Managerial and Organizational Discourses of Workplace Bullying

Dr. Susan L. Johnson, PhD, RN, **Dr. Doris M. Boutain, PhD, RN**, **Dr. Jenny H.-C. Tsai, PhD, RN**, and **Dr. Arnold B. de Castro, PhD, RN**

Assistant Professor (Dr Johnson), University of Washington Tacoma; Associate Professor (Drs Boutain and Tsai), University of Washington, Seattle; and Associate Professor (Dr de Castro), University of Washington Bothell

Abstract

OBJECTIVE—To explore how workplace bullying is addressed by hospital nursing unit managers and organizational policies.

BACKGROUND—Although workplace bullying is costly to organizations, nurses report that managers do not consistently address the issue.

METHODS—This study used discourse analysis to analyze interview data and policy documents.

RESULTS—There were differences in the manner in which managers and the policy documents labeled bullying-type behaviors and discussed the roles and responsibilities of staff and managers. Policies did not clearly delineate how managers should respond to workplace bullying.

CONCLUSIONS—These differences can allow management variation, not sanctioned by policy. Unclear policy language can also offer insufficient guidance to managers, resulting in differential enforcement of policies.

Workplace bullying is an issue garnering increased interest and attention among nurses.[1,2] At any given time, 30% of nurses across multiple countries report they are experiencing workplace bullying.[3] Workplace bullying has been associated with negative outcomes both for nurses[4–7] and patients.[1,8]

Workplace bullying consists of frequent and persistent negative workplace behaviors, many of which are subtle and covert, which harass or intimidate other person(s) in the workplace.[9] Evidence suggests that when bullying occurs, there is an underlying power imbalance between the perpetrator and the target that makes it difficult for targets to resolve bullying without outside assistance.[9,10] Many targets of workplace bullying have reported that managers do not help them resolve bullying, and their only recourse was to leave their jobs.[11,12]

While targets of bullying have reported that managers do not help them resolve bullying,[13] managers have reported they feel they have an ethical obligation to address the issue.[14] However, managers report they need support from their organizations to do so effectively.[14]

Correspondence: Dr Johnson, University of Washington–Tacoma, Box 358421, 1900 Commerce St, Tacoma, WA 98402 (slj6@uw.edu).

One of the ways that organizations can support managers is by providing them with clearly written policies that outline the actions they should take in response to bullying.[15] Some hospitals have implemented policies that address workplace bullying[16–18]; however, these policies are effective only if they are enforced and clear.[15] Among nurses in New York State, only 42% of nurses in leadership positions[18] and 29% of staff nurses[17] reported that the antibullying policies in their hospitals were consistently enforced. Inconsistent, or nonexistent, responses to bullying can give employees the impression that their organizations do not care about the issue and can unwittingly reinforce bullying behaviors.[19,20]

Theoretical Framework

This study was based on organizational discourse theory.[21,22] A basic premise of this theory is that organizational discourse, or the language used by members of an organization to discuss an issue, influences behavior.[22,23] Documents that are actively discussed by members of an organization have a greater impact on behaviors, and researchers can explore whether policies are influencing behaviors by comparing policy language with the language used by organizational members.[24]

Discourse theory also posits that policies can be reinterpreted according to the norms and values of workgroups, allowing them to be resisted or ignored.[23,24] Research indicates that the same policy can lead to entirely different responses by different managers.[23] When policies have vague descriptions of bullying, managers may have to rely on their judgment to determine if a given incident meets the criteria set forth in the policy. As a result, bullying may not be appropriately addressed.[25] The aim of this study was to compare the language used by hospital nursing managers (NMs) with that of policy documents to explore how NMs use these documents to manage workplace bullying.

Methods

Sample and Data Collection

Institutional review board approval for this study was obtained from the human subjects committee of the authors' university. Purposive and snowball sampling was used to recruit hospital NMs. Initial recruitment was conducted by sending announcements of the study to professional nursing organizations. Subsequent recruitment was via referral. Participants, with at least 2 years of managerial experience, were interviewed twice. The 1st interview, averaging 75 minutes, consisted of generalized questions related to bullying, such as "Describe workplace bullying" and "What have you done when you have learned about bullying among your direct reports?" During the 2nd interview, which averaged 40 minutes, participants were asked the following questions about their organization's policies, "How often have you referred to this policy?" "How do staff learn about this policy?" and "How useful is this policy to you in providing an understanding of bullying behaviors?"

