies, and the creation of documents such as policies and procedures by hospitals in response to agency requirements (Field, 2007). To explore the former, documents were collected from the following agencies: federal Occupational Safety and Health Administration (OSHA), Washington Department of Labor and Industries (L&I), National Institute for Occupational Safety and Health (NIOSH), and The Joint Commission (JC). OSHA and L&I were included because they are responsible for regulating the working conditions of hospital employees, and workplace bullying can be thought of as an occupational hazard (Johnson, 2011). NIOSH was included because it produces research and documents that inform the creation of new standards by OSHA. Documents produced by The Joint Commission (JC), a private nonprofit agency responsible for accrediting hospitals in the US, were sampled because directives issued by this agency impact the working conditions of health care providers (Field, 2007). In addition, these documents have become part of the academic literature on workplace bullying among nurses (Hughes & Clancy, 2009; Johnston, Phantharath, & Jackson, 2009).

To explore the management of bullying through the creation of organizational policies, documents were obtained from hospitals in Washington State. This analysis was part of a larger study, which involved interviews with hospital nursing unit managers. The hospital documents were obtained from the hospitals in which these managers worked.

Data collection. The second step in Fairclough's (2009) CDA involves the selection of texts for analysis. To that end, hospital documents were collected either from the human resource department ($n=12$) (see Appendix A), from the organization's public-facing website ($n=3$), or from participants in the larger study ($n=3$). For the web search, the following search words, derived from the content and titles of documents obtained from human resource departments, were used: *bullying*, *harassment*, *code of conduct*, and *disruptive behaviors*. In total, 18 documents were collected from six of the seven hospitals that nurse managers worked in. In the hospital from which no documents were collected, the participant said there was a policy that only pertained to physicians' behaviors. However, the researcher was unable to obtain this document. Of the documents obtained, four were not retained for analysis because they pertained to topics such as weapons, abusive patients, conduct toward patients and families, or corporate compliance (e.g., fraud, receiving gifts). The final sample size for hospital documents was 14.

Eight regulatory agency documents were included and analyzed. These documents were obtained from the agency websites using the search term *workplace bullying*. On the OSHA and L&I websites this led to a web page titled *Workplace Violence*. From these pages, documents that contained the word *bullying*, or that dealt with workplace violence in health care settings, were collected. The latter were included because workplace bullying is classified by NIOSH as Type 3 Workplace Violence, defined as worker-on-worker violence (McPhaul & Lipscomb, 2004).

Data management and analysis. To protect the identity of the participating hospitals, identification numbers were assigned for labeling. All references to the names of hospitals were deleted from the documents prior to analysis. Original copies of the

documents were then destroyed. To aid coding and analysis, documents were copied onto Atlas.ti 6.2 (2012), a qualitative data management software. Coding was guided by a document review protocol (see Appendix B) derived from Fairclough (2003, 2008) and from Liu (2010). To ensure the trustworthiness of the study findings, results were shared with and critiqued by a researcher familiar with CDA.

Textual analysis in Fairclough's CDA (2003, 2008) is dictated by the study's aims. For this study, it involved the analysis of genre, intertextuality, and linguistic and grammatical features of the text, as well as the identification of macro-level discourses within the texts. Each of these elements will be explained in turn.

Genres are a way of classifying documents by form (how the document is structured) and function (what is the purpose of the document) (Fairclough, 2008). Examples of genres are guidelines, regulations, policies and procedures, and codes of conduct. Identification of genre type assists in locating a given text within the larger network of social practices (Fairclough, 2008, 2009). For example, regulatory agencies exert influence on organizations directly through the production of regulations, and indirectly through guidelines. The former carry sanctions for noncompliance, whereas the latter do not. The recommendations or requirements contained in documents are incorporated into organizational documents, such as policies and procedures and codes of conduct, which are designed to influence actions of members of the organization.

Intertextuality, the referral of one text by another, is indicative of a common way of representing a given social problem; in other words, a shared macro-level discourse (Fairclough, 2008). Intertextuality is evidenced by direct reporting (such as a direct quote of another text) or indirect reporting (summarizing what is said in another text) (Fairclough,

2003). While the standard for academic texts is that the source of direct and indirect reports of other texts should always be made clear, this is not the case for all texts. Some texts contain vague attributions such as “it is said that” or “we are required to,” without specifically citing the source, thus making it challenging to determine intertextuality (Fairclough, 2003). In most of the hospital documents that were collected, the source of the information was not specified. However, some documents contained phrases and definitions that were practically identical to those that were found in the agency documents; and in these instances, intertextuality was inferred.

Identification of *macro-level discourses* involved reading the documents as a whole and determining what broader discourses, other than behavior, were mentioned in the documents. Patient safety, defined as sections that were concerned with the positive patient outcomes, and occupational safety, defined as sections concerned with the health and well-being of workers, were identified as recurring discourses. Subsequently, documents were re-analyzed and phrases that contained these discourses were coded.

Linguistic and grammatical analysis involves analysis of the actual language of the text, or micro-level discourse. The goal is to show how language is constructing a view of social reality and creating or inhibiting possibilities for action (Fairclough, 2008). The linguistic and grammatical analysis for any given study should be based upon the research question and the chosen texts (Fairclough, 2003). In this study, linguistic analysis involved an exploration of how words were used and defined (lexical analysis), and which social actors (e.g., managers, employees, and human resource personnel) were discussed in the text. Grammatical analysis involved analyzing clauses for exchange type (knowledge or activity), which indicates what the author of a text is trying to accomplish (Fairclough, 2003). The

purpose of knowledge exchange is to impart information; action exchange is designed to elicit action. Knowledge exchanges can be further classified as assertions (e.g., “Workplace bullying affects patient safety”) or denials (e.g., “Workplace bullying is not a problem in this hospital”). Similarly, activity exchanges can be prescribed (“Managers are required to investigate complaints of bullying”) or proscribed (“Managers do not need to investigate complaints of bullying”). Both can be modalized by using modal verbs such as can, will, may, must, would, and should. Modalization indicates the author’s level of commitment to a statement (Fairclough, 2003).

Results

In this section, the classification of documents by genre type is discussed. Then, the results of the analysis of the interdiscursivity of all the documents are presented. Finally, the results of linguistic and grammatical analysis of the documents, by genre type, are reported.

Genre

The documents that were produced by the regulatory agencies were classified into two genres: guidelines and regulations. Guidelines were defined as documents that suggested a course of action, while regulations were documents that prescribed a course of action and contained the possibility of sanctions for noncompliance. The latter were all issued by JC, while the former were issued by OSHA, NIOSH, and L&I (see Table 3.1). The guidelines and the regulations had a similar literary style. The first section of the documents contained background information on the problem of workplace behaviors. The second part offered solutions to the problem. Within the guidelines, solutions were offered as voluntary suggestions. Within the regulations, solutions were presented as mandatory standards that

must be met by hospitals as part of the accreditation process. Noncompliance with these standards could result in loss of accreditation and loss of Medicare funding (Field, 2007).

Table 3.1: Description of Agency Documents

Agency	Title of Document	Year of Publication	Genre
Occupational Safety and Health Administration (OSHA)	<i>Workplace Violence</i>	nd	Guideline
	<i>Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers</i>	2004	Guideline
National Institute for Occupational Safety and Health (NIOSH)	<i>Workplace Violence Prevention Strategies and Research Needs</i>	2006	Guideline
	<i>Violence: Occupational Hazards in Hospitals</i>	2002	Guideline
Washington Department of Labor & Industries (L&I)	<i>Topics: Workplace Violence</i>	nd	Guideline
	<i>SHARP Report Workplace Bullying and Disruptive Behavior: What Everyone needs to Know</i>	2011	Guideline
The Joint Commission (JC)	<i>Issue 40: Behaviors that Undermine a Culture of Safety</i>	2008	Regulation
	<i>Issue 43: Leadership Committed to Safety</i>	2009	Regulation

Hospital documents were categorized into three different genres: policies and procedures ($n=10$), codes of conduct ($n=3$) and performance evaluation ($n=1$), based on the title and content of the documents. All of the hospital documents were written by a department within the organization to guide members of the organization. Most were authored by the Human Resources Department, and were issued or revised between 2003 and 2011 (see Table 3.2).

The documents in the genre of policies and procedures outlined behavioral expectations for organizational members, and indicated what the consequences would be if expectations were not met. They were all written in third person, using formal language. For example: “The organization has defined the following standards of conduct are [sic] practical applications that display our core values and cultural attributes...” (006.1 *Standards of Conduct*).

The documents in the genre of codes of conduct also contained language indicating behavioral expectations, and the consequences for deviations from these expectations. However, each of these documents contained specific language stating they were not a policy and procedure. For example:

While our Code is designed to provide overall guidance, it does not address every situation. More specific guidance is provided in Policies and Procedures. If there is no specific policy, our Code becomes the policy. If a policy and our Code conflict, the Code takes precedence. (005.2 *Code of Ethics and Business Conduct*)

Table 3.2: Description of Hospital Documents

Hospital System ID Number	Genre: <i>Title of Document</i> (Document ID Number)	Year of Publication or Latest Revision	Department(s) responsible for writing/updating document
002	Policy and procedure: <i>Employee Behavioral Standards</i> (002.1)	2008	Human Resources
	Policy and procedure: <i>Workplace Violence Prevention</i> (002.2)	2009	Accreditation, Safety
	Policy and procedure: <i>Fitness for Duty</i> (002.3)	2009	Human Resources
003	Policy and procedure: <i>Management of Disruptive Conduct by Staff, Volunteers, Contractors and Agency</i> (003.1)	2009	Human Resources
	Code of conduct: <i>Standards for Business Conduct</i> (003.2)	2010	Human Resources
	Performance evaluation: <i>Performance worksheet</i> (003.3)	nd	Human Resources
004	Policy and procedure: <i>Anti-harassment</i> (004.1)	2003	Human Resources
	Policy and procedure: <i>Workplace Violence Prevention</i> (004.2)	2003	Human Resources
	Code of conduct: <i>Code of Conduct (and addendum)</i> (004.3)	2010	Corporate Integrity Program
005	Policy and procedure: <i>Harassment Free Environment</i> (005.1)	2011	Human Resources
	Code of conduct: <i>Code of Ethics and Business Conduct</i> (005.2)	nd	None given
006	Policy and procedure: <i>Standards of Conduct</i> (006.1)	2009	Corporate Responsibility Committee
007	No document obtained.		
008	Policy and procedure: <i>Disruptive Behavior and Response Guideline</i> (008.1)	2009	Human Resources
	Policy and procedure: <i>Inter-professional Relationships</i> (008.2)	2007	Human Resources

The documents in the genre of code of conduct alternated between first person and second person, and the language in these documents was less formal, as in the following;

We will avoid any inappropriate and disruptive behaviors that may interfere with patient care delivery and services or any acts that interfere with the orderly conduct of the organization's or individual's abilities to perform their jobs effectively. (004.3 *Code of Conduct*)

The final hospital document belongs to the genre of performance evaluation. This document provided a written record of the yearly evaluation that managers in this hospital were required to give their direct reports. This evaluation served as the basis for continued employment, and suggested areas for performance or behavioral improvement.

Intertextuality

The intertextuality of all of the documents in the data set is represented in Figure 3.1. As this figure demonstrates, there was little evidence of intertextuality in the hospital documents. Only two of the 14 hospital documents (002.2 *Workplace Violence Prevention*; 004.3 *Code of Conduct*) directly referenced texts external to the organization. The former referenced L&I (nd) and JC (2008), while the latter referenced JC (2008). There was an indirect reference to JC (2008) in one hospital policy (003.1 *Disruptive Conduct*). In this document, the definition of disruptive behavior was almost a verbatim quote of the JC's definition of disruptive behavior. Five of the hospital documents (002.1 *Behavioral Standards*; 002.2 *Workplace Violence Prevention*; 003.1 *Disruptive Conduct*; 004.1 *Anti-harassment*; 008.2 *Disruptive Behavior*) referenced another hospital document by listing this document as a "related policy" (e.g., 004.1 *Anti-harassment*).

In contrast, among the agency documents that belonged to the genre of guidelines, there was considerable evidence of intertextuality (see Figure 3.1). Three of the documents (NIOSH, 2006; OSHA, nd; L&I, nd) cited at least one other document that was also in this category; the other three (NIOSH, 2002; OSHA, 2004; L&I, 2011) were cited by at least one other document. One document (L&I, 2011) cited an agency document in the genre of regulations (JC, 2008). Within the genre of regulations, the more recent document (JC, 2009) cited the older document (JC, 2008) in this category. However, neither of these documents referenced any of the OSHA, NIOSH, or L&I documents. All of the regulatory agency documents also contained references to articles published in the academic and grey literature.

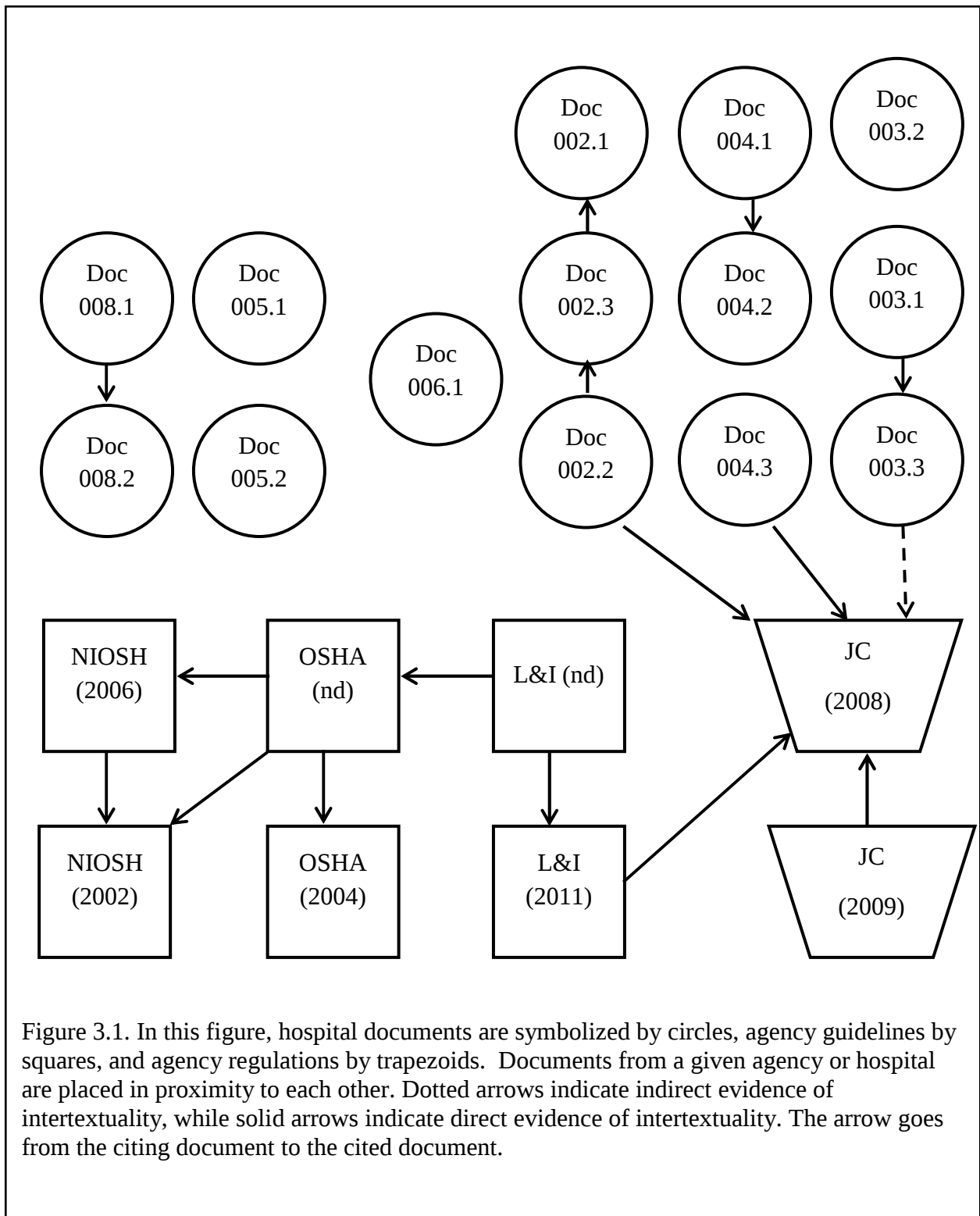


Figure 3.1. In this figure, hospital documents are symbolized by circles, agency guidelines by squares, and agency regulations by trapezoids. Documents from a given agency or hospital are placed in proximity to each other. Dotted arrows indicate indirect evidence of intertextuality, while solid arrows indicate direct evidence of intertextuality. The arrow goes from the citing document to the cited document.

Linguistic and Grammatical Analysis

The linguistic and grammatical analysis of hospital documents, agency regulations, and agency guidelines are presented separately. Each section will begin with the results of the lexical analysis of the documents, followed by a discussion of the macro-level discourses and social actors that are present within the documents. Finally, the results of the grammatical analysis are presented.

Hospital documents.

Lexical analysis. Within the hospital documents, a variety of words were used to describe behavioral expectations for employees. Three documents (002.1 *Behavioral Standards*; 003.2 *Standards for Business Conduct*; 005.2 *Standards of Conduct*) focused on desired behaviors, with no reference to undesirable behaviors, as in the following example: “Employee responsibilities: Embody the highest standards of behavior in all interactions with every person we ... work with” (002.1, p. 1). The remaining documents included the following labels for undesirable behaviors: “harassment,” “disruptive (and inappropriate) behaviors,” “verbal/emotional abuse,” “intimidation,” “rudeness,” and “bullying.”

The word bullying (or a form of the word) only appeared five times in the hospital documents (003.1 *Disruptive Conduct*; 003.3 *Performance Worksheet*; 004.1 *Anti-harassment*; 004.3 *Code of Conduct*; 006.1 *Standards of Conduct*). In four of these hospital documents (003.1, 004.1, 004.3, 006.1), bullying was used as a noun, and appeared alongside a list of other undesirable behaviors, as in the following example: “Examples of [inappropriate and disruptive] behavior include, but are not limited to, the following: use of rude or abusive language, threatening (verbal or physical) behavior, intimidation, harassment, unwanted sexual advances or comments, bullying, or demeaning staff” (006.1 *Standards of*

Conduct, p. 1). None of the documents defined bullying; and none of the documents ascribed agency to the actions; in other words, there was no mention of either a perpetrator or a target of these behaviors. Three documents (003.1, 004.1, 006.1) included bullying in a list of disruptive behaviors, as in the previous example. One document (004.1) included bullying in a list of behaviors that constitute harassment:

It [harassment] may also encompass other forms of hostile, intimidating, threatening, humiliating, bullying or violent behaviors that may not necessarily be illegal discrimination, but are nonetheless prohibited by the medical center and this policy.

(004.1 *Anti-harassment*, p. 1)

In this hospital, bullying also appeared on the list of disruptive behaviors in another document (004.3 *Code of Conduct*).

The final use of a form of the word bullying was in the only document in the genre of performance evaluation (003.3). In this document it appeared as a verb in the phrase “bullies or intimidates others” (p. 1). This phrase lacks a subject (i.e., person doing the action); therefore, agency was implied but not specified. However, since the document was designed to be given to an employee, the implied perpetrator of the behavior would be the recipient of the evaluation. The target of the behavior was simply listed as “others,” and could include patients as well as other staff. This document was in the form of a table, and the phrase “bullies or intimidates others” was listed in the column titled “Values Based Behaviors, Level 2.” Level 1 indicated poor performance, level 2 indicated inconsistent performance, and level 3 indicated exemplary performance. While employees who exhibited behaviors in level 1 could be subject to immediate progressive guidance with possible termination, employees who exhibited behaviors in level 2 would be given a written performance plan

outlining expectations for improved behaviors, including a timeline indicating when these expectations should be met. If expectations were not met by the deadline, progressive guidance would be initiated.

Macro-level discourses and social actors. The discussion of behaviors in the hospital documents was linked to either patient safety discourses or occupational safety discourses.

