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Workplace Bullying Prevention: A Critical Discourse Analysis

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Abstract

Aim—To analyze the discourses of workplace bullying prevention of hospital nursing unit managers and in the official documents of the organizations where they worked.

Background—Workplace bullying can be a self-perpetuating problem in nursing units. As such, efforts to prevent this behavior may be more effective than efforts to stop the behavior. There is limited research on how healthcare organizations characterize their efforts to prevent workplace bullying.

Design—This was a qualitative study.

Method—Critical discourse analysis and Foucault's writings on governmentality and discipline were used to analyze data from interviews with hospital nursing unit managers (n=15) and organizational documents (n=22). Data were collected in 2012.

Findings—The discourse of workplace bullying prevention centered around three themes: prevention of workplace bullying through managerial presence, normalizing behaviors and controlling behaviors. All three are individual level discourses of workplace bullying prevention.

Conclusion—Current research indicates that workplace bullying is a complex issue with antecedents at the individual, departmental and organizational level. However, the discourse of the participants in this study only focused on prevention of bullying by moulding the behaviors of individuals. The effective prevention of workplace bullying will require departmental and organizational initiatives. Leaders in all types of organizations can use the results of this study to examine their organizations' discourses of workplace bullying prevention to determine where change is needed.

Keywords

nursing; workplace bullying; prevention; discourse analysis; managers; policies; Foucau	ult;
governmentality	
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Conflicts of Interest: None

Author Contributions:

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*):

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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INTRODUCTION

In the past decade workplace bullying has been identified as a concern for nurses in many countries and across many workplace settings (e.g. Quine 2001, Johnson 2009, Hutchinson *et al.* 2010a). Workplace bullying is detrimental to the health of both targets and witnesses of bullying (Nielsen & Einarsen 2012, Reknes *et al.* 2014). It also negatively affects nurses' job satisfaction (Johnson & Rea 2009, Laschinger *et al.* 2010), their productivity (Lewis & Malecha 2011, Berry *et al.* 2012) and contributes to medical errors (Wright & Khatri 2014, Laschinger 2014).

While workplace bullying was initially thought to be the result of an escalated conflict between individuals (Zapf & Gross 2001), subsequent research indicates that environmental factors, such as leadership style (Laschinger *et al.* 2012), oppressive working conditions and low job control contribute to the presence of bullying in healthcare organizations (Hutchinson *et al.* 2010c, Purpora *et al.* 2012, Rodwell & Demir 2012). Research also indicates that organizations can unwittingly reward bullying behaviors by promoting nurses who engage in these behaviors (Katrinli *et al.* 2010), or by allowing bullying to operate as a form of 'informal organizational authority' (Hutchinson *et al.* 2010b, p. 38). These findings suggest that organizational level interventions to prevent workplace bullying may be more effective than individual level interventions that address bullying after it has occurred (e.g., disciplining bullies) (Vartia & Leka 2010).

In healthcare, research has focused on focused on individual level interventions which involve direct confrontation of bullying behaviors by staff nurses (Griffin 2004, Stagg 2011, Stagg 2013, Ceravolo *et al.* 2012). While few studies have examined the long-term effects of these interventions, the research that is available suggests that individual level interventions may not result in significant behavioral change (Stagg 2013) and that stopping workplace bullying once it has started can be a lengthy and arduous process (Johnson 2013).

Background

This study was based on critical management theory (Alvesson & Deetz 2009), discourse theory (Wodak & Meyer 2009; Willig 2009) and Foucault's (1980) notions of governmentality. While critical management research can be negative and hyper-critical, it can also be transformative if the ultimate goal is to suggest ways of transforming managerial discourses and practices to make them more effective and humane (Villadsen, 2007). Critical analysis gains depth when theoretical knowledge is used to help interpret and understand empirical data (Alvesson & Deetz 2009). To that end, Foucault's (1980, 2010) theories on governmentality and discipline were chosen as the framework to organize the findings. This decision was made after an initial examination of the data revealed similarities between the way managers and organizations discussed workplace bullying prevention and the way management techniques were discussed in Foucault's writings.

