

An Exploration of Managers' Discourses of Workplace Bullying

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Keywords

Leadership, management, nursing research, occupational health, professional issue, workplace bullying

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Conflicts of interest: None.

Funding: Funding for this study came from the Hester McLaws Scholarship, University of Washington, School of Nursing, the National Institute of Health-National Center for Research Resources (Grant 5KL2RR025015) to Dr. de Castro, and the National Institute for Occupational Safety and Health (Grant 3T42OH008433) to the University of Washington Northwest Center for Occupational Health and Safety.

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 around the world have reported being the targets of bullying. These nurses often report that their managers do not effectively help them resolve the issue. There is scant research that examines this topic from the perspective of managers.

METHODS. This was a descriptive, qualitative study. Interviews were conducted with hospital nursing unit managers who were recruited via purposive and snowball sampling. Data were analyzed using Willig's Foucauldian discourse analysis.

RESULTS. Managers characterized bullying as an interpersonal issue involving the target and the perpetrator, as an intrapersonal issue attributable to characteristics of the perpetrator, or as an ambiguous situation. For interpersonal bullying, managers described supporting target's efforts to end bullying; for intrapersonal bullying, they described taking primary responsibility; and for ambiguous situations, they described several actions, including doing nothing.

CONCLUSION. Managers have different responses to different categories of bullying. Efforts need to be made to make sure they are correctly identifying and appropriately responding to incidents of workplace bullying.



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Introduction

Approximately one-third of nurses worldwide experience workplace bullying (Spector, Zhou, & Che, 2013). Since workplace bullying has negative physical and psychological consequences on the health of victims (Nielsen & Einarsen, 2012), the World Health Organization has called it a "major public health problem" (Srabstein & Leventhal, 2010, p. 403). Workplace bullying is a concern for organizations as it has been associated with burnout (Laschinger, Grau, Finegan, & Wilk, 2010), employee turnover (Johnson & Rea, 2009; Simons, 2008), and medical errors (MacIntosh, Wuest, Meritt Gray, & Cronkhite, 2010; Wright & Khatri, 2014). To safeguard the health of employees and patients, healthcare organizations need to address workplace bullying, an effort that requires the cooperation of frontline managers. This study was designed to explore how nursing unit managers at hospitals discuss their efforts to manage incidents of workplace bullying. The ultimate goal of this research is to help managers in healthcare organizations manage workplace bullying in an effective manner.

Background

Research on workplace bullying began in the 1980s. As with any newly described social phenomenon, much of the discussion has centered around issues of labeling and defining bullying (Lutgen-Sandvik & Tracy, 2012). Researchers characterize workplace bullying as persistent, negative behavior that is specifically targeted toward one or more coworkers (Einarsen, Hoel, Zapf, & Cooper, 2011; Saunders, Huynh, & Goodman-Delahunty, 2007). A bully may engage in a range of negative acts, such as spreading malicious rumors at the worksite, publically criticizing a coworker's work, deliberately sabotaging a coworker's ability to work by withholding information, ostracizing or ignoring them, and openly making fun of a coworker (Einarsen et al., 2011). Within nursing, workplace bullying tends to manifest as subtle acts, seemingly perpetrated without overt anger or aggression (Hutchinson, Vickers, Wilkes, & Jackson, 2010).

Workplace bullying is differentiated from general incivility or other types of workplace conflicts in that the perpetrator has more power (positional or social) than the target, complicating a target's efforts to defend him/herself (Einarsen et al., 2011). Research

suggests that successful resolution of bullying generally requires intervention by someone with power in the organization, such as a manager (Lutgen-Sandvik, 2006; Namie & Lutgen-Sandvik, 2010). Paradoxically, studies have shown that managerial responses to bullying are often nonexistent or ineffective and can even exacerbate the problem if managers are viewed as unable to control bullying behaviors (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012; Hutchinson, Vickers, Wilkes, & Jackson, 2009; Namie & Lutgen-Sandvik, 2010).

