BULLYING IN THE WORKPLACE: A STUDY
OF AUSTRALIAN NURSES

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Statement of Authentification

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree in another institution.

[Signature]

Marie Louise Hutchinson
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Style Notation for Interview Transcripts

Cited excerpts from the interview transcripts of less than 15 words are presented italicised in inverted commas and placed within the text. Excerpts of 15 words or more are presented as free standing paragraphs without quotation marks and indented from the margins. The following notations are used in the quotations: para is used to indicate paragraph; a parenthesis indicates responses from the participants such as (crying); square brackets enclose clarifications or explanatory notes such as [name of hospital]; bold text indicates participant’s emphasis; three periods … indicates a portion of text which does not contribute meaning has been deleted from the quotation for the purpose of brevity.
ABSTRACT

Over recent decades, there has been growing recognition that workplace bullying is a pervasive and harmful feature of modern workplaces. In the Australian nursing context, bullying is reported as a common form of aggression. While acknowledged as a concerning issue, there is little substantive data on the meaning of bullying or how it affects the private or professional lives of Australian nurses. The aim of this study was to address this gap by investigating the nature, extent and consequences of bullying in the Australian nursing workplace.

A three-stage sequential mixed method design was adopted for the study. The first stage involved in-depth, semi-structured, qualitative interviews with 26 nurses with experience of workplace bullying. Content analysis of the interview transcripts using the NVivo software program identified four major categories, and a number of minor categories and sub-categories. These categories formed the basis of a survey instrument developed for use in the second stage of the study. The second stage of the study established the validity, reliability and factor structure of the newly developed instrument. Exploratory factor analysis (EFA) using the Statistical Package for the Social Sciences (SPSS) software identified seven coherent latent factors, which underpinned the experience, consequences, and organisational features associated with workplace bullying. The EFA identified reliable measures of the seven latent factors and two scales were refined entitled the *Bullying Acts and Consequences Scale* and the *Organisational Processes Scale.*
The third stage of the study employed the survey instrument validated in the previous stage of the study with a cross-sectional randomised sample of the Australian nursing workforce. Analysis of the survey data identified that bullying occurred across all sectors of the nursing workforce, with no correlations between experiencing bullying and demographic and employment characteristics. In addition to describing the nature, extent and consequences of bullying, confirmatory factor analysis (CFA) was used on the data from the national survey to further refine the scales developed in the previous stage of the study. These two scales were refined into one multidimensional scale entitled the *Organisational Predictors and Consequences of Bullying Scale* (OPCBS). The final step in the analysis of the national survey data involved structural equation modeling (SEM) using the AMOS software program. The modeling established that the four organisational factors measured in the study were associated with bullying and the measured consequences.

The significant contributions of this study include the finding that organisational features rather than individual characteristics influence the experience of bullying in the nursing workplace, and the development of valid and reliable measures of bullying behaviours, associated organisational features and the consequences of bullying.
Chapter 1

ABSTRACT
Chapter one introduces the concept of workplace bullying, with particular reference to the nursing workplace. In the Australian nursing context, while there is considerable concern regarding bullying, negligible substantive data exists on the experiences of nurses, or the nature, extent and severity of the problem. Consequently, little is known about the meaning of workplace bullying for individual nurses, and how it affects their private or professional lives. The sequential mixed method study introduced in this chapter seeks to address this gap. Aspects of the material presented in this chapter have been published in peer-reviewed conference proceedings as detailed in Appendix 1 (page 313, citation one).
INVESTIGATING BULLYING IN THE NURSING WORKFORCE:
SETTING THE SCENE

1.1 Introduction

In setting the scene for this study of bullying in the nursing workforce, this chapter summarises the main points of what is known about bullying, and the current constraints on understanding - with particular reference to the Australian nursing environment. It is noted that in the Australian nursing context there is little substantive data about bullying. The aim of the study introduced here is to extend understanding about the experience of bullying for Australian nurses and to provide information on the nature, extent and consequences of the problem. In this chapter, the aims and objectives of the current study are presented, the researcher is positioned within the context of the research, and, the thesis structure is outlined.

1.1.1 The concept of workplace bullying

In recent years, there has been growing recognition of the importance of understanding workplace bullying (Di Martino, Hoel and Cooper, 2003; Einarsen, Raknes and Matthiesen, 1994; Hoel, Einarsen and Cooper, 2003). The attention has occurred in large part in response to the level of harm, which has been attributed to result from the behaviour (Yamada, 2000). Bullying is recognised as involving a range of behaviours that may erode the social fabric of workplaces, and result in
serious consequences for both organisations and their employees. Workplace bullying is known to occur within most, if not all, industry sectors, with the health, education and public administration sectors identified to be at higher risk (Hubert and van Veldhoven, 2001; Leymann and Gustafsson, 1996; Vartia and Hyyti, 2002).

Workplace bullying is a complex phenomenon, with a range of individual and organisational features implicated as enabling factors (Salin, 2003a). While there are many definitions of workplace bullying, it is usually considered to involve repeated, less favourable treatment of one person by another (or others) (Barron, 1998), that creates or contributes to a hostile work environment (Einarsen, 2001; Yamada, 2000). The label has been used to encompass a wide variety of workplace experiences. The behaviours considered to constitute bullying include overt forms of aggression as well as subtle or covert acts (Zapf, 1999).

The consequences noted to stem from bullying include reduced self-esteem (Randle, 2003b), depression, anxiety (Hallberg and Strandmark 2006; Quine, 2001), and post-traumatic stress disorder (Mikkelsen and Einarsen, 2002). Additionally, bullying has been correlated with physical illness (Kivimäkia et al., 2003), financial loss, and in some cases, an eventual inability to work (Einarsen and Mikkelsen, 2003; McCarthy, 2003). Associations have also been reported between bullying and staff turnover, intention to leave employment, lowered morale, reduced productivity and reduced loyalty to organisations (Yamada, 2000). McAvoy and Murtagh (2003:776) have described workplace bullying as a ‘silent epidemic’ and have suggested it may be one of the main factors contributing to depression and mental illness in the general community.
1.1.2 Bullying in the nursing context

Concern about the need to improve the working lives of nurses has been heightened in the context of the current acute nursing shortage in Australia and elsewhere (Jackson, Clare and Mannix, 2002; Mulcahy and Betts, 2005; Shields and Ward, 2001). There is evidence to suggest that, for many nurses, the daily workplace is a hostile and harmful environment (Chapman and Styles, 2006; Henderson, 2003; Oztung, 2006; Shields and Wilkins, 2006).

Experiences reported by nurses are widely confirmed to include harassment, bullying, intimidation and assault (Farrell, 2001; Fry et al., 2002; Randle and Grayling, 2006; RCN, 2002). These behaviours may emanate from fellow nurses, nurse managers, other medical and administrative staff, or patients/clients and their families. Other nurses, and nurse managers, are recognised as perpetrating considerable levels of aggression in the nursing workplace. This aggression is a major source of work-related stress among nurses (Farrell, 1999; McKenna, 2003).

In the Australian nursing workplace, violence and aggression have been recognised as critical issues (Farrell, Bobrowski and Bobrowski, 2006; Mayhew and Chappell, 2002), with the true extent of the problem considered underreported (Fisher et al., 1995; Green, 2004). Reasons for underreporting have been attributed to a climate tolerant of violence and aggression with reports trivialised or disbelieved (Deans, 2004); beliefs in the stoicism of nurses (Lewis, 2001); and perceptions among nurses that violence and aggression are simply “part of the job” (Fisher et al., 1995).
While violence and aggression against nurses are recognised as important problems, and bullying has been implicated as the most concerning form of aggression experienced (Farrell, 2001) with links drawn between associated outcomes and the retention of nurses (Mulcahy and Betts, 2005), bullying remains an under-researched phenomenon (Jackson, Clare and Mannix, 2001). Even though there have been studies into violence (Fisher et al., 1995; Jackson and Raftos, 1997; Hockley, 2002) and aggression (Deans, 2004; Farrell, 1999, 2001; Farrell, Bobrowski and Bobrowski, 2006), to date there have been no Australian studies that focus on bullying in nursing (Mayhew and Chappell, 2001).

One form of bullying that has been theorised in some depth in the nursing literature is horizontal violence (Duffy, 1995; Jacoba, 2005): that is bullying that occurs between nurses and involves behaviours such as criticism, ridicule, sabotage, and scapegoating (McKenna, 2003). While workplace bullying has been recognised as a concerning feature of the day-to-day working lives of nurses there is negligible substantive data on the experiences of Australian nurses and the nature, extent and severity of the problem. Little is known about the meaning of workplace bullying for individual nurses, or how it affects their private and professional lives.

In Australia and internationally, health services have implemented programs to address violence and aggression; in Australia and the United Kingdom zero tolerance policies have been widely adopted (Holmes, 2006). There is little evidence to suggest these programs are effective in reducing violence, aggression or bullying. Emerging evidence suggests that, in the face of zero tolerance approaches, nurses’
exposure to violence and aggression continues to escalate (Farrell, Bobrowski and Bobrowski, 2006; Holmes, 2006).

1.2 Workplace bullying: The need for further research

Cultural and historical perspectives of authors, as well as the conceptual framework informing research and theorising, have shaped current definitions and understandings of workplace bullying. In general, predominant conceptualisations of bullying reflect the perspectives of psychology, organisational behaviour, and functional managerialism (Einarsen, 2001; Leymann, 1996; Mayhew and Chappell, 2001; Raynor and Cooper, 1997; Vardi and Weitz, 2004). The tendency has been to examine bullying at an individual level with explanations frequently focusing upon the traits of individuals that may explain the behaviour (Einarsen, Raknes and Matthiesen, 1994; Matthiesen and Einarsen, 2001; Zapf and Einarsen, 2003).

Most prior research has been quantitative. Surveys conducted in industrialised countries have been undertaken to explore the nature, frequency and outcomes of workplace bullying (Einarsen, 2001; Lewis, 2001, Raynor and Cooper, 1997, Zapf and Einarsen, 2003). These studies have often used inventories of behaviours obtained from the analysis of victim accounts or reviews of the literature. The researchers undertaking these studies have commonly employed models of escalated conflict to explain workplace bullying (Baron and Neuman, 1998; Einarsen, 1999; Leymann, 1996; Salin, 2003a). Such quantitative studies have provided limited insight into the experiences and beliefs of those who have witnessed, been effected by, or managed incidents of workplace bullying.
Research investigating organisational features of workplace bullying has largely focused upon factors that trigger (Salin, 2003a) individuals to engage in the behaviour. In the main, studies examining organisational features of bullying have been focused on job design, individual political behaviour and job related stress, or conflict (Einarsen 1999; Salin, 2003a; Zapf, 1999). The assumption underlying these studies has been that workplace bullying occurs in environments where there are higher levels of politics, stress, or conflict (Salin, 2003a). There has been limited substantive investigation to identify the organisational factors that may exacerbate or predict workplace bullying, or the relationship between organisational factors. In the absence of specific empirical data on the role of organisational characteristics, investigation remains at the exploratory level (Dick and Raynor, 2004).

There has been sparse qualitative research exploring the experience of workplace bullying, particularly in the nursing context. To more completely understand the behaviour, researchers need to not only quantify incidences, sources and effects, but also to extend their focus qualitatively into the lived experience of those affected (Liefhooge and MacKenzie Davey, 2001). There is a need for further research undertaken to understand the experiences, beliefs and meanings of targets and bystanders more completely. This lack of voice of actors affected by bullying can be considered another feature absent from what is known about bullying (Fisher et al., 1995; Liefhooge and Olafsson, 1999; McKenna, 2003; Randle, 2003b). As little is known about the experiences of nurses with regard to workplace bullying, it is vital that their perspectives be included in generating further understanding.
1.3 The study

1.3.1 Aims and scope of the study

The aim of this thesis is to explore workplace bullying in the Australian nursing context. Through a process of interviewing, expert consultation, survey analysis, the aims of this study are to:

(1) To extend current knowledge of the experiences, beliefs and meaning of bullying of nurses by their colleagues, as reported by nurses and nursing managers.

(2) Develop and validate an instrument to differentiate the extent, nature and sequelae of bullying from other forms of workplace violence and harassment in the Australian nursing context.

(3) To undertake a national survey of nurses to determine the incidence and nature of bullying in the Australian nursing workforce.

1.3.2 Positioning the researcher in the study

Personal experiences are recognised to influence the research process, with research often beginning from aspects of the researcher’s life (Balan, 2005; Kirby and McKenna, 1989). The rationale for involvement in this study was both personal and professional. I came to this study as a Registered Nurse with a little over twenty-five years’ experience, having commenced my initial nurse training in 1979 in a major tertiary referral hospital. During training, I was acculturated into the dominant ethos of nursing in my training hospital. Steeped in tradition, the hierarchical training
required conformity and did not tolerate dissent. Along with colleagues, I quickly learnt what was expected of student nurses – silent obedience and hard work.

By the time I completed my training I was obedient, showed deference to authority and accepted humiliation and harassment by more senior nurses, medical staff and patients on a regular basis. In the nursing lexicon, there was nothing that communicated that these behaviours were unacceptable. In fact, I recall forming the understanding that these behaviours were to be expected and eventually accepted. As this experience was no different to that of my colleagues, I came to view what I now understand as harassment and bullying as simply part of the job – something that all nurses experienced.

More recently, my work experiences, particularly those as a Nurse Manager, generated a desire to more completely understand workplace bullying. These experiences started the personal journey towards this thesis. It was not until I was a manager responsible for responding to incidents of workplace bullying that I began to realise the complexities the issue was. As a nurse manager, I found myself in the situation of being accused of and investigated for engaging in bullying behaviour. After which I experienced a lengthy period of bullying from my accuser, which escalated to the point where it threatened my personal safety and that of my family.

Working as a clinical nurse in large hierarchical institutions and as a nurse manager meant that I had experienced and observed workplace bullying through different lenses. I came to this study with awareness that the behaviour was complex, often not readily identifiable, and able to be taken for granted or tolerated. Furthermore,
my experiences as a manager highlighted the need to explore the organisational context within which the behaviour occurs, and to recognise that understandings about bullying are variable and contested. In seeking to extend understanding of bullying in the nursing context, I was aware of the need to understand the range of behaviours nurses considered as bullying, how nurses interpret and react to the behaviour, and how bullying is responded to within the nursing workplace.

1.3.3 Outline of the study

This study seeks to explore in more detail the problem of bullying in the Australian nursing workplace. The impetus for the study was the growing recognition that bullying was a feature of the nursing workplace that had the potential to impact negatively upon the working lives of a large number of nurses. Very little formal research has been conducted into the workplace bullying experiences of nurses; in particular, no substantive investigation has been undertaken in the Australian nursing context. Without further understanding, it is not possible to determine the nature, extent and effects of bullying, or to establish effective strategies to address the problem.

This study set out to address this deficit by developing in-depth qualitative and then quantitative understanding of the experiences of Australian nurses. The study involves an initial investigation into nurses’ experiences and perceptions of bullying in two organisations. In seeking to extend current knowledge of the experiences, beliefs and meaning of bullying for nurses by their colleagues, this stage of the study was an investigation of the lived experience of workplace bullying for a group of nurses. Given the need to understand bullying from a number of perspectives nurses
were recruited who identified themselves as having experienced bullying, as well as nurses who had witnessed the behaviour, and nurses who had managed incidents of bullying. By exploring the stories of all concerned, it was anticipated that a range of perspectives would be uncovered.

These data were used to develop a structured instrument suitable for investigating bullying in the nursing workplace. Refinement of the newly developed instrument occurred through consultation with an expert panel, followed by pilot testing of the instrument to establish validity and reliability. The final stage of the study involved the distribution of the survey to a cross-sectional randomised sample of Australian nurses. The national survey provided substantive data on the nature, extent and consequences of bullying in the Australian nursing workforce.

1.3.4 Definition of terms

The following are definitions used in this thesis:

(1) Workplace bullying is defined as a persistent pattern of behaviour in which one or more individuals engage to cause harm to others, thus creating or contributing to a hostile work environment (Einarsen, 2001; Yamada, 2000).

(2) Nurse is defined as a Registered or Enrolled nurse licensed to practice by a nurse registering authority.

(3) Colleague is defined as anyone who nurses work with; this category includes other nurses, nursing managers, doctors, health administrators, social workers and other healthcare professionals.
1.4 Thesis structure

This thesis is presented in nine chapters. This first introductory chapter provides a background to the study, outlining the study aims and objectives and identifying bullying in the nursing workforce as a problem worthy of further research. The overall research design has also been briefly introduced.

Chapter 2 provides a review of the current literature regarding workplace bullying. The purpose of the review is to provide evidence that bullying is a problem deserving of further research. In exploring how bullying is understood, the behaviours identified to constitute the phenomenon are noted, assisting to differentiate bullying from other negative or hostile workplace behaviours. What is known about the incidence and consequences of workplace bullying are also summarised, highlighting the harm that occurs at both an individual and organisational level. Turning specifically to the nursing literature, the review examines features of the nursing environment thought to influence the nature and meaning of workplace bullying. The review concludes by identifying the gaps and limitations in current understandings and noting areas for further research.

Chapter 3 is a discussion of the methodological choices made in designing the study. The way in which qualitative and quantitative research methods were incorporated into a sequential mixed, though mainly quantitative, design is detailed. The conceptual and practical challenges of adopting a mixed methods design are discussed, with a pragmatic approach chosen to guide the decision-making process. An overview is provided for each of the three sequential stages of the study, summarising the overall approach and strategies to be used. The detailed
methodology and results from each of these three stages are reported in the subsequent four chapters of the thesis.

**Chapter 4** gives an introduction to the methodology for the first, qualitative stage of the study. The chapter provides details on the decision to adopt a naturalistic approach for the qualitative interviews. An explanation of the research setting, recruitment strategies and a description of the participants are then provided. This is followed by consideration of the issues relating to ethics and reflexivity before the data collection and analysis strategies are detailed. The chapter concludes by summarising the major categories and sub-categories identified from the content analysis of the interview transcripts.

**Chapter 5** expands in more detail the four major categories and sub-categories that emerged from the content analysis of the qualitative interviews. The findings presented include the narratives of participants, which were taped and transcribed verbatim from the interviews. Presenting excerpts from the taped interviews along with discussion from previously published literature substantiates the categories derived from the analysis.

**Chapter 6** describes the methodology and findings from the second stage of the study. The chapter gives details of the construction, validation by expert panel and pilot testing of a survey instrument developed from the content analysis of the interview transcripts from the first stage. The chapter also provides detail on the setting, sample and statistical techniques undertaken to establish reliability and validity of the instrument. The results of exploratory factor analysis performed to
guide item reduction and determine the underlying factor structure of the instrument are also presented. The refined instrument resulting from this stage of the study was suited for use in the subsequent stage of the study.

**Chapter 7** is a report of the methodology and findings from the third, national stage, of the study. The chapter initially presents details on the sample, coding of data and statistical analysis. Findings from statistical analysis of the survey data report the nature, extent and consequences attributed to bullying. Also reported are the results of further statistical analysis undertaken to test relationships between hypothesised predictors and consequences of workplace bullying.

**Chapter 8** draws upon the findings from the three stages of the study and their implications are discussed. The features of power revealed in the qualitative interviews are drawn out and a framework is suggested for the operation of power in the nursing workplace that serves to sustain and reproduce workplace bullying. The chapter concludes by integrating the findings from the three stages of the study into a multidimensional framework of bullying in the nursing workplace.

**Chapter 9** presents the conclusions and recommendations from the study. Summarised in this chapter are the implications of the research findings for nurse education, policy and legislation, management, human resource professionals and further research in the field.
1.5 Conclusion

This introduction has highlighted workplace bullying as an important issue for nurses warranting further investigation. The aim of this study is to address the absence of substantive data of bullying in the Australian nursing workplace. The following chapter is a more complete review of what is known about workplace bullying, and specific areas that served to focus the study are identified.
Chapter 2

ABSTRACT

The literature is reviewed in this chapter to identify what is understood about bullying, the current constraints on understanding it, and what is known about bullying in nursing, especially in Australia. Several different definitions are noted; however, there are certain elements of consensus among most authors. In the general literature, the theoretical models explain bullying largely as a form of escalated interpersonal conflict, whereas in the nursing literature bullying has been theorised in terms of oppressed group behaviour or horizontal violence. While they are commonly adopted, there is little substantive evidence to support these models. To increase understanding of bullying in the nursing workplace the experiences of nurses need to be explored in more detail. Aspects of the material in this chapter have been published in peer-reviewed journals as indicated in Appendix 1 (page 313, citations one, two, three and four).
THE LITERATURE ON WORKPLACE BULLYING

2.1 Introduction

In the previous chapter, bullying was identified as a concerning issue in the nursing workplace. This chapter is a review of what is known and understood about bullying, with particular reference to the Australian nursing workforce. The purpose of the review is to provide evidence that bullying is a problem deserving of further research.

The review draws upon a range of research literature, primarily from the fields of organisational psychology, management, and nursing. Initially, approaches taken to define and differentiate workplace bullying and the recognised contributory factors are examined. A summary follows of what is known about the adverse effects of the problem and common approaches taken to address it. Thereafter, characteristics of the nursing workplace are explored to identify factors that influence the occurrence and nature of bullying in the nursing context. The chapter concludes by noting the limitations of current knowledge, particularly with regard to the nursing workplace. Arising from these limitations, the gaps that are the aims of the study to address are presented.
2.2 Conceptualisations of workplace bullying

2.2.1 Defining workplace bullying

To date there has been no agreement on definitions and terms used in relation to workplace bullying. The term “mobbing” is commonly used in the European literature (Leymann, 1996; Zapf, 1999) and was initially coined by (Leymann, 1990) to describe group bullying. This label has been widely used in reference to both group and individual forms of bullying (Hubert and van Veldhoven, 2001; Zapf and Gross, 2001; Vandekerckhove and Commers, 2003). In the United Kingdom and Australia, the term bullying is more common (McCarthy, 1996; Raynor and Cooper, 1997; Lee, 2000; Mayhew and Chappel, 2001).

In contrast, in the United States there are a range of labels that describe behaviours referred to as bullying or mobbing in other countries. The labels used include: workplace incivility (Zauderer, 2002); victimisation (Aquino and Lamertz, 2004); undesirable behaviour (Hubert and van Veldhoven, 2001); petty tyranny (Ashforth, 2003); organisational misbehaviour (Vardi and Weitz, 2004); antisocial workplace behaviour (O'Leary-Kelly, Griffin and Glew, 1996); and emotional abuse (Keashly, 1998). While in the nursing literature, particularly in Australia, the euphemisms horizontal violence (Freshwater, 2000; Dunn, 2003; Jacoba, 2005) and oppressed group behaviour (Roberts, 2000) are common.

While there is no universally accepted definition of workplace bullying, a number of parameters such as the behaviours involved, the persistency and pattern of the behaviours, and individual or organisational contributory features have been used to differentiate bullying from other forms of negative or hostile workplace behaviour.
Considering each of these parameters, the following section summarises the approaches taken to define and differentiate bullying from other negative workplace behaviours.

2.2.2. The behaviours involved

A number of authors have put forward various descriptions of the behaviours considered to be bullying. While bullying has been noted to include overt aggression or the threat of violence (Hockley, 2002), it is more frequently considered to include subtle or covert acts that are predominantly psychological or work related rather than direct violence (Leymann, 1990; Cooper, 2001; Turnery, 2003; Lewis, 2006). The behaviour has been noted to also include spreading malicious rumours, rudeness, broken promises, the use of exclusion (Crawford, 1999; McCarthy, Barker and Carmel, 2000; Lee, 2000; Einarsen et al., 2003) and the use of offensive, abusive, intimidating, or malicious language (Gabriel, 1998). Other forms of bullying can include unnecessary disruption to work, constantly changing work expectations, limiting access to training, removal of responsibility, undue pressure to produce work, and withholding information (Farrell, 1999; Lee, 2000; Quine, 2002).

In differentiating these types of behaviours as bullying, it has been stressed that bullying is a repeated form of behaviour occurring over time (Leymann, 1996). Using this criteria bullying has been differentiated from single acts of workplace aggression and harassment as a repeated or persistent constellation of negative behaviours (Einarsen, Raknes and Matthiesen, 1994; Yamada, 2000; Hoel, Einarsen and Cooper, 2003). Further, it has been specified by some authors that bullying involves weekly exposure to particular negative acts over a minimum six-month
Chapter 2: The literature on workplace bullying

Bullying in the workplace: A study of Australian nurses

period (Leymann, 1996; Quine, 1999). Thus, behaviours that may appear reasonable or minor when considered in isolation are considered bullying if they are part of a patterned and repeated negative set of behaviours occurring over time.

Further, the existence of a power differential between the target and perpetrator is considered a fundamental feature of the behaviour, with conflict between individuals of equal power not considered to be bullying (Yamada, 2000; Zapf and Gross, 2001; Jackson, Clare and Mannix, 2002). The following definition provided by Einarsen et al., (2003:15) summarises current thinking on differentiating features of bullying:

Bullying at work means harassing, offending, socially excluding someone or negatively affecting someone’s work tasks. In order for the label bullying or mobbing to be applied it has to occur repeatedly and regularly (e.g., weekly) and over a period of time (about six months) … A conflict cannot be called bullying if the incident is an isolated event or if two parties of equal “strength” are in conflict.

While this type of definition has been widely adopted, in recognition that serious bullying may occur over a shorter time frame the definition chosen for this study did not include criteria that specified a particular timeframe (Chapter 1, section 1.3.4).

2.2.3 Differentiating workplace bullying

It is recognised that workplace aggression and hostility can take many forms, including behaviours commonly associated with workplace bullying (Beugre, 1998; Yamada, 2000). The constellation of behaviours identified with bullying have been noted to share similarities with other negative workplace behaviours such as deviance, incivility, misbehaviour, harassment, discrimination, and violence
(Ostermann and Hjelt-Back, 1994; Beugre, 1998; Bennett and Robinson, 2000; Einarsen, 2000; Lee, 2000; Zauderer, 2002; Björkqvist, Di Martino, Hoel and Cooper, 2003; Salin, 2003a; Simpson and Cohen, 2004). The following section summarises the approaches taken in the literature to differentiate workplace bullying from other negative or hostile workplace behaviours.

One perspective taken to differentiate bullying has been the development of typologies that categorise workplace bullying as a form of workplace violence. Adopting this method, Mayhew and Chappell (2002) reviewed what was known about workplace bullying in the Australian healthcare context and proposed that bullying be considered a form of “insider” perpetrated violence. Bowie (2002), however, categorised bullying within a four-level violence typology with bullying denoted as a form of relationship violence. In this typology, physical violence was ranked extreme and non-physical violence such as bullying was considered a less severe, lower grade and minor form of violence.

While it useful to note that workplace bullying may extend into physical violence, it is more commonly recognised to involve a range of subtle behaviours not associated with violence. Hearn and Parkin (2001) have challenged the suitability of attempting to differentiate bullying within linear violence typologies suggesting they provide a simplistic understanding that reduces the complexity of bullying. Other authors advocate against including bullying in violence frameworks by noting that one-off acts of violence can be less harmful than the cumulative effects of workplace bullying (RCN, 2002; Einarsen and Mikkelsen, 2003) with bullying more usefully understood as separate to violence (Hoel, Einarsen and Cooper, 2003).
There is also little consensus in the literature on differentiating between harassment, discrimination and bullying. Discrimination has been described as treating someone unfairly; resulting in inequality of opportunity or exclusion, because of membership to a particular group (HREOC, 2006). Whereas harassment is an unsolicited behaviour that is offensive and humiliating, that targets individuals who belong to a particular group (Jenkins and Lawrie, 2000). In Australia harassment and discrimination are defined within protective legislative frameworks such as the Racial Discrimination Act 1975, the Sex Discrimination Act 1984, the Disability Discrimination Act 1992, the Human Rights and Equal Opportunity Act 1986, and the Workplace Relations Act 1996. Legally defined, discrimination and harassment are deemed possible following a single event (Jenkins and Lawrie, 2000). In contrast, a feature of bullying is the repeated nature of the behaviour over time.

Some authors have suggested sexual and racial discrimination represent different aspects of bullying (Lee, 2000; Tehrani, 2004), or that bullying is an extreme form of harassment (Leymann, 1996). In attempting to differentiate between discrimination, harassment and bullying it has been noted that discrimination and harassment can occur based on the following characteristics: gender, race, age, carer responsibilities, pregnancy, marital status, sexual orientation, or disability (Jenkins and Lawrie, 2000; Hearn and Parkin, 2001), whereas there is little consensus with regard to intent in bullying. Einarsen (1999) suggested that bullying be considered a generic form of harassment as the targeted discriminatory or sexual aspect is absent (Salin, 2003a). The complexity of differentiating between discrimination, harassment, and bullying is highlighted in reports of the parallel experience of these behaviours (Vickers, 2002).
Considered together this literature indicates that some consensus has been achieved in recent years regarding the behaviours involved in bullying. What is less clear from the above is how bullying can best be differentiated from other forms of negative or hostile workplace behaviours and whether the inclusion of specified timeframes and levels of exposure are valid features of the experience of bullying. It is evident there is a need for continued investigation into the nature of workplace bullying with particular attention given to how individuals differentiate bullying from other workplace behaviours.

2.3 Contributory factors

The discussion thus far has considered research and writing on defining and differentiating the nature of workplace bullying; attention will now be drawn to what is known about the contributory factors. In reviewing research findings three broad sets of contributory factors were noted: personality characteristics of the target or perpetrator; interpersonal conflict; and features of the work environment. In the following section the evidence is considered under each of these headings.

2.3.1 Escalated interpersonal conflict

A common explanation for workplace bullying is as a form of escalated interpersonal conflict between individuals who are initially of equal power (Leymann, 1996; McCarthy, 1996; Tidwell, 1998; Zapf and Gross, 2001; Einarsen, Aasland and Skogstad, 2007). Similar to escalation models in conflict research, it has been suggested that workplace bullying is a form of escalated conflict that starts with verbal abuse (Einarsen, 1999). It has been postulated that the conflict escalates through a “tit for tat” cycle (Leymann, 1996; Baron and Neuman, 1998; Einarsen,
1999) until it reaches a level of escalation in which one individual becomes more powerful (Zapf and Gross, 2001:497). The result is an ‘intractable, escalating violent conflict between unequals’ (Keashly and Nowell, 2003:343).

In addition to conflict based bullying between individuals, group forms of conflict-based behaviour termed mobbing (Leymann, 1990) were identified through research involving victim accounts. Mobbing has been described as the process whereby a work group gangs up on a colleague in a form of displaced aggression or exaggerated conflict (Leymann, 1996; Zapf, 1999; Einarsen et al., 2003). It has been suggested that the intent of this behaviour is to expel individuals from the work group. While recognising the role of work groups in bullying, there is a tendency for individual level explanations to be given to this group form of behaviour. It has been theorised that mobbing stems from the deviant behaviour of an individual (MacKenzie Davey and Liefhooge, 2003; Vardi and Weitz, 2004) who targets a victim who has done nothing to provoke the attack with the “mob” joining in, possibly to gain the approval of the “mob” leader (Einarsen, 1999; Einarsen et al., 2003).

Recently, Dick and Raynor (2004) used structural equation modelling to test Einarsen’s (1999) escalated conflict model of bullying. Their findings did not confirm the suggested primary role of verbal abuse in escalating conflict; instead, their analysis reported verbal abuse was the least reported form of bullying. In the analysis by Dick and Raynor (2004), initial task attack (withholding information, excessive monitoring, being given meaningless tasks) was followed by personal attack (belittling, criticism, humiliation and vicious rumours) and then stigmatisation. These findings indicate that attack through work tasks may be a central feature of
bullying, suggesting further investigation is required regarding the assumed centrality of interpersonal conflict as the basis of workplace bullying. Similarly, in one of the few critical qualitative studies of bullying (Liefhooge and MacKenzie Davey, 2003), the participants (n=113) did not focus exclusively upon interpersonal understandings of bullying, instead, they considered the organisation and its systems as bullying.

2.3.2 Personality characteristics of the target or perpetrator

Various studies have been conducted to determine whether specific personality traits or a victim profile can be identified for targets of bullying. Studies of the personality traits of those bullied report they have lower self-esteem and are more anxious (Einarsen, Raknes and Matthiesen, 1994) or neurotic (Matthiesen and Einarsen, 2001) than their non-bullied colleagues. To determine whether bullying status can be determined by personality traits, Coyne, Seigne and Randall (2000) studied both targets of bullying (n=60) and controls who had not been bullied (n=60). From this study, a personality profile was developed suggesting personality traits that were strongly predictive of victim status. Conversely, Djurkovic, McCormack and Casimir (2006) reported that personality traits do not function as a moderator for bullying.

Explaining workplace bullying in terms of individual characteristics is common within the literature. In contrast, Di Martino, Hoel and Cooper (2003) reviewed the existing evidence and asserted that no conclusions could be drawn regarding an individual propensity to be bullied. Following a systematic review of the published literature on workplace bullying, Moayed et al., (2006) concluded studies conducted
on targets of bullying that sought to identify personality characteristics were confounded by the psychological effects of experiencing bullying. It is recognised that chronic post-traumatic stress disorders (Leymann and Gustafsson, 1996; Tehrani, 2004) resulting from bullying may bring about permanent changes in personality. Therefore, studying the traits of those bullied may reveal the effects of bullying upon personality, rather than pre-existing personality characteristics. In the absence of longitudinal studies measuring cause and effect, Zapf and Einarsen (2003) suggested that it is not possible to differentiate whether the individual characteristics are a result or a cause of bullying.

To date there has been little published in which the perpetrators of bullying are studied. The stereotypical view is that bullying is deeply rooted within the personality structure of the workplace bully (Yamada, 2000), with schoolyard bullies growing into workplace bullies who display their tendencies in favourable environments (McCarthy, 1996). The few studies exploring perpetrator motivation have reported targets’ perspectives about perpetrators, which identified competition for status or advancement and envy as motives for bullying (Björkqvist, Osterman and Hjelte-Back, 1994; Zapf and Einarsen, 2003). A recent survey of university students identified social dominance orientation, low social desirability scores, and being male influenced a student’s self-reported propensity to engage in bullying (Parkins, Fishbein and Ritchey, 2006).

2.3.3 Features of the work environment

In investigating the influence of work climate on the occurrence of bullying, links have been drawn between rigid or autocratic leadership styles and cultures that
permit or reward bullying (O’Leary-Kelly, Griffin and Glew, 1996; Archer, 1999; Salin, 2002a; Avergold and Mikkelsen, 2004). Features of management behaviour conducive to bullying include supporting perpetrators rather than targets (Keashly, 1998; Jackson, Clare and Mannix, 2002), and tolerating bullying with the target eventually being seen as the problem (Keashly, 1998; Einarsen, 2003).

Studies focusing upon work climate and bullying have reported correlations between bullying and poorly organised work systems and lack of job control (Einarsen, Raknes and Matthiesen, 1994; Leymann, 1996; Einarsen and Raknes, 1997; Einarsen, 1999; Zapf, 1999; Einarsen, 2000; Salin, 2003b; Turney, 2003). Additionally, it has been identified that actors reported to engage in bullying are more commonly superiors (Leymann, 1996; Einarsen, 1999), suggesting the misuse of formal organisational power structures (Einarsen et al., 2003).

Certain organisational events or features have also been theorised to influence the propensity to bully or be bullied. Organisational restructure, downsizing, and rapid change have been suggested as increasing workplace pressure that leads to bullying (Sheehan, 1999; Einarsen, 2000; O’Moore, Lynch and Daeid, 2003). Adopting the explanatory model of escalated interpersonal conflict, social stressors or social conflicts within work groups have been suggested to escalate in environments of rapid change or increasing work pressure. Increasingly, competitive environments have been theorised to create opportunities for social or procedural unfairness that may be experienced as bullying (Zapf and Einarsen, 2005). In this manner, features of the workplace are thought to create either pressures or opportunities that facilitate bullying (Salin, 2003a).
Drawing together the preceding research and theorising on the contributory factors for workplace bullying, it can be concluded that, while initial research largely focused upon explaining bullying in terms of the inherent characteristics of individuals, this approach has been called into question (Leymann, 1992; Salin, 2003a). As already noted, in adopting the approach there are difficulties in identifying cause and effect. What is more, little insight is offered into the situational factors in the workplace that may influence the occurrence of bullying, providing few possibilities for intervention.

With regard to understanding bullying as a form of escalated interpersonal conflict, while this has been a common approach to explaining bullying, there is little substantive evidence to support the hypothesis. In the absence of further empirical studies, the assumption that interpersonal conflict is central to bullying remains untested. Similarly, while recent research has begun to explore the organisational features associated with bullying, there is a need for further understanding in this area.

### 2.3.4 Measurement instruments

A number of instruments have been developed to investigate the nature and extent of workplace bullying. Victim accounts have commonly been used in their development, with Einarsen and Raknes (1997) conducting thematic analysis of the literature and victim accounts to develop a questionnaire measuring bullying behaviours. Three of the more commonly used instruments in studies of workplace bullying are the Leymann Inventory of Psychological Terrorization (LIPT) (Leymann, 1990), the Negative Acts Questionnaire (NAQ) (Einarsen et al., 2003),...
and the Work Harassment Scale (Björkqvist, Osterman and Hjelt-Back, 1994). The LIPT consists of 45 items representing factors labelled as: negative communication; humiliating behaviour; isolating behaviour; frequent changes to task to punish someone; violence or the threat of violence. Similarly, the NAQ consists of 22 behavioural items measuring exposure to a range of negative interpersonal acts over the previous six-month period. These instruments have been used in numerous studies of workplace bullying (Björkqvist, Osterman and Hjelt-Back, 1994; Leymann, 1996; Leymann and Gustafsson, 1996; Einarsen and Raknes, 1997; Einarsen, Matthiesen and Skogstad, 1998; Vartia, 2001; Mikkelsen and Einarsen, 2002).

A number of researchers have employed exploratory factor analysis using principal component analysis to establish the underlying latent factors in commonly used instruments (Zapf, Knorz and Kulla, 1996; Einarsen, Aasland and Skogstad, 2007). Using exploratory factor analysis on questionnaire responses, Zapf, Knorz and Kulla (1996) specified six underlying latent factors labelled: organisational measures; attacking private life; social isolation; physical violence; verbal aggression; and rumours. More recently, Dick and Raynor (2004) performed both confirmatory factor analysis and structural equation modelling on a pooled set of data (n=1451) collected from a variety of earlier surveys. Their analysis identified the four underlying constructs of personal attack, task attack, verbal attack and stigmatisation. To explore the influence of organisational features a small number of studies have investigated levels of organisational politics, stress, conflict, and workplace bullying. These studies have employed instruments such as the Perceptions of Organisational Politics Scale (Salin, 2003b), the Instrument for Stress-oriented Job Analysis (Zapf,
1999), and various items from scales developed to measure social support, organisational conflict, and social stressors (Zapf, 1999).

These studies have reported correlations between bullying and organisational politics, job stress and workplace social support. While it is not possible to determine whether the features measured were antecedents or consequences of workplace bullying (Einarsen et al., 2003), it has been hypothesised that high level of politics and stress and low levels of social support act as triggers for workplace bullying (Einarsen, Raknes and Matthiesen, 1994; Zapf, 1999; Salin, 2003a).

The absence of research on the organisational features associated with bullying has meant little research has been undertaken to investigate explanations of bullying that incorporate individual, work group, and organisational dynamics (Barron, 1998). Consequently, the theoretical underpinnings of instruments developed to measure bullying remain focused on the individual. To date there has been little critical analysis of the instruments developed to measure bullying or the resulting conceptualisation(s) grounded in stress-conflict models (Einarsen, Raknes and Matthiesen, 1994). Dick and Raynor (2004) noted that instruments commonly contain items derived from factor analytic studies in which the items did not load strongly on their associated latent factors, suggesting that further research is required to validate these instruments.¹ In reviewing the instruments available, it is evident

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¹Tabachnick and Fidell (1996) suggest that an item can be considered a reliable measure of a latent factor when it loads higher than 0.70; Nunnally and Bernstein (1994) advocate a minimum loading of 0.60. Items that load below these levels are generally not considered a good measure of the psychometric characteristics of the latent factor they seek to measure. The acceptances of variables loading as low as 0.40 in previous workplace bullying studies suggests that some of the variables used to measure latent bullying factors may warrant further investigation to substantiate their validity (Dick and Raynor 2004).
that there is a need for further research in this area, in particular the development of measures of the organisational features associated with bullying.

2.4 Workplace bullying: Incidence rates and consequences

Data on the incidence and consequences of workplace bullying have been collected through a variety of methods including small-scale case studies, comparative studies involving bullied individuals and non-bullied controls, and larger cross-sectional surveys. With regard to the consequences of workplace bullying, substantive evidence exists on the acute and chronic psychological and somatic health consequences. There is also evidence to suggest bullying results in financial costs to organisations through sickness absence, loss of workforce expertise and premature retirement (Yamada, 2000; Quine, 2002; Zellars, Tepper and Duffy, 2002; Kivimäki and Virtanen, 2003).

2.4.1 Incidence rates

The incidence of bullying is noted to vary widely across studies reflecting the different approaches to identifying and measuring those bullied (Hoel, Einarsen and Cooper, 2001; Di Martino, Hoel and Cooper, 2003). The incidence of bullying has predominantly been determined through self-reported survey data, with a variety of different criteria used to identify those bullied. Two broad approaches have commonly been adopted. The first provides respondents with a definition of bullying and asks that they identify whether they consider themselves to be bullied (Einarsen, Matthiesen and Skogstad, 1998). The second defines bullying as at least weekly exposure to pre-defined negative acts (such as those on the Negative Acts
Questionnaire or the Leymann Inventory of Psychological Terrorisation) occurring over at least a six-month period (Leymann, 1996; Quine, 1999).

In a review of the European literature, Zapf and Einarsen (2003) reported incidence rates of between one to twenty-five per cent according to the definition of bullying and the measurement methods used. In studies where self-reported bullying was measured via a definition that included exposure on a weekly basis for at least six months to pre-defined negative acts, rates of below 5 per cent have been reported (Salin, 2001b). In studies where individuals were asked to self-report whether or not they considered themselves bullied, without the use of a prescriptive definition, higher rates of up to thirty per cent have been reported (Di Martino, Hoel and Cooper, 2003). In a recent interview study of Australian workers (n=1362) on exposure to workplace violence over a 12 month period, 10.5 % of those interviewed in the healthcare sector reported bullying from other staff members (Mayhew and Chappell, 2003).

The incidence of bullying has also been noted to vary across different occupations and sectors with a higher prevalence reported in public administration, health, social work, teaching and prison officers (Leymann, 1996; Hubert and van Veldhoven, 2001; Vartia and Hyyti, 2002). Reliable comparative estimates on the distribution are difficult owing to the use of different definitions of bullying across studies (Coyne et al., 2003).
2.4.2 Consequences of workplace bullying

Whilst the debate about defining and measuring workplace bullying was a focus of initial research and discussion, in recent years the emphasis has been directed towards identifying and measuring the detrimental consequences for individuals, their families, and organisations. The resulting psychological trauma stemming from bullying is considered a severe social stressor (Zapf, Knorz and Kulla, 1996) and a critical life event for those targeted (Mikkelsen and Einarsen, 2002). Although individual bullying acts may appear inconsequential, the cumulative effects have been reported to be more harmful than some one-off acts of violence (Einarsen and Mikkelsen, 2003; Mayhew et al., 2004). Bullying can result in severe psychological problems for those targeted (Einarsen et al., 2003) and a hostile work environment (Keashly, 1998; Archer, 1999; Simpson and Cohen, 2004).

The consequences of bullying include severe psychological trauma (Hallberg and Strandmark, 2006), lowered self-esteem (Randle, 2003a), depression, anxiety (Quine, 2001), post traumatic stress disorder (Mikkelsen and Einarsen, 2002), physical illness (Kivimäkia and Virtanen, 2003), financial loss, and in some cases, eventual inability to work (Einarsen and Mikkelsen, 2003; McCarthy, 2003). Lewis and Orford (2005) conducted in-depth interviews with women in the public sector (n=10) and identified one of the consequences of bullying as a struggle to maintain a coherent sense of self. It has been reported that the negative psychological effects may persist after bullying ceases, with long-term psychological harm a known possible outcome (Leymann and Gustafsson, 1996). It has been estimated that forty per cent of those who experience ongoing bullying contemplate suicide (Einarsen, Raknes and Matthiesen, 1994). Further, associations have been noted between increased levels
of psychological stress resulting from bullying and psychosomatic health complaints (Björkqvist, Osterman and Hjelt-Back, 1994). In a longitudinal study of health workers (n=5432), a clear link was established between bullying and the incidence of depression and cardiovascular disease (Kivimäki and Virtanen, 2003).

The ripple effect (Lewis and Orford, 2005) of bullying also extends to family members who are liable to experience considerable stress from living with a family member who has been bullied (Kivimäki, Elovainio and Vahtera, 2000; Hockley, 2002). The effects have been noted to result in long-term negative consequences as families struggle with the ‘high or increasing demands for support’ for the family member experiencing bullying (Lewis and Orford, 2005:37). The stress associated with family members who experience severe psychological trauma, lowered self-esteem, physical illness, and a reduced capacity for employment has a deleterious effect upon social supports and relationships (Lewis and Orford, 2005).

Specific work related consequences of bullying include decreased job satisfaction, and intent to resign (Quine, 1999; Vartia, 2001). A positive relationship has been revealed between experiencing bullying and medically validated illness and sick leave (Kivimäki and Virtanen, 2003). Other studies have indicated that bullying not only affects the work performance of those targeted, but bystanders of bullying have also been reported to experience decreased work performance, increased absenteeism and to consider leaving their employment as a result of witnessing bullying (Raynor, 1999; Yamada, 2000; Simpson and Cohen, 2004).
A range of negative flow-on effects for organisations has been associated with bullying. These include: increased staff turnover and intention to leave; lowered morale; loss of workforce expertise (Kivimäki, Eloainio and Vahtera, 2000; Einarsen and Mikkelsen, 2003; McCarthy, 2003); increased costs associated with medically certified sickness (Kivimäki, Eloainio and Vahtera, 2000); reduced productivity (Raynor and Cooper, 1997; Yamada, 2000; Quine, 2002; Zellars, Tepper and Duffy, 2002). In Australia, Sheehan et al., (2001) estimated the costs associated with workplace bullying were close to AUD $17 000 per victim. In the United States, the costs from bullying within the healthcare sector have been estimated to be in excess of five per cent of the total annual operating budget (Adkins, 2004; Waldman et al., 2004).