Foucault describes governmentality as the management of groups of people by states or organizations (Foucault, 2010a). To meet their goals, organizations need a well-regulated, self-disciplined workforce (Jackson & Carter 1998). Since it is not possible for managers to

directly supervise workers all the time, organizations operate on principles of a psychological contract, where employees learn to regulate their own work through adoption of the goals of the employer (Villadsen, 2007). In this model, the goal of organizational discipline is the prevention of deviations of behaviors through the creation of a workforce that is responsible for controlling their own behavior (Brivot & Gendron 2011).

Modern disciplinary power also operates through what Foucault (1980) calls the gaze, as well as through hierarchical observation (Foucault 2010a). The concept of the gaze was based on Bentham's notion of the panopticon, a prison that was designed in such a manner that a lone guard from a central tower could oversee multiple inmates. A notable feature of the panopticon is the strategic use of lighting which allows the guards to see the inmates, but does not allow the inmates to see the guards. The purpose of this lighting is to make inmates believe they are under constant observation and to adjust their behaviors accordingly (Foucault, 1980). Foucault noted that organizations can exert power in a similar manner, exerting control over multiple people through an 'inspecting gaze, a gaze which each individual will interiorize to the point that he is his own overseer, each individual thus exercising this surveillance over and against himself' (p. 154). Through knowledge of employees, regular performance evaluations and informal feedback, modern managers manifest this inspecting gaze, thereby establishing behavioral norms which the workers themselves eventually internalize (Townley 1998; Villadsen, 2007). Managerial techniques which are based on individual self-regulation can be beneficial and can result in an autonomous, self-directed workplace. Where they fall short is when they are uncritically adopted in an attempt to resolve all workplace problems. This results in a situation wherein individual employees are blamed for problems or failures that are organization-wide (Chauvière & Mick 2013).

In this paper, the discourses of workplace bullying prevention of healthcare organizations and nursing unit managers who work in these organizations are analysed. While there are many definitions of discourse, for this study discourse was defined as the language which is used when discussing a given concept, such as workplace bullying (Willig 2009). This language is indicative of how the issue is conceptualized and how it is acted on. For example, if workplace bullying is predominately discussed in relationship to patient outcomes and negative effects on the health of targets of bullying are not discussed, this indicates that it is mainly viewed as a patient safety issue (Johnson *et al.* 2015). The actions that would arise from this discourse would mainly involve protecting the safety of patients and the needs of workers would not automatically be addressed (Johnson *et al.* 2015).

THE STUDY

Aim

The specific aim of this study was to analyze discourses of workplace bullying prevention in documents produced by hospital systems and used by unit level managers who worked in these organizations.

Design

This study involved critical and Foucauldian discourse analysis of semi-structured interviews with nursing unit managers and documents from hospital systems where they worked. Critical discourse analysis is a methodology which can be used to study how language informs social practice (Wodak & Meyer 2009). In this study it was used to examine how language informs workplace bullying prevention. Foucauldian discourse analysis allows researchers to explore how language constructs selves and identities (Willig 2009). In this study it was used to examine how managers use language in an attempt to shape employee's behavior.

Participants

A purposive sample of unit level managers, who had been aware of workplace bullying in their organization, was recruited via announcements of the study on various email lists. Fifteen managers were interviewed. Participants came from seven different hospital systems in the Pacific Northwest region of the USA.

Data collection

All data were collected between January and April 2012. Data from the managers were collected via semi-structured, audio-recorded interviews that ranged from 45 minutes - 2 hours. Examples of questions that were asked are:

- How can workplace bullying be prevented?
- Describe your efforts to prevent the occurrence of bullying on your unit.
- Who has primary responsibility for preventing bullying?

The documents for the study were obtained from the human resource departments where the interviewees worked and from the publically available web sites of these organizations. Additionally, interviewees were asked to if there were any other documents they used to guide their management and prevention of bullying. Three interviewees added additional documents to the study. To be included, documents needed to address workplace bullying, or other non-physical violence between co-workers (e.g., harassment, disruptive behavior).