Since most of the research on managerial responses to bullying has been from the point of view of targets or witnesses, and since employees are not always privy to the actions of a manager, it is important to explore how managers report responding to incidents of bullying. To our knowledge, only one study has done so. This study, which was conducted in one hospital in the United States, reported that managers felt they had an ethical responsibility to respond to bullying but did not know if their actions had resolved the matter (Lindy & Schaefer, 2010). This finding suggests that the managers profiled may not have revisited the issue, thus contributing to the perception that managers are indifferent to complaints of bullying (Lindy & Schaefer, 2010). These managers also said they were unsure if the behaviors the targets were reporting were actually bullying or if it was another issue, such as an unresolved conflict (Lindy & Schaefer, 2010). These findings indicate that in order to understand and modify the way that managers respond to workplace bullying, it is important to understand how a manager's characterization of the issue shapes responses to bullying among his/her direct reports (Lutgen-Sandvik & Tracy, 2012). Therefore, the specific aim of the study reported here was to explore the way in which hospital nursing unit managers characterize workplace bullying, as well as how they characterize their roles and responsibilities in the management of workplace bullying.

Theoretical Framework

This descriptive qualitative study used discourse analysis to describe the manner in which hospital nursing managers discussed workplace bullying. For this study, discourse was defined as the language that is used to categorize, interpret, and inform action in response to social constructs and events, such as workplace bullying (Foucault, 1972; Willig, 2009). Discourse theory posits that "before a domain can be

governed or managed, it must first be rendered knowable in a particular way" (Townley, 1998, p. 193). Particular ways of understanding a construct will result in different actions or responses in relation to this construct (Willig, 2009). For example, behaviors between coworkers that are characterized as *flirting* will elicit a different response from behaviors that are characterized as *sexual harassment*.

Discourse is also linked to power; the more power a person or group of people has, the greater his/her ability is to control the discourse (Foucault, 1980). Within organizations, managers have more positional power than staff, which means managers have more opportunities to control discourses and influence action (Clegg, 1998). While a staff member's characterization of bullying may influence whether he/she reports it (Hogh & Dofradottir, 2001), it is ultimately the manager who decides whether to act on or ignore these reports. Therefore, an exploration of managerial discourses of bullying is an important first step in the development of effective interventions (Altman, 2009).

Methods

Setting and Sample

This study was conducted in the Pacific Northwest region of the United States. Ethical review was obtained from the human subjects division of the researchers' institution. Eligible participants were those who had at least 2 years of managerial experience and were working as a hospital nursing unit manager, with at least partial responsibility for hiring, firing, disciplining, and evaluating employee performance, at the time the study was conducted. Participants were recruited via e-mail announcements or referrals. Recruitment was concurrent with data collection and ended when study participants answered interview questions in a similar manner since discourse theory posits a limited number of ways to discuss a phenomenon (Willig, 2009). Among the 32 respondents, 16 met eligibility criteria. The final sample size was 15 as one respondent did not show up for the scheduled interview.

Data Collection

Data were collected via two in-person, audio-recorded interviews that took place in a private loca-

tion chosen by the participants. Interviews were held approximately 30 days apart to allow the researcher time to review the first interview. First-round interviews averaged 75 min, and the follow-up interviews, which were designed to clarify any ambiguities from the first interview, averaged 40 min. Interviews were semi-structured, with open-ended questions designed to generate dialogue addressing study aims (Willig, 2009). The following are examples of questions from the first interview (see Table 1 for complete interview guide):

- What behaviors do you think constitute workplace bullying?
- What have you done when you became aware of bullying on your unit?
- Who has primary responsibility for ending or resolving bullying?

Follow-up interviews consisted of clarifying questions, such as "In the first interview you said" and "Can you tell me more about this?" After each interview, field notes recording the setting, participants' demeanor and dress, and any interruptions during the interview were recorded.

Data Analysis

The audiotapes were transcribed verbatim by a professional transcriptionist. Transcribed interviews were checked for accuracy against audio recordings by the interviewer. To protect confidentiality, all names were changed on transcriptions, and pseudonyms have been used in this article.

Analysis was based on Willig's (2009) Foucauldian discourse analysis. The first step involved an identification of the various discursive constructions of bullying. This step was accomplished by examining the words, phrases, and metaphors used to recount incidents of bullying and to describe both bullies and targets. Next, commonalities in the way that participants discussed workplace bullying and workplace bullying management were identified and grouped into themes. Concurrently, the manner in which participants discussed the roles and responsibilities of staff versus managers, as well as the managers' responses to bullying, was identified. These roles and actions were then examined in the context of the discursive constructions of bullying to determine how discourse was connected to action. ATLAS.ti 6.2 (2013) was used for storing, searching, and coding interview data.