Prior to enrollment, participants were informed that the researcher would be contacting their organization's human resource (HR) department requesting policies related to workplace bullying and that their organization would not be informed of their participation in the study.

Policies were either obtained from HR, from the organizations' publicly available Web site using keywords derived from the previously collected documents (eg, *bullying*, *harassment*, *code of conduct*, and *disruptive behaviors*), or from participants. Information that could link documents with a given organization was removed prior to analysis.

Data Analysis

Interviews were audiotaped and were transcribed by a professional transcriptionist. The primary researcher checked transcriptions for accuracy. To address other specific aims of the study, hospital documents and interview data were initially analyzed separately using Fairclough's[26] Critical Discourse Analysis and Willig's[27] Foucauldian Discourse Analysis. The 1st step in the comparison of the results of these separate analyses was to examine the labels that were used to name bullying-type behaviors. The next step involved an examination of the depiction of the roles and responsibilities of managers and staff. Finally, the actions that managers said they could take in response to bullying were compared with the actions outlined in the policies of their organization. Atlas.ti 6.2 (2012) was used to track codes. To ensure the trustworthiness of the study findings, results were critiqued by an experienced researcher familiar with discourse analysis.

Results

Description of Sample

Fifteen hospital NMs from 7 organizations were interviewed. The managers were predominately white American (n = 13) and female (n = 14). They were 32 to 70 years old (mean, 52 [SD, 9.2]) and had 3 to 25 years' (mean, 10 [SD, 6.5]) experience in management. Ten had a master's degree, 4 had a baccalaureate degree, and 1 had an associate degree. The organizations in which the NMs worked were all nonprofit and ranged in size from 1 hospital to 7. They were located in urban, suburban, and rural settings. None of the hospitals had Magnet® status.

Eighteen policies were collected from 6 of the 7 organizations in which the NMs worked. Of these, only 14 were analyzed; the other 4 did not directly address workplace bullying. Policies were predominately authored by HR and were issued between 2003 and 2011.

Labels for Bullying-Type Behaviors

While all of the NMs in this study used the phrase *workplace bullying* to describe the behaviors they have observed in the workplace, this label appeared in policies of only 3 of the 5 organizations (Table 1). The 2nd most commonly used labels were *inappropriate behavior* and *disruptive behavior*. These appeared in policies from all of the organizations and were used by 5 of the managers to describe bullying-type behaviors. Seven managers said they did not think *disruptive behavior* had the same weight as *workplace bullying* and that it was "too vague." As a manager said, "I prefer people to be really direct…. If you want to put a [policy] out…for bullying, then put one out. Explain what it is." Three managers said they had never heard the term *disruptive behavior* used to describe workplace behaviors. One of these managers said she was unfamiliar with this term, and because the organization's policy was called *Management of Disruptive Behaviors*, "I didn't know that

policy existed, and I wouldn't even look for it under that [title]. To tell you the truth, if I had to look this up, I would probably be looking for a little while before I found it."

Most of the managers (n = 12) and the all of the organizations (n = 6) linked their discussion of employees' behaviors to the stated organizational values. For example, 1 manager said that instead of telling an individual that he/she has "been a bully," she would say, "[your behavior] doesn't demonstrate the value of kindness, or the value of collaboration." An example of policy language that mentions values is "Every member's behavior shall be guided by the core values of [this organization]."

When asked how they communicated with other NMs about workplace bullying, NMs used terms that were not found in the policies. They described discussions of "communication issues" (n = 3), "behavioral issues" (n = 3), or "problem children" (n = 6). They also said bullying was not openly discussed among NMs. One said, "It's known [that bullying occurs], but it's almost like taboo to talk about."

Roles and Responsibilities of Staff

Within the policies, the main responsibilities assigned to staff were to be aware of and conform to policies, to treat coworkers with respect, to adhere to the values of the organization, and to practice open and honest communication. Likewise, NMs said they expected staff to treat each other with respect, to adhere to codes of conduct, and to communicate openly and effectively. In contrast to the policies, NMs said they did not expect staff to be aware of specific policies because "we have a ton of policies."