Ethical Considerations

The ethics committee of the researchers' university approved the study. Informed consent was obtained from interviewees. Names of organizations and individuals were removed from both the interview transcripts and the organization documents prior to analysis.

Data analysis

Interviews were transcribed verbatim and checked by the researcher for accuracy against the original recording. To aid with coding and tracking quotations, Atlas t.i 6.2, a qualitative software program, was used. The initial stage in the analysis process involved a careful reading of the interviews and organizational documents and highlighting all passages that pertained to prevention of workplace bullying. These passages were then grouped according to common themes. Initially, ten themes were identified. Foucault's concepts of

governmentality and the panopticon were used to more concisely group the data into three main themes and one sub-theme.

Rigour

To ensure that the analysis is rigorous, a researcher who is using Critical Discourse Analysis needs to engage in a cyclical process of review of the data and reflection of the theoretical perspectives that inform the study (Willig 2009). This was accomplished by a cyclical process that involved reading and re-reading the texts while referring to the writings of Foucault and other authors who have applied his ideas of governmentality to modern management practices. Critical discourse analysis can also be evaluated by assessing whether it produces reasonable and convincing results and an internally coherent narrative (Willig 2009). This was accomplished by allowing other researchers who are familiar with both workplace bullying and Foucault's theories to critique and comment on the findings.

FINDINGS

Fifteen managers were interviewed. The majority (*n*=14) were female and self-identified as white (*n*=13). Participants were between 32–70 years of age (*mean*=52, *SD* 9.2) and had 3–25 years (*mean*=10, *SD* 6.5) of experience in nursing management. The discourse analysis revealed three main themes, presence, normalizing behaviors and control; and one subtheme, presence in absentia. Each will be discussed in turn.

Presence

The managers in this study discussed their physical presence on the unit as an active deterrent to bullying. Although they might have as many as 100 direct reports, they said they made an effort to get to know each one and interact with their staff as often as possible:

But we make a point of interacting often. I will take breaks with them...and everybody gets a chance to just talk. There's not a lot of person-personal barriers, um, because everybody kind of knows everything about everybody...And when there are issues, we're really fast about dealing with them.' (Participant 6)

In this passage, the manager describes a nursing unit with few interpersonal barriers, which allows her to 'know everything about everybody.'

Emphasizing the lack of barriers on their units, managers also described an open door policy, which allows staff to drop by and share concerns at any time. This open door policy, which makes it easy for staff to report the co-workers' behaviors, also gives managers the opportunity to 'keep a 'tic' on the environment' (Participant 14). The open door also allows the managers to observe the staff, who similarly to the inmates in the Panopticon, do not know when, or if, they are being observed.

In the hospital policy documents, there was also language which indicated that employee's behaviors should be controlled through managerial presence. For example, 'Supervisors may be disciplined for...failing to notice violations of this Standard of Conduct' (Hospital 6) and 'It is considered misconduct for a manager or supervisor who knows or should have known of workplace harassment to fail to address and report such behavior' (Hospital 4). The use of

the phrase 'should have known of' in the second example suggests that managers are not only expected to be omnipresent, but that they are also expected to be omniscient.

The managers acknowledged that one of the drawbacks with using presence as a deterrent is the possibility that individuals will develop strategies for avoiding surveillance. Staff could hide bullying behaviors by engaging in covert behaviors to bully others. As one manager said, 'But I know she still subtly does it [bullying], you know, in little ways that I can't actually write her up for' (Participant 4). Managers discussed how the subtle nature of bullying could make it 'invisible' (Participant 8), which meant that it could not be observed.

Managers also said that prevention through presence was challenging because staff change their behaviors when the manager is on the unit:

I don't see everything. I mean, in all honesty, people like to keep, they put their best behavior forward. I mean, if they care about that sort of thing. Um, but I think for-I mean, there's an element of bullying that's pretty sinister. And so people who are going to bully probably are smart enough to know when they should and when they shouldn't. And when they shouldn't would be when I'm around. (Participant 5).