An example of a patient safety discourse is:

We will avoid any inappropriate and disruptive behaviors that may interfere with patient care delivery and services or any acts that interfere with the orderly conduct of the organization's or individual's abilities to perform their jobs effectively. (004.3 *Code of Conduct*, p. 2)

An example of an occupational safety discourse is:

This policy establishes the ... policy and procedure for responses to disruptive behavior that contributes to violence and hostility in the workplace and interferes with patient and staff safety. (003.1 *Disruptive Conduct*, p. 1)

As in the above passage, occupational health discourses always appeared in conjunction with patient safety discourses, and did not specify how behaviors affect occupational safety. One policy and procedure alluded to the possibility that undesirable behaviors could cause harm by instructing supervisors to:

...address the issue [of disruptive behavior] through investigation; corrective action, reinstating the safety of employees; maintaining a healthful workplace; and reducing the risk to [organization name edited out], our patients and staff. (003.1, p. 2)

However, this document never specified what harm targets might experience, or how managers could reinstate the safety of employees affected by disruptive behavior. Within the

hospital documents, patient safety discourses predominated; there are 12 references to this discourse, while there were only four references to occupational safety.

The social actors mentioned in the hospital documents included administrators, supervisors, managers, staff, employees, medical staff, volunteers, and human resource personnel. Targets of the undesirable behaviors were never explicitly mentioned in any of the hospital documents. In nine of the documents, “employees,” which could include targets and witnesses, were instructed to report undesirable behaviors to their supervisor, their supervisor’s boss, or to a human resource representative (002.3 *Fitness for Duty*; 003.1 *Disruptive Conduct*; 003.2 *Standards for Business Conduct*; 004.1 *Anti-harassment*; 004.3 *Code of Conduct*; 005.1 *Harassment Free Environment*; 006.1 *Standards of Conduct*; 008.1 *Disruptive Behavior*; 008.2 *Inter-professional Relationships*). None of the documents mentioned other possibilities for assistance for targets or witnesses.

Grammatical analysis. Grammatical analysis of the documents involved the classification of clauses by exchange type and modality. Within all genres of the hospital documents, activity exchanges predominated, indicating the primary purpose of these documents was to elicit action (Fairclough, 2003). In all of the hospital documents, analysis of activity exchanges indicated that 55 were prescribed, indicating a strong level of commitment to the statement (using Fairclough’s criteria, p. 170), while 44 were modalized, indicating a moderate level of commitment. An example of a prescribed activity exchange (indicated by underlining) is:

A supervisor or manager to whom a report of a suspected violation [of code of conduct] is made is obligated to pursue resolution and involve the appropriate administrators. (004.3 *Code of Conduct*, p. 3)

Prescribed activity exchanges convey the message that managers have no choice; they must address complaints of bullying. In contrast, modalized activity exchanges convey the message that managers can choose not to act, as in the following example:

In cases of disagreement or difficulty between professionals of the Medical and/or medical center staff, the emphasis should be on resolution of the difficulty at the lowest possible level: 1. Communication and problem solving should be achieved among the persons immediately involved in a straightforward, professional manner, with due respect for one another. 2. If this approach does not work, then the supervisor of the area involved should be asked to assist in solving the issue. (008.2 *Inter-professional Relationships*, p. 1)

Within the documents, prescribed clauses predominated when managerial responsibilities were addressed, whereas modalized clauses predominated when employee responsibilities were addressed, as in the following example:

Any employee who is aware of any instances of disruptive behaviors should report the alleged act immediately to his or her supervisor. If the employee is uncomfortable in discussing the matter with the supervisor or if the supervisor is not available, the employee should report the alleged act immediately to the Human Resources Department. (003.1 *Disruptive Conduct*, p. 2)

The use of the word “should” as opposed to another modifier such as “must” or “will” indicates that the employee has some latitude in deciding whether to report these behaviors.

Regulatory agency guidelines. This section describes the analysis of the six documents categorized as regulatory agency guidelines (NIOSH, 2002; NIOSH, 2006;

OSHA, 2004; OSHA, nd; L&I, 2011; L&I, nd). These agencies are all primarily concerned with the occupational safety of workers.

Lexical analysis. In the documents in this genre, bullying-type behaviors were categorized as Type III workplace violence, or worker-on-worker violence (NIOSH, 2006; NIOSH, 2002; OSHA, 2004). Examples of words used to describe Type III violence included “harassment,” “intimidation,” “threatening disruptive behavior,” “verbal abuse,” and “bullying.” The word bullying only appeared in two of the agency guidelines: NIOSH (2006) and L&I (2011). In the NIOSH document, bullying was not defined, but was given as an example of “prohibited behaviors among workers, including threatening, harassing, bullying, stalking, etc.” (NIOSH, 2006, p. 17). The document by L&I (2011) was primarily about bullying, but also covered “Disruptive Behavior in Health Care” (p. 4). This document defined bullying as:

...repeated, unreasonable actions of individuals (or a group) directed towards an employee (or a group of employees), which are intended to intimidate, degrade, humiliate, or undermine; or which create a risk to the health or safety of the employee(s). (L&I, 2011, p. 1)

In addition, the document gave the following examples of bullying behaviors:

...unwarranted or invalid criticism, blame without factual justification, being treated differently than the rest of your group, being sworn at, exclusion or social isolation, being shouted at or humiliated, excessive monitoring or micro-managing, being given work [*sic*] unrealistic deadlines. (L&I, 2011, p. 1)

This document was written as an informational pamphlet, and stated the intended audience was both individuals and organizations. It contained advice for targets of bullying and

suggested actions organizations could take to address bullying, which included samples of policies and procedures.

Macro-level discourses and social actors. In the agency guidelines, both the discourses of occupational safety and patient safety were present. Occupational safety discourses predominated over patient safety discourses. Despite the emphasis on occupational safety, only one of these documents (L&I, 2011) specifically mentioned the negative health effects associated with workplace bullying. This document said that, “Victims of bullying experience significant physical and mental health problems” (p. 2), and that disruptive behavior can cause “distress among other staff” (p. 5). In contrast, NIOSH (2006) referred to bullying as a “noninjury and nonphysical event” (p. 11). While these documents had multiple references to research studies, none of them mentioned any research on the negative health effects of bullying.

Social actors in these documents included employees, employers, managers, and unions. While the document by L&I had a section that offered suggestions for actions “employees” (pp. 3-4) could take to stop bullying, none of the documents specifically mentioned targets of nonphysical violence.

Grammatical analysis. Within the agency guidelines, clauses that were written as knowledge exchange predominated, indicating that the primary purpose of these documents was to impart information (Fairclough, 2003). These clauses were primarily written as non-modalized assertions, indicating a high level of commitment to the truth of the statements (Fairclough, 2003). When activity exchanges were present in these documents, they were predominately written as modalized clauses, as in the following example:

An employer that has experienced acts of workplace violence, or becomes aware of threats, intimidation, or other indicators showing that the potential for violence in the workplace exists, would be on notice of the risk of workplace violence and should implement a workplace violence prevention program...(OSHA, nd, para. 12).

The predominance of modalized clauses indicates that recommendations within these documents are suggestions rather than requirements.

Regulatory agency requirements. This section describes the results of the analysis of the two agency documents in the genre of regulations. These documents were authored by JC (2008, 2009), an agency that is primarily concerned with patient safety.

Lexical analysis. In these documents, “intimidating behaviors” and “disruptive and inappropriate behaviors” were the labels used to describe bullying-type behaviors. For example:

Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities.... Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions.

(JC, 2008, p. 1)

In the JC (2008, 2009) documents, bullying-type behaviors are alternately labeled “intimidating and disruptive behaviors” (JC, 2008, p. 1) or “disruptive and inappropriate behaviors” (JC, 2008, p. 2; JC, 2009, p. 2). Neither document uses the word *bullying* to describe these behaviors.

Macro-level discourses. Within these documents, patient safety discourses predominated, and there were only two references to occupational safety. One document, titled “Leadership Committed to Safety” (JC, 2009), included intimidating and disruptive behaviors in a list of factors that “threaten patient safety” (JC, 2009, p. 1). This document made no mention of occupational safety. The other document in this genre contained the following two passages, which referenced an occupational safety discourse:

The presence of intimidating and disruptive behaviors in an organization...creates an unhealthy or even hostile work environment. (JC, 2008, p. 1)

Conduct all interventions [to deal with disruptive behavior] within the context of an organizational commitment to the health and well-being of all staff, with adequate resources to support individuals whose behavior is caused or influenced by physical or mental health pathologies. (JC, 2008, p. 2)

The first was written as a knowledge exchange, and did not suggest action. The second, written as a nonmodalized activity exchange requiring a response, highlights the needs of the perpetrators of the behaviors, and does not mention the needs of targets.

Grammatical analysis. Within the agency regulations, activity exchanges predominated, indicating the primary purpose of the document was to elicit action. Most were nonmodalized, indicating a strong level of commitment to action. For example:

Effective January 1, 2009 for all accreditation programs, The Joint Commission has a new Leadership standard (LD.03.01.01)* that addresses disruptive and inappropriate behaviors in two of its elements of performance: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate

behaviors....Leaders create and implement a process for managing disruptive and inappropriate behaviors. (JC, 2008, p. 2)

This phrase, written as a prescribed action exchange, indicates that hospitals are expected to take measures to address these behaviors. Furthermore, by tying these expectations to leadership standards, the JC is indicating that compliance is a component of the accreditation process (Field, 2007).

Discussion

This portion of the study utilized CDA to examine discourses of workplace bullying in documents produced by hospitals and regulatory agencies. This is an important area of research as bullying is an often used, but poorly defined, concept (Branch, 2008; Crawshaw, 2009) that affects many nurses. The ultimate goals of CDA are to demonstrate how discourses create power imbalances and obstacles that contribute to the perpetuation of social problems, and to identify gaps or contradictions within the discourse for possibilities to overcome these obstacles (Fairclough, 2008). This philosophical orientation is what places CDA within the critical tradition of research, and differentiates it from other forms of non-critical discourse analysis (Fairclough, 2009). In this section, I will discuss the study findings, highlighting how the discourse creates obstacles to the solution of workplace bullying. I will also discuss possibilities within the discourses for overcoming these obstacles.

One of the main findings is there is no common term for bullying-type behaviors, both within and between regulatory agency and hospital documents. Some documents use multiple terms interchangeably within the same document, which suggests a lack of definitional clarity (Lutgven-Sandvik & Tracy, 2012). On the other hand, the authors of the document may have listed multiple types of behaviors in order to cover all their bases. The

words that most often appear in the documents include “harassment,” “intimidation,” “disruptive behavior,” and “verbal abuse.” The word *bullying* is rarely used, and only defined by one document in the data set. In one hospital, bullying was given as an example of harassment in one document, and of disruptive behavior in another. The lack of a common term for bullying-type behaviors can confuse members of an organization who are trying to classify behaviors in order to determine the appropriate response to these behaviors (Cowan, 2012; Lutgen-Sandvik & Tracy, 2012)

In some of the documents, most notably those written by regulatory agencies responsible for occupational health, discussions of bullying-type behaviors fall under the category of workplace violence. While this connection might highlight the seriousness of bullying-type behaviors, it might also marginalize the concept. Discussions of violence, which is overt and results in visible harm, may take precedence over discussions of bullying, which is often subtle and results in harm that is less visible.

The lack of a common term to describe an identified phenomenon creates obstacles to the resolution of the problem by impeding discussion. Discussions on how to label bullying-type behaviors have been occurring between academics for the past three decades (Crawshaw, 2009). These discussions can divert the attention from finding a solution to the problem (Crawshaw, 2009; Lutgen-Sandvik & Tracy, 2011). In addition, the use of different words for the same phenomena can create confusion by causing discussants to question whether they are talking about the same or different phenomena, and if it is indeed a problem that needs to be addressed (Clair, 1993). Research has demonstrated that in the early days of awareness of the problem of sexual harassment, the lack of an established term for this phenomenon caused people to question whether sexual harassment was indeed occurring

(Clair, 1993). Clair (1993) posits that the establishment of a legal definition for sexual harassment moved discussions from how to label this behavior to how to resolve it.

In the academic community, and in the occupational health and legal documents in Scandinavian countries, bullying is becoming the more commonly-used word (Einarsen, et al., 2011a; Liefoghe & Davey, 2010). While it is not the intent of this discussion to privilege the word bullying, it is the term that has been used in research studies that have shown an association between bullying behaviors and serious negative health outcomes (Hogh, Mikkelsen, & Hansen, 2011). Unless workplace bullying is clearly stated as a subset or example of other terms, like disruptive behavior, it may be difficult to argue that there is a connection between these workplace behaviors and health outcomes. In addition, the mainstream media, victims-rights' organizations, and corporate lawyers in the US are increasingly using *workplace bullying* to describe repeated negative, abusive, and intimidating behaviors in the workplace (Namie, et al., 2011). Since discourses in organizations are influenced by external as well as internal pressures (Phillips, et al., 2004), it may be that the regulatory agency and hospital documents will gradually change their language to reflect the vocabulary used by both the academic and the nonacademic communities.

On the other hand, legal code in Australia, parts of Canada, the UK, France, and Finland uses the word *harassment* to describe repeated negative, abusive, and intimidating behaviors in the workplace (Hansen, 2011; Yamada, 2011). Unlike legal code in the US, this concept of harassment extends to all workers, not just those who belong to a protected category (Yamada, 2011). The findings of this study revealed that this expanded notion of harassment is already a part of the discourse of some hospitals. Several documents reviewed

in this study listed bullying as a type of harassment, and made it clear that the policies addressed harassment against all workers, not just those who were members of a legally protected class. However, expansion of the legal concept of harassment to include all workers would require not just a change in discourse, but would also require a change in legal code (Yamada, 2011).

Another main finding, which is a new contribution to the study of workplace bullying, is the virtual absence of discussions of the needs of targets of workplace bullying in the documents. In the documents by JC, the emphasis is on rehabilitating perpetrators, and in the documents produced by OSHA, NIOSH, and L&I, emphasis is placed on victims of overt or physical violence. In the hospital documents, bullying is predominately used as a noun, with no reference to either a target or a perpetrator. An advantage of this emphasis is that it allows managers or supervisors to focus on behaviors, without vilifying the perpetrator of these behaviors. The disadvantage is that it omits targets from the discussion, making it difficult for organizational members to discuss their needs.

Analysis of macro-level discourses within the hospital documents also demonstrated that patient safety discourses predominate over occupational safety discourses. This is probably a consequence of the need for hospitals to comply with the provisions in the documents authored by JC, but not with the suggestions put forth in the documents produced by OSHA, NIOSH, and L&I. Compliance with JC's mandates is linked to accreditation, which is linked to Medicare funding (Field, 2007), whereas there are no penalties for hospitals that do not implement OSHA's and L&I's suggestions on workplace behaviors. This situation unintentionally gives JC more power to set the tone for discussions of workplace behaviors, and these documents frame the issue as one which primarily affects

patient safety. In addition, the analysis demonstrated a lack of intertextuality between the documents produced by JC and those produced by OSHA, NIOSH, and L&I. A concerted effort to increase intertextuality between these documents could alert hospitals that bullying-type behaviors are also an occupational safety and health issue.

While the insertion of language in both hospital and regulatory agency documents that acknowledges the needs of targets may open up avenues for addressing their needs, it should also be acknowledged that it may also close down possibilities for action. Focus on targets of bullying may reframe the problem as an individual issue, closing down discussions of the social context in which bullying is occurring (Liefoghe & Davey, 2010). Empirical evidence suggests that elements of the organization as a whole, as well as of the individual workgroup or department, are important predictors of the occurrence of workplace bullying (Salin & Hoel, 2011), and that successful interventions to end bullying need to include organization-wide initiatives (Saam, 2010, Vartia, & Leka, 2011). To avoid individualizing the problem of workplace bullying, discussions of the negative outcomes of workplace bullying should include steps that can be taken to repair damage to the workgroup as a whole, with emphasis on preventing future bullying. Finally, discussion of the needs of targets needs to be approached with caution to avoid labeling them as helpless victims who are powerless to change their relationships with co-workers (Liefoghe & Davey, 2010; Namie & Lutgven-Sandvik, 2010). However, discussions that do not call attention to the impact that bullying has on those who experience it also renders them as helpless victims.

Conclusion: Limitations and Future Research

This portion of the study explored hospital and regulatory agency discourses of workplace bullying, and uncovered elements of the discourse that pose obstacles to the

resolution of workplace bullying. These findings can be used by organizations and regulatory agencies to create new responses to the problem of workplace bullying. The findings were limited to discourses within a given geographic region, at a single point in time. Replicating this study in another region, or in five or ten years, would contribute to our understanding of how the discourses of bullying differ, both geographically and temporally. Another area for further research would be to explore discourses of all members of a given organization, from top management to staff level, and compare these discourses with those in official documents. A study of this nature could reveal other obstacles and suggest more solutions to the problem of workplace bullying.

Chapter 4: Discourses of Workplace Bullying of Hospital Nursing Unit Managers

Abstract

Aim: To identify discourses used by hospital nursing unit managers to characterize workplace bullying and their roles and responsibilities in workplace bullying management.

Background: Nurses who work in hospitals have reported being targets of workplace bullying. They also report that in many cases their managers do not help them resolve the problem, and their only option to end the bullying is to look for another position.

Method: Data were collected via in-person interviews with hospital nursing unit managers and analyzed using Willig's Foucauldian Discourse Analysis.

Results: Managers characterized bullying as an interpersonal issue involving the target and the perpetrator or an intrapersonal issue attributable to characteristics of the perpetrator. Two discourses of managing bullying were identified: bullying as "their responsibility" and bullying as "my (the manager's) responsibility." Managers described the practice of managing bullying as one that included doing nothing, involving actions other than progressive guidance, or progressive guidance. Managers talked about bullying from a subject position of being in control or of struggling.

Conclusion: There are a variety of ways in which managers say they respond to workplace bullying. Responses were found to relate to the manager's characterization of a given incidence of bullying.

Implications for Nursing Management: Organizations need to develop mechanisms to support managers' efforts, and to ensure that managers' responses to bullying are consistent.

Introduction

Workplace bullying is a concern for nurses in many countries, including Turkey (Yildirim, 2009), Japan (Abe, 2010), Australia (Hutchinson, et al., 2010), Canada (Laschinger, Grau, Finegan, & Wilk, 2010), Lithuania (Malinauskiene, Leisyte, Romualdas, & Kirtiklyte, 2011), the UK (Quine, 2001), and the US (Johnson & Rea, 2009). Workplace bullying among nurses has been associated with burnout (Laschinger, et al., 2010; Yildirim, 2009), employee turnover (Johnson & Rea, 2009; Simons, 2008), and the exit of nurses from the profession (Johnson, 2011; Simons, 2008). It also distracts nurses from the mission of patient care (MacIntosh, et al., 2010), affecting productivity (Berry, et al., 2012) and the quality of patient care (Purpora, 2012). Workplace bullying has been associated with a variety of negative physical and psychological health outcomes, both among direct targets of bullying and nonbullied witnesses (Hogh, Mikkelsen, & Hansen, 2011; Nielsen & Einarsen, 2012).

Within the academic literature, there has been considerable discussion about the roles and responsibilities of managers in resolving workplace bullying. One of the themes in this discourse is that managerial intervention is a crucial component of the successful resolution of workplace bullying (Gaffney, 2012; Laschinger, Wong, & Grau, 2012). Another theme is that managers have an ethical responsibility to provide a psychologically safe environment for employees, a responsibility that includes working toward the elimination of workplace bullying (Harvey, et al., 2009; LaVan & Martin, 2008). A third theme is that it is important to explore managers' understandings of and attitudes toward workplace bullying, as managers will only begin to address the issue if they realize the seriousness of the problem (Altman, 2009).

To date, there has been scant empirical research examining workplace bullying and workplace bullying management from the perspective of managers. To address this gap, the specific aim of this portion of the study was to identify discourses that managers of hospital nursing units use to characterize workplace bullying and their roles and responsibilities in workplace bullying management. This study is based on the premise that discourse, or the language used to describe and define social constructs, shapes the way individuals interpret and react to events (Foucault, 1972; Willig, 2009). The study findings offer insight into the actions hospital nursing unit managers might take in response to reports of bullying.

The chapter is organized in the following manner. I will begin with a review of the current state of knowledge regarding the role of managers in the resolution of workplace bullying. I will then present the methods used in this study and the results of the analysis of the data. Finally, I will discuss how these findings contribute to our understanding of workplace bullying management, and the implications of these findings for current practice and future research.