Table 1. Interview Questions

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?
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.

The main analysis was conducted by the first author. To minimize subjectivity and enhance validity of the findings, the paper's coauthors ensured that the findings were grounded in the interview data.

Subjectivity and Reflexivity

From a Foucauldian perspective, research processes, including interviewing participants and writing articles for publications, can be viewed as a discursive practice (Willig, 2009). In a research interview, knowledge is not so much discovered as cocreated by the interviewer and the interviewee (Paulson & Willig, 2008). Researchers need to be mindful of how the characteristics (e.g., gender, age, position, and per-

ceived power differential) of either party influence data collection and analysis (Willig, 2009).

In this study, both the interviews and the primary analyses were conducted by the first author, a White 49-year-old, female PhD student. As a staff nurse, she was not a direct target but had witnessed workplace bullying. Her status as a student and a former staff nurse who had never worked in management seemed to negate the usual power imbalance between interviewee and interviewer. For example, several participants exerted power by making her wait while they completed a task. This reversed power dynamic may have allowed managers to discuss workplace bullying more openly (Paulson & Willig, 2008).

Findings

The sample ($N = 15$) was predominantly female ($n = 14$). Thirteen self-identified as White American, one as White South African, and one as Filipino/Chinese. Participants were between 32 and 70 years of age ($M = 52$, $SD = 9.2$) and had been in management 3–25 years ($M = 10$, $SD = 6.5$). Ten had a master's degree, four had a baccalaureate degree, and one had an associate's degree.

Based on the participant interviews, three different discursive constructions of workplace bullying (*interpersonal*, *intrapersonal*, and *uncertain*) and three accompanying action orientations (*managers taking charge*, *managers supporting staff*, and *managers doing nothing*) were identified. These will be discussed in detail in the next sections. Each discursive construction and action orientation was present in all of the interviews.

Interpersonal Bullying: Managers Supporting Staff

In this construct, bullying was described as a dysfunctional interaction between the perpetrator and the target, which was the result of an unresolved conflict, personality differences, or a breakdown in communication. Language used to describe interpersonal bullying included the following: “[bullying is] a breakdown in communication, especially when someone is intentionally trying to do that” (Anita), “a personality conflict to me is a form of bullying” (Madelyn), and “that’s just typical bullying behavior, you know, try and sideswipe you some other way, and be condescending about it . . . instead of dealing with the conflict” (Kelly).

In the discursive construction of *interpersonal bullying*, targets were viewed as part of the problem. They were described as unassertive people who had poor conflict resolution skills, as the following quotes demonstrate: “I just think that sometimes the bullying is perpetuated by maybe the receiver’s inability to manage the situation” (Lois), and “They don’t want to, you know, be in conflict . . . so everybody just tiptoes around her [the bully]” (Jean). Interpersonal bullying was also attributed to conflicts between an assertive target and an aggressive perpetrator. Anita described her own experience of being bullied: “This person . . . 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.”

Interpersonal bullying was consistently described as the responsibility of the staff to resolve. Rather than portraying themselves as doing nothing, managers described assuming the action orientation of *manager supporting staff*. Within this orientation, a manager expected the target of bullying to confront the perpetrator while the manager supported the target through coaching, or provided mediated conversations between the involved parties (target and perpetrator). As one manager said:

They [the target and the bully] might need a facilitated discussion. And so, you know, I can either-I, I think what I would like to try to have them do is first role-play with me. You know? . . . Like, pretend I’m that person and let’s try to role-play. Um, and if they really, really don’t feel comfortable, then I would, you know, have the three of us sit down and talk and see if we can, you know, bring out the information that’s needed to be brought out. (Mandy)

While the managers said they would support the targets’ efforts to end bullying, they also said that if targets were unwilling to engage in efforts to resolve bullying, there was nothing else a manager could do, as illustrated by the following quote:

I said, “You know? I’m not going to get in the middle of the he said, she said. If you have issues, then the three of us will meet and we’ll talk about it.” And she said “no.” And then I said, “Well, then they’re your issues: They’re not mine.” (Tina)

Since interpersonal bullying was attributed, in part, to the personal characteristics of both the bully and the target, managers felt both parties had a role in resolving the issue.

