

**The Scope of Bullying among Nurses in a Public Hospital in the Free State –
A Mixed-Method Study**

**by
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ABSTRACT

Orientation: Bullying is a form of counterproductive behaviour that is more subtle and more difficult to detect and that can be instigated by either individual or organisational antecedents.

Research purpose: This study aims to explore bullying in a public hospital, and strives to contribute to the body of knowledge by providing guidance not only to organisational practitioners but also to employees to assist with the formation of policies and procedures to protect employees against bullying.

Motivation for the study: Bullying is currently a substantial phenomenon in schools, and little research exists in South Africa that explains the extent of bullying within organisations. The focus of the study is to explore the possible antecedents and cost of bullying within a public hospital and to provide guidelines for the prevention of bullying behaviour.

Research design, approach and method: The design followed was that of a mixed-method study. First, a quantitative approach was used whereby questionnaires were distributed to 77 participants. The questionnaire consisted of five sections, namely demographic particulars, prevalence of bullying and intervention against bullying, types of bullying, Negative Acts Questionnaire and Work Harassment Scale, and the cost of bullying. Data was then analysed by means of descriptive statistics to determine the sample group with the highest prevalence of bullying. The second approach was a qualitative approach that included conducting an in-depth interview with seven participants who volunteered to be interviewed.

Main findings: The results represented and discussed suggest that bullying is prevalent in the public hospital in the Free State, and that some of the most prevalent behaviours are that of interrupting someone while they are speaking, belittling someone's opinion, excessive monitoring of work, or flaunting one's status or authority. Antecedents such as attitude, job environment, perception, power and language have been identified as possible causes for bullying behaviour. Whereas anxiety, not looking forward to going to work and constantly feeling tired are some of the psychological cost, a high frequency of sick leave indicated the organisational cost of bullying.

Practical/managerial implications: Participants suggested the following interventions that can be implemented by the organisation to possibly prevent bullying behaviour: an orientation programme; a policy on how to interact with staff; complying with the language policy; creating a grievance policy; support groups and training with a specific focus on anger management; emotional intelligence, and coping skills.

Contribution: While bullying is prevalent and actively combated elsewhere in the world and in local schools, the importance and consequences thereof should still be realised in South African organisations. This study examined the prevalence of bullying in a public hospital, and the possible antecedents of bullying behaviour, the cost of such behaviours that should be considered by the organisation, and possible interventions that could be implemented. In line with the literature, South African organisations can benefit from realising the importance and implementation thereof.

OPSOMMING

Oriëntasie: Bullebakery is 'n vorm van onproduktiewe gedrag wat meer subtiel is en moeiliker is om te bepaal. Dit word aangehits deur individuele asook organisatoriese faktore.

Doel van navorsing: Hierdie studie het ten doel om bullebakery te verken in 'n publieke hospitaal, en streef daarna om by te dra tot die literatuur, deur riglyne te verskaf om organisatoriese praktisyns, maar ook werknemers te help met die vorming van beleide en prosedures om werknemers teen die bullebakery te beskerm.

Motivering: Bullebakery is tans 'n groot fenomeen in skole, en min navorsing bestaan in Suid-Afrika wat die omvang van bullebakery binne organisasies kan verduidelik. Die fokus van die studie is om die moontlike faktore en die koste van bullebakery in 'n publieke hospitaal te ondersoek en riglyne vir die voorkoming van bullebakery te voorsien.

Ontwerp, benadering en metode van navorsing: Die navoringsontwerp wat gevolg is, is 'n gemengde metode studie. Eerstens, is 'n kwantitatiewe benadering gevolg waarvolgens vraelyste aan 77 deelnemers uitgedeel is. Die vraelys bestaan uit vyf afdelings, naamlik: demografiese besonderhede, die voorkoms van bullebakery en intervensies teen bullebakery, tipes bullebakery, negatiewe gedragvraelys en werkteisteringvraelys, en die koste van bullebakery. Data is deur middel van beskrywende statistiek ontleed om die steekproef met die hoogste voorkoms van bullebakery te bepaal. Die tweede benadering wat gevolg is, is 'n kwalitatiewe benadering, met die uitvoering van 'n in-diepte onderhoud met sewe deelnemers wat vrywillig aan 'n onderhoud deelgeneem het.

Vernaamste bevindings: Die resultate en bespreking daarvan dui daarop dat bullebakery algemeen voorkom in die openbare hospitaal in die Vrystaat. Dit dui aan dat die algemeenste bullebakery behels die onderbreking van iemand terwyl hulle praat, verkleinering van iemand se opinie, oormatige monitering van werk en dan spog met jou status of gesag. Faktore soos houding, werksomgewing, persepsie, krag en taal is geïdentifiseer as moontlike oorsake vir die bullebakery gedrag. Verder is angs, om nie daarna uit te sien om te gaan werk nie en voortdurende moegheid, as sommige van die sielkundige koste van bullebakery wat geïdentifiseer is. 'n Hoë frekwensie van siekteverlof is geïdentifiseer as die organisatoriese koste van bullebakery.

Praktiese/bestuursimplikasies: Die deelnemers het aangevoer dat die volgende stappe deur die organisasie geïmplementeer kan word om moontlik bullebakery te voorkom: 'n oriënteringsprogram, 'n beleid oor hoe om te kommunikeer met die personeel, navolging van die taalbeleid, die skep van 'n

griefbeleid, ondersteuningsgroepe; opleiding met 'n spesifieke fokus op woedebestuur, emosionele intelligensie en hanteringsvaardighede.

Bydrae: Terwyl die bullebakery algemeen en aktief in plaaslike skole bestry word, is dit ook van belang om die impak daarvan op Suid-Afrikaanse organisasies te ondersoek. Die fokus van hierdie studie is die ondersoek na bullebakery in 'n publieke hospitaal en die moontlike oorsake daarvan, die koste van sodanige gedrag wat deur organisasies oorweeg moet word, en moontlike intervensies wat geïmplementeer kan word. In ooreenstemming met die literatuur kan Suid-Afrikaanse organisasies baat vind deur die belangrikheid van die implementering daarvan te besef.

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CHAPTER 1

INTRODUCTION, RESEARCH OBJECTIVES AND OVERVIEW OF THE STUDY

1.1 Introduction and general background to the study

Humankind finds itself in an increasingly violent society, and the violence is spilling over into the workplace (Ishmael & Alemoru, 1999). Bullying is identified as one of the manifestations of this violence.

In a study conducted by the Medical Research Council, it was found that a staggering 41% of a total of 14 766 pupils are bullied in schools and that 17.3% of those pupils try to commit suicide. Furthermore, 8.5% of these pupils carry a gun to school for protection and 16.7% carry any other form of weapon with them to school to protect themselves. According to the previous Minister of Basic Education, Naledi Pandor, there was a total of 12 assault charges in schools in 2001, but this has since increased to a total of 99 in just one year (De Vries, 2004).

Bullying is a well-known phenomenon in schools, and has increased alarmingly over the past years. Even modern technology such as cellular phones and social networks are incorporated to increase the effect of bullying. Non-profit organisations such as Beat Bullying (Wondergem, 2011) and Facing the Giants (Wondergem, 2011) have been established by concerned parents not only to offer a safe refuge for the victims but also to prosecute the bullies and the organisations involved for not protecting their children against the bullies.

Best-sellers such as *Spud* by Johan van der Ruit (“Ayoba! Spud!”, 2010) and *Playground* by Curtis Jackson, or better known as the Rapper 50 Cent (“50 Cent skryf boek, wil help teen boelies”, 2011) highlight the lessons that can be learned from bullying. It is alarming to think that books need to be written and organisations established in order to highlight the epidemic of bullying.

The following questions should thus be asked:

- If the prevalence of bullying is increasing on a daily basis in schools, will these bullies continue their behaviour in their work environment?
- Will the victims of school bullying act out as bullies in their work environment?
- Is bullying only a phenomenon in schools?

- What would the impact of bullying be in an organisation?

Counterproductive behaviour within organisations is a major threat to organisational competitiveness. Not only does counterproductive behaviour influence organisational productivity but also the well-being of its employees. Aggressive behaviour is among some of the most documented forms of counterproductive behaviour. The two types of aggressive behaviour that commonly occur are active and passive aggressive behaviour. Active forms of aggressive behaviour include physical abuse, sexual harassment and verbal abuse. The passive form of aggressive behaviour, on the other hand, is more subtle and very difficult to detect or even prove. The latter is identified as being of a covert form of bullying from which some forms are identified as indirect sexual harassment (Lapierre, Spector & Leck, 2005).

Due to the visibility of active aggressive behaviour, laws have been formulated to protect employees against such behaviours. In South Africa, the Employment Equity Act, 1998 clearly stipulates that no form of unfair discrimination against age, gender, race, disability, religion, ethnic or social origin, colour, sexual orientation, culture, language, political opinion, conscience, belief, marital status or family responsibilities will be tolerated (Bendix, 2007). Numerous CCMA (Commission of Conciliation Mediation and Arbitration) cases such as *Aldendorff v Outspan International Ltd* CCMA: GA1571; *Cassell v De Jager & Associates Inc.* CCMA: GA1967, as well as the Labour Court (C122/98) and Labour Appeal Court (CA: 6/99) case of *Whitehead v Woolworths (Pty) Ltd.* (Bendix, 2007) have ruled in favour of the employee due to unfair dismissal based on the grounds of discrimination. Even though discrimination may still be prevalent in our present society, it is not the most prevalent form of counterproductive behaviour in organisations. The following question arises: If bullying occurs on a daily basis in organisations, is it either by managers, supervisors or even group members?

No current cases on the CCMA database of Polokwane (Van der Heever, 2011) are revealed in the investigation into bullying. It could thus be assumed that the Labour Relations Act (LRA) does not include a clause that protects employees against bullying.

In order to answer the above question, an analysis should be done of the applicable South African legislation. In the analysis of the laws of South Africa, individuals are protected against harassment in two ways. First, against an environment that is conducive to harassment and, secondly, against harassment that may occur in the case of promotion, for instance. In both cases, Chapter 2 of the Constitution, namely the Bill of Rights, Article 9 is applicable. Article 9 (Equality) states that every individual should enjoy equal rights and freedom, and should not be unfairly discriminated against (directly or indirectly) on one or more grounds, including race, gender, sex, pregnancy, marital status,

ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. In terms of protecting individuals against the environment, both Article 9 and Article 15 (freedom of religion, belief and opinion) are applicable. Every individual has the right to freedom of conscience, religion, thought, belief and opinion. Article 15 prohibits the coercion of the practice of religion and beliefs and highlights the fact that every individual has the right to be different. Furthermore, every individual has the right to freedom of expression (Article 16, Freedom of expression subsection 2). The freedom may, however, not advocate hatred based on race, gender, religion or beliefs. In addition to the above articles, Article 23 (Labour Relations Act 66 of 1995) stipulates that every individual has the right to fair labour practices which, in the case of bullying, plays a crucial role (Republic of South Africa, 1996).

Article 36 (Limitations of Rights) asserts that the rights in the Bill of Rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on the following:

- right infringed by law or conduct of respondent human dignity, equality and freedom and
- taking into account all relevant factors – infringement justified as permissible limitations of right. In order to give effect to these rights enshrined by the constitution, the LRA 66 of 1995 was enacted (Republic of South Africa, 1996).

The LRA codifies certain practices, for instance an unfair labour practice, to protect an individual's constitutional right against unfair discrimination. According to the LRA 66 of 1995 Article 187 Section 1, subsection (a), refers to any unfair conduct or omission between the employee and the employer based on unfair conduct relating to promotion, demotion or probation or training of an employee or relating to the provision of benefits to an employee, Labour Relations (Act 66 of 1995).

Section (4) within Article 9 refers to National legislation that prevents or prohibits unfair discrimination. The National legislation referred to, in this instance, is the Employment Equity Act (EEA), which promotes an equitable workplace and the elimination of unfair discrimination. The Employment Equity Act states that discrimination is fair if it allows equitable representation for all groups, including previously disadvantaged groups. It further states that harassment against an employee is unfair discrimination and prohibited (Grogan, 2009).

Thus, if bullying is an infringement of the abovementioned rights, it can be classified as a form of harassment. Therefore, individuals are protected by the South African legislation against bullying. It is worth mentioning that, in the past ten years, various studies have been conducted to identify bullying and more specifically in the workplace. One such study is that of Hoel, Cooper and Faragher (2001). Their study revealed that 10.6% of respondents were bullied within the last six months of 2001 and 24.7% of respondents over the previous five years. Their study also revealed that 46.5% of respondents have witnessed bullying within the previous five years. Moyayed, Daraiseh, Shell and Salem (2006) allude that victims are 1.16 times more likely to experience workplace bullying due to organisational problems. This was affirmed from a recent internet survey indicating that 77.8% of South Africans have experienced some form of victimisation during their careers (Worktrauma, 2011).

It is the aim of this study to investigate workplace bullying and its effects. Baron and Neuman (1996) attest that both types of aggressive behaviour of employees can have several negative outcomes, not only for the individual but also for the organisation. They allude that, if not attended to, workplace aggression can have damaging effects on the reputations and careers of the victims and cause strong desires for revenge by the victims. The long-term effect leads to an upward spiral of aggression that gradually becomes more direct and active.

Liefhooghe and Davey (2001) assert that deficiencies in the work environment are precursors of bullying behaviour. Such deficiencies can include work design, leadership behaviour, socially exposed position of the victim and low moral standards in the department. It has also been confirmed that, in many cases where organisational restructuring has taken place, workplace bullying often occurs due to the employees' insecurity regarding redundancies and extra role pressure. The shift from personnel management to human resources management bullying is also likely to happen due to increased pressure exerted on line managers and supervisors to deliver quality and excellence within a globalising and competitive marketplace.

Literature and current research reveal that various types of bullying are likely to occur and will have an effect on the organisation in a variety of ways. This study will investigate bullying among nursing personnel in a public hospital.

1.2 Conceptual framework

This study is conceptualised in terms of and based on the following theoretical framework: the researcher conceptualises the stages of bullying, the individual and organisational antecedents of

bullying and possible interventions. Figure 2.1 depicts an integrated model of bullying that highlights the stages and various antecedents.

The embryonic stage, as explained by White (2004), of the bullying phenomenon refers to environmental conditions that lead to troubled interaction between the potential bully and the potential victim. Environmental conditions often lead to the progression of biased relationships within the workplace. Bullying then flows through the troubled structures and processes (Baillien, Neyens, de Witte & de Kuyper, 2006). This integrated model of bullying starts with the formation of the social identity of individuals. These individuals are socialised by those whom they love and trust. They shape their self-concepts and self-perceptions as well as the norms and rules that must be followed. They also serve as the role models and teach the individuals how to behave. Individuals build up expectations about appropriate behaviour and if these expectations are thwarted by bullying behaviour, it leads to confusion and insecurity about the self and others (Harro, as cited in Adams, Blumenfeld, Castañeda, Hackman, Peters, Zúñiga & Routledge, 2000).