Literature Review

Academics generally define workplace bullying as negative and harmful workplace behaviors that occur persistently and frequently to a target (Einarsen, et al., 2011b; Saunders, et al., 2007). Within this understanding of bullying, it can be thought of as an escalating conflict that becomes entrenched and results in one person having more power over another (Zapf & Gross, 2001). It can also be thought of as a situation wherein the target is bullied because they are an easy outlet for misplaced aggression, they are different from the dominant group, or they are singled out as a scapegoat (Einarsen, et al., 2011b). Finally, bullying can be a hazing routine, a mechanism for making sure that new members are worthy

of inclusion in the organization (Cleary, et al., 2010; Ostvik & Rudmin, 2001). A common feature of all of these types of bullying is that they are characterized by an imbalance of power between the target and the perpetrator, making it hard for the target to bring about an end to the behavior without assistance from another person in the workplace (Einarsen, et al., 2011b).

Research into the role of managers in workplace bullying has focused on leadership styles associated with the presence or absence of bullying (Hauge, et al., 2011; Skogstad, et al., 2007), and what employees who have directly or indirectly experienced bullying say about managerial responses to bullying (Gaffney, 2012; Namie & Lutgen-Sandvik, 2010). Only one study to date has explored managers' experiences with bullying among their staff, and how they say they respond to it (Lindy & Schaefer, 2010). The current state of knowledge of each of these areas will be discussed in turn.

Leadership styles, which have been associated with the presence of workplace bullying, include autocratic leadership, laissez-faire leadership, and the use of noncontingent punishment (Hoel, et al., 2010; Skogstad, et al., 2007). On the other hand, fair leadership practices, or the impartial and equal treatment of subordinates, have been associated with the absence of workplace bullying (Hauge, et al., 2011). The connection between leadership styles and bullying may be related to supervisors' responses to complaints of bullying, and how they deal with conflict (Keashly & Nowell, 2011). In one study, destructive reactions to conflict by leaders were associated with increased bullying within their departments (Ayoko & Callan, 2010). The association between laissez-faire leadership, which is essentially a hands-off style of leadership, and bullying is thought to be the result of nonintervention (Mathiesen, Einarsen, & Mykletun, 2011). When supervisors fail to intervene when bullying

occurs, they convey the message that this is acceptable behavior (Hoel, Glaso, Hetland, Cooper & Einarsen, 2010). In addition, when they do not intervene in escalating conflicts between team members, they can unwittingly contribute to the devolution of these conflicts into bullying (Keashly & Nowell, 2011; Mathisen, et al., 2011).

Targets of bullying, including nurses, report utilizing a variety of individual approaches to end bullying, with little or no success (Gaffney, 2012; Hogh & Dofradottir, 2001; Lutgen-Sandvik, 2006). When bullying is successfully resolved, it generally requires the efforts of multiple employees working together, or intervention on the part of someone with authority (Lutgen-Sandvik, 2006; MacIntosh, 2006). However, many targets report that managers either do not intervene, or their interventions are ineffective and worsen the situation (Gaffney, 2012; Hutchinson, et al., 2009; Namie & Lutgen-Sandvik, 2010). In the only quantitative study to examine managerial responses to bullying, 70% of respondents who had been targets of bullying and 55% of those who had witnessed bullying stated that organizational responses to bullying were either nonexistent or made the situation worse (Namie & Lutgen-Sandvik, 2010).

To date, it appears that only one study has examined the issue of workplace bullying from the perspective of managers (Lindy & Schaefer, 2010). This study reported that managers felt they had an obligation to respond to complaints of bullying (Lindy & Shaefer, 2010). However, this study did not explore how managers reported responding to bullying. This chapter describes the results of research that was designed to address some of the gaps in current knowledge of managerial responses to bullying, and to examine the issue from their perspective.

Methodology and Method

This study utilized Willig's (2009) methods of Foucauldian Discourse Analysis (FDA) to analyze interview data from hospital nursing unit managers in the state of Washington. Approval for the study was obtained from the Human Subjects Committee of the University of Washington.

Methodology

Foucault's theory of discourse provides the philosophical basis for FDA (Willig, 2009) and for this study. To Foucault (1972), discourse is more than just the language that is used to describe phenomena, thoughts, emotions, and experiences. Instead, this language, which is unique to a given place and time, actually creates what are commonly labeled as thoughts, emotions, and experiences (Mills, 2004). Individual versions of events are influenced by the language that is available to individuals and by a person's position within society (Foucault, 1972; Willig, 2009).

Discourse influences action by normalizing responses (Willig, 2009). For example, if bullying is described as a rite of passage that new nurses must endure, managers will not identify it as a problem that needs to be addressed (Stevenson, Randle, & Grayling, 2006). Discourse also influences action by creating subject positions, or roles and identities, that delimit how a person with a given label should act (Mills, 2004). For example, when individuals assume the role of a manager, discourse creates a subject position for them through common understandings of how people who are in management positions should act (Alvesson & Deetz, 2000). These discourses may be informal, exemplified by how co-workers talk about and relate to their managers, or formal, as in written job descriptions.

Finally, FDA acknowledges that when people communicate, especially within the constraints of a research interview, they are not just conveying information or ideas (Willig, 2009). They may also be attempting to project an idealized image of themselves or an idealized version of events (Paulson & Willig, 2008). Therefore, researchers using FDA acknowledge that it is never possible to learn the true nature of a phenomenon, if such a thing even exists; it is only possible to study how people talk about this phenomenon in a given context (Mills, 2004; Willig, 2009).

Subjectivity and reflexivity. From a Foucauldian perspective, the research process, which includes interviewing participants and writing articles for publications, can be viewed as a discursive practice (Willig, 2009). In an interview, knowledge is not so much discovered, as co-created by the interviewer and the interviewee (Paulson & Willig, 2008). Researchers need to be aware of how the characteristics of both parties, such as gender, age, position, and perceived power differential, influence the interview process (Willig, 2009).

The interviews in this study were conducted by the primary researcher. I am a white female who was 49 years old and was a doctoral student in a school of nursing when the interviews were conducted. I had extensive knowledge of the academic literature on workplace bullying, had previously conducted research in this area, and had published several articles on the topic. Throughout the process, I tried to be aware of how my prior understandings of bullying might influence the interview and analysis, and worked hard to avoid biasing my findings by keeping a reflective journal.

Prior to entering graduate school, I had worked for over 20 years as a staff nurse on medical surgical floors. My age, gender, and experience in nursing were similar to many of the interviewees, with one exception: I have never been a nursing unit manager. This allowed

me to have a certain naiveté in the interviews regarding processes such as progressive guidance. However, my familiarity with hospitals and nursing and my previous conceptions of workplace bullying may have influenced the interview and data analysis process. For example, managers often used hospital jargon to describe unit operations and disciplinary processes. When I noticed this was happening, I would ask for clarification in order to get a more complete explanation. However, my prior immersion in the hospital culture may have desensitized me to some instances of jargon.

Finally, during my tenure as a hospital staff nurse I was never the target of persistent bullying. However, my interest in research on workplace bullying was a result of witnessing bullying directed toward a nurse whom I had been a mentor to. At the time, I took my concerns to my managers; however, I felt that their responses were unsatisfactory, and the situation continued. While I was not conscious of it when I designed this study, this experience may have informed my choice of a research topic. However, I did not approach the interviews with the idea that managers are necessarily indifferent or unconcerned about addressing workplace bullying.

Participant Recruitment and Settings

Hospital nursing unit managers from Washington State were recruited via email announcements and referral from other participants (see Appendix C). Phone contact was made with interested participants to determine eligibility, to explain the details of the study, and to arrange an in-person interview (see Appendix D). To be eligible, participants needed to be in a management position for at least two years, and needed to currently occupy a position where they had at least partial responsibility for hiring, firing, disciplining, and evaluating the performance of employees. Recruitment and enrollment of participants were

concurrent with data collection and initial data analysis. Discourse theory posits that there are a limited number of ways to discuss a phenomenon; therefore, recruitment ended when interviewees were answering questions in a similar manner (Wetherell, 2001; Willig, 2009). Thirty-two people responded to the announcement of the study. Sixteen people met eligibility criteria and scheduled a first interview. The final sample size was fifteen, as one person did not show up for the scheduled interview and did not reschedule.

Data Collection

Data were collected via two face-to-face interviews, approximately 30 days apart. Interviews were conducted in a private location of the participants' choosing. The interviews commenced after consent forms (see Appendix E) were signed. The first interview ranged from 45 minutes to 2 hours, with an average time of 75 minutes. The follow-up interviews averaged 40 minutes, and were between 30 minutes to 2 hours in length. After each interview, the researcher made field notes (see Appendix F) to record impressions, such as the interview setting, what the interviewee was wearing (i.e., scrubs versus business casual), if the interview was interrupted by phone calls or emails, and nonverbal cues such as how engaged the participant seemed to be.

The interviews were semi-structured, with open-ended questions (see Appendix G), and were designed to generate dialogue addressing the study aims (Willig, 2009). Examples of questions from the first interview are:

- Describe a typical bullying situation.
- Can you give me some specific examples of how you became aware of workplace bullying in your experience as a manager on this unit?
- What have you done when you became aware of bullying on your unit?

- Please tell me about an incident of workplace bullying that has occurred on your unit since you became a manager.

Six demographic/background questions were asked. Within discourse analysis, it is recognized that demographic data, such as race and age, are socially constructed phenomena. Demographic data can be used to gain an understanding of the position that participants occupy in society, and how the position may affect their discourse (D. Boutain, personal communication, Jan. 10, 2013). Therefore, while collecting demographic data for this study, participants were asked to comment on how their demographic characteristics might influence their views of workplace bullying. Examples of demographic questions are:

- What year were you born? Do you think age affects one's views of workplace bullying?
- How many years have you been working as a manager? How many years have you been in this position? Do you think experience affects one's views of workplace bullying?

The second interview consisted of clarifying questions such as "In the first interview you said...., can you tell me more about this?"

Data Management and Analysis

Data management involved the verbatim transcription of audio-recorded interviews by a professional transcriptionist, who signed a confidentiality agreement (see Appendix H). Short pauses (indicated by sp), long pauses (indicated by lp), interruptions, overlapping speech, emphasis and nonverbal sounds were captured in the transcript (see Appendix I), as the manner in which something is said can convey additional layers of meaning, such as sarcasm or anger (Wetherell, 2001). All written interviews were compared by the researcher

to the audio-tapes to check for accuracy. Audiotapes were deleted after written transcripts were reviewed and confirmed. To further protect the identity of research participants, names of people and organizations were changed on the written transcripts. These pseudonyms are used throughout this chapter.

Data were analyzed utilizing the software program Atlas.ti 6.2 (2012), according to the process outlined by Willig (2009). Willig's FDA involves six steps; however, in this study the sixth step, which involves analysis of what can be felt and thought within the discourse, was omitted as it is fairly speculative. The five steps, which were analyzed in an iterative rather than stepwise manner, are as follows:

1. Discursive constructions: This step involved an exploration of the manner in which bullying was characterized. This involved examination of words, phrases, and metaphors that were used to describe bullying behaviors, to recount experiences with bullying, and to describe the characteristics of bullies and targets.

2. Discourses: Recurring ways of talking (discourses) about workplace bullying management were identified. The relationship of these discourses to the discursive constructions of bullying, identified in step one, was explored.

3. Action orientation: This involved the analysis of the manner in which managers discussed the responsibilities of staff and management in relation to workplace bullying.

4. Subject positions: In this step, the identities and roles available to managers within the discourse were examined.

5. Practice: The actions managers said that they, and other managers, could take in response to workplace bullying were identified. The relationship between practice and discursive constructions of bullying was explored.

Results

Description of Sample

Fifteen hospital nursing unit managers participated in the study. They were predominantly female ($n=14$). Thirteen were White American, one identified her/himself as a White South African, and one described her/himself as Filipino/Chinese. The age range of participants was from 32-70 years ($M=52$, $SD=9.2$). Per generational categories typically used in the US (Weston, 2001), one participant was a member of the Silent Generation (born before 1945), six were Baby Boomers (born 1945-1960), and eight were members of Generation X (born 1960-1981). Participants had been in management positions for 3-25 years ($M=10$, $SD=6.5$). Ten had a master's degree, four had a baccalaureate degree, and one had an associate degree.

The method of extracting demographic information used in this study elicited discussions about how behavioral norms within nursing were changing. Most managers ($n=12$) said that different generations of nurses view workplace bullying differently. For example:

I think the younger generation doesn't put up with it as much as the older generation does. The older generation is more, like, "you just buck up and deal with it. Get tough. You know? I had to deal with it, so you will, too." (Jean, Gen X)

Eleven of the managers who said age affected one's view on bullying stated that the new generation of nurses are less tolerant of bullying and quickly look for new employment when bullying is not addressed. In contrast, one said that the newer generation of nurses was more likely to see bullying as normal and to tolerate it. Because managers indicated there were

generational differences in how nurses view workplace bullying, when managers are quoted, their generational affiliation is indicated.

Discursive Constructions of Workplace Bullying

Bullying was constructed in three ways by the managers. The first was bullying as an intrapersonal issue related to a characteristic of the perpetrator. The second was bullying as an interpersonal issue, which was a result of dysfunctional interactions between two people. The third category, which I have labeled, *Is it bullying?*, involved instances when they described behaviors that they could not easily classify. Each of these constructions of bullying was found in all of the interviews. However, bullying as an intrapersonal issue predominated, with 106 quotes versus 79 quotes for bullying as an interpersonal issue, and 23 for *Is it bullying?* Each of these constructions of bullying will be discussed in the following sections.

Bullying as an intrapersonal issue. In this construct, bullying was described as a behavioral issue that could be attributed to a characteristic of the perpetrator, such as family background, current home life, or personality. When bullying was classified as an intrapersonal issue, the perpetrator was often labeled as a “problem child” ($n=9$). Some managers ($n=4$) talked about bullying as a product of the perpetrators upbringing; for example, “[the perpetrator] comes from a very dysfunctional family, and, um, (sp) really thinks she needs to set everybody straight” (Jean, Gen X). Other managers ($n=6$) attributed bullying behaviors to an inability to cope with stress at home:

Um, I’ve had an employee who, uh, has a difficult home life. Is a caregiver at home, a lot of responsibility. Um, a lot of chronic illness. And, um, and when he comes in in a good mood, everything is great. Wow, he does a good job. The floor runs okay.

Everybody has a good time. When he comes in a bad mood, he makes it absolutely hell for everybody. I consider that workplace bullying. Um, so unfortunately he had no insight into his behaviors. (Rose, Gen X)

or at work, “And, (sp) um, one of the things that triggers this [bullying] behavior...is the ha-the busier that she gets and, um, the more intensified her behaviors are” (Molly, Gen X).

Intrapersonal bullying was sometimes characterized as an inherent part of the perpetrator’s personality, such as insecurity ($n=5$), as in the following example; “They [perpetrators] are actually insecure people. Um, they’re people who are not very sure of themselves....they will put somebody down [in order] to be recognized as being maybe better at something than they are” (Julie, Boomer). It could also be attributed to an aggressive personality ($n=8$), as in this description of a bully as a “piranha that just kind of eat(s) everybody up and spit(s) them out” (Anita, Gen X); or a passive-aggressive personality ($n=6$), “she was also extremely passive-aggressive and toxic and really bullied people” (Rose, Gen X).

Finally, intrapersonal bullying was explained as “that’s just the way she is” (Jean, Gen X) ($n=5$), which was used as an excuse to “allow people to have behaviors that probably would not be allowed in other sectors, you know, of, of business or education” (Jean, Gen X). All of the managers said that excusing behaviors due to personality traits was wrong, and that people could be taught to overcome their personality and to behave in a professional manner at work.

Bullying as an interpersonal issue. In this construct, bullying was the result of a dysfunctional interaction between two people. Some managers ($n=12$) described bullying as a “breakdown in communication, especially when somebody is intentionally trying to do that”

(Anita, Gen X). These situations were also described as “this person’s word against that person” (Tina, Boomer) and as “a he said/she said [situation]” (Tina, Boomer). One manager described a situation she was currently dealing with in the following manner:

I have a situation going on right now where I have a person who’s worked here forever who is a transporter. Um, and, um, I worked with him, his other colleague, um. They were having communication issues. And the colleague was saying, you know, “I can’t work with him. He treats me horribly. Um, I can’t stand the way he talks to me.” And the bully is telling me, you know, “I can’t work with him. His work ethic is terrible. He’s lazy. He’s, uh, I don’t like his lifestyle.” (Mandy, Gen X)

In this passage, even though Mandy labeled one person as the “bully,” she also said “they were having communications issues,” indicating she felt both parties were responsible for the problem.

Bullying was also described as resulting from personality clashes between the target and the bully ($n=4$). One manager described an incident that she attributed to “personality conflicts, but to me it’s still a form of bullying” (Madelyn, Silent Gen). Another said she was dealing with two people who were like “oil and vinegar” (Tina, Boomer).

Managers also attributed bullying to targets who were unwilling, or unable, to confront the bully ($n=10$), as in the following quote, “But I just think that sometimes the bullying is perpetuated by maybe the receiver’s inability to manage the situation” (Lois, Boomer). Another manager said bullying occurs because the targets, “don’t want, they just don’t want conflict. They don’t want to, you know, be in conflict...so everybody just tiptoes around her [the bully]” (Jean, Gen X). Bullying was also described as the result of an

interaction between an assertive target and an aggressive perpetrator ($n=2$), as in the following example where the manager described her own experience of being bullied:

This, this person right here that always had me as a target, I stood up to her a few times and that's part of the reason that she didn't like me....Well, now I forever have this target on my back, regardless of where I'm at in leadership. (Anita, Gen X)

Other managers said that bullying that was a result of interpersonal issues could be prevented by teaching targets to be assertive or to communicate more effectively.

Is it bullying? In this construct of bullying, managers discussed situations where they were not sure if the behaviors they were seeing, or hearing about, could be classified as bullying ($n=15$). Managers said that behaviors could be difficult to categorize because “What one person thinks is, uh, bullying or conflict another person might think, you know, it's, falls within their realm of tolerance” (Rita, Gen X), indicating that how the behavior is perceived should be taken into consideration in determining if bullying has occurred. Another manager said behaviors were difficult to categorize because:

...they're very subtle. It's more, like, sometimes words that people say, I think, (sp) Or not saying anything at all. Um, because I, you know, when I was talking to my advisor, um, and she said, “You know those are kinds of bullying? ... And I don't, I'm not sure, really.” (Molly, Gen X)

In this passage, Molly described interactions she perceived as inappropriate, but did not know how to classify. While Molly's advisor thought the behaviors were a form of bullying, Molly remained unsure. Other managers ($n=5$) said classifying an incident as bullying came down to experience and judgment. For example, “there is judgment to it. I mean, it's not black and white. It's gray,” (Kelly, Boomer). These managers said prior knowledge of the

person's behavior would help them decide if a given situation was bullying or if they were just "having a bad day" (Julie, Boomer).

Discourses and Action Orientation

Within the interviews, two discourses of workplace bullying management were identified; each was associated with a given action orientation. The first discourse, managing bullying as *their responsibility*, involved discussions of the responsibilities of staff, including targets and perpetrators. Managers did not use this discourse to absolve themselves of responsibility. Within this discourse they assumed the action orientation of *supporting staff's actions*. The second discourse was managing bullying as *my responsibility*. In this discourse, managers talked about taking primary ownership for managing bullying, and the action orientation was *asking staff to support the manager's actions*.

Both discourses were present in all of the interviews. However, a count of the number of quotes from each of the discourses indicated either *it's their responsibility* or *it's my responsibility* predominated in eight of the interviews. In the remaining seven interviews, all of which were with managers from Generation X, both discourses were given equal weight.

Managing bullying: Their responsibility. This discourse involved discussions of the responsibilities of targets, and other staff, to address incidents of bullying. Within this discourse, roles and responsibilities were fluid; targets and witnesses had an obligation to act, and managers took a supporting role. For example, when asked, "Who has primary responsibility for ending or resolving instances of workplace bullying?" one manager said:

And we told them that, you know, we would ask them if they've talked to their co-workers first before they bring it to us. And, and, um, you know, and if they don't feel comfortable, then providing that coaching time for them. (Mandy, Gen X)

In this passage, the manager gives the staff primary responsibility for addressing issues, and describes her responsibility as one of providing support by being a coach.