To conclude this section, available data on the incidence of workplace bullying reflects definitions and approaches to measurement. A wide range of studies has identified correlations between bullying and various self-reported consequences such as illness and interruption to work. What is less clear from the literature is how workplace bullying influences well-being, coping and performance at work. In recent years, longitudinal studies have begun to report medically assessed incidences of illness and work interruption providing more substantive evidence on the effects of bullying (Kivimäki and Virtanen, 2003). In the absence of large-scale longitudinal studies, the true extent and cost of workplace bullying to both individuals and organisations remains unknown.
2.5 Responding to workplace bullying

2.5.1 Organisational and regulatory responses

The literature identifies marked variations between countries in the regulatory provisions that provide protection against workplace bullying. In Europe a number of countries provide legislative protection from discrimination, sexual harassment, bullying, racism, and psychological aggression (Di Martino, Hoel and Cooper, 2003) with a move towards the inclusion of violence and bullying in agreements on harassment at work (Perrone, 1999). In contrast, in Australia there is no specific legislation relating to workplace bullying. There is, however, legislation that deals with harassment and discrimination under which employers and individual employees can be held liable (NSW Anti-Discrimination Act, Federal Disability Discrimination Act, Sex Discrimination Act). Action may be taken under this legislation if the bullying involves elements of discrimination or harassment.

However, as many acts of bullying do not fall comfortably within the purview of this legislation, proving bullying is difficult especially when individual bullying acts are considered in isolation (Barron, 1998; Vickers, 2002). Furthermore, Industrial Relations and Workplace Relations Acts do not specifically prohibit workplace bullying. Employees dismissed as a result of experiencing bullying can seek redress through unfair dismissal provisions. A key limitation of this provision is that it applies only after employment is terminated.

Protection from bullying is also provided through Workplace Health and Safety legislation that requires the provision of a healthy and safe work environment. The focus of occupational health and safety legislation includes traditional physical job-
related risk factors as well as psychological factors such as stress and aggression (Chappell and Di Martino, 2000). Adopting an occupational health and safety approach to workplace bullying codes of practice identifying bullying as unacceptable are widely employed (Mayhew, 2000; Gill, Fisher and Bowie, 2002). Occupational health and safety approaches to workplace codes of practice commonly include guidelines on the early identification, management, and prevention of violence, including bullying (Timo, Fulop and Ruthjerson, 2002). These guidelines are often supported by education programs and reporting procedures that aim to increase knowledge and encourage reporting (Mayhew, 2000; Gill, Fisher and Bowie, 2002).

A noted limitation of the legislation is the requirement of a criminal standard of proof. The subtle nature of many acts of bullying means this standard may be difficult to prove (Perrone, 1999; Lynch, 2002). McCarthy (2003:236) has suggested that workplace bullying provides ‘sharper definition to forms of violence that fall outside the present legal definitions of assault, sexual harassment, health and safety, equal opportunity, and human rights’.

From an occupational health and safety perspective, it has been considered possible to establish policies and procedures that “design out” bullying by adopting the same risk identification and control strategies used for more tangible workplace hazards and risks (Mayhew and Chappell, 2001). Employing this approach zero tolerance strategies for workplace violence and bullying have been advocated (Allen, 2000; Mayhew and Chappell, 2001). In the Australian nursing context, zero tolerance
approaches incorporate the management of bullying within a framework of workplace violence (ANF, 2002; NSW Health, 2003).

Although widely adopted, no studies have comprehensively evaluated the effectiveness of zero tolerance approaches in reducing workplace bullying. A report on Australian universities suggested that policy formation provides little protection for workers (Hanley, 2003). The study reported 41 of the 47 universities in Australia had formal policies prohibiting bullying, whereas 30% of staff surveyed at one university reported being bullied by Deans/Managers and Heads of School. There is evidence to suggest that, in spite of the widespread adoption of zero tolerance policies on workplace violence and bullying, nurses continue to report increasing levels of exposure to aggression and violence (Holmes, 2006; Farrell, Bobrowski and Bobrowski, 2006). Studies of the aggression experienced by Tasmanian nurses (Farrell, 1999; Farrell, Bobrowski and Bobrowski, 2006) have reported increasing levels of exposure to aggression, particularly from managers. Holmes (2006) has called into question the efficacy of zero tolerance approaches to manage violence in the nursing workplace, citing evidence that they have not reduced exposure and they can be applied inequitably resulting in discrimination towards more vulnerable groups.

The effectiveness of incorporating the management of bullying within zero tolerance frameworks on workplace violence has been questioned (Hoel, Einarsen and Cooper, 2003). It is also worth noting that zero tolerance approaches that incorporate the management of bullying within violence frameworks provide little guidance to organisations on interventions to address bullying. Further, as workplace violence
takes many forms, incorporating bullying within zero tolerance frameworks fails to
distinguish between aggression, bullying, and violence, risking less emphasis being
placed upon bullying. The current evidence regarding the efficacy of zero tolerance
approaches for bullying is weak.

2.6  Workplace bullying in the nursing context

The preceding section of this review summarised the general literature on workplace
bullying; the following section focuses upon bullying in the nursing context. The
review of nursing literature commences by examining features of the nursing
environment, including historical influences and the dominance of the medical
profession, highlighting the ways in which the context of nursing is reported to
influence the nature and meaning of workplace bullying. Thereafter, the
characteristics of the contemporary nursing work environment are reviewed
providing evidence of the way in which modern healthcare organisations shape both
the nature of nursing work and the experience of bullying. This evidence is followed
by a summary of the empirical evidence on the incidence and consequences of
bullying in the nursing workplace. Finally, the literature on the conceptualisation of
bullying in nursing is summarised, identifying the limitations of predominant
understandings.

2.6.1  Characteristics of the nursing environment

Authors have identified links between the historical origins of nursing and the
resulting socialisation of nurses (Roberts, 1983; Freshwater, 2000; Speedy and
Jackson, 2004). Christianity, the military, and the medical model, have all played an
influential role in shaping the characteristics of nursing (Cusack, 2000; Walker,
2004). Tracing the evolution of institutions such as the asylum and hospital, Foucault detailed the “birth of the clinic” (Foucault, 1977) as a form ‘institutional and discursive practice’ (Hammond and Houston, 2001:49) evolved from penal mechanisms. It has also been suggested that the organisational model adopted in nursing was derived from the ‘male world of the military’ (Clegg and Hardy, 1996:685) including rank, uniform, and command structures. These influences have been suggested to foster a culture characterised by obedience, servitude, dedication, and adherence to hierarchy (Cusack, 2000; Lewis, 2001).

In this context, autocratic and hierarchical models of nursing management and education evolved, reproducing a ‘top down punitive’ culture (Kalisch and Aebersold 2006:144). Historically, nurse training occurred in regimented apprenticeship style training schools where dedication and obedience were enforced (Stevenson, Randle and Grayling, 2006). Socialised into submissive obedience and dedication (Hansenn, 2000; Walker, 2004), it has been said that nurses became ‘disciplined docile bodies’ (Hansenn, 2000:114). As a female workforce, nursing was further defined by gender to be subservient, particularly to the male medical profession (Adamson and Wilson-Barnett, 1995; Timmins, 2005). Characterised as ‘women’s work for much of the 20th century’ (Hallam, 1998:32), nursing has been described as ‘shackled in servitude’ and fulfilling a handmaiden role (David, 2000:91).

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2 It is known that profound change occurs to individuals during socialisation process, particularly within total institutions (Ashforth and Saks, 1996; Hearn and Parkin, 2001). Total institutions are organisations which are places of residence and work, and therefore able to exert considerable control over individuals. In these settings, strong norms and conformity reinforced dominance and hierarchical power (Hearn and Parkin 2001). The army, and ‘paramilitary’ services such as the fire service and police force have been identified as total institutions where bullying is commonplace (Archer 1999; Salin 2003b). The historical evolution of hospitals as ‘total institutions’ was an important force in shaping the nursing workforce. Until the mid 1980’s in Australia, prior to the transfer of nursing education to the tertiary sector, student nurses lived in nursing homes on the grounds of their training hospital. For nurses during this era hospitals were where they lived and worked.
Contemporary nursing authors report the manner in which nurse socialisation begins in undergraduate education and continues into the workplace (Begley, 2002; Randle, 2003a). Because of their socialisation, nurses are reported to behave in passive ways and are ‘less adept at disagreeing with others’ opinions’ or ‘saying no’ (Timmins, 2005:61). In nursing work teams, it has been reported newcomers learn to ‘internalise’ (du Toit, 1995:164) professional norms which include the use of insult and humiliation as part of ‘on the job’ training (Turney, 2003; Paice et al., 2004). Researching violence among nurses, Hockley (2002) described bullying that arose from ‘breaching the rules’ (2002:57) and asserted that this bullying acted to reinforce established behaviour in nursing teams. It has also been reported that senior nurses may bully a junior nurse as a means of reinforcing rules, relations of meaning, and membership of the nursing team (Randle, 2003b).

It has been theorised that bullying can become normalised in bureaucracies that are militaristic (Archer, 1999), focused on rigid indoctrination, following orders and adherence to hierarchy (Lynch, 2002; Randle, 2003b). The forms of socialisation and rites of passage reported to occur in ‘para-military cultures’ (Archer, 1999:94), such as the fire service and police force (Herbert, 1998; Lynch, 2002), have similarities with reports from the medical and nursing professions (Robinson, 1991; Quine, 2002; Paice, et al., 2004). In his study of the fire service, Archer (1999) noted the service had a rigid hierarchy that was dependent upon socialisation processes that served to foster the acceptance and normalisation of abusive behaviour fostering norms through which bullying behaviours are modelled and learnt.
Within the militaristic hierarchy of the police force codes of silence and rites of passage have also been reported to be part of the initiation process for newcomers (Herbert, 1998; Huggins and Harites-Fatouros, 1998). Similarly, in nursing, a culture of secrecy and underreporting of abuse and violence has been reported, with violence and bullying considered a normative work experience for nurses (Fisher et al., 1995; Chambers, 1998; Perrone, 1999; Fry et al., 2002; Ferrinho et al., 2003; Hegney, Plank and Parker, 2003; Madison and Minichiello, 2004; Lanza, Zeiss and Rierdan, 2006). It has been suggested that nurses are acculturated into a culture of blame and secrecy as part of the way they learn to work (Hart and Hazelgrove, 2001:261).

Speedy and Jackson (2004) noted the culture of acceptance in nursing may be perpetuated (in part) through fear of retribution; this conclusion is supported by a number of studies (Farrell, 2001; McKenna, 2003; Begley and Glackin, 2004). In a study conducted by the RCN in the UK, it was reported that 23% of nurses surveyed did not report their experience of bullying (RCN, 2002). A further study of nurse exposure to violence noted that slightly more than 50% of physical assaults go unreported (Hesketh et al., 2003). In a study of aggression, Deans (2004) reported an expectation by senior management that nurses should be able to cope with aggression. Similarly, Sunderland and Hunt (2001) noted nurses did not speak out about the bullying of colleagues for fear of being the next one to be bullied. Fearing being blamed, being seen as incompetent, or somehow provocative of aggression and violence, nurses are said to remain silent about their experiences (Bowie and Malcolm, 1989).
2.6.2 Characteristics of the nursing work environment

In Australia, nurses are predominantly salaried professionals, employed in the public sector hospital system (Adamson and Wilson-Barnett, 1995). Increasing fiscal pressure and escalating demand for health services has resulted in continual reform aimed at achieving efficiency (Tuohy, 1999; Dyer and Humphries, 2002; Richardson, 2003). The focus of reform has primarily been upon institutional structures and funding systems, and, as nursing represents a large proportion of operating costs, reengineering efforts are commonly associated with reducing the number of nurses (McCloskey and Diers, 2005).

In this context, nursing work has been characterised as being under constant scrutiny (Speedy and Jackson, 2004) with resultant pressure on resources and performance (Young and Brown, 1998; Smith, 2002) said to increase the stressors experienced in the day-to-day work of nurses (Edwards and Burnard, 2003). Under pressure to reduce costs and driven by managerial imperatives including increased corporate control over clinical activity (Arah et al., 2003; Buetow and Roland, 2003; Freeman and Walshe, 2004), nurses are increasingly reported to be enmeshed in day-to-day struggles to obtain the resources required to deliver appropriate healthcare and ensure optimal patient outcomes (Wong, 2004).

Although the high rate of structural reform within the healthcare industry has been proposed as necessary to ensure efficiency and increase financial performance, there is emerging evidence of wide ranging negative effects upon the nursing workforce and on clinical outcomes (Burke, 2003; Wilson and Huntington 2005; Armstrong and Laschinger, 2006). Workloads are reported to be at unsustainable levels, intensified
through loss of nursing positions, reduced autonomy, and work intensification (Mahony, 2005). A study of the New Zealand healthcare system for the period 1993 to 2000 reported nursing fulltime equivalent positions decreased by 36% while the average length of stay decreased by 20% (McCloskey and Diers, 2005). As a result, fewer nurses were caring for patients with higher acuity levels which, in turn, resulted in substantial increases in many adverse clinical outcomes including statistically significant increases in complication and infection rates (McCloskey and Diers, 2005:1143). Faced with the resultant safety dilemmas created by changes to the healthcare system (Johnstone, 2006), resulted in nurses have been characterised as dissatisfied, burnt out, frustrated, and under pressure (Chambers, 1998; Lewis, 2001; Burke, 2003; Goodin, 2003; Sheward et al., 2005; Engstrom et al., 2006; Kovner et al., 2006; Milisen et al., 2006).

It is known that bullying can become an integral part of organisational culture where excessive workloads, constant change, resource scarcity, and competition harbour a culture of bullying (Hearn and Parkin, 2001; Salin, 2003a). Increased workload pressures increase nurses’ exposure to varying levels of abuse including bullying (McCarthy, 1996; Speedy, 2004) with working conditions a prime contributory stressor (Wilson and Huntington, 2005). At the interface between the system and patients, nurses are reporting increased exposure to frustration, aggression, and violence from patients, families, and other healthcare workers (Young and Brown, 1998). Findings from national and international studies report increasing levels of exposure to violence attributed to the changing work environment of nurses (RCN, 2002; Farrell, Bobrowski and Bobrowski, 2006; Hegney et al., 2006).
2.6.3 The conceptualisation of bullying in nursing

In the nursing literature, workplace bullying has primarily been theorised as a form of conflict based group behaviour (Farrell, 1999; Reeves 2000; Dunn, 2003; Randle, 2003a) termed “horizontal violence” (Duffy, 1995; Dunn, 2003; Jacoba 2005) or “oppressed group” behaviour (Roberts, 2000). These concepts have been used to explain bullying between colleagues who are on the same level within the organisational hierarchy (Duffy, 1995; Dunn, 2003; Randle, 2003a; Lewis, 2006), and who, because of their (supposed) low personal self-esteem and poor group identity (Roberts, 2000), direct abusive behaviour towards each other. The oppressed group and horizontal violence models in nursing parallel both the conflict and group behaviour explanations of workplace bullying found in mainstream literature. Unlike mainstream bullying literature, the theoretical explanations are derived from literature on critical emancipation instead of behavioural psychology.

The theoretical underpinning for the conceptualisation of nurses as an oppressed group was drawn from the work of Freire (1972) and Fanon (1963). The psychological aspects of oppression are a recurring theme in Freire’s work on emancipatory education (1972) and critical consciousness (1987). Internalising oppression leads to a state of psychic alienation in which ‘the disenfranchised internalise their oppression and support rather than resist it’ (Abdul-Adil, Griffith and Watts, 1999:257). Fanon (1963) argued that inter-group manifestations of conflict and violence between black South Africans were the result of oppression stemming from their colonisation. In this context, horizontal violence directed towards others in one’s group was a form of adaptive behaviour, an attempt to gain control over one’s sense of psychic alienation and powerlessness.
Studies reporting nurse-to-nurse abuse have drawn upon the theoretical framework of oppressed group behaviour to provide explanations for the behaviour (Chambers, 1998; Dunn, 2003; Randle, 2003a). It has been asserted that nurses are doubly oppressed through oppression rooted in both gender and medical dominance (Duffy, 1995; Hockley, 2002). As a result, they are socialised into structures and unequal power relations in the workplace that ‘often turn into oppressed personal behaviour turned against colleagues’ (Taylor and Trujillo, 2001:169). By internalising beliefs about their own inferiority, it has been suggested nurses direct passive aggression towards each other (Freshwater, 2000; Roberts, 2000; Taylor and Trujillo, 2001).

To summarise, there is substantive evidence to suggest that the work environment of nurses is increasingly pressured and volatile and that this environment is a contributory factor in increasing levels of stress and exposure to violence. No theoretical models have been developed exploring organisational characteristics and bullying. While the concepts are widely accepted in the nursing literature, the substantive evidence regarding horizontal violence or oppressed group models of bullying in nursing are very limited. Without further evidence, the horizontal violence model provides a theoretical proposition that remains hypothetical.

2.6.4 The incidence and consequences of bullying in nursing

Workplace violence, aggression, and bullying have increasingly been recognised as critical issues for nurses (Arnetz, Bengt and Soderman, 1998; Coffey, 1999; Rippon, 2000; Blazys, 2001; Mayhew and Chappell, 2001; Hegney, Plank and Parker, 2003; Deans, 2004) with suggestions that the problem has reached epidemic proportions (Kingma, 2001; Chapman and Styles, 2006). The experiences of nurses reported in
the literature include harassment, bullying, intimidation and assault (Farrell, 2001; Fry et al., 2002; Jackson, Clare and Mannix, 2002) that may emanate from fellow nurses, nursing managers, other medical and administrative staff, or patients/clients and their families. Of note to date in Australia, there have been no studies published that specifically focus on bullying in nursing (Mayhew and Chappell, 2001).

Bullying has been reported in studies of aggression and violence, with these studies reporting the issue of bullying (Jackson and Raftos, 1997; Farrell, 1999, 2001; Hockley, 2002).

Australian nurses are reported to have a high rate of occupational exposure to violence, surpassing prison and police officers (Perrone, 1993). In a survey on aggression experienced by Australian nurses (n=270), Farrell (1999) reported 30% experienced aggression on a daily or near daily basis, with aggression from other nurses of far greater concern than aggression from any other source. Findings from a survey of Canadian nurses (n=19,000) reported that 29% of direct care nurses experienced physical assault in the year prior to the study (Shields and Wilkins, 2006). The results of a comparative survey of Queensland nurses conducted in 2001 (n=441) and 2004 (n=1349) reported statistically significant increases in the levels of violence experienced (Hegney et al., 2006). Over a third of respondents in the 2004 study indicated the perpetrators of violence were nursing management. Since the 2001 study the frequency of reported violence from nursing management had almost doubled. It is not possible to determine from these results whether these results reflect an increased awareness and propensity to report or an increase in rates of exposure.
With regard to the incidence of workplace bullying in the National Health Service (NHS) in the United Kingdom (UK), a self-selected survey that included nurses (n=1100) reported that 38% of respondents experienced bullying in the previous year (Quine, 1999). In a further study of the NHS nursing workforce by the same author, 44% of nurses reported bullying in the previous twelve months, while 55% of nurses reported witnessing bullying of colleagues (Quine, 2001).

The consequences of aggression and bullying have been reported in a number of national and international studies. In the NHS in the UK, the noted consequences of bullying in the nursing workforce included statistically significant lower levels of job satisfaction and higher levels of anxiety, depression and propensity to leave the organisation as a result of bullying (Quine, 2001). The consequences of bullying during undergraduate nurse training were highlighted by Randle (2003b). Findings from a study of a small cohort (n=39) of student nurses during their three-year pre-registration preparatory training revealed 95% of the students perceived themselves as anxious, depressed, and unhappy at the end of the three-year period, because of their experience of bullying during clinical placements (Randle, 2003b).

In another study, McKenna (2003) surveyed (n=550) first year graduates: the consequences of bullying reported included reduced self-esteem, depression, and anxiety. Lam (2002) identified exposure to workplace aggression for Australian nurses included psychological distress and moderate depression. The negative effects of workplace violence have also been reported by nurses to have a flow-on effect on family life. Hockley (2003) reported that the stress upon family members of living with someone bullied contributed to anxiety, depression, and increased alcohol...
consumption and/or drug use, with some family members contemplating suicide as a result.

2.6.5 Responses to bullying in the nursing workplace

Similar to other workplaces, in the nursing context occupational health and safety approaches to bullying have been widely adopted. Based upon the premise that bullying is a form of interpersonal conflict, commonly adopted responses have included policy statements defining bullying as unacceptable and support programs that provide mediation and staff counselling (DHS, 2005). Additional strategies also employed include staff training to de-escalate potential aggression and to respond appropriately (Mayhew and Chappell, 2002; Grenyer et al., 2004); zero tolerance policies (ANF, 2002); and education material aimed at eliminating aggression.

Concerns about addressing workplace bullying have also arisen in the context of the current acute nursing shortage, with links drawn between nursing workloads; working hours; promotional opportunities; workplace bullying; and the recruitment and retention of nurses (Jackson, Clare and Mannix, 2002; Stevens, 2002; Adkins, 2004). In response, strategies designed to improve workplace relations, job satisfaction, pay, and working conditions have been developed (Shields and Ward, 2001; Waldman et al., 2004).

2.7 Summary of the literature

From the preceding review of literature, it is clear that there is increasing recognition that workplace bullying is a pervasive and harmful feature of modern workplaces. Following the work of Leymann and Gustafsson (1996), in which lists of bullying
behaviours were identified, self-report surveys measuring exposure to pre-defined negative acts have become the predominant form of studying workplace bullying. Consequently, the majority of research has examined bullying as an objective and measurable form of interpersonal conflict reflecting the perspectives of psychology and functional managerialism (Leymann, 1996; Raynor and Cooper, 1997; Einarsen, 2001; Mayhew and Chappell, 2001; McCarthy, 2003; Vardi and Weitz, 2004).

Conceptualised as an extreme workplace stressor or a form of interpersonal conflict, stress and conflict models have been used to explain individual and group forms of the behaviour (Leymann, 1996; Zapf, 1999; Salin, 2003a). Similar to the literature on stress and conflict, the roots of workplace bullying have been conceptualised as occurring at the individual level. When considered, investigation of organisational features has maintained a focus upon the individual (Zapf, 1999), constructing an understanding of bullying removed from considerations of organisational power and politics (Liefooghe and Mackenzie Davey, 2001; Salin, 2003a; Vandekerckhove and Commers, 2003).

With regard to the consequences of workplace bullying, a number of large-scale studies have reported harm caused to individuals, organisations, bystanders, and family members. There is substantive evidence that the cumulative effects of bullying lead to acute and chronic psychological and health consequences. In response to this evidence, organisations have largely adopted risk control strategies that manage bullying as a workplace hazard within occupational health and safety frameworks. This approach risks promulgating a “blame” culture focused upon
individuals, with little attention given to organisational issues that may perpetuate bullying.

A body of literature suggests bullying is widespread in nursing, and that it can render the workplace a harmful, fearful and abusive environment. Although there have been studies of violence and aggression and this literature has included reports of bullying, to date there have been few substantive studies of bullying in the Australian nursing workforce. Furthermore, authors who have researched and written about bullying in nursing have primarily focused upon nurse-to-nurse violence and aggression. As a result, in the nursing literature, bullying is understood largely in terms of oppressed group behaviour and horizontal violence with little attention given to understanding other causes.

2.7.1 Identified gaps and limitations
As already noted, to date research has largely focused on the development of psychometric inventories of the behaviours that characterise workplace bullying. These instruments have focused upon the underlying behavioural dimensions of workplace bullying at the exclusion of organisational mediators (Leymann, 1996, 1999; Zapf, Knorz and Kulla, 1996). Although this approach has served an important function in identifying features of workplace bullying, there has been little critique of these lists of negative interpersonal behaviours. Further limitations are that analysis of these inventories has not extended beyond the exploratory level (Dick and Raynor, 2004) and there have been limited psychometric analyses of the inventories published in peer-reviewed journals.
The review identified a range of further methodological limitations in the field of workplace bullying including the use of different definitions of bullying; differing methods of counting those bullied; and reliance upon self-reporting in incidence studies. Consequently, there is marked variation in the reported prevalence of bullying and direct comparison of incidence rates between studies is problematic.

Further, owing to difficulty in recruiting subjects, cross-sectional surveys have been commonly employed, with samples drawn from a number of organisations or industry sectors. As a result, there has been little in-depth study of the organisational dynamics of bullying. With regard to the investigation of bullying at an organisational level, there is little substantive data available on the organisational features associated with workplace bullying. To extend knowledge about workplace bullying, it is important that the effects of bullying are examined within a framework that includes organisational characteristics.

An additional limitation is the use of surveys as the prime means of studying bullying and as a result, there has been a failure to capture the narrative accounts of those bullied. Importantly, bullying is recognised as a subtle and complex process that is not always easy to identify, with individual, professional, and organisational perceptions of what is bullying recognised as varying across contexts (Lewis and Orford, 2005). The few qualitative studies reported in the literature offer richer understanding, providing insights into the personal meaning of being bullied; the ‘differing meaning and uses’ of the term bullying (Lewis, 2006:120); and the broader flow-on effects upon family members and social relationships (Liegooghe and MacKenzie Davey, 2001; Hockley, 2003; Lewis and Orford, 2005). As well as the scarcity of qualitative approaches, the review identified little critical analysis of the
Chapter 2: The literature on workplace bullying

construction of bullying. Liefooghe and MacKenzie (2001) have suggested analysis
drawn from critical management studies may provide alternative interpretations of
bullying in a field that is dominated by psychological approaches.

A further limitation of research to date is that little evidence exists regarding the
effectiveness of policy and education strategies commonly employed to address
workplace bullying. Given bullying is a subtle and complex process, with
organisational culture recognised as mediating its occurrence, further research is
required to determine the effectiveness of anti-bullying policies, in-house reporting
mechanisms, and education directed at individual behaviour.

With regard to the nursing literature, bullying is commonly described in terms of
oppressed group behaviour or horizontal violence. No substantive research evidence
was found in the literature as the basis for the use of these two concepts as applied to
bullying in the nursing context. It has been recognised that oppressed group
explanations of workplace bullying provide only a partial understanding of the
experiences of nurses (Farrell, 2001) and limit a more complete examination of the
organisational contexts in which nurses’ work (Speedy and Jackson, 2004). In
addition, Lanza, Zeiss and Rierdan (2006) suggested that the continued reluctance in
the nursing literature to use unequivocal language depicts bullying as something less
important than it really is, thus potentially perpetuating that bullying is a “routine”
and “normal” feature of nursing rather than an abusive and harmful activity fostered
within organisations.
2.7.2 **Relevance for proposed study**

The predominance of psychometric surveys as the main form of research in the field of workplace bullying means that current understanding can be considered incomplete. Additional qualitative or interpretive approaches providing in-depth insight into the processes and factors leading to bullying, and the experiences, beliefs, and meanings of being bullied are required to enhance actionable knowledge in the field. To extend understanding of workplace bullying it is evident that alternative approaches are required.

To date, little research has focused on developing integrated approaches to investigating the individual and organisational factors that may contribute to bullying (Barron, 1998). Therefore, to extend existing knowledge, more advanced research methods such as mixed method studies, multivariate statistical analysis, or structural equation modelling are required. These approaches would enable testing and modelling of the relationships between individual and organisational factors and broaden understanding of the organisational factors that mediate workplace bullying.

Within the nursing context, in-depth qualitative investigation exploring the influence of the ‘unique professional, cultural, and institutional structures within which nurses are employed’ (Deans, 2004:33) is required to broaden the current limited understanding of bullying. This form of detailed exploration of the lived experience of bullying may shed light upon the manner in which organisational narratives about nurses and nursing operate as powerful, legitimating devices that articulate an organisational reality that is often unquestioningly accepted (Litvin, 2002). This approach offers the opportunity to contribute new insights into the reported
occupational milieu of nurses in which bullying is suggested to be (almost) normalised and acceptable (Jackson, Clare and Mannix, 2002; Lanza, Zeiss and Rierdan, 2006).

2.7.3 The research questions

Taking into consideration the gaps and limitations identified from the literature review the following research questions were developed to guide the investigation:

(1) How do nurses experience bullying by their colleagues and nursing managers?
(2) What are the beliefs and meanings of bullying for nurses?
(3) What factors influence the occurrence of bullying?
(4) What is the nature and consequences of the bullying experienced?
(5) What is the extent, nature and consequences of bullying in the Australian nursing workplace?

2.8 Conclusion

This chapter has reviewed the available literature on workplace bullying, with a specific emphasis on the nursing workforce. It is evident from the preceding review of the literature that, in order to more completely understand bullying in the nursing workplace the experiences of nurses need to be explored in more detail. The following chapter outlines the bases for selection of the methodology to investigate these questions.
Chapter 3

ABSTRACT
The objective of a research design is to choose a framework that connects each element of the investigation together in a systematic and meaningful way. In the design of this study, consideration was given to a number of research strategies. Given the breadth of the objectives a mixed method design with sequential complementary stages was chosen to meet the stated objectives. The sequential mixed method design chosen provides the connection between the three stages of the study. The purpose of this chapter of the thesis is to justify the reasoning and decisions made in determining the overall research design.
RESEARCH DESIGN

3.1 Introduction

The intent of this chapter is to discuss the practical and theoretical considerations taken into consideration in the design of this study by building upon the earlier introduction provided in Chapter 1. In justifying the design, it is argued that a mixed method approach is appropriate to address the breadth of the objectives and to enable a more comprehensive understanding of the research problem. Initially, the chapter canvases issues regarding paradigm “incommensurability” when mixing methods, adopting a pragmatic stance towards this issue, the conclusion reached that it is appropriate to combine qualitative and quantitative approaches at various stages of this study. The sequential mixed methods design chosen involves three stages. The chapter summarises each stage, clarifying the way that the qualitative and quantitative approaches form a mixed, though mainly quantitative, design.

One of the challenges in presenting mixed methods research is determining the manner in which the methodology and results are presented. In this thesis, the full detail of each sequential stage, including theoretical frameworks, methods used, and results, is reported separately in subsequent chapters. Table 3.1 (following page) summarises when the methodology and results of each sequential stage are presented in this thesis.
### Table 3.1: Sequential presentation of research methodology

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<td>5</td>
<td>Stage 1(B): Nurses experiences of bullying</td>
<td>Discussion of qualitative findings</td>
</tr>
<tr>
<td>6</td>
<td>Stage 2: Development of survey instrument</td>
<td>Justification of quantitative method</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial instrument development</td>
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<tr>
<td></td>
<td></td>
<td>The pilot test</td>
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<tr>
<td></td>
<td></td>
<td>Instrument validation and modification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finalising the national survey instrument</td>
</tr>
<tr>
<td>7</td>
<td>Stage 3: National survey of nurses</td>
<td>Justification of quantitative method</td>
</tr>
<tr>
<td></td>
<td></td>
<td>National survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data collection and analysis</td>
</tr>
</tbody>
</table>

#### 3.2 Mixing methods for a more complete understanding

Given the aims and scope of the study (Chapter 1, section 1.3.1), an approach capable of generating in-depth understanding of experience and statistical analysis within the one study was required. In response, a sequential mixed methods design was chosen, as this approach is able to capitalise on the strengths of both qualitative and quantitative methods (Parmelee, Perkins and Sayre, 2007; Rocco et al., 2003; Tashakkori and Teddie, 2003).

Broadly, mixed method research is any approach that uses qualitative and quantitative methods at some point in a study (Burke and Onwuegbuzie, 2004). The mixing of methods can occur in several ways, each presenting different challenges and possibilities. Mixed methods research can be a strategy embedded within another type of design framework (Cresswell, Fetters and Ivankova, 2004).
can occur within an overall framework such as ethnography or critical research
(Caracelli and Green, 1993). Alternatively, as in this study, the mixed method design
can constitute the overall design framework of the study.

The purpose of mixing methods in this study went beyond the notion of triangulation
(Williamson, 2005), in which multiple methods are used to overcome the bias or
limitation of a singular method (Bryman, 2002; Denzin, 2002; Risjord and Dunbar,
2002). Instead, the following considerations influenced the decision to adopt a mixed
method design:

(1) Adherence to a single method would have resulted in only a partial
exploration of bullying while using more than one method would increase the
scope of the study.

(2) The research objectives involved a number of stages with different methods
more appropriate in some stages, and the results from one stage contributing
to the next.

(3) Drawing upon more than one method would provide a richer understanding
of workplace bullying. The findings from the study could be strengthened by
corroboration of findings between the methods.

In mixed method research, these considerations are termed development, expansion,
and complementarity (Caracelli and Greene, 1993; Johnstone, 2004; Simons, 2007).
Expansion involves using different methods to expand the breadth of an inquiry,
whereas development is the process of using the results from one method to inform the other (Foss and Ellefsen, 2002). Complementarity uses results from one method to enhance, illustrate, or clarify the results from another (Onwuegbuzie and Leech, 2006; Sale, Lohfeld and Brazil, 2004); findings do not need to be identical as different methods may provide findings that are both complementary and contradictory (Meetoo and Temple, 2003; Morse, 2003).

The qualitative component of the study was conceptualised as exploratory, designed to provide rich data on the individual and organisational features of bullying in the nursing workforce from which it would be possible to formulate a survey instrument for use in the national survey. It was anticipated that the processes of expansion, development, and complementarity, achieved through the sequential use of qualitative and quantitative approaches, would contribute to a richer and broader (Andrew and Halcomb, 2006) understanding about bullying in the nursing workplace.

3.2.1 Reasoning and theoretical underpinnings

In the design and conduct of a study one of the tasks for the researcher is to explain and justify the decision-making process, as an immense number of choices are made that influence the nature of the inquiry (Clough and Nutbrown, 2002; Denzin, 2002). In justifying decisions, it is essential to acknowledge the ‘philosophical set of beliefs’ (Keleman and Hassard, 2003) and the assumptions built into the research (Morgan, 2007).
Historically, following Kuhn (1970), paradigms – the ‘set of beliefs, values, and assumptions that a community of researchers has in common regarding the nature of knowledge and conduct of research’ (Burke and Onwueguzie, 2004:24) - have been viewed as representing incommensurable assumptions about science and society (Weaver and Olson, 2006; Willmott, 1993). The decision to adopt a mixed method approach brought to the fore the tensions that have been noted to exist between paradigms and the different assumptions about the nature of knowledge (Guba and Lincoln, 1994; Lincoln and Guba, 1985; Miles and Hubermann, 1994; Morgan, 2007).

The epistemologies, ontologies, and methods of different research paradigms have been used to suggest they are incommensurable and should not be reconciled (Burrell, 1997). Within this paradigmatic view of knowledge, research methods are linked to an inquiry paradigm, and the fundamental nature of these paradigms does not allow mixing of paradigms or methods (Guba and Lincoln, 1994; Krauss, 2005). From this viewpoint, attention has focused upon the paradigmatic differences between quantitative and qualitative positions (Guba and Lincoln, 1985). For many authors, these differences have generated sufficient conflict for it to be referred to as the “paradigm wars” (Jackson and Carter, 1991; Weaver and Gioia, 1994).

Within these exclusive and contradictory metatheoretical camps (Willmott, 1993), paradigms exist in ‘different worlds’ (Weaver and Gioia, 1994:565) and communication across paradigms is not possible. Quantitative approaches are grounded in logical positivism with standardised data collection and statistical analysis techniques employed to ensure internal validity (Cresswell, 1994; Taylor
and Trujillo, 2001), with interaction between the researcher and subject controlled as much as possible (Berman, Ford-Gilboe and Campbell, 1995). This approach is less able to address how participants interpret or give meaning to their experience (Babbie, 2004). Alternatively, advocates of qualitative social research reject positivism and argue for constructivist or interpretive approaches (Denzin, 2002). From this perspective, it is not possible to discover an objective and context free account of reality, as research is social and context specific (Meetoo and Temple, 2003). The approach focuses upon capturing the multiplicity of perspectives and meanings assigned to events through interpreting meaning in observations, textual data and the spoken word, rather than numerically (Crotty, 1996; Patton, 2002).

### 3.2.2 Paradigm stances in mixing methods

Mixed methods researchers have argued it is the concrete research problem, rather than the philosophical position, that determines the overall design adopted (Rocco et al., 2003). From the mixed methods perspective, views of research that ‘dichotomise qualitative and quantitative methods and the paradigms in which they are grounded reflect a limited interpretation of the process of inquiry’ (Dzurec and Abraham, 1993). Accordingly, a number of frameworks have been proposed in response to the challenges of how paradigmatic assumptions can be integrated or reconciled within the one study. Greene and Caracelli (2003:108) suggested four stances, differentiated along two dimensions, which mixed methods researchers can adopt. Table 3.2 (following page) summarises these stances.

The first dimension in this framework assumes paradigms are essential in making inquiry decisions. From this perspective, the mixed method researcher adopts either a dialectic or new paradigm stance. The new paradigm stance considers the historical
dualism between quantitative and qualitative approaches to be artificial (Cresswell, 1994; Morse, 1991; Patton, 2002; Tashakkori and Teddie, 1998, 2003). In response, mixed methods are proposed as a ‘third methodological movement’ having a ‘separate methodological orientation with its own worldview’ (Tashakorri and Teddie, 2003:x). The dialectical stance acknowledges that all paradigms are valuable as are the differences between them (Maxwell and Loomis, 2003). The use of multiple paradigms in one study can enhance understanding (Greene and Caracelli, 2003) and requires the researcher acknowledge and work with the contradictions and tensions generated in mixing methods.

Table 3.2: Paradigm stances in mixing methods

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Stance</th>
</tr>
</thead>
</table>
| 1. Paradigms do matter when making inquiry decisions | 1. New paradigm  
2. Dialectic |
| 2. Paradigms are not critically important in making inquiry decisions | 3. Concept driven  
4. Pragmatic or context driven |

In the second dimension of the framework, paradigms are less central than other factors when making inquiry decisions (Berman, Ford-Gilboe and Campbell, 1995; Sarantokos, 1998). The researcher adopts either a concept driven or pragmatic stance by viewing methods simply as tools for gathering information. Concept driven researchers adopt mixed methods according to the nature of concepts being investigated. Whereas pragmatic researchers choose methods by determining those best suited to the inquiry (Cresswell, 2003).
3.2.3 Adopting a pragmatic approach

The decision to employ a mixed method approach in this thesis did not arise from a pre-existing commitment on behalf of the researcher to mixing methods. Instead, the judgement was based on the belief that a mixed methods design was a practical solution to the complexities of the research aims and objectives (McEvoy, 2006; Caracelli and Greene, 2003). In choosing the design, attention was directed towards deriving a method that was responsive to the aims and objectives of the study (Popper, 2002). Following Freshwater (2006), the decision to adopt a mixed method approach appeared the best to address the research questions in a robust manner.

Pragmatic considerations of the choice of method were established by determining those best suited to the inquiry (Johnstone, 2004; Onwuegbuzie and Leech, 2006; Tashakkori and Teddie, 1998, 2003) with the research problem placed as central (Andrew and Halcomb, 2006; Morse, 2003). The mixed methods design was chosen based on the ability to investigate the phenomenon under interest (Greene and Caracelli, 2003) and to address the substantive gaps in knowledge (Weaver and Olson, 2006). Adopting a pragmatic stance to the design of the study, a sequential mixed methods design was chosen.

Pragmatic approaches to research design emphasise the connection between philosophical concerns about the nature of knowledge, and technical concerns about the methods used to generate knowledge (Andrew and Halcomb, 2006; Morgan, 2007). The approach advocates a focus upon consequences, a plurality of philosophical orientations, and tolerance, which accepts both qualitative and quantitative methods in the one study (Burke and Onwuegbuzie, 2004). By
emphasising respect for alternative views, while exploring the usefulness of inquiry approaches, pragmatism encourages a practical focus (Gilbert, 2006; Hildebrand, 2005; Johnstone, 2004). The philosophy of William James along with others provided the early tenets of pragmatism. James (1890) proposed that ideas, which are part of our experience, become true as far as they help us to relate with other parts of our experience. From the pragmatic position, paradigms have an instrumental value, which enables them to be used to the extent that they are able to achieve the desired end (Lawlor, 2006).

It was anticipated that adopting a mixed methods design would enable insights from both qualitative and quantitative forms of inquiry to be brought together into a more detailed explanation than either approach could alone provide (Herman and Egri, 2002). The pragmatic position adopted is not devoid of any acknowledgement of the importance of paradigmatic assumptions. The contention of the present dissertation is that research on workplace bullying can be enhanced if qualitative and quantitative methods are viewed as complementary ways of studying the phenomenon, rather than mutually exclusive. Instead of viewing qualitative and quantitative research methods as incompatible modes of inquiry, they are conceived as complementary stages in the study (Parry and Meindl, 2002).

3.3 The sequential staged design

The typologies for mixing qualitative and quantitative methods in the one study are generally differentiated along three lines: focusing upon whether the quantitative and qualitative components of the study have equal or dominant status, the stage of the research where the mixing occurs and whether the stages occur sequentially or
concurrently (Cresswell, 1994; Ivankova, Creswell and Stick, 2006; Morse, 1991; Tashakkori and Teddie, 1998). The research design for this study involved the collection and analysis of qualitative and quantitative data in sequential stages, with each stage contributing to the next, complementing each other in developing a richer understanding of bullying in the nursing workplace. The sequential design involved three stages with data collected sequentially from different groups of respondents. Table 3.3 (below) summarises the design noting the stages, corresponding research approach, and the types of data to be collected.

Table 3.3: Summary of the research stages

<table>
<thead>
<tr>
<th>Stage</th>
<th>Method</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1: In depth interviews</td>
<td>Qualitative</td>
<td>Naturalistic</td>
</tr>
<tr>
<td>Stage 2: Pilot survey</td>
<td>Quantitative</td>
<td>Logical Positivism</td>
</tr>
<tr>
<td>Stage 3: National survey</td>
<td>Quantitative</td>
<td>Logical Positivism</td>
</tr>
</tbody>
</table>

Each of the stages was designed to be conducted true to the assumptions of the respective paradigms, preserving the integrity and contributions of each method. The first point of mixing occurs in the second stage when results of the qualitative data analysis are used to construct the survey instrument. An integrative discussion of the findings from the different methods occurs only after qualitative and quantitative results have been examined within their respective method. Figure 3.1 (following page) visualises the interplay between data collection and analysis in the different stages.
Chapter 3: Research design

Bullying in the workplace: A study of Australian nurses

Figure 3.1: The three sequential stages

**Stage 1 Qualitative research**

- Qualitative Data Collection
  - In-depth interviews with nurses from two partner organisations
- Qualitative Data Analysis
  - Content analysis to identify codes and categories
- Qualitative Findings
  - Discussion of major and minor categories

**Stage 2 Quantitative research**

- Instrument Development
  - Develop survey instrument from codes and categories
- Quantitative Test of Instrument
  - Administer instrument to pilot sample
  - Determine factor structure, refine scales
  - Conduct reliability analysis for scales
- Quantitative Results
  - Validate latent factors that constitute workplace bullying

**Stage 3 Quantitative research**

- Refinement of Quantitative Survey
  - Create final survey instrument
- Final Quantitative Survey
  - Administer national survey to representative sample of nurses
  1. Establish the nature, extent, and consequences of bullying in the Australian nursing workplace
  2. Confirmatory factor analysis and structural equation modelling

Development of Empirical Model
3.3.1 Introducing each stage

3.3.1.1 Stage one

The first stage involved the qualitative component, with in-depth interviews conducted with nurses who had experienced, witnessed, or managed incidents of bullying. The focus of this stage was upon exploring the experiences, beliefs, meanings, and consequences of bullying for the individual nurses. In addition, the interviews focused upon features of the general work environment that fostered or condoned bullying and the organisational features and processes associated with bullying.

Qualitative content analysis of the interview transcripts (Franzosi, 2004) using the NVivo 7 software program (Richards, 1999) enabled coding from which major categories, minor categories and sub-categories were identified. Analysis of the data served two purposes: firstly, it provided insight into the behaviours involved and information about perceptions, processes, and the meanings attributed; secondly it provided domains from which a survey instrument was developed.

3.3.1.2 Stage two

As already noted, there was limited substantive data available on bullying in the nursing workforce to inform the development of the survey instrument. Moreover, validated pre-existing instruments were confined to measuring behavioural and relationships aspects of bullying. This stage of the study involved the development and validation through pilot testing of the survey instrument from the categories identified in stage one.
Using SPSS Version 13 (Pallant, 2005), reliability analysis was performed. Exploratory factor analysis was also undertaken to further refine the instrument and identify the latent factors that constitute workplace bullying. The purpose of the pilot study was to demonstrate the reliability and validity of the instrument and further validate the latent constructs measured.

3.3.1.3. Stage three

The third stage employed the revised validated instrument in a national study. The purpose of this stage was threefold. Firstly, it provided data on the nature, extent, and consequences of workplace bullying in the Australian nursing workforce. Secondly, it confirmed the latent factors identified in the second stage of the study. Thirdly, it tested a number of models of workplace bullying. The quantitative data analysis undertaken in this stage occurred in two phases. Initially, descriptive and inferential statistical analysis was performed using SPSS Version 13 to provide empirical information on the nature and consequences of bullying in the Australian nursing workforce. After which confirmatory factor analysis (CFA) and structural equation modelling (SEM) using the AMOS 5.0 Structural Equation Modelling package was undertaken to determine the relationships between the latent factors validated from the preceding stages of the study.