These individuals, therefore, come into contact with the imposed rules to follow, what roles to play, what assumptions to make and what to believe; these will either be reinforced or contradicted by what an individual is taught at home. The individuals are then intimidated with unquestioned and stereotypical messages of how to think and what to believe. Such behaviour will reinforce and intensify discrimination and prejudice in the individual (Harro, as cited in Adams *et al.*, 2000).

In a work environment, frustrations such as low job satisfaction or work-related conflicts that are not solved effectively can lead to an individual projecting this frustration onto someone else. In such a case, the individual usually becomes the perpetrator. On the other hand, the individual who distances him-/herself from the frustration opens the door to victimisation. The trigger or the triggering situation is most often caused by conflict or change, and the bully usually gets frustrated by the changes since s/he is not able to cope with change (White, 2004). Enforcements occur when individuals ignore these unquestioned or stereotypical messages, because these enforcements have been put into place. On the other hand, individuals who try to contradict these messages or rules are marked as trouble makers, whereas those who enforce it receive recognition and attention for having 'made it' (Harro, as cited in Adams *et al.*, 2000).

The results of being challenged by stereotypical questions can lead to feelings of anger, a sense of being silenced, and low self-esteem. These feelings lead to frustration and mistrust, and by participating in these roles an individual may reinforce the stereotype and perpetuate the system of oppression (Harro, as cited in Adams *et al.*, 2000). By participating in the role of agent and remaining conscious of

or being unwilling to interrupt the cycle, an individual will propagate the system of oppression and may be regarded as a bully (Harro, as cited in Adams *et al.*, 2000).

These actions during the mobbing and stigmatisation phase are all based on the desire to 'get the person' or punish him /her (Leymann, 1990). These actions are identified as manipulation, and can include slandering the victim, not allowing the victim to express him-/herself, leaving the victim feeling isolated, inhibiting the victim to perform his/her duties, or assigning meaningless tasks to the victim. Ultimately, the victim becomes worn down by the attack and feels that his/her identity has been fragmented, whereas the bully will be seeking his/her new fix (White, 2004).

In the bullying situation, the victim can be isolated and ignored, expelled from the working life, rotate to another job or be assigned degrading work tasks. It has been confirmed that bullying usually has disastrous social and psychosomatic effects on the victim (Leymann, 1990). The victim who eventually reports the bullying situation to management becomes a marked individual.

At this stage situations should be governed by organisational policy and the applicable legislation of the country. If legislation is not intact, it is very difficult to break the cycle of oppression and the bullying can continue (Harro, as cited in Adams *et al.*, 2000).

The other crucial aspects to understand and to be identified are the antecedents of bullying. These can include individual factors such as the social environment and support systems, or organisational factors such as the organisational culture, or a change in the organisational structure. Bullying usually results in psychological and physiological costs to the individual such as social isolation, cardiac problems, insomnia, as well as organisational costs such as absenteeism, loss in productivity and a decrease in morale.

To prevent such behaviour, employee and employer interventions should be in place. Examples of such interventions are a zero-tolerance approach as well as formulated policies and procedures. The antecedents of bullying are predominantly found within the organisational context and structure rather than being opposed to personality factors of the perpetrator or target. The influence of personality traits should, however, not be ruled out (Hoel *et al.*, 2001).

It is against this background that bullying in an organisation will be investigated to answer the research questions raised in section 1.4.

1.3 Research problem

Ensuing from the preceding discussion, it can be assumed that bullying can be caused by either individual and/or organisational factors. The research problem thus: To what extent does bullying occur within a public hospital in the Free State Province? Hereafter referred to as “the hospital”.

1.4 Research questions

Resulting from the research problem, the following research questions can be formulated and was researched within the hospital.

- What is the prevalence of bullying?
- What are the various individual- and/or organisational factors that can be precursors of bullying?
- What are the costs incurred by the individual and the organisation due to bullying?
- How can bullying be prevented?

1.5 Aim of the study

This study aims to explore bullying in a public hospital, and strives to contribute to the body of knowledge by providing guidance to not only organisational practitioners, but also to employees to assist with the formulation of policies and procedures to protect employees against bullying.

1.6 Objectives

The following objectives emanate from the aim of the study, and did consequently direct the study:

- Determine the prevalence of bullying within the hospital.
- Establish the various individual and/or organisational factors that can be precursors of bullying.
- Reflect the costs incurred by the individual and the organisation due to bullying, by exploring the possible emotional and physical impacts on the individual; as well as the financial impact on the organisation.

- Provide guidelines to the hospital to identify bullying, and recommend interventions to prevent bullying behaviour.

1.7 Sample

The population consists of nurses working in the hospital. A sample was taken from the various departments within the hospital such as Cardiology, Ear Nose and Throat (ENT) Surgery, General Surgery, Gynaecology, Neurosurgery, Orthopaedics, and Plastic and Reconstructive Surgery to ensure a more representative sampling. The sample for the questionnaires was drawn by means of an availability sampling from the departments within the hospital with nursing staff who was on duty during that time, as well as all the fourth- and third-year nursing students.

The in-depth interview sample was firstly drawn by means of maximum variation sampling and then by an availability sampling. The sample group with the highest prevalence of bullying was selected and the nurses within that group who indicated that they would participate in the in-depth interviews were interviewed. Nurses who contacted the researcher, irrespective of their sample, and who would like to have an in-depth interview, had the opportunity to be interviewed.

1.8 Research paradigm

In this research, an interpretive approach was followed during the interaction between the researcher, the hospital and the nurses (Neumann, 2000). The information thus obtained was through social interactions between the researcher and the respondents, with the aim of understanding and reconstructing knowledge regarding bullying in the workplace.

As this study is based on an interpretivist paradigm, attention was paid to some aspects of both the post-positivist and positivist paradigms by means of in-depth interviews and questionnaires that were utilised in the study. The emphasis is, therefore, on the human interaction with the phenomenon and, in view of the fact that the research problem is “interpretive” in nature, Leedy and Ormrod (2001) suggest that a qualitative approach, which in this study is the primary source of data collection, is appropriate (see sections 3.4.2 and 4.3.2).

The ultimate aim of the interpretivist approach is to provide a human perspective of a situation and to analyse the situation under study (see sections 3.4.1 and 3.4.2). The strength of this approach is the richness and depth of explorations and descriptions it yields (Maree, 2007). On the negative side, the

interpretivist approach can be subjective and the findings are not universal due to the "... multifaceted images of human behaviour [that are] as varied as the situations and contexts supporting it" (Cohen, Manion & Morrison, 2009: p. 26). This situation was addressed through the reliability and validity of the collection during the data-collection (see sections 3.4.1.6 and 3.4.2.7).

1.9 Research method

Based on the fact that this study is grounded in an interpretivist paradigm and that attention was drawn to aspects of both the post-positivist and positivist paradigms by means of in-depth interviews and questionnaires, the embedded mixed-method design was utilised. One data set provided a supportive, secondary role to the information gained through the other method. As one set of data is not sufficient to answer all of the research questions (see section 3.4), it is within this premise that the researcher included a qualitative and quantitative method to seek answers to the research questions (Creswell & Clark, 2007).

The quantitative method addresses the research questions on the prevalence of bullying within the hospital and the costs incurred for the individual and the organisation during bullying. The questionnaire was administered first to determine the frequency of the occurrence of bullying in order to identify possible participants for the in-depth interviews. Data was collected independently of each other, and from the same status level (see Tables 3.1 and 3.5) in the organisation (Creswell & Clerk, 2007). The qualitative method through in-depth interviews was used as the research instrument that elicited ornate information and did address the research questions on the various individual and/or organisational factors that can be precursors of bullying and how bullying can be prevented (see section 3.4.2).

Quantitative data were analysed by using descriptive techniques in order to determine the sample group with the highest prevalence of bullying. The techniques used included calculating the mean, median, and frequencies (see section 3.4.1.5). Qualitative data were coded into different themes, whereby the researcher continued creating themes from the participant transcripts until the data reached saturation point. Inferential statistics were used to determine the validity of the questionnaires (see section 3.4.2.7).

1.10 Validity, reliability and ethical considerations

1.10.1 Validity

Multiple sources (see section 3.4) were used to collect data. The instruments in this study are informed by the literature review and based on the objectives of the study (see section 1.6) which meet the requirements of construct validity (see section 3.4.1.6) (Welman & Kruger, 2001: p. 135). To meet the requirements of construct validity, these instruments must measure what they are supposed to measure. The interview questions were formulated in such a way that the data gleaned did give an indication of the participant's true experience in the workplace (see appendix A).

A pilot-testing of the questionnaire was done to contribute to the validity of the questionnaire (see section 3.4.1.6.1). Consultation with the study leader and other specialists did also provide direction and guidance in constructing and developing the questionnaire.

The validity of the in-depth interview is enhanced by the use of multiple data collections such as consulting the study leader and other specialists to provide direction and guidance in designing and planning the participant interviews. The content was also validated by the participants and verified their experiences as disclosed and interpreted by the researcher.

1.10.2 Reliability

Reliability is described as the "degree to which the results are repeatable" (Terre Blanche & Durrheim, 2002: p. 63). Due to the interpretive nature of the study, it can be expected that the results can not be repeated since the reality can change. Reality did, therefore, depend on the degree to which the reader is convinced that the findings occurred as the researcher mentioned they did. This was achieved (see Table 4.8) through the rich and detailed descriptions that revealed the participants' opinions.

The reliability of the questionnaire was determined by means of the Cronbach's *Alpha* reliability coefficient for the Negative Acts Questionnaire, the Workplace Harassment Questionnaire and the questionnaires constructed by the researcher (see 3.4.1.6.2).

Reliability on the in-depth interviews was firstly achieved by the investigator's position – by clearly stating the assumptions and presuppositions at the start of the study and, secondly, by means of an audit trail – by providing an example of an original transcript and examples of the utilised data and provisional categories (Merriam, 1998; Maykuit & Morehouse, 1994) (see Table 4.8).

1.10.2.1 *Ethical considerations*

Ethical conventions of the research were achieved by obtaining permission from the Ethics committee of the Stellenbosch University and of the University of the Free State, respectively (see appendix A), the Head of Nursing Services, the consent from the matrons of the wards at the hospital, and the informed consent from the participants. Participants were assured of confidentiality and anonymity and that the data was only be analysed by the researcher. The study did adhere to the ethical standards set, as described by the Health Professions Council of South Africa.

1.11 Explanation of concepts

The following section will focus on definitions used in this study, with the aim of informing the reader of the most frequently used concepts.

- Bullying

Bullying involves intentional, intimidating, humiliating, undermining behaviour that is persistently repeated over time (longer than six months) and is meant to cause harm to the target who feels powerless to prevent the abuse (Martin, Lopez & Lavan, 2010).

- Counterproductive behaviour

Counterproductive workplace behaviour is characterised by a disregard for societal and organisational rules and values. These behaviours can range from low to high. This construct also includes such deviant behaviours as absenteeism and assault. Counterproductive workplace behaviour threatens the well-being of the organisation and its members (Martinko, Gundlach & Douglas, 2002).

- Discrimination

Discrimination can be defined as the practice of treating a particular group in society less fairly than others. The discriminating practice must impact on the dignity of individuals, who must be members of a group deemed worthy of protection (Grogan, 2009).

- Harassment

Harassment refers to employees who are victims of unfair discrimination if they are singled out for prejudicial treatment on some unacceptable ground. This constitutes harassment which, according to the Act, is some form of discrimination (Grogan, 2009).

- Constitution

This refers to the Constitution of the Republic of South Africa, 1993 (Act 200 of 1993).

- Labour Relations Act

This refers to the Labour Relations Act, 1995 (Act 66 of 1995).

- Employment Equity Act

This refers to the Employment Equity Act, 1998 (Act 55 of 1998).

- Intervention

The *Dictionary of Psychology* defines an 'intervention' as a generic term used for any procedure or technique that is designed to interrupt, interfere with and/or modify an ongoing process.

- Costs of bullying

The costs of bullying refers to the financial, psychological, and physiological consequences of bullying for the victim as well the financial cost for the organisation in the form of loss in productivity, decreased morale and an increase in absenteeism.

- Employee

Means any person other than an independent contractor who –

- a) Works for another person or for the State and who receives, or is entitled to receive, any remuneration, and

- b) In any manner assists in carrying on or conducting the business of the employer (Employment Equity Act, 1996).

1.12 Overview of the study

The following provides an overview of the chapters included in this study:

- In Chapter one, the problems related to bullying in organisations are discussed; models of bullying, possible antecedents and the costs of bullying and possible interventions to bullying are presented. The research problem is outlined and justified and the research procedure is stated.
- In Chapter two, the researcher reviews existing research into models of bullying, the possible antecedents, and the costs of bullying and possible interventions to bullying. The researcher will also propose an integrated model to bullying.
- Chapter three presents the research methodology and provides the rationale for the use of both quantitative and qualitative research methodology. An elaboration of the sampling techniques and data-collection methods are provided. Details on the validity and reliability of the study are also presented. Finally, an explanation of the analysis and interpretation of the data is given.
- In Chapter four, the research findings are presented and the research results are analysed and interpreted.
- Chapter five presents the conclusions deduced from the literature and the research findings as well as recommendations for the development of bullying interventions.

1.13 Conclusion

This introductory chapter highlights the epidemic of bullying currently experienced in South Africa. It refers to the definitions of bullying, and the antecedents of bullying. It also points to the costs involved for the individual and the organisation due to bullying and possible interventions to prevent bullying.

A statement and clarification of the problem, and the aims and objectives of the study were established in this chapter. The research design and methods of research were explained. In addition, the researcher relayed the ethical considerations and the value of the study. The relevant concepts used in this and subsequent chapters were defined and, finally, the framework for the study was set out. In the

next chapter the focus will be on understanding bullying by providing a theoretical perspective on the concept of bullying.

CHAPTER 2

THEORETICAL PERSPECTIVE ON BULLYING

2.1 Introduction

This chapter aims to define bullying; explore the concept of 'bullying'; the nature of bullying behaviour; the factors that can contribute to bullying; the impact of bullying on the individual and the organisation, and, lastly, this chapter provides some guidelines as to limit the negative impact of bullying.

2.2 Definitions

Some of the key researchers on the topic of bullying are Einarsen, Leymann and Field. Leymann (1990) coined the term 'mobbing', which was later named 'bullying'.

The following definitions highlight the different focal areas of the leading authors on bullying and attempt to summarise the most important factors that will constitute bullying behaviour by referring to the original definition of bullying.

▪ ***Einarsen***

Definitions by Einarsen should be interpreted from the aggression theory paradigm, as this theory is the cornerstone for Einarsen's model on bullying.

Moayed *et al.* (2006: p. 312) refer to the definition of *Einarsen* (2000) in defining workplace bullying as:

Prolonged and repeated hostile behaviours conducted by at least one person toward one or more individuals when they are unable to resolve their workplace conflicts in non-hostile manners and can cause health problems for victims and affect their performance.

Hoel *et al.* (2001: p. 444) adopted the definition of *Einarsen and Skogstad* (1991), and refer to bullying as:

a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a

situation where the target of bullying has difficulty in defending him- or herself against these actions – this is not a once-off incident.