To deal with this possibility, managers said they randomly show up on the unit. As one said, 'I'd round all hours of the day so they never know when I'm going to be there' (Participant 8). Another said, 'a lot of times I will go in and show up early, you know, an hour or so early. And probably about every two months I do a nightshift' (Participant 4). Managers also said they try to be around staff as much as possible so that, '...people aren't at that heightened sense of awareness that, 'Oh, the boss is here.' And so then they will revert more to their more normal behaviors' (Participant 5).

Since the managers knew they could not be everywhere and see everything on the unit, they talked about creating presence in absentia, the illusion of presence when it did not exist. This sub-theme will be discussed in the next section.

Presence in Absentia: Delegated authority—Because managers cannot be omnipresent, they said they delegate authority for prevention of workplace bullying to assistant managers, to nurses in charge of a given shift, or to staff in general. As one said:

I like to take responsibility, it's up to the manager, but you cannot be there 24 hours a day and seven days a week, so you have to train the staff to recognize it and to, uh, stop it. Um, everybody takes responsibility. Just can't have it. (Participant 12).

Hospital documents indicated that organizations also expected employees to monitor the behaviors of other employees and to report negative behaviors to their manager. For example, on hospital's document contained the following language: 'Any employee who is aware of any instances of disruptive behaviors should report the alleged act immediately to his or her supervisor' (Hospital 3). While employees were encouraged to report even suspected violations of the code, they were also admonished that, 'the submission of false or misleading reports of violations will not be tolerated' (Hospital 3). While this language was written to prevent false accusations, it may also deter reporting of bullying if it involves behaviors that are covert or subtle.

Normalizing behaviors

The second element of the discourse was that workplace bullying could be prevented through the establishment of behavioral norms. As one manager said, 'if you're not out there to set expectations, people set their own' (Participant 5), implying that without leadership, staff would revert to negative behaviors. In the documents, managers were also instructed to 'lead by example' (Hospital 2) and to, 'embody the highest standards of behavior in all interactions' (Hospital 2). Another hospital's annual performance review rewarded employees and managers 'who are a role model for behaviors and values' (Hospital 3).

In addition to modeling appropriate behaviors, managers and documents discussed codifying behavioral expectations, either through a code of conduct or by writing down values all employees were expected to share. These values were linked to discussions of inappropriate behaviors, as in the following example, 'Inappropriate and/or disruptive behaviors directly impact our values of teamwork, integrity & respect, staff satisfaction and ultimately patient safety' (Hospital 1). To help employees internalize these behavioral expectations, codes of conduct were generally written in first person, plural, as in the following:

We will treat our patients, visitors and all other workforce members with courtesy and respect with our spoken and unspoken behavior. 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. (Hospital 4)

The managers also said they used the organizational values and codes of conduct to shape the unit's culture:

These, these six core values... on our unit, we try to weave it into everything we do. Um, for example, um, when we interview, um, new people that are interested in a job, we talk about the core values. We talk about what we're looking for. We, we mention them. We see if they've seen them on our website, if they're aware of our core values....And I don't want to kind of trivialize it, because, but we'll say things like, 'Yeah, well that doesn't really exhibit our core value of kindness. Or do you think that feels collaborative?' You know? (Participant 13)

While this manager indicates she shares the organizations' values with current and prospective staff, by saying 'I don't want to kind of trivialize it,' she seems to be stating that too much discussion of the values can make them sound banal and trivial.

Managers also discussed attempting to mould behaviors and to prevent bullying through education. This was done either on the unit, or by sending employees to outside classes. Managers said the goal of education was to teach staff how to behavior professionally, how to defuse conflict and how to communicate effectively. While some managers said educational efforts could be effective:

I have seen some substantial transformation, um, in employees once they're, they're guided and given the tools they need to do things right. And a lot of that just has to be, you know, scripting when they hit situations. (Participant 14).