Intrapersonal Bullying: Managers Taking Charge

In contrast to interpersonal bullying, intrapersonal bullying was solely attributed to a characteristic of the perpetrator, such as his/her personality, upbringing, or inability to cope with stress. Specific traits that were linked to an intrapersonal bully included insecurity, which was masked by bravado, and either an aggressive or passive-aggressive personality. Managers used phrases like “that’s just the way she is” (Jean), or referred to perpetrators of intrapersonal bullying as “problem children.” All of the managers said that

personality was no excuse for poor behavior and that people could be taught to behave in a civil manner.

Intrapersonal bullying was differentiated from interpersonal bullying in that the former was described as involving a bully and multiple targets, while the latter was described as involving only one bully and one target. Intrapersonal bullying was also characterized as overt, public, and difficult to ignore. One manager said: "When he comes in a bad mood, he makes it absolutely hell for everybody. I consider that workplace bullying" (Rose). Mandy observed that intrapersonal bullying often led to multiple staff "call[ing] in sick because they didn't want to work with them [the bullies]," a view echoed by other managers. Because of the overt nature of intrapersonal bullying, and because it involved multiple staff, managers said they had to take the lead in handling it. However, managers still expected that staff would be involved in the process primarily by providing documentation of bullying incidents. Even though staff wanted managers to fix the problem, it was difficult to get staff to put complaints in writing for fear of retaliation, as this quote demonstrates:

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)

Another quote shows how staff members are often afraid to get coworkers in trouble:

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 [that]? Oh, you know, they're getting better." . . . And then the documentation stops. (Rose)

While the managers said they did not tolerate retaliation, they admitted it might be a legitimate concern for the staff because, as Molly stated, "as a manager, I can't control everything."

Uncertain Bullying: Managers Doing Nothing

The third characterization of workplace bullying was uncertain bullying. In this discursive construction, incidents were described as ambiguous situations that

were difficult to categorize. Ambiguity was attributed to the subtle nature of bullying behaviors, for example, "the words that people say . . . or not saying anything at all" (Molly). Another manager described a situation where an experienced nurse "wasn't necessarily bullying them [the new employee], but she wasn't really being a coach to them while they were learning" (Madelyn). Since this incident was mentioned in the context of bullying, it is clear the manager questioned whether it might have been bullying. However, due to the ambiguous nature of the incident, she had difficulty labeling it as such. Uncertainty in labeling was also attributed to the lack of a uniform understanding of bullying: "What one person thinks is bullying . . . another person might think, you know, it falls within their realm of tolerance" (Rita). As a result, the managers said they were occasionally advised to not pursue disciplinary action by other managers or even their supervisors because, as Kelly stated, "it's not a big issue."

When behaviors were ambiguous, managers said they needed to rely on experience and judgment (which included consideration of perpetrators' past behaviors) to determine if a given situation was bullying or if someone was just "having a bad day," as Julie stated. If managers did not feel the situation was bullying or was severe enough to warrant action, they either assumed the action orientation of *doing nothing* or of *manager supporting staff*. If they did take action in this category of bullying, it usually involved what Rita termed an "investigation, or even some time and observation." However, the managers said these investigations did not always clarify the issue. As Lois noted, "there's often two very different stories," a factor that many managers cited as contributing to the difficulty of managing bullying.

Discussion

The hospital nurse managers in this study described workplace bullying as a complex and nuanced problem that is challenging to manage. They described utilizing different management styles based on their characterization of bullying. Three characterizations of bullying were identified: an interpersonal issue involving two parties, an intrapersonal issue related to the characteristics of the perpetrator, or an ambiguous situation that could not clearly be classified as bullying. Other studies have reported that managers have different ways of categorizing bullying behaviors, with

the different categories being handled differently, resulting in inconsistent policy enforcement (Cowan, 2012; Harrington, 2010).

In the study reported here, as well as in other studies (Cowan, 2012), managers were not always sure if observed behaviors could be called bullying. By not categorizing certain acts as bullying, managers may be giving themselves an "out" for not responding to these acts (Cowan, 2012; Harrington, 2010). However, it also may be that managers genuinely do not understand what occurred or how their workplace expects them to respond (Vartia & Leka, 2011). Furthermore, bullying situations can involve ambiguity because incidents of bullying may involve subtle or unwitnessed behaviors, and the perpetrators can easily claim no harm was intended (Hoel & Einarsen, 2011; Rayner & Lewis, 2011). This ambiguity, along with the absence of a universal understanding of the phenomenon of bullying, is an impediment to the resolution of the problem (Branch, 2008; Lutgen-Sandvik & Tracy, 2012). To effectively address workplace bullying, organizations need to make sure that managers have a clear, consistent idea of what constitutes bullying behavior, that managers understand how they are expected to respond to bullying, and that they have assistance in applying this understanding to specific situations (Rayner & Lewis, 2011).