It can thus be deduced that the persistent factors in Einarsen's definition of bullying is that bullying could be conducted by one or several individuals. The target of the bullying receives negative action and is unable to resolve these actions. Hoel *et al.* (2001) introduced an element that is an important discriminatory factor between bullying and forms of discrimination: bullying is not a once-off incident, but occurs persistently over an extended period.

▪ ***Deviations from Einarsen's definition***

Elaborated definitions will focus on the distinction made by Lapierre *et al.* (2005) who refer to the tripartite categorisation of workplace aggression. This includes workplace violence and two non-violent forms of aggression, namely obstructionism and overt expressions of hostility. Behaviours such as shoving, hitting, destruction of another individual's belonging, or attacking someone with a weapon all fall under the category of workplace violence. Violent behaviours are readily witnessed or experienced due to their overt nature. Obstructionism refers to actions that hinder an individual's ability to effectively perform his/her job. This can include behaviours such as not returning telephone calls, stalling on important matters, and over-consumption of limited resources. These are often more subtle, covert forms of manifestations of aggression which may turn into more outward expressions of hostility. In order to create a clear understanding of the concept of bullying, the focus will be on behaviours that fall into the category of obstructionism. This will exclude sexual harassment from the definition of 'bullying'. Typical bullying behaviours include gossiping, purposefully interrupting an individual while s/he is speaking or working, showing off your status or authority, being arrogant, minimising the importance of an individual's opinion, mood swings, not returning telephone calls or responding to memos, giving others the silent treatment, insults, yelling, swearing, name-calling, threats, shouting, rude gestures and aggressive posturing, intimidation, abuse, leaving offensive messages, undermining actions by a co-worker and punishing someone by overloading him/her with work (Worktrauma, 2011; Department of Labour Industries, 2008).

According to Ma *et al.* (2009: p. 13), bullying can also be referred to as peer victimisation or peer harassment, and falls into a subset of aggressive behaviours:

A person is bullied when he/she is exposed repeatedly to intentional negative actions on the part of one or more other individuals. The negative actions include physical assaults, cruel teasing, being called 'bad names', spreading rumours, and social exclusion. Usually the individual who is

bullied is unable to effectively defend him-/herself from being physically and/or psychologically hurt by negative actions.

Balliens *et al.* (2009) refer to workplace bullying as persistent (minimum of six months), negative behaviour at work. The negative behaviours are mainly psychological, and can be non-work-related (insults and humiliation) or work-related (withholding of documentation). Often the victim finds it difficult to defend him-/herself. Workplace bullying can be distinguished from other forms of conflict since the victim assumes an inferior role and the perpetrator has no intention to stop the bullying.

Three additional definitions are mentioned below to substantiate the above elaborated definitions.

Martin *et al.* (2010: p. 144) define bullying as:

The intentional infliction of a hostile work environment upon an employee by a co-worker or co-workers, typically through a combination of verbal and nonverbal behaviours.

Ayoko *et al.* (2003: p. 284) refer to workplace bullying and conflict as:

where one person feels subjected to negative behaviour from others over a long period of time ... the victims find it difficult to defend themselves against the actions of others ... include behaviours such as aggressive eye contact, intimidating physical gestures, angry outbursts, hostile behaviour and the spreading of false rumours about the victim ... significant, deliberate or unconsciously repeated acts of bullying directed to one or more workers that result in feelings of humiliation, distress and reduced performance on the job among victims.

Field (1996: p. 33) explains bullying as:

Workplace bullying consists of the regular, usually daily, use of inappropriate behaviours for the purpose of gratification at the expense of another individual. Bullies are people who demand respect for themselves whilst simultaneously denying respect to others, and who are seemingly unaware of the incongruity and unacceptability of their conduct.

The Department of Labour Industries (2008) distinguishes bullying from aggression by referring to the occurrence of the act. Aggression may involve a single act, but bullying involves repeated attacks against the target.

The core elements within these definitions are: frequency; duration; the inability to defend oneself; being bullied by one or more individuals; intentional bullying actions; psychological and/or non-work-related or verbal or non-verbal bullying actions, and bullying impacting the individual and his/her job performance.

This is similar to the definitions of Einarsen, Moyayed *et al.* (2006) and Ma *et al.* (2010). It refers to the general rule of thumb that, for aggressive behaviour to be regarded as bullying, the behaviour should occur for longer than six months. Martin *et al.* (2010) assert that some of the consistencies in the definition of bullying are those involving intentional, intimidating, humiliating, and undermining behaviour that is persistently repeated over time and is meant to cause harm to the target who feels powerless to prevent the abuse.

▪ **Leymann**

Definitions by Leymann should be interpreted from the social stressor theory paradigm, as this theory is the basis for Leymann’s model on bullying.

Taking the abovementioned into account, it was decided to focus on the original definition of Leymann as the focal definition in this study, since it encompasses the majority of the abovementioned factors. Leymann (1990: p.120) defines bullying as:

Bullying in working life means hostile and unethical communication which is directed in a systematic way by one or a number of persons mainly toward one individual. There are also such cases where bullying is mutual until one of the participants becomes the underdog. The actions take place almost every day over a long period of time (at least six months) and because of its frequency and duration, it can result in considerable psychic, psychosomatic, and social misery.

By comparing the above definitions with each other, it can be deduced that the definitions have the following similarities and differences.

Table 2.1

Comparison between bullying definitions

Author	Similar elements within the definitions	Different elements within the definitions
Einarsen	<ul style="list-style-type: none"> ▪ One or several individuals ▪ Unable to resolve ▪ Receive negative actions ▪ Difficulty defending oneself ▪ Affect performance 	<ul style="list-style-type: none"> ▪ Non-hostile
Deviations from	<ul style="list-style-type: none"> ▪ Exposed repeatedly 	<ul style="list-style-type: none"> ▪ Persistent (six months or more)

Einarsen	<ul style="list-style-type: none"> ▪ Intentional negative actions ▪ One or more individuals ▪ Unable to defend oneself ▪ Reduced job performance 	<ul style="list-style-type: none"> ▪ Negative acts, mainly psychological ▪ Victim forced into inferior position ▪ Verbal and non-verbal actions ▪ Significant, deliberate or unconscious repeated acts ▪ Result in feelings of humiliation, distress ▪ Bully demands respect
Leymann	<ul style="list-style-type: none"> ▪ Hostile and unethical communication ▪ Directed mainly at a single person 	<ul style="list-style-type: none"> ▪ Actions occur almost daily and over a period of six months or more ▪ Psychic, psychosomatic and social consequences

2.3 Organisational bullying

The ever-narrowing labour market instigates competition among organisations for the shrinking pool of skilled labour. The labour environment affords employers the opportunity to choose to whom they offer employment. Employers, on the other hand, must show the value of working for the organisation to the potential employee by not only offering potential employees tangible benefits, but also showing the intangible benefits. Potential employees and current employees are not only considering tangible benefits such as compensation when choosing an employer, but intangibles such as an organisational culture and work-life balance. It is thus becoming more important to create an organisational environment that is liberated from counterproductive behavioural factors such as bullying. A liberated environment will ensure that organisations attract the best possible candidates in order to limit the financial impact of counterproductive behaviour such as bullying, instead of gaining their return on investment (Glendinning, 2001).

Corporate or institutional bullying (Department of Labour Industries, 2008) occurs when bullying is ingrained in the organisational culture. Institutional bullying can manifest in a variety of ways; for example, creating irrational expectations, referring to employees who suffer from stress as “weak”, or encouraging employees to walk over one another in order to ensure a promotion. There are various definitions of the concept of ‘bullying’. Within these definitions there are certain consistencies, namely the frequency and duration of the bullying; the inability to defend oneself, and being targeted by one or

more individuals. Bullying can also be either verbal or non-verbal, whereby the most prevalent form of bullying is verbal threats (Ayoko, Callan & Härtel, 2003; Baron & Neuman, 1999).

Signs of corporate or institutional bullying include not meeting organisational goals; more grievances, resignations and an increased request for transfers, and increased absence due to sick leave (Department of Labour Industries, 2008). In terms of the financial impact of bullying, Moyaed *et al.* (2006) assert a range of negative outcomes such as a staff turnover of 83%; absenteeism of 87%; reduced efficiency of between 21% and 58%; decline in work quality of 19% to 28%; an increase in mediation and grievance process of 10%, and an increase of 2% in anti-discrimination action. These signs can also be observed in the psychological costs of bullying, including feelings of desperation, depression and total hopelessness; great anxiety and despair; feelings of great rage due to a lack of legal remedies, and reduced self-esteem (Ma *et al.*, 2009; Department of Labour Industries, 2008; Glendinning, 2001).

In addition, the presence of labour laws, specifically those laws that deal with harassment and unfair discrimination, offers some protection to the victims of bullying. However, these laws have failed to play a substantial role in preventing bullying behaviour and in providing relief to employees who have been bullied. The issue that comes into play in the protection of employees is the overlap between the concepts of 'harassment' and of 'bullying', which makes it difficult to identify the behaviour. One of the most concerned problems regarding the protection of employees who have been bullied in the workplace is finding a clear distinction between harassment and bullying. Harassment is illegal, but in some cases if interpreted incorrectly bullying is not illegal (Martin *et al.*, 2001). In South Africa, individuals are protected against bullying. However, as the term bullying is not explicitly stated in the Labour Relations Act 66 of 1995 or the Employment Equity Act 55 of 1998, the interpretation of the Act becomes increasingly complicated to offer a form of protection to victims of bullying.

Organisations want to make a profit and, in order to do so, the financial impact of counterproductive behaviours should be limited and organisational environments be created whereby employees can flourish, i.e. increase productivity.

2.4 Individual bullying

Individuals can react differently to conflict situations and problems due to differences in their characteristics and personalities that were developed and shaped by the society and the environment in which they grew up and have been living (Moayed *et al.*, 2006). Hence, models have been developed to

explain these differences, and how they can impact either the victim or the bully. Two approaches to bullying will be explained in this chapter, namely Einarsen's model (see section 2.6.1) that lists aggression theory as the main explanatory device, and Leymann's model (see section 2.6.2) that places bullying as a social stressor. This approach is based on the stress models as a means to explain the phenomenon. Furthermore, two additional models will be explored, namely the psycho-dynamic model that focuses on the unconscious desires and thoughts that have an influence on our cognisant thoughts, feelings and behaviours, and the cycle of socialisation that depicts the social factors that shape our behaviour.

The signs and symptoms of bullying can be addressed by developing interventions that deal not only with the symptom but also with the cause of the bullying. Interventions can focus on either the employee or the employer. Employee interventions include keeping a diary of the events, taking a leave of absence or assertiveness training. Employer interventions, on the other hand, can vary from the enforcement of a zero-tolerance policy to bullying behaviour, training and providing information of the policy during induction.

2.5 Nature of bullying behaviour

Various authors have different views on the nature or type of behaviours that constitute bullying. This section highlights some of the views in an attempt to describe the concept 'bullying' as it may be visible in a nursing environment.

Liefhooge and Davey (2001) distinguish between two types of bullying, namely covert and/or blatant and classic bullying. Baron and Neuman (1999) concur with Liefhooge and Davey's (2001) statement and affirm that covert behaviours are behaviours that mask the identity of the aggressors and their intentions, whereas overt behaviours reveal the identity of the aggressors and their specific intentions.

Conflict can thus be either covert such as relationship conflict or overt, for example task conflict. An incompatibility between an individual's views, wishes and desires could be considered as the instigator of conflict. It is the perceived incompatibility that gives rise to two types of conflict, namely relationships and task conflicts. Relationships or emotional conflict is associated with discrepancy due to high levels of frustration and personal quarrels. Relationship conflict reduces mutual understanding and goodwill, and increases the levels of irritability, suspiciousness and resentment (Ayoko *et al.*, 2003).

By contrast, task-related conflict occurs when disagreements exist on how actual tasks are to be performed. The positive effect of task conflict includes creating opportunities for asking questions,

challenging assumptions, and promoting creativity and innovation. The dimensions duration and intensity are important features of bullying. Some conflicts are short in duration and easily resolved, whereas others spiral to destructive levels and can be costly in time and effort and block one's ability to collect, integrate and adequately assess information. Conflict intensity refers to the degree of intensity of the conflict to those involved. The seriousness of the conflict is determined by the number of people, events and impact on future interactions. The outcome of the conflict is frustration, aggression and humiliation. An individual's response to conflict can vary from hostility to organisational aggression or sabotage; this, in turn, can lead to reduced levels of job performance, absenteeism and organisational and interpersonal aggression. The physical response to the aggression can lead to anxiety, aversion, stress and anger (Ayoko *et al.*, 2003).

Moyaed *et al.* (2006) refer to the explanation by Zapf and Gross, which affirms that bullying starts with a critical incident which, in most instances, is conflict. The critical incident leads to bullying and stigmatisation. Bullying or negative acts can be grouped into four categories, namely:

- Threat to professional status, for example inaccurate accusations, and setting unrealistic targets.
- Threat to personal status such as spreading of malicious rumours and attacking the private sphere.
- Isolation, for example ignoring and being given meaningless tasks.
- Overwork such as excessive monitoring and repeatedly reminding the individual of mistakes.
- Destabilisation (Moyaed *et al.*, 2006).

Einarsen (1999) mentions the five types of bullying behaviour identified by Zapf, including work-related bullying (changing your work tasks), social isolation, personal attacks or attacks on one's private life (ridicule or insulting remarks), verbal threats (criticised and yelled at in public), and physical violence or threats.

These behaviours resulting from conflict can be classified into three different dichotomies (Baron & Neuman, 1999), namely:

1) Verbal-Physical

Verbal aggression refers to aggression by using words, whereas physical aggression involves actions. Both forms intend to harm the individual.

2) Direct-Indirect

Direct aggression is aimed at the individual; in the case of indirect aggression, harm is inflicted by the actions of agents or assault on the objects of the victim.

3) Active-Passive

Active aggression causes harm by carrying out certain behaviours; in the case of passive aggression, harm is inflicted by withholding information.

Table 2.2 provides examples of the above types of behaviours.

Table 2.2

Types of behaviours

Passive		
	Verbal	Physical
Indirect	<ul style="list-style-type: none"> ▪ Not denying false rumours. ▪ Not providing information to the target. 	<ul style="list-style-type: none"> ▪ Influence others to delay action on matters important to the target. ▪ Not seeking ways to protect target's safety and welfare.
Direct	<ul style="list-style-type: none"> ▪ Not returning telephone calls. ▪ The silent treatment. 	<ul style="list-style-type: none"> ▪ Vacate an area as target arrives. ▪ Minimise opportunities of others to express themselves.
Active		
	Verbal	Physical
Indirect	<ul style="list-style-type: none"> ▪ Spread false rumours. ▪ Disregard an individual's opinion in front of others. 	<ul style="list-style-type: none"> ▪ Consume resources needed by the target.
Direct	<ul style="list-style-type: none"> ▪ Insults, yelling and shouting. ▪ Showing your status or authority, and act in an arrogant manner. 	<ul style="list-style-type: none"> ▪ Disapproving gestures towards the target.