3.4 Conclusion

This chapter served to introduce the considerations made in adopting a sequential mixed methods design for this study. The intention of this approach was to integrate findings from the qualitative and quantitative stages of the inquiry towards a comprehensive understanding of bullying in the Australian nursing workplace. Given
the mixed methods design of this thesis more detailed elaboration of the methodology and findings from each stage of the study are reported in subsequent chapters. The following two chapters are dedicated to reporting the detail of the first, qualitative stage of the study.
Chapter 4

ABSTRACT

Chapter four introduces the methodology for the first, qualitative stage of this study. The conduct of the interviews, ethical considerations, verification strategies employed and reflexivity are discussed. Each step of the qualitative content analysis of the interview data is presented. The chapter concludes by reporting the major categories, minor categories and sub-categories identified from analysis of the interview transcripts. Aspects of the material presented in this chapter have been published in peer-reviewed journals, as indicated in Appendix 1 (page 313, citations three - nine).
STAGE 1(A): QUALITATIVE METHODOLOGY

4.1 Introduction

In discussing the qualitative methodology used in the first stage of the study, initially the reasoning behind the decision to adopt a naturalistic inquiry paradigm is canvassed. The axioms underpinning naturalistic research are summarised and their implications for the conduct of the research are considered. Information is then presented on the setting, participant recruitment strategies and participant demographics. The interview process is detailed and each step in the analysis of the interview data is presented. The chapter concludes by reporting the major categories, minor categories and sub-categories identified from analysis of the interview transcripts.

The reader will recall that the first, qualitative stage of this study sought to achieve two distinct objectives:

(1) To extend current knowledge on the experiences, beliefs and meaning of bullying for nurses.

(2) To provide the concepts and categories from which a survey instrument could be developed for use in subsequent stages of the study.
In considering suitable approaches to the qualitative interviews, deliberation was given to ensure both of these objectives were met. Essentially the first stage of the study was exploratory. The interviews sought to sensitively inquire into the workplace experiences of nurses and construct meaning. The premise was that investigating the experiences and perceptions of workplace bullying for participants could develop understanding. The naturalistic inquiry paradigm was chosen to guide the first, qualitative stage of the study as meaning making is a central tenet of this approach (Guba and Lincoln, 1994; Lincoln and Guba, 2000). It is also recognised that the naturalistic approach is suited to mixed methods designs such as this thesis (Johnstone, 2004; Sandeloswski, 2000).

The data collected through the interviews was analysed using qualitative content analysis. This method of analysis was suited to the dual objectives of qualitative interpretation and providing concepts and categories suitable for use in instrument construction.

4.2 Naturalistic inquiry

Derived from interpretive theoretical underpinnings, naturalistic inquiry seeks to develop an emic understanding of ‘the complex world of lived experience from the point of view of those who live it’ (Schwandt, 1998:221). The interpretive orientation highlights the importance of individual experience and the meaning attributed to experiences by individuals. In seeking to make sense of a phenomenon in terms of the meaning people bring to their experience, the ontological assumption of interpretive research is that reality is subjective (Creswell, 1994; Denzin and Lincoln, 2003; Guba and Lincoln, 1985). Individuals perceive, understand,
experience, and make meaning of their reality in different ways (Lee, 1999). From this perspective, the world is socially constructed, and discovered and understood from experience (Burrell, 1997; Crowe, 1998; Polkinghorne, 1983).

Given the exploratory qualitative nature of the first stage of the study, the naturalistic inquiry paradigm provided a perspective that valued a participant’s subjective reality and emphasised the importance of lived experience. Naturalistic inquiry is underpinned by a number of axioms, or theoretical principles (Guba and Lincoln, 1985; Lincoln and Guba, 2000), which are used by researchers to guide the research process (Kember, Jameison and Pomfret, 1995; Owens, 1982; Sherman and Lincoln, 1983):

1. Research conducted in natural settings rests on an assumption that understanding is never complete as there are multiple realities continuously unfolding and shaping one another.

2. In the process of social inquiry, interaction between the inquirer and participants in the research is inevitable as the two are not independent.

3. Naturalistic inquiry is influenced by the values of the researcher and the underlying theoretical assumptions of the research paradigm.

4. Given the constructed nature of reality, each individual’s experience is different. There is no one “true” version of reality that the researcher can discover.
(5) Naturalistic research acknowledges the existence of multiple realities, or individual constructions of reality.

Drawing upon the first axiom, experiences cannot be understood in ‘isolation from their contexts’ (Guba and Lincoln, 1985:39) as human interactions are influenced by the setting in which they occur. One should therefore study behaviour in real life settings (Marshall and Rossman, 2006). Naturalistic designs call for the researcher to be in the field, making observations and exercising judgment (Guba and Lincoln, 1985). In seeking to understand the bullying experiences of nurses, the workplace context matters, as does the complexity of meaning that individual nurses assign to their experience. By conducting research in workplace settings, it is possible to gain an understanding of multiple perspectives on reality, assisting to develop an appreciation of the richness of the phenomenon under study (Gabriel, 2000; Holstein and Gubrium, 1997; Walkerdine, Lucey and Melody, 2002).

From a naturalistic perspective the researcher is not neutral or absent from the inquiry process. Guba and Lincoln (1985:225) suggested that researchers needed to develop a level of skill appropriate to operate as a ‘human instrument’ in the conduct of the research. In this study, the researcher is not constructed as an impersonal data collector; instead, the researcher is acknowledged as present in the research process. This process requires openness and transparency (MacKenzie Davey and Liefooghe, 2003). Therefore, it is important to demonstrate reflection upon the approach taken to the interviews, personal assumptions and values, emerging skills and understandings (Fine, 2002; Johnstone, 2004).
In adopting the naturalistic approach, the concepts to be studied are not pre-selected, and there is no prior commitment to any particular theoretical understanding of workplace bullying (Sandelwoski, 2000). An inductive understanding, making sense of the shared experiences and meanings of participants without imposing pre-existing expectations is developed (King and Appleton, 1999; Sandberg, 2000).

The purpose of naturalistic inquiry is to understand and describe the experience of individuals through a meaningful interpretation which is socially constructed, and therefore, open to further interpretation (Johnstone, 2004). In keeping with the interpretive theoretical underpinnings in which reality is ‘intersubjective’ (Marshall and Rossman, 2006:5), the accounts of participants are accepted. No attempt is made to validate or check these accounts. In presenting the interpretations from the interviews in the following chapter of this thesis, it is acknowledged that alternative interpretations and realities exist (Marshall and Rossman, 2006).

4.2.1 Voice, transparency and reflexivity

As already acknowledged, in naturalistic research it is not possible to eliminate the interaction between researcher and participants. The researcher enters the lives of participants and seeks to represent their experiences through the product of the research - creating a range of issues that need to be considered (Marshall and Rossman, 2006). Accordingly, the personal voice of the interpretive researcher is the language of choice for the qualitative components of this thesis. The use of the personal voice is an acknowledgement that the researcher is a participant in the study (Johnstone, 2004) and is present in the ‘conversation of the research’ (Keleman and Hassard, 2003:80). The inclusion of authorial voice is used to relate the challenges,
ambiguities and uncertainties that were an inevitable part of the inquiry process (Fine, 2002; King and Appleton, 1999; Valdes, 1992).

Acknowledging the subjective nature of knowledge, naturalistic inquiry demands self-reflexivity on behalf of the researcher, which requires researchers to write of themselves, their perspective and position as part of the research process (Breuer and Roth, 2003; Oakely and Callaway, 1992; Skeggs, 2002), without being narcissistic or self-indulgent (Oakely and Callaway, 1992). Reflexivity also involves demonstrating critical self-awareness and providing evidence of reflexivity in the interpretive process (Lincoln and Guba, 2000). For that reason, in endeavouring to demonstrate transparency and reflexivity as it unfolded in the qualitative stage of this study, reflexive excerpts are included in the discussion on methods of data collection and analysis. The intention is to demonstrate how reflexivity and transparency were built into the research process.

4.3 Procedures

4.3.1 The setting

The setting for the qualitative stage of this study was two partner organisations that had expressed their desire to be involved in the study. Both had indicated their interest in the problem of workplace bullying. These large Government funded not-for-profit organisations are characteristic of those in which the majority of Australian nurses are employed. One was a metropolitan Area Health Service and the other a regional Area Health Service. The two Area Health Services involved in this study provided a wide range of hospital, inpatient, outpatient, and specialist services
including community based health services. In total the two organisations employed approximately 2600 full-time equivalent nursing staff.

4.3.2 Gaining access

A steering committee constituted by members of the research team and representatives of both organisations was convened to facilitate the first two stages of the study. In order to raise awareness and assist in recruiting nurses, information about the study was published in staff newsletters and I was invited to speak about the research at occupational health and safety meetings that were attended by management and staff. Members of the committee also facilitated access to relevant individuals in both workplaces to assist with implementing recruitment strategies.

4.3.3 Recruitment of participants

Purposive sampling (Johnson and Turner, 2003; Patton, 2002) was used to recruit participants. This process sought to recruit nurses with experience of workplace bullying, who were willing to communicate their experiences, providing ‘information rich cases’ (Miles and Hubermann, 1994:275) that were not necessarily representative of the general sample (Strauss and Corbin, 1998). Fliers encouraging participation in the study were disseminated throughout the two organisations via staff notice boards, newsletters, and attached to the pay slips of nurses. Initial contact with respondents was via the telephone, which provided the opportunity to further discuss the research and answer any questions. After which an information sheet containing details about the study, the ethics approval process, and a consent form was forwarded (Appendix 4.1, page 315). The interviews were arranged at a time and location agreeable to the participant after return of the signed consent form.
Chapter 4: Stage 1 (A): Qualitative methodology

Bullying in the workplace: A study of Australian nurses

(Appendix 4.2, page 316). Recruitment via the fliers was supplemented by snowballing (Patton, 2002), with interview participants encouraged to speak about the research to colleagues. It was envisioned that, by being told of the research by a trusted colleague, who had already participated in the study concerns about participating in the study would be reduced (Maxwell and Loomis, 2003).

4.3.4 Inclusion criteria

Participant recruitment was based on the following criteria:

1. Registered or enrolled nurse who had witnessed, experienced, or managed incidents of bullying by colleagues.

2. Willing to consent to audio-taped interview.

4.3.5 Participant characteristics

Twenty-eight participants responded to the recruitment fliers. Two responses were received from individuals who did not meet the sample criteria, a Medical Officer and an Allied Health Professional. Twenty-six nurses with personal experience of workplace bullying were interviewed (12 from organisation A and 14 from organisation B). Although the aim was to recruit individuals who had managed incidents of workplace bullying and those who had engaged in bullying, no participants were recruited from these two groups.

The biographical details of the participants are summarised in Appendix 4.4 (see page 318). Participants were employed in a number of healthcare settings including hospital, midwifery, community, and mental health nursing. Seventy-five per cent
had been employed for more than four years with their current employer. The majority had extensive post registration work experience and fourteen held senior clinical positions in their specialist field. The characteristics of the participants are summarised in Table 4.1 (following page).

4.3.6 Ethical considerations

Prior to commencing the study, approval was sought and gained from the Human Ethics Research Committees of both participating institutions and the University of Western Sydney. Concern for ethics required the development of processes and procedures that ensured my engagement in the research was guided by a clear ethical stance (Benner, 1994; Crowe, 1998; NHMRC, 2007; Rocco et al., 2003; Wray-Bliss, 2003). Protocols were developed to ensure informed consent and to protect the confidentiality of participants (see Appendix 4.2, page 316). Further, in recruiting participants and arranging interviews it was imperative their identity be protected. To ensure confidentiality and protect participant’s identity the interviews were conducted in discreet locations away from the main campus of the Area Health Services.

Owing to the sensitive nature of the research topic, and its potential to elicit distressing information from participants, information regarding available counselling services was offered to participants before the interview. During each interview, clarification was sought from participants who became distressed as to whether they wished to continue.
Table 4.1: Participant characteristics

<table>
<thead>
<tr>
<th>Position</th>
<th>Level of education</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospital Certificate</td>
<td></td>
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<tr>
<td></td>
<td>Bachelor Degree</td>
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<tr>
<td></td>
<td>Post Graduate Qualification</td>
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<tr>
<td></td>
<td>Masters Degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Clinical nurse (n=11)</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Senior clinical position (n=14)</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>No longer working as a nurse (n=1)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

4.3.7 Conduct of the interviews

Given the naturalistic approach, in-depth interviews were chosen as the data collection method (Low, Lee and Chan, 2007; Lofland and Lofland, 1984). The interviews were between one and a half to three hours in duration and sought to elicit rich, detailed material on participant’s experiences and beliefs about workplace bullying.

In line with the naturalistic inquiry method, there were no prior categories or theories that the interviews sought to explore (Sandberg, 2000). Instead, issues were clarified as they arose with minimal topic control (Polit and Hungler, 1999). A semi-structured conversational style of interview was adopted (Dressel and Langreiter, 2003; Gabe et al., 2001; Holstein and Gubrium, 1997; Smith, 2002). This approach to the interviews allowed flexibility in the scope and depth of the issues covered, allowing a conversation to develop (Deetz, 1978). The intent was to engage in
discussion rather than simply expecting participants to respond to questions generated by the researcher. As the interviews unfolded, reflective techniques, clarifying questions and follow-up questions or probes were used to expand a line of thought, to encourage answers that were more descriptive and to avoid misinterpretation (Patton, 2002; Walkerdine, Lucy and Melody, 2002).

The conversational approach to the interviews required reflexivity, conscious engagement and open listening (Fine, 1992). The following journal extract relates to interview two and identifies emergent understanding of learning to reflexively challenge my own assumptions and engage in a genuine conversation with participants:

Reflecting on the two interviews from today I was aware at one stage in the first interview I wasn’t really listening. I may have minimised her experiences somewhat, and heard her accounts in the context of my own understandings, rather than really listening to her experience as a new graduate. Caught up in organising the interviews and feeling the need to keep on top of it all, I wasn’t really attending. I need to become more aware of not filtering, of engaging and listening, creating space to talk freely and keeping my thinking open (20/4/04).

The semi-structured approach to the interviews sought to encourage participants to explore their experiences in detail. The initial stage involved revisiting the purpose of the interview and discussing practical issues such as the placement of the tape recorder. As the interviews were audiotaped in their entirety, it was important for participants to feel at ease with this process. The interviews began with general questions relating to the participants’ area of work, which served to set the scene and
establish rapport. After which broad, open-ended questions sought detailed descriptions, thoughts, and perspectives on specific experiences of workplace bullying. The intent was to structure the interview in a meaningful way for the participants, following the chronology of their experiences. Subsequent questions put to the participants were either triggered by the narratives, or related to the following topics:

- What was the nature of the bullying?
- What were the effects of these bullying experiences?
- What were the nurses’ perceptions about bullying?
- What strategies or action did the nurses take?
- What were the nurses’ perceptions about organisational policies and procedures on bullying?

Aware of the importance of capturing rich detail of a participant’s experiences, an interview guide was developed containing a range of triggers that were used if required (Appendix 4.3, page 317). The guide served as a reminder, especially in the first few interviews, of useful focus points for the interview. As the study proceeded, I became more confident with clarifying questions and had little use for the interview guide. My journal reflects growing comfort as the interviews proceeded, and in allowing participants to set the pace and direction of the interview. With each interview, I became increasingly aware that the interview was dependent upon the efforts of both the interviewer and participant (Walkerdine, Lucy and Melody, 2002).
4.3.7.1 Developing rapport and sensitivity

During the interviews, rapport was established through being respectful and showing genuine interest in a participant’s experiences. I was conscious of my tone of voice, expressions, and gestures during the interview, and how these influenced the flow of the conversation. To further develop rapport I became increasingly aware of the importance of sharing relevant information and experiences from my personal background to place the interviewer (Smith, 1999). Initially I was very cautious about sharing personal experiences, concerned that this might influence the direction of the interview. After the initial interviews, I came to understand that selectively sharing personal information assisted in establishing trust and reciprocity (Oakley and Callaway, 1992; Fine, 2002).

At the same time, in sharing personal detail as an insider - a nurse with personal experience of workplace bullying - I recognised that insider status was useful in deciding the kinds of things to say (Allen, 2004). Being a nurse offered some advantages, particularly in understanding the context of the events described. However, it was important to not make assumptions about meaning. This required cultivating a readiness to be open and aware of personal pre-understandings (Strauss and Corbin, 1998; Yanow, 2006). To guard against adopting a taken-for-granted stance towards meaning and concepts (Minichiello et al., 1995) during the interview, understanding was clarified with participants. Maintaining a journal also assisted with reflecting upon understandings as they emerged (Chesney, 2000). Developing this level of awareness helped to foster an open stance during the interviews, hearing what was said without foreclosing on different ways of thinking about the subject matter (McIntyre, 2003).
In exploring the personal and private experiences of participants, I was concerned about protecting them from any harm that might arise from revisiting emotionally distressing experiences. Consequently, even though informed consent had been obtained, as already noted I offered to discontinue a line of inquiry to avoid additional distress to participants. No participants chose to discontinue with the interview. The interview transcript with participant 20 demonstrates the ongoing nature of the consent obtained:

The participant was very distressed and crying following disclosure of the circumstances of the suicide of a colleague, the transcript records clarification being sought that she wished to continue with the interview. She confirmed her desire to continue with the interview but asked that tape recorder be turned off while she regained her composure.

While my journal records concern with collecting such painful information, it also notes that participants willingly engaged in sharing their experiences and spoke of the personal benefits from sharing (Smith, 1999). Contrary to initial concerns about causing distress, my journal and the interview transcripts record that many participants reported a sense of increased understanding about their experience at the conclusion of the interview (Lalor, Begley and Devane, 2006):

It is becoming obvious that many of the participants gain understanding or insight out of the interview process. It is not a passive telling of a story, in the telling many of them seem to have increased their understanding … It is clear that we both learn. I think initially I constructed the interviews more in the sense of them telling me, and me learning. It is evident that they are much more active in the process.
Participants had clearly considered the fact that being interviewed might elicit some distress and had chosen to be interviewed. Touched deeply by participants’ stories as they recounted them, often in very graphic and candid detail, I was aware of the cumulative emotional effects of listening to the stories (Lalor, Begley and Devane, 2006). As an emotionally engaged researcher, it was important to continuously evaluate my engagement and resultant behaviour (Marshall and Rossman, 2006). This evaluation presented a particular challenge in both remaining sensitive and objective, and I sought debriefing from members of the research team to address this issue.

4.3.7.2 Recording and transcribing

Recording non-verbal facets of the interviews, such as important gestures assisted to provide context during the data analysis. Pertinent points relating to the interview were recorded, such as notes on the researcher’s impressions, participants’ attitudes and body language:

Participant one before she spoke paused and there was a long period of silence. As she started to recall the incident, she was visibly distressed by the memory. As she spoke she looked around the room and gestured with her head to where each of the individuals involved were sitting at the time of the incident.

In transcribing the interviews, these observations were included to convey detail not apparent in the audio transcript (Graneheim and Lundman, 2004). At the completion of each interview I offered to send a copy of the transcript or study summary to the participants if they were interested (Grundy, Pollon and McGinn (2003). The audiotaped records of the interviews were transcribed verbatim in their entirety by a
professional audio-typist. After transcription, checks were made to ensure there were no transcription errors. The duration of the interviews was between 40 to 100 minutes.

### 4.4 Data analysis

#### 4.4.1 Verification strategies

In conducting naturalistic inquiry, one of the tasks of the researcher is to justify and describe in detail the trustworthiness of the processes and procedures used (Guba and Lincoln, 1985; Koch, 1994; Morgan and Drury, 2003). Guba and Lincoln (1985) proposed that the criteria of credibility, dependability, confirmability and transferability, be employed to demonstrate trustworthiness. A number of authors have suggested that these criteria be extended to include issues of reflexivity, voice and transparency (Fine, 2002; Denzin and Lincoln, 2003; MacKenzie Davey and Liefhooge, 2003). In determining the most appropriate approach to ensure trustworthiness, I was mindful of Benner’s (1994: viii) caution that ‘interpretation must be auditable, plausible, must offer increased understanding and must articulate the practices, meanings, concerns and practical knowledge of the world it interprets’.

Following Johnson and Turner (2003), a number of steps were taken to ensure descriptive, interpretive, and theoretical credibility. Descriptive credibility warranted the research account was factual. Particular attention to recording and transcribing interviews ensured their completeness and accuracy. Having transcribed the interviews, the audiotapes were compared to the transcripts to ensure they were complete and accurate.
One of the strategies used to ensure interpretive credibility was keeping a reflexive journal (Koch, 1994). Another process used to increase interpretive credibility was checking interpretations with other members of the research team to challenge emerging understandings (Chenail and Maione, 1997). Checking was used as a process for encouraging reflection upon what was considered self-evident to that which had not been considered (St Pierre, 2003). This process was adopted in preference to the alternative form of checking; in which multiple observers compare similarities and differences in their interpretations (Taylor and Trujillo, 2001).

The primary strategy employed to ensure dependability and confirmability was the development of an auditable decision trail (Koch, 1994; Morse and Field, 1995). The trail consisted of detailed notes recorded throughout data collection, analysis, and interpretation (Guba and Lincoln, 1985; Morgan and Drury, 2003). Acting as a record of emerging ideas, the notes were used to check concepts and understandings (Morse and Richards, 2002). The decision trail was a strategy to ensure consistency in observing, labelling, and interpreting during analysis. The record was auditable to allow others to follow the decision-making processes (Koch, 1994).

Theoretical credibility was demonstrated through investigator responsiveness (Morse and Richards, 2002) and interpretive awareness (Sandberg, 2000). As already noted, responsiveness occurred through adopting a reflexive stance, journaling, maintaining an audit trail, and ongoing checking of interpretations. Journaling encouraged a process of ongoing reflection on the research process and evolving insights (Hammersley and Atkinson, 1983; Koch, 1994), assisting with paying particular attention to the data and remaining sceptical of emerging understandings (Morse and
Richards, 2002). An additional strategy adopted to demonstrate responsiveness was collecting and analysing the data concurrently (Guba and Lincoln, 1985; Polkinghorne, 1983). This facilitated remaining open and willing to relinquish ideas, in an ongoing cycle of interaction between what was known and what was emerging (Morse and Richards, 2002).

Additionally, in reporting the findings, excerpts from the interview transcripts are included. The intention is to establish credibility by ensuring the perspectives of participants are represented as clearly as possible (Walkerdine, Lucy and Melody, 2002). The use of excerpts assists the reader in making a judgement on this matter (Strauss and Corbin, 1998). Although naturalistic inquiry does not attempt to generalise findings, thick descriptions may reveal aspects of the experience that ring true with others, or make sense to others (Davey, 1999), persuading others of the credibility of the research (Lincoln and Guba, 1985; Denzin and Lincoln, 2003).

Trustworthiness also requires that the research demonstrate transferability, which refers to the extent to which the findings may be transferred to another group or setting (Polit and Hungler, 1999). To ensure trustworthiness, excerpts from the transcripts were included in reporting the interview findings. This use of descriptive accounts gives status to the experiences of individuals from whom the accounts were collected. It is intended that the detailed presentation of findings, including appropriate excerpts, enhance transferability. It is ultimately the reader’s decision that determines the transferability of the findings to another context (Graneheim and Lundman, 2004).
4.4.2 Analysis procedures

Content analysis was adopted as the method for data analysis. Qualitative content analysis is widely used in exploratory and descriptive studies (Eisikovits and Winstok, 2002; Hsieh and Shannon, 2005; Kondracki and Wellman, 2002). Employing this method for interpreting meaning from the interview transcripts involved systematically identifying inductive patterns from the interview narratives (Krippendorff, 2004; Sandelwoski, 2000). Following Carley (1993), four steps were involved in the data analysis:

1. Implementing the coding process.
2. Analysing patterns and relationships.
3. Defining categories.

4.4.2.1 Implementing the coding process

Using the NVivo version 7 (Richards, 1999) software program, the content analysis focused upon apparent aspects of what was said in the text (Graneheim and Lundman, 2004; Kondracki and Wellman, 2002). Through this process, codes were attached to words, concepts, phrases, experiences, organisational processes, and statements that revealed the detail of workplace bullying (Coffey and Atkinson, 1996; Miles and Hubermann, 1994).

During the analysis interview, transcripts were retained in their entirety with sections of text coded both within and across interviews (Altheide and Johnson, 1994). Using the software program segments of text were coded in multiple ways. For example, the statement ‘you would always be aware of these little nitter-natters in the corner and if you were a temp - if you were sort of a bit inadequate or a little bit insecure
you could be very intimidated by that’ was coded: verbal put-downs; gossip; ganging up; intimidation; loss of confidence; isolating newcomers.

Following the approach of Miles and Hubermann (1994), code notes were written to describe the properties of each code. These notes provided detail on the essential inclusion and exclusion criteria for each code ensuring internal consistency (Boyatzis, 1998; Mbengue and Vandangeon-Derumez, 2001; Ryan and Russell Bernard, 2003; Tashakkori and Teddie, 2003). Memos were also written to record emergent understandings as they evolved throughout the coding process (Koch, 1994; Miles and Hubermann, 1994). As the analysis proceeded, additional codes were developed and the initial coding scheme was refined (Hsieh and Shannon, 2005). An example of a code note and associated memo are included as Appendix 4.5 (page 320). In addition, the researcher’s journal was coded, to help in maintaining a close link between coding, memo writing, and journaling. Together the code notes, memos, and journal formed a detailed audit trail providing a chronological record of the analysis as it unfolded.

In addition to the written transcripts, the audio records from the interviews were used during the coding process. The use of the audio record allowed meaning for the participants to become apparent through voice tone and emotion. This approach demanded a close proximity to the data (Silverman, 2000). Transcripts and the audiotapes were revisited in their entirety numerous times as insights evolved.

The importance of listening to the audiotapes of the interviews became apparent when reviewing the interview transcripts. During the process of reviewing the
developed codes by again listening to the audio records of the interviews, it became apparent that, in revealing the identity of actors engaged in bullying, relationships between actors could be identified. At this stage in the analysis, specific actors and their relationships had not been coded. The transcripts were reviewed again in their entirety to identify actors and their relationships. This insight highlighted the importance of carefully examining the transcripts, remaining open and reflexively questioning understanding as it evolved.

To assist in conceptualising the relationships, sociograms were used to map repeated interaction between individuals (Angot and Josserand, 2001; Brass and Burkhardt, 1993) and to provide a visual image that helped in understanding the relationships described. The sociograms are reported in Appendix 4.6 (page 321).

4.4.2.2 Analysing patterns and relationships

At the completion of sixteen interviews and subsequent analysis, 205 codes had emerged. At this point, review and clustering to develop categories was undertaken (Woods, Priest and Roberts, 2002). Following Lincoln and Guba (1985), clustering brought together pieces of coded text relating to the same content or event to identify patterns and relationships between the codes. This process helped to classify large amounts of text into clusters that reflected similar meaning (Krippendorff, 1980). The process of analysing patterns and relationships between the coded data was an ongoing process of refining the analysis by identifying sets of codes that were related to each other, or in reviewing coding in light of new insights (Denzin and Lincoln, 2003). This process continued until all transcripts had been reviewed numerous times and no new insights were emerging.
4.4.2.3 Defining major categories

The final stage of the data analysis was the process of refining major categories, minor categories and related sub-categories by sorting the coded data into higher order categories (Franzosi, 2004; Graneheim and Lundman, 2004; Krippendorff, 2004). The process of developing major categories and their constituent minor categories was one of refinement to higher levels of abstraction. The types of questions asked in identifying categories were: What seems to be the main pattern? Which categories can be subsumed under others? Are there categories that relate to each other? Which categories are of a higher level of abstraction? (Miles and Hubermann, 1994).

During the categorisation process, I moved back and forth between the emerging category and the coded text searching for meaningful patterns (Patton, 1985). The code notes and memos already written guided the process of ‘developing categories in terms of their properties or dimensions’ (Mbengue and Vandangeon-Derumez, 2001:274). To assist with this process, codes were grouped under code trees enabling visual representation of the relationships and clarifying how the codes ‘nested’ (Miles and Hubermann, 1994:58) as a form of concept mapping (Babbie, 2004). The goal was to discover similarities and differences that guided the creation of categories.

Through the ongoing process of reading and re-reading the interview transcripts, 35 sub-categories were refined, from which 13 minor categories and four major categories were specified. The major categories revealed the manner in which informal networks of predatory alliances between actors facilitated opportunities to
engage in bullying; the normalisation of bullying behaviours in work teams; a taxonomy of bullying behaviours; the consequences of workplace bullying. The major, minor and sub-categories derived from the analysis are illustrated in Table 4.2 (following page).

4.5 Presentation of findings

An interpretive synthesis of the emergent findings from the data analysis is presented in the following chapter. In naturalistic inquiry the aim in the reporting is to give authentic status to the realities of participants (Denzin, 2002; Erlandson et al., 1993). With this in mind, exemplars are used to assist the reader to make meaning of the interpretation (Yanow, 2006) and persuade the reader of the trustworthiness of the findings (Lincoln and Guba, 1985).

During the write up, considerable thought was given to what aspects of participants’ narratives should be included in this thesis, and in published work. As I was conscious of sensitively translating the private experiences shared by participants into public knowledge (Edwards and Ribbens, 1998), the identity and location of participants, information presented in this thesis has been anonymised, with identifying names and features altered. The gender of the male participant has also been changed where narratives contain potentially identifiable detail (Minichiello et al., 1995).
Table 4.2: Summarised results of content analysis

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Minor categories</th>
<th>Major categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predatory group bullying behaviour</td>
<td>Structure and nature of predatory alliances</td>
<td>Informal networks of predatory alliances</td>
</tr>
<tr>
<td>Networks of relationships</td>
<td>Promotion and protection</td>
<td></td>
</tr>
<tr>
<td>Misuse of organisational processes and procedures</td>
<td>Bullying ignored and denied</td>
<td></td>
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<tr>
<td>Misuse of legitimate authority</td>
<td>Bullying masked as legitimate authority</td>
<td></td>
</tr>
<tr>
<td>Use of organisational restructure and change</td>
<td></td>
<td></td>
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<tr>
<td>Meetings “behind closed doors”</td>
<td></td>
<td></td>
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<tr>
<td>Protected and promoted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports ignored, denied and minimised</td>
<td></td>
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</tr>
<tr>
<td>Predatory group bullying behaviour</td>
<td>Structure and nature of predatory alliances</td>
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<td>Meetings “behind closed doors”</td>
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<tr>
<td>Protected and promoted</td>
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<tr>
<td>Reports ignored, denied and minimised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assimilation into the rules of work</td>
<td>Indoctrination into the rules of work</td>
<td>Normalisation of bullying behaviours in work</td>
</tr>
<tr>
<td>Bullying behaviours tolerated in teams</td>
<td>Reinforcers of indoctrination: “Too Weak” to be a “Good Nurse”</td>
<td></td>
</tr>
<tr>
<td>Bystanders silently witness bullying behaviours</td>
<td></td>
<td></td>
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<tr>
<td>Bullying behaviour as part of the routine</td>
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<td></td>
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<tr>
<td>Rigid control of work and obstruction of change</td>
<td></td>
<td></td>
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<tr>
<td>Characterisation of “good” and “bad” nurse</td>
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<td></td>
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<tr>
<td>Implicating patient care into bullying behaviour</td>
<td></td>
<td></td>
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<tr>
<td>Intimidation and threats</td>
<td>Personal attack</td>
<td>A taxonomy of bullying behaviours</td>
</tr>
<tr>
<td>Belittling and humiliating</td>
<td>Erosion of professional competence and reputation</td>
<td></td>
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<tr>
<td>Isolation and exclusion</td>
<td>Attack through work roles and tasks</td>
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<tr>
<td>Limiting educational and career opportunities</td>
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<td></td>
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<tr>
<td>Damaging professional identity</td>
<td></td>
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<tr>
<td>Limiting career opportunities</td>
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<tr>
<td>Excessive scrutiny of work</td>
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<tr>
<td>Obstructing work or making work life difficult</td>
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<td></td>
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<tr>
<td>Denial of due process and natural justice</td>
<td></td>
<td></td>
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<tr>
<td>Economic sanctions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced physical health and illness</td>
<td>Reduced emotional well-being</td>
<td>The consequences of workplace bullying</td>
</tr>
<tr>
<td>Lowered sense of self-esteem</td>
<td>Reduced physical well-being</td>
<td></td>
</tr>
<tr>
<td>Stress symptoms, anxious and overwhelmed</td>
<td>Avoidance and withdrawal at work</td>
<td></td>
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<tr>
<td>Family and relationship effects</td>
<td>Interruption to work and career</td>
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</tr>
<tr>
<td>Reducing hours, moving positions and resignation</td>
<td></td>
<td></td>
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<tr>
<td>Impact upon financial status</td>
<td></td>
<td></td>
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<tr>
<td>Not putting yourself forward anymore at work</td>
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<tr>
<td>Avoiding individuals at work</td>
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<tr>
<td>Taking sick or other leave</td>
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</table>
4.6 Conclusion

This chapter reviewed and justified the naturalistic approach adopted for the first stage of this mixed methods study. The appropriateness of the method to the research questions was demonstrated by reviewing the reasoning and the choices made. Detail on the strategies employed with regard to ethics and reflexivity, validity and reliability, data collection, and data analysis were outlined to demonstrate the manner in which each of these processes and procedures were undertaken. As noted at the beginning of this chapter, the qualitative stage of this study served two purposes: firstly, to provide thematic detail on the lived experience, meaning, and beliefs about workplace bullying for nurses; and secondly, to provide concepts and categories for the construction of the survey instrument. The following chapter elaborates the detail of the interpretive understanding from the interviews. The construction of the survey instrument from the major categories, minor categories and sub-categories derived from the analysis is detailed in Chapter 6.
Chapter 5

ABSTRACT

The previous chapter of this thesis detailed the methodology adopted for the qualitative in-depth interviews and concluded by identifying the four major categories, constituent minor categories and sub-categories derived from the analysis of the interview transcripts. This chapter elaborates upon the categories to provide detail on the experience of bullying in the nursing workplace. In elaborating upon the findings from the interviews, this chapter includes material that has been published in peer-reviewed journals, presented at conferences and published in peer-reviewed conference proceedings as indicated in Appendix 1 (page 313, citations three - nine).
STAGE 1(B): NURSES EXPERIENCES OF BULLYING

5.1 Introduction

The purpose of this chapter is to provide an interpretive synthesis of the emergent findings from the content analysis of the interview data. In presenting detail on the major and minor categories derived from the analysis illustrative exemplars from the narratives and discussion are used. The discussion in this chapter is presented under the major categories illustrated in Table 5.1 (below).

Table 5.1: Qualitative analysis: Major categories

<table>
<thead>
<tr>
<th>Major categories</th>
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<tbody>
<tr>
<td>• Informal networks of predatory alliances</td>
</tr>
<tr>
<td>• Normalisation of bullying behaviours in work teams</td>
</tr>
<tr>
<td>• A taxonomy of bullying behaviours</td>
</tr>
<tr>
<td>• The consequences of workplace bullying</td>
</tr>
</tbody>
</table>

5.2 Informal networks of predatory alliances

Participants described workplace bullying primarily as a form of group behaviour. Few individual acts of bullying were reported. Instead, participants reported the bullying they experienced was perpetrated by a number of individuals. Most commonly, the behaviour involved small groups of individuals who reportedly took
turns in engaging in bullying, or co-operated together as a group for the purpose of bullying. Of the 45 individuals noted by participants to have been implicated in bullying, two were reported to act alone; the others were said to operate in small groups. The bullying perpetrated by these groups was not described as an isolated act of an individual; instead, it was said to be persistent and enabled through the relatively stable nature of relationships between the actors involved.

The behaviours disclosed by participants involved numerous episodes of collaborative and repeated bullying activity by specific individuals. The behaviour was described as predatory and facilitated through alliances between small groups of individuals. To reflect the apparently planned and cooperative nature of the activities disclosed, the term “predatory alliances” has been adopted to describe these relationships. The predatory alliances between actors implicated in bullying were said to be long-lasting, and were implicated in numerous incidences of bullying that were experienced or witnessed by participants. The relationships did not have specific structures; instead, they were self-organised, long-lasting and described as involving a willingness to engage in workplace bullying. In analysing the interview transcripts and exploring multiple stories across work teams, the networked structure of the relationships between individuals in the predatory alliances was exposed.

The following discussion, including illustrative exemplars, details the operation of the networks of predatory alliances under the following sub-categories:

1. The structure and nature of predatory alliances, where the composition and operation of predatory alliances are detailed.
(2) *Promotion and protection*, where the loyalty in predatory alliances provided protection and reward.

(3) *Bullying ignored and denied*, where actors worked together and ensure bullying was minimised.

(4) *Bullying masked as legitimate authority*, where the cooperative behaviour within predatory alliances enabled the misuse of legitimate authority, processes, and procedures for bullying.

### 5.2.1 The structure and nature of predatory alliances

The predatory alliances revealed were constituted by groups of individuals - predominantly triads and dyads within work teams – linked to one or more influential senior manager, creating what was described by participants as a hierarchy of actors implicated in bullying. The higher-ranking individuals were considered influential within the informal networks and were said to be a ‘big’ bully (Linda, para 197) and a ‘gatekeeper’ (Deborah, para 103). Participants perceived the relationships within the predatory alliances to have evolved over time. They described them as founded upon family and social ties, place of training, duration in one position, and appointment or promotion (Yvonne, para 24; Rowena, para 16; Joan, para 46; Nerida, para 78).

The alliances of individuals identified to cooperatively engage in predatory bullying were described as ‘*cliques*’ (Joan, para 185; Amanda, para 56), a ‘*cult*’ (Therese, para 156), the ‘*trifecta*’ and ‘*daily double*’ (Rowena, para 162), a ‘*pack of wolves*’
(Helen, para 169), or an ‘old girls club’ (Therese, para 250). Yvonne described a group of three colleagues who functioned as an alliance in her team:

**Yvonne:** The three main ones, three Registered Nurses who had been in the Department a long time. Actually one who actually trained in the hospital has never worked anywhere else, and the two others, they were all friends. They used to see each other socially outside the Department … They were really a strong force, really opposing anything different. And, um they were, I guess they were fairly united and stuck together. And as a collective, when you see these people working together, it’s very hard; they’re a quite a force (para 106 and 174).

The enduring nature of the relationships was an important feature of the bullying behaviour described by participants. The following passage from Grace illustrates her perceptions about the nature of the long-term relationships between individuals at a senior level within her workplace:

**Grace:** I think we’ve got some very incestuous relationships here in senior executive. I think it’s very hard for people, particularly if they’re outsiders that haven’t grown up here, gone to school here, trained with everybody, worked with everybody for the last twenty, thirty years, all those people have moved up into higher positions, they’ve got a vested interest in keeping people where they are (para 374).

The long lasting relationships fostered in the predatory alliances were said to enable individuals to operate together over considerable periods. As a result, these individuals were known as ‘serial bullies’ (Helen, para 103), with an extensive history of abuse and harm occasioned ‘to many different people’ (Helen, para 60).
5.2.2 Bullying minimised, ignored, and denied

Although both workplaces had high profile anti-bullying policies and procedures in place, numerous episodes were revealed where individuals in predatory alliances cooperated to ensure reports of bullying were minimised, ignored and denied (Grace, para 234; Erica, para 55; Claire, para 58; Julie, para 155; Deborah, para 39; Francis, para 84). Participants spoke of their frustration when reports of bullying made to management were not investigated (Chris, para 236; Erica, para 68; Yvonne, para 54) or minimised (Chris, para 151). Others recounted their experiences of bullying being denied (Linda, para 62), the person identified as engaging in bullying was acknowledged as a problem with no further action taken (Amanda, para 159), or the individual making the report was asked to apologise for making allegations (Amanda, para 149; Claire, para, 47). Yvonne believed that in her work team bullying was ignored, regardless of the consequences. She spoke of making reports to her line manager and other senior managers and recalled:
**Yvonne**: I think it’s just totally ignored. I think it’s all, it’s just swept under the carpet really (para 294).

The cooperative workings of the predatory alliances were perceived by participants to ensure reports of bullying were minimised, ignored or denied. Additionally, the nature of relationships in the alliances meant that managers responsible for investigating reports of bullying were often known to have appointed those implicated in bullying. Consequently, participants expressed little faith that their reports of bullying would be taken seriously (Karen, para 181; Mary, para 305; Erica, para 458; Yvonne, para 395; Joan, para 16; Wendy, para 96; Lisa, para 74; Claire, para 49; Rowena, para 118). This sentiment was captured by Linda’s comment:

**Linda**: I have no faith in the system that something would be done about it [extensive bullying she had formally reported], at any level in the health service (para 108).

The nature of the predatory alliances was said to enable the corruption of the formal reporting process; as a result, reports of bullying were not addressed and pressure was placed upon those who made reports. Consequently, nurses were of the opinion that the formal processes in place to report and address workplace bullying provided little protection to those who made reports. Deborah spoke of her belief that reports of bullying were not taken seriously and repercussions came to those who spoke out:

**Deborah**: It’s just a bit of paper [referring to the policy on bullying]. If you speak, there’s retribution that is going to come back. So, you’ve got to figure out what’s worth more to you. Officially, I know what my rights are. I can go to a counsellor or I can put in a report and document everything. But, she may get rapped over the knuckles [speaking of her
line manager, a ‘big bully’ in one alliance], but then you cop it even more. It’s happened before. It just causes people to leave, and I want to leave when I’m ready, not getting pushed (para 39).

Participants also recounted the process of minimising incidences of bullying was a feature in reinforcing the power of individuals implicated in the behaviour. Julie, who worked in a unit where numerous formal reports of ongoing bullying had been made, revealed that a senior manager who she believed protected those implicated in bullying in her team, publicly trivialised and denied the importance of bullying:

Julie: We had a meeting with the Director … [convened in response to reports of bullying] … and she started the conversation, she said that she didn’t believe in bullying … She said ‘The only type of bullying was a ten year old in a school playground that bullied’ (para 145).

In this passage the denial of the seriousness of bullying - even of its existence - served to reinforce the power and protected position of actors implicated in bullying, sending an unequivocal message: those in authority would not believe anyone who spoke out. Nurses who made reports received the clear and public message that their senior manager - to whom they were required to report incidences of bullying - would not take action against those implicated. Additionally, in this scenario bullying was minimised while those who reported it were likened to children. This action served to minimise the seriousness of bullying.

A common reinforcer that bullying was trivial or irrelevant was the experience of being told to ‘get over it’ and ‘learn to live with it’ (Rowena, para 50). Recalling how she believed mistreatment was trivialised on her work unit, Julie spoke of the response of her supervisor when she attempted to make a report:
Julie: … [The supervisor said] ‘Here’s the paperwork-take it home, I don’t want to know about it’ (para 125).

5.2.3 Promotion and protection

Promotion and protection was described as a feature of the predatory alliances implicated in workplace bullying. The enduring and collaborative nature of the relationships within these alliances was understood by participants to enable bullying to be ignored while those engaged in the behaviour were protected and promoted. Participants perceived promotion as a means through which bullying behaviour was rewarded. Confirming the frequency with which actors implicated in bullying were promoted, Helen, Nerida, Chris, and Vanessa described the promotion to acting senior positions of the perpetrators of bullying against themselves (Helen, para 83; Nerida, para 37, Chris, para 52; Vanessa, para 214). When individuals who engaged in bullying were promoted into management positions in spite of their behaviour, bullying was perceived as an acceptable means of “getting ahead” and an accepted organisational practice:

Karen: And the interesting thing about [name of hospital] is that it seems, um, the worse you behave, the more you seem to be rewarded (laugh). Like you know, if you behave badly you get promoted … (para 534).

Participants also revealed that the relationships forged through promotion and reward increased the propensity for individuals to engage in bullying. Nurses in charge of work teams with a known history of bullying were said to be more willing to accept the behaviour from others. In the following excerpt from Yvonne, she discloses that an individual with a known history that included numerous formal complaints of bullying was promoted to be in charge of her work unit:
Yvonne: When she got the job [the promotion] the reaction from the staff that have experienced it [referring to ongoing bullying] over the years, and know what happened over the years, they were terrified. They said, ‘My God, what is going to happen?’ (para 355).

A number of respondents detailed how individuals in their work teams who were promoted to a more senior position increasingly participated in a range of predatory bullying activities, in conjunction with the manager responsible for their appointment. In addition, opportunities such as organisational restructure were used to strengthen relationships in the predatory alliances. It was detailed by participants that senior managers appointed several actors during a period of restructure; subsequent to their appointment, these individuals engaged in bullying in conjunction with the manager responsible for their appointment. Deborah spoke about this process:

Deborah: Yeah, well, what was interesting was, these managers [referring to two actors who participated in what she described as systematic bullying in collaboration with her senior manager] who were also new managers got positions without qualifications. There was a whole restructure, we had new managers, and half of these managers who got the job did not have management qualifications (para 320).

The nature of the predatory alliances, strengthened through promotions and appointments, meant that the relationships often only became apparent after considerable harm had occurred to individuals. The ability of actors to bully across the organisation facilitated through the relationships forged in the alliances meant that the behaviour could be dispersed across the organisation resulting in a complex web of behaviour. The following passage illustrates the difficulty individuals had in identifying relationships between those who were willing to engage in bullying.
Donna recounted her experience where she sought help from her recently appointed manager to address bullying occurring in her work team. Some time later, after she experienced an escalation of bullying, colleagues revealed that her new manager had an extensive history with the actors in the incidents reported by Donna:

**Donna:** I just feel like, [pause, has been crying] and I didn’t realise that she’s number one in the group. I didn’t realise that. I didn’t realise I was telling the person who was the number one bully [rocking backwards and forwards, twisting a tissue in her hand]. I would never have-, I would-, I would have tried to avoid that at all costs, had I known that. I felt like I said things to her that dug me in deeper … I just feel like she quotes that time so many times with me … I just feel like, like she’s watching me. Like I just dreaded a morning shift during the week, and she was on my back … (para 30).

Because of her experience, Donna believed her confidentiality had been breached. She also believed that she experienced retribution following her disclosure. After this incident she was labelled by her manager as ‘unsuitable’, not ‘cut out for the job’, and not ‘tough enough’ (Donna, para 123) for her job and was, eventually, transferred to a position outside her area of expertise, making her work life more difficult. Donna’s experience highlights the manner in which the alliances were thought to operate as protective coalitions, protecting those engaged in bullying and damaging the credibility of their targets. Protected in this manner, actors in the predatory alliances were said to ‘pretty well run the show’ (Joan, para 78), as ‘untouchable’ (Deborah, para 10).
5.2.4 Bullying masked as legitimate authority

In addition to ignoring bullying, protecting and promoting actors implicated in bullying, the predatory alliances were also described to facilitate the misuse of legitimate organisational authority and processes. Actors in the alliances considered to be protected through their relationships with individuals who were more senior were said to be able to co-opt legitimate organisational processes and procedures for the purpose of bullying and furthering their own interests and career opportunities. In the process, considerable harm was described to result. The narratives revealed how actors in the predatory alliances worked together to conceal their activities within normal organisational systems and processes. Afforded protection through masking their behaviour in this manner, actors were said to ‘do what they like, write their own rules, and work together’ (Susan, para 26) and, ‘do things constantly that are not found out’ (Helen, para 111).