While targets of bullying have reported that their managers are unwilling or unable to adequately respond to workplace bullying (Gaffney et al., 2012; Lutgen-Sandvik, 2006; Namie & Lutgen-Sandvik, 2010), nursing managers have reported that they feel they do address bullying (Lindy & Schaefer, 2010). In the current study, participants described multiple responses to bullying. However, only those incidents that were characterized as intrapersonal bullying were described as primarily the managers' responsibility to handle. Managers expected staff to resolve ambiguous situations among themselves, or managers waited to see how the situation would unfold; both actions could be interpreted by targets as nonresponses. Likewise, when bullying was characterized as interpersonal, managers described encouraging the target to confront or to engage in mediation with the bully. Since studies have shown that mediation and confrontation of bullies by targets are ineffective and can sometimes exacerbate the problem (Cortina & Magley, 2003; Hutchinson, Vickers, Jackson, & Wilkes, 2010; Keashly & Nowell, 2011; McColloch, 2010), targets may also construe these actions as ineffective. Within

the discourse of the participants of this study, there was no acknowledgment that asking targets to engage in mediation or to confront bullies might be inappropriate or ineffective. This finding is not surprising since mediation and confrontation are two strategies commonly suggested in the nursing literature as appropriate responses to bullying (e.g., Blair, 2013; Cleary, Hunt, & Horsfall, 2010; Cropley, 2014; Griffin, 2004). Efforts need to be made to develop, test, and disseminate more effective ways of managing workplace bullying.

Discourse theory states that discourse is linked to power and action (Foucault, 1980). The findings of this study illustrate that when managers retain the power to categorize incidents as bullying, they also retain the power to decide how and when to respond to reports of bullying. If targets of bullying are unable to convince managers that the behaviors they have experienced are bullying, and if they need managerial intervention to bring about an end to the behaviors, they may end up feeling victimized both by their organizations and by their bully (Lutgen-Sandvik, 2008; Parzefall & Salin, 2010). Therefore, organizations need to create a space for genuine and open discussions about what types of behavior constitute workplace bullying and how these behaviors will be handled by management and by staff.

Implications for Nurses and Managers

The findings of this study suggest that to effectively manage workplace bullying, managers need to engage in ongoing dialogue with staff about bullying. These conversations should center on finding a shared understanding of what constitutes bullying, what managers can and cannot do to respond to bullying, and what role staff nurses should play in responding to bullying incidents. In addition, when bullying occurs, managers need to make sure that incidents are fully resolved in a manner that supports the target. Finally, staff nurses can assist managers' efforts to deal with bullying by providing appropriate documentation of behaviors and by not excusing or normalizing these behaviors.

Limitations and Suggestions for Future Research

This study should be viewed in light of some limitations. The sample was homogeneous in ethnicity and gender, and was drawn from a limited geographic

area. Although data saturation was achieved, samples with more diverse representation and from other geographic areas may uncover additional discourses of bullying. An area for future research would be to replicate this study in another locale. In addition, further research needs to examine the similarities and differences in how managers and staff, including those who have experienced bullying and those who have not, characterize bullying and assign responsibility for resolving it.

Finally, discourse analysis is, by nature, an intersubjective endeavor. It is possible that another researcher could interpret the interview transcripts differently (Willig, 2009). The goal of discourse analysis is not to uncover absolute or generalizable truths but merely to uncover how different versions of reality are constructed through language (Willig, 2009). Accordingly, this study should be viewed as part of the discourse about nurse managers and workplace bullying. Different interpretations and dissenting views would also be part of this discourse.

Conclusion

The findings of this study suggest that managing bullying is a complex issue, and what targets characterize as managerial inaction may be based on different characterizations of workplace bullying and of how it should be managed. Future efforts should focus on helping managers become more adept at identifying and responding to workplace bullying.

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