(Adapted from Baron & Neuman, 1999)

According to Baron and Neuman (1999), verbal aggression is more prevalent than physical aggression, and passive forms of aggression are more ubiquitous than active forms of aggression. Ayoko *et al.* (2003) concur with Baron and Neuman's statement and indicate that of the highly aggressive behaviours, 16% are verbal threats and 5% physical threats.

Thus, within a nursing environment, bullying as defined in the previous sections can be instigated by a critical incident that would most likely be due to conflict. This will result in a threat to an individual's professional or personal status. This threat can be carried out verbally and can either be active or passive in nature.

Predatory bullying, as mentioned by Ayoko *et al.* (2003), occurs where the victim has personally done nothing to rationalise the bullying behaviour or the victim might be attacked as s/he belongs to an out-group and may thus be regarded as the scapegoat. Therefore, it could be argued that the difference between belonging to the group of registered nurses, or to the fourth-year, or third-year nursing students may instigate bullying. Merely having a different view from either of the groups might give rise to relational conflict that can, in turn, lead to bullying.

Being part of a group can create certain identities or influence an individual's identity. This would suggest that the social identity of group members may be significant. The next section explores the possible link between social identity and bullying with reference to the *Cycle of Socialization* which also serves as the primary model of bullying in this study.

2.6 Models of bullying

Individuals can react differently to conflict situations and problems due to the differences in their characteristics and personalities that were developed and shaped by the society and environment in which they grew up and have been living (Moayed *et al.*, 2006). The following section describes, as presented by Liefhooge and Davey (2001), two approaches to bullying, namely Einarsen's model that lists aggression theory as the main explanatory device, and Leymann's model that categorises bullying as a social stressor which, in turn, explains bullying by means of the stress models. Furthermore, two additional models will be explored, namely the psycho-dynamic model and the cycle of socialisation.

2.6.1 Einarsen's approach

According to Einarsen (1999), bullying consists of at least four phases. The first phase starts where subtle aggressive outlets are directed towards one or more individuals; hence the reference to aggression theories when referring to Einarsen's approach. Phase two starts once the victim finds it difficult to defend him-/herself. Within phase three, the victim is harassed and discriminated against in public, and is estranged, expelled and subjected to odious remarks. Corporal attacks occur in the last phase, usually called extermination.

The three-way model of Baillien *et al.* (2008) was identified as fitting the description of Einarsen's approach to bullying, by focusing on the aggression theories.

2.6.1.1 *Three-way model to bullying*

According to Baillien *et al.* (2008), workplace bullying is a result of one of the three pathways; hence the three-way model. The latter comprises the following pathways:

Pathway One: Intrapersonal level

Intrapersonal frustrations or strains refer to how an individual deals with frustrations. Workplace bullying can be a result of frustrations or strains in the case of ineffective coping. Ineffective coping can be active; in this instance, the individual will project the frustrations onto someone else and thus become the perpetrator. Passive ineffective coping refers to the individual distancing him-/herself from the frustration or strain, thereby increasing the frustration and opening the door for victimisation (Baillien *et al.*, 2008).

By contrast, effective coping refers to facing frustrations effectively, thereby reducing the likelihood of becoming the perpetrator or the victim (Baillien *et al.*, 2008).

Pathway Two: Interpersonal level

Interpersonal conflict refers to the manner in which an individual manages conflict. Conflict arises from work-related problems, personal problems or a combination of both. By de-escalating the conflict, the individual will decrease the occurrence of bullying and the chance of becoming the perpetrator or the victim. An escalation in conflict will increase the likelihood of bullying occurring. Power is a crucial factor in the escalation process. If an individual has power, s/he is likely to become the perpetrator, whereas if an individual is powerless, s/he will fall prey to bullying (Baillien *et al.*, 2008).

Pathway Three: Intragroup level

Workplace bullying can be the result of aspects in the team or organisation that encourage bullying directly. The intragroup level relates to how individuals interact in the organisation, the team or even the social climate of the department. The intragroup level thus refers to the direct stimulation of negative behaviour (Baillien *et al.*, 2008).

Individual characteristics and work-related antecedents may influence the above pathways by instigating frustration, conflict, or the direct encouragement of bullying and/or affective-inefficient coping.

Theoretical underpinning of the model

Berkowitz (1989) (as cited in Ballien *et al.*, 2008) frustration aggression theory underpins the notion that bullying may be caused by active-inefficient coping frustration. According to this theory, a work environment filled with stress can create aggression towards others through negative actions, or the experience thereof may also contribute to an individual becoming a perpetrator of aggression (Ballien *et al.*, 2008). According to Felson and Tedeschi's (1993) (as cited in Ballien *et al.* 2008) social interactionism theory, experiencing stress increases the likelihood that work-related expectations and social norms will be desecrated. This will, in turn, augment the probability that colleagues or other members of the organisation react negatively towards the violent person (Ballien *et al.*, 2008). Hoel and colleagues (1990) support the social interactionism theory and assert that bullying is a deliberate response to norm-violating behaviour. Therefore, as suggested by Berkowitz (1989) (as cited in Ballien *et al.* 2008) theory and by social interactionism (Felson & Tedeschi, 1993) (as cited in Ballien *et al.* 2008), workplace bullying may be the result of frustrations and strains as the result of an inadequate person-job fit.

Workplace bullying can also be the result of interpersonal conflict. This is highlighted in the four-stage bullying model developed by Leymann (1990; see section 2.6.2). Leymann (1990) considers stages two and four of the model as the actual bullying, as this results from the unsettled conflict in stage one. By introducing the power concept within the conflict pathway, it will be in line with the assertion made by Einarsen and colleagues (1994) who consider powerlessness as an unequivocal aspect of victimisation. Bullying differs from the 'usual' conflict, because the victim is forced into an inferior, comparatively powerless position (Ballien *et al.*, 2008). Lastly, bullying can be directly enthused by specific aspects of the team or organisation where in-group versus out-group differences are accentuated.

2.6.2 *Leyman's approach*

According to Leymann (1990), mobbing can be defined as "ganging up on someone" or physical terror. It occurs as a rift, where the victim is subjected to regular stigmatisation of unjust behaviour by encroaching upon a person's rights. After a few years, this can result in that a specific individual will be unable to find employment in his/her occupational specialisation. Furthermore, psychological terror in the workplace refers to hostile and disreputable communication, systematically directed towards one or more individuals. In some instances, mobbing is mutual until one of the participants becomes the underdog. These actions take place often (nearly every day) and over a long period of time (at least six months) and, because of the frequency and duration, result in considerable physical, psychosomatic and social

misery. The victim is defined as the person in the rift who has lost his/her 'coping resource'. There are four critical phases.

Phase One: The critical incident

In the majority of cases, a conflict situation exists, usually in respect of work. This, in turn, causes a situation known as the critical incident. This phase is short-lived and moves into the next phase as soon as colleagues and management reveal the occurrence of stigmatisation (Leymann, 1990).

Phase Two: Mobbing and stigmatising

Many of the actions are consistent and systematically appear over a long period of time. The intention of these actions is clear, namely to cause damage, and is based on the need to get back at or to punish the individual. These actions are characterised by the act of manipulation, and include:

- Spreading rumours or slandering the victim;
- Not speaking to the victim, criticising him/her, and glancing at the victim;
- Isolating the victim;
- Giving the victim meaningless tasks or little to no work to do, and
- Violence and threats of violence.

Phase Three: Personnel administration

The mobbing becomes official once the situation is reported and the perpetrator confronted. Fellow employees assume the victim has the deviant personality, since management tends to favour the prejudice of the fellow employees. To avoid such complications, the situation should ideally be addressed as set-out in the organisational policy, and this should be governed by the legislation of the country (Leymann, 1990).

Phase Four: Expulsion

The worst consequence of addressing the situation is when the individual is expelled from working life due to long-term sick leave, job rotation or reallocation to degrading work tasks. The consequences can have serious adverse social and psychosomatic as well as economic effects for the individual and the organisation (Leymann, 1990).

2.6.3 Psychodynamic perspective of workplace bullying

This theory assumes, from the psychoanalytical perspective, that unconscious ideas and needs have an influential and motivating influence on our conscious thoughts, emotions, and actions. The psychodynamic perspective concedes the social defences at play in the dynamic aspects of organisational life in a holistic manner (White, 2004).

The psychoanalytical perspective comprises the following concepts:

- Space refers to the psychic space in the mind. It is intersubjective, and an individual grows into this space through his/her relationships with others. Space consists of containment, boundaries and recognition (White, 2004).
- Containment relates to childhood development and the notion of a holding environment. An individual's container includes feelings about home, family, and work. During adult life, when an individual is under stress and is unable to hold onto the feelings, s/he will get rid of these feelings by placing them onto someone else (White, 2004).
- Boundaries are invisible, immeasurable limits or barriers inside or outside an individual that separates him/her from others. In the case of a well-developed self, in whom boundaries are firmly established, any attempt to invade these boundaries without permission will be restricted. The bully tests the boundaries of others to find a suitable container for his/her feelings (White, 2004).
- Recognition refers to the response from others that provides meaning to the actions, feelings and intentions of the self and others, and how the individual finds him-/herself in that response (White, 2004).

The psychoanalytical theory explains how boundaries are broken and how individuals become containers for the feelings of others in the life cycle theory of bullying by the process of projective identification (White, 2004). Projective identification "is the process by which specific impulses, aspects of the self or internal objects are imagined to be located in some object external to oneself. Projection of aspects of oneself is preceded by denial, i.e. one denies that one feels such and such an emotion, has such and such a wish, but asserts that someone else does" (Rycroft, 1968 as cited in White, 2004: p. 274).

Stages in the life cycle theory of bullying

Stage 1: The embryonic stage

This stage refers to the time before any bullying has taken place, whereby any individual has the potential to become the bully or the victim. Through interactions with environmental conditions, an individual can develop into his/her destined role as a bully or a victim. Bullying is an interaction between structures and processes such as enabling structures (power imbalances), motivating structures or incentives (reward systems), and/or triggers (change in the composition of the work group). When these factors overlap, an individual will attempt to meet his/her internal needs via interpersonal relationships, and consequently become involved in the bullying dynamic. The bully seeks recognition through his/her need to dominate and idealise his/her needs, whereas the victim seeks recognition via submission or subservience (White, 2004).

Stage 2: The trigger

In most instances, the trigger is a change in circumstances. The embryonic bully is an individual who gets frustrated by change over which s/he has little control. To cope with the anxiety caused by the change, the bully seeks a container for his/her feelings and tests the boundaries of the individual to find vulnerable points. Unconsciously, the bully sets up the victim to fall short and, consciously, the bully projects his/her feelings onto the victim (White, 2004).

Stage 3: The loyalty stage

White (2004) suggests that the first coping strategy of the victim is that of voice. It can be argued that the victim was denied love and recognition in his/her childhood and will seek love and recognition from the bully and try to create a feeling of acceptance and consequently repudiate the reality of the situation.

Stage 4: A dance of death

In the dance of death the bully and the victim become physically entwined. As the victim becomes exhausted from the attack, the idealised relationship crumbles and the bully is then regarded as the perpetrator.

Table 2.3 summarises the feelings and actions of the victim and the bully.

Table 2.3

Feelings and actions of the victim and the bully

The victim	The bully
▪ The victim is the container for the bully's own	▪ Is certain that s/he is innocent and makes

badness.	out that the victim is the guilty one.
<ul style="list-style-type: none"> ▪ Blames him-/herself for the bullying. 	<ul style="list-style-type: none"> ▪ Feels a constant repression of guilt and shame over time that will trigger feelings of psychic deadness.
<ul style="list-style-type: none"> ▪ Feels as if his/her identity has been destroyed. 	<ul style="list-style-type: none"> ▪ Feelings may manifest as depression or suicidal tendencies.
<ul style="list-style-type: none"> ▪ Failure to re-establish his/her own identity. A pattern of learned helplessness will develop, and the individual will seek recognition by adopting the status of a victim. The cycle thus repeats itself. 	<ul style="list-style-type: none"> ▪ Seeks a fix and another victim, such as an addict.

(Adapted from White 2004)

2.6.4 Cycle of socialisation

The cycle of socialisation encompasses a mixture of aspects of the former models of bullying. This section highlights various factors of these models.

Learned discrimination is based on differences such as gender, ethnicity, skin colour, mother tongue, age, ability, religion, sexual orientation and economic status. As an individual, one is born into one or more of these categories or social identities. This social identity can predispose individuals to fall into unequal poles of the dynamic system of oppression. Within this system of oppression, there are powerful sources at play that direct an individual's behaviour (Harro, as cited in Adams *et al.*, 2000). This socialisation process is pervasive (coming from all sides and sources), consistent (patterned and predictable), circular (self-supporting), self-perpetuating (interdependent) and often invisible (unconscious and unnamed). The result of the socialisation process constitutes the mixture of social identities, the social profile that shapes our socialisation (Harro, as cited in Adams *et al.*, 2000: p. 45).

The phases of the cycle of socialisation are discussed in the following paragraphs.

The beginning

Social identities are ascribed to individuals at birth, without either effort, decision or choice; it is beyond the individual's control. One is born into a world where all assumptions, rules, roles and structures of domination are already in place and functioning. The social system is based on history, habit, tradition,

belief patterns, prejudices, stereotypes and myths. Within the social system, there are dominant or agent group/s that are considered the norm around which assumptions are built; they receive recognition from subordinate group/s or target group/s. Some target groups are invisible, whereby others are defined by the misinformation or very limited information. Targets are exploited, and victimised by prejudice, discrimination and other structural objects (Harro, as cited in Adams *et al.*, 2000). Within an organisation, it can be maintained that the dominant group could be the individuals who have more power than the employees.

First socialisation

Individuals are socialised by the people they love and rely on the most, namely their families or the individuals who raise them; this is similar to the embryonic stage of the psychoanalytical theory. This can also refer to the intersubjective space into which an individual grows through his/her relationship with other individuals, as described by the psychoanalytical theory. Individuals shape their self-concepts and self-perceptions, the norms and the rules that must be followed. They also serve as role models and teach others how to conduct themselves. Socialisation thus happens both intrapersonally and interpersonally.

This automatically forms part of our early socialisation, and is not questioned initially. Regardless of the type of teaching, individuals have been exposed to a set of strong rules, roles and assumptions that cannot help but shape their sense of self and the world. These rules, roles and assumptions influence how an individual will react when s/he ventures out of his/her secluded family unit into the world and institutions (Harro, as cited in Adams *et al.*, 2000).

Institutional and cultural socialisation

Socialisation increases once an individual comes into contact with other institutions. During this contact, most of the messages one will receive, will be on what rules or what assumptions to follow. These messages will either reinforce or contradict what one was taught at home (Harro, as cited in Adams *et al.*, 2000).

One will learn who will get preferential treatment and who will get picked on, and one will be exposed to rules and assumptions that may not be fair to everyone. Furthermore, one will be intimidated by unquestioned messages that will influence what one will believe about oneself and others (Harro, as cited in Adams *et al.*, 2000).