Managers said managing bullying is the responsibility of staff because, “You [the manager] cannot be there 24 hours a day and seven days a week, and so you have to train the staff to recognize it and to, uh, stop it.” (Jean, Gen X). In this passage, the manager takes the action orientation of supporting staff when she mentions training them, but clearly expects them to “stop” the behaviors. Managers also said when staff confronted bullying, it was resolved quicker and easier, as in the following passage:

They saw that it [confrontation] worked. Not that I- I didn’t have to fire her. The staff could confront the person and-and they could get the results they wanted, that it could lead to either the person leaving on their own or, oh my gosh, you know, [saying] “I-I didn’t really know I was doing this and I’m willing to change these behaviors and move forward.” (Tina, Boomer)

This manager said that because of their past successes with confronting bullying behaviors, her staff was more likely to continue to confront these behaviors when they occurred.

Staff were assigned responsibility for managing bullying that was characterized as both interpersonal and intrapersonal. Interpersonal issues were always described as the responsibility of staff to resolve, with the manager taking the action orientation of *supporting staff’s action*. For example:

And, um, I’ve been able to say to somebody, “okay, there seems to be a communication issue between you and that other person. Have you talked to that person? ...I’ll be happy to be a mediator.” (Julie, Boomer)

In another example, Natalie (Boomer), talked about handling bullying situations “where communication was poor” by “empowering the staff to hold each other accountable.” In both these passages, managers assume a supporting role and give staff primary responsibility.

On the other hand, bullying that was characterized as intrapersonal was sometimes described as the manager’s responsibility, and other times as the staff’s responsibility. Managers said it was important for staff to confront intrapersonal bullying when they saw it because “people can be on good behavior (laugh) when the manager’s around. And so it’s, it’s really other co-workers observing it and saying, ‘You know, that’s really not okay’ [that resolves the problem]” (Natalie, Boomer). Lee (Gen X) said that drawing attention to behaviors “in real time” would let the perpetrator know these behaviors were unacceptable, and would eliminate bullying.

Managing bullying: My responsibility. In the discourse of bullying as *my responsibility*, managers talked about situations that were their responsibility to manage. Discussions of managing bullying as *my responsibility* were only found alongside discussions of bullying as an intrapersonal issue, as in the following example:

I’m just have given her a last or a final written warning. So basically, um, when we-I met with her with the union representative and, um, my HR person, I made it very clear that, um, (sp) the um her beha-her inappropriate behavior towards staff, verbally agr-aggressive behavior, condescending tone, demeaning, um, um, is not acceptable. Um, and then that retaliation is another grounds for her to be, um, terminated. (Molly, Gen X)

In this passage, the manager indicates she is responsible for addressing bullying by saying “I’m just have given her a last...warning.” By describing the behavior as “verbally

aggressive, condescending tone, demeaning,” she characterized it as intrapersonal bullying that was a result of a personal characteristic of the perpetrator. Earlier in the interview, she also attributed the behavior to the perpetrator’s home life and inability to deal with stress.

Managers also discussed assuming primary responsibility for bullying that was overt and public; for example, “[telling] her teammate to ‘F off’, out loud. In the nurses’ station” (Violent, Gen X), or involved multiple targets, as in the following example:

And then sometimes if I get more and more complaints about somebody, I have to set them down. If other people have tried and it hasn’t worked, you know, to sit them down and say, “Okay. This and this and this.” (Julie, Boomer)

In this passage, the manager took responsibility (“I have to set them down”) because she has received multiple complaints about behaviors that others have tried to remedy. Managers also said they would assume responsibility when there were multiple complaints to avoid a situation where the perpetrator felt “ganged up on” (Julie, Boomer).

Finally, managers (n=3) talked about taking primary responsibility for managing bullying when it was making staff sick. For example:

I had nurses coming into my office, nurses that were literally becoming nauseated and feeling very upset before they had to come to work if they knew they were working with her....it was... about 11 people at the time... And, and, um, we ended up going through the, you know [progressive guidance]... (Lois, Boomer)

When describing this incident, Lois never mentioned asking staff to confront the perpetrator. Her only expectations were that they would document “specific incidences and what had happened and what was said and how they felt” (Lois, Boomer).

Within the discourse of managing bullying as *my responsibility*, managers took the action orientation of expecting staff to support their efforts, primarily by providing documentation of behaviors. Without this documentation, managers said they could not adequately address bullying. They also talked about how difficult it could be to get both targets and witnesses to put their complaints in writing. As one manager said:

...if that's the one thing that I've learned with nursing is that everything has to be documented. Because of the unions, and the grievances. And sometimes you can't get the receivers to do that... because they think it'll get worse or they don't want their names associated with it or - I find a lot of that. (Anita, Gen X)

As exemplified by this passage, managers said that fears of retaliation or escalated behaviors could inhibit documentation. They said it was their responsibility to protect targets from retaliation, but admitted that "it [the possibility of retaliation] just sometimes makes me nervous as a manager, because I can't control everything" (Molly, Gen X). Managers ($n=5$) also said staff were reluctant to provide documentation because:

Nurses are huge, huge caretakers. They complain, complain, complain, complain. And then you start taking care of things. And then, [they say], "Oh, why are you doing? Oh, you know, they're getting better." ... And then the documentation stops. (Rose, Gen X)

Because nurses have been reluctant to provide documentation in the past, Rose (Gen X) said that before she responded to complaints of bullying, she would tell the target:

If you decide that you don't want to say anything to me, or you don't want to write things down when I ask you to write things down, you need to understand that you

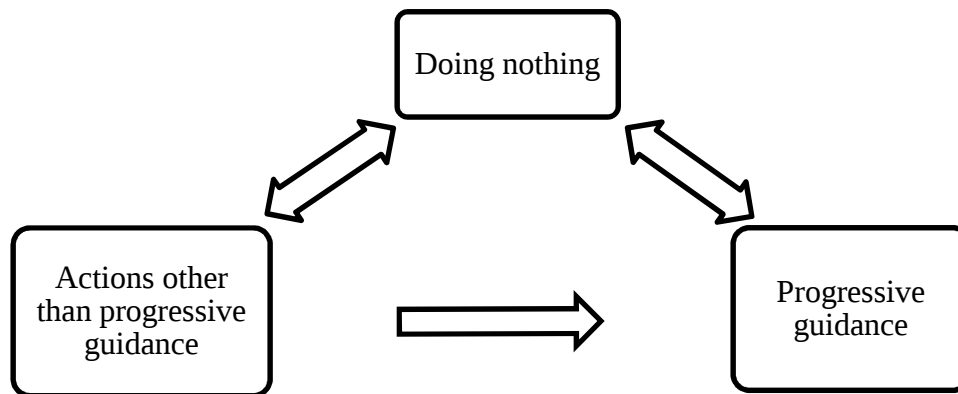
will work with this person for the rest of your life. (sp) And they're not going to change.

This passage illustrates how interrelated discourses of *it's my responsibility* are with the action of *asking staff to support managers' efforts*. When managers do not directly witness the behaviors, they cannot address bullying without the support of staff.

Practice

Within the interviews, three possibilities for action were identified. These were *doing nothing*, *progressive guidance*, and *actions other than progressive guidance*. Managing bullying was described as a dynamic process that could involve all three actions (see Figure 4.1). The exception to this fluidity is between *progressive guidance* and *actions other than progressive guidance*. Once managers initiated the process of progressive guidance, they talked about going back to *doing nothing* if the behaviors changed, but they never talked about going back to *actions other than progressive guidance*. Progressive guidance was presented as the last chance, and the likely outcome of this action would be the resignation or termination of the bully. As one manager said, "I just don't think he's salvageable" (Rose, Gen X). If managers went back to *doing nothing* because the person changed their behaviors, they indicated they would go straight back to progressive guidance because, "Those people who are unmotivated to change and unwilling to change and unwilling to see the reality of the situation are lost causes" (Rose, Gen X).

Figure 4.1: Practice of Managing Workplace Bullying



Doing nothing. Within the discourse, the action of *doing nothing* was one of the actions available to managers. Most ($n=11$) said this was a common response in times past; for example, “I will tell you, at that time, um, not, not much was done about it. But that was, you know, different times” (Lois, Boomer). They also described *doing nothing* as a response commonly used by other managers ($n=12$); for example:

Um, the two managers that I work closest with, um-well, the director and then the family birth center manager, um, don’t do anything about it other than, you know, I mean, if they hear about it, they might say, “Well, that’s just the way she is,” or, you know. (Jean, Gen X)

Participants ($n=8$) said that managers might *do nothing* because they had competing priorities, or because they viewed bullying as the responsibility of the staff to resolve. Anita (Gen X) explained it this way, “Um, but there are some [managers] and they’re - ‘I’m too busy, you know. You guys need to work it out for yourselves. You’re adults.’ Which is true to some extent” (Anita, Gen X). In this passage, Anita attributed *doing nothing* to other

managers, but by saying “which is true to some extent,” she lent support to the notion that staff sometimes need to work out these issues for themselves.

Doing nothing was also talked about as a response to bullying perpetrated by nurses who were labeled clinically competent ($n=7$). In the following example, the manager recounted bullying that she witnessed as a staff nurse:

But management knew. They'd been told. In meetings they would talk about it, but nothing was ever done because somebody else kind of liked this nurse. And she was a very competent nurse. I mean, knew-and-and she could be a really good teacher when she felt like it. But she was also extremely passive aggressive and toxic and really bullied people. Um, and nothing was done about that. And people left, and people didn't want to work that weekend that she worked. (Rose, Gen X)

The implication is that bullying behaviors may be tolerated when the perpetrator was a nurse who was viewed as clinically competent, possibly because these nurses provided value to the unit.

While managers mostly talked about *doing nothing* as something other managers did, they also talked about it as one of the possibilities for action available to themselves ($n=6$), as in the following, “So, if you cannot confront bullying behavior because it’s covert, then you can’t discipline for it” (Phyllis, Boomer). In this case, Phyllis justified not acting because the behaviors were covert. In addition, managers talked about *doing nothing* in response to interpersonal bullying, within the discourse of *it’s their responsibility*, as in the following example:

Um, and I have actually, you know, told people, “Okay. You need to address that with [the perpetrator],” if they come to me. I said, “You need to address that with [the

perpetrator].” And (sp) if they don’t, I guess I can’t force them to, because I don’t want to be the mom in the middle. (Jean, Gen X)

In this passage, the manager repeated the phrase “you need to address that,” to emphasize that the target had primary responsibility for resolving this issue. By saying “I guess I can’t force them,” she indicated she would not take further action. Also, by using the phrase “mom in the middle,” this manager placed herself outside the role of a manager, further absolving herself of responsibility to handle the issue.

Doing nothing was mentioned as a response to pervasive bullying, with multiple targets or perpetuated by multiple people, as in the following:

If there’s a lot of pick, pick, picking, like there is with [name of perpetrator] where she’s just, you know, [picking on] a lot of different people. I can’t step in, in all of those. (Jean, Gen X)

There’s a fair amount of tolerance as well....Because it’s rampant. And, and it really, that’s the truth. Because when you’re going to lay down the gauntlet now, you’re going to be laying it down, like, frequently. And that’s that new day. It’s coming. And it’s going to be hard work. (Violet, Gen X)

In the second example, *doing nothing* was described as a possibility for action that was no longer going to be available because her organization was implementing new behavioral guidelines.

Actions other than progressive guidance. All of the managers mentioned responding to workplace bullying by taking *actions other than progressive guidance*. These actions included informal counseling, mediation, or sending both the perpetrators and targets

to classes. The goal of *actions other than progressive guidance* was to change behavior. For example, Phyllis (Boomer) talked about using coaching to “help them [the perpetrator] be aware of their behavior and possibly a different way of doing it.” Kelly (Boomer) talked about using counseling to:

... bring awareness, um, into their work. And just to kind of, to set benchmarks with them. Um, some people end up being disciplined out. They can’t control themselves. Others do well for a while, but then they relapse and then I have to do it [coaching] again. You know? Maybe a, a year later or 18 months later.

This passage illustrates the dynamic nature of *actions other than progressive guidance*; Kelly described going back to *doing nothing* if the person changed their behavior, and proceeding to *progressive guidance* if they did not. Managers also described going from *actions other than progressive guidance* to *doing nothing* if staff did not participate in resolving interpersonal bullying, as in the following example:

So we did some stuff with HR, and we facilitated some communication. But of course the two of them together in the room wouldn’t talk about the issues. And they said they didn’t have any problems. And, um, so then we said, “Okay. If you feel like you don’t have any problems, then we don’t have anything to work out. And I expect you to be able to work together.” (Mandy, Gen X)

In this example, when both parties refused to participate, the manager indicated she would take no further action as long as the two appeared to be working together.

Actions other than progressive guidance were evident in both the discourse of *it’s their responsibility* and *it’s my responsibility*. An example of the former was, “...they’re [the target] experiencing it, but they need to share that experience with that person [the

perpetrator] with me as the mediator” (Tina, Boomer). In this passage, the onus was on the target to “share that experience” and the manager’s role was to be a mediator. An example of *actions other than progressive guidance* in the discourse of *it’s my responsibility* is:

...but then if I see it or if somebody comes to me with a concern, then it is my responsibility to sit down with both people, not maybe at the same time, but to sit down with both people and go over the situation... and explain to them what they can and can’t do and what they can and can’t-don’t have to accept. (Madelyn, Silent Gen)

In this passage, by using the phrase “my responsibility,” the manager assumed full responsibility for establishing expectations for future behavior. In addition, she did not describe asking the parties to communicate, or work out their differences; rather she described setting expectations for future behavior, both on the part of the perpetrator (“can and can’t do”) and on the part of the target (“can and can’t-don’t have to accept”).

Progressive guidance. All of the managers mentioned progressive guidance as an action available to them, although only nine said they had actually used this option to deal with bullying. Discussions of the practice of progressive guidance were all within the discourse of *it’s my responsibility*, as in the following example:

So I interviewed every single person on that shift. Got all their statements, brought it all together, sat him down with a union rep, and I said, “So, I’ve had 13 conversations with you regarding your behavior. I provided a one-hour crucial conversations [class] to 22 employees to help you with your behavior. This is what happened after that.” I read all the comments. And I said, “It has now escalated to a written warning. Another episode goes to a final written warning with suspension, and then I will

terminate you for this behavior. I would rather not do that, but if you don't change, I will." (Rose, Gen X)

In this passage, the prevalent use of I-statements indicated the manager was taking responsibility for the action. She justified her use of progressive guidance by listing the other actions she had tried, and made it clear that the only options available to the perpetrator were changing the behavior or termination.

Once a manager initiated progressive guidance, they said that to protect confidentiality, they could no longer inform staff of their actions. They said that this could create problems, as targets still had to work alongside the perpetrators. Natalie (Boomer) said the staff had to "trust that we can, you know, that we'll take care of this and make sure that you have a comfortable environment to work in. And ... realize that this takes longer than we would like it to." Another manager said if the disciplinary process "drags on too long, people just leave, they don't think it's going to get any better" (Anita, Gen X). Anita also described being involved in a never-ending cycle of progressive guidance:

And so what they do is they change the behavior once the progressive guidance starts... With just, just enough difference that it has to be addressed a little differently ... And you have to start this whole process, to some degree, over and over and over again. So you can never get rid of them [quiet voice]. You can never get rid of the bullies. I've got that one figured out. They just-they never go away.

This example, which was in a unit in which Anita was no longer employed, began when Anita was a staff nurse, continued when she was assistant manager, and was still ongoing. Other managers ($n=4$) also described instances when perpetrators would change their behaviors just enough to slip under the radar or "be good long enough to let the progressive

guidance lapse” (Jean, Gen X). During “those lengths of time in between bad behaviors” (Anita, Gen X), managers could resume the action of *doing nothing*. However, if the behaviors returned, managers would immediately resume progressive guidance.

Subject Positions

There were two subject positions that were identified in the discourse: *in control* and *struggling*. Eight managers adopted the subject position of being in control; three adopted the position of struggling, and four were sometimes in control and sometimes struggling.

In Control. When managers adopted the subject position of *in control*, they talked about managing bullying in a self-confident, assertive manner. They described knowing what actions to take, and described carrying them out without hesitating. For example, when asked how other managers handled bullying, Rose (Gen X) said, “Um, if somebody’s a good communicator and a strong manager, um, hopefully they’ll do the same things that I do.” By saying “they’ll do the same things I do” and equating that with being a “good communicator and a strong manager,” this manager indicated she feels she has control over the process of managing bullying.

Managers who were in control talked about “developing an action plan” (Tina, Boomer) or developing “a timeline...and following up” (Lee, Gen X). They took ownership for their actions, as in the following example:

And I went to my director and I told my director to stay out of it. Because she gave my director a copy of the letter too. I told my director what was going on and I told her that I am not going to do this he said/she said. (Tina, Boomer)

This manager expressed confidence that her actions were appropriate, and communicated this confidence to her boss by telling her to “stay out of it.”

Struggling. Other managers talked about bullying from a position of *struggling*, as in the following passage:

... it's a situation I'm dealing with right now where there is just (sp) one, one party is really trying to participate and find resolution and the other one is flat out refusing...Um, and I'm really struggling with that one...I-I'm not even sure, as a manager, how to overcome that resistance. I-because to do it, you'd almost have to tear somebody down, versus trying to be a mediator in-even just talking about it just makes me frustrated [laughs]. I was just dealing with it on Friday, so.... (Anita, Gen X)

In this passage, the manager described struggling because the perpetrator was not engaging in efforts to resolve the problem, which was characterized as an interpersonal issue. Later in the interview she also talked about struggling because other managers did not support her efforts. She said, "I think you find...you're battling other leadership sometimes as much as you're battling the problem bullying staff" (Anita, Gen X). Lack of support from other managers or from human resources was mentioned in four of the interviews in which managers took the subject position of struggling.

Managers also positioned themselves as *struggling* when they described bullying that was ongoing when they became manager. One manager said she had been trying to eradicate bullying in her unit for two years but was unable to because:

It, it um ebbs and floats with the different people. So, if you cannot confront bullying behavior because it's covert, then you can't discipline for it; therefore, it must be okay. And, or "I won't get caught."... I mean you would have to eliminate more than one [staff member] in order to really change the culture. I've tried hiring people from

the outside. That was, has been my intent. Um, and they suck right into the culture.

(Phyllis, Boomer)

This manager also attributed her struggles to the covert nature of bullying, and to the presence of multiple perpetrators. In another part of the interview, this manager stated the overall culture of the hospital supported bullying, and her efforts to eradicate bullying on her unit had been undermined by upper management and human resources.

Unions and the grievance process were another factor that managers talked about as contributing to their struggles to manage bullying. Kelly (Boomer) described the process of terminating an employee for bullying behaviors as:

Kelly: ... brutal. It's exhausting. And then you have the union-this was a nurse. So then you've got the union involved. And you can't do anything with the union. I shouldn't say that. It's not really true. But you have to be careful. I mean - they've got their processes, too, that you have to work with, work through. It takes a long time. And that person tried, I mean, they try to bully you, too. It's their behavior.

Interviewer: They tried to bully you into dropping the process?

Kelly: Dropping it, saying that, that, um, the information is bogus. Um, that you're being too picky. That you're, you know, um, this isn't important.

Struggling was also attributed to "not knowing" (Kelly, Boomer) what to do. Phyllis

(Boomer) said she did not know how to respond to bullying because she used to be a bully:

I try and-I, I don't know that I have a really good handle on how to deal with it. Um, I think I try and understand what's going on, but then I try (sp) let's put it this way, I used to be a bully. I would make people cry, because I would go, "What do you think

you're doing?" And I would, I would scream at the staffing coordinators. (Phyllis, Boomer)

Phyllis said her manager at the time helped her change her behaviors by bringing them to her attention, and this was the tactic she used on her current unit. However, it was not proving to be effective, and she was struggling to find another way of managing bullying. Finally, managers positioned themselves as struggling because they "don't like those uncomfortable confrontational things" (Violet, Gen X), or because they were "equally as intimidated as maybe the person who was intimidated or, um, was a victim of bullying" (Lee, Gen X).

Discussion

The managers who participated in this research study talked about workplace bullying as a complex and nuanced problem that presents challenges for managers. Within the interviews, there were three characterizations of bullying. It could be characterized as an interpersonal issue involving two parties, an intrapersonal issue related to characteristics of the perpetrator, or as an ambiguous situation (*Is it bullying?*). These findings are similar to those reported by a study that examined bullying in various organizations in Belgium (Baillien, et al., 2008). Baillien et al. examined cases of bullying and determined they were the result of interpersonal conflict, ineffective coping on the part of the perpetrator, or long-standing negative behaviors by the entire workgroup.