Repeated examples were provided of individuals in the predatory alliances working as a group, tolerating and hiding abusive behaviour, providing contested accounts of meetings, and creating an outward appearance of legitimacy and due process, while concurrently perpetrating extensive bullying on a number of targets. Helen described how actors engaged in this form of bullying were able to employ a revisionist history to conceal their actions:

**Helen:** I’ve seen the process of actually having three managers with you, that you’re actually outnumbered. And they would actually change things [alter the record of meetings], you know that wasn’t said … [their] behaviour was behind closed doors (para 46).
The loyalty and trust between individuals in this alliance combined with group tolerance of bullying ensured their activities remained concealed. Cooperating together “behind closed doors” actors were reported to employ verbal abuse, isolation, harassment, threats and intimidation while concurrently denying targets access to justice and due process. Unfair justice procedures were also described such as meetings called without notice, those bullied forced to attend, and no records of the meeting provided (Helen, para 228; Amanda, para 358; Grace, para 148 Deborah, para 169).

Similarly, other participants recounted performance management and disciplinary procedures were used to provide a cover of official legitimacy for meetings that served as opportunities for unsubstantiated allegations about poor performance, threats, humiliation, and intimidation (Janine, para 368; Helen, para 228; Amanda, para 358; Grace, para 148 Deborah, para 169; Claire, para 157). By concealing their activity behind a veneer of legitimacy and made to appear official, routine, or harmless, secrecy and protection were assured.

The nature of these activities is revealed in the following incident from Deborah where she recalled a meeting in which she was intimidated and told she was watched and followed while at work:

**Deborah:** They said, ‘We’ve got so and so out there keeping an eye on you’.

**Researcher:** Did they say that to you, or did someone else say that?

**Deborah:** No, they told me …

**Researcher:** They being the senior manager, and who else?

**Deborah:** Another manager too (para 169).
Helen recalled being threatened and intimidated in a meeting called to discuss changes implemented during a period of organisational restructure:

**Helen:** When she confronted me, she took me to a room and she said, "I don’t want you to speak to anybody about these clinics. We are stopping the clinics and that’s it" … She just raised her arms, as if she was going to hit me, and she just yelled at the top of her voice … She actually yelled, raised her arms and said, ‘I’m gonna do what I want to do. It's none of your fucking business’ … I’ve seen the process of actually having three managers with you, that you’re actually outnumbered … their behaviour was behind closed doors … It was quite a frightening experience, because I was really alone. And it was like they were wolves, a pack of them. … I didn’t have anyone. I was there alone (para 4, 46, and 169).

These passages reveal the processes of actors implicated in bullying coming together as a group, tolerating and hiding abusive behaviour, and providing an outward appearance of legitimacy and due process for their behaviours. Participants also perceived that, by actors working together in predatory alliances, legitimate organisational goals could be displaced in favour of group interests. Actors were effectively providing with a cloak of organisational legitimacy for their actions by shaping what was considered “acceptable” misuse of legitimate authority. In one instance, during a period of restructure, it was reported that individuals loyal to a predatory alliance received appointments or promotions, while others lost their jobs:

**Susan:** The guillotine was falling … you knew your job was gone if you spoke out … I wasn’t alone in this you know, there were other people who experienced it as bad if not worse than me [referring to bullying that occurred in her work team]. People were being given bad
references, and you know, it really could affect your career. And so I think that fear silenced a lot of people at that time (para 32 and 132).

By working together, to ensure bullying was ignored, minimised or denied, and facilitating opportunities for the promotion and protection of actors, the informal networks of predatory alliances operated as a mechanism for promulgating workplace bullying. Additionally, by organising themselves into predatory alliances, actors were able to (mis)use legitimate organisational processes as vehicles for systematic, planned and cooperative forms of bullying behaviour. Importantly, many of these forms of behaviour required actors in the alliances to condone the activity and participate in keeping it hidden.

5.3 Normalisation of bullying behaviours in work teams

The narratives of participants revealed that, within nursing teams well-established informal power structures functioned to normalise bullying as an accepted way of getting work done. The behaviour was masked as legitimate work practices and “normalised” as part of everyday practice within nursing teams. Actors, who engaged in workplace bullying, were able to represent their behaviour as legitimate work practices, intended to ensure the smooth flow of work. Instead, their behaviour was described by participants as a form of surveillance; coercion and control, intended to ensure that those targeted would be forced to learn to abide by the “rules” of work.

The following discussion, including illustrative exemplars, focuses upon two key aspects of the normalisation of bullying behaviours in work teams:
(1) **Indoctrination into the rules of work**, where unspoken rules serve as legitimating devices for bullying behaviours.

(2) **Reinforcers of indoctrination**: “Too weak” to be a “good nurse”: where, the categorisation of nurses serves to reinforce opportunities for bullying behaviours.

### 5.3.1 Indoctrination into the rules of work

Through telling their stories, nurses revealed that below the orderly surface of day-to-day routines in their work teams, rules of work that operated served as powerful, largely unspoken, legitimating devices. The discursive practices perpetuated through these rules suppressed alternative points of view and ensured that actors who enforced the accepted rules of work remained in ‘an influential position’ (Frances, para 142). The socialisation processes experienced by nurses involved learning the shared understandings about accepted forms of behaviour, which were communicated through the accepted rules of work.

The rules of work were described as enforced through the hierarchical allocation of tasks that included elements of militarism, public humiliation, tactics of exclusion and silence. The rules were task focused, rigid, under the control of actors within the predatory alliances and fostered through a hierarchical division of labour that favoured those “accepted” while disadvantaging those “on the outer”. So powerful was the notion of indoctrination into the rules, an educator described that her goal with nurses who were re-entering the workforce was to ‘re-assimilate them’ (Christine, para 26).
Few of those considered to bully in nursing teams held formal positions of authority. Instead, they were reported to hold extensive power, through their protected status in predatory alliances. Confident of the protection ensured by their ‘mates’ (Frances, para 142) actors, implicated in bullying were able to assume power far greater than their position would normally dictate.

It was revealed that functions normally undertaken by Nurse Unit Managers, such as staff rostering, workload management and work design were frequently under the control of actors lower in the formal hierarchy who held a protected position in the informal hierarchy. As a consequence of their control over rostering, actors implicated in bullying were said to roster themselves together on a shift along with the specific individuals they were targeting. Speaking of such an incident, Yvonne recalled trying to help her colleague who had been “ganged” up on in this manner, who, a few days after the incident committed suicide:

**Yvonne:** Yeah, there’s one thing I would like to relate to you and it’s kind of upset me terribly (tearful). … It’s just such a sad story … She was a girl that I didn’t even know that she suffered with um ah with depression. … and, er, she had been bullied by these people. (crying, drying her eyes, slow quiet voice). And I rang her and said ‘Monica that’s awful. You don’t have to put up with it. Can we do something about it?’ and she wouldn’t (loud sigh). ‘No Yvonne’ she said, ‘I don’t want to go there.’ She said, ‘They’re too nasty.’ She said, ‘It will only make it worse when I come back to work’ (para 298).

Working in this type of environment nurses spoke of learning to expect unfair workload allocation, demeaning work, or the daily obstruction of their work as these practices were ‘just part of how it is’ (Erica, para 326). Mary told how she had internalised the rules to such an extent that she operated in what she defined as a
‘non-thinking, robotic mode’ and would automatically ‘follow the finger’ (Mary, para 11) and compliantly stand silently in the corner as a daily ritual of humiliation conducted in front of patients:

Mary: They usually stand you in a corner, you are not to speak, and you’re not to have any input. And, unfortunately, I didn’t understand my position or how things were …. Well, I would follow, I would follow the senior nurse, and she would point to the corner, not all of them would, but a lot of them would, but they would also give that impression in their demeanour, ‘You stay in your place and don’t move out of it’. I got to the stage where I just wanted to avoid trouble. Be compliant … just to survive … the most militarised kind of nursing I’ve ever come across (para 27).

Another aspect of the behaviour in teams described by participants was public scrutiny of every aspect of a target’s personality and their capabilities. Speaking of this process Janine recalled:

Janine: It’s like an initiation or something. You know, like, are you worthy of it? [working in the team]. And every part of your character is sort of dismantled (para 66).

The operation of the rules and indoctrination processes in nursing teams were also described to foster strong group norms that enforced silence as a feature of compliance. Recounting how they expected support from colleagues who witnessed bullying, participants disclosed that they were instead surprised and bewildered to find they were isolated and ignored by colleagues who ‘provided less support’ (Helen, para 156) or ‘isolated’ them for several days’ (Mary, para 191; Lisa, para 119; Joan, para 133):
Mary: I just happened to look around for a bit of support from the other nurses and they just looked away. Just looked away. And they’ve been nasty to me ever since, and I don’t know why (para 191).

Common responses of colleagues who witnessed bullying were described in terms of an ‘averted gaze’ or running ‘for cover’ (Helen, para 50), and ‘all the heads go down, all the eyes go down’ (Grace, para 312). Others reportedly ‘cringed, got up and closed the door to their office’ (Helen, para 60) so they could not see or hear what was occurring. Participants also spoke of their decision to remain silent in response to their belief that the individuals engaged in bullying were protected. Recalling her belief, that certain individuals were protected, regardless of their behaviour, Donna stated: ‘So, what do you when it’s Ellen, Anna-Rose and Amanda Brown? You shut up’ [referring here to actors identified as engaged in serial bullying] (Donna, para 45). Similarly, Yvonne recalled her decision to silence herself as a means of ensuring her own survival:

Yvonne: I, I think I’m kind of like, I don’t like to let people know too much, because I feel, well they’ll just use it against me, you know. Because I feel that’s what happened (para 122).

An additional feature of the rules in nursing teams where bullying was described as deeply entrenched and silently accepted was the process of implicating patient care into bullying activities. Verbal abuse of patients (Vanessa, para 126; Nerida, 18; Erica, para 35) or implicating patient care in bullying (Karen para 374; Rowena, para 66; Yvonne para 162; Francis, para 49) were reportedly used to place nurses under additional pressure. Mary spoke of her experience as a Midwife where two senior nurses repeatedly withheld clinical information in an attempt to get her into trouble:
**Mary:** You want to know if they’re [the baby] is going to breathe properly. You want to know why they’re "flat" [talking about the baby]. You want to know what kind of blood work you’ve got to do and things like that [talking here about blood that needs to be taken from the infant’s cord at delivery] … They won’t even acknowledge me, won’t even speak to me. They won’t tell me anything (para 130).

Those targeted in this manner spoke of having already come to accept that bullying was an accepted part of the rules of work in their team. **Rowena** experienced obstruction of patient care after she had endured longterm bullying; she knew she offered little resistance, expressing her emotional state, she said:

**Rowena:** Um, see I, I think I’ve given up. I think I’d given up long before this (para 66).

Participants who recounted experiencing this form of bullying told how they did not disclose the practice; instead, they took action to protect patients. Through not speaking out and silently accepting these behaviours, participants demonstrated that the rules of work in nursing teams also included silence about certain behaviours.

**5.3.2 Reinforcers of indoctrination: “Too weak” to be a “good nurse”**

The stories of participants revealed that, while the process of being bullied made them increasingly visible, the narratives operating within nursing teams served to construct them as defective. Describing the experience of being simultaneously constructed as less worthy, and increasingly visible and marginalised, the narratives reveal the manner in which the process of sanctioning bullying, blaming those bullied, and divisive categorisations of “good” and “bad” operated in nursing teams.
In an organisational environment where bullying was denied or minimised, participants revealed how they began to believe that their experiences and concerns were only ‘schoolyard stuff’ (Rowena, para 182), ‘childish’ (Julie, para 67), ‘child like’ (Yvonne, para 114), ‘trivial’ (Linda, para 212) or ‘small’ (Deborah, para 46).

Rowena, who recounted innumerable episodes of public humiliation and hostile behaviours, reveals here how she had begun to internalise the image of herself portrayed and reinforced in her work team – those who bullied were innocent of any wrongdoing, and instead, the fault was with her, she was somehow not good enough:

**Rowena:** I think that the perception is that perhaps it’s my problem and not their problem, you know. That the bullying, it wasn’t really necessarily a concrete bullying episode. That it’s something subtle that I’m doing wrong you know, and that maybe I’m not a very good clinician. Maybe I’m hopeless and they’re right, you know (para 423).

Workplace bullying was described to erode the self-concept of individuals, wearing down their capacity to resist accepted practices, while simultaneously reinforcing the processes that sustained the behaviours. Working in this environment, it was recounted how participants began to internalise the discourse about good and weak nurses operating in their teams:

**Mary:** I am an absolute idiot and I am obviously not good at what I do. I’ve found that feeling that way about myself within the workplace had a very bad effect on me (para 144).

Participants also revealed their perception that those in authority ignored and minimised bullying, fostering a perception that it was “minor” and “trivial”. It was also recounted that individuals were told that they were the cause of their own
problems. Both Yvonne and Donna recalled the response of their senior manager to their reports of workplace bullying:

**Yvonne:** I was told I needed to be relocated because I was stressed and not coping (para 90).

Similarly, her manager told Donna:

**Donna:** I was not 'cut out for the job', not 'tough enough' and if it didn’t happen again [speaking of her recent breakdown she attributed to bullying], it would be considered a 'one-off, something that we’ll forget' (para 123).

Participants described how these actions further reinforced their self-doubt and self-blame. Notably, those targeted told how the individuals implicated in bullying were considered to be ‘good nurses’ or ‘excellent nurses’, whereas participants told how they had been described as ‘weak’, ‘stressed’ or ‘useless’ (Erica, para 44; Karen, para 372; Yvonne, para 142; Joan, para 103; Therese, para 84). These responses further reinforced the negative messages nurses received from the perpetrators of bullying.

When questioned about the behaviour of individuals considered to be perpetrators of bullying and to be ‘good’ nurses, participants described these nurses as lazy, unreliable and abusive towards patients. During the interview, when questioned further about colleagues she had described as ‘excellent nurses’ Yvonne recounted:

**Yvonne:** They are as lazy as sin. They come to work half an hour late, go off for meal breaks when they work together … You would not want to work on a Sunday evening because they were always on together and they would go off to meal breaks together in the middle of a busy
department and go away for an hour or more. Now the Nurse Unit Manager knew about that. They would come to work late even when the Manager was on and she never addressed it (para 142).

This passage illustrates the protected position of perpetrators of bullying, and suggests that ‘good’ nurses were those who followed the accepted order under the rules of work rather than ‘good’ in the sense of being professionally responsible.

5.4 A taxonomy of bullying behaviours

This major category identifies the behaviours recounted by participants that constituted workplace bullying. For participants, bullying was experienced as a complex multifaceted phenomenon with no one definition provided. The behaviours involved were described as repeated, patterned and occurring over time. Analysis of the interview narratives revealed a constellation of bullying behaviours, of varying intensity and occurring over time, which formed the central features of what participants understood as workplace bullying. While there were many experiences of bullying described, participants all focused on the concept of repeated, unreasonable, and harmful behaviours in labelling their experience as bullying.

Workplace bullying was described as a process that evolved over time into a complex repertoire of behaviours. In isolation, many of the bullying tactics experienced did not appear to constitute manifest forms of mistreatment. In describing their experience as bullying, participants highlighted that the pattern of repeated acts served to magnify the power of single tactics. The behaviour was not experienced as an occasional or “one-off” event, instead, it spanned several months.
up to many years. Describing the extensive repertoire of bullying behaviours experience, Mary said:

**Mary**: I’ve started to document everything and keep everything, yeah. I’ve started to, but no, it’s not too late. But I wish I had started the day I started here, yeah-, I’d have a fucking book by now (para 72).

In analysing the interview transcripts, no single definition of bullying was provided; instead, a wide range of behaviours were revealed. The following discussion, including illustrative exemplars, will focus upon the three minor categories of workplace bullying identified from the analysis:

1. **Personal attack**, where isolation, intimidation, and degradation were used to attack the personal concept of nurses bullied.

2. **Erosion of professional competence and reputation**, where damage to professional identity and limiting career opportunities occurred.

3. **Attack through work roles and tasks**, where obstructing work or making work difficult, denial of due process and economic sanctions were used to bully.

### 5.4.1 Personal attack

Bullying behaviours directed towards personal attack were focused upon: isolation and exclusion, intimidation and threats and belittling and humiliating. The behaviours range from “subtle” acts such as being ignored, to overt behaviour such
as verbal threat. The component behaviours that constituted personal attack are summarised in Table 5.2 (below).

Table 5.2: Personal attack: Sub-categories and components

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<tr>
<th>Sub-categories</th>
<th>Components</th>
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<td>Isolation and exclusion</td>
<td>Being ignored</td>
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<td>Being excluded from conversation</td>
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<td>Being excluded from information</td>
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<td>Isolated from supportive peers</td>
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<td>Being excluded from activities</td>
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<td>Being socially isolated</td>
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<td>Intimidation and threats</td>
<td>Being stared at</td>
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<td>Raised voices or raised hands</td>
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<td>Being watched and followed</td>
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<td>Destroying personal belongings</td>
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<td>Tampering with personal items</td>
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<td>Compromising or obstructing patient care</td>
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<td>Threats made against you</td>
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<td>Being singled out, monitored</td>
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<td>Being yelled at or sworn at</td>
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<td>Being stood over, pushed or shoved</td>
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<td>Belittling and humiliating</td>
<td>Verbal put downs</td>
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<td>Verbal insults or humiliating comments</td>
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<td>Denigrating nick name</td>
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<td>Blamed, made to feel stupid, or incompetent</td>
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<td>Suggestions of madness</td>
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<td>Mistakes pointed out publicly</td>
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<td>Excessive criticism</td>
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5.4.1.1 Isolation and exclusion

A common form of behaviour reported by participants were actions intended to isolate. In recounting their experiences subtle forms of exclusion were detailed such as: ‘not including me, in just, even general conversation’ (Grace, para 38); ‘walking into the room and not speaking to me’ (Karen, para 27), ‘grunting and totally ignoring me’ (Erica, para 194) or not ‘acknowledging me’ (Amanda, para 133). Although these behaviours may have appeared harmless on the surface, participants considered these “subtle” forms of bullying to be more harmful than overtly hostile
behaviours. Lisa believed that a ‘smack in the head’ (para 176) would have been easier to deal with than the forms of isolation and exclusion she regularly experienced.

Non-verbal behaviours such as a ‘certain look’ (Deborah, para 106) or ‘you’d get that sort of stonewall from certain people’ (Donna, para 25) were described as isolating individuals without bringing attention to the perpetrator. Participants revealed that being isolated, ignored, and excluded left them feeling ‘alienated so they wouldn’t feel welcome’ (Yvonne para 82) or reduced them ‘to the point where I couldn’t ask for help’ (Amanda, para 133). These ‘subtle’ interactions incorporated into normal work practices were considered more powerful than overt forms of bullying behaviour. As a recent graduate, Karen spoke of becoming increasingly isolated through the process of being constantly ignored:

Karen: For the first twelve months of my work period, I had one particular person who just never spoke a word to me (para 62).

Bullying tactics directed towards isolating targets had a negative effect upon the social support provided in their work environment and created opportunities for further isolation and ridicule. Social support was described as an important feature of work, with validation provided through relationships with colleagues. The use of offensive body language, withholding affirmative comments and isolating targets, reduced the level of professional validation and social support available, making targets susceptible to further isolation and subsequent stigmatisation.
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5.4.1.2 *Intimidation and threats*

Subsequent to experiencing isolation, participants revealed intimidation was common. The tactics identified as intimidation included being watched and followed, sabotage of work, excess scrutiny, having belongings destroyed, and obstruction to patient care (reported in section 5.3.1). The pattern of bullying suggests that erosion of social support and self-worth through isolation was followed by tactics that intimidated individuals, made them feel threatened, unsafe, or under pressure. Similar to isolation, intimidation was a gradual cumulative process often masked as ordinary or harmless:

**Linda:** It’s the sort of stuff that’s, you (outward breath), it’s the sort of stuff that builds up and builds up and it’s very hard to get factual stuff (para 236).

Overt forms of intimidation were less common and included behaviours such as loud verbal abuse, being pushed, or being threatened with physical violence. Recent graduates and newcomers to work teams more commonly told of experiencing these behaviours. Karen recalled witnessing the verbal abuse of a graduate new to the ward, when she was making her way to work:

**Karen:** And she [new graduate] was coming to work, and had just stepped out of her car, and that person [identifies individual] came between the car door and the car, and stood there, in her face, and said how dare you *ra ra ra ra ra* (loud voice). I was actually driving past, so I saw it, by the time I parked my car, I couldn’t see her [new graduate] and I thought she must have gone up to the ward. When I couldn’t find her on the ward I went looking for her, and she was still sitting in the car. She had locked herself in (para 98).
5.4.1.3 Belittling and humiliating

The third sub-category of bullying behaviour directed towards personal attack was that of belittling and humiliation. Tactics such as humiliation, sabotage, and demeaning comments were reported as insidious day-to-day experiences. Language was an important vehicle for this form of behaviour. Participants described how hurtful messages resulted in them ‘feeling less human’ (Karen, para 91) or ‘belittled, your sense of worth as a nurse is nothing’ (Karen, para 66). Karen recalled how a particular staff member, known to be abusive toward student nurses, was seen to publicly belittle and humiliate a student:

Karen: She called out up the corridor ‘You’re absolutely bloody useless you idiot!’ And the student was embarrassed and mortified (para 23).

Although many of the tactics directed towards personal attack may have appeared on the surface to be harmless, the gradual cumulative toll of harm that resulted from these tactics meant that actors engaged in bullying behaviour were able to do so while often appearing blameless of any transgression. Yvonne spoke of the cumulative effect of verbal comments directed towards her:

Yvonne: And some of it’s more blatant than that, some of it’s the really, the really nasty smart comments. And there’s a lot more behind just that one comment, there’s a lot more history that goes with it (para 54).

These types of behaviours incorporated into daily interpersonal communication could be interpreted as minor. In contrast, the language of participants described these experiences in terms of being ‘shot down’; an ‘invasion’; ‘stabbing in the back’; ‘loading the gun’ and ‘firing the bullets’; being ‘under siege’; or in the ‘firing line’;
and, they ‘kick you when you’re down’ (Janine, para 39; Helen, para 188; Yvonne, para 42; Karen, para 74). This language suggests that even apparently “mild” forms of bullying had a serious cumulative effect on the personal sphere of those targeted. Deborah, who described experiencing ongoing intimidation and humiliation, said how she felt as though she was:

Deborah: Walking around with my hands tied behind my back, letting everybody have a hit at me’ (para 18).

The escalation pattern of bullying tactics directed towards personal attack suggests that workplace bullying was experienced as a complex and evolving social process. Through isolation, intimidation and degradation those who bullied were able to create opportunities which were not rooted in episodes of interpersonal conflict. The cumulative nature of the behaviours employed was perceived by participants to reduce their capacity for self-defence, erode the social support they received from colleagues, and undermine their sense of self-esteem and self-concept, making them susceptible to an escalation in the behaviour.

5.4.2 Erosion of professional competence and reputation

The types of bullying behaviours identified by participants within this sub-category were directed towards eroding an individual’s professional competence and reputation. The behaviours experienced ranged from “subtle” forms of innuendo to overt forms of criticism or action that were perceived to be intended to limit career progress. The components that constituted this form of bullying are presented in Table 5.3 (following page).
Table 5.3: Erosion of professional competence and reputation: Sub-categories and components

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Components</th>
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<tr>
<td>Damaging professional identity</td>
<td>Public denigration of ability or achievements</td>
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<tr>
<td></td>
<td>Questioning skills and ability</td>
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<tr>
<td></td>
<td>Being given demeaning work</td>
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<td></td>
<td>Unsubstantiated evidence about performance</td>
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<td></td>
<td>Spreading rumours, slander, character slurs</td>
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<td></td>
<td>Questioning competence or credentials</td>
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<td>Limiting career opportunities</td>
<td>Denial of opportunities that lead to promotion</td>
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<td></td>
<td>Being overlooked for promotion</td>
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<td></td>
<td>Excluded from committees and activities</td>
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<td></td>
<td>Exclusion from educational opportunities</td>
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<td></td>
<td>Rostered to erode specialist skills</td>
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5.4.2.1  *Damaging professional identity*

The narratives of participants suggested that attack upon professional competence was an important feature of workplace bullying. Behaviours directed towards damaging professional identity were said to involve *‘putting down your skill’* (Grace, para 298); these behaviours were most commonly conducted in front of others resulting in targets feeling *‘very downgraded and undermined’* (Julie, para 48).

Reflecting upon her experience of this form of bullying Rowena recalled the public nature of attacks directed towards her professional competence: *‘A lot of it’s in the tearoom. She actually said to me ‘Why do they let you do that?’ ‘What do you know?’ and ‘Why are you teaching?’* (Rowena, para 142). Participants also revealed that tactics directed towards damaging professional identity and undermining professional competence occurred in front of patients:
Donna: I had just taken a patient’s blood pressure, temperature, and pulse, and I’ve been a nurse since 1974, so we’re talking a few years now (cynical laugh). She walked into the room [nurse noted to have engaged in bullying], the patient said to her ‘Oh that nurse just did my observations’ and she said ‘I don’t care, I do my own observations, I do it better’ … She does everything she can to undermine my decisions … and it’s intimidating, because, well I find it intimidating, it undermines my sense of ability to do things. I know I am perfectly capable of doing these things, but I got to the point where I was very reluctant to do things (para 34).

By publicly questioning the skills and capabilities of nurses, this form of behaviour made those targeted appear less capable or competent damaging their professional identity. Participants also revealed that being consistently allocated demeaning work was perceived as an attempt to humiliate them. As a Registered Nurse, Mary recounted being told she was not competent enough to undertake clinical work and was instead often given more menial work:

Mary: She just got me to do all the little bits and pieces, like clean vents and mop floors and things like that (para 103).

The frequent and public nature of attacks upon professional identity were also said to influence the perceptions of non-nurses. Amanda told of experiencing innuendo about her performance from support staff that had witnessed her public denigration by her nursing colleagues. As a result, she recounted being taunted on a daily basis through public comments made by non-nursing staff – further damaging her professional identity:
**Amanda:** I’ve been so publicly humiliated I can’t even walk through the hospital without people going there’s the [derogatory nick name] nurse (para 165).

As well as these public forms of attack upon professional competence, participants recounted numerous subtle forms of the behaviour incorporated into normal routine workplace interactions, ‘*it was real subtle, but it grinds you down … day in, day out*’ (Grace, para 306). Speaking of an experience where she believed her competence had been subtly called into question, Grace recalled how her manager made her appear less competent in front of her colleagues:

**Grace:** Oh yeah. Like the last Christmas meeting, she thanked all the others but me, for their hard work over the year … She spoke to all of them directly, and I was the only one that she didn’t say I’d done any work (para 122).

This type of behaviour called into question abilities and achievements, providing a vehicle for unsubstantiated rumours, and making the nurse targeted appear less capable compared to colleagues. Importantly, these forms of denigration of competence could be repeatedly employed without bringing attention to the intent of the perpetrator, while inflicting considerable damage upon the nurse targeted. Participants recounted that behaviours directed towards erosion of professional identity also included unsubstantiated attacks upon personal moral standards. Susan recalled how her manager, unable to fault her on her work, instead focused an attack upon her supposed immorality:

**Susan:** I always took my work very seriously, and you know my statistics were very good … so, yeah it was always personal but it was said at work and it was said to work colleagues. One time um we’d all
been out together like we used to, we used to meet on a Friday night. And afterwards she said to staff members that she wondered if I’d actually got home from the pub because she imagined me lining men up in the carpark and um doing you-know-what with the whole lot of them (para 45).

In this instance, the attack upon reputation not only brought into question professional standing but also the personal character of the nurse, serving to further stigmatise her.

5.4.2.2  Limiting career opportunities

The second category of bullying behaviours directed towards erosion of professional competence and reputation were tactics intended to limit career opportunities. Participants recounted a common strategy to make the work life of experienced nurses difficult was to allocate them work below their skill level and deny them skill development opportunities (Rowena, para 302; Kylie, para 129; Mary, para 7; Grace, para 38; Nerida, para 58; Joan, para 231; Yvonne, para 116; Rowena, para 14; Susan, para 104). Heather worked in a specialty area of nursing where certain components of the work were deemed to require advanced clinical skills. She recounted that certain nurses credentialled as advanced practitioners would consistently be allocated to lower skilled work in the unit. Her perception was that this behaviour was an attempt to humiliate them by eroding perceptions of their competence, and, over time, limit their career opportunities. Allocated to work in these lower skilled areas, and deemed incompetent, participants recalled excessive scrutiny of ‘every little thing that you would do’ (Yvonne, para 82), with work ‘double-checked and triple-checked’ (Susan, para 25).
5.4.3 Attack through work roles and tasks

Bullying behaviours directed towards attack through work roles and tasks were described as incorporated within routine work practices, and therefore made to appear normal or harmless. Masked behind activities such as rostering, workload distribution, and resource allocation were a variety of types of bullying. The tactics detailed in the narratives clustered under three sub-categories: obstructing work or making work difficult; denial of due process and natural justice; economic sanctions. The components that constituted each sub-category are presented in Table 5.4 (below).

Table 5.4: Attack though work roles and tasks: Sub-categories and components

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Components</th>
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<td>Obstructing work or making work life difficult</td>
<td>Relocation to make job difficult</td>
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<td>Removal of administrative support</td>
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<td>Excluded from routine information</td>
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<td>Work organised to isolate</td>
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<td>Consistent allocation to menial tasks</td>
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<td>Removal of necessary equipment</td>
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<td>Excessive workload</td>
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<td>Sabotage or hampering work</td>
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<td>Varying targets and deadlines</td>
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<td>Increasing workload</td>
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<td>Excessive scrutiny of work</td>
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<td>Denial of due process and natural justice</td>
<td>Denial of due process in meetings</td>
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<td></td>
<td>Denial of meal breaks</td>
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<td></td>
<td>Compiling unsubstantiated written records</td>
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<td></td>
<td>Denial sick, study, or conference leave</td>
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<td></td>
<td>Unfair rostering practices</td>
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<td>Economic sanctions</td>
<td>Rostering to lower paid shift work</td>
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<td></td>
<td>Limiting opportunity to work</td>
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<td></td>
<td>Dismissal from position</td>
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<td></td>
<td>Reclassifying position to lower status</td>
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<td>Limiting career opportunities</td>
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5.4.3.1 Obstructing work or making work life difficult

Tactics directed towards obstructing work and making work more difficult constituted the first category of bullying behaviours directed towards attack through work tasks. The narratives of participants identified a variety of behaviours directed towards making work difficult, including being allocated no meal breaks; given heavier workloads; allocation to lower skilled work; excessive workload; unfair shift rostering (Helen, para 60; Joan, para 15; Erica, para 334; Julie, para 58; Kylie, para 348).

Speaking of the obstruction of their work, participants recounted how tactics such as relocation were employed to hamper their work performance. Participants detailed being moved to isolated centres that lacked the necessary equipment for their clinical work. Removal of administrative supports was a tactic employed to hamper productivity and make work more difficult (Susan, para 25). In this vein, Deborah (para 210) told of the removal of administrative support and a simultaneous increase in her performance targets. These types of tactics not only had the effect of making it difficult for nurses to carry out their normal work duties, and hampering their performance, it also impacted upon perceptions of competence.

Another feature of this category of bullying was organising work to isolate individuals. Participants reported behaviours such as being sent to meal breaks alone, being relocated away from support or having work organised to isolate them from colleagues:

Christine: With the roster, they weren’t giving us shifts together. And the physical structure of the unit meant that you could alienate people, by
putting them at one end of the unit to the other. So we would all be separated [working at separate ends of the unit with no contact with each other] (para 52).

5.4.3.2 Denial of due process and natural justice

The second category of bullying behaviours, under the component of attack through work tasks, were tactics involving the denial of due process and natural justice. As part of the taxonomy of behaviours employed to make work life more difficult, participants detailed the denial of entitlements for annual leave, sick leave, study leave and continuing education (Helen, para 127; Chris, para 36; Mary, para 163; Linda, para 108; Deborah, para 42; Rowena, para 378).

It was revealed that pre-existing chronic illnesses were used as a vehicle to further target those bullied through denying them natural justice and, in the process, compounding the effects of their illness and further threatening their ability to remain employed. Karen, who had experienced long-term bullying, revealed the denial of a request for a temporary reduction in her hours while she recovered her health following a life threatening exacerbation of Chron’s disease (that she believed was induced through the stress of bullying). She related that, following her discharge from Intensive Care where she had been on a ventilator, she was told she could resign her position or return to work full-time as she had ‘no long service leave ... I’d used all my sick leave and all my annual leave’ (para 189). Karen told how she had been a loyal employee for over 24 years, who had managed her illness and continued to work. She believed, having been pushed to the point of serious ill health, this behaviour was an attempt to force her out of the organisation.
Performance appraisal, disciplinary procedures, and return to work meetings were used as vehicles for denying due process and natural justice. These legitimate organisational processes were described as an opportunity for unfair procedures, deprivation of liberty, threats and intimidation. In describing how legitimate organisational processes were used as a vehicle for bullying, participants recounted meetings with a number of managers present that were called without notice and without a support person present. Another participant recounted being physically locked in the room and threatened by their manager. A number of participants recounted meetings with managers where unsubstantiated claims were made about their performance and records of the meeting provided a contested account of events (Janine, para 368; Helen, para 228; Amanda, para 358; Grace, para 148; Claire, para 157; Helen, para 33). Speaking of this type of behaviour in the following passage, Helen, who described escalating forms of bullying, revealed how her basic rights were denied:

**Helen**: I had to see the top clinical director, and I was really outnumbered then … I was just ordered to see her … and I was just petrified. There was a directive and I thought, well, when people saw this person they did leave and everybody was terrified for me. It was like (Helen is visibly distressed and her voice falls away) … Oh my God. Ok. I can see, that’s right, I had been off sick and I was still in pain [following minor surgery] and I had one day off, and the manager said, ‘you are to see this particular person this afternoon’. I said, ‘look really I don’t feel well, I feel quite ill’, I said, ‘can we make it another day?’ And she said … ‘no if it is necessary you go to Casualty and then you will interviewed on the bed’. I said, ‘excuse me’. I was so scared (para 126).
5.4.3.3 Economic sanctions

The tactics directed towards creating economic sanctions were identified by participants to include being rostered to lower paid work, not being offered work, reclassification of job to a lower status and limiting promotion opportunities. The power of perpetrators employing these tactics was their ability to influence the financial status of targets. Joan, Chris and Pauline who were shift workers, told how individuals engaged in bullying were in control of the roster and limited their income through regularly allocating them to lower paid shifts. Economic sanctions were also disclosed as a strategy to silence those who reported bullying. Joan spoke of a colleague who made a report about bullying in her work team who was consequently allocated to a lower paid work role:

Joan: She was sent to work in the day ward, instead of upon the normal ward. And she’s the principal earner in her home, she has to pay off her mortgage and everything, she needs regular shifts [referring here to the loss of income incurred by being made a day worker instead of a shift worker] (para 162).

5.5 The consequences of workplace bullying

This category highlights the extensive and enduring nature of the emotional, physical, economic, professional, and social harm that participants attributed to their experiences of workplace bullying. All told of experiencing some level of anxiety. A range of chronic health problems was also attributed to bullying. In attempting to cope with the emotional effects of their experiences, participants recounted employing avoidance and withdrawal strategies to reduce the impact of bullying. The narratives also revealed the long-term flow-on effects upon professional careers, financial status, personal relationships, and family life. The next sections, including
illustrative exemplars and discussion, focus upon the following consequences of bullying:

1. **Reduced emotional well-being**, where bullying resulted in symptoms of stress, anxiety, and depression.

2. **Reduced physical well-being**, where bullying resulted in a range of physical symptoms of ill health.

3. **Avoidance and withdrawal at work**, where avoidance and withdrawal strategies were employed as a consequence of bullying.

4. **Interruption to work and career**, where bullying resulted in a reduction in hours worked, resignation, and reduced income.

### 5.5.1 Reduced emotional wellbeing

Participants described the emotional effects of bullying as an escalating cycle, often commencing with self-doubt, which contributed to a loss of confidence and eroded perceptions of professional competence. As the cycle escalated, nurses recalled experiencing excessive worry, sleeplessness, feeling stressed and overwhelmed. A number also revealed experiencing panic attacks and depression. All of those interviewed reported experiencing a level of emotional distress that impacted negatively upon aspects of their work and social life.

Self-blame was a common initial response to experiencing bullying. Participants recalled questioning whether they had contributed in some way to their own
difficulties. The masked and often subtle forms of bullying experienced made it difficult for participants to clearly identify what was happening - further exacerbating their self-doubt:

**Vanessa:** I just have a really low self-esteem … That’s been the biggest thing I’d say is just trying to make sense of it [being bullied] and going ‘Am I just crap at my job?’ Or ‘Am I just taking things on?’ ‘Am I too sensitive?’ … ‘Am I going mad?’ … Just doubting myself a lot (para 239 and 241).

The ongoing and cumulative effects of bullying were revealed to undermine the self-belief of targets while eroding their confidence, self-esteem, and sense of personal power. The experience was described as pushing them close to ‘breaking point’ and feeling ‘ground down’ with no ‘energy to fight’ and ‘no control’ (Deborah, para 13, 290; Grace, para 346; Susan, para 173). Speaking of the effects of bullying upon emotional wellbeing it was recalled ‘I realised how disabled I was by it, and how scared I’d become’ (Grace, para 551), it was ‘soul destroying’ (Rowena, para 54). Feeling less visible and diminished through being ignored and isolated was recounted to have a negative effect upon self-esteem and self-efficacy:

**Mary:** I just, as I said, I didn’t want to come to work. I didn’t want to go out of my house … I didn’t want to do anything except lay in bed and pull all the covers over my head and hope that it all would just go away. And that is very hard to get out of, once you get into that rut. And, it did have a big effect on my life, not only my working life, but my personal life as well (para 144).

A number of participants describing themselves as anxious or depressed had received treatment for depression. Bullying was believed to have contributed to one suicide. In an attempt to cope with deteriorating emotional well-being, nurses reported
increasing their alcohol consumption and smoking more cigarettes. Participants described experiencing depression in terms of: ‘you get so down [crying]’ (Nerida, para 224); ‘I’d get really sad in the afternoon, just not want to be there’ [at work] (Amanda, para 271). Lisa, who was on antidepressants for depression, which she attributed to her experience of bullying, recalled:

**Lisa:** And I started to get depressed again. I didn’t want to come to work. I didn’t even want to get out of bed. I didn’t, basically, want to face up to the fact that every time I would come to work, I would be told, ‘You can’t do that, and you can’t do that’ (para 163).

In addition to depression, participants also described experiencing anxiety. They described what they termed anxiety to include symptoms such as tachycardia;\(^1\) palpitations;\(^2\) tremors; vomiting before work; concentration and memory problems; panic attacks (Deborah, para 235; Helen, para 18; Mary, para 99; Karen, para 27; Linda para 204; Yvonne, para 242). For a number of participants, the thought of coming to work made them feel emotionally distressed:

**Karen:** I have had times when, before I cut my hours back, there were times when I’d be physically ill [vomiting] before going to work, but since I’ve cut my hours back I can deal with it a lot better (para 294).

For participants, the sight of the individuals who had engaged in bullying behaviour or the thought of working with these individuals was described to trigger strong emotional responses. Linda, who described herself as an outgoing and resilient

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\(^1\) Tachycardia is an abnormally rapid beating of the heart. In stress responses it is triggered by an increase in sympathetic nervous system stimulation that causes the heart rate to increase, and in conjunction with the release of hormones such as epinephrine, stimulates what is commonly known as the "fight or flight" response (Fletcher et al., 2004).

\(^2\) Palpitations are the sensation of a rapid or irregular heart rate and can occur as a result of anxiety. Palpitations feel like the heart is skipping a beat, fluttering, pounding or racing.
person, was devastated when she began to experience what she described as anxiety. Here she recalls her experience of returning to work from annual leave:

**Linda:** (crying) I had a couple of weeks off and I felt really good. I even felt like coming back to work, and as soon as I drove into that fucking car park (hits hard on her chest, gasping for breath, representing how it felt) I started to get anxiety (para 204).

Participants experiencing reduced emotional well-being spoke of their limited emotional resilience in coping with the demands of their work. Carla, who described herself as depressed as a result of experiencing bullying, recounted how she became emotionally overwhelmed while at work and suddenly abandoned her shift:

**Carla:** I got really stressed. I think that some of the things that came in disturbed me (crying). Then one day, I sort of fell over in a heap … I ended up getting really stressed at work and walking out [walked out of the department in the middle of an emergency and went home] (para 140).

### 5.5.2 Reduced physical wellbeing

Participants recounted a range of aspects of declining physical health that they attributed to their experience of bullying. These aspects included a reduced sense of general wellbeing and increased levels of fatigue and exhaustion:

**Susan:** It killed my spirit [the bullying]… and I never felt I had energy and I never felt well … I was just exhausted by the whole thing (para 122).

Participants also attributed the following to their experience of bullying: weight gain or weight loss; elevated blood pressure; pneumonia; chronic infections; sleep disturbances; headaches; exacerbation of existing chronic illness (Wendy, para 68;
Susan, para 16; Deborah, para 173; Karen, para 50; Mary, para 268; Carla, para 38; Yvonne, para 196). Speaking of her experience of developing seizures that she attributed to her experience of bullying, Deborah recalled the effect upon her health:

**Deborah:** I was getting sicker, losing the passion and it was affecting me [the bullying]. I thought I’m taking more and more long service leave, than I have ever felt the need to take before. The stress sort of brought on the epilepsy, according to my doctors. I’m just exhausted. I’m losing the passion for my work. It was always something I wanted to keep doing before all this … (para 78).

Other participants who had experienced serious physical ill health told how the medical advice they had been given suggested the stress associated with workplace bullying might have contributed to their illness. In the following excerpt, Susan, who experienced a life threatening sub-arachnoid haemorrhage, recalled the effects of bullying on her wellbeing:

**Susan:** I think I just … I don’t know physically … you know, my sub-arachnoid haemorrhage – who’s to say. My surgeon told me that ongoing stress could lead to increasing blood pressure that could lead to aneurism formation. And maybe - I don’t know, maybe it would have happened to me anyway. But certainly, I never felt well [because of bullying] (para 155).

### 5.5.3 Avoidance and withdrawal at work

Participants recounted employing strategies of avoidance and withdrawal at work in an attempt to reduce their exposure to bullying. Participants experiencing reduced levels of personal wellbeing also used avoidance and withdrawal as a coping strategy. For Karen, avoidance was demonstrated through adopting the strategy of coming to work through the back fire escape to avoid contact with certain colleagues:
Karen: I’d come to work and I used to climb the fire escape so I didn’t have to go through the front area of the ward. I’d come up the back fire escape. … I kept coming to work and hiding. I actually locked myself in my office a good bit of the time (para 654 and 665).

Other participants spoke of reaching the point where they did not want to go to work; they feared further exposure to bullying. Avoiding work through using sick leave was also described: ‘I see who I was working with and get myself so pent up … I wouldn’t go in’ (Chris, para 72). Similarly, Amanda recalled at times not making it to work:

Amanda: I would be walking up the corridor, up the stairs, thinking ‘I should just turn around and go home and just not turn up’ … ‘Go back, go home’ (para 259).

Less confident, frightened of making mistakes, and not wanting to bring attention to themselves, nurses told of withdrawing from involvement and participation in work activities. Through not putting themselves forward to participate in committees and projects, they hoped to become less noticed. Therese told how she tried to make herself a less visible target:

Therese: I, I, like it’s really weird. I mean I know it sounds really bizarre. But I, there’ll be like, there’s a night out coming up, or something coming up, I, I’ll never write my name up there because I don’t want them to come along and go (sneering tone) ‘Oh, she’s going!’ … I don’t even write my name in the book to say I’m available on a shift. I could just imagine them coming along and going ‘Oh she’s’, you know, ‘who’d want her around’. You know I’ve seen it (para 274).
Other participants spoke of becoming more detached from their work and in some instances, their home life, in an attempt to survive bullying. Susan described her state of withdrawal shortly before she resigned:

Susan: ‘I’ll just do what I have to do’ because you know … ‘It doesn’t matter what I do it’s not going to make any difference’ (para 200).

5.5.4 Interruption to work and career

In addition to withdrawing while at work, the narratives indicated participants increased their sick leave, and eventually reduced the hours they worked or resigned their position. A third of those interviewed had moved on to other positions because of bullying and, while they were successful in their new work, still carried legacies from their experiences. The job related consequences of bullying for the nurses included career interruption, job loss, and the associated loss of income. Widespread damage to professional careers was also revealed. Chris told how he reduced the hours he worked and used his sick leave:

Chris: “I actually dropped from full time to 0.8 just to avoid some shifts and my sick leave was huge. My emotional well being, like I was taking a lot of what I call mental health days, where I just wouldn’t want to go to work, so I’d call in sick (para 72).

In a similar manner, Erica commented ‘I haven’t got the energy to take it on, to deal with it’ (para 226), she reduced the hours she worked. Whereas Susan spoke of reaching the point when she could take no more:
Susan: I just burst into tears and I said ‘I’ve had it, I don’t need this any more’. ‘It’s affecting my personal life, it’s affecting my health’ and well I was going on long service leave the next day and I just said, look, ‘I don’t think I’ll be back’ … It’s like when you kick someone when they’re laying on the ground, it takes a lot more energy to get back up and fight (para 44).

Nurses who were the sole income earners in their families, particularly those living in rural areas with limited re-employment opportunities, recounted their desperation to find alternative work. Linda and Yvonne reflected this in their comments ‘I’d be out like a shot’ (Linda, para 304), and:

Yvonne: I’d been trying for about two years to get out of the department. I’d been applying for different jobs and couldn’t get them and um going through the interview process and things. … I used to, actually, I used to get quite depressed. After two years (tearful) because I wouldn’t get the job and um I used to think, ‘Oh God, I’m not going to get out of this place’ (para 258).