Policies in 4 of the 7 hospitals instructed staff to inform their supervisor, "or their supervisor's boss if the offender is their supervisor," of violations of behavioral norms. Two hospitals had policies encouraging employees "to inform the offender of the unacceptable nature of the behavior"; however, these policies also stated that "the employee is under no obligation to confront the offender." In contrast, all of the NMs said that staff that witnessed, or were direct targets of, workplace bullying had a responsibility to confront the perpetrators and that NMs should not be expected to take action unless staff had taken this step. As a NM said, "We tell them we expect them to talk to their coworkers first, before they bring it to us." Another said she told her staff that it was their responsibility as a professional to confront inappropriate behavior, and "If he/she [the perpetrator] says, 'I don't want to talk to you,' then bring it to [management]. Then we'll deal with it."

Roles and Responsibilities of Managers

In both the policies and the manager's discourse, NMs were responsible for serving as a role model for appropriate behavior and for establishing behavioral standards. In addition, the policies stated that NMs are responsible for making sure their staff are "aware of these policies." However, only 2 of the NMs recognized this as one of their responsibilities. The remainder of the participants was not sure how staff learned about policies. One said, "I think they get that in orientation." Another said, "If they needed to find a policy… they would come in and ask."

The policies also stated that NMs are responsible for "respond[ing] to observed and reported violations." While all of the NMs described responding to incidents of bullying at one time or another, the majority (n = 11) also said that neither they nor others in the organization consistently respond to all incidents. Reasons for not taking action included "she's a good nurse," (n = 8), "my boss told me to let it go," (n = 5), and "I just don't know what to do" (n = 4). Managers (n = 10) also said they had difficulties disciplining staff when the policies did not clearly define bullying or when bullying involved subtle behaviors, such as "eye rolling or making faces," which were not covered by the policies.

The actions that managers might take to address violations were not clearly delineated in the policies. Managers were advised to "[take] corrective action" (n = 5), "take appropriate action" (n = 4), or to "identify issues and find solutions" (n = 1). Only 3 documents specified what actions, other than progressive guidance, were available to managers. Of these, 2 mentioned informal counseling, and 1 mentioned mediation. When the managers discussed how they have responded to bullying, less than half (n = 6) described getting guidance from organizational policies. Five said their organization's policies were not helpful, 3 were unaware of their organization's policies, and 1 said their organization did not have a policy related to bullying.

Discussion and Implications

In general, NMs used a wider variety of words and euphemisms to describe bullying-type behaviors than the policy documents. Other studies have reported that when HR managers used euphemisms to describe bullying, it allowed them to ignore policies related to bullying.[28] Euphemisms allow NMs to downplay the severity of incidents and to justify not pursuing formal interventions, such as progressive guidance.[28,29]

Several organizations in this study did not use the word *bullying* in their policies; and many of the NMs did not agree with the way the behaviors were labeled in the policies. When organizations have policy language that does not align with the users' understanding of a concept, these policies can be ignored or differentially interpreted and enforced.[25] As a result, members of the organization learn that there are no consequences for these behaviors.[19]

A unique finding of this study was that while the NMs said they expect staff to actively confront coworkers who violate behavioral standards, and they will take action only if these efforts are not successful, this expectation was not evident in the policies. This suggests that NMs either are not aware of the policies or are interpreting them differently. It also suggests that these organizations are not reinforcing the policies and may not be serious about addressing workplace bullying. Organizational discourse theory posits that policies that are not actively discussed and reinforced by upper management do not become part of the general discourse of an organization.[22] These policies can then be undermined or resisted by organizational members.[22,23] To avoid this, upper management needs to communicate to NMs how they want antibullying policies to be implemented, and they need to periodically survey their organization to make sure that workplace bullying is being addressed.[15]