In the current study, an additional characterization, *is it bullying?*, was identified. This construct included behaviors and incidents that managers struggled to classify. When managers expressed uncertainty about the classification of behaviors, they also said they did not know how to respond to complaints, and often resorted to doing nothing. Two other qualitative studies, one with human resource professionals (Cowan, 2012) and the other with

hospital nursing unit managers (Lindy & Shaefer, 2010), also reported that participants in their study struggled with determining if behaviors were actually bullying, or some other behaviors such as unintentional rudeness. As with the study reported here, these studies reported that difficulties in classifying behaviors could lead to nonaction on the part of managers (Cowan, 2012; Lindy & Shaefer, 2010).

Another finding of this study was that managers' characterizations of bullying accompanied one of two discourses of workplace bullying management. When bullying was characterized as an interpersonal issue involving two parties, managers invoked the discourse of managing bullying as *their responsibility*. In these cases, staff, including targets, were assigned primary responsibility for resolving the problem, and managers assumed the action orientation of supporting staff. On the other hand, when bullying was characterized as an intrapersonal issue, there were a few mentions of the discourse of *it's their responsibility*, but managers primarily invoked the discourse of *it's my responsibility*. In other words, bullying as an interpersonal issue was primarily framed as the responsibility of staff to resolve, whereas bullying as an intrapersonal issue was sometimes framed as the responsibility of staff to resolve and other times as the responsibility of managers.

While Baillien et al. (2008) did not explore whether different categorizations of bullying were responded to differently, the relation of action to classification of bullying was also reported by a study with human resource professionals in the UK (Harrington, 2010). In this study, bullying-type behaviors among peers were classified as "genuine bullying" (Harrington, 2010, p. 217), whereas similar behaviors emanating from managers and directed toward subordinates were classified as "performance related issues" (p. 222). The former was described as the human resource professionals' responsibility to handle, whereas

responsibility for resolving the latter was assigned to the target and the manager (Harrington, 2010). Harrington concluded that this allows human resource professionals to legitimately avoid handling cases of manager-on-subordinate bullying. Similarly, in the current study, when managers characterize bullying as an interpersonal issue, and deflect responsibility for resolution to the target and other staff, they may legitimize their reluctance to become involved.

Within the discourse of workplace bullying management, managers described a variety of actions they could take, including *progressive guidance*, *actions other than progressive guidance*, and *doing nothing*. This important finding suggests that managing bullying is a fluid process that can involve multiple responses. The choice of action is dependent both upon the characterization of the incident, and the willingness of staff to participate in management of bullying. For example, when targets or other staff expressed unwillingness to confront incidents that were characterized as interpersonal bullying, managers said they would not intervene, and described taking the action of *doing nothing*. Previous research has documented that targets feel managers are unresponsive, and indifferent, to reports of bullying (Gaffney, 2012; Namie & Lutgen-Sandvik, 2010), and the action of *doing nothing*, which is reported in this study, would appear to verify this claim. On the other hand, another study reported that managers feel they have an ethical obligation to respond to complaints of bullying (Lindy & Shaefer, 2010). Since managers' responses to bullying are based on their characterization of behaviors and assignment of responsibility for addressing them, managerial inaction may not be a result of indifference. It is plausible that managers do not take action because they do not characterize the behaviors in the same way that targets do, or they feel that the targets have a responsibility to participate in the

resolution of the problem. To test this hypothesis, future research is needed to further explore how managers and staff characterize and assign responsibility for resolving identical bullying scenarios in their given positions and roles in an organization.

Previous research has also documented that many targets feel managerial responses made the situation worse (Gaffney, 2012; Namie & Lutgen-Sandvik, 2010). In the current study, managers expressed the expectation that targets should participate in confronting bullying behaviors and engage in mediation with perpetrators. Within the academic community, the appropriateness of requiring targets to confront, or engage in mediation with, perpetrators has been debated. While some scholars say these responses can stop bullying (Griffin, 2004; Stagg, Sheridan, Jones, & Speron, 2011), others say they should be used with caution, and only in the early stages of bullying (Cortina & Magley, 2003; McColloch, 2010; Zapf & Gross, 2001). The academic discourse posits that in situations where bullying is entrenched, and the victim has less power than the perpetrator, confrontation by the target, or mediation involving the target, can cause further trauma and can even lead to an escalation of bullying behaviors (Keashly & Nowell, 2011; Zapf & Gross, 2001). In the current study, managers acknowledged that targets can be reluctant to confront perpetrators out of fear and may be unwilling to engage in mediation; however, there was no mention that these responses to bullying may be inappropriate.

One of the findings of this study, which has not previously been documented, is the subject positions of managers related to workplace bullying. As the analysis revealed, managers sometimes positioned themselves as *in control* of managing bullying, and other times as *struggling*. One would generally expect managers to assume the subject position of being in control, as this is the position advanced by discursive constructions of management

(Alvesson & Deetz, 2000). When managers in this study talked about *struggling*, it was in the context of not knowing how to respond to bullying, when others within the organization were not supportive, or because perpetrators filed a grievance with the union. In addition, *struggling* was attributed to being overwhelmed with competing responsibilities, including the supervision of multiple reports and multiple units. Addressing these issues could help managers feel more in control of workplace bullying management.

Notably, this study also uncovered generational differences in discourses of the acceptability of bullying. The managers in this study said that while the previous generation of nurses tolerated and accepted bullying-type behaviors, the new generation of nurses was being taught that they were not acceptable. These findings offer hope that in the future, bullying among nurses will be less prevalent.

The results of this study also indicate there are generational differences in discourses of the management of bullying. All of the managers who gave equal weight to discourses *their responsibility* and *my responsibility* were members of Gen X. On the other hand, managers who were Boomers or members of the Silent Generation, emphasized one discourse over the other. This finding suggests that discourses evolve and change over time, and the observed difference could be attributable to evolving discourses of management. Members of Gen X generally grew up in households where both parents work, are not intimidated by authority figures, and consequently expect workplaces to be egalitarian and participatory (Tolbize, 2008; Weston, 2001). On the other hand, Boomers tend to either support an authoritarian style of leadership or are distrustful of authority (Tolbize, 2008; Weston, 2001), attributes that might explain why they emphasized one discourse over the other. Further study is needed to corroborate these generational differences, which could

have important implications for the management of workplace bullying, as more members of Gen X will be moving into management in the future.

Implications for Practice

The findings of this study can be used to inform the development of interventions that help transform the discourse of managers. In particular, attention needs to be given to how managers inherit the discourses within organizations. Future studies can include an evaluation of how the classification of events influences action. Additionally, management of bullying is not an easy process. Organizations should identify ways of supporting managers. Formal mentorship programs can be established whereby experienced managers can help new managers through the process, or organizations can establish positions, such as an ombudsman, who can share the responsibility of managing bullying and other conflicts, thus removing some of the burden from unit managers (Keashly, 2010).

Limitations

As with any study, there are limitations to this study that should be acknowledged. Discourse analysis is, by nature, a subjective endeavor. It is possible that another researcher could interpret interview transcripts differently (Wodak & Meyer, 2009b). The goal of discourse analysis is not to uncover absolute truths, but merely to uncover how different versions of reality are constructed through language (Wodak, 1999). Accordingly, this research can be viewed as as part of the discourse on managers and workplace bullying. Different interpretations and dissenting views would also be part of this discourse. To minimize subjectivity, the results of this study were shared with other researchers who ensured that all findings were grounded in the interview data and backed by appropriate examples.

Conclusion

This study provided important contributions to the field of workplace bullying research. In contrast with studies which suggest that managers are indifferent or unresponsive to complaints of bullying, the findings suggest that managing bullying is a complex problem, one which managers often struggle with. Generational differences in the discourse of bullying were also uncovered, which suggests that management of bullying is an evolving process.

Chapter 5: Comparison of Organizational and Managerial Discourses of Workplace Bullying

Abstract

Aim: The aim reported in this chapter was to compare discourses of workplace bullying of hospital nursing unit managers with the discourses in the official documents of the hospitals in which they worked.

Background: Workplace bullying has been identified as a serious concern for the nursing profession. However, staff report that managers do not always address bullying. Hospital documents may influence managerial responses to bullying; however, organizational discourse theory suggests that texts produced by an organization will only influence action if they are part of the general discourse.

Sample: Interviews were conducted with hospital nursing unit managers ($n=15$). Fourteen documents were collected from 6 of the 7 hospital organizations in which managers worked.

Method: This study used interviews to obtain data on managerial discourses. Interviews were analyzed using Willig's Foucauldian Discourse Analysis. Data on hospital discourses were obtained from documents such as policies and procedures and codes of conduct, and were analyzed with Fairclough's Critical Discourse Analysis.

Findings: Managerial and hospital discourses contained similarities and differences. Notable differences were found in the words used to label bullying-type behaviors, the assignment of responsibilities for managers and staff, and the actions available to managers within the discourse.

Conclusion: Differences in hospital and managerial discourses on bullying may allow managers to act in ways that are not sanctioned by official discourse, leading to inconsistent responses to complaints of bullying.

Introduction

Workplace bullying is an occupational issue and is garnering increased interest and attention from academics, professional disciplines such as nursing and human resources, as well as organizations (Fox & Stallworth, 2009; Ghosh, Jacobs, & Reio, 2011; Namie & Namie, 2009). Within the academic discourse, workplace bullying is defined as frequent and persistent negative workplace behaviors that have the effect of harassing or intimidating another person, or persons, in the workplace (Einarsen, Hoel, Zapf, & Cooper, 2011a). Many of the behaviors that constitute bullying, such as gossiping, telling inappropriate jokes, or criticizing the work of another, may be relatively common, and are symptoms of generalized incivility (Pearson, Andersson, & Porath, 2005). These behaviors are defined by academics as bullying when they are consistently (i.e., for a period of at least six months) and frequently (i.e., on a weekly basis) directed at one or more persons (Leymann, 1996). Academics suggest that within workplace bullying, a power imbalance exists between the perpetrator and the target, which makes it difficult for targets to resolve bullying (Einarsen, Hoel, Zapf, & Cooper, 2011b; Leymann, 1996). Empirical evidence also suggests that targets generally need assistance to successfully resolve incidents of bullying (Ferris, 2004; Zapf & Gross, 2001). However, targets and witnesses of bullying often report that managers and other members of the organization do not intervene on their behalf (Dzurec & Bromley, 2012; Namie & Lutgen-Sandvik, 2010).

According to organizational discourse theory (Fairclough, 2005; Phillips, Lawrence, & Hardy, 2004), actions of members of an organization are influenced by organizational discourse, or the words and language used to describe phenomena and the social practices related to these phenomena. Organizational discourse is created, in part, through the

production of texts (e.g., mission statements, codes of conduct, policies and procedures). Examination of these texts can give researchers an indication of what issues an organization is concerned with (Phillips, et al., 2004). Organizational discourse theory posits that some texts are influential while others are not. For example, texts that are not widely disseminated or discussed by members of the organization will not influence behaviors (Phillips, et al., 2004). Texts can also be reinterpreted according to the norms and values of individual workgroups, allowing policies to be resisted or ignored (Kirby & Krone, 2002; Marshak & Grant, 2008). When studying what organizational discourse is and how it influences action, it is important to explore both written discourses codified in texts and oral discourses of members of the organization, since the mere presence of text does not guarantee action.

In this chapter, I will describe the analysis of the third specific aim, which involved the comparison of discourses of workplace bullying of hospital nursing unit managers with discourses found in the documents produced by the hospitals in which these managers worked. I will first review the literature on workplace bullying. I will then discuss the methods used in this study. Finally, I will present the findings of this research study, followed by a discussion of the implications of these findings for research and practice.

Literature Review

Workplace bullying is a phenomenon that is experienced by nurses in many different settings, and in many different countries (Abe, 2010; Johnson, 2009; Magnavita & Heponiemi, 2011). The prevalence of bullying among nurses has been reported to be around 21-31% in the US (Berry, Gillespie, Gates, & Schafer, 2012; Johnson & Rea, 2009; Purpora, Blegen, & Stotts, 2012; Simons, 2008), 33% in Canada (Laschinger, Grau, Finegan, & Wilk, 2010), and 21% in Turkey (Yildirim, 2009). In contrast, the prevalence of bullying among

the general population of workers is estimated to be around 9-13% in the US (Namie & Lutgen-Sandvik, 2010), and 10-15% internationally (in a sample from 24 countries including Turkey, the US, and Canada) (Einarsen, et al., 2011b; Nielsen, Matthiesen, & Einarsen, 2010). Since the nursing profession seems to have a higher risk of experiencing bullying, it is important to study this phenomenon in organizations, such as hospitals, that employ a high proportion of nurses.

Research into workplace bullying has primarily focused on bullying from the perspective of targets, and not much is known about how managers or hospitals say they respond to workplace bullying. The academic discourse suggests that managers need guidance, in the form of written policies, to effectively address bullying (Rayner & Lewis, 2011). In addition, the nursing literature has suggested that in the US, hospitals are required to enact policies that address workplace bullying (Johnston, Phantharath, & Jackson, 2009; Kaplan, Mestel, & Feldman, 2010; The Joint Commission, 2008; Vessey, Demarco, & DiFazio, 2010). However, there is little empirical evidence to indicate how many hospitals actually have anti-bullying policies, or what these policies actually say. Two studies, both in New York State, reported that 55% ($n = 59$) of nursing leaders (Sellers, Millenbach, Kovach, & Yingling, 2009), and 39% ($n = 1,037$) of staff nurses (Sellers, Millenbach, Ward, & Scribani, 2012) said their hospital had a policy that addressed bullying. However, only 42% ($n = 45$) of the nursing leaders (Sellers, et al., 2009) and 29% ($n = 771$) of the staff nurses (Sellers, et al., 2012) reported that these policies were consistently enforced. While these studies were not from a representative national sample, and cannot be generalized, they suggest that the mere presence of policy does not ensure that workplace bullying will be addressed, and indicate an area that warrants further research.

Interpretation of policies can affect whether and how bullying will be addressed (Rayner & Lewis, 2011). Cowan (2011) examined both the content of policies in an unspecified sector of organizations in the US, and human resource professionals' interpretations of these policies. This study reported that there were discrepancies between how these professionals interpreted policy language and what "the policy documents actually detailed" (Cowan, 2011; p. 321). This study also found that policies were used in an ad hoc manner based on what human resource professionals thought they should say, rather than what they actually said. This can lead to a situation where bullying is not consistently addressed by members of an organization (Cowan, 2011).

Interpretation and implementation of policies has been both theoretically (Phillips, et al., 2004) and empirically (Kirby & Krone, 2002) linked to the discourses of members of an organization. Kirby and Krone examined work-family policies, and found that these policies were not always enacted as intended. Discourses on gender roles, inequity, and commitment to work of co-workers and management influenced whether members of a given workgroup would request, or be granted, provisions within these policies (Kirby & Krone, 2002). These findings, as well as those reported by Cowan (2011), indicate the importance of examining both the content of policy as well as the discourses of those who will be utilizing the policy.

Methods

This study involved interviews with hospital nursing unit managers in Washington State, and analysis of official documents from the hospitals in which these managers worked. Approval for the study was granted by the Human Subjects Committee of the University of Washington. Interview data were analyzed using FDA (Willig, 2009), and hospital documents were analyzed using CDA (Fairclough, 2003, 2008).

Study Settings, Participants, and Recruitment

Hospital nursing unit managers were recruited via advertising and referrals from participants and others who were interested in the study. Inclusion criteria were that participants had been in management for at least two years, and at the time of the interview were employed in a position that gave them at least partial responsibility for hiring, firing, disciplining, and evaluating the performance of employees. Recruitment of participants was concurrent with data collection and initial analysis of data, and ended when participants gave similar answers, indicating data saturation had been reached. Theories of discourse state that there are a limited number of ways of talking about a subject, and large samples are not needed to study discourse (Mills, 2004; Willig, 2009). While data saturation was reached with the tenth interview, five more managers had already been enrolled in the study. The final sample size was 15 managers, who were employed in seven hospital systems.

Data Collection

Data on managerial discourses were collected via two face-to-face individual interviews, approximately 30 days apart. The first interviews were around 75 minutes, and were preceded by a review of the consent form (see Appendix E). The follow-up interviews, designed to clarify points from the first interview and to review hospital documents with the participants, were around 40 minutes. All of the interviews were conducted in a private location of the participants' choosing.

For organizational discourses, hospital documents were gathered in three steps. The first step was to contact the human resource department (see Appendix A); this method yielded twelve documents from three hospitals. The next step was to search the hospital's publically available website using words derived from the content and titles of previously

collected documents (i.e., *bullying*, *harassment*, *code of conduct*, and *disruptive behaviors*). This yielded three documents from two hospitals. Finally, participants were asked if they could contribute documents to the study. One participant provided three documents. Another did not contribute any, which meant that no documents were obtained from the hospital in which this participant worked. In total, eighteen documents were collected. Four were not retained for analysis because they pertained to topics such as violence by patients and corporate compliance; the final sample size was fourteen. Participants were informed prior to enrollment that the researcher would be contacting their organization requesting documents on workplace bullying, and they were assured that their organization would not be informed of their participation in the study.

Data Analysis

Interviews were transcribed verbatim by a professional transcriptionist, and checked for accuracy by the researcher. Analysis of data was facilitated using Atlas.ti 6.2 (2012), a qualitative data management software. To ensure the trustworthiness of the study findings, results were critiqued by an experienced researcher familiar with discourse analysis.

Initially, to address other specific aims of the study, hospital documents and interview data were analyzed separately using Fairclough's CDA (2003, 2008) and Willig's FDA, respectively. The latter is particularly suited for exploring interview data to discover how discursive objects are talked about, and how this language influences action (Willig, 2009). Since FDA was designed to be used with interview data, Fairclough's CDA was used for analysis of the hospital documents.

Both Willig's FDA and Fairclough's CDA are based on Foucault's theory of discourse, which states that language is the medium whereby social constructs, such as

workplace bullying, are created, and that this language shapes how people act in relation to these constructs (Foucault, 1972). Within discourse analysis, one of methods of exploring social constructs is to identify what words are used to describe these constructs (Fairclough, 2003; Willig, 2009). Therefore, the first step in the analysis involved comparison of the words used by managers and within hospital documents to describe bullying-type behaviors.

Foucault (1972) also states that discourses on a specific phenomenon, such as workplace bullying, are related to wider discourses, such as discourses on the roles of managers and subordinates. The second step in the analysis involved the comparison of discourses of managerial and staff roles and responsibilities identified in the interview data with discourses in the hospital documents. This step involved both a comparison across the sample, as well as a direct comparison of individual managers and the documents of the hospital in which they worked. Since discourses are associated with social practices (Fairclough, 2009; Willig, 2009), the final step in the analysis involved comparison of the actions that are available to managers within managerial and organizational discourses.

Results

This section begins with a description of the sample. Next, I will compare the words used by managers in the interviews with those found in the hospital documents to label bullying-type behaviors. Then, I will compare the discourses of roles and responsibilities of staff and managers in workplace bullying management. Finally, I will compare the actions that are available to managers within both the organizational and managerial discourses.

Description of the Sample

Fifteen hospital nursing unit managers from seven hospital systems (see Table 5.1) contributed to the study. They were predominately White American ($n = 13$) and female ($n =$

14). One described herself as white, originally from South Africa, while another said she was Filipina/Chinese. Managers ranged in age from 32-70 years ($M=52$, $SD=9.2$), and had 3-25 ($M=10$, $SD=6.5$) years of experience in management. Ten had a master's degree, four had a baccalaureate degree, and one had an associate degree. Eight managers stated they were aware of their hospitals' policies on bullying-type behaviors, while seven were not. In one hospital system, four of the six managers were not aware of their hospitals' documents.

Fourteen policies from six of the seven hospital systems were analyzed. With the exception of one policy, which was not dated, policies were issued between 2003 and 2011. It was not possible to determine if policies were issued before or after managers came to the organization, as managers were not asked when they started working at the organization, only how long they had been employed in their current position. Policies ($n=10$) were predominately authored by the human resource department. Table 5.1 provides a list of the managers (pseudonyms), the hospital they worked at (identified by number), and the documents from that organization which were studied. In this paper, documents are referred to by both id number and title, as several documents have similar titles.