This phase indicates a causal relationship with Felson and Tedeschi's (1993) (as cited in Baillien *et al.*, 2008) social interactionism theory which states that experiencing stress increases the likelihood of breaching work-related expectations and social norms.

Enforcements

Individuals do not ignore these messages, even though it makes them feel uncomfortable; there are reinforcements in place to maintain these messages. By contradicting this norm, one will pay the price and by conforming to this norm one may benefit. Individuals who do not challenge the norm can also be assumed to be in the loyalty phase of the psychoanalytical theory. Furthermore, one will be marked as a troublemaker if as an individual agent one breaks the rules and will be punished. For maintaining the status quo, one will receive maximum rewards and privileges that will bring connections and power (Harro, as cited in Adams *et al.*, 2000).

Results

The results of this systematic learning are devastating to all involved. Individuals may experience anger, a sense of being silenced, low self-esteem, high levels of stress, a sense of hopelessness and disempowerment. These feelings can lead to crime and self-destructive behaviour, irritation, suspicion and dehumanisation. Therefore, as suggested by Berkowitz's (1989) (as cited in Ballien *et al.*, 2008) frustration aggression theory and by Felson & Tedeschi's (1993) (as cited in Ballien *et al.*, 2008) social interactionism theory, workplace bullying may be the result of frustrations and strains.

Harro (as cited in Adams *et al.*, 2000) affirms that participating in 'our' roles as targets, we reinforce the stereotype and uphold the system of oppression. Learned helplessness is often called internalised oppression, since the individual learned to become his/her own oppressor within. By participating in one's role as agent and remaining conscious of, or being unwilling to interrupt the cycle, one will perpetuate the system of oppression and can also be considered a bully (Harro, as cited in Adams *et al.*, 2000).

The results are often cited as problems facing society; ironically the root cause is inherent in the very assumption on which society is built: dualism, hierarchy, competition, individualism, domination, colonialism, and the scarcity principle. As one fails to interrupt this cycle, all assumptions, problems and the oppression will be kept alive (Harro, as cited in Adams *et al.*, 2000).

Actions

Harro (as cited in Adams *et al.*, 2000: p. 50) states that it is easiest to do nothing, and simply to allow the perpetuation of the status quo.

Core of the cycle

The question thus arises: What keeps individuals in the cycle (Harro, as cited in Adams *et al.*, 2000)?

The fear of interrupting the system reminds individuals of what happens to targets who challenge the power structure, of being labelled as a 'troublemaker'. Fear can also influence those employees who witness bullying and relates to the second pathway as explained by Baillien *et al.* (2008), interpersonal conflict. For example, in the nursing environment, an employee will not report bullying since s/he will be labelled as being unfit for the nursing profession. When both the target and the agent lack understanding about how oppression and socialisation work, it becomes difficult to initiate change; this is regarded as ignorance. Agents struggle more from their own ignorance, because they have not been forced to examine roles, whereas targets may be able to transfer what they have learned in their target identities to educate themselves in their agent identities. The inability to see connections may prevent them from interrupting the system. This relates to Leymann's (1990) phase three, namely Personnel Management, whereby management do not realise the urgency of the situation. This is especially true in the nursing environment where, because of the lack of sufficient resources, nurses cannot afford to examine the situation carefully due to the pressure to deliver optimum patient care. Another aspect that keeps individuals in the cycle is that of confusion. Confusion will prevent both the target and the agent from taking action. Furthermore, insecurity will make the agents and the targets feel somewhat timid when taking a stand against oppression, since the outcome of breaking the cycle is either unknown or has intolerable consequences. Lastly, power or powerlessness hinders the breaking of the cycle, since people with power have gained it through the existing system. It is difficult to risk losing power by challenging that same system. People without power may believe that they cannot make a difference. For example, in the nursing environment, power is determined by one's rank: the higher one's rank, the more power one has over one's fellow employees.

Choosing direction for the cycle

Individuals will make the decision to break the cycle due to a critical incident that makes domination impossible to ignore, perhaps a kind of 'final' experience where things become so intolerable that one last incident pushes one into action (Harro, as cited in Adams *et al.*, 2000). The critical incident correlates with Leymann's (1990) phase one, namely the critical incident, and with stage two of the psychoanalytical theory, namely the trigger.

2.6.5 Integrated model of bullying

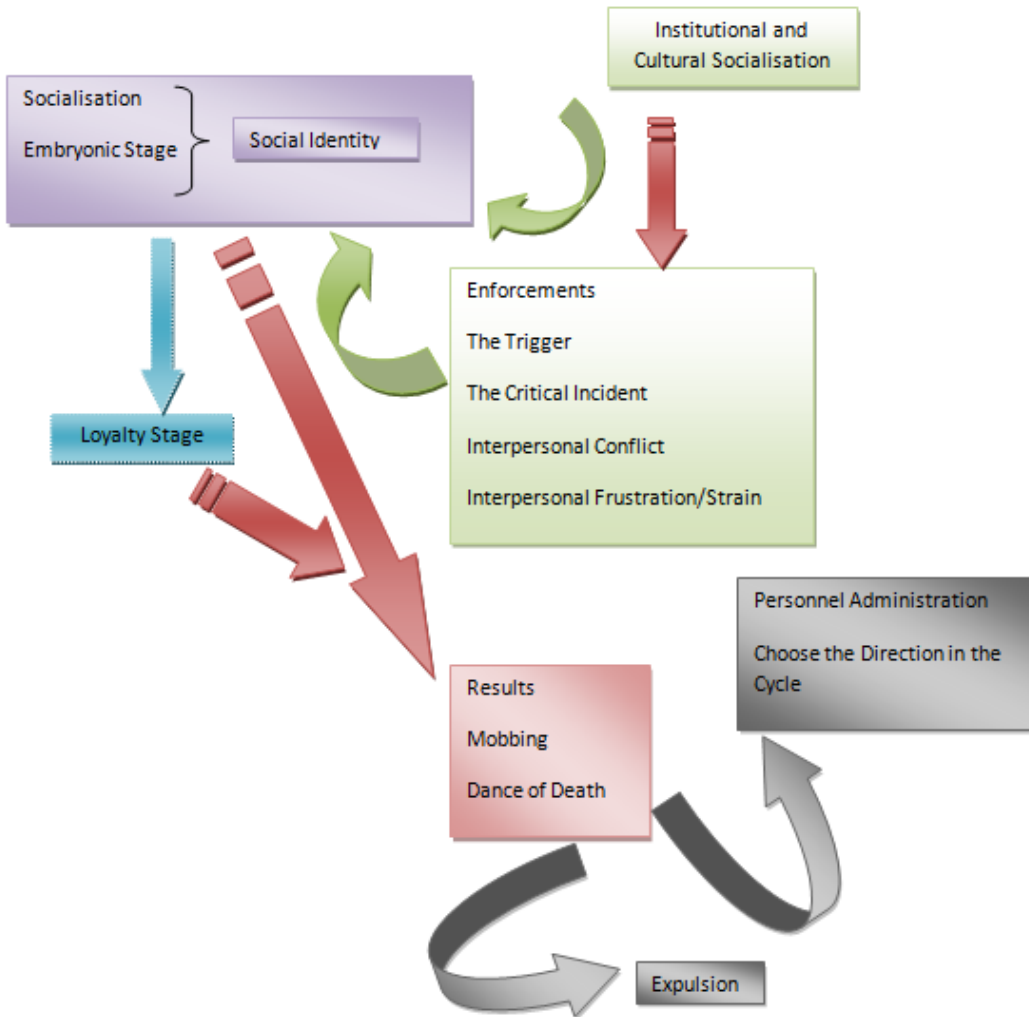


Figure 2.1. Integrated model of bullying

The researcher proposes the following integrated model of bullying based on the previous models. The integrated model starts with the formation of social identity. During the embryonic stage, environmental conditions can lead to interaction between the potential bully and the likely victim and to the development of their predestined roles. Bullying is an interface between structures and processes such as enabling structures, motivating structures and triggers. Individuals are socialised by the people they love and trust; they shape one’s self-concepts, the norms and the rules that must be followed. They also serve as role models and teach individuals how to behave.

The institutions with which individuals come into contact impose rules to follow, what roles to play, what assumptions to make, and what to believe; this will either be reinforced by or contradicted with what an

individual is taught at home. Individuals can be intimidated with unquestioned and stereotypical messages of how to think and what to believe, and this will reinforce and intensify discrimination and prejudice.

Ineffectively solving frustrations such as low job satisfaction or work-related conflicts can lead to an individual projecting this frustration onto someone else; this individual usually becomes the perpetrator. When the individual distances him-/herself from the frustration, it opens the door to victimisation. The trigger or the triggering situation is most often caused by conflict or change, and the bully usually gets frustrated by the changes since s/he is not able to cope with change. Lastly, enforcements occur when individuals do not ignore these unquestioned or stereotypical messages, because these enforcements have been put into place. Individuals who try to contradict these messages or rules are marked as troublemakers, whereas those who enforce them receive recognition and attention for having 'made it'.

The loyalty stage is the first coping strategy of the victim. Within this stage, the victim seeks love and recognition from the bully and tries to create a feeling of approval. He consequently denies the actuality of the situation.

The results of being challenged by stereotypical questions can lead to feelings of anger, a sense of being silenced, and low self-esteem. These feelings lead to frustration and mistrust and, by participating in these roles, an individual may reinforce the stereotype and perpetuate the system of oppression. By participating in the role of agent and remaining conscious of, or being unwilling to interrupt the cycle, an individual will perpetuate the system of oppression and may be regarded as a bully. The actions in the mobbing and stigmatisation phase are all based on the need to 'get the person' or to punish him/her. Manipulation is the main technique and can include slandering the victim, not allowing the victim to express him-/herself, leaving the victim feeling isolated, preventing the victim from performing his/her duties, or assigning meaningless tasks to the victim. Ultimately, the victim becomes worn down by the attack and feels that his/her identity has been fragmented, whereas the bully will seek his/her new fix.

When addressing the bullying situation, the individual can be expelled from the working life, take leave of absence, rotate to another job or be assigned degrading work tasks. Bullying can also have severe social and psychosomatic effects on the victim.

Personnel administration refers to the victim reporting the bullying situation to management; this may turn the victim into a marked individual. It is crucial that the situation be governed by organisational policy and the applicable legislation of the country. By taking a decision to break the cycle of oppression, the individual can address the bullying situation.

2.7 Antecedents of bullying

Various models of bullying were examined in the previous sections. This section aims to explore the possible antecedents of bullying and will focus on individual, organisational and bullying antecedents.

2.7.1 *Antecedents that predispose an individual to being the victim*

Ma *et al.* (2009) allude that the individual characteristics of both the victim and the bully can be antecedents of bullying behaviour. The following section describes potential individual antecedents of bullying behaviour, namely personality, gender, coping style, social environment and individualist power.

2.7.1.1 *Personality*

Moyaed *et al.* (2006) assert that an individual's personality can lead to him/her being bullied. Various personality factors of the victim indicate weakness such as certain types of personality profiles, pre-existing symptoms of anxiety and depression, and low social skills. Victims tend to be submissive and non-controversial, conscientious, traditional and dependable, gentle, reserved, opt for familiar surroundings, anxious and sensitive (Baillien *et al.*, 2008).

The personality factor sense of coherence (SOC) refers to an individual's orientation towards the environment and how s/he perceives or controls the environment. SOC consists of three aspects, namely comprehensibility, manageability and meaningfulness. If an individual has a high SOC, s/he will perceive the environmental stimuli in such a way as to enable him/her to meet the environmental demands. This, in turn, will lead to favourable perceptions of being able to influence one's work environment and receive support from colleagues. The individual with a high SOC will be less prone to be influenced negatively by the bullying actions (Feldt *et al.*, 2004).

2.7.1.2 *Gender*

The gender of the perpetrator may also be a reason for bullying behaviour. Hoel *et al.* (2001) state that women experience negative behaviours, irrespective of the organisational status of the bully. Furthermore, women become more exposed to negative behaviours as they progress upwards in the organisation hierarchy. Men feel threatened by women in situations that were formerly dominated by men; men may thus use bullying to exclude women from such positions. The male work environment ,on

the other hand, is more hostile, and men prefer to work in pressurised environments that are characterised by authoritarian or even oppressive leadership styles.

Lapierre *et al.* (2005) concur with Hoel *et al.* (2001) and assert that women have less power to influence and/or prevent the occurrence of aggressive behaviours and may have a history of victimisation. They will also react more negatively if and when they are the targets of aggression. Women also tend to perceive unwanted interpersonal behaviour as more threatening.

2.7.1.3 *Coping style*

Moyaed *et al.* (2006) assert that poor social skills, incapability to solve problems, and the strategy chosen to resolve conflict can make an individual more prone to be a victim of bullying.

After the occurrence of unwanted interpersonal behaviour, the victim will try to comprehend what happened to him/her by referring to existing social norms. The victim will first determine the severity of the behaviour and, secondly, the likelihood of reoccurrence. The perception that arises from this sense-making process will determine what influence the negative behaviours will have on the victim. Therefore, individuals will differ in terms of their perception of the negative behaviour and this will also depend on the form of aggression (Lapierre *et al.*, 2005).

2.7.1.4 *Social environment*

The society and/or the environment in which an individual grew up can make an individual more prone to bullying, according to Moyaed *et al.* (2006). Support systems, expectations, and engagement with the organisation are antecedents alluded to by Ma *et al.* (2009) as individual differences for experiencing bullying.

Harro (as cited in Adams *et al.*, 2000: p. 45) explains that every individual is born “into a specific set of social identities that predispose individuals to unequal roles in the dynamic system of oppression”. Individuals are socialised by dominant forces in the world, in order to participate in the roles prescribed by an unjust social system. Thus, the social environment in which individuals grew up effectively or ineffectively shapes their personality and can be a cause for workplace bullying (Moyaed *et al.*, 2006).

2.7.1.5 *Individualist power*

It seems that the element of power is at the centre of any definition of bullying. This type of behaviour is often recognised in hierarchical relationships which are based on an individual's view of power adopted as sovereign power, one-dimensional power, or illegitimate power (Liefhooghe & Davey, 2001). It is unfortunate that bullying bosses use their control and power for their own psychological gain. This occurs through threats, intimidation, verbal abuse, and demeaning condescending interactions with subordinates. Since bullies are very easily threatened, they conduct such behaviour to feed their own feelings of power, capability and sense of worth. As such, they will marshal as an adversary or competition whether for *bona fide* or imagined power, as they perceive that their power, capability, and/or sense of worth are under attack (Glendinning, 2001).

2.7.2 **Organisational antecedents**

The following section describes potential organisational antecedents of bullying behaviour, namely job characteristics, organisational characteristics, organisational culture, and organisational power.

2.7.2.1 *Job characteristics*

Deficiency in work design, inappropriate and inadequate communication, lack of stimulating and challenging tasks, poor supervisors, as well as frustrations and conflicts relating to rights, obligations and privileges of the position are job characteristics that lead to frustrations and, consequently, bullying (Worktrauma, 2011).