The narratives also suggest that bullying can have a long-term effect upon professional careers and income. A number of participants who worked in specialist fields, often with extensive postgraduate training and experience, told of their inability to find employment in their chosen field after resigning their position as a result of bullying. This had an impact upon careers, with highly qualified specialist nurses no longer working in the field for which they held qualifications. For some, the organisation in which they worked provided the only employment opportunity in their place of residence (Chris, para 36; Grace, para 342; Lisa, para 144; Yvonne, para 10; Erica, para 10; Nerida, para 10).
The harm to professional careers was enduring, particularly in rural areas where restricted re-employment opportunities existed. A number of participants recounted finding employment in lower paid work after they resigned. Erica reported that she found new employment in a position that paid $20,000 per annum less than her previous position. Yvonne, Rowena, Susan, Karen and Deborah also resigned their positions for lower paid work, or reduced their hours of employment in an attempt to survive the bullying. They reported salary decreases of between $20,000-$40,000 per annum.

5.6 Summary of findings

The qualitative interviews undertaken in this stage of the study sought to extend understandings of how nurses experienced and made sense of workplace bullying. The findings suggest that bullying can be embedded as a form of enduring behaviour within informal organisational networks. The identification of predatory alliances between actors implicated in bullying suggests that, in the nursing workplace, bullying may be more gainfully understood as an organisationally mediated behaviour, rather than one explained in terms of individual characteristics or interpersonal conflict.

The findings relating to the normalisation of bullying in nursing teams illuminate the way in which accepted norms can exert considerable influence upon behaviours within nursing teams. The coercive and controlling strategies employed by actors engaged in bullying were not always readily apparent – as they were masked behind a facade of organisational legitimacy as ordinary rules of work. The power in these forms of bullying came from power over another that was enacted through
organisational routines and norms without interpersonal conflict as a trigger. In this manner, those who bullied were able to present their behaviour as legitimate work practices, intended to ensure the smooth flow of work.

The pattern of bullying behaviours identified suggests that personal attack preceded attack upon professional competence and attack through work tasks. Personal attack resulted in withdrawal of social support and validation, leading to self-doubt, which was compounded by attack upon professional competence, which eroded images of professional competence leading to further self-doubt. The patterned nature of the bullying experienced also suggests that over time, participants experienced these tactics in parallel.

The findings also highlight the variety of adverse effects that were attributed to workplace bullying. These included negative effects on emotional and physical well-being, employment opportunities and career progression. The findings highlight the importance of recognising the extensive and enduring nature of the harm that results from workplace bullying. It was evident from the narratives that apparently minor bullying tactics occurring repeatedly and over a period had serious negative effects. Similar to other studies of workplace bullying, participants described their experience of bullying as a severe stressor (Zapf, Knorz and Kulla, 1996) and a critical life event (Mikkelsen and Einarsen, 2002).

5.7 Conclusion

This chapter has discussed the findings from the qualitative content analysis of the interview transcripts. The discussion has provided detailed insight into the
experiences and consequences of bullying for the group of nurses interviewed. The findings from this stage of the study are canvassed in more detail in Chapter 8 of this thesis. The next chapter commences the second stage of this study, and is a report of the construction, pilot testing, and validation of a survey instrument suitable for investigating bullying in the nursing workplace.
Chapter 6

ABSTRACT

Chapter six is a report of the findings from the second stage of the study: the aims of the second stage were to develop and validate a reliable instrument for use in the national survey of the nursing workforce. The instrument, developed from the major and minor categories identified from the interviews conducted in the first stage of the study was piloted in one partner organisation. Exploratory factor analysis (EFA) was used to identify the factor structure and further refine the instrument. The resultant final instrument demonstrated construct and content validity, was internally consistent and highly reliable. In detailing the findings from the analysis this chapter includes material that has been published in peer-reviewed journals, presented at conferences and published in peer-reviewed conference proceedings as summarised in Appendix 1 (page 313, citation six and ten).
6.1 Introduction

Chapter four of this thesis detailed the methodology adopted for the first, qualitative stage of this study. The chapter concluded by summarising major categories, minor categories and sub-categories revealed by the analysis of the interview transcripts. This chapter is a report of the second stage of the study, the aim of which was to develop and refine a valid and reliable survey instrument for use in the national survey of the nursing workforce. Development of the survey instrument took place in a number of sequential steps as summarised in Table 6.1 (below).

Table 6.1: Steps in construction and modification of survey instrument

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial instrument development</td>
<td>• Determining instrument structure &amp; content</td>
</tr>
<tr>
<td></td>
<td>• Establishing content validity</td>
</tr>
<tr>
<td>The pilot test</td>
<td>• Recruiting respondents and establishing procedures</td>
</tr>
<tr>
<td></td>
<td>• Instrument validation and modification</td>
</tr>
<tr>
<td>Finalising the national survey instrument</td>
<td>• Establishing reliability of revised instrument</td>
</tr>
<tr>
<td></td>
<td>• Specifying the revised instrument structure and content</td>
</tr>
</tbody>
</table>

In recounting the detail of these steps, the chapter commences by outlining the process adopted for the construction of the survey instrument. This outline is
followed by detail on pre-testing and modification of the instrument by an expert panel which was undertaken prior to the pilot survey. The subsequent section of the chapter is a report of the statistical techniques employed to establish reliability and validity and the findings from EFA undertaken to determine the underlying factor structure and guide item reduction. The final section of the chapter details the final instrument, developed for use in the third stage of the study, which demonstrated construct and content validity, was internally consistent and highly reliable.

6.1.1 Aims

The aim of the second stage was to develop and validate a survey instrument able to differentiate the extent, nature and consequences of bullying in the nursing workplace. Importantly, the results from the first, qualitative stage of the study identified a number of organisational features associated with workplace bullying - to date these features have not been included in surveys of workplace bullying. Therefore, in addition to measuring bullying behaviours and the reported consequences, at this stage of the study it was also intended to develop an instrument that would measure these organisational features.

6.2. Initial instrument development

In developing the instrument, the intention was to thoroughly measure the major and minor categories from the first stage of the study. The instrument contained a large number of items (198 items excluding demographic items). The size of the initial instrument was large as it was important to capture the scope of concepts while at the same time minimising the length and complexity of the instrument. Further, to ensure the planned EFA was stable it was important that the questions and items developed
were broad enough to include five or six items for each hypothesised factor (Tabachnick and Fidell, 2001:587). A number of items for each hypothesised factor were also included to prevent an important factor from distorting the ‘apparent relationships’ between other measures (Tabachnick and Fidell, 2001:587). The following section details the instrument structure, content and processes employed in establishing content validity.

6.2.1 Determining instrument structure and content

6.2.1.1 Instrument structure

The categories of coded text identified in the first phase of the study formed the basis of the first three sections of the survey instrument. The instrument (Appendix 6.1, page 322) consisted of questions grouped into the following four sections:

Section 1   Exposure to workplace bullying (81 items)
Section 2   The effects of workplace bullying (69 items)
Section 3   Workplace features (48 items)
Section 4   Demographic and employment data (53 items).

The self-completed pencil and paper instrument consisted of a mixture of yes/no questions, open-ended questions and Likert scales. A combination of closed and open-ended questions was particularly important in the instrument refinement phase as it provided an indication of whether the response categories adequately covered the answers respondents wished to give.
To capture the complexity of workplace bullying, Likert scales were developed. In developing the scales verbatim extracts consisting of statements written in the first person derived from the interview transcripts were used (DeVellis, 2003). Likert scales which incorporate multiple indicators constructed around a continuum of exposure or agreement (Sarantokos, 1998), are suited to measuring complex phenomenon such as workplace bullying (de Vaus, 1991). Using Likert scales allowed complexity to be captured without attempting to reduce concepts to a small number of indicators. The scales contained five to seven categories as it is recognised that scales with fewer categories increase the likelihood of departure from the assumption of normal distribution required for many statistical tests (Jaccard and Becker, 2002). To reduce the likelihood of respondent bias or a response set, a small number of positively worded items (DeVellis, 2003) were included in the scales (questions 13.3 and 13.7; 14.3; 14.8 and 14.12 and 16.5).

6.2.1.2 Instrument content

In measuring exposure to workplace bullying, the first section of the instrument initially provided an introductory statement that defined bullying. A common definition of bullying is that it lasts at least six months with at least one bullying action occurring each week (Leymann, 1996; Zapf, 1999). As these parameters were not reflective of the findings from the first stage of the study, the following alternative definition was employed: ‘Workplace bullying refers to a range of behaviours that are often hidden and difficult to prove. Perpetrators aim to harm their target through a barrage of behaviours that may escalate over time’. Following the definition, respondents were asked to answer 23 seven-point scale items measuring exposure to acts of workplace bullying (from ‘never’ through to
‘constantly’). By providing both a definition of bullying and a rate list of exposure it was anticipated the likelihood of identifying those bullied would be enhanced (Kivimäki, Eloainio and Vahtera, 2000).

The subsequent questions in the first section of the instrument required respondents to identify their status with regard to exposure to bullying. They were asked to classify themselves from the following categories; currently bullied, bullied in the last year – stopped, bullied in the past – continues, saw colleagues bullied, never bullied and not sure. This question not only provided data about the number of respondents bullied, it also provided data about the time since the bullying took place and the duration of the bullying episode. Importantly, the question also sought to identify respondents who had witnessed bullying, regardless of whether they had been bullied themselves. The first section also contained items relating to the duration and frequency of bullying, reasons for non-reporting and the outcomes of making a report about bullying.

The second section of the instrument contained questions measuring the consequences of workplace bullying. For respondents who had experienced or witnessed bullying, three questions measured the negative effects upon career, financial status, and health. The following three questions comprised 36 items on a seven-point scale (from ‘never’ through to ‘constantly’) and contained declarative self-report statements measuring the effects of bullying upon emotional wellbeing, avoidance and withdrawal at work, and upon private life. The items on the scales were evenly balanced between negative and positively worded statements, such as
‘My self confidence is reduced’ and ‘On my way to work I know I am going to have a good day’.

The third section of the instrument, relating to organisational processes, comprised five questions. The first two questions consisted of 14 items on a five-point scale (from ‘strongly agree’ through to ‘strongly disagree’). These items measured respondents’ perceptions of bullying masked as legitimate organisational authority, processes and procedures; informal alliances between individuals who engaged in bullying behaviour; the normalisation of bullying behaviours within work teams; and, perceptions as to whether bullying was ignored, denied and tolerated. The fourth, and final, section of the instrument contained ‘yes’ and ‘no’ items relating to demographic and employment characteristics.

6.2.2 Establishing content validity

In preparation for the pilot study, input from two groups of participants was used to refine and validate the design and content of the instrument. Initially, seven nurse colleagues were used to informally pre-test the survey for clarity and readability (Foddy, 1993). Following their feedback, changes were made to the wording of items to enhance clarity. Subsequently, an expert panel, which included expertise in human resource management, occupational health and safety, bullying and violence research, and personal experience with workplace bullying, was convened to confirm content validity and further improve the phrasing of items and design of the instrument.

There was consensus from the expert panel that the instrument appeared to accurately measure the concept of workplace bullying. In response to their feedback,
two items were removed from the first question to reduce duplication as other items captured the content. In addition, the panel also suggested improvement to the wording of a number of items. The items ‘I was given work below my skill level’ and ‘I was sent to work in another area’ were amended to ‘I was given demeaning work below my skill level’ and ‘I was constantly sent to work outside specialist area’ to differentiate these behaviours from legitimate workload management. Similarly, the item ‘Organisational policies and procedures are used to overly scrutinise’ was amended to ‘Organisational policies and procedures are used to overly scrutinise and harass’. While the item, ‘You are summoned to meetings without notice’ was amended to ‘You are summoned to meetings without notice and intimidated’ and the item ‘The process was too complicated’ was added to the question regarding reasons for non-reporting of bullying. The item ‘I have been on stress leave’ was amended to ‘I applied for workers compensation for stress’ to capture more detail. The panel also suggested changes to the stems of a number of questions to improve clarity and reduce the number of questions in the instrument.

Table 6.2 (following page) summarises the content and structure of the instrument validated by the expert panel identifying the relationship between the structure and content of the instrument and the major and minor categories derived from the first stage.
Table 6.2: Instrument content and structure

<table>
<thead>
<tr>
<th>Major categories</th>
<th>Minor categories</th>
<th>Instrument section</th>
<th>Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>A taxonomy of bullying behaviours</td>
<td>Personal attack&lt;br&gt;Erosion of professional competence and reputation&lt;br&gt;Attack through work roles and tasks</td>
<td>1 – Exposure to workplace bullying</td>
<td>Q.1 Exposure to workplace bullying 23 item Likert Scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 2– 5 Duration and frequency of bullying 3 yes/no multi response questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 7 Reasons for non-reporting 14 yes/no multi response questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 8 and 9 Reporting bullying 14 yes/no multi response questions</td>
</tr>
<tr>
<td>The consequences of bullying</td>
<td>Reduced emotional well-being&lt;br&gt;Avoidance and withdrawal at work&lt;br&gt;Reduced physical well-being&lt;br&gt;Interruption to work and career</td>
<td>2 – The effects of bullying</td>
<td>Q. 10 Work and Career 9 yes/no multi response questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 11 Financial impact 3 yes/no multi response questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 12 Effects on health 16 yes/no multi response questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 13 Avoidance and withdrawal at work 13 item Likert scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 14 Emotional wellbeing 15 item Likert scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 15 Private life 8 item Likert scale</td>
</tr>
<tr>
<td>Informal networks of predatory alliances</td>
<td>The structure and nature of predatory alliances&lt;br&gt;Promotion and protection&lt;br&gt;Bullying ignored, denied and tolerated&lt;br&gt;Bullying masked as legitimate authority</td>
<td>3 - Workplace Features</td>
<td>Q. 16 Bullying ignored, denied and tolerated 7 item Likert Scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 17 Who or what helped 1 open ended question</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 18 Misuse of legitimate authority, processes and procedures 7 item Likert Scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 20 and 21 Alliances of bullies 8 yes/no multi response questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 22 and 23 Misuse of legitimate organisational authority and procedures 13 yes/no multi response questions</td>
</tr>
<tr>
<td>The normalisation of bullying behaviours in work teams</td>
<td>Indoctrination into the rules of work&lt;br&gt;Reinforces of indoctrination. “too weak” to be a “good nurse”</td>
<td>3 - Workplace Features</td>
<td>Q. 19 Normalisation of bullying in teams 8 item Likert Scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Q. 24 - 36 12 yes/no multi response questions</td>
</tr>
</tbody>
</table>

Bullying in the workplace: A study of Australian nurses
6.3 The pilot test

6.3.1 Recruiting respondents and establishing procedures

6.3.1.1 The setting
Initially it was planned that the setting for the pilot study would be Organisation A and Organisation B, the sites for the qualitative stage of the study. Before the pilot commenced one of the industry partners notified of their intent to discontinue involvement in the study owing to changes within the organisation. Consequently surveys were disseminated in only one of these organisations. The pilot study commenced with administration of the survey to 500 nurses in the later part of July 2005.

6.3.1.2 The sample
Using systematic sampling (Kalton, 1983), the survey was attached to every fifth nursing payslip within the participating organisation by members of the personnel department. To improve the ease of response, a reply paid addressed envelope was included. It was anticipated that the 500 surveys distributed would provide an adequate sample, as power analysis is not useful in determining the required sample size when the primary purpose of the analysis is evaluating the psychometric properties of an instrument (Sapness and Zellars, 2001).

6.3.1.3 Ethical considerations
Before commencing the pilot survey, both the instrument and recruitment process was approved by the human research and ethics committees of the participating institutions and the University of Western Sydney. Following Fowler (2002), to
inform and protect respondents the following steps were taken to ensure confidentiality, privacy, and informed consent. A member of the personnel department disseminated the surveys with no involvement from the researcher. This ensured the researcher had no knowledge of the identity of those sampled. To ensure confidentiality, no identifying features were included in the instrument. With regard to informed consent, the introductory section of the survey contained detail on the research team, the purpose and justification for the study, the university affiliation, detail on the ethics approval process and contact details should respondents have concerns or require further information regarding the ethics approval process for the survey. This section also outlined the steps that would be taken to ensure the data collected remained confidential and were securely stored.

To ensure accurate reporting and analysis of the data collected, members of the research team reviewed the data analysis procedures and results. Cresswell (2003) identified that this process is an important step in ensuring the ethical integrity of the data analysis and presentation of the findings of the research.

6.3.1.4 Respondents

One hundred and two completed surveys were returned. The number of completed surveys lies just above the suggested minimum sample size of 100 subjects noted as adequate for EFA (Fabrigar, et al., 1999; Guadagnoli and Velicer, 1998; Sapness and Zellars, 2001).

As illustrated in Table 6.3 (following page), the majority of respondents worked in clinical nursing positions 80% (n=76) while 19% (n=18) in management or nursing
administration. The ages of respondents were categorised in six bands (17-30; 31-40; 41-50; 51-60; 61-70; 70+); the majority of respondents were in the 41-50 year band (37% n=38) with a normal distribution over the first five bands. Women accounted for 92% (n=92) of the sample and men accounted for 8% (n=8). Both of these characteristics closely match the profile of the Australian nursing workforce (AIHW, 2005). Nursing experience ranged from six months to 43 years with a mean of 20.1 years (SD=11.05).

Table 6.3: Demographic profile of respondents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number</th>
<th>Valid percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical nurse</td>
<td>60</td>
<td>63</td>
</tr>
<tr>
<td>Postgraduate students</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Clinical nurse specialist</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Nurse unit manager</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Clinical nurse consultant</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Educator</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Assistant director of nursing</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Director of nursing</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-30 Years</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>31-40 Years</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>41-50 Years</td>
<td>38</td>
<td>37</td>
</tr>
<tr>
<td>51-60 Years</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>61-70 Years</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>70+ Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Years as a nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; = 11</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>12 - 21</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>22 - 29</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>30+</td>
<td>23</td>
<td>22</td>
</tr>
</tbody>
</table>
6.3.1.5 Coding the data and analytical software

Before analysis of the pilot responses for the proposed national study commenced a code number was assigned to all returned surveys. All answers and statements were translated into numbers, defined in a codebook and entered onto an Excel spreadsheet. The data file was transferred to SPSS 13.0 (Statistic Package for Social Sciences) (Pallant, 2005). Initially reverse coding of negative items (13.3, 13.7, 14.4, 14.8, 14, 12, and 16.5) was undertaken using the transform variable function on SPSS.

Following completion of data entry, valid range and logical response checks were made to identify coding errors and descriptive statistics were run on the entire set of responses to ensure the data conformed to the assigned values and there were no data entry errors. Analysis of the open-ended responses was planned to occur through a coding frame (de Vaus, 1991) under which responses could be grouped and then number coded for analysis. Respondents in the pilot survey made minimal responses to the open-ended items providing insufficient data for this analysis to proceed as planned.

6.3.1.6 Missing data

Missing data or out of range data was examined as missing data specific to particular items may have indicated errors in data entry or problems with the construction of these items. Missing values in the pilot data were randomly scattered over items, with no items having missing data in excess of 5%. Therefore, all of the items were retained for further analysis (Tabachnick and Fidel, 2001). Given the small sample size, a method of dealing with missing values that preserved the maximum data for
further analysis was chosen. The option used from SPSS 13.0 was for missing data to be excluded pair wise, ensuring that respondents were included in the analysis for which they had the necessary information, and were excluded from the analysis only if they had missing data required for the specific analysis (Patton, 2002).

6.3.1.7 Data analysis procedures

Data analysis was undertaken in two steps, the first involved determining the reliability of the survey instrument, while the second involved conducting Exploratory Factor Analysis (EFA). Initially reliability analysis was conducted to identify items that produced a narrow range of responses, and were unsuited for retention. The retained items were analysed using EFA to determine the factor structure of the instrument.

Since it was not feasible in this study to establish reliability and internal consistency by administering the instrument repeatedly to determine whether the same results were obtained on repeated occasions (Pallant, 2005), alternate criteria were used to assess the reliability of the instrument. This assessment involved identifying item variances, means, item-scale correlations, and the Cronbach’s alpha coefficient at both the item and subscale level (DeVellis, 2003; Kline, 1986). Items with extreme means, high skewness values, low item-total correlations, and low Cronbach’s alpha were removed from the instrument.

To ensure items retained were of optimum difficulty, frequency data for individual items were examined to test the spread of responses, and identify floor and ceiling effects. In examining item difficulty, the proportions of respondents who agreed or
disagreed with an item or who answered the item correctly were identified by examining the item means and standard deviations. Items that produced a narrow range of responses indicated by an extreme mean or low standard deviation were considered to be of little use in discriminating between respondents, whereas high variance in responses to a scale item indicated the item captured meaningful diversity in the sample population. Therefore, items demonstrating extreme means and zero or near zero variance were removed as they were of little use in discriminating between respondents (Tabachnick and Fidell, 2001).

EFA is a statistical method used to discover the nature of latent constructs that influence a set of responses. The resulting latent constructs (factors) derived from EFA are ‘aggregates of correlated empirically associated variables’ (Tabachnick and Fidell, 1996:585) that cannot be directly measured. Principal axis factoring was used in this study to discern the nature of the factors underpinning the scale items and to identify the sets of items that best captured the domains of workplace bullying. By identifying the underlying latent constructs, EFA was used to statistically determine whether the items developed from the qualitative analysis adequately measured the factors they were presumed to measure (Fabrigar, et al., 1999; Gorsuch, 1990; Pallant, 2005; Snook and Gorsuch, 1989).

In addition, by detecting the underlying structure in the relationship among items, EFA was used to identify clusters of items that had sufficient common variation to justify their grouping as a factor (Fabrigar, et al., 1999). Grouping the items in this manner revealed those items that loaded strongly on a factor, enabling the underlying dimensions in the pilot instrument to be discerned. This process assisted in
identifying a smaller number of linear combinations of items that could be used to measure the factors, guiding the reduction in the number of items in the final instrument (DeVellis, 1991; Nunnally and Bernstein, 1994; Patton, 2002; Tabachnick and Fidell, 1996). The analysis was undertaken with a view to developing a more refined instrument, one that was suited to further statistical testing such as structural equation modelling (Bohrnstedt, 1983; Dillon and Goldstein, 1984; Snook and Gorsuch, 1989).

6.4 Instrument validation and modification

6.4.1 Determining instrument reliability

The analysis indicated that most of the items demonstrated a moderate variance and the standard deviation values were satisfactorily close to the expected values for a normal distribution (see Appendix 6.2, page 326). Five items from three questions were unsatisfactory and were removed prior to further analysis as presented in Table 6.4 (below).

Table 6.4: Unsatisfactory items: Individual means and standard deviations

<table>
<thead>
<tr>
<th>Question</th>
<th>Item</th>
<th>Mean</th>
<th>S.D.</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My personal belongings were destroyed</td>
<td>1.14</td>
<td>0.690</td>
<td>0.476</td>
</tr>
<tr>
<td>12</td>
<td>Cerebrovascular problems</td>
<td>2.25</td>
<td>0.432</td>
<td>0.187</td>
</tr>
<tr>
<td>12</td>
<td>Seizures</td>
<td>2.25</td>
<td>0.432</td>
<td>0.187</td>
</tr>
<tr>
<td>12</td>
<td>Use of illicit substances</td>
<td>2.25</td>
<td>0.432</td>
<td>0.187</td>
</tr>
<tr>
<td>19</td>
<td>They harm others to get at me</td>
<td>1.97</td>
<td>0.329</td>
<td>0.108</td>
</tr>
</tbody>
</table>
To identify whether the responses to a particular item reflected the patterns of responses on other items in the question, an item-to-scale coefficient was calculated (de Vaus, 1991). This determined the correlation co-efficient between responses on the item and responses to the set, establishing whether each item measured the same underlying concept. The higher the co-efficient the more clearly an item belonged; deleting items that were not consistent improved the unidimensionality of the measures (de Vaus, 1991). The analysis indicated that two items presented in Table 6.5 (below) were unsatisfactory.

**Table 6.5: Unsatisfactory items: Item-to-total correlations**

<table>
<thead>
<tr>
<th>Item</th>
<th>Item-to-total correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was consistently sent to work outside my specialist area</td>
<td>0.19</td>
</tr>
<tr>
<td>My work was organised so I get lower pay</td>
<td>0.28</td>
</tr>
</tbody>
</table>

In addition, Cronbach’s alpha internal consistency indicator was used to estimate the reliability of items in the Likert scale questions and the multiple response questions. The alpha measured the extent to which the item responses obtained at the same time correlated with each other based on the average inter-item correlation (Nunnally and Bernstein, 1994). The alpha was determined and examined at both the item and subscale level. Cronbach’s alpha coefficient ranges between 0 and 1, the higher the figure the more reliable the scale with an alpha >0.7 considered reliable (de Vaus, 1991). To confirm whether to remove an item, the alpha calculation was made to determine the effect of removing unreliable items. For each question analysed the internal consistency was excellent, with the Cronbach’s alpha well above the
minimum recommended criterion of 0.70 (Pallant, 2005). These results are presented in Table 6.6 (below).

<table>
<thead>
<tr>
<th>Instrument sections and questions</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1 Exposure to Bullying Behaviour</td>
<td>0.92</td>
</tr>
<tr>
<td>Q. 7 Reasons for non-reporting</td>
<td>0.98</td>
</tr>
<tr>
<td>Q. 9 Outcomes of reporting</td>
<td>0.98</td>
</tr>
<tr>
<td>Q. 10 Work and Career</td>
<td>0.95</td>
</tr>
<tr>
<td>Q. 12 Effects on health</td>
<td>0.98</td>
</tr>
<tr>
<td>Q. 13 Avoidance and withdrawal at work</td>
<td>0.97</td>
</tr>
<tr>
<td>Q. 14 Emotional wellbeing</td>
<td>0.98</td>
</tr>
<tr>
<td>Q. 15 Private life</td>
<td>0.98</td>
</tr>
<tr>
<td>Q. 16 Bullying ignored, denied and tolerated</td>
<td>0.90</td>
</tr>
<tr>
<td>Q. 18 Misuse of legitimate organisational authority, processes &amp; procedures</td>
<td>0.95</td>
</tr>
<tr>
<td>Q. 19 Normalisation of bullying behaviours in work teams</td>
<td>0.98</td>
</tr>
<tr>
<td>Q. 20 and 21 Predatory alliances</td>
<td>0.98</td>
</tr>
<tr>
<td>Q. 22 and 23 Misuse of legitimate organisational authority and procedures</td>
<td>0.98</td>
</tr>
</tbody>
</table>

While the alpha value of question one was 0.92, two items in the scale were not consistent with the remainder of the scale. The low values of these items less than 0.3 on the corrected item-to-total correlations indicated the items were measuring something different (Patton, 2002:92). The removal of these items increased the alpha to 0.93. The 19 items remaining were justified for retention as removal of any of the remaining items lowered the overall scale reliability.

Question ten, measuring effects upon ability to work and career, had an alpha of 0.95. Analysis indicated that removal of the item ‘I have taken long service leave’
increased the alpha to 0.96. For this item the correlation with the sum scale was 0.62 while other items correlated at 0.81 or better. This item was retained as the correlation between this item and the total sum score of the scale was considered sufficiently consistent. Similarly, the alpha for question 14 was 0.98, the item ‘my confidence is reduced’ correlated with the sum scale at 0.63 while other items correlated at 0.82 or better. Item analysis indicated removal of this item increased the alpha marginally; therefore, the item was retained. These results provided strong evidence for the internal consistency of the instrument and a secure basis from which to proceed to more advanced analysis.

The preceding reliability analysis resulted in the removal of seven unsatisfactory items from the instrument. The next step in the analysis was to perform EFA on the remaining items as reported in the following section.

6.4.2 Identifying the factor structure of the instrument

For the purpose of EFA, the instrument was divided into two parts (A and B) as the entire number of items as a whole did not obtain an interpretable result (n=95), suggesting that the small sample size may have been a problem. Part A consisted of items from Section 1 and 2 of the instrument measuring the antecedents and consequences of workplace bullying and Part B consisted of Section 3 containing items measuring the organisational features associated with workplace bullying. The ratio of subjects to items in part A was 1.8:1 and part B 2.4:1. Although the sample for the pilot survey was small, the nature of the data collected and the magnitude of loadings in the resulting factor analysis suggest that the small sample size was appropriate for EFA (Fabrigar, et al., 1999; Jaccard and Becker, 2002).
Prior to EFA being performed, the items in part A and parts B were tested for suitability. As factor analysis is based on correlation, it is preferable that items analysed are measured continuously and associations between items are linear (Tabachnick and Fidell, 1996).\(^1\) To determine linearity of the items, a spot check was conducted on a number of pairwise scatter plots (Tabachnick and Fidell, 1996). The spot check was conducted as it was not practical to examine all pairwise scatter plots (about 5000 plots) in this study. No clear evidence of a curvilinear relationship between the items to be factor analysed was identified. Therefore, it was appropriate to proceed with the analysis. Parts A and B of the survey were assessed for suitability for EFA by determining that the correlation matrix contained a majority of correlations in excess of 0.3; that the Kaiser-Meyer-Oklin measure of sampling adequacy was above of 0.6; that communalities\(^2\) were higher than 0.4 (Tabachnick and Fidell, 1996).

### 6.4.2.1 Deciding the number of factors to extract

Three techniques were used in combination to assist the decision regarding the number of underlying factors to extract: the Kaiser criterion, Catell’s Scree test and Horn’s parallel analysis. As the Kaiser criterion (the number of factors with eigenvalues greater than one) can lead to spurious factors (Stevens, 2000), both the number of factors above the scree break on the Catell’s scree plot and the number of factors extracted from a random data set of the same size calculated using Horn’s parallel analysis (Watkins, 2000) were used.

---

\(^1\) Likert scales are commonly used with factor analysis, the fewer the number of points on the scale, the more likely the departure from the assumption of normal distribution. In regard to the use of factor analysis on five questions in this analysis with three point scales, in reviewing the literature Jaccard and Wan (1996) suggested that this type of scale does not seem to dramatically affect Type I and Type II errors.

\(^2\) Which represent the amount of variance in one variable which is shared by all other variables (Watson 1998)
6.4.2.2 Rotation of factors and reliability of remaining items

Following a decision on the number of factors to retain, rotation of the factors to obtain a clear pattern of loadings was performed. Both orthogonal and oblique rotation methods were used, as oblique rotation is appropriate when factors demonstrate moderate correlations. Oblimin rotation was used for further analysis when correlations above 0.4 were present in the factor correlation matrix (Pallant, 2005). In interpreting the final solution, a minimum factor loading of 0.6 (Nunnally and Bernstein, 1994) was used as the criteria for retention of variables. To be interpreted in the final solution a factor required at least three items loading against it with two of these items loading in excess of 0.7 (Tabachnick and Fidell, 1996). The reliability of the final items retained in each part of the analysis was established by determining that the Cronbach’s alpha was in excess of 0.8 and the item-to-scale coefficients were greater than 0.3 (Nunnally and Bernstein, 1994). Items that did not meet these criteria were deleted from the final instrument.

6.4.2.3 Exploratory factor analysis: part A (section 1 and 2 of survey)

Initially, using Kaiser Criteria, twelve factors with eigenvalues in excess of one were considered suitable for retention (Tabachnick and Fidell, 1996). Further analysis of the plot from Catell’s scree test (see Appendix 6.3, page 330) suggested the interpretation of four factors. This was also supported by the results of parallel analysis. In the resulting four-factor Oblimin solution, the fourth factor was omitted from the final interpretation, as it did not contain items loaded at 0.7 or higher (see Appendix 6.3, page 331).
The final solution revealed the presence of a simple structure with the factors showing a number of loadings in excess of 0.7 and all items loading substantially on only one factor (Tabachnick and Fidell, 1996). The final solution comprised a cumulative variance of 69.6%, marginally below the criteria of a recommended cumulative variance of 70% (Tabachnick and Fidell, 1996). Figure 6.1 (page 168) shows the loading of items on the final solution. The three interpretable factors resulting from the analysis were as follows:

- **Factor one: Psychosocial distress** contained nine items and accounted for 30.7% of the variance
- **Factor two: Bullying acts** contained 12 items and accounted for 22.4% of the variance
- **Factor three: Avoidance and withdrawal at work** contained eight items and accounted for 9.6% of the variance.

The results merged and refined four scales from the initial instrument into one three-factor scale titled the *Bullying Acts and Consequences Scale* (Figure 6.1, following page). The first factor in the scale contained items that capture features of the psychological and social distress resulting from the experience of bullying. The second factor contained items that succinctly capture the principal aspects of bullying, including behaviours that are both subtle and overt, incorporating personal attack, attack through work, and attack upon professional reputation and status. The third factor contains items that captured features of avoidance and withdrawal employed in an attempt to cope with the stress associated with the experience of bullying and remain at work.
Figure 6.1: Part A final factor analysis pattern matrix: Bullying acts and consequences scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Factor 1: Psychosocial distress</strong></td>
<td></td>
</tr>
<tr>
<td>I am frightened the bully may harm my family</td>
<td>.922</td>
</tr>
<tr>
<td>I can't enjoy the company of family and friends</td>
<td>.916</td>
</tr>
<tr>
<td>I have begun to doubt my sanity</td>
<td>.884</td>
</tr>
<tr>
<td>My family and friends encourage me to resign</td>
<td>.877</td>
</tr>
<tr>
<td>I find it hard to concentrate and am forgetful</td>
<td>.871</td>
</tr>
<tr>
<td>I am tired but find it hard to sleep</td>
<td>.855</td>
</tr>
<tr>
<td>I have considered taking my own life</td>
<td>.829</td>
</tr>
<tr>
<td>I just want to pull the covers over my head and not get up</td>
<td>.817</td>
</tr>
<tr>
<td>On my way to work I know I am going to have a good day</td>
<td>.699</td>
</tr>
<tr>
<td><strong>Factor 2: Bullying acts</strong></td>
<td></td>
</tr>
<tr>
<td>I was blamed</td>
<td>.834</td>
</tr>
<tr>
<td>My abilities were questioned</td>
<td>.768</td>
</tr>
<tr>
<td>My work was excessively scrutinized</td>
<td>.750</td>
</tr>
<tr>
<td>I was excluded from receiving information</td>
<td>.713</td>
</tr>
<tr>
<td>I was watched and followed</td>
<td>.705</td>
</tr>
<tr>
<td>I was publicly humiliated</td>
<td>.699</td>
</tr>
<tr>
<td>I was belittled</td>
<td>.694</td>
</tr>
<tr>
<td>I was threatened</td>
<td>.682</td>
</tr>
<tr>
<td>I was ignored</td>
<td>.675</td>
</tr>
<tr>
<td>I was denied career development opportunities</td>
<td>.669</td>
</tr>
<tr>
<td>My work organized to inconvenience me</td>
<td>.618</td>
</tr>
<tr>
<td>I was given demeaning work below my skill level</td>
<td>.616</td>
</tr>
<tr>
<td><strong>Factor 3: Avoidance and withdrawal at work</strong></td>
<td></td>
</tr>
<tr>
<td>When I see the bully my heart races and I panic</td>
<td>.830</td>
</tr>
<tr>
<td>I used to want a career, now I just hope to get through the day</td>
<td>.830</td>
</tr>
<tr>
<td>I spend everyday at work watching my back</td>
<td>.801</td>
</tr>
<tr>
<td>I try to hide when I am at work and be less visible</td>
<td>.737</td>
</tr>
<tr>
<td>I don't put myself forward to be involved in things anymore</td>
<td>.731</td>
</tr>
<tr>
<td>I feel confident in myself at work</td>
<td>.724</td>
</tr>
<tr>
<td>I still enjoy my work</td>
<td>.723</td>
</tr>
<tr>
<td>I regularly try and avoid working with the bully</td>
<td>.711</td>
</tr>
</tbody>
</table>

Extraction Method: Oblimin with Kaiser Normalization. Rotation converged in 6 iterations. Note: loadings less than .32 were set to equal 0 and not reported.

The resulting final scale was highly reliable with a Cronbach’s alpha for factor one of 0.95, factor two of 0.92, factor three of 0.82, and an alpha for the final part A solution of 0.90. In addition, each of the item-total correlations was above 0.3 suggesting use of the items in one scale in the final instrument was appropriate. Table 6.7 (following page), summarises the changes made to the instrument following analysis of Part A.
### Table 6.7: Survey instrument section one and two: Revised scale content following EFA

<table>
<thead>
<tr>
<th>Prior to EFA</th>
<th>Revised instrument</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n=54)</td>
<td>(n=29)</td>
<td></td>
</tr>
<tr>
<td>Section two: Exposure to workplace bullying</td>
<td>Bullying Acts</td>
<td>Bullying acts</td>
</tr>
<tr>
<td></td>
<td>19 item Likert Scale</td>
<td>12 item Likert Scale</td>
</tr>
<tr>
<td>Section one: The effects of bullying</td>
<td>Avoidance and withdrawal at work</td>
<td>Avoidance and withdrawal at work</td>
</tr>
<tr>
<td></td>
<td>13 item Likert scale</td>
<td>8 item Likert scale</td>
</tr>
<tr>
<td>Emotional wellbeing</td>
<td>15 item Likert scale</td>
<td>Psychosocial distress</td>
</tr>
<tr>
<td>Effects on private life</td>
<td>7 item Likert scale</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 6.4.2.4 Exploratory factor analysis: part B (section 3 of survey)

Initially the Kaiser criteria for the preliminary analysis of part 2 indicated six factors with an eigenvalue greater than one suitable for interpretation (see Appendix 6.4, page 333). A decision to extract four factors was made based on the examination of the Catell’s Scree plot and the results of Horn’s parallel analysis (see Appendix 6.4). The resulting Varimax solution had a simple structure with only one item loading on more than one factor and the factors represented by a number of items loading in excess of 0.7. The final four factors explained a total 78.7% of the variance. The loading of items on the pattern matrix is presented in Figure 6.2. The four factors were as follows:
• **Factor one: Misuse of legitimate authority, processes and procedures** contained 11 items and accounted for 40.6% of the variance

• **Factor two: Alliances of bullies** contained seven items and accounted for 15.7% of the variance

• **Factor three: Organisational tolerance and reward** contained six items accounting for 13.3% of the variance

• **Factor four: Normalisation of bullying behaviours in work teams** contained seven items accounting for 9.0% of the variance.

The four factors appear to succinctly capture the organisational features associated with workplace bullying within one scale entitled the *Organisational Processes Scale*. The items in the first factor *Misuse of legitimate organisational authority processes and procedures* measure respondents perceptions of these behaviours as a vehicle for workplace bullying. Similar features have been measured through a number of non-specific tools such as the Perceptions of Organisational Politics Scale (Salin, 2003a) and the Occupational Stress Questionnaire (Zapf, 1999).

The second factor *Alliances of bullies* included measures of the nature of the relationships between individuals engaged in workplace bullying. This factor measures a more extensive form of group organisational behaviour than the group form of bullying termed “mobbing” in the literature on workplace bullying. The third factor *Organisational tolerance and reward* contains items that measure perceptions about tolerance of workplace bullying. Factor four contains items that measure the *Normalisation of bullying behaviours in work teams*. 
The final scale was highly reliable with a Cronbach’s alpha for the final part B solution of 0.98. The Cronbach’s alpha for each factor was: factor one 0.98; factor two 0.89; factor three 0.93; factor four 0.88.

Figure 6.2: Part B final factor analysis matrix: Organisational processes scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Factors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1: Misuse of legitimate authority, processes and procedures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managers back each other up</td>
<td>.899</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meetings called to manage personal injury or illness used to bully</td>
<td>.897</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior managers turn a blind eye to what those more senior do</td>
<td>.897</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records of meetings are falsified</td>
<td>.895</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threats and intimidation are used</td>
<td>.891</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You are summoned to meetings without notice and intimidated</td>
<td>.885</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You are denied an advocate to support you</td>
<td>.885</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior managers are led into taking part in the bullying</td>
<td>.885</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance appraisal is used as an opportunity to bully</td>
<td>.858</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The outward appearance of due process is created</td>
<td>.852</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisational policies and procedures are not followed</td>
<td>.850</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Factor 2: Alliances of bullies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullies build alliances by supporting each other</td>
<td>.942</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a hierarchy of bullies who support each other</td>
<td>.915</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They have mates in higher places that cover up for them</td>
<td>.907</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They organize work to allow a group to target someone</td>
<td>.907</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They gang up on you</td>
<td>.896</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They build alliances by promoting those who support them</td>
<td>.869</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior bullies hide the truth from formal investigations</td>
<td>.326</td>
<td>.868</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Factor 3: Organisational tolerance and reward</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullies control the allocation of work</td>
<td>.876</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullies obstruct change that may reduce their control</td>
<td>.869</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullies rigidly control work practices</td>
<td>.852</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullies promote those who stay silent about bullying</td>
<td>.839</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managers hide bullying under the guise of legitimate change</td>
<td>.812</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regardless of what they do bullies get promoted</td>
<td>.795</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restructure is used to force out those not supportive of bullies</td>
<td>.672</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Factor 4: Normalisation of bullying behaviours in work teams</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They change tactics to keep people on edge</td>
<td>.788</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They regularly do subtle things that aren’t noticed</td>
<td>.742</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They do a constant “array” of little things that all add up</td>
<td>.728</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New people are tested to see if they will turn a “blind eye” to bullying</td>
<td>.671</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less subtle bullying is only done in front of those who don’t speak out</td>
<td>.650</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over time they involve those who turn a blind eye to the bullying</td>
<td>.650</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They use others by leading them into playing a part in bullying</td>
<td>.631</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Extraction Method: Principal Axis Factoring  Rotation Method: Varimax with Kaiser Normalization. Rotation converged in 5 iterations. Rotation converged in 6 iterations. Note that loadings less than .32 were set to equal 0 and are reported.
Table 6.8: Survey instrument section three: Revised scale content following EFA.

<table>
<thead>
<tr>
<th>Initial instrument</th>
<th>Revised instrument</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n=48)</td>
<td>(n=32)</td>
<td></td>
</tr>
<tr>
<td>Q. 16 Bullying ignored, denied and tolerated</td>
<td>7 item Likert Scale</td>
<td>Organisational tolerance and reward</td>
</tr>
<tr>
<td>Q. 18 Misuse of legitimate processes</td>
<td>7 item Likert Scale</td>
<td>Misuse of legitimate authority, processes and procedures</td>
</tr>
<tr>
<td>Q. 22 and 23 Misuse of legitimate authority and procedures</td>
<td>15 yes/no items</td>
<td></td>
</tr>
<tr>
<td>Q. 19 Normalisation of bullying behaviours in work teams</td>
<td>8 item Likert Scale</td>
<td>Normalisation of bullying behaviours in work teams</td>
</tr>
<tr>
<td>Q. 20 and 21 Predatory alliances</td>
<td>10 yes/no items</td>
<td>Alliances of bullies</td>
</tr>
</tbody>
</table>

6.5 Finalising the national survey instrument

6.5.1 Establishing reliability of revised instrument

The instrument (Appendix 6.5, page 334) refined from the preceding analysis contained a smaller number of questions, with the number of scales items reduced from nine down to two. In reducing the number of items in the instrument, considerable improvement in the factor structure and reliability was achieved (Appendix 6.6, page 338 summarises the unsatisfactory items removed from the instrument). The revised instrument was internally consistent and highly reliable, the Cronbach’s alpha of each scale was greater than 0.8 and item-scale coefficients were greater than 0.3 (Nunnally and Bernstein, 1994).
6.5.2 Specifying the revised instrument structure and content

The twenty-two retained questions in the instrument were grouped into the following four sections:

Section 1 Demographic and employment characteristics (53 items)
Section 2 Exposure to workplace bullying (50 items)
Section 3 The effects of bullying (51 items)
Section 4 Workplace features (32 items).

The first section of the survey contained ten ‘yes’ and ‘no’ items relating to demographic and employment characteristics. In the second section, following an initial definition of bullying, four yes/no questions related to the duration and frequency of bullying and the position of the bully in the organisation. Respondents who had experienced bullying were asked to answer 29 five-point scale items (from ‘never’ through to ‘daily’) on the Bullying Acts and Consequences Scale. The scale measured exposure to three factors: Bullying acts; Psychosocial distress; Avoidance and withdrawal at work.

The third section of the instrument contained questions relating to the effects of workplace bullying, including work interruption (7 yes/no items), financial status (6 yes/no items), negative health consequences (13 yes/no items), and perceptions about reporting and responses to bullying (16 yes/no items). The fourth section of the instrument relating to organisational processes comprised 32 five-point scale items (from ‘strongly disagree’ through to ‘strongly agree’) on the Organisational Process Scale. The scale measured respondent’s experiences of the latent factors: Misuse of legitimate organisational authority, processes and procedures; Alliances of bullies;
Organisational tolerance and reward of bullying; Normalisation of bullying behaviours in work team

6.6 Summary

An important stage of the study was the development of a valid and reliable instrument for assessing workplace bullying. In this chapter, I have reported the procedures used to identify items unsuited for retention, and the refining of the reliability and size of the instrument. The results of the EFA identified the factor structure of the instrument and empirically validated the categories from the earlier qualitative analysis. The seven factors hypothesised to underpin the experience, consequences, and organisational determinants of workplace bullying provide a model of workplace bullying suited to further testing in the subsequent stage of the study.