Table 5.1: Description of Sample

Hospital Number	Participants*	Aware of Documents	Document ID Number: <i>Title of Document</i>	Authored by:	Year Issued
002	Mandy	Yes	002.1: <i>Employee Behavioral Standards</i>	Human Resources	2008
	Julie	No	002.2: <i>Workplace Violence Prevention</i>	Safety	2009
			002.3: <i>Fitness for Duty</i>	Human Resources	2009
003	Madelyn	No	003.1: <i>Disruptive Conduct by Staff, Volunteers, Contractors and Agency, Management of</i> (2009)	Human Resources	2009
	Jean	No			
	Anita	Yes			
	Lee	No	003.2: <i>Standards for Business Conduct</i> (2010)	Human Resources	2010
	Lois	Yes	003.3: <i>Performance worksheet</i> (nd)	Human Resources	nd
	Violet	No			
004	Natalie	Yes	004.1: <i>Anti-harassment</i> (2003)	Human Resources	2003
	Molly	Yes	004.2: <i>Workplace Violence Prevention</i> (2003)	Human Resources	2003
			004.3: <i>Health System Code of Conduct (and addendum)</i> (2010)	Corporate Integrity Program	2010
005	Tina	No	005.1: <i>Harassment Free Environment</i> (2011)	Human Resources	2011
			005.2: <i>Code of Ethics and Business Conduct</i> (2011)	None given	2011
006	Rita	Yes	006.1: <i>Standards of Conduct</i> (2009)	Corporate Responsibility Committee	2009
	Kelly	Yes			
007	Phyllis	No	NA	NA	NA
008	Rose	Yes	008.1 <i>Disruptive Behavior and Response Guideline</i> (2009)	Human Resources	2009
			008.2: <i>Inter-professional Relationships</i> (2007)	Human Resources	2007

*Pseudonyms used

Comparison of Words Used to Label Bullying-type Behaviors

Within the documents, words used to describe bullying-type behaviors were “bullying” (003.1 *Management of Disruptive Conduct*; 003.3 *Performance Worksheet*; 004.1 *Anti-harassment*; 004.3 *Code of Conduct*; 006.1 *Standards of Conduct*), “harassment” (002.1 *Employee Behavioral Standards*; 004.1 *Anti-harassment*; 004.2 *Workplace Violence Prevention*; 005.1 *Harassment Free Environment*; 006.1 *Standards of Conduct*; 008.2 *Inter-professional Relationships*), “physical and emotional abuse” (002.2 *Workplace Violence Prevention*; 004.2 *Workplace Violence Prevention*), “inappropriate behavior” (002.3 *Fitness for Duty*; 003.2 *Standards for Business Conduct*; 004.3 *Code of Conduct*; 006.1 *Standards for Conduct*), and “disruptive behavior” (003.1 *Management of Disruptive Conduct*; 004.3 *Code of Conduct*; 006.1 *Standards of Conduct*; 008.1 *Disruptive Behavior and Response Guideline*; 008.2 *Inter-professional Relationships*). Bullying was never defined within any of the documents. It was given as an example of “disruptive and inappropriate behavior” (006.1: *Standards of Conduct*; 004.3 *Code of Conduct*; 003.1 *Management of Disruptive Conduct*), “inconsistent values based behaviors” (003.3 *Performance Worksheet*), or “harassment” (004.1 *Anti-harassment*). One document did not specifically mention negative behaviors (005.2 *Code of Ethics and Business Conduct*). This document merely stated that employees were expected to treat each other with respect.

All of the managers used the word *bullying* in the interviews; however, most ($n=12$) said they do not use *bullying* in the workplace to label behaviors. Lois (Org 003) described talking to her staff about bullying in the following manner, “When we’re having conversations with staff, [we say], ‘This doesn’t demonstrate the value of kindness...’ or, ‘This doesn’t demonstrate the value of collaboration.’” Another manager said she addressed

behavioral issues thusly, “I just say, you know, ‘I find your behavior inappropriate in the workplace and it’s affecting other people’” (Rose, Org 008). Other words that were used by the managers to describe bullying-type behaviors were “incivility” ($n=5$), “bad behavior” ($n=7$), “disruptive behavior” ($n=6$), and “inappropriate behavior” ($n=6$). Managers in this study ($n=11$) also said they preferred to talk with staff about positive behaviors such as respect, collaboration, and kindness.

When asked how they talked to other managers about workplace bullying, managers said they either talked about “communication issues” ($n=3$), “behavioral issues” ($n=3$), or “problem children” ($n=6$). Several managers ($n=3$) said bullying was not a topic they discussed with other managers. Lee (Org 003) said, “it’s known [that bullying occurs], but it’s almost like taboo to talk about.”

While managers were never directly asked if they agreed with the characterization of behaviors in the hospital documents, the topic was brought up by fourteen of the managers during the portion of the interview where hospital documents were reviewed. Seven managers liked the way behaviors were labeled and defined in their hospitals’ documents, while seven expressed criticism. Managers who were critical said the words used were vague, and too broadly defined. For example, Jean (Org 003) said, “Disruptive behavior isn’t the same thing as bullying, though. I mean, to me that’s very wide. I mean, disruptive could be talking on your cell phone.” Managers who liked the way behaviors were characterized in the documents also said the behaviors were broadly defined, and that this allowed them to use the documents to address a wide range of negative behaviors. One manager indicated she was unfamiliar with her hospital’s label for bullying-type behaviors. When asked what terms her organization used to talk about bullying-type behaviors, she said “Um, (lp) what do we

use? Um, (lp) well abuse isn't the right word either. But it's not bullying. It's um (sp) workplace (sp) I don't know." (Madelyn, Org. 003). When shown her hospital's policy, she said, "...disruptive conduct by staff, [laughs] that's not, I mean, I wouldn't even look for it under that [label]."

Comparison of words found in the documents and words that managers said they use in the workplace to describe bullying-type behaviors reveals that both use the words, "bullying", "inappropriate behavior", and "disruptive behavior" (see Table 5.2). Words used in the documents, but not by the managers, were, "physical and emotional abuse" and "harassment." Words used by the managers, which were not found in the documents, included "bad behavior," "communication issues," "problem children," and "incivility," all of which could be characterized as euphemisms. In general, managers used a wider variety of words and used more euphemisms to describe bullying-type behaviors than the documents.

Overall, managers ($n=12$) said they preferred not to label behaviors. They said they preferred to tell employees they are not adhering to organizational values, or the norms of professional conduct. At least one document from each of the organizations also had language that emphasized organizational values and professional conduct (002.1 *Employee Behavioral Standards*; 003.2 *Standards for Business Conduct* (2010); 004.3 *Health System Code of Conduct (and addendum)*; 005.1 *Harassment Free Environment*; 005.2 *Code of Ethics and Business Conduct*; 006.1 *Standards of Conduct*; 008.2 *Inter-professional Relationships*). A typical example of this language is, "Every member's behavior shall be guided by the core values of [this organization]" (006.1 *Standards of Conduct*).

Table 5.2: Comparison of Words used by Organizations and Managers to Discuss Bullying-type behaviors

Organizations (number*)	Managers (number)
Bullying (3)	Bullying (3)
Inappropriate behavior (5)	Inappropriate behavior (6)
Disruptive behavior (2)	Disruptive behavior (6)
Adherence to organizational values (6)	Not demonstrating organizational values (11)
Physical and emotional abuse (4)	
Harassment (4)	
	Bad behavior (7)
	Communication issues (3)
	Behavioral issues (3)
	Problem children (6)
	Incivility (5)
*Number of organizations that had at least one document using this word.	

Comparison of Discourses of Roles and Responsibilities

Both hospital and managerial discourses contained discussions of the responsibilities of managers and staff in regard to bullying-type behaviors. Within the hospital discourse, staff was given responsibility for treating co-workers with respect, cooperating with managers' investigations, being aware of and conforming to policies and codes of conduct, reporting undesirable behaviors, and refraining from lodging false complaints. This discourse depicts staff whose primary responsibility is to be accountable for their own actions. In the documents, their roles in the management of bullying-type behaviors were passive (e.g., "reporting behaviors" and "cooperating with investigations"). The exception was two policies that delineated a more active role for staff: that of informing perpetrators that their

behaviors were inappropriate. Both of these documents presented this as an optional responsibility, as in the following example, “While we encourage the employee to inform the offender of the unacceptable nature of the behavior, the employee is under no obligation to confront the offender” (003.1 *Management of Disruptive Conduct*). On the other hand, all of the managers said that staff (including targets and witnesses of bullying) have responsibility for informing perpetrators of the inappropriate and harmful nature of their behaviors. For example:

[I said to the target], “It’s your responsibility as a professional to make sure that [you talk to the perpetrator]... Then if they say, ‘Get out of here. I don’t want to talk to you. You’re nuts.’ Or whatever. Then bring it to us. Then we’ll deal with it.” (Lois, Org. 003)

In contrast to the official policy of the hospital in which this manager works, which is quoted above, this manager indicated she will only deal with bullying if staff act first, and if their actions are unsuccessful.

Within the documents, managers’ responsibilities included setting standards for behaviors, noticing violations of behavioral standards, responding to complaints, consulting with the human resource department when necessary, and educating the staff on policies outlining standards of behavior. This discourse describes managers who have an active role in managing behaviors. The discourse of all of the managers contained the same responsibilities that were listed in the documents, with one exception. Only two managers said they were responsible for educating the staff, while the rest indicated this was not one of their responsibilities. In contrast, four of the six organizations indicated that this was the responsibility of managers. Three managers said this education was part of new employee

orientation or was covered in the annual educational requirements for employees. The remainder ($n=10$) did not assign responsibility for educating staff to anyone in particular, as in the following:

This [policy] kind of sits in the policy book and it's there, and some people have read it, but I wouldn't say that we, you know, we don't take this out and give it to staff and say, here, would you read this, because this is how you're expected, um, to conduct, um, your business. (Rita, Org 006)

Interestingly, the documents produced by the hospital in which Rita worked said, “Supervisors may be disciplined for failure to adequately instruct their staff [regarding this policy]” (Org 006 *Standards of Conduct*). While the official discourse in this hospital states that there are sanctions for not complying with this policy, Rita’s comment suggests that these sanctions may not be enforced, as she was unaware of this section her hospital’s policy.

While the hospital discourse described an active role for managers, the managers’ discourse contained descriptions of both active and passive roles. For example, when Rita talked about the policies as just sitting in the book, she assumed a passive role in the dissemination of these policies. Another example of a passive role assumed by managers came from the previous quote by Lois, in which she assumed the passive role of not responding to complaints until she knew the outcome of staffs’ actions.

In conclusion, there were notable differences in the type of roles assigned to managers and staff. Within the organizational documents, staff were assigned a passive role in managing bullying-type behaviors, whereas in the managerial discourse they were assigned an active role. In the organizational documents, managers had an active role in managing these behaviors, while the managers’ discourse included discussions of both an

active and passive role. Another notable difference was that the organizational discourse said that managers were responsible for making sure staff were aware of policies. While the documents assigned this responsibility to managers, the managerial discourse did not include ownership for this responsibility.

Comparison of Actions Available to Managers within the Discourses

Within the discourses of both the managers' and the hospitals' documents, actions that are available to managers to respond to bullying-type behaviors include *progressive guidance* and *actions other than progressive guidance*. In the managers' discourse, concrete examples of *actions other than progressive guidance*, such as counseling perpetrators and facilitating or mediating conversations between perpetrators and targets, were given. In contrast, in all but three of the documents, *actions other than progressive guidance* were discussed in vague terms. Within these documents, managers were advised to "[take] corrective action" ($n=5$), implement "progressive steps" ($n=3$), "take appropriate action" ($n=4$), "identify issues and find solutions" ($n=1$), or engage in "disciplinary action, up to and including termination" ($n=3$). Of the three documents that spelled out which actions other than progressive guidance were available to managers, two mentioned informal counseling (002.3 *Fitness for Duty*; 003.1 *Disruptive Conduct*) and one mentioned mediation (008.2 *Inter-professional Relationships*).

Within the managers' discourse, doing nothing was also an action that was available. However, this action was absent from the hospital discourse. Managers discussed doing nothing as a legitimate response to situations where staff failed to take responsibility for the initial confrontation of perpetrators ($n=5$). Managers also said they could not take action when bullying involved subtle behaviors that could not be documented ($n=5$), as in the

following quote from Molly (Org 004): “The one thing about, like, tone of voice and, um, and then the, you know, the looks that people get, you can’t measure, and you can’t document.” Natalie (Org 004) said, “And, and I called her out for it [bullying]. But I know she still subtly does it, you know, in little ways that I can’t actually write her up for,” indicating that she was unable to respond to behaviors that were not mentioned in hospital policies. Other managers ($n=4$) said that the lack of definitional clarity in the hospital documents allowed managers to do nothing, “because people have different, um, notions of what workplace bullying is” (Lois, Org, 003).

In two of the hospital documents, doing nothing was specifically prohibited and was listed as grounds for disciplinary action against managers. One document said, “Supervisors may be disciplined for ... failing to notice violations of this Standard of Conduct” (Org 006 *Standards of Conduct*). In contrast, Kelly, who worked at this hospital, described an incident in the following manner, “And, um, in that situation [my boss said], ‘Well, you know, just let it go. She’s such, she’s, like, one of the best RNs we have. Just, and just let it go.’” Later in the interview, Kelly also mentioned having similar discussions with other managers in her organization, indicating that, in contrast with the hospital discourse, doing nothing was part of the discourse of several managers in this hospital. These passages suggest that the hospital discourse, which includes disciplining supervisors for “failing to notice violations,” is probably not part of the managerial discourse.

Discussion

There are similarities and differences in managerial and organizational discourses of workplace bullying. The discussion of the findings will focus on the latter, since these differences are indicative of competing discourses (Fairclough, 2008; Phillips, et al., 2004).

Within organizations, competing discourses can indicate that organizational members are either unaware of texts or have not fully subscribed to the discourses contained within these texts (Phillips, et al., 2004). Competing discourses can also be indicative of incoherent or chaotic application of policies and procedures (Kirby & Krone, 2002), and can allow actions that are not sanctioned by official documents to occur, especially if there are no consequences for these extra-discursive actions (Phillips, et al., 2004).

While there was some overlap in the labels used to describe bullying-type behaviors by managers and within the documents, there were also notable differences. In addition, there was no consensus, in either the managers' or the hospitals' discourses on how to label or define bullying-type behaviors. Approximately half the managers expressed disagreement with the way bullying-type behaviors were labeled and defined by their hospitals. Cowan (2011) also reported that human resource professionals and organizational policies used different words to label bullying-type behaviors, which impeded discussion of the concept within the organization and created obstacles to finding effective solutions to the problem. One obstacle created by the lack of a common label for these behaviors is that it can make it difficult for members of an organization to locate policies related to these behaviors. Finally, the lack of a common label and definition for bullying-type behaviors may be indicative of competing discourses of workplace bullying (Fairclough, 2003), which can result in inconsistent application of policies (Kirby & Krone, 2002). This can be particularly problematic, as inconsistent policy enforcement has been identified as both an organizational antecedent to bullying and a factor that can exacerbate bullying (Hodson, Roscigno, & Lopez, 2006; Hutchinson, Jackson, Wilkes, & Vickers, 2008).

Differences in managerial and hospital discourses were also evident in the assignment of roles and responsibilities of staff and managers, and of actions that managers said were available to them. For one thing, the documents outlined more actions that were available to managers than they wanted to use. In addition, the discourse in the documents described a passive role for staff in managing bullying, while managers assigned staff an active as well as a passive role. Managers also discussed assuming both an active and a passive (which included the action of doing nothing) role, whereas the documents only described an active role for managers. This representation of roles suggests that the policies reproduce a top-down or authoritative power structure, where managers are (active) leaders and staff are (passive) followers. On the other hand, the managers' discourse, which shares responsibility with the staff for managing workplace bullying, seems to represent a shared leadership model. This leadership model may ultimately be more effective in ending and preventing bullying, as participatory leadership has been associated with the absence of bullying (Hoel, et al., 2010, Laschinger, et al., 2009), and authoritative leadership has been associated with the presence of bullying (Hoel, et al., 2010).

The differences in discourses uncovered by this study, along with the fact that almost half of the sample was unaware of the presence of their hospitals' documents, suggest that these documents may not have become part of the general discourse. Organizational discourse theory says texts that are not part of the general discourse will not influence action (Phillips, et al., 2004). In the case of policies, this means that policies are not enforced, and the problems they were designed to address will not be resolved (Kirby & Krone, 2002; Phillips, et al., 2004). Additionally, when organizations do not follow through with policy development by failing to inform members of the organization about these policies, and by

ensuring that the policies are appropriately implemented, they convey the message that they are not fully committed to these policies (Marshak & Grant, 2008).

Academics who study organizational responses to bullying have found that policy development alone does not eliminate bullying (Rayner & Lewis, 2011; Saam, 2010). To enter the general discourse, policies need to: be actively supported by upper management; be discussed at meetings, via memos or newsletters; and be reinforced with educational opportunities for both staff and management (Namie & Namie, 2009; Saam, 2010; Rayner & Lewis, 2011). While this approach has not been empirically tested, anecdotal evidence from workplace consultants suggests that organizations that address bullying with both policy development and educational interventions are more successful than those that merely implement policies (Namie & Namie, 2009; Saam, 2010).

To improve the likelihood that texts will become part of the general discourse, organizations can also create opportunities for open dialogue between the authors and end users of a given text (Jian, 2007). Most official documents, including policies, are drafted by organizational members with more formal power, and enacted by those with less (Jian, 2007; Phillips, et al., 2004). In hospitals, nursing unit managers occupy the lowest rung of the managerial hierarchy, and do not generally sit on committees that write policies (Sanders, 2010). In this study, most of the policies were written by human resource departments, making it less likely that nursing unit managers contributed to them. One solution to the lack of coherent discourse on bullying-type behaviors would be to invite all stakeholders, including managers and staff, to participate in the writing or revision of policies that address these behaviors. To be truly effective, this process would need to seek consensus on how

bullying-type behaviors should be characterized and labeled, as well as the nature of the role of both managers and staff in managing these behaviors.

Limitations and Future Research

This study was conducted within a specific geographic region of the US, and in one occupational sector, which limits its generalizability. Future research should focus on comparing the discourses of managers and organizations in other regions and other occupational sectors, both in the US and other countries. Since this study only sampled the discourses of nursing unit managers, it cannot claim to be representative of all of the discourses that are present within hospitals. It is possible that staff, other types of managers, or members of other professions, such as physicians, respiratory therapists, and occupational therapists, have different discourses on workplace bullying, and different interpretations of hospital policies. An examination of these discourses would indicate whether the differences in discourses uncovered in this study are unique to nursing, or are endemic in these organizations.

This study is also limited in that it only gives a partial picture of organizational discourse on workplace bullying. Discourse is also created and transmitted via informal conversations, committee meetings, emails, and in other verbal and nonverbal interactions between members of the organization (Marshak & Grant, 2008). Future research should endeavor to capture some of these discourses, through direct observation of the interaction of members of an organization, to gain a more complete picture of organizational discourses of workplace bullying.

Finally, this study uncovered two different discourses on the roles of staff in workplace bullying management: one in which they were passive recipients of managers'

actions, and the other in which they were active participants. There is no empirical evidence that would suggest whether one role is more effective. Therefore, future studies could examine whether bullying is more effectively managed by managers alone, or by a combination of strategies that include both managers and staff.

Conclusion

This study contributed valuable information that advances the research and practice of workplace bullying management. It identified differences in hospital and managerial discourses on bullying that allow managers to act in ways that are not sanctioned by official discourse. This study also identified differences in the assignment of roles and responsibilities for managing these behaviors. Further exploration of these differences could help organizations identify obstacles to the successful resolution of bullying, and may also suggest alternative ways of more effectively managing bullying.

Chapter 6: Summary and Future Directions

This dissertation described a study that examined the discourses of workplace bullying and workplace bullying management of hospital nursing unit managers, of the hospitals in which the managers worked, and of regulatory agencies that are concerned with the workplace conditions within these hospitals. Data on hospital and regulatory agency discourses were obtained from official documents produced by these entities, and were analyzed using Fairclough's CDA. This portion of the study (Specific Aim 1) was discussed in depth in Chapter 3. Data on managerial discourses were collected via interviews and were analyzed using Willig's (2008) FDA, and results and discussion of this aim (Specific Aim 2) were presented in Chapter 4. In Chapter 5, the findings on the comparison of managerial and hospital discourses (Specific Aim 3) were discussed. In this final chapter, a brief summary of the main findings of the study will be presented, and directions for future work will be discussed.