Baillien *et al.* (2008) assert that job characteristics such as role conflict, low autonomy, high workload, job ambiguity, job insecurity, lack of skill utilisation, tedious tasks, forced co-operations and lack of goal clarity are organisational antecedents of bullying. A low level of team unity in the organisation such as lack of social support, competition between colleagues, task-oriented, autocratic and *laissez-faire* leadership might also be precursors of bullying (Baillien *et al.*, 2008).

Lastly, Moyaed *et al.* (2006) allude that time and task elements of job control, uncertainty, lack of or poor training, weak leadership, uncertainty in duty, ambiguity in the job description, time pressure, physical characteristics of the job environment as well as ineffective managerial and communication skills create an environment that can be conducive to bullying.

2.7.2.2 *Organisational characteristics*

An individual's values develop partly on the basis of societal rules, norms or emphases. The greater attention given by society to sexual aggression relative to nonsexual aggression may result in victims viewing sexually aggressive behaviour as more aversive than non-sexually aggressive behaviour such as bullying. Nonsexual aggression may have more harmful effects than sexual aggression, because organisations are likely to pay more attention to sexual aggression than to nonsexual aggression. People who have experienced workplace aggression may more easily believe that their organisation would help in curbing the reoccurrence of sexual aggression rather than minimising the reoccurrence of nonsexual aggression (Lapierre *et al.*, 2005).

A top-down approach to management may cause some managers to adopt a superior attitude towards employees and can also isolate and distance employees from management. In the case of tough circumstances, the management of such organisations will often ignore such crude management tactics. Organisations that are under stress create job insecurity, increased anxiety, and a decrease in trust which lead to employees feeling threatened and behaving irrationally (Glendinning, 2001).

According to Hoel *et al.* (2001), an authoritarian work regime and a top-down approach facilitated by the organisational culture create high levels of pressure in the organisation and force employees to breaking point. In most instances, the greatest numbers of employees fall in the lower levels of the hierarchy, thus creating greater opportunity for conflict. Taking into account the above mentioned as well as the perception that supervisors are in control of rewards and retribution, an organisational environment is created in which bullying can flourish.

Lastly, changes such as restructuring, looming retrenchments and mergers lead to potential 'wars' in the workplace, conducive for bullying (Worktrauma, 2011).

2.7.2.3 *Organisational culture*

Organisational factors such as, for example, organisation culture, organisational restructuring and globalisation may be the causes of bullying in organisations (Hoel *et al.*, 2001).

Liefhooghe and Davey (2001) affirm that deficiency in work design and in leadership behaviour, low moral standard of a department, organisational restructuring that creates insecurity with redundancy and extra demands, as well as organisational norms and values are precursors of bullying.

Organisational culture substantially influences individual and group behaviour as well as organisational success. Organisational culture can be defined in laymen's terms as "the way things are done here" and consists of a shared understanding of beliefs and actions obtained via group socialisation and learning (Wilson *et al.*, 2005). Three factors that relate to organisational culture and influence how employees behave and think are categorised as constructive, passive-defensive and aggressive-defensive. Constructive cultures are positive cultures that value self-actualisation and participation; passive-defensive or aggressive-defensive cultures protect the status of those within the group and hamper the ability to change. A subculture can exist within the culture of an organisation and may negatively influence a healthy culture. It often resists change and can contribute to staff isolation and reduced commitment (Wilson *et al.*, 2005).

The compression of organisational structure results in the de-layering of processes and subsequently exerts pressure on supervisors and managers. This increased level of pressure creates a hostile environment and an authoritarian work regime similar to those in the public sector (Moyaed *et al.*, 2006; Hoel *et al.*, 2001). Reasons for aggressive behaviour can also be attributed to a change in the organisational environment. According to Baron and Neuman (1996) and Moyaed *et al.* (2006), downsizing, layoffs, budget cuts, technological changes, increased diversity among the workforce, affirmative action policies, change in management, restructuring, computer monitoring of performance, increased use of part-time workers, and job sharing lead to feelings of aggression, frustration and negative effect.

Globalisation and increased competition combined with scarcity of talent and time, coupled with a fear-laced culture results in employers tacitly tolerating bullying (Glendinning, 2001). However, significant organisational changes such as, for example, technological change or internal restructuring, workplace systems such as lack of policies and procedures, high rate and intensity of work, and staff shortages increase the risk of corporate/institutional bullying (Department of Labour Industries, 2008).

Baillien *et al.* (2008) conclude by indicating that a combination of team and organisational characteristics may affect the development of bullying in two ways: it forms the basis for frustrations, conflict and direct encouragement of bullying, and it influences the employees coping with frustrations and conflict.

2.7.2.4 Organisational power

The driving force behind bullying is power. Organisational power appears to play a determining factor in the way in which employees describe the organisation as bullying them. The power imbalance between

the organisation and individual employees may unavoidably lead to employees perceiving the organisation as a bully (Liefhooghe & Davey, 2001).

2.7.3 Antecedents that predispose an individual to acting as a bully

The following section describes potential antecedents that could predispose individuals to being bullies.

The psychological make-up of the perpetrator is an antecedent of bullying. It has been found that 2%-4% of individuals are sociopaths, because their personality traits influence a larger percentage of individuals (Worktrauma, 2011).

It can be hypothesised that individual characteristics can cause some individuals to be less predisposed to assist the victims of bullying actions (Martin *et al.*, 2010). Assertiveness is one of the individual characteristics that can trigger bullying incidents, over and above masculinity that can, in turn, increase aggressive behaviour. Other individual characteristics such as a low score on perspective taking and a high score on social dominance can also predispose individuals to bullying behaviour (Baillien *et al.*, 2009). An excessive need for achievement is another individual characteristic that can cause individuals to focus on advancing themselves relative to others. As indicated earlier, in the event of power disparity, bullying is more likely to occur when there are high levels of power imbalances (Martin *et al.*, 2010). For this reason, the bullying personality can be described as abrasive or even authoritarian (Baillien *et al.*, 2009).

According to Lapierre *et al.* (2005), if the bullying behaviour is viewed as the organisational norm, the bully's way of coping with negative emotions, or correcting perceived injustices, or retaining or developing a valued personal identity, or social learning may be an acceptable form of aggressive behaviour that may stimulate the attainment of personal objectives.

2.8 Costs of bullying

Various antecedents of bullying behaviour were discussed in the previous sections. This section aims to explore the potential costs of bullying for the individual and the organisation.

2.8.1 Costs of bullying for the individual

The severity of bullying refers to the degree of bullying and depends on the frequency, intensity and duration of the bullying. Workplace bullying can thus be placed on a continuum. If the physiological and psychological effects of workplace bullying are placed on a continuum, these will increase with the frequency of the bullying. Therefore, if a victim is frequently bullied, s/he will suffer the psychological and physiological consequences thereof (Martin *et al.*, 2010). This section focuses on the individual's psychological, physiological, social and job-related costs of bullying.

2.8.1.1 Psychological costs

The psychological cost of bullying includes feelings of desperation and total hopelessness, great anxiety and despair, and feelings of rage due to a lack of legal remedies (Ma *et al.*, 2009; Glendinning, 2001). Leymann (1990) affirms this and points to psychosomatic and psychiatric costs such as depression, hyperactivity, compulsion, and suicide. Liefhooghe and Davey (2001) and Glendinning (2001) also mention lowered self-esteem, feelings of worthlessness, and resenting going to work as costs. The Department of Labour Industries (2008) lists post-traumatic stress disorder, reduced self-esteem, phobias, depression, a sense of helplessness and negative emotional states as individual psychological costs. Baron and Neuman (1999) assert that damaged reputations and careers can be linked to the cost of bullying and warn that aggressive actions whether verbal or passive can serve as instigators that gradually lead to more direct and active forms of aggression.

Martin *et al.* (2010) corroborate that depression, reduced self-esteem, burnout, post-traumatic stress disorder, prolonged duress of stress disorder, alcohol abuse, and suicide are some of the psychological costs incurred if an individual is bullied. Lapierre *et al.* (2005) mention anxiety and fear as the psychological costs of bullying. Ayoko *et al.*'s (2003) study found that the most common emotional responses to bullying include stress, anger, confusion, powerlessness and depression.

2.8.1.2 Physiological costs

Moayed *et al.* (2006) and the Department of Labour Industries (2008) refer to chronic diseases (diabetes and asthma), cardiovascular diseases, stomach ache, dizziness, chest pain and stress as the physiological symptoms of bullying, whereas Leymann (1990) alludes to the negative effect on the immune system. The Department of Labour Industries (2008) remarks costs such as sleep disturbances and digestive problems.

According to Martin *et al.* (2010), bullying can also cause increased blood pressure, increased risk of coronary heart disease and impairments of physical health such as musculoskeletal disorders, psychosomatic ailments and sleep disturbance. The latter may be one of the physiological costs for an individual (Lapierre *et al.*, 2005).

2.8.1.3 *Social costs*

Ma *et al.* (2009) state that social aspects such as social isolation, stigmatisation, voluntary unemployment as well as socio-psychological aspects such as loss of coping resources are some of the social costs of bullying. Absence can also cause financial problems (Department of Labour Industries, 2008). The social consequences of bullying include, among other things, higher expulsion percentages, many periods of sick leave, and discreditable transfers over work, social isolation, and unemployment (Leymann, 1990). Martin *et al.* (2010) corroborate this in that bullying can cause interpersonal and domestic as well as social isolation and financial problems.

2.8.1.4 *Job-related costs*

Lapierre *et al.* (2005) mention lowered job satisfaction and decreased organisational commitment as adverse effects of bullying on the victim's job.

2.8.2 *Costs of bullying for the organisation*

This section focuses on the organisational costs of bullying, namely financial, morale and other costs.

2.8.2.1 *Financial costs*

Financial costs include long periods of sick leave and reduced productivity. Long periods of sick leave may cause a drop in production of a work team and may necessitate frequent intervention by human resources (HR) officers, HR consultants, managers, and external consultants, thereby decreasing production further and increasing costs (Leymann, 1990). It is estimated that between 30.000 and 100.000 US dollars are spent annually on employees who are exposed to bullying (Leymann, 1990). Workplace bullying impacts the bottom line. Global research indicates that between 1.5% and 3.5% of the country's gross domestic product (GDP) is lost due to stress and bullying in the workplace (Worktrauma, 2011: p. 2). Moayed *et al.* (2006) and The Department of Labour Industries (2008)

mention lost workdays due to absenteeism, higher personnel costs due to turnovers, and training of new employees. In South Africa, it is estimated that employee absenteeism is costing South African companies between R12 billion and R20 billion annually (Bytes System Integration, 2011).

Bullying has a substantial bottom-line impact for organisations. The impact is calculated by employees who adjust their work accordingly in order to prevent an uncivil encounter; lost time at work by worrying about the possibility of another uncivil event; wasted time trying to avoid the instigator; intentional reduction of organisational commitment as a result of being the target of uncivil behaviour, and direct and indirect legal liability of employees being exposed to the bullying behaviour (Glendinning, 2001).

A reduction in work quality, decreased efficiency, and an unsafe workplace are mentioned as the costs of workplace bullying (Moayed *et al.*, 2006). Other costs include increased focus on coping with the bullying rather than working; the staff's effort shifts from work productivity to coping, and the costs associated with the treatment of victims and legal action (Department of Labour Industries, 2008).

Within a constantly changing economy, creativity and trust are key attributes needed by employees in order to ensure a competitive environment. Corporate/Institutional bullying can create a negative organisational climate that will stifle creativity by inhibiting employees' abilities to react to difficult situations or challenging goals; it can also lead to a breakdown in trust between the employee and the organisation (Department of Labour Industries, 2008).

Glendinning (2001) mentions reduced productivity by fostering an organisational climate of 'covering oneself', carefulness, guardedness, and fear; counterproductive behaviour, a less serious outflow of bullying, decreasing work quality and work effort, and decreasing output due to anxiety or depression as costs of bullying. Legal countermeasures by employees and stifled creativity, discouraged dissent, openness, innovation, change and risk-taking are also financial losses for the organisation (Glendinning, 2001).

2.8.2.2 *Morale costs*

Moayed *et al.* (2006) list staff turnover and lower job satisfaction as the consequences of workplace bullying. Lapiere *et al.* (2005) propose a circular effect: the victim's negative mood and fear mediate between the aggression and reduced organisational commitment, and thus hinder the perceptions of organisational justice, cognitive problems and job neglect. Bullying can thus lower employee job satisfaction and organisational commitment which, in turn, will decrease the employees' morale.

Succession planning is also affected especially if the bullies are in senior positions. The potential for mentoring and professional development is limited, and will create a leadership shortage. An employee's health can decrease his/her *joie de vivre* at work and spread anger, despair and depression (Glendinning, 2001).

2.9 Interventions to prevent bullying

In order to prevent bullying, the responsibility is not only on the employer but also on the employee. The following sections describe the role of the employee as well as that of the employer.

2.9.1 *Employee interventions*

The Department of Labour Industries (2008) asserts that employees should gain control by recognising that they have been bullied, and realise that they are not the source of the problem. They should take action by keeping a diary in which they indicate the details of the bullying behaviour and by keeping copies of the bullying paper trails such as, for example, e-mails. A witness should accompany them at meetings with the bully and report the behaviour to the person in charge of employee matters.

White (2004) takes a more psychological approach to interventions and remarks that an employee should take leave of absence in order to rejuvenate the inner self and interact with others as well as take up meditation to help the brain and nervous system react more effectively with intellectual focus and greater physical co-ordination. Meditation also effects deeper insight and understanding and creates unity between the conscious and the unconscious.

2.9.2 *Employer interventions*

Employer interventions should aim to address not only the single bullying incident, since this will only cure the symptom, but also the cause of the symptom (Glendinning, 2001).

Bullying should be addressed during each and every aspect of the human resources function, namely:

- Labour relations

Employers should create a zero-tolerance anti-bullying policy, and show commitment from the top down. Effective grievance procedures should be created to not only address complaints of bullying but also to

identify those individuals who use the 'concept' bullying in order to hide their own deficiencies (Glendinning, 2001). Not only is commitment important, but behaviour should be addressed immediately (Department of Labour Industries, 2008).

Develop a system for detecting workplace bullying. This can be done by monitoring the employees within a specific department who request transfers or who quit (Glendinning, 2001).

The aim should be to prevent the victim from being expelled. Legal and/or psychological help will be essential if the problem has gone beyond Phase Three, Personnel Administration, of the Leymann model (Leymann, 1990). In terms of the legal argument, the goal should rather be to avoid social damage, therefore dictating that the target of the conflict, as it is present, should not be expelled as the market victim. The principal aim should rather be to solve the conflict by granting the victim basic rights (Leymann, 1990).

In an effort to combat workplace bullying, representatives of the victims should be nominated and work innovatively to find ways to protect fellow individuals who have suffered from bullying (Martin *et al.*, 2010). The Department of Labour Industries (2008) mentions that, if an organisation is aware of bullying in the workplace and does not take action, it should accept a share of the responsibility for future bullying.