Others admitted change could be difficult to sustain:

I can send them to a class on dealing with difficult people till the cows come home. And I have sent people to classes on that. But the thing is they don't know how to come back and-and use the tools that they get. They'll come back and they'll be very excited ... But they don't know how to-to practice what they, what they learned ...in those conferences. Or they get too scared to do it and then they just fall back into their old patterns of allowing that person to treat them that way. (Participant 8)

To reinforce educational offerings, managers said they try to 'identify [individual] strengths and focus on those' (Participant 10). Similarly, the policy documents instructed managers to 'look for the positive in employees...and then recognize it' (Hospital 2), to 'inform staff of standards' (Hospital 6) and to 'assure all staff are aware of these standards' (Hospital 4).

Control: Catching it early, enforcing behavioral standards

The third element of the discourse was that workplace bullying could be prevented through enforcement, or control. In this category, managers discussed preventing the spread of bullying by intervening early. As one said:

But I think if you can recognize the beginning of it, you can usually put an end to it right there and then. Um, without having to call it bullying. But implying that that is what it is. And with some people I-I say that, you know? You know, I say, you come-you're coming across like a bully. (Participant 2)

While this manager is trying to convey the message that she is deals with bullying 'in real time,' thus preventing future occurrences, her reluctance to label behaviors as bullying suggests that staff who engage in these behaviors do not face real consequences. Furthermore, this manager, as well as other managers, said they preferred to informally talk with employees about their behaviors rather than pursuing formal disciplinary process, which was described as frustrating and time consuming. As one manager said:

Um and I believe dealing with it in real time...when HR and unions are involved, there's so much that slows the process of holding conversations and dealing with things in real time sometimes, um, that that can be kind of frustrating. Because I-I'm a believer that dealing with things in real time is, uh, your best way to handle a-a lot of these things. (Participant 10)

When managers discussed dealing with behaviors 'in real time', it usually involved techniques such as 'calling them out for bad behaviors' (Participant 1), which they said was the responsibility of all of the staff and not just the managers:

It [confronting behavioral deviations] should be part of everyday life. If somebody says something snotty to you, somebody should say something that you're being snotty. That should just be how we all communicate with each other. (Participant 14).

This language was reflected in the hospital's policy which said:

Professional relationships are more easily maintained when each person is responsible for talking directly to the professional colleague involved when issues regarding behavior or language arise. (Hospital 8)

These policies create the expectation that every member of the organization is not only responsible for their own actions, but they are also responsible for monitoring the behaviors and language of their co-workers.

DISCUSSION

In this sample, the main discourse was that workplace bullying could be prevented through managerial presence, through the creation of behavioral norms and by controlling deviations of these norms. These discourses describe prevention efforts that seek to modify individual behaviors and to create a workforce who refrain from engaging in bullying behaviors. They are reminiscent of Foucault's (1980, 2010) discussion of modern disciplinary power, which is designed to create docile bodies that, primarily through self-regulation, behave according to institutional and societal expectations.

The first element of the managerial and organizational discourse was that workplace bullying could be prevented when managers were present on the unit and could monitor the behavior of staff. This discourse is similar to Foucault's (1980) descriptions of the panopticon, which is designed in a manner that allows one centrally located guard to control the behavior of multiple inmates by creating the expectation that any given inmate might be watched at any given time. Similarly, the managers in this study said that observation was most effective when it occurs randomly and when staff did not know when or if they were being observed. To create the sense of presence when managers could not be on the unit, managers said they delegated authority to assistant managers, charge nurses and other staff.

While modern disciplinary power may have origins in techniques such as the panopticon, it also operates on the assumption that direct coercion is neither possible nor necessary to modify all behaviors (Foucault 2010b; Savage 1998; Villadsen 2007). To that end, organizations also expect employees, especially those who belong to the professional staff, to monitor their own behaviors, changing those which are not in agreement with the goals and values of the organization (Jackson & Carter 1998, Villadsen, 2007). In this study, managers acknowledged the limitations of the technique of using presence to deter workplace bullying. Therefore, the second element of their discourse was that it is important to establish and reinforce behavioral norms that allow employees to monitor their own behavior. This discourse was also present throughout the organizational documents, many of which discussed behavioral expectations and included codes of conduct for employees. Acknowledging the limitation of this preventive measure, which targets individual behaviors and does not change the conditions which give rise to these behaviors (Vartia & Leka, 2011), the managers stated that despite their efforts to teach staff new norms of behavior, most eventually reverted to old, established patterns of interaction.