Specific Aim 1: Hospital and Regulatory Agency Discourses

To explore discourses of hospitals and regulatory agencies, fourteen documents were obtained from six hospital systems, and eight documents were collected from four agencies. Analysis of the documents involved classification of documents by genre, examination of intertextuality between the documents, and lexical and grammatical analysis within individual documents. One of the main findings for this specific aim, consistent with other scholars' work (e.g., Lutgen-Sandvik & Tracy, 2011; Cowan, 2011), was that there is no common term for bullying-type behaviors, both within and between regulatory agency and hospital documents. This was identified as an obstacle to the resolution of the problem of bullying, as lack of a common label for these behaviors can impede discussions by creating uncertainty if the same behaviors are actually being discussed. Another main finding for this

aim, and a novel contribution to the field of bullying research was that the needs of the targets are virtually omitted from the documents. Discourses of patient safety, rather than occupational safety, predominated within the documents. These elements of the discourse may create obstacles to the recognition, discussion and mitigation of the negative outcomes of bullying on targets.

Overall, the findings for Specific Aim 1 suggest that when addressing the problem of bullying, regulatory agencies and hospitals should pay attention to the language they use to discuss bullying-type behaviors. Authors of documents should pay attention to how these behaviors are labeled and defined. In addition, authors should consider modifying these documents to include a discussion of the negative outcomes on targets, and how these outcomes can be mitigated.

Specific Aim 2: Managerial Discourses

Fifteen hospital nursing managers contributed data, via two face-to-face interviews, to the second aim of the study. Data were analyzed using Willig's FDA (2009). Within the interviews, bullying was characterized as either an interpersonal issue involving two parties, or an intrapersonal issue related to characteristics of the perpetrator. A third category was identified, that of *is it bullying?* In this category, managers grappled with issues of defining and categorizing behaviors.

The discourses of managing bullying that were identified within the interviews were *bullying as their (staff's) responsibility*, and *bullying as my (manager's) responsibility*. Categorizations of bullying as an interpersonal issue accompanied discourses of *bullying as their responsibility*. Within this discourse, the managers assumed the action orientation of supporting staff. *Bullying as my responsibility* was invoked when behaviors were categorized

as an intrapersonal issue. The action orientation that accompanied this discourse was expecting staff to support managers' actions. Discussions of the practice of managing bullying involved three types of action: *doing nothing*, *actions other than progressive guidance*, and *progressive guidance*. The discourse allowed a fluid transition between these actions with one exception. When managers talked about *progressive guidance*, there was no further mention of ever resuming actions other than progressive guidance. The two subject positions available to managers within the discourse were *in control* and *struggling*. The subject position of *struggling* highlighted how difficult the process of managing workplace bullying can be.

The analyses also revealed several previously undocumented findings related to the generational differences among managers. In some interviews, either the discourse of *it's my responsibility* or *it's their responsibility* was predominant. In others, both discourses were discussed equally. The second pattern was predominantly seen in interviews with managers who were members of Gen X. This finding needs to be verified with further research. Finally, the managers mentioned that the new generation of nurses had different discourses of bullying than previous generations. They said that these discourses were drawing attention to bullying by problematizing a behavior that was once viewed as normal.

The Specific Aim 2 findings suggest that managers have a variety of responses to workplace bullying. These findings can inform the development of interventions that educate and support nursing unit managers in hospitals. In particular, interventions should help managers examine how their characterizations of bullying shape action, and help them change their language in order to change practice. In addition, organizations can use these

findings to acknowledge that managing bullying is not an easy process, and can seek to find new ways to support managers as they struggle to effectively respond to workplace bullying.

Specific Aim 3: Comparison of Hospital and Managerial Discourses

The last aim of the study involved a comparison of managerial and hospital discourses. This comparison focused on lexical analysis, discourses of manager and staff roles and responsibilities in workplace bullying management, and on the actions available to managers within the discourse. One of the main findings was that there were differences in the labels for bullying-type behaviors used by managers and in the hospital documents. These differences can impede discussion of the subject, and can also impede managers' ability to locate pertinent policies.

Within the discourse, there were also differences in the characterizations of managerial and staff roles and responsibilities. In the hospital documents, staff's roles and responsibilities were passive, whereas in the managerial discourses, staff were assigned a more active role in managing bullying. A notable difference was that managers expected staff to confront perpetrators, while the hospital documents did not. Another difference was that in the hospital documents, managers were given an active role in managing bullying, whereas in the managerial discourse, they had both an active and a passive role. Managerial discourses included the possibility of *doing nothing* in response to bullying behaviors; a practice that was absent from the hospital documents.

Finally, managerial and hospital discourse differed in the assignment of responsibility for educating staff about the policies pertaining to bullying-type behaviors. In the hospital discourse, this was listed as a responsibility of managers. whereas in the interviews, only two managers said this was one of their responsibilities. In the majority of the interviews,

managers were not sure who had responsibility for disseminating information about these policies. Moreover, almost half of the managers, the majority of whom worked in the same hospital, were unaware of their hospitals' documents pertaining to bullying-type behaviors. These findings suggest that in some organizations, policies related to bullying-type behaviors are not part of the general discourse of the hospital, and therefore are unlikely to influence action of organizational members. To effectively change behaviors, educational efforts need to accompany policy implementation.

Future Directions: Implications for Policy Development

In this section, how the study findings can be used to inform policy, at both a governmental and an organizational level, will be discussed. On a governmental level, the findings indicate that workplace bullying is not a major concern for agencies responsible for monitoring the occupational safety and health of workers in the US, or in Washington State. It is acknowledged that the current economic and political climate makes it unlikely that addressing workplace bullying will become a high priority in the near future. However, some legal scholars have argued that OSHA can address workplace bullying under the general duty clause, and no new policy initiatives are needed (Harthill, 2010). While it is unlikely that OSHA will start to monitor workplaces for the presence of bullying, there are some feasible steps that OSHA can pursue to raise awareness of this issue without producing new regulations or requirements for workplaces.

Currently, the documents produced by OSHA place discussions of workplace bullying alongside discussions of other types of violence in health care settings. The unintended consequence of this is that discussions of bullying, which are generally covert and not readily apparent, may be overshadowed by discussions of more overt and directly

harmful violence. In contrast, L&I has published a document that discusses workplace bullying as a stand-alone concept. In the short term, to increase awareness of the problem of workplace bullying, OSHA can provide links to the L&I document on their website on workplace violence. In addition, OSHA and L&I could provide links to the JC publications on their website. This would link the concepts of workplace bullying and disruptive behavior, and remind hospitals that these behaviors, which they are required by JC to address, are also an occupational stressor. In the long term, OSHA can increase awareness of the problem of workplace bullying by either producing fact sheets or informational booklets that address this issue, or making discussions of the concept more visible in documents that address workplace violence.

In addition, existing publications produced by OSHA, NIOSH, and L&I need to be updated to include the latest research findings on both the prevalence of bullying in the US and associated negative health outcomes. Information on prevalence would serve to inform organizations that this problem is common, and is something they need to look for in their organization. Highlighting current research evidence on the negative health outcomes of bullying would help organizations realize that bullying causes more than hurt feelings. Additionally, these documents should include discussions of how organizations can mitigate these effects and endeavor to restore the health and well-being of employees who have directly or indirectly experienced workplace bullying.

On an organizational level, there are several implications for policy development suggested by this study. Lexical analysis revealed that there were a variety of words that were used to label and describe bullying-type behaviors within the hospital documents. The managers discussed how this multiplicity of labels can create confusion. For example, several

managers said they were not aware of documents, and, since they were unfamiliar with the words used within the documents to describe bullying-type behaviors, they doubted they could find them. Accordingly, organizations should review their documents for consistency of terminology. Furthermore, obtaining input from staff as to how bullying-type behaviors should be labeled might very well improve organization-wide understanding.

In several organizations, there were several different documents that addressed bullying-type behaviors, using different terms (e.g., disruptive behavior and harassment). Some organizations also had two documents, one labeled *Code of Conduct* and the other labeled *Policy and Procedure*, both of which addressed the issue of behavioral expectations, albeit in a slightly different manner. For the sake of clarity, organizations should review their documents for consistent language use, as well as combine or link documents that address overlapping issues.

Another finding from this study was that some managers said they were unable to use hospital documents to address incidents of bullying, or that they had to use them in creative ways. This suggests that the documents are not consistently useful to managers. To improve usability, authors of the policies could solicit input from the end users of the policies. Since the utility of a policy and procedure may not be apparent until it is applied, this input should be ongoing and should inform policy revision. In addition, input should be solicited from nonmanagerial staff to determine whether employees are able to use hospital documents to get assistance in resolving bullying.

The study findings also suggest that policies need to include language that acknowledges the needs of targets of bullying, and suggestions for how these needs can be met by the organization. Since organizations have mechanisms in place to help members deal

with mental health issues and stress, such as Employee Assistance Programs, inclusion of this language within the documents would not mean that organizations need to provide additional resources. Rather, it would alert managers and others within the organization, such as occupational health providers, that employees who have experienced bullying may have physical and mental health issues that need to be addressed.

The study findings highlight the importance of linking policy development with educational efforts. Several managers were unaware of the presence of documents that addressed bullying-type behaviors. In addition, managers' discourses sometimes differed from hospital discourses. Organizations indicate what issues are important to them by both the production of documents and the reinforcement of these documents (Phillips, et al., 2004). If organizations are serious about tackling the problem of workplace bullying, they cannot just issue policies and procedures. They also need to inform employees that these documents are present, and offer examples of how they can be used in practice. To be effective, this education cannot just be a one-time offering, but needs to be continually reinforced. To ensure that these educational efforts are embedded in the organization, the plan for dissemination of the documents should be part of the document itself.

A research design utilizing concepts from community-based participatory research could combine an intervention to tackle bullying with research on novel ways of developing and implementing policies. This project could include an investigation of how members of a given organization, or of a specific unit within an organization, characterize and label bullying-type behaviors, and how they assign responsibility for management of these behaviors. The findings could be used to develop policies regarding behavioral expectations and consequences for failing to meet these expectations. Educational initiatives that address

behavior, conflict, and communication could be embedded in the project. To evaluate the effectiveness of the project, follow-up would need to be conducted in order to determine if the policies are working, or if they need to be modified. This follow-up would include evaluating the prevalence and incidence of workplace bullying behaviors, and determining whether these behaviors are dealt with more effectively and efficiently when they do occur.

Future Research

There are several other avenues for future research suggested by the findings of this study. Several have been discussed in the previous chapters. In this section, a more complete discussion of areas for future research will be presented.

One area for future research would be to investigate the use of the term *target* versus the term *survivor* to describe those who have experienced workplace bullying. Academics who study and write about workplace bullying have chosen the word *target* because it allows those who have experienced the phenomenon to reframe the experience in a stronger light (e.g., Tracy, et al., 2006). However, it is also possible that use of another word, such as *survivor*, to describe employees who have experienced bullying, may more effectively highlight both the trauma of bullying and the resilience of the individual to withstand this trauma. The American Heritage Dictionary (n.d.) lists the second definition of survivor as, “to carry on despite hardships or trauma; persevere.” This definition brings attention to the resiliency of survivors, and can be used to create a discourse of resilient employees who have persevered despite having experienced bullying.

The term *survivor* has also been used to describe people who have withstood a natural disaster, war, or an incident such as a mass shooting or bombing. These events are commonly listed as stressors that may trigger post-traumatic stress disorder. Adoption of the term

survivor to describe individuals who have experienced workplace bullying may highlight the fact that these individuals can experience symptoms of post-traumatic stress disorder. A disadvantage, however, of adopting the word *survivor* is that it implies that the bullying incident is past, and does not necessarily capture the concept of ongoing bullying.

To investigate whether a change in terminology is warranted, and if the term *survivor* should be adopted, research can focus on a linguistic exploration of how the words *target* and *survivor* are currently used in different contexts. In addition, researchers, practitioners, and the general population of workers can be canvassed to determine how they view these two terms, and which they perceive as more apt.

Another direction for further research concerns the variety and heterogeneity of terms and definitions of workplace bullying. Research efforts in this arena could include a lexical analysis of words used by the popular press to describe bullying-type behaviors. This research could include an analysis of how the various terms (e.g., *bullying*, *harassment*, *intimidating behavior*, or *disruptive behavior*) identified in this study are used, in what context, and what other words are used in conjunction with the terms. Databases such as The Corpus of Contemporary American English (COCA) could be queried to determine the frequency and context in which these words have been used, and how that usage has changed over time. A study of this type would yield information about what terms are part of the general discourse on workplace behaviors, and whether and how this discourse is changing. Researchers could also ask members of the general public, and in specific workplace settings, to define these words, and whether they feel they are the same or different concepts. Finally, to study word usage and preferences, researchers could present the same scenario to different groups of people and ask them to pick one word to label the behaviors depicted in the

scenario. Determining what types of labels the general public prefers can allow researchers and practitioners to use terms that are accessible to the general public when designing surveys, writing informational pamphlets, and drafting policies.

Future research should also explore whether context affects discourse on workplace bullying. This could include a comparison of discourses within different nursing units in a given organization, such as within the emergency department, the intensive care unit, or general medical/surgical floors; or among different occupational groups such as radiology technicians, respiratory therapists, or housekeepers, within the same organization. Research on the influence of context on discourse could also explore discourses of workplace bullying, and workplace bullying management, in hospitals that have magnet status versus those that do not, in nonunionized versus unionized hospitals, in rural versus urban hospitals, and in hospitals that are part of a large umbrella organization versus those that are not. Research on how context affects discourse could also involve an exploration of how managers and other employees inherit discourses. A possible study design for this type of research would be to examine discourses of workplace bullying, or a similar concept, of individuals who are just beginning a career, then following up with them at various points in their career trajectory.

In the US, most of the current research on workplace bullying has focused on healthcare and academia. Research into discourses of workplace bullying and workplace bullying management should also be conducted in organizations and occupations outside of the health care arena. These findings would offer insight into whether different occupational sectors have different norms for workplace behaviors, and different ways of characterizing and dealing with bullying-type behaviors.

Several managers in this study suggested that their staff react differently to bullying, have different concepts of what constitutes appropriate workplace behavior, and have different expectations of management based on their cultural or familial background. To date, no studies have examined whether the cultural background of the employee influences their definitions of bullying or their expectations of managers when bullying occurs. This is an area that merits further research.

Research on discourses and definitions of bullying should also examine the cross-over between the concepts of school bullying and workplace bullying. Several managers in this study said they received publications from their children's schools, or they read about school bullying in the news. However, an exploration of whether and how this discourse affected their discourse of workplace bullying was not part of the study design. This would be an interesting avenue for future research, as there is a possibility that managers who are eliding the concepts of school bullying with workplace bullying have different ways of dealing with bullying than those who see it as a different concept.

One of the limitations of discourse analysis is that the results are not generalizable. Therefore, a methodological direction for future research could be a quantitative study with similar aims as this study; i.e., to determine how managers characterize workplace bullying and their roles and responsibilities in workplace bullying management. This could be accomplished by designing a survey, using the findings from the manager interviews, which could be given to a representative sample of nursing unit managers. The survey could include questions regarding whether managers view bullying as an interpersonal issue, an intrapersonal issue, or as an issue that is difficult to classify. In addition, the survey could ask what actions managers have taken to address bullying, as well as what hospital documents

they have used to guide their actions. This information could be correlated with characteristics of managers, such as generational affiliation, the number of years they have been with the organization, and years until retirement. Another possibility for extending the findings of this study would be to collect unit-level data on the prevalence of bullying and testing for associations between prevalence and managers' characterizations of bullying, their discourses on responsibilities for addressing bullying (staff versus manager), and the actions they have taken in the past to address bullying.

A final avenue for future research would be to randomly survey a representative sample of hospitals in the US for the presence and content of policies on bullying-type behaviors, and the provision of educational efforts to address these behaviors. Ideally, this survey would include a survey of employees within the hospital to determine the prevalence of bullying, and awareness of documents that pertain to bullying. Using these data, analysis could be done on the correlation between policies, educational efforts, and awareness of policies with workplace bullying.

Conclusion

This study is believed to be the first to examine regulatory agency, hospital, and hospital nursing unit managers' discourses of workplace bullying and workplace bullying management. As such, it provides an important contribution to the fields of occupational health and workplace bullying. The findings of this study have the potential to become part of the academic and organizational discourse of workplace bullying, and can help transform this discourse and improve organizational and managerial responses to bullying.

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Appendix A: Request for documents from Human Resources

My name is Susan Johnson, I am a PhD student at the University of Washington, School of Nursing. For my dissertation research I am doing a study on workplace bullying. I will be comparing the way in which organizations, regulatory agencies, and managers describe workplace bullying and the prevention and management of bullying. This study has been approved by the University's Institutional Review Board.

As part of my study I am looking at official documents, policies, and informational materials that health care organizations have that address workplace bullying, or similar behaviors such as bullying, harassment, abuse, lateral violence, professional conduct, or dignity at work.

All material that you give me will be kept confidential. I will remove the name of the organization from the documents when I receive them. Also, the name of the organization will not appear on any report of the study's findings.

You may either send me the documents via email or regular mail. Please be aware that the confidentiality of material sent via email cannot be assured.

My email address is: slj6@uw.edu

My mail address is:
Susan Johnson
3209 Lorne St., SE
Olympia, WA, 98501

Appendix B: Document Review Protocol

Organization ID: _____

Participant ID: _____

A. Criteria for Document Selection

1. An official document, policy or informational pamphlet
2. In effect at time of study
3. Issued by organization that employs interview participant or issued by agency responsible for regulating said organization (The Joint Commission, Occupational Safety and Health Administration & National Institute for Occupational Safety and Health, Washington Department of Labor and Industries).
4. References workplace behaviors such as bullying, harassment, abuse, lateral violence, professional conduct; or dignity at work.

B. Document Data Sources

1. Human resource departments
2. Official websites of organizations and agencies
3. Research participants

C. Document Data Collection Sheet

Source of the document	Name of document	Date when issued; revision date if any (month/date/year)	Issuing agency or department	Type of document

D. Analysis of Intertextuality:

1. What are the sources of information that are cited by the document?
2. What other texts are referred to in this document?

E. Analysis of interdiscursivity:

1. What other discourses are mentioned in this document? (e.g. discourses of sexual harassment, discourses of workplace safety)

F. Analysis of grammatical and linguistic elements:

1. How is WORKPLACE BULLYING characterized in these documents (what other terms used, how is it defined)?

2. Which personnel are referenced in the documents, and what are their prescribed roles? What are their responsibilities? Are they referred to directly or indirectly? Who is absent from the document?
3. What is the level of commitment to the text (modality)?
4. What grammatical exchanges (e.g. knowledge, activity), speech functions (e.g., statements, questions, demands) are present?

Adapted from Liu, 2010; Fairclough, 2003

Appendix C: Recruitment Letter

Study Title: An Exploration of Discourses of Workplace Bullying of Hospital Nursing Unit Managers and Organizations

I am a student working on my PhD in nursing at the University of Washington. I would like to invite you to participate in my study. As part of my dissertation research on workplace bullying, I will be conducting interviews with hospital nursing managers. The goal of my study is to learn from managers about the management and prevention of workplace bullying in hospital nursing units.

I am looking for individuals who are currently working as managers of a hospital nursing unit. I am defining a manager as someone who has at least partial responsibility for hiring, firing, disciplining and reviewing the performance of other employees. To be part of the study, you need to have been in your position for at least 2 years.

The research project will involve two interviews at a location of your choice. The first interview will be approximately 90 minutes; the second about 30 minutes. You will receive \$50 for the first interview and \$20 for the second.

If you are interested please contact me, Susan Johnson, at 360-790-6397, or slj6@uw.edu

Please note that the confidentiality of email correspondence cannot be assured.

SL Johnson, MN, RN
University of Washington

Appendix D: Telephone Screening Form for Potential Participants

Date: _____

Participant ID: _____

Hello, my name is Susan Johnson. Thank you for expressing interest in participating in this research study. I am a doctoral student at the University of Washington's school of nursing. This research is part of my dissertation work.