- Recruitment, selection and induction

During recruitment, candidates should be warned that bullying will not be tolerated (Glendinning, 2001). They should also be informed about the relevant anti-bullying policies and procedures.

Exit interview data should be used to determine whether a problem exists in a specific department or with a specific employee (Glendinning, 2001). The data can be used to tailor development programmes or to address the bully.

- Health and well-being

According to White (2004), the employer can provide services such as Employee Assistance Programmes (EAP) for independent counselling. However, these strategies should be part of a holistic approach to decrease the occurrence of bullying in the workplace. An organisational environment should be created in which targets are encouraged to talk about abuse such as anonymous hotlines (Glendinning, 2001).

- Organisational development

The organisational culture should embody a bully-free zone, where bullies may not feel able to behave as they do (Glendinning, 2001). Furthermore, the work environment should be structured to incorporate a sense of autonomy, individual mastery, clarity of task expectations, and include employees in decision-making (Department of Labour Industries, 2008).

- Performance management

Job descriptions should indicate clearly that employees will be held liable for their interpersonal acts (Glendinning, 2001). Therefore, competencies required for being a leader should be highlighted to ensure that they are aligned not only to the job, but also to the desired outcomes.

- Corporate responsibility

Lee (2010) states that organisations use the insights gained in overcoming similar situations to bring about essential transformations that will enable them to decrease the number of bullying incidents in the workplace and to act in a quick, decisive manner in order to hold bullies responsible for their actions. Lee (2010) recommends that stakeholders establish compulsory training modules to enable employees to recognise, prevent and report bullying behaviour. The aim is thus to raise awareness of the plague of bullying and help empower organisations to obliterate bullying.

- Training and development

Methods such as offering sensitivity training and introducing the bullying policy by specifically referring to the penalties for such behaviour should be implemented in order to reduce the prevalence of workplace aggression (Lapierre *et al.*, 2005). An attempt should be made via development to improve management's ability and sensitivity towards dealing with and responding to conflicts (Department of Labour Industries, 2008).

Harro (as cited in Adams *et al.*, 2000: p. 51) summarises the key to any intervention as change movements, as depicted in the cycle of socialisation.

These change movements are filled with people who make decisions to interrupt the cycle of Socialisation and the system of oppression. Once you know something, you can't not know it anymore, and knowing it eventually translates into action. Individuals often share qualities that have developed as result of uniting for change, they share a sense of hope and optimism that

they can dismantle oppression, a sense of own efficacy, they empower themselves and offer support to each other, they listen to one another and they learn to love and trust each other.

Summary

Antecedents of bullying can include either individual factors such as the social environment, and support systems or organisational factors such as organisational culture or a change in the organisational structure. Bullying results in psychological and physiological costs such as social isolation, cardiac problems, and insomnia for the individual as well as organisational costs such as absenteeism, loss in productivity and a decrease in morale. Bullying can, however, be prevented by making use of employee and employer interventions such as a zero-tolerance approach and the formulation of policies and procedures. The antecedents of bullying are predominantly found in the organisational context and structure, as opposed to personality factors of the bully or the victim, although the potential influence of the bully's and/or the victim's personality traits should not be ruled out (Hoel *et al.*, 2001).

2.10 Summary

Figure 2.2 graphically represents the theoretical perspective on bullying, as discussed in Chapter 2.

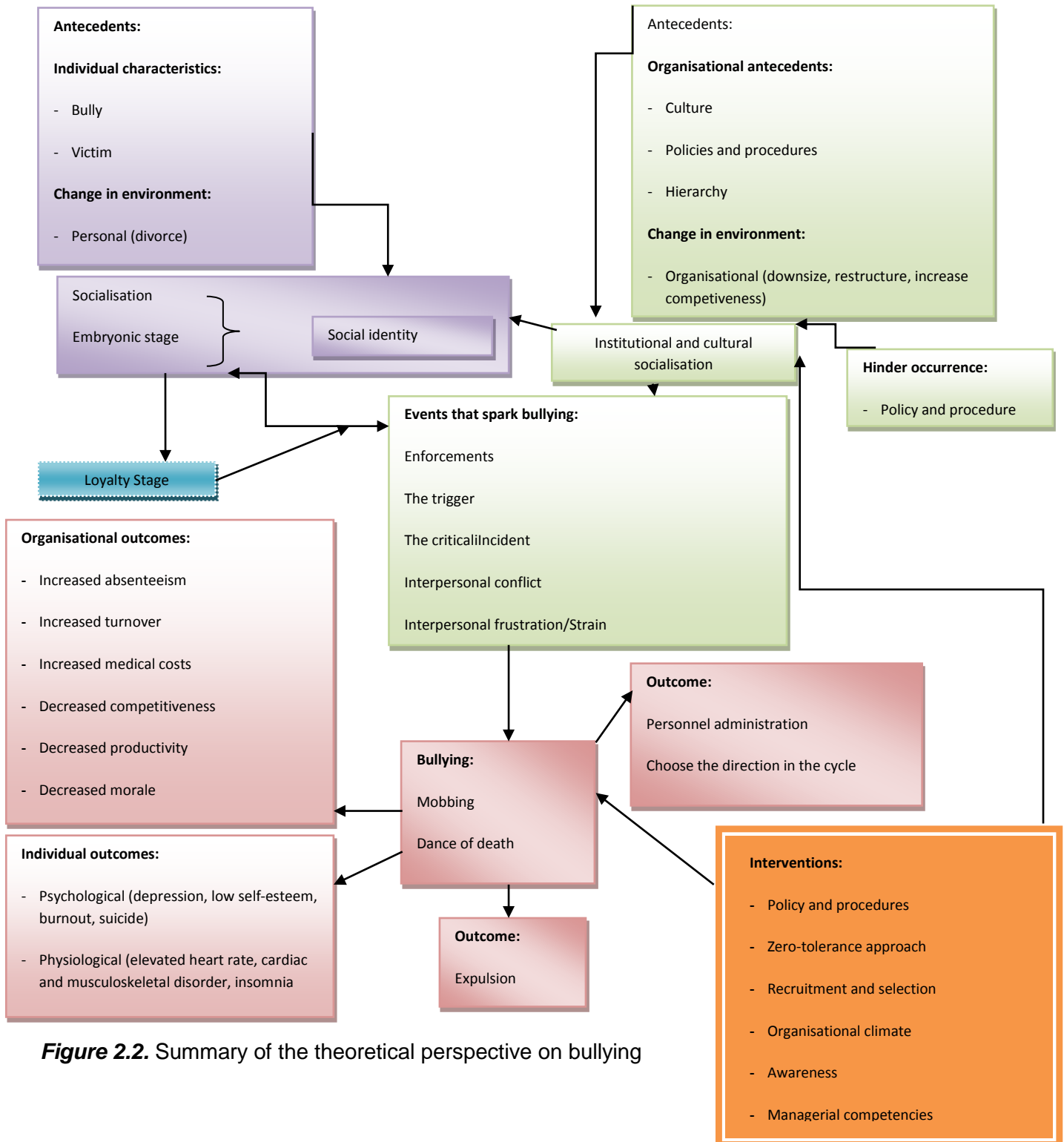


Figure 2.2. Summary of the theoretical perspective on bullying

Individual characteristics as well as the personal environment of both the bully and the victim help shape and form the social identities of an individual through the process of socialisation. Individual characteristics such as gender, sense of coherence, being anxious or submissive also influence the predisposition of an individual. Socialisation also forms part of the embryonic phase of the psychodynamic theory whereby an individual's identity is formed by means of enabling and motivating structures. An individual's social identity will form the lenses through which s/he views the world and interacts with other individuals.

The different environments with which s/he comes into contact also influence an individual's view. For example, in an organisation, the environments could be the organisational culture, the organisational policies, or the lack thereof. Other organisational characteristics can include the lack of autonomy, the lack of job clarity, pressurised work environment, or a strict hierarchy.

Being exposed to the changing world of work, an individual can develop frustrations or strains, or experience a critical incident, which predisposes him/her to be exposed to bullying behaviour or to the likelihood that s/he might even become the bully. Being exposed to bullying behaviour may have disastrous outcomes for both the individual and the organisation. The individual employee can be affected psychologically by, for example, experiencing a lowered self-esteem, depression, burnout or even suicide; or physiologically by, for instance, high blood pressure, insomnia, cardiac disorders, or even loss of income due to sick leave or job loss. On the other hand, the organisation can experience an increase in absenteeism rate, turnover, and medical costs which, in turn, can lead to a decrease in morale, competitiveness and productivity.

The victim can experience further discomfort by being expelled from the organisation, being moved to a degrading job, being assigned degrading tasks, or being socially excluded.

The occurrence of bullying can be prevented by the implementation of interventions. Such interventions should start with the development of policies and procedures against bullying as well as a zero-tolerance approach to bullying, and be enforced by top management. The organisational climate should also promote a bully-free organisation and create awareness of the topic. In addition, during the recruitment and selection phases, the organisation should inform candidates of the anti-bullying policy and screen them accordingly. In subsequent chapters, this study seeks to determine the current status of bullying among nursing staff.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The foregoing chapter reviewed the literature on the scope of bullying in the workplace as well as the context of the effect of bullying on the employee. This chapter describes the empirical study to be undertaken in order to determine the scope of bullying among nurses in the hospital.

3.2 Research design

This study followed a mixed-method design in which the data sets complement one another and allow the researcher to obtain a more comprehensive analysis of the results. The premises of this design are that a single set of data is not sufficient to answer different research questions. Different types of data are therefore needed. In this research design, both qualitative and quantitative data are essential in order to answer the research questions and to gain an in-depth understanding of the research problem (Creswell & Clark, 2007). In this study, a supplemental set of namely quantitative data was used in order to pursue the qualitative research, which is typical of a phenomenology design (Creswell & Clark, 2007). In this mixed-method design, the researcher was challenged to specify the purpose of collecting quantitative data as part of a larger qualitative study (Creswell & Clark, 2007). By means of a statistical analysis of the quantitative data, the sample group with the highest prevalence of bullying was identified in order to conduct the qualitative research.

The collection of the quantitative data allowed the researcher to assign numbers to the perceived data which places the emphasis on describing variables such as prevalence of bullying, negative acts, work harassment behaviours as well as organisational and individual costs of bullying. Ornate data was collected by means of a qualitative method. The qualitative method design allows the researcher to gather data from the sample population in their natural setting, in this instance within a public hospital. An opportunity was also created to meet the participants face-to-face in in-depth interviews in order to gain an understanding of their lived bullying experiences. According to Henning *et al.* (2004: p. 31), “[g]eneric qualitative research is fundamentally concerned with the meaning and it seeks to understand social members’ definitions and understanding of situations”. Qualitative research underpins the notion

that knowledge is constructed by observing the phenomena, but also through people's beliefs, values, perceptions, reasons, meaning-making and self-understanding (Henning *et al.*, 2004).

3.3 Research paradigm

Ponteroto (2005: p. 127) defines a paradigmatic perspective as a "set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organised study of that world". Research is about understanding the phenomena and how the researcher views these phenomena. The researcher should, therefore:

- Determine, as suggested by Cohen *et al.* (in Maree & Van der Westhuizen, 2007), and understand the phenomena through the external objective view or the view created by individuals, and
- Determine whether knowledge can be viewed as objective (positivist stance) or interpretative (post-positivist stance).

Finlayson (2004: p. 130) confirms that the interpretative paradigm starts with the insight "to understand actions and practices of nurses and institutions (in this case the hospital) that will enable the researcher to grasp the relevant meanings, beliefs and preferences of the people (nurses) involved."

In the context of this study, the researcher explored the phenomenon of bullying from an external view by means of an interpretative and objective perspective, which directed the study to employ both a qualitative and a quantitative research method. As this study is based on an interpretivist paradigm, attention was paid to some aspects of both the post-positivist and the positivist paradigms by means of in-depth interviews and questionnaires used in the study.

This study focuses on the interaction of the participants within their natural setting and their experience of the phenomenon of bullying. In view of the fact that the research problem is "interpretative" in nature, Leedy and Ormrod (2001) suggest a qualitative approach. This approach assumes that:

- "Human life can only be understood from within;
- social life is a distinctively human product;
- the human mind is the purposive source or origin of meaning;
- human behaviour is affected by knowledge of the social world, and

- the social world does not exist independently of human knowledge” (Maree, 2007: p. 59).

The interpretivist approach allowed the researcher to gain perspective on the situation and analyse the situation under study. The strength of this approach is the richness and the depth of exploring and describing the phenomenon of bullying in the workplace (Maree, 2007). Cohen *et al.* (2009: p. 26), on the other hand, describe the interpretivist approach as being subjective and the findings as not being universal due to the “... multifaceted images of human behaviour [that are] as varied as the situations and contexts supporting them”. However, the researcher will abstain from being biased or subjective. It was indicated in section 3.3.1.6 that the reliability and validity were secured by means of using standardised questionnaires, asking experts to comment on the questionnaires and to share their inputs, and conducting a pilot study to eliminate any factors that might influence the validity.

3.4 Research methodology

An embedded mixed-method approach was used, and the subsequent sections will explain the two methods that were employed, namely a quantitative method and a qualitative method.

3.4.1 Quantitative method

Based on the research problem, the following research questions were addressed by means of the quantitative method, and were researched within the hospital.

- What is the prevalence of bullying?
- What are the costs incurred by the individual and the organisation due to bullying?

3.4.1.1 Population

The population consisted of nurses at a public hospital in the Free State. A sample was taken from the various hospital departments such as Cardiology, Ear Nose and Throat (ENT) Surgery, General Surgery, Gynaecology, Neurosurgery, Orthopaedics, and Plastic and Reconstructive Surgery to ensure a representative sample.

3.4.1.2 *Sample*

An availability sampling method was used to collect the quantitative data. The sample was drawn from the departments within the hospital and included nursing staff who were on duty during a specific time as well as third- and fourth-year nursing students. As this was a homogeneous population of nursing staff, a smaller sample was adequate in representing the population. The statistical analyses (see section 3.3.1.5) used to describe the population also justify the smaller sample (Maree & Pietersen, 2007). A group of 100 respondents were targeted and a total of 77 questionnaires were completed.

This sampling method refers to a method whereby the researcher takes all the cases at hand until s/he reached the desired sample size. Availability sampling can be regarded as a biased method of sampling. This was reduced by delivering the questionnaires to each department in the hospital and collecting the questionnaires afterwards from those respondents who voluntarily participated (Bless, Higson-Smith & Kagee, 2006). Since the nursing environment only allowed the researcher a limited time to conduct the research due to the highly pressurised environment, this sampling method was also more applicable to this environment.

Table 3.1 shows the profile of the respondents.