While all of the NMs in this study indicated that they generally respond to reports of bullying, they also discussed incidents when either they, or someone else in the organization, did not, thus validating targets' concerns that complaints of bullying are not always addressed.[13] As has been reported elsewhere,[14] the NMs in this study indicated that they may not respond to bullying if they do not know what to do, or if they do not feel they have adequate organizational support. Most of the policies that were part of this study did not clearly delineate the steps that NMs should take in response to bullying or offer alternatives to progressive guidance, a finding that corroborates NMs' assertions that their organizations do not provide them with enough guidance. To effectively address bullying, organizations need to clarify how they want NMs to address bullying and should offer them support and guidance through this often difficult process.[15] In addition, to make sure policies are useful, organizations need to get feedback from end users and revise them as needed.[30]

Nurse managers in this study also said that when clinically competent nurses engage in bullying, their behaviors are often ignored. This finding has also been reported elsewhere.[14] However, several NMs said that standards are changing, and their expectation is that clinical competence must be accompanied by respect for coworkers. To teach new nurses that treating coworkers with civility and respect is as important as treating patients and families, nursing schools need to make this a part of their curriculum, and nursing faculty need to make sure their interactions with students are always civil.[31]

In conclusion, the results of this study indicate that the policies that were studied are not a part of the general discourse of the organization. Some NMs were unfamiliar with their organizations' policies, indicating that they are not being actively disseminated or discussed. In addition, the overwhelming majority of the NMs, even those who were familiar with the policies, said they have not discussed them with their staff. An important component of any anti-bullying effort is making sure that members of the organization are familiar with policies and know how to use them.[15] Organizations that are serious about addressing workplace bullying need to offer ongoing educational opportunities for management and staff, as well as periodical reminders of policies.[15]

Conclusion

Although this study was conducted in a specific geographic region of the United States, which limits its generalizability, it contributes to the discussion of the management of workplace bullying. The findings suggest that organizations that are serious about addressing workplace bullying need to draft, and actively disseminate, coherent policies that can be clearly understood and uniformly implemented by managers. Organizations also need to create opportunities for everyone to openly discuss the problem of workplace bullying, thereby creating a culture in which it is acknowledged and addressed.

Acknowledgments

References

1. Laschinger HK. Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. J Nurs Adm. 2014; 44(5):284–290. [PubMed: 24759201]

2. Johnson SL, Rea RE. Workplace bullying concerns for nurse leaders. J Nurs Adm. 2009; 39(2):84–90. [PubMed: 19190425]

3. Spector PE, Zhou ZE, Che XX. Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review. Int J Nurs Stud. 2014; 51(1):72–84. [PubMed: 23433725]

4. Lewis PS, Malecha A. The impact of workplace incivility on the work environment, manager skill, and productivity. J Nurs Adm. 2011; 41:41–47. [PubMed: 21157243]

5. Laschinger HK, Grau AL, Finegan J, Wilk P. New graduate nurses' experiences of bullying and burnout in hospital settings. J Adv Nurs. 2010; 66(12):2732–2742. [PubMed: 20722806]

6. Nielsen MB, Einarsen S. Outcomes of exposure to workplace bullying: a meta-analytic review. Work Stress. 2012; 26:309–332.

7. Laschinger HK, Wong C, Regan S, Young-Ritchie C, Bushell P. Workplace incivility and new graduate nurses' mental health: the protective role of resiliency. J Nurs Adm. 2013; 43(7–8):415–421. [PubMed: 23892307]

8. Wright W, Khatri N. Bullying among nursing staff: relationship with psychological/behavioral responses of nurses and medical errors. Health Care Manage Rev. 2015; 40(2):139–147. [PubMed: 24566251]

9. Einarsen, S., Hoel, H., Zapf, D., Cooper, CL. The concept of bullying and harassment at work: the European tradition. In: Einarsen, S.Hoel, H.Zapf, D., Cooper, CL., editors. Bullying and Harassment in the Workplace. 2. New York: CRC Press; 2011. p. 3-40.

10. Zapf, D., Einarsen, S. Individual antecedents of bullying: victims and perpetrators. In: Einarsen, S.Hoel, H.Zapf, D., Cooper, CL., editors. Bullying and Harassment in the Workplace. 2. New York: CRC Press; 2011. p. 177-200.