6.7 Conclusion

The purpose of this stage of the study was to develop and validate a survey instrument suitable to assess bullying in the nursing workplace. The results of the reliability and factor analysis provide strong evidence for the internal validity and reliability of the revised instrument providing a secure basis from which to proceed to the national survey. In the next stage of this study, data from the national survey will be used for the more complex technique of confirmatory factor analysis. The use of confirmatory factor analysis will provide the opportunity to further elucidate and model relations between the latent factors in this stage of the study.
Chapter 7

ABSTRACT

Chapter seven presents the third, and final, stage of this sequential mixed methods study. The chapter details the methodology, analysis procedures, participants and findings from the national survey of bullying in the Australian nursing workforce. Aspects of the material in this chapter have been presented at an international conference with the peer-reviewed abstract published in the conference proceedings as detailed in Appendix 1 (page 313, citation eleven and twelve).
STAGE 3: NATIONAL SURVEY OF NURSES

7.1 Introduction

This chapter builds upon previous stages of this study in reporting details of the national survey. Information is presented on the nature, extent and consequences of bullying for respondents and the results of confirmatory factor analysis (CFA) performed on the seven factors hypothesised from the previous EFA. The CFA further refined the scales developed from the previous stage of the study, creating one multidimensional seven-factor scale titled *Organisational Predictors and Consequences of Bullying Scale* (OPCBS). Structural equation modelling (SEM) tested structural models hypothesising relations between the seven factors. Testing of the models validated a seven-factor model of workplace bullying and demonstrated relationships between the latent factors and other measured variables in an extended model. The seven-factor model identified the association between four organisational factors and resulting bullying which, in turn, was associated with the factors *Psychosocial distress* and *Avoidance and withdrawal at work*. The modelling empirically validated a multidimensional model of workplace bullying supporting the hypothesised seven-factors.

The chapter begins by revisiting the aims for this stage of the study and the reasoning behind the analysis undertaken. This is followed by detail on the instrument, sample, data screening, and planned analysis. For clarity, and to assist the reader to follow
the sequential steps taken in analysis of the survey data, results of the statistical analysis are presented in three parts. Initially, Part A summarises the findings of descriptive statistical analysis on the incidence, patterns, and consequences of workplace bullying. Part B presents the results of CFA. The final part of the results section, Part C, presents the findings of SEM.

7.1.2 Aims

The three aims of this stage of the study were:

1. To undertake a national survey of nurses to determine the incidence and nature of bullying in the Australian nursing workforce.

2. To further validate the survey instrument developed to differentiate the extent, nature and effects of bullying.

3. To model the latent factors hypothesised to underpin the experience, consequences and organisational features associated with workplace bullying.

7.2 The national survey

7.2.1 The sample

Initially, it was planned the survey sample would be drawn from the register of nurses held by nurse registering authorities. Providing a sample from the population of nurses registered to practice in Australia. Based upon the national nursing workforce statistics (AIHW, 2005), distributing the survey to two percent of the nursing workforce in each State and Territory would provide a national sample of 5000 nurses. However, changes to privacy legislation have resulted in the majority
of registering authorities no longer providing access to their registers for the purpose of research. In response, an alternative means of accessing a national sample of nurses was determined. A national nursing organisation providing both industrial and professional services to 145 000 members in each State and Territory agreed to provide access to their membership. By inserting the survey in the monthly journal posted to the home address of all members. The randomly selected sample from the mailing list of nurse members remained confidential. There were 370 surveys returned. One had insufficient data to be included in the analysis.

7.2.1.1 Adequacy of sample size

Given the number of non-respondents it was important to establish the adequacy of the sample before performing CFA and SEM. As CFA produces inferential statistics, it requires a larger sample size than EFA, as the analysis can be ‘less stable when estimated from small samples’ (Tabachnick and Fidel, 2001:659). To date, evidence regarding the optimal method to determine the adequacy of sample size for CFA and SEM is inconclusive (Bentler and Chou, 1987; Snook and Gorsuch, 1989; Kenny and McCoach, 2003; Kline 1986; Muthen and Muthen, 2002; Tabachnick and Fidell, 2001). Tabachnick and Fidell (2001) reviewed the issue and suggested that between 200-400 cases are adequate for factor analysis. Loehlin (1998) reported that confirmatory factor models with four factors require a sample size of 200 for SEM. The sample size obtained from the survey is just below this requirement for the seven-factor model in this study. Additionally, Muthen and Muthen (2002) noted that the distribution of items, amount of missing data, reliability of the variables, and the strength of the relations among variables reduces the required sample size.
7.3 Data collection and analysis

The paper-and-pencil survey distributed to a cross-sectional randomised sample of 6000 Australian nurses accessed through a national nursing organisation commenced in March 2006. Copies of the survey including reply paid details were inserted via a third person process into the organisation’s professional publication posted monthly to all nurse members.

7.3.1 Coding and preparation of the data

The data were entered into an Excel spreadsheet and when completed transferred into SPSS 13.0 (Statistic Package for Social Sciences) in preparation for data analysis. Three negatively worded items in question 15 (items 21, 27 and 28) were reverse coded. Descriptive statistics were run on the entire set of responses to ensure the data conformed to the assigned values, valid range and logical response checks were also made to identify coding errors (Pallant, 2005).

7.3.2 Data screening

In preparation for CFA and SEM, the data from the two scales was examined for multicollinearity (Tabachnick and Fidell, 1996), using the collinearity diagnostics function of SPSS. Following Pallant (2005:150), tolerance values less than 0.10 and Variance Inflation Factor (VIF) less than 10 were adopted as the cut-off points for determining the presence of multicollinearity. The analysis (Appendix 7.1, page 339) identified that item 27 in question 15 ‘I feel confident in myself at work’ did not meet these criteria (tolerance value=0.086, VIF=11.577) and the item was excluded from further analysis. Missing data were random with no item having in excess of three
per cent missing data. As the majority of items had less than one per cent missing data all items were retained for further analysis (Tabachnick and Fidell, 2001).  

7.3.3 Statistical analysis

The approach adopted for the analysis was a three-step process with initial descriptive analysis followed by specification and validation of the measurement model through CFA, and finally testing the fit of structural models using SEM (Joreskog and Moustaki, 2001; Kline, 1986; Lin, 2006). The descriptive analysis used SPSS 13.0 and the CFA and SEM used AMOS Version 7.0 (Arbuckle, 1997) with MLE.

Following Kline (2005), in performing the CFA the variance of one reference variable (the most reliable variable) was fixed at 1.0 to scale a factor. Factor loadings were required to load higher than 0.60 to be considered a good measure of the psychometric characteristics measures (Kline, 2005). In determining the explanatory power of the analysis, a number of goodness-of-fit measured were employed to evaluate the results (Bryant, Yarnold and Michelsen, 1999; Kline, 2005).

Initially the relative chi-square fit index, a measure of the chi square statistic, and the associated degrees of freedom was assessed. Tabachnick and Fidell (2001) suggest a ratio of 2:1 indicates model fit whereas Kline (2005) notes that a ratio of 5:1 has been used in many studies. For this analysis, a ratio of 3:1 was chosen to assess fit.

---

1 Age in years had 2.9% missing data, respondents who did not record their age in years responded to the item recording years worked as a nurse. Therefore, it was possible to determine that the majority of those who had not completed the age in years item were aged 57 years or more.
Further, given that the chi-square is sensitive to sample size (Tabachnick and Fidell, 2001), the following additional goodness-of-fit indices were computed:

(1) The Comparative fit Index (CFI) compares the existing model fit with a model where there is no relationship between variables. The closer to one the CFI, the better the fit. Therefore, a CFI greater than 0.90 was taken as acceptable fit, indicating that 90% of the covariance in the data was reproduced by the model (Hu and Bentler, 1999; McDonald and Ho, 2002).

(2) The Tucker-Lewis Index (TLI) considers degrees of freedom. As a fit close to 1 indicates good fit (Hu and Bentler, 1999), a result greater than 0.90 was used to indicate the model did not require respecification.

(3) The Normed Fit Index (NFI) reflects the degree to which the model improves fit compared to the null model. As the sample size was relatively small, an NFI value below 0.80 (Hu and Bentler, 1999) was taken to indicate a need to respecify the model.

(4) The root mean square error of approximation (RMSEA) is a measure of discrepancy per degree of freedom. An excellent fit was indicated when the RMSEA was less than or equal to 0.5, a good fit at 0.8, and an unsatisfactory fit at 0.10 (McDonald and Ho, 2002).
Chapter 7: Stage 3: National survey of nurses

7.4 Results

7.4.1 Part A - descriptive statistical analysis

7.4.1.1 Characteristics of respondents

Information on the employment characteristics of respondents is presented in Table 7.1 (following page). As summarised in the table, the majority of respondents were employed in clinical nursing positions 81.6% (n=301). Those not working in clinical positions (17.6% n=65) were in management, education, or nursing administration. Hospital nursing was the main area of work (53.7% n=198), followed by aged care (12.5% n=46), and midwifery (8.1% n=30). The majority worked in the public sector (75.9% n=280), 19% (n=70) in the private sector and 4.3% (n=16) reported employment in both sectors. A little over half worked full-time (52.6% n=197), 40% (n=145) were employed part-time and the remainder were casual employees (5.8% n=21). The mean years as a nurse were 23.1 years (SD=11.6) and the mean age in years was 44.3 years.

As noted in Table 7.1 registered nurses comprised 85.6% (n=316) of the sample and enrolled nurses 12.2% (n=45). With regard to nursing qualifications, 58.5% (n=216) of respondents held a hospital certificate; of these 21.5% reported the basic certificate as their highest qualification. For those with other qualifications: 37.9% (n=140) held a Bachelors Degree; 37.6% (n=139) held a postgraduate certificate or diploma; and, 7.6% (n=28) held a masters level qualification. The total number of qualifications exceeds 100 per cent because a number of respondents held multiple qualifications.
Table 7.1: Employment profile of respondents (n=369)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical nurse</td>
<td>248</td>
<td>67.2</td>
</tr>
<tr>
<td>Postgraduate student</td>
<td>8</td>
<td>2.2</td>
</tr>
<tr>
<td>Clinical nurse specialist</td>
<td>28</td>
<td>7.6</td>
</tr>
<tr>
<td>Clinical nurse consultant</td>
<td>17</td>
<td>4.6</td>
</tr>
<tr>
<td>Nurse unit manger</td>
<td>28</td>
<td>7.6</td>
</tr>
<tr>
<td>Educator</td>
<td>8</td>
<td>2.2</td>
</tr>
<tr>
<td>Assistant director of nursing</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Nursing director</td>
<td>14</td>
<td>3.8</td>
</tr>
<tr>
<td>Academic</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Nursing administration</td>
<td>10</td>
<td>2.7</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Employment sector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>280</td>
<td>75.9</td>
</tr>
<tr>
<td>Private</td>
<td>70</td>
<td>19</td>
</tr>
<tr>
<td>Public and Private</td>
<td>16</td>
<td>4.3</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Main area of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>198</td>
<td>53.7</td>
</tr>
<tr>
<td>Community</td>
<td>29</td>
<td>7.8</td>
</tr>
<tr>
<td>Midwifery</td>
<td>30</td>
<td>8.1</td>
</tr>
<tr>
<td>Aged care</td>
<td>46</td>
<td>12.5</td>
</tr>
<tr>
<td>Developmental disability</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Child and family health</td>
<td>20</td>
<td>5.4</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
<td>1.9</td>
</tr>
<tr>
<td>Mental health</td>
<td>15</td>
<td>4.1</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>5.4</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>197</td>
<td>52.6</td>
</tr>
<tr>
<td>Part-time</td>
<td>145</td>
<td>40</td>
</tr>
<tr>
<td>Casual</td>
<td>21</td>
<td>5.8</td>
</tr>
<tr>
<td>Missing</td>
<td>6</td>
<td>1.6</td>
</tr>
<tr>
<td>Category of nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered</td>
<td>316</td>
<td>85.6</td>
</tr>
<tr>
<td>Enrolled</td>
<td>45</td>
<td>12.2</td>
</tr>
<tr>
<td>Missing</td>
<td>8</td>
<td>2.2</td>
</tr>
<tr>
<td>Qualifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital certificate</td>
<td>216</td>
<td>58.5</td>
</tr>
<tr>
<td>Graduate certificate</td>
<td>92</td>
<td>24.9</td>
</tr>
<tr>
<td>Graduate diploma</td>
<td>55</td>
<td>14.9</td>
</tr>
<tr>
<td>Bachelor degree</td>
<td>140</td>
<td>37.9</td>
</tr>
<tr>
<td>Postgraduate certificate</td>
<td>98</td>
<td>26.6</td>
</tr>
<tr>
<td>Postgraduate diploma</td>
<td>41</td>
<td>11.0</td>
</tr>
<tr>
<td>Masters degree</td>
<td>28</td>
<td>7.6</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>3</td>
<td>0.8</td>
</tr>
</tbody>
</table>
As summarised in Table 7.2 (below) women accounted for 92.7% (n=342) of the sample and men accounted for 6.2% (n=23). Both of these characteristics closely match the profile of the Australian nursing workforce (AIHW, 2005).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>342</td>
<td>92.7</td>
</tr>
<tr>
<td>Male</td>
<td>23</td>
<td>6.2</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

7.4.1.2 Incidence of bullying

The reported incidence of current exposure to bullying is presented in Table 7.3 (following page). After being provided with a definition of workplace bullying, 22.5% (n=83) of respondents reported current bullying. The proportion of respondents who experienced bullying in the previous twelve months that had ceased at the time of the survey was 18.2% (n=67). In this sample, 40.7% (n=150) of respondents had experienced bullying at some time in the previous twelve months. Additionally, 15.2% (n=56) indicated that they had witnessed colleagues being bullied at some time and 15.4% (n=57) of respondents reported never experiencing workplace bullying. In this sample, bullying was a widespread problem that affected nurses both directly and indirectly.
Table 7.3: Current exposure to bullying (n=369)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently bullied</td>
<td>83</td>
<td>22.5</td>
</tr>
<tr>
<td>Bullied in the last year - stopped</td>
<td>67</td>
<td>18.2</td>
</tr>
<tr>
<td>Bullied in the past</td>
<td>106</td>
<td>28.7</td>
</tr>
<tr>
<td>Saw colleagues bullied</td>
<td>56</td>
<td>15.2</td>
</tr>
<tr>
<td>Never bullied</td>
<td>57</td>
<td>15.4</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 7.4 (following page) summarises cross tabulations of the exposure to bullying by work group, the total in some categories exceeds 100% as respondents reported multiple forms of exposure. The highest incidence reported was in Midwifery, with 33.3% (n=10) of Midwives reporting current bullying followed closely by mental health nurses 33.3% (n=5). Among hospital nurses, the incidence was 24.2% (n=48), while for aged care nurses it was 23.9% (n=11). It would appear that the incidence of bullying varies according to area of work specialty.

The proportion of respondents who were currently bullied and their nursing position is presented as a cross-tabulation in Table 7.5 (page 187). As the Table indicates, bullying was experienced across all categories of nurse with 23.4% (n=58) of clinical nurses in the sample reporting current bullying and 21.4% (n=6) of Nurse Unit Managers also reporting current bullying. The reporting of current bullying across all categories of nurse in the sample highlights the widespread occurrence of workplace bullying at all levels within healthcare organisations.
### Table 7.4: Cross-tabulation: Exposure to bullying * area of work (n=368)

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Exposure to bullying</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Currently bullied</td>
<td>Bullied in last year - stopped</td>
<td>Bullied in the past</td>
<td>Saw colleague bullied</td>
</tr>
<tr>
<td>Hospital nursing (n=198)</td>
<td>48 (24.2%)</td>
<td>35 (17.7%)</td>
<td>66 (33.3%)</td>
<td>97 (49.0%)</td>
</tr>
<tr>
<td>Community nursing (n=29)</td>
<td>2 (6.9%)</td>
<td>8 (27.6%)</td>
<td>11 (37.9%)</td>
<td>17 (58.6%)</td>
</tr>
<tr>
<td>Midwifery (n=30)</td>
<td>10 (33.3%)</td>
<td>5 (16.7%)</td>
<td>9 (30.0%)</td>
<td>13 (43.3%)</td>
</tr>
<tr>
<td>Aged care nursing (n=46)</td>
<td>11 (23.9%)</td>
<td>5 (10.9%)</td>
<td>26 (56.5%)</td>
<td>21 (45.7%)</td>
</tr>
<tr>
<td>Developmental disability (n=3)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (33.3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Child and family health (n=20)</td>
<td>4 (20.0%)</td>
<td>3 (15.0%)</td>
<td>13 (65.0%)</td>
<td>11 (55.0%)</td>
</tr>
<tr>
<td>Education (n=7)</td>
<td>0 (0%)</td>
<td>3 (42.9%)</td>
<td>3 (42.9%)</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td>Mental health nursing (n=15)</td>
<td>5 (33.3%)</td>
<td>6 (40.0%)</td>
<td>5 (33.3%)</td>
<td>3 (20.0%)</td>
</tr>
<tr>
<td>Other (n=20)</td>
<td>3 (15.0%)</td>
<td>2 (10.0%)</td>
<td>11 (55.0%)</td>
<td>8 (40.0%)</td>
</tr>
</tbody>
</table>
Table 7.5: Cross-tabulation: Currently bullied *position in organisation (n=366)

<table>
<thead>
<tr>
<th>Position</th>
<th>Currently bullied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Clinical nurse (n=248)</td>
<td>190</td>
</tr>
<tr>
<td></td>
<td>76.6%</td>
</tr>
<tr>
<td>Nursing administration (n=10)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>90.0%</td>
</tr>
<tr>
<td>Postgraduate student (n=8)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>62.5%</td>
</tr>
<tr>
<td>Clinical nurse specialist (n=28)</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>85.7%</td>
</tr>
<tr>
<td>Nurse unit manager (n=28)</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>78.6%</td>
</tr>
<tr>
<td>Clinical nurse consultant (n=17)</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>76.5%</td>
</tr>
<tr>
<td>Educator (n=8)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>87.5%</td>
</tr>
<tr>
<td>Assistant director of nursing (n=3)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>66.7%</td>
</tr>
<tr>
<td>Academic (n=2)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>50.0%</td>
</tr>
<tr>
<td>Director of nursing (n=14)</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>78.6%</td>
</tr>
</tbody>
</table>

7.4.1.3 Patterns of bullying
Examination of the reported frequency and duration of bullying (Table 7.6, following page) revealed it most commonly occurred once or twice a week (37.1% n=137), followed by a few times a day (18.4% n=68). The majority experienced bullying over a number of months (34.4% n=127), with less than a third of respondents reported experiencing bullying over a number of years (28.5% n=105).
Table 7.6: Frequency and duration of exposure to bullying

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of bullying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A few times a day</td>
<td>68</td>
<td>18.4</td>
</tr>
<tr>
<td>Once a day</td>
<td>24</td>
<td>6.5</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>137</td>
<td>37.1</td>
</tr>
<tr>
<td>Once every two weeks</td>
<td>37</td>
<td>10.0</td>
</tr>
<tr>
<td>Once a month</td>
<td>33</td>
<td>8.9</td>
</tr>
<tr>
<td>Never experienced</td>
<td>61</td>
<td>16.5</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
<td>2.6</td>
</tr>
<tr>
<td>Duration of bullying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days</td>
<td>24</td>
<td>6.5</td>
</tr>
<tr>
<td>Weeks</td>
<td>32</td>
<td>8.7</td>
</tr>
<tr>
<td>Months</td>
<td>127</td>
<td>34.4</td>
</tr>
<tr>
<td>Years</td>
<td>105</td>
<td>28.5</td>
</tr>
<tr>
<td>Never experienced</td>
<td>61</td>
<td>16.5</td>
</tr>
<tr>
<td>Missing</td>
<td>20</td>
<td>5.4</td>
</tr>
</tbody>
</table>

To identify patterns of bullying respondents were asked to rate the frequency with which they experienced twelve pre-defined bullying acts in the previous twelve months. The frequency of self-reported exposure to these acts (reported in Table 7.7, following page) indicates that 43.3% (n=135) of respondents experienced being excluded from information weekly or more frequently. Other common bullying experiences reported to occur weekly or more frequently were: being ignored (42.0% n=131); having your abilities questioned (38.5% n=120); having work excessively scrutinised (33.0% n=103); being blamed (27.2% n=85) or being belittled (35.2% n=110). These results suggest that respondents predominantly experienced forms of bullying focused upon work-related attack or attack upon professional reputation rather than the stereotypical workplace bullying behaviour of being threatened or publicly humiliated. In addition, the self reported incidence of bullying reported in Table 7.3 was similar to the reported exposure to these predefined bullying acts,
suggesting the survey instrument accurately captured bullying acts commonly experienced by respondents who identified themselves as bullied.

<table>
<thead>
<tr>
<th>Bullying acts</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>I was ignored</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>24.0%</td>
</tr>
<tr>
<td>My abilities were questioned</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>19.9%</td>
</tr>
<tr>
<td>My work was excessively scrutinised</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>30.1%</td>
</tr>
<tr>
<td>I was blamed</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>34.6%</td>
</tr>
<tr>
<td>I was belittled</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>19.9%</td>
</tr>
<tr>
<td>I was excluded from information</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>20.2%</td>
</tr>
<tr>
<td>I was watched and followed</td>
<td>149</td>
</tr>
<tr>
<td></td>
<td>47.8%</td>
</tr>
<tr>
<td>I was publicly humiliated</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>31.7%</td>
</tr>
<tr>
<td>I was threatened</td>
<td>156</td>
</tr>
<tr>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>I was denied career development opportunities</td>
<td>153</td>
</tr>
<tr>
<td></td>
<td>49.0%</td>
</tr>
<tr>
<td>My work was organized to inconvenience me</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>40.0%</td>
</tr>
<tr>
<td>I was given demeaning work below my skill level</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td>54.2%</td>
</tr>
</tbody>
</table>
To determine whether experiencing bullying was associated with demographic differences among respondents, the correlation between being bullied and each of the following demographic characteristics was examined: sex; age; years of nursing; category of nurse; position in the organisation; area of work specialty; work status; work area. Table 7.8 (below) summarises findings from this analysis, which identified no significant correlations (p<.005) suggesting that for the sample, demographic and employment characteristics have very little influence on whether workplace bullying was experienced.

Table 7.8: Pearson product-moment correlations between experiencing bullying and demographic characteristics

<table>
<thead>
<tr>
<th>Measures</th>
<th>Pearson correlation</th>
<th>Sig. (2-tailed)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category of nurse</td>
<td>0.063</td>
<td>0.227</td>
<td>369</td>
</tr>
<tr>
<td>Sex</td>
<td>0.019</td>
<td>0.715</td>
<td>369</td>
</tr>
<tr>
<td>Work status</td>
<td>0.029</td>
<td>0.577</td>
<td>366</td>
</tr>
<tr>
<td>Sector</td>
<td>-0.003</td>
<td>0.948</td>
<td>368</td>
</tr>
<tr>
<td>Position in organisation</td>
<td>-0.068</td>
<td>0.196</td>
<td>366</td>
</tr>
<tr>
<td>Area of nursing specialty</td>
<td>-0.040</td>
<td>0.441</td>
<td>367</td>
</tr>
<tr>
<td>Employment status</td>
<td>0.049</td>
<td>0.358</td>
<td>361</td>
</tr>
<tr>
<td>Age</td>
<td>-0.037</td>
<td>0.482</td>
<td>362</td>
</tr>
<tr>
<td>Years as a nurse</td>
<td>-0.021</td>
<td>0.685</td>
<td>368</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).

7.4.1.4 Characteristics of bullies

As illustrated in Table 7.9 (following page) an examination of the organisational status of bullies revealed that 48.7% (n=152) were managers; the majority of these were nurse managers (26.3% n=82). Colleagues were less frequently reported as
bullies (21.4% n=67), as were doctors (3.5% n=11), juniors (2.6% n=8) and allied health professionals (1.0% n=3). These results indicate that nurses experience downward bullying at more than twice the rate of horizontal bullying. This finding is noteworthy as it is contrary to the stereotypical concept of horizontal bullying frequently reported in the nursing literature.

Table 7.9: Characteristics of bullies (n=312)

<table>
<thead>
<tr>
<th>Category of bully</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A junior</td>
<td>8</td>
<td>2.6</td>
</tr>
<tr>
<td>A colleague</td>
<td>67</td>
<td>21.4</td>
</tr>
<tr>
<td>A superior</td>
<td>63</td>
<td>20.2</td>
</tr>
<tr>
<td>A doctor</td>
<td>11</td>
<td>3.5</td>
</tr>
<tr>
<td>A nurse manager</td>
<td>82</td>
<td>26.3</td>
</tr>
<tr>
<td>A non-nurse manager</td>
<td>70</td>
<td>22.4</td>
</tr>
<tr>
<td>Allied health</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td>Missing</td>
<td>8</td>
<td>2.6</td>
</tr>
</tbody>
</table>

7.4.1.5 Reporting workplace bullying

With regard to reporting workplace bullying, 64.1% of respondents had not made a report (n=200) as reported in Table 7.10 (following page). The most frequent reasons for non-reporting were the belief that nothing would be done (45.2% n=141), fear of reprisal (34.6% n=108), fear of being labelled a troublemaker (30.8% n=96), and concern that making a report would affect career prospects (22.7% n=71).
For those who made a report, Table 7.11 (following page) presents the reported outcomes in order of frequency. The majority of respondents reported the perception that the bullying was ‘swept under the carpet’ (92.6% n=101), or that ‘nothing changed’ (65.1% n=71). The perception of an organisational tolerance of bullying that underpinned the reasons for non-reporting is reflected in the outcomes for the majority of those who made a report.

**Table 7.10: Frequency of reporting and reasons for non-reporting bullying (n=312)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>109</td>
<td>34.9</td>
</tr>
<tr>
<td>No</td>
<td>200</td>
<td>64.1</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td>Reasons for non-reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn’t know how to make a report</td>
<td>30</td>
<td>9.7</td>
</tr>
<tr>
<td>I did not think it was serious enough</td>
<td>39</td>
<td>12.5</td>
</tr>
<tr>
<td>I feared reprisal</td>
<td>108</td>
<td>34.6</td>
</tr>
<tr>
<td>I decided to move positions instead</td>
<td>43</td>
<td>13.8</td>
</tr>
<tr>
<td>I didn’t think I could prove it</td>
<td>74</td>
<td>23.7</td>
</tr>
<tr>
<td>I would be labeled a troublemaker</td>
<td>96</td>
<td>30.8</td>
</tr>
<tr>
<td>Nothing would have been done</td>
<td>141</td>
<td>45.2</td>
</tr>
<tr>
<td>The process was too complicated</td>
<td>51</td>
<td>16.3</td>
</tr>
<tr>
<td>It would have affected my career</td>
<td>71</td>
<td>22.7</td>
</tr>
</tbody>
</table>
Table 7.11: Outcomes of reporting bullying (n=109)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swept under the carpet</td>
<td>101</td>
<td>92.6</td>
</tr>
<tr>
<td>Investigated and nothing changed</td>
<td>71</td>
<td>65.1</td>
</tr>
<tr>
<td>Asked to mediate with the bully</td>
<td>57</td>
<td>52.3</td>
</tr>
<tr>
<td>Report recorded but ignored</td>
<td>56</td>
<td>51.4</td>
</tr>
<tr>
<td>Told they were weak</td>
<td>44</td>
<td>40.4</td>
</tr>
<tr>
<td>Target moved to another position</td>
<td>33</td>
<td>30.2</td>
</tr>
<tr>
<td>Offered counselling</td>
<td>25</td>
<td>22.9</td>
</tr>
<tr>
<td>No longer bullied</td>
<td>35</td>
<td>32.1</td>
</tr>
</tbody>
</table>

7.4.1.6 The consequences of bullying

The frequency of self-reported health effects for respondents currently bullied is reported in Table 7.12 (following page). The table shows that the most commonly reported health effect was anxiety (65.0% n=54), closely followed by sleeplessness (55.4% n=46), fatigue and exhaustion (57.8% n=48), depression (54.2% n=45), and headaches (45.8% n=38).

Using Pearson product-moment correlation coefficient, the relationship between experiencing workplace bullying, reported Psychosocial distress, and Avoidance and withdrawal at work was calculated, as measured by the ‘Bullying Acts and Consequences Scale’ scale, which measured Bullying acts (12 items), Psychosocial distress (9 items), and Avoidance and withdrawal at work (8 items).
Table 7.12: Frequency of reported health effects for respondents currently bullied (n=83)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>54</td>
<td>65.0</td>
</tr>
<tr>
<td>Sleeplessness</td>
<td>46</td>
<td>55.4</td>
</tr>
<tr>
<td>Fatigue and exhaustion</td>
<td>48</td>
<td>57.8</td>
</tr>
<tr>
<td>Depression</td>
<td>45</td>
<td>54.2</td>
</tr>
<tr>
<td>Headaches</td>
<td>38</td>
<td>45.8</td>
</tr>
<tr>
<td>Gastric upsets</td>
<td>28</td>
<td>33.7</td>
</tr>
<tr>
<td>Change in weight</td>
<td>25</td>
<td>30.1</td>
</tr>
<tr>
<td>Memory loss</td>
<td>24</td>
<td>28.9</td>
</tr>
<tr>
<td>Elevated blood pressure</td>
<td>22</td>
<td>26.5</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>16</td>
<td>19.3</td>
</tr>
<tr>
<td>Drinking more alcohol</td>
<td>14</td>
<td>16.9</td>
</tr>
<tr>
<td>Exacerbation of chronic illness</td>
<td>14</td>
<td>16.9</td>
</tr>
<tr>
<td>Smoking more cigarettes</td>
<td>8</td>
<td>9.6</td>
</tr>
</tbody>
</table>

The total perceived Psychosocial distress was determined by adding all 9 items of the scale that measured the latent factor Psychosocial distress. The total score for this factor in the scale can range from nine (low levels of distress) to 45 (high levels of distress). Similarly, the total Avoidance and withdrawal at work measure was determined by adding all the 8 items that measure the latent factor Avoidance and withdrawal at work. The total score in the scale measuring this factor can range from 8 (low level of withdrawal) to 40 (high levels of withdrawal).
The results of the analysis are presented in Table 7.13 (below). For those currently bullied, there was moderate correlation with *Psychosocial distress* ($r=0.316$, $n=355$, $p<0.005$) and *Avoidance and withdrawal at work* ($r=0.333$, $n=355$, $p<0.005$). For those bullied in the last year but not currently bullied, there was a small correlation between *Psychosocial distress* ($r=0.254$, $n=355$, $p<0.005$) and *Avoidance and withdrawal at work* ($r=0.296$, $n=355$, $p<0.005$). For those who witnessed colleagues bullied there was a small correlation between *Psychosocial distress* ($r=0.161$, $n=356$, $p<0.005$) and *Avoidance and withdrawal at work* ($r=0.199$, $n=358$, $p<0.005$). These findings highlight the correlation between bullying and the measured domains for these categories of respondents bullied. Of importance is the continued correlation with negative effects more than a year after bullying had ceased.

**Table 7.13: Pearson product-moment correlations: Bullying and measures of psychosocial distress and avoidance and withdrawal at work**

<table>
<thead>
<tr>
<th>Bullied category</th>
<th>Psychosocial distress</th>
<th></th>
<th>Avoidance and withdrawal at work</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Correlation</td>
<td>Sig. (2-tailed)</td>
<td>Correlation</td>
<td>Sig. (2-tailed)</td>
</tr>
<tr>
<td>Currently bullied</td>
<td>0.316(**)</td>
<td>0.000</td>
<td>0.333(**)</td>
<td>0.000</td>
</tr>
<tr>
<td>Witnessed bullying</td>
<td>0.161(**)</td>
<td>0.002</td>
<td>0.199(**)</td>
<td>0.000</td>
</tr>
<tr>
<td>Bullied in the last year – stopped</td>
<td>0.254(**)</td>
<td>0.000</td>
<td>0.296(**)</td>
<td>0.000</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**

Examination of the reported effects of workplace bullying on income indicated 47% (n=39) of those currently bullied experienced loss of income. The majority (29.0%
n=24) reported a reduction less than $9,999 per annum, while 13.2% (n=11) reported a reduction in income of $10,000 to $19,999 per annum, and 3.6% (n=3) experienced income loss greater than $29,999 per annum. Analysis of reported work interruption revealed that 44.6% (n=37) of those currently bullied reported taking sick leave; a further 25.3% (n=21) reported reducing their hours of employment, while 16.9% (n=14) resigned their position, resulting in 13.2% (n=11) of respondents relocating to find a new job. These results highlight the statistically effect of experiencing bullying on work interruption and the resulting loss of income.

Table 7.14: Currently bullied: Effects on income and work interruption (n=83)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income reduced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>53.0</td>
</tr>
<tr>
<td>Less than $9,999</td>
<td>24</td>
<td>29.0</td>
</tr>
<tr>
<td>$10,000 - $19,999</td>
<td>11</td>
<td>13.2</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>More than $30,000</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Applied for workers compensation</td>
<td>6</td>
<td>7.2</td>
</tr>
<tr>
<td>Reduced hours worked</td>
<td>21</td>
<td>25.3</td>
</tr>
<tr>
<td>No longer working in chosen field</td>
<td>8</td>
<td>9.6</td>
</tr>
<tr>
<td>Resigned from organisation</td>
<td>14</td>
<td>16.9</td>
</tr>
<tr>
<td>Relocated to find new job</td>
<td>11</td>
<td>13.2</td>
</tr>
<tr>
<td>Used sick leave to cope</td>
<td>37</td>
<td>44.6</td>
</tr>
<tr>
<td>Moved positions within organisation</td>
<td>14</td>
<td>16.9</td>
</tr>
<tr>
<td>Overlooked for promotion</td>
<td>15</td>
<td>18.0</td>
</tr>
</tbody>
</table>
7.4.2  Part B - confirmatory factor analysis

Exploratory and confirmatory factor analyses are related techniques for investigating relations among variables in multivariate data and searching for underlying latent factors (Lea, Watson and Drury, 1998). Both CFA and SEM require multiple observed measures for each latent factor, and each of the observed measures should be a reliable and valid measure of the latent construct (Fitzgerald, Drasgo and Magley, 1999). The data collected from the national survey using the instrument developed in the previous stage of this study met these criteria, and was therefore suited to both forms of analysis. Further, as Floyd and Widaman (1995) have noted exploratory factor analysis (EFA) is appropriate in the preliminary stages of model development, whereas CFA, as a more powerful tool, is appropriate after a model development to test the adequacy of the proposed factor structure. Therefore, to address these issues, the stronger analytical techniques of CFA and SEM were used in the third stage of this study to provide a ‘theoretically more important’ analysis, one that enabled ‘explicit hypotheses testing’ (Snook and Gorsuch, 1989:148) about workplace bullying.

7.4.2.1  Hypothesis

The hypothesis tested was that the four organisational factors identified in the earlier stages of this study function as predictors of workplace bullying, which subsequently exerts a negative effect upon health, psychosocial distress, and avoidance and withdrawal at work for nurses exposed to bullying.

Accordingly, the following propositions were explored through CFA and SEM:
(1) Bullying acts, organisational and team level determinants of bullying, and the psychosocial, health, and work related consequences of bullying exist as discrete latent variables.

(2) Workplace bullying has an effect upon psychosocial wellbeing, health status, withdrawal at work, and career progress.

(3) The following organisational factors act as determinants for workplace bullying: Misuse of legitimate authority, processes and procedures; Alliances of bullies; Organisational tolerance and reward; and, the Normalisation of bullying behaviours in work teams.

7.4.2.2 Specifying the measurement model

CFA was performed on the Bullying Acts and Consequences Scale and the Organisational Processes Scale developed from the earlier EFA (Chapter 6, Figure 6.1 and 6.2). The Bullying Acts and Consequences Scale (29 items) consisted of three factor-based subscales measuring: Bullying acts; Psychosocial distress; Avoidance and withdrawal at work. The Organisational Process Scale (32 items) consisted of four-factor based subscales measuring: Misuse of legitimate authority, processes and procedures; Alliances of bullies; Organisational tolerance and reward; Normalisation of bullying behaviours in work teams.

Initial exploratory modification (Loehlin, 1998) of the items in the scales was undertaken as the first step in the CFA. This was conducted in view of the small sample size of the earlier EFA (reported in Chapter 6) and the tentative nature of the
EFA results. Variables that failed to load substantially (>0.6) upon the factors, loaded less than their standard error, or had high residual correlations were investigated further for their removal. In removing the unsatisfactory items, consideration was given to ensure the remaining measures were ‘conceptually adequate for defining the latent factors’ (Loehlin, 1998: 197). Results based on the initial CFA demonstrated unsatisfactory loadings for a number of items across the seven factors in the two scales. In addition, two positively worded items were noted to reduce the model goodness-of-fit. The effect of removing the items upon goodness-of-fit was determined and, as a result, the 15 items summarised in Table 7.15 (following page) were removed. The resulting multidimensional scale was entitled the Organisational Predictors and Consequences of Bullying Scale (OPCBS).

7.4.2.3 Testing the measurement model

Confirmatory factor analysis was conducted on the retained set of items for each of the seven factors; the factor loadings and coefficient alpha scores for each measured item are presented in Table 7.16 (page, 201). The coefficient alpha of the factor-based subscales in the instrument ranged from 0.85 to 0.92. All factor loadings ranged from 0.65 to 0.89. These results suggested the retained measures could be incorporated into one scale, which was a moderate to strong measures of the underlying latent factors. The scale was entitled the Organisational Predictors and Consequences of Bullying Scale (OPCBS).
Table 7.15: Initial model specification: Unsatisfactory items

<table>
<thead>
<tr>
<th>Factor</th>
<th>Question and item</th>
<th>Reason for removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misuse of legitimate authority, processes and procedures</td>
<td>Q.22-1. Managers back each other up</td>
<td>0.42 factor loading</td>
</tr>
<tr>
<td></td>
<td>Q.22-3. Junior managers turn a blind eye</td>
<td>0.58 factor loading</td>
</tr>
<tr>
<td></td>
<td>Q.22-10. The outward appearance of due process is created</td>
<td>High residual correlation (0.23)</td>
</tr>
<tr>
<td>Alliances of bullies</td>
<td>Q.22-17. They build alliances by supporting each other</td>
<td>0.25 factor loading</td>
</tr>
<tr>
<td>Organisational tolerance and reward</td>
<td>Q.22-21. Bullies rigidly control work practices</td>
<td>High residual correlation (0.41)</td>
</tr>
<tr>
<td>Normalisation of bullying behaviours in work teams</td>
<td>Q.22-27. Bullies regularly do subtle things that aren’t noticed</td>
<td>High residual correlation (0.32)</td>
</tr>
<tr>
<td></td>
<td>Q.22-31. Over time they involve those who turn a blind eye to bullying</td>
<td>0.55 factor loading</td>
</tr>
<tr>
<td>Psychosocial distress</td>
<td>Q.15-13. I am frightened the bully may harm my family</td>
<td>High residual correlation (0.30)</td>
</tr>
<tr>
<td></td>
<td>Q.15-18. I find it hard to concentrate and am forgetful</td>
<td>High residual correlation (0.21)</td>
</tr>
<tr>
<td></td>
<td>Q.15-18. On my way to work I know I am going to have a good day</td>
<td>Positively worded item loaded satisfactorily, fit improved when removed</td>
</tr>
<tr>
<td>Bullying acts</td>
<td>Q.15-2. My abilities were questioned</td>
<td>High residual correlation (0.43)</td>
</tr>
<tr>
<td></td>
<td>Q.15-7. I was belittled</td>
<td>High residual correlation (0.26)</td>
</tr>
<tr>
<td></td>
<td>Q.15-11. My work was organised to inconvenience me</td>
<td>High residual correlation (0.25)</td>
</tr>
<tr>
<td>Avoidance and withdrawal at work</td>
<td>Q.15-25. I try to hide at work and be less visible</td>
<td>High residual correlation (0.25)</td>
</tr>
<tr>
<td></td>
<td>Q.15-28. I still enjoy my work</td>
<td>Positively worded item loaded satisfactorily, fit improved when removed</td>
</tr>
</tbody>
</table>

Table 7.17 (page, 202) shows the goodness of fit indices from the CFA on the seven factors in the measurement model. Examination of the indices of model fit revealed that two of the factor-based subscales had good absolute model fit, the other five had absolute fit below the desired level.

Table 7.16: Organisational predictors and consequences of bullying scale (OPCBS): Factor loadings and Cronbach’s alpha scores
### Item Table

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor Loadings</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can't enjoy the company of family and friends</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>I have begun to doubt my sanity</td>
<td>0.74</td>
<td></td>
</tr>
<tr>
<td>My family and friends encourage me to resign</td>
<td>0.65</td>
<td></td>
</tr>
<tr>
<td>I am tired but find it hard to sleep</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>I have considered taking my own life</td>
<td>0.82</td>
<td></td>
</tr>
<tr>
<td>I just want to pull the covers over my head and not get up</td>
<td>0.67 0.88</td>
<td></td>
</tr>
<tr>
<td>I was blamed</td>
<td>0.78</td>
<td></td>
</tr>
<tr>
<td>My work was excessively scrutinized</td>
<td>0.81</td>
<td></td>
</tr>
<tr>
<td>I was excluded from receiving information</td>
<td>0.78</td>
<td></td>
</tr>
<tr>
<td>I was watched and followed</td>
<td>0.78</td>
<td></td>
</tr>
<tr>
<td>I was publicly humiliated</td>
<td>0.80</td>
<td></td>
</tr>
<tr>
<td>I was threatened</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>I was ignored</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>I was denied career development opportunities</td>
<td>0.69</td>
<td></td>
</tr>
<tr>
<td>I was given demeaning work below my skill level</td>
<td>0.67 0.92</td>
<td></td>
</tr>
<tr>
<td>When I see the bully my heart races and I panic</td>
<td>0.80</td>
<td></td>
</tr>
<tr>
<td>I used to want a career, now I just hope to get through the day</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>I spend everyday at work watching my back</td>
<td>0.85</td>
<td></td>
</tr>
<tr>
<td>I don't put myself forward to be involved in things anymore</td>
<td>0.83</td>
<td></td>
</tr>
<tr>
<td>I regularly try and avoid working with the bully</td>
<td>0.78 0.91</td>
<td></td>
</tr>
<tr>
<td>Meetings called to manage personal injury or illness used to bully</td>
<td>0.69</td>
<td></td>
</tr>
<tr>
<td>Records of meetings are falsified</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>Threats and intimidation are used</td>
<td>0.77</td>
<td></td>
</tr>
<tr>
<td>You are summoned to meetings without notice and intimidated</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>You are denied an advocate to support you</td>
<td>0.69</td>
<td></td>
</tr>
<tr>
<td>Junior managers are led into taking part in the bullying</td>
<td>0.79</td>
<td></td>
</tr>
<tr>
<td>Performance appraisal is used as an opportunity to bully</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>Organisational policies and procedures are not followed</td>
<td>0.75 0.90</td>
<td></td>
</tr>
<tr>
<td>There is a hierarchy of bullies who support each other</td>
<td>0.87</td>
<td></td>
</tr>
<tr>
<td>They have mates in higher places that cover up for them</td>
<td>0.87</td>
<td></td>
</tr>
<tr>
<td>They organise work to allow a group to target someone</td>
<td>0.89</td>
<td></td>
</tr>
<tr>
<td>They gang up on you</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>They build alliances by promoting those who support them</td>
<td>0.81</td>
<td></td>
</tr>
<tr>
<td>Senior bullies hide the truth from formal investigations</td>
<td>0.76 0.92</td>
<td></td>
</tr>
<tr>
<td>Bullies control the allocation of work</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>Bullies promote those who stay silent about bullying</td>
<td>0.83</td>
<td></td>
</tr>
<tr>
<td>Bullies obstruct change that may reduce their control</td>
<td>0.80</td>
<td></td>
</tr>
<tr>
<td>Managers hide bullying under the guise of legitimate change</td>
<td>0.78</td>
<td></td>
</tr>
<tr>
<td>Regardless of what they do bullies get promoted</td>
<td>0.68</td>
<td></td>
</tr>
<tr>
<td>Restructure is used to force out those not supportive of bullies</td>
<td>0.87 0.91</td>
<td></td>
</tr>
<tr>
<td>A change of tactics is used to keep people on edge</td>
<td>0.79</td>
<td></td>
</tr>
<tr>
<td>There is a constant &quot;array&quot; of little things that all add up</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>New people are tested to see if they will turn a blind eye to bullying</td>
<td>0.69</td>
<td></td>
</tr>
<tr>
<td>Less subtle bullying is done in front of those who don't speak out</td>
<td>0.81</td>
<td></td>
</tr>
<tr>
<td>They use others by leading them into playing a part in bullying</td>
<td>0.82 0.85</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.17: Goodness of fit indices for measurement model
### Table 7.4.1: Fit indices for the structural model

<table>
<thead>
<tr>
<th>Factor</th>
<th>$\chi^2$ (d.f)</th>
<th>RMSEA</th>
<th>CFI</th>
<th>TLI</th>
<th>NFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying acts</td>
<td>56.6 (25)</td>
<td>0.05</td>
<td>0.98</td>
<td>0.98</td>
<td>0.95</td>
</tr>
<tr>
<td>Psychosocial distress</td>
<td>47.0 (9)</td>
<td>0.09</td>
<td>0.96</td>
<td>0.91</td>
<td>0.95</td>
</tr>
<tr>
<td>Avoidance and withdrawal at work</td>
<td>29.8 (8)</td>
<td>0.07</td>
<td>0.97</td>
<td>0.90</td>
<td>0.92</td>
</tr>
<tr>
<td>Misuse of authority</td>
<td>86.2 (20)</td>
<td>0.09</td>
<td>0.95</td>
<td>0.92</td>
<td>0.90</td>
</tr>
<tr>
<td>Organisational tolerance and reward</td>
<td>34.0 (9)</td>
<td>0.08</td>
<td>0.98</td>
<td>0.95</td>
<td>0.90</td>
</tr>
<tr>
<td>Normalisation of bullying behaviour in work teams</td>
<td>16.10 (5)</td>
<td>0.07</td>
<td>0.98</td>
<td>0.95</td>
<td>0.97</td>
</tr>
<tr>
<td>Alliances of bullies</td>
<td>4.0 (2)</td>
<td>0.08</td>
<td>0.99</td>
<td>0.97</td>
<td>0.95</td>
</tr>
</tbody>
</table>

Given the unreliability of absolute fit measures in small samples, these findings by themselves were not taken to indicate poor model fit. Instead, a number of comparative model fit indices were also computed. These results indicated good comparative model fit, indicating an acceptable fit of the model to the data. Two factors with poor RMSEA (Psychological distress and Misuse of legitimate organisational authority, processes and procedures) demonstrated an excellent NFI, CFI and TLI, and, as a result, were considered to have a sufficient fit with the data to proceed with further analysis.²

### 7.4.3 Part C - analysis of the structural model

The CFA results confirmed the construct validity of the measures and their goodness-of-fit with the national survey data, establishing the basis from which to commence the next step in the analysis – testing the structural model. The purpose

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²Following Kenny and McCoach (2003) who identified bias in commonly used measures of fit such as TFI and CFI towards models with a small number of measured variable. Therefore, a poor TLI, CFI and RMSEA was taken as ‘a sign of a truly poorly fitting model’ (Kenny and McCoach 2003: 349). As the TLI penalises for model complexity it was considered in light of the NFI to determine the overall fit of the model.
of testing the structural model using SEM was to evaluate the relationships between the latent factors in the multidimensional model of workplace bullying developed from the earlier EFA and confirmed through CFA.