The third element of the managerial and organizational discourse was that workplace bullying could be prevented through control; by catching behaviors early and by calling attention to them when they occurred. Indeed, research indicates that codes of conduct will

only deter workplace bullying if they are enforced (O'Farrell & Nordstrom 2013). However, if disciplinary responses to incidences of bullying are not swift and effective, employees get the message that addressing these behaviors is not a priority (Salin, 2003). The managers in this study indicated a preference for soft disciplinary techniques, such as merely pointing out deviant behaviors, without labeling them as bullying and pursuing formal disciplinary action. The unintended consequence of this disciplinary style is that it allows staff to engage in bullying behaviors with impunity. Rather than changing behaviors and preventing future bullying, this disciplinary technique may actually reinforce bullying by demonstrating a certain level of tolerance for it.

The discourses of prevention of workplace bullying identified in this study operate under the assumption that workplace bullying is an individual level problem. In contrast, current research indicates that organizational and departmental factors, such as leadership style, the amount of change in the organization and the intensity and pressure of the job, explain more of the variance in bullying than individual characteristics (Salin & Hoel 2011, Zapf & Einarsen, 2011). Consequently, the current recommendations are that prevention strategies should include organization-wide efforts such as management training, assessment of workplace stressors and workplace redesign to reduce these stressors (Vartia & Leka, 2011). In addition to focusing on changing individual behaviors and interactions between employees, to prevent workplace bullying, organizations need to focus on improving the overall climate for employees (O'Farrell & Nordstrom 2013).

Limitations

One of the limitations of this study is that it was conducted in a specific place and time and may not be generalizable to other populations. However, the findings are transferable in that they can be used by researchers and practitioners to interrogate discourses and practices related to workplace bullying in other settings to determine why efforts to curtail workplace bullying are not succeeding and how these discourses and practices might be changed. Another limitation is that it only examined formal organizational documents, (i.e., policies) and discussions with managers in an artificial setting (i.e., interviews). Analysis of informal documents such as internal memos or emails, or observations of informal, natural discussions among members of an organization may add deeper insight into organizational and managerial discourses of workplace bullying prevention. This is an area where further research is needed.

CONCLUSION

By using a critical discourse analysis, this study demonstrated how organizational and managerial discourses on the prevention of workplace bullying operate on an individual level and how this discourse fails to address system-level issues that contribute to the problem. It is probable that organizations have never considered how working environments shape employees' behaviors and how organizational practices contribute to problems such workplace bullying. Education of organizational leaders on the root causes of workplace bullying and on how to maintain and strengthen the psychological contract between employers and employees is a necessary step in the eradication of this occupational hazard.

Critical discourse theory suggests that one way to bring about changes in social practices, such as workplace bullying prevention, is to change the discourse around these practices (Wodak & Meyer 2009). Therefore, workplace bullying may be more effectively prevented when the discourse includes a discussion of the organizational factors which contribute to the phenomenon.

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SUMMARY STATEMENT

Why is this research needed?

 Workplace bullying, which is experienced by nurses globally, has negative repercussions on quality of care, on the health of individual nurses and on the retention of nurses.

- To avoid the negative outcomes associated with workplace bullying, organizations should work to prevent these behaviors from occurring.
- To date, there is little research that has examined what healthcare organizations are doing to prevent workplace bullying.

What are the key findings?

- Organizational documents and hospital nursing unit managers say that
 workplace bullying can be prevented through managerial presence on the unit,
 through establishment of codes of conduct and through controlling behaviors
 with disciplinary techniques.
- These discourses address individual level antecedents of bullying and do not address departmental or organizational climates which allow these behaviors to develop and flourish.

How should findings be used to influence policy/practice/research/education?

- Managers and organizations need to be informed about current research which indicates that workplace bullying is a systemic, rather than an individual, problem.
- Managers and organizations should examine how their language frames workplace bullying as an individual issue; and how this perspective can impede effective prevention.
- Future research should focus on what types of organizational initiatives are the most effective at preventing workplace bullying.