11. Dzurec LC, Bromley GE. Speaking of workplace bullying. J Prof Nurs. 2012; 28:247–254. [PubMed: 22818195]

12. Namie G, Lutgen-Sandvik PE. Active and passive accomplices: the communal character of workplace bullying. Int J Communication. 2010; 4:343–373.

13. Gaffney DA, DeMarco RF, Hofmeyer A, Vessey JA, Budin WC. Making things right: nurses experiences with workplace bullying. Nurs Res Pract. 2012; 2012:243210. [PubMed: 22567223]

14. Lindy C, Schaefer F. Negative workplace behaviours: an ethical dilemma for nurse managers. J Nurs Manag. 2010; 18(3):285–292. [PubMed: 20546468]

15. Rayner, C., Lewis, D. Managing workplace bullying: the role of policies. In: Einarsen, SHH.Zapf, D., Cooper, CL., editors. Bullying and Harassment in the Workplace. 2. New York: CRC Press; 2011. p. 327-340.

16. Coursey JH, Rodriguez RE, Dieckmann LS, Austin PN. Successful implementation of policies addressing lateral violence. AORN J. 2013; 97(1):101–109. [PubMed: 23265652]

17. Sellers K, Millenbach L, Ward K, Scribani M. Horizontal violence among hospital staff RNs and the quality and safety of patient care. J Nurs Adm. 2012; 42:483–487. [PubMed: 22968122]

18. Sellers K, Millenbach L, Kovach N, Yingling JK. The prevalence of horizontal violence in New York State registered nurses. J N Y State Nurses Assoc. 2009; 40(2):20–25. [PubMed: 20415270]

19. Hutchinson M, Vickers M, Wilkes L, Jackson D. The worse you behave, the more you seem to be rewarded: bullying in nursing as organizational corruption. Employee Responsibilities Rights J. 2009; 21:213–229.

20. Johnson SL. An ecological model of workplace bullying: a guide for intervention and research. Nurs Forum. 2011; 46(2):55–63. [PubMed: 21517878]

21. Fairclough N. Peripheral vision: discourse analysis in organization studies: the case for critical realism. Organ Stud. 2005; 26:915–939.

22. Phillips N, Lawrence TB, Hardy C. Discourse and institutions. Acad Manage Rev. 2004; 29:635–652.

23. Marshak RJ, Grant D. Transforming talk: the interplay of discourse, power, and change. Organ Dev J. 2008:26.

24. Kirby EL, Krone KJ. "The policy exists but you can't really use it": communication and the structuration of work-family policies. J Appl Communication Res. 2002; 30:50–77.

25. Cowan RL. "Yes, we have an anti-bullying policy, but…": HR professionals' understandings and experiences with work-place bullying policy. Communication Stud. 2011; 62:307–327.

26. Fairclough, N. Analysing Discourse: Textual Analysis for Social Research. New York: Routledge; 2003.

27. Willig, C. Introducing Qualitative Research in Psychology. 2. New York: Open University Press; 2009.

28. Harrington S, Warren S, Rayner C. Human resource management practitioners' responses to workplace bullying: cycles of symbolic violence. Organization. 2015; 22(3):368–389.

29. Lutgen-Sandvik P, Tracy SJ. Answering five key questions about workplace bullying. Manage Communication Q. 2012; 26:3–47.

30. Jian G. Unpacking unintended consequences in planned organizational change: a process model. Manage Communication Q. 2007; 21:5–28.

31. Clark CM, Olender L, Cardoni C, Kenski D. Fostering civility in nursing education and practice: nurse leader perspectives. J Nurs Adm. 2011; 41(7–8):324–330. [PubMed: 21799364]

Table 1

Comparison of Labels for Bullying-type Behaviors Used in Policies and Manager Interviews

Policies (no.[a])	Managers (no.)
Bullying (3)	Bullying (15)
Inappropriate behavior (5)	Inappropriate behavior (6)
Disruptive behavior (5)	Disruptive behavior (5)
Physical and emotional abuse (4)	
Harassment (4)	Harassment (8)
	Bad behavior (7)
	Communication issues (3)
	Behavioral issues (3)
	Problem children (6)
	Incivility (5)

[a]Number of organizations that had at least 1 document using this word.