Following the recommendation of Kline (2005), who notes a major limitation of SEM modelling is the failure to consider alternate models, a number of equivalent models examining different variations in the relationships between the latent factors were tested. The majority of these models provided unsatisfactory results and are not included in the thesis; the following feasible models are reported:

1. Seven factor model.
2. Six factor model.
3. Extended consequences model.

The results of the analysis for each model are presented separately in the following sections.

7.4.3.1 Seven-factor model

In the seven-factor model illustrated in Figure 7.1 following page, the latent factors are related to one another incrementally. In the model, organisational and team-level factors function as antecedents for the latent factor *Bullying acts*, which subsequently exert a negative effect on *Psychosocial distress* and *Avoidance and withdrawal at work*.

---

3 In order to aid interpretation of the models, the following standard notations were used. A box designates measured variables, and latent factors are represented with a circle. Straight lines represent paths, with an arrowhead pointing toward the effect variable. Curved lines with arrowheads at both ends represent unanalysed relationships, and are correlations with no implied direction or effect. No line indicates that no direct relationship has been hypothesised (Tabachnick and Fidell 2001).
Initially the SEM analysis converged to an admissible solution. Figure 7.2 (following page) presents the results of the analysis of the seven-factor structural model. What emerged from the analysis of the seven-factor model was that each of the measured items loaded moderately (0.69) to strongly (0.86) upon their designated latent factor. The chi-square was 1883.0 with degrees of freedom = 848 indicating an acceptable ratio (see Appendix 7.3, page 343 for AMOS output). Additionally, the TLI was 0.90, the CFI was 0.91, and the RMSEA was good at 0.06, suggesting a satisfactory model fit. These indicators suggest an acceptable fit for the model. As the model has 139 parameters, and Kline (2005) advocates a minimum of five cases per parameter, it is likely that a larger sample size is required for confident interpretation of these results.\(^4\)

**Figure 7.2: MLE estimates of the seven factor structural model**

\(^4\) Marcoulides and Saunders (2006: vii) have suggested the sample size required to achieve power equal to 0.80, using indicators with 0.7 valued factor loadings and a factor intercorrelation equal to 0.2, is 371 cases with normally distributed data and few missing values. As the results met these requirements, the sample size could be considered sufficient.
Reported in the following table are the model parameter estimates for both the standardised and unstandardised model estimates. 

Table 7.18: Maximum likelihood parameter estimates for seven factor model

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Unstandardised</th>
<th>SE</th>
<th>Standardised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliances → Bullying</td>
<td>0.25</td>
<td>0.11</td>
<td>0.24</td>
</tr>
<tr>
<td>Misuse → Bullying</td>
<td>0.20</td>
<td>0.12</td>
<td>0.26</td>
</tr>
<tr>
<td>Tolerance → Bullying</td>
<td>0.29</td>
<td>0.15</td>
<td>0.28</td>
</tr>
<tr>
<td>Normalisation → Bullying</td>
<td>0.18</td>
<td>0.13</td>
<td>0.13</td>
</tr>
<tr>
<td>Bullying → Withdrawal</td>
<td>1.20</td>
<td>0.08</td>
<td>0.91</td>
</tr>
<tr>
<td>Bullying → Psychosocial</td>
<td>0.95</td>
<td>0.06</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Variance and covariances

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Unstandardised</th>
<th>SE</th>
<th>Standardised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliances ↔ Misuse</td>
<td>0.71</td>
<td>0.80</td>
<td>0.80</td>
</tr>
<tr>
<td>Alliances ↔ Tolerance</td>
<td>0.66</td>
<td>0.84</td>
<td>0.85</td>
</tr>
<tr>
<td>Alliances ↔ Normalisation</td>
<td>0.60</td>
<td>0.77</td>
<td>0.77</td>
</tr>
<tr>
<td>Misuse ↔ Tolerance</td>
<td>0.56</td>
<td>0.77</td>
<td>0.70</td>
</tr>
<tr>
<td>Misuse ↔ Normalisation</td>
<td>0.50</td>
<td>0.69</td>
<td>0.70</td>
</tr>
<tr>
<td>Tolerance ↔ Normalisation</td>
<td>0.49</td>
<td>0.77</td>
<td>0.77</td>
</tr>
</tbody>
</table>

What Table 7.18 shows is that the estimated path coefficients between Alliances of bullies and Bullying acts was moderate (0.24), indicating that when Alliances of bullies go up by one full standard deviation above the mean, Bullying acts increase by 0.24. Similarly when Misuse of legitimate authority, processes and procedures, Normalisation of bullying behaviours in work teams, or Organisational tolerance and reward increase by one point, Bullying acts go up by 0.26, 0.13, and 0.28 respectively. The results show the association between these organisational factors and bullying.

\(^5\) For completeness both unstandardised and standardised estimates are presented. Unstandardised analysis is ‘raw unit’ analysis of correlations, while standardised results are analysis of covariance. Given the purpose of the analysis in this study is to make comparisons across different variables and not across different groups, the standardised estimates are used for interpretation (Kline 2005; Loehlin 1998).
In addition, Table 7.18 notes that the standardised estimated path co-efficients between Bullying acts; Avoidance and withdrawal at work and Psychosocial distress were high at 0.91 and 0.78 respectively. The path co-efficients identify that greater experienced bullying was related to higher levels of Avoidance and withdrawal at work and Psychosocial distress. The results indicate for the sample that Bullying acts one standard deviation above the mean predict a level of Avoidance and withdrawal at work 0.91 standard deviations above the mean. Similarly, a level of Bullying acts one full standard deviation above the mean is associated with Psychosocial distress 0.78 above the mean. In this sample, the association between Bullying acts and these factors was strong, particularly the relationship between Bullying acts and Avoidance and withdrawal at work. These results demonstrate an incremental relationship between the latent factors and indicate the direction of the relationship between the four organisational factors and the factors Psychosocial distress and Avoidance and withdrawal at work.

Table 7.19: Factor pattern intercorrelations

<table>
<thead>
<tr>
<th>Factor No.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misuse</td>
<td>1.00</td>
<td>.70</td>
<td>.77</td>
<td>.80</td>
<td>.56</td>
<td>.51</td>
<td>.51</td>
</tr>
<tr>
<td>Normalisation</td>
<td>2</td>
<td>1.00</td>
<td>.77</td>
<td>.78</td>
<td>.55</td>
<td>.50</td>
<td>.49</td>
</tr>
<tr>
<td>Tolerance</td>
<td>3</td>
<td>1.00</td>
<td>.85</td>
<td>.59</td>
<td>.54</td>
<td>.53</td>
<td></td>
</tr>
<tr>
<td>Alliances</td>
<td>4</td>
<td>1.00</td>
<td>.60</td>
<td>.54</td>
<td>.54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying Acts</td>
<td>5</td>
<td>1.00</td>
<td>.91</td>
<td>.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial</td>
<td>6</td>
<td>1.00</td>
<td>.82</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>7</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Correlation coefficients are shown to two decimal places only.

The factor pattern correlations between the seven latent factors are presented in the Table 7.19 (above). The results demonstrate a substantial relation between all of the latent factors. The factors: Misuse of legitimate authority; Normalisation of bullying behaviours in work teams and Organisational tolerance and reward each
demonstrate a strong relation (>0.70). Whereas the factors *Bullying acts*, *Psychosocial distress* and *Avoidance and withdrawal at work* each demonstrate moderate relations with the four organisational factors (>0.49). The Factors *Bullying acts*, *Psychosocial distress* and, *Avoidance and withdrawal at work* are strongly related to each other (>0.82).

Based on the strength of the correlation between the *Misuse of legitimate organisational authority, processes and procedures* and *Organisational tolerance and reward* factors (0.77), a six-factor model was tested to determine whether these correlations indicated the two factors were not distinct (i.e., had poor discriminant validity). The following section presents the results of the respecified six-factor model.

### 7.4.3.2 Six-factor model

The six-factor model merged the *Misuse of legitimate authority, processes and procedures* and the *Organisational tolerance and reward* latent factors to determine whether a six-factor model provided improved goodness of fit. Similar to the seven factor model, the six factor model hypothesised the latent factors were incrementally related to one another, with organisational and team-level tolerance of workplace bullying (measured through three latent factors) having a path to *Bullying acts*, which, subsequently, was associated with a negative effect on *Psychosocial distress* and *Avoidance and withdrawal at work*. Figure 7.3 on the following page illustrates the standardised path model for the respecified six-factor structural model.
Figure 7.3: MLE estimates of the six factor structural model
The SEM analysis converged to an admissible solution. What emerged from the analysis of the six-factor model was that each of the measured items loaded moderately (0.67) to strongly (0.86) upon their designated latent factor (see Table 7.20, below). The Chi square was 2233.3 with degrees of freedom = 894 indicating an unacceptable ratio. The TLI was 0.883, which was under the satisfactory level of 0.90. The CFI was 0.81 suggesting an unsatisfactory model fit, and the RMSEA was reasonably good at 0.064. The NFI was 0.82 suggesting that the model specified the fit of 82% of the data and required re-specification. Together these indicators suggest that the six-factor model did not offer an improvement over the seven-factor model; therefore, the six-factor model was rejected in preference to the seven-factor model.

### Table 7.20: Maximum likelihood parameter estimates for six-factor model

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Unstandardised</th>
<th>SE</th>
<th>Standardised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying → Withdrawal</td>
<td>0.17</td>
<td>0.08</td>
<td>0.90</td>
</tr>
<tr>
<td>Bullying → Psychosocial</td>
<td>0.27</td>
<td>0.06</td>
<td>0.91</td>
</tr>
<tr>
<td>Tolerance and alliances → Bullying</td>
<td>0.44</td>
<td>0.17</td>
<td>0.35</td>
</tr>
<tr>
<td>Misuse → Bullying</td>
<td>0.27</td>
<td>0.16</td>
<td>0.19</td>
</tr>
<tr>
<td>Normalisation → Bullying</td>
<td>0.18</td>
<td>0.13</td>
<td>0.12</td>
</tr>
</tbody>
</table>

**Variances and covariances**

<table>
<thead>
<tr>
<th>Variances and covariances</th>
<th>Unstandardised</th>
<th>SE</th>
<th>Standardised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority and alliances ↔ Tolerance</td>
<td>0.68</td>
<td>0.74</td>
<td>0.86</td>
</tr>
<tr>
<td>Authority and alliances ↔ Normalisation</td>
<td>0.20</td>
<td>0.06</td>
<td>0.77</td>
</tr>
<tr>
<td>Normalisation ↔ Tolerance</td>
<td>0.49</td>
<td>0.68</td>
<td>0.78</td>
</tr>
</tbody>
</table>

### 7.4.3.3 The extended consequences model

This model extended the analysis of the consequences of workplace bullying to include items measuring health effects and work interruption. The model builds upon the seven-factor model and hypothesises that *Bullying acts* are associated with *Psychosocial distress, Avoidance and withdrawal at work, health effects* (yes, no response items), and work interruption. Although in general SEM is for continuous
multivariate data (Kline, 2005; Tabachnick and Fidell, 2001), Kline has noted the emergence of mixed models that include items that are not continuous. The model which analyses categorical data has been included in the thesis as it presents important new data that warrants further investigation.

What emerged from the analysis of the extended consequences model was that each of the measured items loaded moderately to strongly upon their designated latent factor. The Chi square was 2196.97 with degrees of freedom = 775 indicating an unacceptable ratio of 2.8. The TLI was 0.91 suggesting a satisfactory model fit, the CFI was 0.92 indicating a good fit, and the RMSEA was reasonably good at 0.07 (Appendix 7.4, page 346 presents the AMOS output). Together these indicators suggest an acceptable absolute and comparative fit model. Figure 7.4 (page 213) illustrates the standardised path model for the extended consequences model.

Examination of the standardised model parameter estimates (Table 7.21, page 212) shows that the path co-efficients between Bullying acts and Psychosocial distress is strong at 0.90. The paths between Psychosocial distress and Avoidance and withdrawal at work was also strong at 0.97. These results indicate an increase in Bullying acts one standard deviation above the mean result in an increase in Psychosocial distress by 0.90. The result of an increase in Psychosocial distress by one standard deviation is an increase in Avoidance and Withdrawal at work of 0.97.

---

6 The work of Fitzgerald et al (1999) in which an integrated model of sexual harassment was developed influenced the decision to test the extended consequences model. This work on sexual harassment included SEM analysis of yes-no variables from the Health Conditions Index, one of the most widely used measures of health and physical symptoms. The sexual harassment model tested also included variables that measured work and job withdrawal.
These results demonstrate the association between Bullying acts, Psychosocial distress and Avoidance and withdrawal at work, health effects and work interruption.

Table 7.21: Maximum likelihood parameter estimates for extended consequences model

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Unstandardised</th>
<th>SE</th>
<th>Standardised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying → Psychosocial</td>
<td>0.41</td>
<td>0.03</td>
<td>0.90</td>
</tr>
<tr>
<td>Psychosocial → Withdrawal</td>
<td>2.84</td>
<td>0.22</td>
<td>0.97</td>
</tr>
<tr>
<td>Bullying → Health effects</td>
<td>0.35</td>
<td>0.03</td>
<td>0.66</td>
</tr>
<tr>
<td>Health effects → Work interruption</td>
<td>1.01</td>
<td>0.05</td>
<td>0.98</td>
</tr>
</tbody>
</table>

The path between Bullying acts and Health effects was also strong at 0.66\(^7\), indicating that when Bullying acts goes up by one full standard deviation above the mean, health effects increase by 0.66. In addition, the path between Health effects and Work interruption was strong at 0.98, indicating that an increase in Health effects one standard deviation above the mean results in an increase in work interruption by 0.98. These results demonstrate the association between workplace bullying, health effects and interruption to work.

In the extended consequences model Bullying acts were strongly associated with Psychosocial distress and the measured health effects, which in turn, were associated with Avoidance and withdrawal at work and work interruption. From these results, it can be concluded that, for the sample bullying has a negative association with Avoidance and withdrawal at work associated with the Psychosocial distress experienced, while the negative effects of bullying on health are associated with

\(^7\) In developing the model, estimates were conducted to determine the effects of inserting a path between psychosocial effects and health effects rather than the path arising directly from bullying acts, as considerable research exists to demonstrate the effects of psychological stress on health. The results suggested slightly improved model fit when the path originated from bullying acts, as in this model, rather than from psychosocial effects.
work interruption. Of importance, these findings highlight the strength of the relationship between bullying and the resultant consequences.

**Figure 7.4: MLE estimates of the extended consequences model**

![Diagram showing MLE estimates of the extended consequences model]
7.4.3.4 Summary

The seven-factor model validated through SEM provides the most acceptable model from the three models presented in this section. The model confirmed the strength of the path between organisational factors and experiencing bullying. The results confirm that the factors measure organisational features associated with bullying, and the strength and direction of the path suggest that the organisational factors give rise to workplace bullying. The six-factor model tested did not provide an improvement over the seven-factor model. While the extended consequences model provides interesting insight into the relationship between bullying and the measured effects, as the data used in the model were not continuous multivariate data, the statistical significance of these findings is considered tentative.

7.5 Chapter summary

The results from each stage of the analysis conducted in this chapter are summarised in Table 7.22 (following page). With regard to the incidence of bullying in the nursing workplace, analysis of the survey data indicated a high rate of bullying in the sample. The analysis also identified a relationship between experiencing or witnessing Bullying acts, Psychosocial distress, health effects and interruption to work. The negative effects of experiencing and witnessing bullying upon Psychosocial distress and Avoidance and withdrawal at work were reported to continue one year after bullying ceased. These findings demonstrate that workplace bullying represents a risk to psychological and physical wellbeing for both targets and bystanders. The level of the harm caused was highlighted by the high rate with which respondents reduced the hours they worked or resigned their positions, resulting in nearly half of those bullied experiencing a reduction in income. These
findings provide insight into the associated costs for both individuals and organisations that arise from workplace bullying.

Table 7.22: Chapter seven: Summary of results

<table>
<thead>
<tr>
<th>Results</th>
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<tr>
<td>• Identified extent, nature and consequences of bullying for sample</td>
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<tr>
<td>• Demonstrated individual and demographic characteristics are not associated with bullying.</td>
</tr>
<tr>
<td>• Identified the relationship between bullying acts, psychosocial distress, health effects and avoidance and withdrawal at work</td>
</tr>
<tr>
<td>• Developed a multidimensional scale to measure bullying, associated organisational features and consequences</td>
</tr>
<tr>
<td>• Validated a seven-factor model of workplace bullying that confirmed the path between organisational factors and bullying and, a path between bullying, resulting psychosocial distress and avoidance and withdrawal at work.</td>
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The CFA performed on the two scales developed in the previous stage of the study resulted in their further refinement. The *Bullying Acts and Consequences Scale* (29 items) and *Organisational Processes* Scale (32 items) were combined into one multidimensional scale entitled the *Organisational Predictors and Consequences of Bullying Scale* (OPCBS) that had 46 items and demonstrated reliability.

The results of the structural equation modelling confirmed the hypothesised seven-factor model of workplace bullying developed from the previous stages of this study. The importance of conducting SEM was the ability to establish causal paths in the model, in particular, to determine the direction of the relationships between the measured latent factors. In addition, as the SEM demonstrated acceptable model fit
for the seven-factor model, the model can be generalised to the Australian nursing workforce.

Of note, were the results of SEM on the seven-factor model that showed a contributory link between the four measured factors (Misuse of legitimate authority, processes and procedures; Alliances of bullies; Organisational tolerance and reward; the Normalisation of bullying behaviours in work teams) and the occurrence and consequences of workplace bullying. The absence of a correlation between bullying and individual demographic factors suggests that in the nursing workplace, organisational factors may be the more important aspect influencing the occurrence of workplace bullying. Further, the model demonstrates the manner in which the measured organisational factors are associated with bullying which, in turn, influences levels of Psychosocial distress and Avoidance and withdrawal at work.

The third SEM model tested provided further insights into the consequences of workplace bullying. The SEM results suggest that individuals experience psychosocial distress associated with bullying; this distress is then associated with Avoidance and withdrawal at work. A further direct consequence of bullying is upon health status with the effects upon health associated with interruption to work. These findings suggest individuals remain at work but exhibit Avoidance and withdrawal at work in an attempt to manage their distress and reduce further exposure to Bullying acts. Linking these findings to the low incidence of reporting workplace bullying, and the poor outcomes for respondents who made reports, suggests that, in an organisational environment where Organisational tolerance and reward of bullying is present, individuals are less likely to make a formal report, and are instead, likely to exhibit Avoidance and withdrawal at work.
7.6 Conclusion

One of the aims of this stage of the study was to further validate the survey instrument developed from earlier stages of the study. The confirmatory factor analysis reported in this chapter demonstrates the construct and content validity of the multidimensional workplace-bullying survey instrument. Consequently, the final instrument can be considered both internally consistent and highly reliable.

The descriptive data presented identifies the manner in which workplace bullying represents a serious risk to the physical, psychological and employment prospects of those who experience or witness bullying, highlighting the high costs of workplace bullying for both individuals and organisations. Findings from the structural equation modelling demonstrate a causal link between key features of organisational culture and the occurrence and consequences of workplace bullying. The implication of these findings, particularly of the organisational conditions that give rise to bullying, and the most appropriate responses are discussed in the following chapter.
Chapter 8

ABSTRACT

The key findings from each of the preceding three stages in this sequential mixed methods investigation are discussed in Chapter 8. In identifying the importance of the findings, the discussion includes comparison with existing research and literature, noting the similarities and differences between this study and previous research and theorising. A number of unique contributions are revealed, including rich experiential detail on workplace bullying; the specification of seven latent factors that underpin the experience, consequences, and organisational features associated with workplace bullying; the development of a valid and reliable multidimensional scale to measure workplace bullying. In synthesising the qualitative findings from this study, an alternative conceptualisation of power in bullying is proposed. By drawing together the key findings of the three stages in the study, a model of bullying in the nursing workplace is put forward. As detailed in Appendix 1, aspects of the material in this chapter have been published in peer-reviewed journals (page 313).
Chapter 8: Discussion

Bullying in the workplace: A study of Australian nurses

DISCUSSION

8.1 Introduction

The preceding chapters of this thesis described in detail each of the sequential stages in this study. The first, qualitative in-depth stage explored nurses’ experiences and beliefs about workplace bullying. The second stage involved the development and validation of an instrument to measure the nature, extent, consequences, and organisational features associated with workplace bullying. In the third and final stage, analysis of the national survey data identified the incidence and patterns of bullying among Australian nurses and, confirmed a multidimensional model of workplace bullying in the nursing context. This chapter reviews the main findings and contributions from each the three sequential stages to illustrate that, at the conclusion of the study, each of the aims set out in Chapter 1 (section 1.3.1) had been met.

8.2 Main findings and contributions

To highlight the contributions of the study, key findings from each stage are summarised and compared with existing knowledge. After which, the multidimensional model of workplace bullying in the context of nursing emerging from the three stages of the study is presented.
8.2.1 Stage one

The first stage involved qualitative, in-depth, semi-structured interviews with 26 nurses recruited from two Area Health Services. The interviews explored the nurses' experiences of bullying, as well as their beliefs, meanings and perceptions about bullying, and why it took place. As noted in Chapter 2 of this thesis, while there was considerable concern about the extent of bullying in the nursing workforce (Chapman and Styles, 2006; Farrell, Bobrowski and Bobrowski, 2006; Jackson, Clare and Mannix, 2002), there was little qualitative data available about nurses' experiences particularly in Australian context (Mayhew and Chappell, 2001). Addressing this limitation, the interviews contributed rich qualitative detail about the lived experiences of workplace bullying for a group of nurses.

In focusing on the workplace experiences of nurses, this research has provided insight into details of bullying in the nursing context. Through allowing the personal voices and beliefs of nurses to be heard, including the meanings they attributed to their experiences, the stories presented have shed light on aspects of bullying not previously explored in the nursing research literature. In revealing the detailed experiences of nurses, this thesis adds to the existing knowledge on the nature of bullying. As summarised in Table 8.1 (following page), four key findings emerged from the qualitative stage of the study. These findings are discussed in the following section with reference to existing research and literature.
### Table 8.1: Key findings emerging from the first stage of the study

<table>
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<th>Key findings</th>
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<td>1. Informal networks of predatory alliances</td>
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<td>2. Normalisation of bullying behaviours in work teams</td>
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<td>3. A taxonomy of bullying behaviours</td>
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<td>4. The consequences of workplace bullying</td>
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#### 8.2.1.1 Informal networks of predatory alliances

The first key finding of the qualitative interviews was the identification of networked relationships of predatory alliances between actors engaged in workplace bullying. The predatory alliances between specific actors provided extensive support and opportunity for bullying. Participants revealed that the forms of bullying perpetrated within these predatory alliances were not the isolated acts of individuals; instead, they were persistent, organised, and systematic forms of conduct, enabled through the relatively stable network of relationships. This finding suggests that informal organisational networks may function as a mechanism through which predatory, cooperative, and planned group bullying acts are promulgated.

Within the literature, informal organisational networks are recognised as a common feature of workplaces. Behind every prescribed or formal organisational structure, there exist various informal networks, which shape an organisation (Nohria, 1992:5). Over time, social networks evolve from ‘informal, discretionary patterns of interaction’ (Ibarra, 1992:166) to more stable ‘patterned, repeated interactions’ (Eisenhardt and Bourgeois, 1988:737) among individuals. Informal networks may
operate as ‘key channels’ for getting things done (Ibarra, 1992:165), with the relationship between formal organisational structures and everyday activities often negligible (Tolbert and Zucker, 1996).

To date, attention has largely focused upon the positive outcomes of organisational networks (Many Raab and Milward, 2003) such as innovation and adaptation to change (Gresov and Stephens, 1993), information dissemination and knowledge transfer (Cross et al., 2001; Hansen, 2002; Reagans and McEvily, 2003) and mentoring improved work performance (Galaskiewicz and Zaheer, 1999; Higgins and Kram, 2001). The focus of research and theorising on positive or desirable network attributes has resulted in little understanding of their unproductive, destructive, and less visible features.

The networks of predatory alliances revealed in the first stage of this study provided mechanisms through which bullying could be hidden within organisational routines and made to appear normal or legitimate. Drawing upon the tenets of social network theory to provide an explanation of the bullying reported suggests that actors engaged in workplace bullying were embedded within tolerant informal organisational networks. This finding suggests that the informal organisational networks in nursing workplaces facilitated relationships and flows of power that served to protect and reward those engaged in bullying, while providing further opportunities for the behaviour.

The findings from the current study are in contrast to understandings of bullying in the research literature that suggest workplace bullying is a discrete, isolated or
random event resulting from the behaviour of deviant individuals or poor work design (Salin, 2003a; Zapf and Einarsen, 2005). The current study suggests that consideration should be given to understanding bullying as a systematic, planned and concealed behaviour that can be hidden by cooperative behaviour between individuals that enables the (mis)use of legitimate organisational structures, processes and routines.

Previous research has drawn links between rigid or autocratic leadership styles and organisational cultures that permit or reward bullying (Archer, 1999; Avergold and Mikkelsen, 2004; O'Leary-Kelly, Griffin and Glew, 1996; Salin, 2003a). Some authors have suggested the difference in power between actors involved in bullying arises from their formal organisational position (Vredenburgh and Brender, 1998). The first stage of this research extended these understandings by identifying the nature of predatory alliances in nursing workplaces, thus providing insight into informal organisational factors that function to provide the mechanisms, opportunity, motivation and reward for workplace bullying.

The longstanding nature of the relationships in the predatory alliances, often involving multiple incidences of sustained and cooperative bullying over time, suggests that the level of trust may be similar to that within groups of individuals engaged in other forms of deviant organisational behaviour. The narratives revealed a form of behaviour that required co-operation among several actors in the network; this type of behaviour is a feature of strong cliques that may act unethically and without fear of retribution (Brass, Butterfield and Skaggs, 1998). The networked forms of behaviour reported in this study share similarities with relationships noted
to operate between white-collar criminals (Coleman, 1987; Coleman and Ramos, 1998; Prasad and Prasad, 1998) in cliques that facilitate fraud, business crimes and embezzlement (Granovetter, 1992; Klerks, 2001; Nohria and Eccles, 1992), and those that enable deceptive sales practices in the insurance industry (MacLean, 2001).

In the two organisations studied, the networks of predatory alliances were perceived by participants to facilitate the promotion of individuals with a known history of bullying. The promotion of these individuals led to a perpetuation of bullying, as those in management who had engaged in this form of behaviour, and promoted were willing to tolerate it in others. This finding suggests that when behaviours such as workplace bullying are rewarded with promotion into management, the potential for the behaviour to become “acceptable” and widespread within the organisation is increased.

Through association with other actors who were willing to engage in the behaviour and the provision of reward and protection, the predatory networks of alliances functioned to perpetuate bullying as a learned behaviour. The identification of tolerance and reward and networked relationships provides insight into the process of how individuals are recruited to engage in bullying. The findings suggest that engaging in bullying may stem from learning shared norms created over time that perpetuate an understanding of bullying as a tolerated behaviour or as a means of success. The alliances generated a normalising worldview that was tolerant of bullying. From the stories of participants, it was evident that there was a strong perception that individuals who engaged in bullying were promoted and their
promotion served to further diffuse tolerance of bullying. The identification of socialisation processes occurring through networked relationships provides insight into how bullying can become an enduring pattern of organisational behaviour.

This finding brings to light the role of informal organisational networks in perpetuating workplace bullying and builds upon previous reports by Einarsen, (1999), who detailed how bullying is more prevalent in organisations where employees and managers feel they are supported, or have implicit approval, from senior managers to engage in bullying behaviour. Extending this work, the current research demonstrates that informal networks may act as a mechanism through which bullying behaviour can be learnt and can proliferate.

A number of authors have described silence as a strong feature of nursing culture (Hart and Hazelgrove, 2001; Jackson and Raftos, 1997; Speedy and Jackson, 2004). The literature identifies the manner in which nurses are socialised in the workplace (Randle, 2003b; Reeves, 2000) to behave passively (Timmins, 2005) and to silently accept bullying (Hockley, 2002) or aggression (Deans, 2004; Farrell, 2001) as a normative experience (Lanza, Zeiss and Rierdan, 2006). The current study extends these understandings by identifying the operation of predatory alliances as a mechanism through which silence in nursing teams can be perpetuated.

The predatory form of bullying described in the current research is different to that described in other studies on workplace bullying (Einarsen, Raknes and Matthiesen, 1994). To date, the existing explanatory frameworks for “mobbing” (Einarsen, Raknes and Matthiesen, 1994; Leymann, 1996; Zapf, Knorz and Kulla, 1996) as a
group form of bullying have described opportunistic acts in which an individual may encourage others in the workplace to participate in bullying. The behaviour has been theorised to arise from interpersonal conflict (Einarsen et al., 2003; Leymann and Gustaffson, 1996; Lewis, 2006) or the deviant behaviour of individuals (MacKenzie Davey and Liefhooge, 2003; Vardi and Weitz, 2004).

The bullying described by respondents in this research was a form of organisational behaviour that was planned and deliberate. It was also perceived as tolerated by individuals influential in the organisational hierarchy. The power of actors engaged in bullying arose from the strategic alliances they created. The alliances between individuals that enabled workplace bullying, even though both organisations had well developed and high profile policies and procedures in place to respond to bullying. The predatory alliances between actors ensured that even though reporting was encouraged, the reality for individuals who made reports was that their experiences were minimised, ignored, or denied. The manner in which reports of bullying are ignored within organisations has been identified in previous research into workplace bullying (Keashly, 1998). The experiences of respondents in this research shed further light on the way bullies use micro-structures and processes within organisations to reproduce relational forms of power and patterns of domination and control.

In contrast, the predatory bullying in this current study was founded upon long-term relationships that were deeply embedded in the informal networks of both organisations. Although group acts of bullying (Leymann, 1990; Vandekerckhove and Commers, 2003; Zapf, 1999; Zapf and Einarsen, 2005) and victimisation
(Aquino and Lamertz, 2004; Wornham, 2003) have been previously reported in the literature on workplace bullying, the manner in which workplace bullying was embedded within informal organisational networks has not previously been reported. Hence, this finding makes a unique contribution to further understanding of the organisational characteristics and behaviours involved in workplace bullying.

One reason for the uniqueness of these findings may be that the majority of studies conducted on workplace bullying are cross sectional, often drawing participants from a range of organisations and industries. In contrast, the first stage of this study occurred in two large organisations. Hence, it was possible to map repeated relationships and activities related by various participants whose experiences spanned different periods and locations within the organisations. Collecting stories of participants in this manner exposed details of organisational characteristics and behaviours that required repeated and in-depth exposure to become apparent. A further reason for the uniqueness of the findings may be that few studies have sought to study in-depth the organisational features associated with bullying. While the qualitative study by Liefhooge and MacKenzie Davey (2001) reported that participants included the organisation and its systems in their definitions of bullying, to date research has predominantly focused upon quantitative surveys that measure organisational features associated with bullying (Salin, 2003a; Zapf, Knorz and Kulla, 1996).

### 8.2.1.2 Normalisation of bullying behaviours in work teams

The second key finding of note from the qualitative stage of this research was the detailed description of the socialisation processes in nursing teams that operated to sustain an occupational milieu in which bullying was almost normalised. Through
telling their stories, nurses revealed that, below the orderly surface of day-to-day routines in their work teams, rules of work operated as powerful, often unspoken socialising devices. Within nursing teams where bullying was described as commonplace, informal power structures perpetuated bullying as an accepted way of getting work done.

The stories of participants revealed the manner in which small groups of powerful actors operated together in predatory alliances to enforce the “accepted” discourse on rules of work in nursing teams. The behaviours reported included elements of militarism, public humiliation, and exclusion. These coercive and controlling strategies were not always readily apparent, as they were masked behind a facade of organisational legitimacy - as ordinary rules of work. Through this process, bullying became an accepted part of the day-to-day reality for nurses in these work teams.

Well established within both organisations in this research were informal power structures that normalised bullying as an accepted in nursing teams. Participants revealed how tactics such as isolation, criticism, sabotage, and invalidation, were used to erode their self-confidence and professional image. Through this process, the discourse on “good” and “bad” nurse was perpetuated and nurses learnt to subject themselves to control within work teams. Actors who engaged in bullying behaviours were able to present their behaviour as legitimate work practices, intended to ensure the smooth flow of work.

Although a number of authors have used socialisation processes as a means of understanding aggression and bullying in the nursing workforce (Farrell, 2001;
Freshwater, 2000; Roberts, 1983; Robinson and O’Leary-Kelly, 1998), their attention has focused on the way nurses are socialised into performing roles and tasks. The findings from the current study illustrate how workplace bullying can be part of the indoctrination process into work teams that focuses upon ensuring compliance to the accepted social order. The narratives of participants revealed bullying was normalised in work teams through behaviours that sought to “break” the physical and psychological stamina of those targeted. Behaviours such as isolation, criticism, sabotage, and invalidation, were used to erode the professional image of nurses. The experiences of participants suggests that the socialisation process in nursing teams was one of learning roles and tasks; instead, the process was one of learning norms that ensured compliance through bullying. These findings resonate with previous studies that have identified that tyranny and concertive control (Barker, 1993) can be exercised in work teams with the aim of enforcing what are considered the norms of behaviour.

By identifying the manner in which rules and norms governed behaviour within nursing teams, the current study illuminates how forms of power can operate to enforce rules of work and the “accepted” order. Using Foucauldian conceptions of power and discipline (Foucault, 1977, 1988) provides an alternative interpretation to oppressed group understandings of the mechanisms through which bullying is promulgated in the nursing workplace. Foucault described power as diffuse and invisible, and as both a positive and negative force dispersed within social networks (Foucault, 1977). Rather than being located within ‘a single sociopolitical apparatus’ (Clegg, 1989b:104) power operates in complex networks of micro-power. To coordinate individuals and ensure that they are useful within modern society,
individuals are constantly constituted and supervised through power which moves through social networks (Alvesson and Willmott, 1992; Alvesson, Willmott and Briarcliff, 1992).

Foucault developed the notion of disciplinary power to describe power that makes individuals visible and compliant through examination, normalising judgments, and hierarchical observation (Foucault, 1977). In this study, the notion of disciplinary power can be used to understand the behaviour of individuals in nursing teams who held privileged positions and employed bullying as a strategy to enforce the rules of work. In nursing teams where the rules of work were rigidly enforced, nurses were regularly under surveillance, monitored and scrutinised by others with the power to judge. In this manner, the rules of work functioned as a form of disciplinary power involving normalising judgments. Those deemed to have not met “accepted norms” were bullied in a way that made an example of their “failures” and enforced their compliance through increased scrutiny and observation.

It is recognised in the literature that profound influence can be exerted through group norms in the workplace, particularly in the context of socialisation processes that enable the normalisation of norms tolerant of bullying (Salin, 2003a). In this type of environment, individuals may adhere to rules and codes of conduct that reflect group norms (Victor and Cullen, 1988). While individuals engaged in bullying may act in a manner that is contrary to professional norms (Svensson, 1996), the identification of predatory alliances of networked relationships in the current study suggests that these individuals may adopt norms reflective of organisational sub-cultures conducive to such behaviours. A number of authors have identified the manner in
which group norms can be conducive to misconduct (Bandura, 2002; Keleman, 1973; Schein, 1999; Strang and Soule, 1998).

It was evident from the narratives of participants in this study that militaristic and rigid hierarchical approaches to the management of healthcare services and the organisation of nursing work were harmful to both nurses and organisations. Old militaristic models of nursing overlayed by new managerial models of healthcare fostered autocratic, abusive, and entrenched behaviours. Previous research has reported that in rigid militaristic bureaucracies individuals learn attitudes and values that ensure the maintenance and continuation of historical patterns of organising (Archer, 1999; Schein, 1999). The socialisation processes occurring within healthcare organisations during undergraduate nursing education assimilates students into accepted organisational values, rules and norms (Randle, 2003a). In nursing and medicine, it has been reported that “on the job training” (Paice et al., 2004; Turney, 2003) can be a vehicle for teaching obedience, servitude, dedication, and adherence to hierarchy (Cusack, 2000; Hansenn, 2000; Kingston et al., 2004; Lewis, 2001; Walker, 2004).

To date in the nursing literature, workplace bullying has predominantly been conceptualised to stem from oppression, with nurses supposedly socialised into structures and unequal power relations in the workplace. Using the oppressed group model, it has been theorised that the internalised beliefs of nurses about their own inferiority result in nurses lacking self-esteem and consequently directing passive aggression towards each other in the form of bullying (Taylor and Trujillo, 2001: 169). The findings of this current study regarding the processes through which
bullying behaviour was normalised by powerful actors in work teams suggests there are alternative mechanisms to that of the “oppressed group” for the perpetuation of bullying among nurses. The interview narratives identified that bullying behaviour could be enacted through organisational routines and norms without interpersonal conflict as a trigger. This finding indicates that bullying in the nursing context may be a learned behaviour within organisations and, as such, may operate as a feature of organisational norms, instead of being a characteristic of conflict.

The findings of the current study regarding behaviour within nursing teams adds to what is known about socialisation processes in the nursing context by identifying how concertive control can be exercised to enforce “accepted” patterns of organising and behaviour in nursing teams. This suggests that, rather than considering bullying as a behaviour that violates accepted norms (Deans, 2004; Farrell, 2001); it may instead be used as a strategy to enforce norms. The findings also shed further light on motives for bullying, other authors have suggested that actors may engage in bullying as a result of conflict (Leymann, 1996; Einarsen, Matthiesen and Skogstad, 1998; McCarthy, 1996; Tidwell, 1998; Zapf and Gross, 2001), or for personal political gain (Salin, 2003a). The findings from the first stage of this study suggest that norms within nursing teams may enable certain actors to engage in coercive and controlling behaviour to enforce subservience. This type of understanding of motivation does not appear in current definitions and constructs of workplace bullying.
8.2.1.3 A taxonomy of bullying behaviours

The third key finding from the first stage of the study was the identification of a detailed taxonomy of bullying behaviours. Through a combination of tactics of varying intensity and duration, an extensive and unpredictable repertoire of bullying techniques were fashioned. In isolation, many of the bullying acts reported do not constitute manifest forms of ill treatment. The diverse spectrum of tactics employed meant control was often achieved without the use of anger or aggression.

The complexity and proficient manner in which bullying occurred, limited the ability of participants to fully comprehend their experience and the severity of their situation. An important feature of the bullying experienced, was that the “less obvious” forms of bullying were able to be used without drawing noticeable attention to the perpetrator. Leymann (1990) has suggested that the complex range of behaviours employed in bullying creates techniques of psychological domination and terror. In this study, many of the bullying tactics were similar to those previously reported in studies of torture (Amnesty International, 1975) and domestic violence (Brewis and Linstead, 2004).

In developing the taxonomy of bullying behaviours, three categories of bullying acts were identified: Personal attack; Erosion of professional competence and reputation; Attack through work roles and tasks. This taxonomy is the first detailed inventory of bullying acts developed from the analysis of nurses’ experiences. The categories of bullying have similarities with previous research in other industry sectors (Ayoko, Callan, and Hartell, 2003; Björkqvist, Osterman and Hjelt-Back, 1994; Dick and Raynor, 2004; Einarsen, 1999; Leymann, 1990, 1996; Leymann and Gustafsson,
Unlike the majority of these inventories of bullying behaviours, the taxonomy of bullying behaviours developed from this stage of the study had a strong focus upon bullying through work tasks and the less overt aspects of bullying through attack upon professional competence and reputation. The emphasis upon strategies used to erode professional reputation resonates with findings from Salin’s (2003b) study of bullying among business professionals, which highlighted that, in the professional context; this form of bullying might be more prevalent.

One of the reasons for the difference in the nature of acts catalogued in this study may be that the data analysed were drawn from one group of professionals, whereas other instruments have been developed from examining bullying commonalities across a range of industry sectors and occupational groupings. A further reason for the difference may be the nature of nursing teams, which had a strong emphasis upon rules of work and maintaining order, hence many of the bullying acts identified were directed towards enforcing the dominant order through obedience and humility.

### 8.2.1.4 The consequences of workplace bullying

The fourth key finding from the qualitative stage was the identification of a number of consequences attributed to workplace bullying. The majority of those interviewed reported experiencing anxiety or depression while continuing to work as a nurse. The analysis highlighted the commonly held belief among those interviewed that their deteriorating mental health was attributable to their experience of bullying. While these are self-reported perceptions of the consequences of bullying, they are
similar to findings from other studies that have reported associations between bullying and anxiety, depression and post traumatic stress disorder (Björkqvist, Osterman and Hjelt-Back, 1994; Einarsen, Raknes and Matthiesen, 1994; Leymann and Gustafsson, 1996).

The unrelenting, calculated and deliberate nature of the bullying experienced resulted in profound psychological harm, physical illness, and professional and financial destruction for many of those interviewed. The bullying reported resulted in unprovoked, planned, aggression and cruelty, which participants reported ‘killed their spirit’. The bullying continued to a point where participants said they felt their psychological will and physical health had been broken. The operation of predatory alliances and socialisation processes within nursing teams fostered a normalising worldview on bullying behaviour contributing to the escalation of bullying.

It is known from other studies that individuals who engage in abusive or deviant behaviour can participate in extreme forms of deviance through neutralising any suggestion of involvement in deviant or unethical behaviour (Prasad and Prasad, 1998). Individuals can also deny the moral validity (Baumeister, 1999; Costello, 1997; Keel, 1999) of the principles they violate and define extreme forms of behaviour as normal and ordinary (Coleman, 1987; Coleman and Ramos, 1998; Prasad and Prasad, 1998). Actors engaged in bullying may be deeply inculcated within a set of deviant group norms permissive of the behaviour and feel free to engage in systematic bullying which causes considerable harm. In the current study, this normalising worldview also enabled patient care to be implicated in bullying activities. These mechanisms shed light on the process in work teams where
systematic forms of bullying can lead to harm to a number of individuals over extensive timeframes.

It was also reported by nurses in this study that, in an attempt to remain at work and minimise their exposure to bullying, they employed behaviours of avoidance and withdrawal at work. The erosion of social support reported as resulting from bullying contributed to a negative spiral of escalating isolation and psychosocial distress. The erosion of available social support may contribute to nurses adopting avoidance and withdrawal at work as a coping strategy. This finding resonates with previous research that has reported social support increases personal resilience to stress (Larrabee et al., 2003) and provides a protective factor against bullying (Lewis, 2006; Lewis and Orford, 2005; Quine, 2001). In unsupportive work environments, individuals may adopt passive coping strategies (Ólafsson and Jóhannsdóttir, 2004).

The finding that nurses employ avoidance and withdrawal at work suggests that there may be “hidden” costs associated with workplace bullying, with nurses reducing their participation and avoiding involvement in activities. In withdrawing their participation in this way, there may be a loss of nursing commitment, productivity and expertise. The organisational costs stemming from bullying, particularly those associated with loss of nursing expertise, may be greater than those costs captured by measuring nurse turnover (Waldman et al., 2004).

The identification of the factor *Avoidance and withdrawal at work* is a unique finding of this study, one which is not reported elsewhere in the literature on workplace bullying. Schneider, Fitzgerald and Swan (1997) identified the concept of
work withdrawal as a feature of workplace sexual harassment. They hypothesise that work stress stemming from sexual harassment leads to cognitions about leaving work, and in an attempt to remain employed; individuals withdraw psychologically from work (Fitzgerald, Drasgo, and Magley, 1999).

A further consequence reported by nurses to stem from their experience of bullying was that they left their employment or the nursing profession altogether. This finding resonates with the suggestion in the literature of a link between the retention of nurses and the experience of workplace bullying (Jackson, Clare and Mannix, 2002; Miller, 2000; Shields and Ward, 2001; Stevens, 2002). Considerable harm to professional careers often resulted in enduring damage, particularly in rural areas where there was restricted re-employment opportunities. The finding also highlights the potential human and organisational costs of bullying in the nursing workplace, which have been identified in other studies to result in a heavy cost burden for organisations (Kivimäkia, Elovainio and Vahtera, 2000; Quine, 2002; Yamada, 2000; Zellars, Teppar and Duffy, 2002).¹

8.2.1.5 Synthesis of stage one findings

Synthesising the findings from the qualitative stage of this study provides alternative insights into the role of power in bullying. The literature on workplace bullying in nursing stands apart from mainstream workplace bullying literature in that there has been repeated examination of the macro-structural issue of gendered notions of power and workplace bullying (David, 2000; Davies, 2003; Hamlin, 2000; Racine, 2000).¹

¹ In Australia, the conservative estimate of the cost of replacing each nurse who leaves an organisation is $40 000 (O’Brien-Pallas et al, 2006), considerably less than the United States where the cost of replacing a Registered Nurse has been estimated to be in the order of $US 50-70 000 (Adkins, 2004). The cost of lost competence within the organisation is difficult to quantify (Salin, 2003b).
2003; Speedy and Jackson, 2004). Even so, there has been little progress in understanding bullying in the nursing context for more than two decades with nurses continuing to be represented as powerless actors oppressed by others (Hamlin, 2000; Jacoba, 2005; Leiper, 2005).

Traditional models of power link power to conflict (Conrad, 1983). In applying this approach to the power dynamics of bullying, it has been assumed that interpersonal conflict creates the situation where the personal power of one actor over another is increased through bullying (Baron and Neuman, 1998; Einarsen, 1999; Leymann, 1996; McCarthy, 1996; Zapf and Gross, 2001). In most of the theorising and research on bullying, the assumption has been that bullying is the result of individual personality that provides a propensity to bully or be bullied, or enabling features in the work environment that “trigger” (Salin, 2003a) individuals to engage in bullying. In these models power is assumed to be linear and an attribute of individuals. These approaches have tended to ignore the ‘potential for less readily observable power practices that operate to suppress observable conflict’ (Witten, 1993:103).