I am studying workplace bullying. As part of this study, I am interviewing hospital nursing unit managers to learn what they have to say about workplace bullying. If you would like to participate in the study, there will be two interviews. The first one will be about an hour and a half. The second will be shorter; about 30 minutes. The interviews will be conducted in-person with me as the interviewer, and will be audiotaped.

The other part of the study involves looking at what hospitals have to say about bullying or related behaviors. For this part of the study I will be contacting your human resource department to obtain policies, or informational pamphlets which are given to employees, which address workplace conduct – especially interactions between co-workers. I will not let human resources know that you are participating in the study. I will tell only them that I am interviewing managers of hospitals in the area.

Do you have any questions about the study?

Would you be interested in participating in this study?

IF NO: Thank you for your time, and for contacting me about the study. If you know anyone who might be interested in the study, please give them my contact information.

IF YES: Thanks! I will now go over the eligibility criteria, to make sure that this study is right for you. I will be asking you 7 short questions regarding your work and responsibilities. For example, I will be asking you if you have been aware of bullying occurring at your hospital since becoming a manager. You are free not to answer any questions you do not wish to answer.

If the study is not right for you, or if you decide not to participate in this study, I will not keep a copy of these questions, or a record of our interview.

Do I have your permission to ask these questions?

Inclusion Criteria:

1. Are you currently working as a manager of a hospital nursing unit?
 - a. Yes – Eligible
 - b. No – Ineligible

2. Do you have at least partial responsibility for hiring other employees?
 - a. Yes – eligible
 - b. No- Ineligible
3. Do you have at least partial responsibility for firing other employees?
 - a. Yes- eligible
 - b. No- ineligible
4. Do you have at least partial responsibility for instigating disciplinary action against other employees?
 - a Yes- eligible
 - b.No- ineligible
5. Do you have at least partial responsibility for reviewing the performance of other employees?
 - a.Yes- eligible
 - b.No- ineligible
6. Have you been a manager for at least two years?
 - a. Yes – Eligible
 - b. No – Ineligible
7. As a manager, have you been aware of workplace bullying in your hospital?

Because the interviews will be in person, I need to make sure that the hospital that you work at is within 100 miles of my office. What is the name of the hospital where you work?

(Compare to list of eligible facilities).

IF INELIGIBLE: I am sorry, based on your responses, this study is not a good fit for you. Thank you for calling me and for your interest in my study. I will not keep a copy of your questions or of our interaction. Any information that I have obtained from you will be deleted at the conclusion of this conversation.

IF ELIGIBLE: Great! You are the right person for this study. Now we can set a time and place for the first interview. At that time, I will have you sign the consent forms. Because some of the things we will be talking about might be of a confidential nature, the interview needs to be in a location where we cannot be overheard. It's okay if we meet at your workplace, however, if you do not want people that you work with to know you are participating in this research study, you might want to pick another location.

Date_____

Time_____

Place_____

Appendix E: Consent Form

UNIVERSITY OF WASHINGTON

CONSENT FORM

Project Title: An Exploration of Discourses of Workplace Bullying of Hospital Nursing Unit Managers and Organizations

Researcher: Susan Johnson, MN, RN
 PhD Candidate, School of Nursing
 Psychosocial and Community Health
 Box 35872
 University of Washington
 360-790-6397
slj6@u.washington.edu

Sponsor: Butch de Castro, PhD, MSN/MPH, RN
 Assistant Professor, School of Nursing
 Psychosocial and Community Health
 Box 357263
 University of Washington
 206-543-4436
butchdec@u.washington.edu

Researchers' statement

You are being asked to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what you are being asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called "informed consent." You will be given a copy of this form for your records.

PURPOSE OF THE STUDY

The purpose of this study is to learn about how hospital nursing unit managers characterize workplace bullying, and how this characterization compares with that of the organizations that they work for. This information will generate a better understanding of workplace bullying. Your viewpoints will help us think about better ways to help nursing unit managers and organizations manage and prevent workplace bullying

STUDY PROCEDURES

If you choose to participate in this study, we would like to interview you about workplace bullying. There will be two interviews. During the interviews, you may skip any question that you do not feel like answering. You may stop the interview at any time. You may also

ask that an answer that you have given be removed from the record. Your participation in this study is voluntary.

Written notes will be taken during the interviews. If you allow, interviews will also be audiotaped to make sure we have an accurate record of your words. A professional transcriber, who signs a confidentiality agreement, will provide a written transcript of the audiotapes. To ensure confidentiality, you will be assigned an identification number that will be put on the notes, the recordings, and the written transcripts of the recordings. Names of organizations, nursing units and people will be changed to pseudonyms on the written transcripts by the researcher. All notes, recordings and written transcripts will be kept in a locked file cabinet or on a password protected computer in the researchers' office. The recordings will be destroyed 6 months after the study is completed. The related notes and interview transcripts will be destroyed ten years after the study is completed.

You will be asked to indicate at the end of the form if you give your permission for notes to be taken during the interviews.

The first interview will last approximately 90 minutes depending on the amount of information you have to share. The interview will focus on your views of workplace bullying. A few questions will explore your experiences managing incidences of workplace bullying. Some of the questions that will be asked include: "Describe for me a typical bullying situation," "What do managers do when they become aware of the occurrence of bullying on their unit?" "What resources does this organization provide to help managers with workplace bullying or related behaviors?" and "Please tell me about an incident of workplace bullying that has occurred on your unit since you became a manager." You will also be asked some questions about your background information such as your age, educational background and work experience.

The second interview will occur in 30-60 days, and will last approximately 30 minutes. The purpose of this second interview is to clarify any questions that arise from the first interview, and, to ask questions about the organizational documents that are collected. If human resources does not provide documents, you will be asked to obtain and bring them to the second interview. Some of the questions that you will be asked include: "I didn't understand your use of the word _____. Can you please elaborate?" and "Tell me about these documents. How often do you refer to them?" "How useful are they to you?"

RISKS, STRESS, OR DISCOMFORT

There are no direct physical risks for participating in this study. Some people feel that providing information for research is an invasion of privacy. Potential concerns regarding your privacy and the confidentiality of the information that you will provide are addressed in the OTHER INFORMATION section (see below). Workplace bullying can be a sensitive topic, and it is possible that you will experience some discomfort or unease during the interview. If needed, the interviewer (Ms. Johnson) can refer you to counseling services. You may skip questions if you do not wish to answer them. You may stop or pause the interview at any time. You may retract any statements that you have made, and they will be removed from the record.

It is possible that other people in your organization will learn of your involvement in the study. If this is a concern to you, it is advised that you do not use email to communicate with the researcher as the confidentiality of email cannot be assured. To protect your privacy, and that of others, interviews will be scheduled in a location of your choice where they are unlikely to be overheard or observed.

BENEFITS OF THE STUDY

You may not directly benefit from taking part in this study. However, many people find it helpful to have someone listen to their viewpoints and experiences. The information you provide will provide a better understanding of the management and prevention of workplace bullying on nursing units. The hope is that this information will be of use to other managers, health care organizations, and regulatory agencies.

OTHER INFORMATION

Your participation in this study is voluntary. You may decide not to participate, and you are free to withdraw from this study at any time without any penalty. For your participation, you will receive \$50 at the end of the first interview and \$20 at the end of the second interview. You also have the right to obtain a copy of the final findings of this study. Please indicate below if you would like to receive a copy of the final findings of the study.

All information that you provide will be confidential. A code number will be used on the tape-recording, the written transcript, and the field notes instead of your name. The list that matches the code numbers with names will be kept in a locked place separate from the data. The purpose of this list is to help the researcher know how to contact you, and to keep track of which participants have completed which interviews. This list will be destroyed after all participants have completed the second interview. If you wish to have a copy of the study finding sent to you, a separate list will be kept with this contact information. This information will be collected at the end of the second interview. If you wish to have the information sent to you via email, please be aware that the confidentiality of email cannot be assured. This list will be kept in a secured location separate from the interview transcripts, and, will be destroyed after the study findings are sent (no later than December 2013). This list will not include your code number. Your signed consent form will be kept separate from the study data and will not be matched by code number.

Your identity, the identity of your employer, and that of your co-workers will not be revealed when the study is reported or published. All study data will be stored in a secure place, and will not be shared with anyone outside of the research team.

Any tape recordings made will be transcribed and will be destroyed 6 months after the study is complete (no later than June 2013). Interview transcriptions will be stored on a password protected computer which can only be accessed by the researcher. All data, including notes taken during or after the interview, will be destroyed or permanently deleted ten years after the study is completed, no later than December 2023.

You are free to ask questions about this study now and at any time. You may call Susan Johnson at the number listed above if you have any further questions.

Printed name of study staff obtaining consent

Signature _____ Date _____

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask the researcher listed above. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form. I have put my initials below to give me consent for the procedures. I have also signed the form.

_____ I give my permission for the researcher to take notes during my interviews.

_____ I do NOT give my permission for the researcher to take notes during my interviews.

_____ I give my permission for the researcher to have a second interview with me after one month.

_____ I do NOT give my permission for the researcher to have a second interview with me after one month.

_____ I give my permission for the researcher to send me a copy of the final findings of the study.

_____ I do NOT give my permission for the researcher to send me a copy of the final findings of the study.

Printed name of subject

Signature of subject

Date

Copies to: Researcher's file
 Subject

Appendix F: Field Note Guide for Nursing Unit Manager Interviews

Participant ID: _____

Interview Date: _____

Interview setting:

Characteristics of interviewee (dress, demeanor, distractions):

Notes for Interviewer (e.g., questions that “worked”, questions that “flopped”, areas that needed improvement, aspects that went well):

Appendix G: Interview Guide for Nursing Unit Managers

Participant ID: _____

Organization ID: _____

Interview Date: _____

Introduction:

- Thank you for your willingness to participate in this research project. As you may remember, I am a doctoral student at the University of Washington, School of Nursing. This research is part of my dissertation research.
- The purpose of this interview is to learn about workplace bullying. I want to assure you that there are no right or wrong answers. If you don't understand a question, let me know. My goal is to learn manager's perspectives of workplace bullying so that we can come up with some solutions to the problem.
- The interview will last an hour to an hour and a half. This time includes time for us to talk about the project, time for you to sign the forms, and time for me to answer your questions. If you need to stop the interview at any time, let me know. You do not have to answer any question that you do not want to answer. You may also ask me to remove any answers from the record.
- Before we go on, do you have any questions? **If yes, answer questions, if no, proceed.**
- First I need to confirm that you are eligible for the project. I will repeat the questions that were asked of you on the telephone.

Questions Regarding Eligibility:

Please answer yes or no to the following questions.

Inclusion Criteria (These questions will also be asked on the initial telephone contact with the participant):

1. Are you currently working as a manager of a hospital nursing unit
Yes – Eligible
No – Ineligible
2. Do you have at least partial responsibility for hiring other employees?
Yes – eligible
No- Ineligible
3. Do you have at least partial responsibility for firing other employees?
Yes- eligible
No- ineligible
4. Do you have at least partial responsibility for instigating disciplinary action against other employees?
Yes- eligible
No- ineligible
5. Do you have at least partial responsibility for reviewing the performance of other employees?
Yes- eligible
No- ineligible

6. Have you been a manager for at least two years?
 Yes – Eligible
 No – Ineligible
7. As a manager, have you had awareness of incidences of workplace bullying?

*If participant is **ineligible**:* “I’m so sorry, based on your responses, this study is not a good fit for you. I apologize that this issue was missed on the telephone. Thank you so much for your interest in this study.”

*If participant is **eligible**:* “You are the right person with this study. Before we begin the interview, I need to get your signed informed consent.”

Informed Consent:

I will read you the consent form now. This form is used to give me permission to enroll you in the research study.

After reading the form: If you consent to the study, please sign the form.

After form signed: Thank you, before we begin the interview, I will explain a little about the structure of the interview. First I will ask you some questions about workplace bullying, then I will ask you some background information about yourself.

If participant has given permission (on Consent Form) for taping and taking notes: I will now turn on the tape recorder, and will also be taking notes. The notes are thoughts that I want to remind myself of later, as well as questions that come up that I might want further clarification of. The purpose of tape recording the interview is so that I can have your words verbatim.

Record interview start time: _____

Questions: (*Italicized portions will not be read aloud*)

Characterization of WPB:

1. Which behaviors do you think constitute workplace bullying?
2. Describe for me a typical bullying situation.
3. Describe for me what a person who does the bullying is like.
4. Describe for me what the person who is on the receiving end of bullying is like.
5. What is a typical bullying situation like in the unit that you manage? (**If manager says bullying does not occur on this unit:** Why do you think that bullying does not occur on this unit?)
6. In terms of workplace bullying, what are similarities and differences between this unit and others?
7. In general, in organizations, what are factors which contribute to workplace bullying? (Prompt: How does ____ contribute to bullying?)
8. On this unit, what are the factors which contribute to workplace bullying? (How does..... contribute to bullying?) **OR** What are factors which contribute to the lack of workplace bullying?
9. On this sheet of paper are some other words which have been used interchangeably with workplace bullying. **Hand paper to participant** (*Following words will be on paper: lateral violence, horizontal violence, mobbing, psychological harassment,*

workplace abuse, incivility, workplace aggression, workplace hostility). Please circle the ones you have heard of. Please put a star by the ones you use the most, and two stars by your preferred term.

When participant returns paper to interviewer: I see you prefer the term - _____. Can you tell me why?

Managerial Roles and Responsibilities in WPB:

10. What are the ways in which managers become aware of bullying in this hospital?
11. Can you give me some specific examples of how you became aware of workplace bullying in your experience as a manager on this unit? (If no: is there another unit in which you were manager where you had some experiences with workplace bullying?)
12. What do managers do when they become aware of the occurrence of bullying on their unit?
13. What have you done when you became aware of bullying on your unit?
14. Who has primary responsibility for ending or resolving incidences of bullying?
15. What do managers do to prevent the occurrence of bullying on their units?
16. What have you done to prevent the occurrence of bullying on your unit?
17. Who has primary responsibility for preventing bullying?
18. What does the organization say about managers' roles and responsibilities regarding workplace bullying? What do you think about this?
19. What resources does this organization provide to help managers with workplace bullying or related behaviors?
20. Which of these resources have you used? What was your experience using these resources? (**Prompt:** Were they helpful? In what way?)
21. What resources outside the organization are available to help managers?
22. Which ones have you used? What was your experience using these resources?
23. What types of resources would you like to see?
24. Please tell me about an incident of workplace bullying that has occurred on your unit since you became a manager. To protect confidentiality, I will change the names of all persons involved, and will not include any information that could identify the involved parties in my write-up of the research.

Allow manager to describe incident then ask following questions:

- A. Did you seek help?
- B. What was helpful about the response you got?
- C. What was not helpful?
- D. What type of help would you like to receive if you encounter this situation again?

Demographic Information:

I am now going to ask you some questions about your background. But before we move on, is there anything else you would like to tell me about workplace bullying?

1. What year were you born? _____
Do you think age affect one's views of workplace bullying?

2. How many years have you been working as a manager? _____ How many years have you been in this position? _____
Do you think experience affects one's views of workplace bullying?
3. What is your official job title? _____
Do you think that one's position in an organization affects their views of workplace bullying?
4. Before you became a manager, how many years did you work as a staff nurse? _____
Do you think that being a staff nurse affects ones views of workplace bullying?
5. What is the highest level of education you have completed? _____
Do you think educational level affects ones views of workplace bullying?
6. What racial or ethnic category do you identify yourself as?
Do you think that race or ethnicity affects ones views of workplace bullying?
Do you identify as male or female? Do you think that gender affects ones views of workplace bullying?

End of interview. This is the end of the interview. I am now turning off the tape.

Record end of interview time. _____

Before I go, I would like to schedule a 30-minute follow-up interview with you. The purpose of this is so that I can clarify any questions that I have as I review today's discussion. At that time I will also answer any questions you may have thought about since the first interview.

If have not obtained documents from organization: Also, as part of my study, I am looking at the documents that your organization has related to workplace bullying. I have contacted your human resource department, but have not heard from them. Are there any policies or informational pamphlets that you are aware of that related to bullying or related conduct? Could you bring a copy of these to our follow-up interview, or send them to me before this interview?

Guide for Follow-up Interview

Participant ID: _____

Organization ID: _____

Interview Date: _____

(This interview will vary depending on the questions that I have from the first interview. This is a rough outline of some of the questions that I anticipate asking).

Introduction:

Thanks for meeting with me again. I appreciate your participation in this research project.

Before we begin, I want to remind you that I will be taping this interview, and I also will be taking notes. Is that still okay? **If yes, turn on tape recorder and get out note book.**

Record start time: _____

1. Before we begin with my questions, I would like to know if there are any comments or questions that you have for me. Anything you have been thinking about since our last interview?
2. When reviewing your interview I noticed that you said “.....”, I’m not sure I understood this, can you explain it a little more?
3. You described the following, “....”, can you elaborate a little?
4. In the interview, you used the following word, “....”, can you tell me what that means? I think I know what it means, but want to make sure I have the same understanding of that word as you do.
5. Other questions:

If have not obtained documents from organization: As you may recall, as part of my study, I am looking at the documents that your organization has related to workplace bullying. I contacted your human resource department, but have not heard from them. Were you able to obtain any policies or informational material related to workplace bullying or similar behaviors?

If no: That’s okay. Thanks for trying.

If yes: Tell me about these documents, how often would you say you refer to them?

How about other people who work here, have you ever heard anyone else talk about them?

How useful are they to you in providing an understanding of bullying behaviors?

If have already obtained documents prior to interview: As part of my study I am looking at the documents that your organization has related to workplace bullying. I contacted your human resources department and they sent me the following **or** I found the following information on your organizations’ website:

Tell me about these documents, how often would you say you refer to them?

How about other people who work here, have you ever heard anyone else talk about them?

How useful are they to you in providing an understanding of bullying behaviors?

End of interview. Turn off tape. Record end time. _____

I have no more questions. Thank you so much for participating in my study. Would you like me to send you any publications that this study generates?

Appendix H: Confidentiality Agreement for Transcriptionist

Project Title: An Exploration of Discourses of Workplace Bullying of Hospital Nursing Unit Managers and Organizations

Researcher: Susan Johnson, MN, RN
 PhD Candidate, School of Nursing
 Psychosocial and Community Health
 Box 35872
 University of Washington
 360-790-6397

Sponsor: Butch de Castro, PhD, MSN/MPH, RN
 Assistant Professor, School of Nursing
 Psychosocial and Community Health
 Box 357263
 University of Washington

Statement of Agreement:

I, _____, understand that I will be transcribing audio-tapes containing confidential information through my work with the research project “An Exploration of Discourses of Workplace Bullying of Nursing Unit Managers and Organizations”. I will keep the contents of any audio-recordings that I transcribe confidential. Participant’s names and any other information regarding participants will not be divulged in any form to anyone. I will not make copies of audio-recorded interviews or written transcriptions. I will keep all project material (audio-recordings, transcriptions, disks, etc) securely and will not allow anyone else to access them. All materials will be returned to the project’s investigator, Susan Johnson.

Transcriptionist Name (printed)

Signature

Date

Appendix I: Instructions for Transcriptionist

For this study it is important that tapes are transcribed word-for-word. They should not be edited or tidied up to make them sound better. I need to have a record of incomplete sentences, overlapping talk, repeated words, and non-verbal noises. The following notational system should be used in transcribing the interviews.

Short pauses (less than 4 seconds)	(sp)
Long pauses (greater than 4 seconds)	(lp)
Incomplete sentences	(....) Indicates sentence is incomplete
Non-verbal noises	Indicate noise in parentheses; for example, (cough), (sigh), (laugh), (sneeze), (undetermined noise)
Interruption or overlapping speech	Indicate when one person interrupts or talks at the same time as the other with (=) at the point where interruption or overlap occurs
Unclear speech	Indicate words that are not clear with square brackets and question mark if guessing what was said (e.g., "He saw a [glass? Vase?]") Use xxxx to indicate words that cannot be deciphered at all. Put a break in between xxx to indicate number of words that are unclear. (e.g., "Claudia went to the xxxx xxxx xxxx, and then she went home.")
Speaker's turns	R indicates researcher is speaking I indicates interviewee is speaking
Emphasis	Use all caps to indicate if passage or word is louder than surrounding passages or words.

Adapted from Poland, 2003