The networked relationships operating in predatory alliances and the operation of indoctrination practices and accepted rules of work in nursing teams suggest that the following facets of power served to sustain and perpetuate bullying in the workplaces of participants:

(1) Power operated through informal networks rather than as a feature of legitimate position in the formal hierarchy.
(2) Position in the organisation, qualifications, and demographic characteristics provided no protective influence against the power of bullying.

(3) Power was a feature of discourse and rules rather than a feature of direct hierarchical control.

These features of power call into question the notion that the power involved in bullying is a form of interpersonal conflict, oppressed group behaviour, or simply the abuse of hierarchical power (Adams, 1997; Lee, 2000; Roberts, 2000; Simpson and Cohen, 2004; Vredenburgh and Brender, 1998; Zapf and Einarsen, 2005). Drawing upon the work of Clegg (1989a, 1989b, 1993, 1997, 2000) the power revealed in the stories of participants can be conceptualised to operate as “circuits of power”. In Clegg’s circuits of power model, power is a property of the micro processes of networked power relations and practices operating within circuits rather than as a monolithic force. The model suggests that three circuits of power operate within institutional systems of power - agency, system integration, and social integration.

In the circuits of power model, agency power is ‘sovereign’ power that gets people to do what they would not otherwise do and operates in an episodic manner. The power of ‘system integration’ (Clegg, 1993:27) focuses upon domination through the technologies of discipline and production that are embedded in everyday work processes. The power of ‘social integration’ (Clegg, 1993:27) focuses upon rules of practice, relationships of meaning and group membership. Both positive and negative effects flow from the power in the circuits. The force fields in which power
arrangements are fixed and constituted flow through these circuits, with nodal points in the circuits functioning as privileged points of practice. When resistance is met in the circuit against relationship of meaning, membership, or disciplinary techniques of production, forces are deployed from within the circuit to overcome the resistance.

The narratives of participants revealed how bullying was used to bring attention to rules of work, relations of meaning and membership in nursing teams. By reinforcing the power of social integration, bullying made an example of individuals therefore further reproducing and affirming relations of meaning and membership in nursing teams. By reinforcing established behaviours within nursing teams, bullying silenced nurses and maintained the status quo. Through silently witnessing bullying, nurses reinforced the “rules” of work as accepted practice. Through this process, accepted values were confirmed and reinforced, and those bullied learnt their place. Clegg (1993:28) suggests that within the circuit of power individuals ‘are recruited to views of their interests that align with the discursive field of force’. In this study, bullying was used to recruit nurses to adopt behaviours that maintained the accepted order.

In the circuits of power model, the social integration circuit is the symbolic sphere that defines relations of meaning, rules of practice and membership categories (Dyer and Humphries, 2002; Orsato, den Hond and Clegg, 2002). Participants described the rules of work in nursing teams as providing an apparent shared understanding among nurses that served to maintain conformity and contain difference. In nursing teams, the creation of routines, predictability and control functioned as technologies of power that defined individuals making them more ‘calculable’ (Clegg, 1997:484).
In this study, the rules served to indoctrinate nurses into the accepted conventions, relations of meaning and membership in the nursing team.

Drawing further upon Clegg’s circuit of power model, the predatory alliances revealed in this study can be understood as privileged points in the circuits through which power in the circuit flowed. It was revealed that actors holding privileged positions in the network of predatory alliances were able to enforce the accepted order through the designation of what was obligatory and what was not, such as the obligatory “rites of passage” for newcomers and the silent acceptance of workplace bullying.

In enforcing the rules of work, bullying was part of the ritual of power in nursing teams that ensured nurses were both visible and compliant. Made to appear as ordinary rules of work, many acts of bullying were behaviours of surveillance, coercion, and control, which silenced resistance and limited change. In this manner, it can be conceptualised that the social integration circuit of power enabled bullying to be used as a technique to make nurses more calculable, define their reality and shape their behaviour at work. Through bullying nurses learnt what was desirable, normal, valuable, and then created themselves in the prescribed image.

Applying Clegg’s circuits of power model further, techniques of discipline operating within the circuit of ‘system integration’ make those bullied more visible within the organisation. This visibility in effect turns the focus of attention upon the individual who has experienced bullying, rather than those engaged in bullying behaviour. Nurses who provide resistance to the “rules” are made visible to those assimilated
within the circuit through being cast as “bad” nurses. Occupying privileged points in the circuit actors in the network of predatory alliances are able to employ legitimate organisational authority and processes for the purpose of increasing scrutiny and hierarchical examination of these “bad” nurses. In so doing, employing power in the circuit to enforce compliance, regulate behaviour and overcome resistance. Through this process, those targeted became the focus of the circuit of power in an attempt to overcome resistance and return the normal flow of power within the circuit. In this way consent was achieved through the use of formal organisational procedures, which established legitimacy for the behaviour.

The operation of the techniques of discipline within the circuit may explain the silence of nurses bullied, and possibly of those who witnessed bullying. In effect, speaking out would make matters worse - power within the circuit would increase in an attempt to overcome the resistance presented. This finding sheds light on how those who experience bullying have been reported to be considered the “problem” (Einarsen, 2001; Jackson, Clare and Mannix, 2002; Keashly, 1998) or as ‘failures’ (Huntington and Gilmour, 2001:904).

Importantly, what is not always readily visible within the workplace is the ‘network of alliances that such disciplinary practices make possible’ (Clegg, 1997:484). The findings from the first stage of this study reveal that, by working together in networks, actors engaged in bullying were able to (mis)use accepted organisational processes for the purpose of coordinated, systematic and targeted bullying. Further, the operation of the alliances enables bullying to be hidden within legitimate organisational routines and processes. By occupying privileged points of practice
within the circuit, individuals were able to use organisational processes as techniques of discipline to further their own interests and, in so doing, cause considerable harm to others. Association with other actors in the alliances and networks enabled those lower in the hierarchy to target those more senior than themselves.

Drawing upon Clegg’s (1993) circuit of power model, Figure 8.1 (following page) illuminates the operation of power in the nursing workplace, providing an alternative explanation for the bullying reported in this current study. The preceding discussion suggests that, by exposing power relations and the deployment and concealment of power the ‘invisible structures of control’ (Alvesson and Willmott, 1992:37) that operate to normalise and perpetuate bullying in the nursing workplace can be made visible. In the model, ties between actors in the networks of predatory alliances acted like ‘relays in a complex flow’ of power (Clegg, 1989b:101).

The findings of this research challenge assumptions about bullying as a form horizontal violence between colleagues who are oppressed or of low self-esteem. The stories revealed flows of power operating within social networks across the two organisations. In an environment where the constitution of power relations could be masked as legitimate work practices, bullying was tolerated as part of everyday practice. The findings from this stage of the study suggest that, rather than continuing to employ oppressed group models to explain bullying in the nursing workplace, it may be more appropriate to examine bullying as behaviour perpetuated through flows of micro-power within organisations. The continued use of the oppressed group model as the prime means of understanding bullying among nurses potentially obscures the role of power relations within organisations, generating an image of bullying as an intrinsic occupational reality for nurses.
Figure 8.1: Organisational features of workplace bullying interpreted as circuits of power

Circuit of power                    Organisational features operating in the circuit                    Function of bullying in the circuit

- System integration circuit of power
  - Networks of alliances
    - Reinforce rules of power
      - Misuse of legitimate authority processes and procedures
        - Networks of alliances
          - Increase hierarchical observation
            - Establish rules of meaning and rules of practice
              - Enforce rules through normalising judgements
                - Social integration circuit of power
                  - Normalisation of bullying in work teams
                    - Networks of alliances
                      - Increase scrutiny and examination
                        - Organisational tolerance and reward
                          - Networks of alliances
                            - Actors in alliances occupy privileged points in the circuits.

Bullying in the workplace: A study of Australian nurses
8.2.2 Stage two

The second stage of this study further sought to develop, pilot and to further refine and validate a survey instrument suitable for investigating bullying in the nursing workforce. The instrument used in the pilot study was developed from the categories derived from analysis of the interview transcripts conducted in the first stage of the study. As summarised in Table 8.2 (below), two key findings emerged from the second stage. The first was the identification of seven coherent latent factors that underpinned the experience, consequences, and organisational features associated with workplace bullying, and the second was the identification of a valid and reliable measure of these latent factors.

Table 8.2: Key findings emerging from the second stage of the study

<table>
<thead>
<tr>
<th>Key findings</th>
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<tbody>
<tr>
<td>1. The identification of seven latent factors underpinning workplace bullying:</td>
</tr>
<tr>
<td>• Alliances of bullies</td>
</tr>
<tr>
<td>• Misuse of legitimate authority, processes and procedures</td>
</tr>
<tr>
<td>• Organisational tolerance and reward</td>
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<tr>
<td>• Normalisation of bullying behaviours in work teams</td>
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<tr>
<td>• Bullying acts</td>
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<tr>
<td>• Psychosocial distress</td>
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<tr>
<td>• Avoidance and withdrawal at work</td>
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<tr>
<td>2. The development scales measuring the seven latent factors</td>
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8.2.2.1 The identification of seven latent factors underpinning workplace bullying

Exploratory factor analysis (EFA) was performed on the pilot survey data identifying seven latent factors (Alliances of bullies; Misuse of legitimate authority, processes
and procedures; Organisational tolerance and reward; Normalisation of bullying behaviours in work teams) that underpinned the experience of workplace bullying. The specification of these factors provided further confirmation of the key findings from the previous stage of the study with another sample of nurses (albeit in one of the same organisations).

The seven latent factors and their constituent measures validated through the EFA included a range of measures not previously incorporated in workplace bullying instruments:

1. **Factor one: Alliances of bullies** identified by the EFA is a new aspect of bullying that emerged from the qualitative stage of this study, and therefore forms a unique aspect of the instrument.

2. **Factor two: Misuse of legitimate authority, processes and procedures** is a feature of bullying behaviour highlighted in the literature, and measured through a number of non-specific tools such as the Perceptions of Organisational Politics Scale (Salin, 2003a) and the Occupational Stress Questionnaire (Zapf, 1999).

3. **Factor three: Organisational tolerance and reward** has been discussed in the literature but has not been measured specifically in previous research (Einarsen, 1999).
(4) **Factor four: Normalisation of bullying behaviours in work teams** has also been discussed in the bullying literature (Hoel, Sparks and Cooper, 2001) and only measured indirectly by the use of the Organisational Politics Scale (Salin, 2003a).

Historically, instruments developed from investigating the experiences of workplace bullying have focused upon measuring the underlying individual behavioural dimensions of workplace bullying at the exclusion of organisational mediators (Leymann, 1996; Zapf, Knorz and Kulla, 1996). Although some authors have suggested the focus of studies investigating bullying should remain upon interpersonal conflict (Einarsen et al., 2003), it is increasingly recognised that organisational features and processes can be used as a vehicle for bullying (Dick and Raynor, 2004; Zapf, 1999).

In investigating organisational features associated with bullying previous studies have explored concepts such as organisational politics and stress (Salin, 2003a; Zapf, 1999) using instruments such as the Perceptions of Organisational Politics Scale (Salin, 2003a), the Instrument for Stress-oriented Job Analysis (Zapf, 1999), and various items from social support, organisational conflict, and social stressor scales (Zapf, 1999). The Perceptions of Organisational Politics Scale measures features such as general political behaviour and going along to get ahead (Carlson, 1997; Dipboye and Stacy, 1995; Kacmar, 1991). In studies using these instruments, the role of organisational politics has been conceptualised at the level of individual behaviour (Hearn and Parkin, 2001; Salin, 2003b) with individuals understood to be motivated to bully to compete against others in a politicised environment. These
studies have not explored the organisational features identified from the exploratory factor analysis conducted in the second stage of this study.

(5) Factor five: Bullying acts contains a number of items that are similar to those contained in other instruments measuring bullying behaviours (Leymann, 1990; Zapf, Knorz and Kulla, 1996).

The items retained to measure this factor share similarities with those in past research and are incorporated in instruments such as the Leymann Inventory of Psychological Terrorisation (Leymann, 1990), the Negative Acts Questionnaire (Zapf, Knorz and Kulla, 1996), and the bullying inventories developed by Dick and Raynor (2004). Consistent with previous research the pilot instrument contained 23 items measuring bullying behaviours. Following the EFA the number of items was reduced to 12. This is in contrast to previous studies validating bullying instruments where items retained have much smaller factor loadings (Dick and Raynor, 2004). Although the items retained are similar in nature to items contained in other instruments, the items validated and retained were fewer in number. The reason for the smaller number of items retained may be because, in this study, a factor loading greater 0.6 was the criteria for item retention from the EFA, whereas other studies have retained items with smaller factor loadings (Dick and Raynor, 2004).

The items measuring the bullying sub-categories of personal attack (ignored, blamed, followed, humiliated, excluded or threatened), and those measuring attack through work tasks (excessive scrutiny of work, work organised to inconvenience, excluded from information, work excessively scrutinised), were of a lower loading than those
measuring behaviours directed towards attack upon professional reputation and competence. This finding suggests that in the professional context stigmatisation through attack upon reputation and competence may precede personal attack and other forms of behaviour associated with the stereotype of workplace bullying as escalated conflict. These results highlight the importance of subtle, less overt aspects of workplace bullying.

(6) **Factor six: Psychosocial distress** captures the level of distress experienced by individuals related to the experience of workplace bullying and shares similarities with a number of other instruments.

The items developed to measure the latent factor *Psychosocial distress* captured the negative stress-related effects upon nurses stemming from the experience of bullying. Items included statements reflecting stress-related cognitions (Fitzgerald, Drasgo and Magley, 1999) such as ‘I have considered taking my own life’ and ‘I just want to pull the covers over my head and not get up’, and items measuring difficulty sleeping, fatigue, poor concentration, and concern regarding family security such as ‘I am frightened the bully may harm my family’. Other authors have noted that workplace bullying induces stress responses (Coffey, 1999; Dowden and Tellier, 2004; Mikkelsen and Einarsen, 2002). Further, associations have been noted between bullying, low levels of psychological wellbeing, and high levels of stress symptoms such as anxiety and depression (Einarsen, 2001; Gabriel, 1998; Kivimäki and Virtanen, 2003; Quine, 1999; Turney, 2003).
A number of pre-existing scales measure psychosocial distress such as the Hospital and Anxiety Depression Scale (HADS) (Barth and Martin, 2005); the Mental Health Inventory for Australian Adolescents (Heubeck and Neill, 2000); the Positive and Negative Effects Scale (Watson, 1998). These scales were designed for the clinical context of general medicine with diagnostic classifications in mind and do not include items such as insomnia or fatigue that were included in the instrument in this study.

(7) *Factor seven: Avoidance and withdrawal at work* has not previously been incorporated into workplace bullying instruments. A similar construct has been identified as a feature of studies examining sexual harassment in the workplace (Fitzgerald et al., 1997).

The latent factor of *Avoidance and withdrawal at work* captures the avoidance and withdrawal behaviour employed by individuals to reduce the stress associated with bullying while remaining employed. The items measuring work avoidance and withdrawal included behaviours such as avoiding contact with others or attempting to be less visible while at work. These behaviours were measured through items such as: ‘I used to want a career, now I just hope to get through the day’ and ‘I try to hide when I am at work and be less visible’.

In studying a similar factor implicated in workplace sexual harassment, Schneider, Fitzgerald and Swan (1997) hypothesised that work stress stemming from sexual harassment leads to cognitions about leaving work, and in an attempt to remain employed, individuals withdraw psychologically. The identification of the latent
factor *Avoidance and withdrawal at work* is a unique finding of this study, one that has not reported in the literature on workplace bullying.

8.2.2.2 *The development of scales measuring the seven latent factors*

The second key finding from this stage of the study was the further refinement and validation of the survey instrument to investigate workplace bullying. The EFA conducted in this stage of the study reduced the number of scales and items in the survey instrument by identifying reliable measures of the seven latent factors. Two scales were developed and validated to measure features of workplace bullying:

(1) *Scale one: Organisational Processes Scale* which contained items measuring four factors: *Alliances of bullies; Misuse of legitimate authority, processes and procedures; Organisational tolerance and reward; Normalisation of bullying behaviours in work teams;*

(2) *Scale two: Bullying Acts and Consequences Scale* which contained items measuring three factors related to experiencing workplace: *Bullying acts, Psychosocial distress and Avoidance and withdrawal at work.*

The resulting instrument developed for use in the national survey was smaller, demonstrated construct and content validity, was internally consistent and highly reliable. This stage of the study contributed a conceptually grounded and psychometrically sound instrument for assessing the nature, prevalence, and consequences of bullying in the nursing workplace.
8.2.3  *Stage three*

Using the instrument validated in the previous stage of the study, the third stage involved a national survey of the nursing workforce. The aim of the survey was to provide data on the nature, extent, and consequences of bullying in the Australian nursing workplace and further validate through confirmatory factor analysis the seven latent factors hypothesised to constitute features of workplace bullying. After which the latent factors developed from this study were used in structural equation modelling (SEM) to test models of bullying. In discussing the findings from the third stage, three key aspects of the findings that emerged from the first stage of the study are presented and illustrated in Table 8.3.

### Table 8.3: Key findings emerging from the third stage of the study

<table>
<thead>
<tr>
<th>Key findings</th>
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<tbody>
<tr>
<td>1. Detail on the nature, extent and consequences of bullying</td>
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<tr>
<td>2. Validation of a multidimensional workplace bullying scale</td>
</tr>
<tr>
<td>3. Confirmation of a seven-factor model of workplace bullying</td>
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8.2.3.1  *Detail on the nature, extent and consequences of bullying*

The finding from the national survey noted that bullying was not correlated with demographic and employment characteristics of respondents. The results of the survey also revealed that individual demographic characteristics, level of education, or position within the organisation did not provide protection against bullying.
Similar to the findings from the qualitative stage of this study, in the national survey individuals identified as engaging in bullying were largely in management positions. The absence of a correlation between bullying and individual demographic factors suggests that, in the nursing workplace, organisational factors may be a more important aspect influencing the occurrence of workplace bullying.

The incidence of bullying reported in this stage of the study compares with research on nurse bullying in the United Kingdom, which used similar measurement strategies (Quine, 2001; RCN, 2002). It was also comparable to the rate of bullying in studies of prison officers (Hubert and van Veldhoven, 2001; Vartia and Hyyti, 2002) suggesting that the rank-structured and para-military models of organising (Archer, 1999), in these two sectors may influence the propensity to bully or be bullied. It has been suggested that the incidence of bullying in the nursing workforce reflects that fact that, while nurses are predominantly women, as a group they may not exhibit the characteristics of a feminine culture which is suggested to be less tolerant of aggressive behaviour (Simpson and Cohen, 2004; Websdale and Chesney-Lind, 1998).

Another finding of importance from the national survey was the rate of anxiety, depression, fatigue and exhaustion reported by respondents who had experienced bullying. The rates were higher than those reported in other studies that have included nurses (Kivimäkia and Virtanen, 2003; Quine, 1999; Randle, 2003a). One reason for the difference in reported rates may be that this study involved only one category of employee, and self-reporting was used. Another important finding, not previously reported in the nursing literature, was the continuation, more than a year
after bullying had ceased, of a correlation with *Psychosocial distress* and interruption to work. This finding suggests that bullying may have long term consequences that continue after exposure to bullying has ceased.

To date, the link between bullying and nursing turnover has been largely hypothetical (Adkins, 2004; Jackson, Clare and Mannix, 2002; Stevens, 2002). The findings of the third stage of this study confirmed that nurses reduced their hours of employment or resigned their position - with nearly half of those bullied reporting a consequent reduction in income. In addition, the finding that witnessing colleagues bullied was correlated with *Psychosocial distress* and *Avoidance and withdrawal at work* suggests that there is a flow-on effect from bullying not only for individuals bullied, but also for work teams. The national survey provided new information on the nature, extent and severity of bullying for Australian nurses. However, the high number of non-respondents makes it important to interpret these results with caution. As discussed in the following chapter, the small number of respondents limits the generalisability of these findings.

8.2.3.2  Validation of a multidimensional workplace bullying scale

The results of the CFA conducted in the third stage of the study further refined the measures of the seven latent factors (*Alliances of bullies, Misuse of legitimate authority, processes and procedures, Organisational tolerance and reward, Normalisation of bullying behaviours in work teams, Bullying acts, Psychosocial distress, and Avoidance and withdrawal at work*) developed from the earlier EFA. As already noted, to date instruments developed to measure workplace bullying have largely focused upon the underlying behavioural dimensions of workplace bullying
at the exclusion of organisational features. In this study, to extend knowledge about workplace bullying, it was considered imperative that the phenomenon be examined within a framework that included organisational features. In refining measures of the seven latent factors identified from the previous stage, a multidimensional scale entitled Organisational Predictors and Consequences of Bullying Scale (OPCBS) was developed. The scale contained items demonstrated to be moderate to strong measures of each of the seven latent factors.

Although the connection between bullying and job characteristics has been reported in previous studies (Einarsen, 2001; Leymann, 1996; Salin, 2003b; Zapf, 1999), a number of organisational features have been hypothesised to create either pressures or opportunities for bullying. Organisational features such as deficient job design or work environment (Leymann, 1996); a culture that permits or rewards bullying (Archer, 1999); misuse of organisational procedures (McMahon, 2000); organisational restructure and organisational change (Sheehan 1999; Salin, 2003b) have been identified as being associated with bullying. There has been limited substantive investigation to identify the organisational factors that may exacerbate or predict workplace bullying or the relationship between these factors. A unique contribution of this study is the development of empirically validated measures of the organisational features associated with workplace bullying.

8.2.3.3 Confirmation of a seven-factor model of workplace bullying

In the final stage of this study, SEM was used to investigate whether the four organisational factors (Alliances of bullies, Misuse of legitimate authority, processes and procedures, Organisational tolerance and reward, Normalisation of bullying
behaviours in work teams) measured in the national survey were associated with bullying and the measured consequences. The findings from the analysis identified paths between each of the organisational factors and bullying. While previous studies have noted correlations between organisational characteristics and bullying (Einarsen, 1999; Hoel and Salin, 2003; Salin 2003a; Zapf, 1999), the results from this study confirm the strength and direction of the relationship between the organisational factors and bullying acts. The results of the analysis suggest that the organisational characteristics measured were associated with bullying, in particular Organisational tolerance and reward of bullying and Alliances of bullies. In turn, bullying was verified to have a path to Psychosocial distress and Avoidance and withdrawal at work. These findings suggest that bullying arises from organisational features and, in turn, it is associated with Psychosocial distress and negative health outcomes.

The modelling conducted in the third stage provides new insight into the relationship between organisational characteristics, bullying and the resulting negative consequences. The findings from this stage build upon previous research that has reported correlations between organisational characteristics and bullying (Salin 2003a; Zapf, 1999). The results of CFA and SEM suggest that, in the nursing workforce, the four organisational factors identified are associated with workplace bullying. This finding provides support for the hypothesised link between organisational features and the occurrence of bullying. These findings have important implications for the management and prevention of workplace bullying, suggesting that interventions need to occur at an organisational level if they are to be effective – in particular strategies to address organisational tolerance and reward of bullying and
organisational alliances between individuals. Given the small size of the sample in this study, the findings from the SEM are considered tentative. Further research, particularly larger sample longitudinal studies, is required to confirm or disconfirm the nature of the associations between the latent factors in the models.

8.3 A model of bullying in the nursing workplace

Given there were no a priori assumptions about workplace bullying at the beginning of this study, and there were limitations about what was known regarding bullying in the nursing workforce, it was not feasible or appropriate to develop a theoretical model at the beginning of this research. The model presented in Figure 8.2 (page 259) identifies the organisational features, bullying acts, and consequences attributed to workplace bullying. The model is informed by the qualitative analysis, and incorporates latent factors specified, tested and validated in subsequent stages of the study to provide an empirically validated model of bullying in the nursing workplace. The model shares similarities with other models developed to explain workplace bullying (Einarsen et al., 2003; Salin, 2003a), the main contribution of this model is the specification of organisational factors associated with bullying.

The model specifies four organisational factors conducive to workplace bullying: 
- Organisational tolerance and reward;
- Alliances of bullies;
- Misuse of legitimate authority;
- Normalisation of bullying behaviours in work teams. These four organisational factors create an environment favourable to bullying by providing both the opportunity and motivation to engage in bullying. The degree to which these four factors are present in an organisation and their level of influence determines the
likelihood of bullying occurring. By identifying these organisational features of workplace bullying, the model suggests bullying is not a discrete or isolated event.

Applying the model, in an environment where those who engage in bullying are rewarded or where reports of bullying are ignored a tolerance of bullying is fostered. In this environment, actors in alliances learn over time the norms and values conducive to a normalising worldview that perceives bullying as tolerated and rewarded. By identifying motivation, the model clarifies intent in the process of workplace bullying and differentiates bullying from reactive aggression or escalated interpersonal conflict. The model identifies that bullying occurs in an organisational context that provides the opportunity, motivation and reward to participate in the behaviour.

The second organisational factor in the model is alliances between actors. In an organisational context where tolerance and reward is sufficient, the development of alliances between actors willing to engage in bullying is more likely. Alliances operating within informal organisational networks shape the distribution of available opportunities conducive towards bullying. The factors Organisational tolerance and reward function together with Alliances of bullies to provide both the motivation and opportunity for actors to engage in bullying. In this manner, a tolerant organisational environment and informal structures of power arising from embedded social relationships may function to influence the occurrence of bullying.
Figure 8.2: A model for explaining bullying in the nursing workplace
The interaction of the first two organisational factors (Organisational tolerance and reward and Alliances of bullies) can be understood to foster the third factor in the model Misuse of legitimate authority, processes and procedures. In a tolerant organisational environment, alliances function to provide the opportunity and necessary protection that enables the misuse of legitimate forms of organisational authority for bullying. The third organisational factor in the model is Normalisation of bullying behaviours in work teams.

The model suggests that the existence of these organisational factors creates opportunities through which bullying is normalised in work teams. Thus, bullying acts are more prevalent in organisations tolerant of bullying and where alliances between individuals provide the opportunity for the misuse of legitimate organisational authority, processes and procedures. The organisational factors come together to foster the Normalisation of bullying behaviours in work teams. In this manner, the model suggests the four organisational factors provide the motivation, opportunity and reward for bullying. The model also provides insight into the mechanism through which bullying becomes a repetitive, patterned and escalated form of behaviour (Hoel and Salin, 2003; Salin, 2003a; Zapf and Gross, 2001).

In the model three forms of bullying acts are identified: personal attack; attack through work tasks; and attack upon reputation and competence. The model suggests that, in the nursing context, stigmatisation through attack upon reputation and competence are important features of the bullying experience. Further, in the context of predatory alliances between actors and the misuse of legitimate authority, processes and procedures, bullying also takes the form of behaviours directed at
individuals through work tasks and roles, and attack upon professional reputation and competence.

The model also depicts that the negative consequences of bullying can be widespread and enduring, occurring within four conceptually distinct but related factors: *Psychosocial distress*; health effects; *Avoidance and withdrawal at work*, and interruption to career. *Psychosocial distress* relates to a range of factors affecting the individual at the psychological level. The model suggests that the *Psychosocial distress* that stems from bullying leads to *Avoidance and withdrawal at work*. Avoidance and withdrawal is understood as a coping strategy nurses employ to remain at work while experiencing the stress of bullying. The effects upon health, lead to interruption to work and career.

Other authors have previously suggested a range of features may precipitate or enable bullying, such as internal politics and competition (Salin, 2003); change processes (Einarsen, 2000; Hoel, Sparks and Cooper, 2001); and, leadership style or culture (Matthiesen and Einarsen, 2004; Avergold and Mikkelsen, 2004). The model presented here suggests four organisational factors: *Organisational tolerance and reward*; *Alliances of bullies*; *Misuse of legitimate authority, processes and procedures*; Normalisation of bullying behaviours in work teams, may provide the mechanism through which bullying is promulgated in the nursing workplace. The model provides new insight into the organisational dynamics of bullying and an alternative conceptualisation of bullying, one that is in contrast to understanding bullying as interpersonal conflict or oppressed group behaviour.
Although the model proposes that organisational-level factors are of crucial importance in the genesis of bullying, individual differences in the propensity to be bullied and bully may exist, and be facilitated or inhibited by organisational characteristics. Although not discounting the place of individual characteristics previously identified and measured in other studies to be a feature of bullying (Einarsen, Raknes and Matthiesen, 1994; Einarsen, Matthiesen and Skogstad, 1998; Coyne, Seigne and Randall, 2000; Matthiesen and Einarsen, 2001), it appears from this research that, in the nursing context, individual features may not be key contributing factors. As this study did not measure features of individual personality, no substantive conclusion about their role can be made.

8.4 Conclusion

A key contribution of this thesis is the identification of organisational characteristics as mediators of bullying in the nursing workplace, suggesting that, in the nursing workplace, it may be more useful to conceptualise bullying as mediated by organisational features (Liefooghe and MacKenzie Davey, 2001; Lewis and Orford, 2005) rather than individual characteristics or conflict. Further, one of the first empirically tested multidimensional models of workplace bullying is reported in the thesis. The model has important implications for understanding the conditions that give rise to workplace bullying and for developing prevention and intervention strategies.

In terms of methodological contribution, the current research is one of the few reported sequential mixed method approaches to the study of workplace bullying. To date, no other published study on workplace bullying has developed in-depth insight
through qualitative analysis of experiences, specified constructs from the qualitative results, confirmed the constructs through exploratory factor analysis, and then further confirmed and refined the factors to test hypothesised models through confirmatory factor analysis and structural equation modelling. Therefore, the study also contributes to the understanding of the place of mixed method research designs in studying complex social phenomena. Having summarised the main findings from the study and suggested a possible model for understanding bullying, in the next chapter consideration is given to the implications and recommendations stemming from the study.
Chapter 9

ABSTRACT

Chapter nine is the concluding chapter of this thesis and presents the implications arising from the study for the management of workplace bullying and further research. The chapter concludes the thesis by noting the limitations of the current study and areas for future research.
CONCLUSION AND RECOMMENDATIONS

9.1 Introduction

In the literature in Chapter 2 of this thesis, it was noted that, although increasing attention had been given to bullying in the nursing workplace, the empirical evidence available was relatively limited, particularly in the Australian nursing context. Employing a sequential mixed methods research design in the present study I sought to address this gap by investigating the nature, extent and consequences of bullying for Australian nurses.

The first stage of the study involved in-depth qualitative interviews with twenty-six nurses in two large healthcare organisations. For this group of nurses, bullying did not arise from interpersonal conflict; instead it was an enduring behaviour embedded within informal organisational networks, with processes in nursing teams serving to normalise the behaviour. From the interview transcripts a taxonomy of bullying behaviours was identified, clustered under the categories of personal attack, attack upon professional competence or reputation and attack through work roles and tasks. The harm attributed to arise from bullying was extensive and included emotional distress, deteriorating health, loss of income and interruption to employment and careers.
The second stage of the study piloted the survey instrument developed in the first stage with 102 nurses in one large healthcare organisation. Exploratory factor analysis revealed seven coherent factors that underpinned the experience, consequences, and organisational features associated with workplace bullying. Two valid and reliable scales the *Organisational Process Scale* and the *Bullying Acts and Consequences Scale* were developed to measure bullying behaviours, their consequences and the organisational process associated with bullying.

The third stage of the study provided detail on the nature, extent and consequences of bullying for a sample of Australian nurses. Using Confirmatory Factor Analysis, the scales developed from the previous stage of the study were refined into a smaller multidimensional *Organisational Predictors and Consequences of Bullying Scale* (OPCBS). Structural Equation Modelling supported the hypothesised seven-factor model of bullying suggesting that the organisational features measured influenced the incidence and experience of bullying in the nursing workplace.

It is not the intention in this chapter to discuss these findings in detail, as this has occurred in the preceding chapters. Instead, the purpose of this chapter is to reflect upon the implications arising from the research and comment on how the findings may inform the management of workplace bullying and further research. The chapter concludes by noting the limitations of the study and areas for future research.
9.2 Implications arising from the research

9.2.1 Explanatory models of workplace bullying

Workplace bullying has been extensively described in the literature as a form of escalated conflict (Baron and Neuman, 1996; Einarsen, 1999; Einarsen, Matthiesen and Skogstad, 1998; Hoel and Salin, 2003; Leymann, 1996; McCarthy, 1996; Yamada, 2000; Zapf and Gross, 2001). In this study the identification of networked relationships of predatory alliances between actors engaged in workplace bullying required an alternative mechanism. The predatory alliances within informal organisational networks provided extensive support and opportunity for bullying. Drawing upon social network theory it was suggested that actors engaged in workplace bullying were embedded within tolerant informal organisational networks. This finding suggests that the informal organisational networks in nursing workplaces facilitated relationships and flows of power that served to protect and reward those engaged in bullying, while providing further opportunities for the behaviour. The predatory form of bullying described in the current research is different to that described in other studies on workplace bullying (Einarsen, Raknes and Matthiesen, 1994) and requires the development of alternative explanatory frameworks.

As noted in Chapter 2 of this thesis, oppressed group behaviour and horizontal violence explanations are commonplace in Australian nursing literature to explain bullying. These approaches to understanding bullying have generated insight into macro forms of power that operate within society, and have drawn attention to the sociopolitical oppressive power of gender and medicine within nursing. The findings from this study identified alternative mechanisms for bullying to that of horizontal
violence or the oppressed group. In response, the work of Foucault (1977, 1988) and the ‘circuits of power’ model developed by Clegg (1989a) were used to interpret aspects of the findings from this study, providing an alternative understanding of the operation of power within the nursing workplace.

Applying Clegg’s circuits of power model to understand micro power and bullying in the nursing workplace generated an understanding of the rules and disciplinary practices that function to make nurses more calculable, to define their reality and to shape their behaviour at work. In the current research it is has been noted that the continued use of the oppressed group model serves to focus attention upon behaviour among nurses. By drawing attention away from work environments that condone bullying by perpetuating the image that bullying is an intrinsic occupational reality for nurses, potentially reinforcing the notion bullying is a “routine” and “normal” part of the experience of nursing. Through identifying organisational features associated with bullying and the processes through which nurses can be socialised into norms that perpetuate bullying behaviour, this study’s findings have highlighted how bullying is a harmful activity perpetuated through organisational behaviours, routines and processes, rather than the personality characteristics of individual nurses.

Roberts (2000), in her work on oppressed group behaviour in nursing, proposed that nurses needed to develop a positive identity as a critical step in breaking out of the cycle of oppression, and moving towards systematic change in the power structures that create oppression. The findings suggest that commonly accepted assumptions and frameworks about bullying in nursing as oppressed group behaviour or
horizontal violence need to be extended, allowing for insight into the subtleties of power flows within the workplace. Using Clegg’s (1989a) circuits of power model draws attention to the complex flows of power that operate within organisations, and sheds light on why addressing bullying can be difficult.

### 9.2.2 Nurse education

The findings of this study, regarding the networked relationships within organisations that have promulgated bullying and the processes within nursing teams that have normalised the behaviour have implications for undergraduate and graduate nurse programs. Preceptoring or mentoring programs that draw staff from within the organisation may inculcate students into norms that are conducive to bullying. MacLean (2001), in a study of rule breaking in the insurance industry, identified that changes to staff training and orientation reduced the learned diffusion of rule breaking. Within the nursing context, Randle and Grayling (2006) have suggested that a strategy to reduce bullying would be to direct attention towards undergraduate placements to ensure preceptors are not inculcated in workplace cultures.

The organisational behaviours associated with bullying in this study reduced the available social support in nursing teams and eroded nurses’ resilience, self-confidence and ability to cope with workplace stressors. Programs to assist nurses develop protective factors within themselves and their work environments might mitigate against the negative effect of workplace bullying. Such programs might include attention on developing reflective skills (Giordano, 1997), the ability to draw on forms of positive emotion even when in the midst of stress and adversity (Bannano, 2004; Larrabee et al., 2003; Tugade and Fredrickson, 2000), and
developing nurturing supportive relationships (Tusaie and Dyer, 2004) and team interactions (Day, Minichiello and Madison, 2007) in the workplace.

9.2.3 Management and human resource professionals

The findings from this study have several implications for the management of workplace bullying. Firstly, it was highlighted that informal organisational structures and processes play a part in bullying. Managers need to be aware that individual actors who bully may have a key role in influencing the behaviour of others. The networked forms of behaviour identified in this study challenge the commonly reported response of moving the target of bullying while the perpetrator remains in place. Given the networked nature of relationships in organisations these types of responses may do little to address bullying, and may inadvertently reinforce the positions of perpetrators in work teams – particularly serial bullies (Hirigoyen, Moore and Marx, 2000). Leaving actors implicated in bullying in place may also send the wrong message, that bullying is not taking seriously (Lewis, 2006).

Further, managers need to be aware that individuals who bully may target numerous individuals simultaneously. Therefore, reports of bullying coming to the attention of management may only be the “tip of the iceberg”. The networked nature of relationships between individuals involved in bullying also has implications for the management of “in house” reporting or zero tolerance polices. The findings from this study suggest the processes may not guarantee a response to reports of bullying, or may not provide protection for those experiencing bullying. These systems may instead operate to deny the existence of bullying and reinforce self-blame among targets.
Consideration also needs to be given to the adequacy of both in-house reporting systems and zero tolerance polices which have been introduced extensively to address violence and bullying in the nursing workplace (ANF, 2002; Grenyer et al., 2004; Mayhew and Chappell, 2001). In reviewing the existing evidence on zero tolerance policies, Holmes (2006) has called into question their efficacy, citing evidence that they have not reduced exposure and may be used to justify discrimination. In the absence of studies identifying substantive benefits from these approaches, it is vital that management critically review their effectiveness, mindful that these approaches may serve to push bullying further underground - making it more deeply embedded, increasingly costly, and difficult to address.

Human resource personnel and management also need to be aware that bullying is not necessarily interpersonal in nature. Instead, in the professional context, it may be mediated through attack upon professional competence and making work tasks more difficult. The absence of interpersonal conflict as a factor in bullying suggests that the use of mediation premised upon resolving interpersonal conflict (DHS, 2005; Grenyer et al., 2004; Mayhew and Chappell, 2002; Ólafsson and Jóhannsdóttir, 2004) may be inappropriate in responding to bullying. Conflict based mediation strategies risk further increasing the vulnerability of those targeted, while perversely reinforcing the power of perpetrators. The findings from the current research suggest that, if interventions to eliminate workplace bullying are to be effective, they must operate at the organisational level and carefully address and respond to the possibility that organisational processes, structures, and power can be systematically and informally co-opted.
In responding to workplace bullying, consideration also needs to be given to developing strategies that operate at the organisational level and address the possibility that organisational processes and structures may function as mediators of bullying. The findings from this study provide insight into the mechanisms that reproduce shared frames of reference within healthcare organisations that serve to normalise bullying. The networked nature of relationships, the use of promotion and reward, and the misuse of legitimate authority processes and procedures, suggest that bullying may be more appropriately considered a form of organisational deviance rather than simply as a form of interpersonal conflict. Reframing bullying in this manner has very different implications for its management.

Rather than continuing to conceptualise bullying as a form of interpersonal conflict amenable to conflict resolution between individuals, management may more usefully direct attention towards addressing formal and informal processes within the workplace that reward bullying behaviour. Cultural audits, using measures such as those developed and validated in this study, may enable organisations to learn about the existence and sedimented nature of subcultures, networks and alliances that perpetuate a tolerance of workplace bullying.

Understanding bullying as a form of sub-cultural deviance requires strategies to identify and to analyse embedded and taken-for-granted behaviours and practices that perpetuate bullying. It is recognised that internal reporting and management systems may be ineffective as is the case with other forms of organisational deviance such as fraud, embezzlement, insider trading and white-collar crime (Klerks, 2001; Lambsdorff, 2002; Nohria, 1992). The continued emphasis upon in-house reporting
schemes as the central strategy to address workplace bullying risks masking or protecting systems that perpetuate the status quo; hence, it may be prudent for management to consider systems where those responsible for investigating and managing complaints of bullying have no vested interest in the outcome.

Finally, it was evident from the current study that militaristic and rigid hierarchical approaches to the management of healthcare services and the organisation of nursing work were harmful to both nurses and organisations. Old militaristic models of nursing overlayed by new managerial models of healthcare were evident in this study – fostering autocratic cultures of secrecy and blame. Participatory models of organising focusing upon enabling positive change in nursing teams (Bowles, 2000; Hamelin et al., 2007) have demonstrated success at improving the work climate in teams (Corrigan et al., 2002) and addressing nurse retention (Mulcahy and Betts, 2005). Healthcare organisations must provide more democratic and less hierarchical workplaces in order to retain nurses and foster a productive and healthy workplace. Hofmeyer (2003) has previously argued that organisations have a moral imperative to improve the work life of nurses through building inclusive social capital, the results presented in this study provide evidence that productivity and financial imperatives are also to be gained from such changes (Michie and Williams, 2003).

9.2.4 Further research

To date, the focus of research on workplace bullying has largely been upon identifying and measuring features of bullying behaviour – positioning the individual as the focus. A step forward has been taken in this study by identifying, testing and
validating constructs that measure the role of organisational characteristics associated with workplace bullying.

The three scales developed from this study are suitable for use in further research on workplace bullying. The *Organisational Processes Scale* and the *Bullying Acts and Consequences Scale* developed from the EFA in stage two can be used in further studies requiring measures of these factors. The *Bullying Acts and Consequences Scale* would be useful for nurse and organisational studies researchers, psychologists and social scientists, and would have a place assisting nurses exposed to workplace bullying to label, and better understand their experience. The third scale developed from the final stage of the study, the *Organisational Predictors and Consequences of Bullying Scale* (OPCBS) further refined the scales developed in the previous stage of the study. This multidimensional scale provides an integrated measure of bullying, organisational characteristics and consequences of bullying. This scale would be of use to nurse researchers, human resource managers, and other professionals with an interest in developing interventions to address bullying at an individual and organisational level.

Further research is required to validate the findings stemming from this study before definitive conclusions on the role of the organisational features studied can be drawn. Additional longitudinal studies are required to further examine and validate the confirmatory factor analytic models, particularly with regard to negative consequences of workplace bullying. By conducting studies over time it would be possible to draw conclusions regarding the impact of the organisational features on bullying acts experienced, psychological wellbeing, physical health and work related
consequences. Further research is also required in non-nursing environments to
determine the applicability of the findings to other industries and occupational
groups.

Secondly, the identification of predatory alliances as the mechanism through which
bullying can proliferate suggests that future research on workplace bullying needs to
give consideration to the characteristics of individual actors as well as organisational
sub-cultures and informal networks within organisations. In particular, research with
perpetrators to explore how individuals are recruited and the mechanisms through
which bullying proliferates via informal networks would provide valuable insights.

9.3 The current study - strengths and limitations

The main strength of this study is the sequential mixed methods design adopted. Each
stage of the study built upon and validated the preceding stage, providing
increased confidence in the conclusions drawn. The study design also demonstrates
the importance of theory development occurring sequentially with latent factor
validation and model development.

Although this thesis has shed light on many new aspects of bullying, it is important
to be mindful of a number of limitations of the research. While broad generalisation
was not the aim of the qualitative stage of the study, drawing participants from two
large health organisations possibly limits the nature of the information collected. It
would, therefore, not be appropriate to generalise the findings from the interviews to
all health services. However, key findings from the interviews were validated
through the subsequent stages of the study, suggesting generalisability of the key findings from the interviews to the Australian nursing workforce.

A further limitation of the first stage of the study was the collection of data on the nature of the networks of predatory alliances. While the focus on informal organisational networks emerged from the data, participants were not specifically engaged in systematic questioning about networks. Individuals may not accurately perceive networks that exist among others (Krackhardt, 1992). Therefore, it is possible that the networks identified by participants in this study may have served other purposes that were not revealed from the analysis of participant accounts.

Secondly, there are number of limitations with regard to the second stage of the study. Firstly, the sample size was smaller than is generally recommended for exploratory factor analysis. However, there is considerable argument as to what an appropriate sample size is for exploratory factor analysis (Gorsuch, 1990; Stevens, 2000; Tabachnick and Fidell, 1996). There is both hypothetical and empirical evidence to illustrate ‘that a sample size of at least 50 and not more than 100 subjects is adequate to represent and evaluate the psychometric properties of measures of social constructs’ (Sapness and Zellars, 2001:135). Further, supporting the reliability of the analysis are the findings of a number of authors (Fabrigar et al., 1999; Joreskog and Moustaki, 2001) who report that factors with three items loading at 0.60 or higher, as was the case with this study, are reliable - regardless of the sample size. An additional limitation is the self-selecting nature of the survey does not allow comparison of the characteristics of those who responded and those who did not.
Thirdly, with regard to the national survey the low response rate has implications for interpreting the results on the prevalence and patterns of bullying reported. The response rate may have been a result of the method used to distribute the survey, as nurses may not have opened their publication or may have overlooked the survey. The low response rate also presents a potential limitation for the confirmatory factor analysis. Given the number of parameters in the model (139 parameters), it is likely that a larger sample size is required for confident interpretation of the results (Kline, 2005). With regard to the structural equation modelling a cross-sectional population sample was employed, further research might usefully employ data that is not cross-sectional such as that derived from an organisational level case study to further test the factors measured in this study.

It should also be remembered that the study was undertaken with a particular professional group, thus the generalisation of the findings to other groups may be limited. Finally, another limitation is the failure of perpetrators of bullying or managers to be recruited to the first stage of the study. As few studies incorporate the perspectives of perpetrators, the failure to recruit perpetrators in this study, was not unexpected. The failure to recruit managers suggests that in-depth interviews may not be the best way to recruit this group when researching sensitive topics such as workplace bullying within organisations.

9.4 Conclusion

This thesis has contributed several findings of importance for the nursing profession. The evidence reveals the extensive and cumulative costs of bullying which has an impact on nurse wellbeing and the retention of nurses. By demonstrating the
cumulative and long lasting consequences of workplace bullying on the health and wellbeing of nurses, the study highlights the urgency with which alternative approaches to the problem need to be identified. The multidimensional model developed provides a unique and valuable empirically validated explanation of bullying in the nursing workplace. The model suggests areas for further research, which may guide future efforts to address bullying and enhance the quality of worklife for nurses.
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