Table 3.1

Profile of respondents

	GROUP 1	GROUP 2	GROUP 3
Profile	Consisted of nursing participants who are permanently employed by the hospital.	Fourth year students who conduct their practical training at the hospital.	Third year students who conduct their practical training at the hospital.
Number of respondents	35	25	17
N = 77			

3.4.1.3 *Data collection*

Data collection was done by means of the questionnaire that was administered first and this was followed by in-depth interviews. The data was collected independently of each other, but from the same

level in the organisation (Creswell & Clark, 2007). As mentioned in section 3.4.1.2, data was first collected by administering a questionnaire to the respondents that adhered to the criteria as stipulated in section 3.4.1.2. The data from the questionnaires was then used to identify the sample with the highest prevalence of bullying. Participants were approached and asked to voluntarily participate in an in-depth interview.

3.4.1.4 *Data-collecting instrument*

The secondary research instrument was a questionnaire (see Appendix A). The questionnaire comprised the following sections:

- **Section A:** Demographic particulars

This section focused on questions pertaining to gender, home language, age, and qualification.

- **Section B:** Prevalence of bullying and intervention against bullying

This part of the questionnaire was developed by the researcher based on a comprehensive literature study done in preparation for Chapter 2.

In Section B, respondents were presented with a definition of bullying and then had to indicate:

- ♦ whether bullying is prevalent in the organisation;
- ♦ the characteristics of the perpetrator;
- ♦ bullying actions, and
- ♦ whether organisational policies are in place.

- **Section C:** Types of bullying

This section focused on typical bullying actions where respondents had to indicate the frequency of the actions. This part of the questionnaire was developed by the researcher based on a comprehensive literature study done in preparation for Chapter 2.

- **Section D:** Negative Acts Questionnaire (NAQ) and Work Harassment Scale (WHS)

The Negative Acts Questionnaire focused on negative acts/bullying actions whereby respondents indicated the frequency of the occurrence of the act. The Work Harassment Scale referred to bullying actions and respondents had to indicate the frequency of the occurrence. These two questionnaires are standardised questionnaires that were obtained and permission was granted for use of the Negative Acts Questionnaire by Bergen Bullying Research group and for the Work Harassment Scale by the developers of the questionnaire. The aim of these questionnaires was to incorporate and support the results from section C of the questionnaire.

- **Section E: Costs of bullying**

This section focused on the physical and the psychological costs for the individual pertaining to bullying as well as the organisational costs of bullying (such as sick leave, hypertension and depression that can influence productivity). This part of the questionnaire was developed by the researcher based on a comprehensive literature study done in preparation for Chapter 2.

The section on the prevalence of bullying and intervention against bullying consist of Yes and No type of questions as well as open-ended questions. Whereas the types of bullying questions consisted of types of bullying and the frequency of the types of bullying, this was measured on a scale that ranged from daily (1), regularly (2), seldom (3) to not at all (4). Sections B and C were interpreted by calculating the frequencies of the items, as a mean could not be used due to the non-chronologic order of the scale. The items with the highest frequency indicated a high prevalence of bullying.

The Negative Acts Questionnaire and Work Harassment Scale were standardised questionnaires that measured the type of bullying behaviours. The Negative Acts Questionnaire (Einarsen & Raknes, 1997) measures behaviours on a scale that ranges from never (1), now and then (2), daily (3), weekly (4) to monthly (5). Section D was interpreted by calculating the frequencies of the items as well as the mean of the items. The items with the highest frequency indicated a high prevalence bullying behaviours.

The Work Harassment Scale (Bjorkqvist, Osterman & Hjelt-Back, 1994) ranges from never (0), seldom (1), occasionally (3), often (4) to very often (5). Section D was interpreted by calculating the frequencies of the items, since a mean could not be used due to the non-chronologic order of the scale. The items with the highest frequency indicated a high prevalence of bullying behaviour.

Lastly, the costs of bullying are measured by means of Yes and No type of questions as well as a measurement scale that varies from yes, now and then (1); yes, daily (2); yes, weekly (3), and to yes,

monthly (4). Section E was interpreted by calculating the frequencies of the items, as well as the mean of the items. The items with the highest frequency indicated a high incidence of bullying.

3.4.1.5 *Data analysis*

Silverman (2000) maintains that the analysis of the data should begin from the moment the researcher starts with the research and that it should continue up to the final report writing. Therefore, the researcher should be aware of the surroundings and factors that might influence the analysis, and take this into account during the analysis. To continue with the research, it was necessary to first analyse the questionnaire with the intention to identify possible candidates that have been bullied prior to attempting the next step of the research.

The data collected from the questionnaire was analysed by making use of descriptive statistical techniques available within the SPSS package. Struwig and Stead (2001) assert that descriptive statistics are able to provide a short statistical summary of data that gives the overall outcome, namely to identify the respondents who have been bullied. Salikand (2008) supports Struwig and Stead's statement and indicates that descriptive statistics are measures that provide the researcher with one best score which is the number of victims who have been bullied. To be able to identify the one score, the descriptive statistics used included measures to describe a group of data (central tendency), and through dispersion (the range, the variance and standard deviation). In this study, measures of central tendency (mean, median and frequencies) were used and, where applicable, measures of range, more specifically standard deviation were also calculated.

Descriptive statistics was used to organise and summarise the data in order to promote a meaningful understanding of the data (Maree & Pietersen, 2007). The data will be represented graphically and numerically (see Chapter 4). The variables will be represented by means of a frequency distribution.

To establish the respondents' view of the various constructs in the different sections of the questionnaire, each section had a separate scale. This was done to force respondents to indicate the frequency of bullying behaviours/actions. The respondents had to relate themselves on the scale which was analysed by calculating the frequency percentage of the different items on the questionnaire. The value thus obtained was not necessarily an integer that concurred with the scale values of the various sections. To

interpret these results, the following meaning was allocated to the intervals in this study for the various constructs.

The following scale was used to determine which actions should be regarded as having a high frequency.

Table 3.2

Range description

Data range (in terms of %)	Description
0 – 29	Low frequency
30 – 69	Moderate frequency
70 – 100	High frequency

In order to interpret the data from the questionnaire, the following calculations were made for the various variables. Data was interpreted as follows for the sections in the questionnaire:

- Section C: Types of bullying

The frequencies of the scales daily (1) and regularly (2) were totalled to determine the prevalence. The types of bullying actions with frequencies ranging between 30 – 69 (moderate frequency) and 70 – 100 (high frequency) were selected as bullying actions with a high prevalence of bullying and displayed graphically.

- Section D: Negative Acts Questionnaire and Work Harassment Scale

For the Negative Acts Questionnaire, the frequencies of the scales now and then (1), daily (2) and weekly (3) were totalled to determine the prevalence. The types of bullying actions with frequencies ranging between 30 – 69 (moderate frequency) and 70 – 100 (high frequency) were selected as bullying actions with a high prevalence of bullying and displayed graphically.

For the Work Harassment Scale, the frequencies of the scales occasionally (3), often (4) and very often (5) were totalled to determine the prevalence. The types of bullying actions with frequencies ranging between 30 – 69 (moderate frequency) and 70 – 100 (high frequency) were selected as bullying actions with a high prevalence of bullying and displayed graphically.

- Section E: Costs of bullying

For the costs of bullying, the frequencies of the scales yes, now and then (1); yes, daily (2) and yes, weekly (3) were totalled to determine the prevalence. The types of bullying actions with frequencies ranging between 30 – 69 (moderate frequency) and 70 – 100 (high frequency) were selected as bullying actions with a high prevalence of bullying and displayed graphically.

The following central tendencies were used to describe the data:

- **Mean**

The mean is the sum of all the values in a group, divided by the number of values in a group (Salikand, 2008).

$$\bar{X} = \frac{\sum X}{n}$$

\bar{X} : Mean value of the group scores

X : Individual score in the group of scores

n : Size of the sample

- **Median**

The median is the midpoint in a set of scores (Salikand, 2008) and measures the variability to determine the dispersion of data from the average (Fraenkel & Wallen, 2006), which also includes variance and skewness (Struwig & Stead, 2001).

3.4.1.6 *Validity and reliability*

3.4.1.6.1 *Validity*

Maree (2007) refers to validity when a measuring instrument measures what it is supposed to measure. Fraenkel and Wallen (2006) and De Vos and Fouché (as cited in De Vos, Strydom, Fouché, & Delpont, 2002) add another dimension to validity, namely the degree to which researchers measure what they planned to measure. Validity can also be categorised according to content validity, construct validity and face validity.

- Content validity covers the complete content that it is set out to measure (Maree, 2007). This was obtained by means of an in-depth literature study and by presenting a draft version of the instruments that were going to be used to experts in the field, namely Prof. Kidd and Ms M. de Wet in order to identify potential strengths and weaknesses before finalising these instruments.

- Construct validity is needed for standardisation and has to do with how well the construct covered by the instruments is measured by different groups or related items (Maree, 2007). The data-collection instrument used in this study measures the construct in question, by examining the antecedents of the concept of bullying, the costs of bullying for the individual and the organisation, and the possible interventions to prevent bullying.
- Face validity refers to the extent to which an instrument appears valid (Maree, 2007). Does the instrument appear to measure what it is supposed to measure? This will be obtained by allowing experts, namely Prof. Kidd and Ms M. de Wet to scrutinise the instruments to ensure a perceived high degree of validity. A standardised questionnaire was used in some constructs. To further enhance the face validity, a pilot-testing of the questionnaire was done by asking two nursing lecturers to complete the questionnaire. This contributed to the validity and reliability of the questionnaire. Comments made by the pilot group were incorporated as a hand-out that accompanied the questionnaires. The comments referred to the manner in which the questionnaire should be completed to ensure optimal data collection (see Appendix C).

Consulting the study leader and other specialists also provided direction and guidance in constructing and developing the questionnaire.

3.4.1.6.2 Reliability

Findings and results should be dependable in terms of their appropriateness, authenticity and alignment with the data collected (Merriam, 1998). Merriam (1998), therefore, asserts that it is not entirely necessary to place emphasis on yielding the same results if the study is replicated, but rather to emphasise the dependability and consistency of the results and findings that emanate from the research. This will be achieved by first stating the investigators' position, clearly stating the assumptions and presuppositions at the start of the study. The researcher's position was explained on page one of the questionnaire, clearly stating the aim of the researcher and the role of the participant (see Appendix A).

In order to increase the reliability of the questionnaire, the researcher will administer the Negative Acts Questionnaire and the Work Harassment Scale in conjunction with the questionnaires developed by the researcher. Since these questionnaires are standardised, it should enhance the reliability of the data. The reliability coefficient that assesses the consistency of the entire scale was used to measure reliability, Cronbach's *alpha* being the most widely used. Hair, Black, Babin, Anderson and Tatham (2005) refer to Cronbach's *alpha* of 0.7 as reliable; this can decrease to 0.6 in exploratory research. The

Negative Acts Questionnaire consists of 29 items, described in behavioural terms with no reference to the term 'workplace bullying' (Einarsen & Raknes, 1997). The Negative Acts Questionnaire contains both direct and indirect behaviours. Previous studies have indicated that the scale has satisfactory reliability and construct validity. The reliability of the scale is high, ranging from .87 to .93 as measured by Cronbach's *alpha* (Einarsen, Hoel & Notelaers, 2009). The reliability of the questionnaire was also calculated in conjunction with the completed questionnaires from the participants, and it was found that Cronbach's *alpha* was .933. This coincides with that found by Einarsen *et al.* (2009) (see Table 3.3).

Table 3.3

Reliability statistics of the Negative Acts Questionnaire

Cronbach's <i>alpha</i>	Cronbach's <i>alpha</i> based on standardised items	Number of items
.933	.933	29

The Work Harassment Scale will be used to assess the levels of aggression among employees. This questionnaire consists of 24 items, with a Cronbach *alpha* of 0.95 for reliability. The reliability of the questionnaire was also calculated in conjunction with the completed questionnaires from the participants, and it was found that Cronbach's *alpha* was .946. This coincides with that found by Bjorkqvist *et al.* (1994) (see Table 3.4).

Table 3.4

Reliability statistics of the Work Harassment Scale

Cronbach's <i>alpha</i>	Cronbach's <i>alpha</i> based on standardised items	Number of items
.946	.947	24

3.4.2 Qualitative method

On the basis of the research problem, the following research questions were addressed by means of the qualitative method, and were researched in the hospital.

- What are the various individual and/or organisational factors that can be precursors of bullying?
- How can bullying be prevented by implementing interventions?

3.4.2.1 *Phenomenology*

Generic qualitative research is the best option to identify, explore, analyse, extract and understand “the meaning [nurses] have constructed or how they make sense of the concept bullying and the experiences they have of bullying thus far” (Merriam, 1998: p. 11).

McMillan and Schumacher (2006) posit that qualitative research assumes that reality is multilayered and socially constructed through individual and collective perceptions/views of the same situation.

Mason (2001) describes qualitative research as:

- Broad “interpretivism”, since it is concerned with how the social world is interpreted, understood, experienced and produced;
- Data generation that is flexible and sensitive to the social context in which data are produced;
- Methods of analysis and explanation building which involves understanding complexity, detail and context.

A phenomenological stance underpins this qualitative research with the aim to gain insight into the feelings and opinions of the participants in their everyday life in order to understand the building situation as what they experience (Fouche & Delport, 2002; Maykut & Morehouse, 1994). Merriam (1998) refers to this as gaining the insider’s view or the ‘emic’ perspective of the participant.

3.4.2.2 *Population*

The population consisted of nurses at a public hospital in the Free State. A sample was taken from the various hospital departments such as Cardiology, Ear Nose and Throat (ENT) Surgery, General Surgery, Gynaecology, Neurosurgery, Orthopaedics, and Plastic and Reconstructive Surgery to ensure a more representative sample.

3.4.2.3 *Sample*

Maximum variation sampling was used to identify the participants, as per their answers obtained from the questionnaires. The group with the highest prevalence of bullying was identified and ten participants were asked to voluntarily participate in the in-depth interviews. ‘Group’ refers to the group of participants who are either still studying or who are qualified nurses. Maximum variation sampling allows for selecting a sample that is representative of the widest range of experience on the problem under investigation

(Maykut & Morehouse, 1994). This allowed the researcher to identify the most important themes and patterns that cut across such a range of variation (Patton, 1990) as, in the case of this study, the manifestations of bullying within a specific group. The criteria for the maximum variation sampling will thus be the department with the highest prevalence of bullying.

Thereafter a sample was drawn from the group of participants who had the highest prevalence of bullying by means of availability sampling. Since the in-depth interviews are voluntary due to the sensitive nature of the topic under discussion, this sampling method was more applicable. Participants were given an open invitation to contact the researcher if they would like to participate in the in-depth interview, whereupon the researcher organised a time and venue for the interview to be conducted.

Table 3.5 shows the profile of the sample.

Table 3.5

Profile of participants

Sampling methods	Criteria for selection	Minimum number of participants to be sampled
Maximum variation sampling	Group with the highest prevalence of bullying.	A total of 7 participants were sampled in the qualitative method.
Availability sampling	Nurses within that department who indicated that they would participate in the in-depth interviews.	
N = 7		

3.4.2.4 *Instrument: The interview*

In-depth interviews were used as the primary research instrument. Maykut and Morehouse (1994: p. 76) assert that the data of a qualitative inquiry is most often “people’s words and actions, and thus requires methods that allow the researcher to capture language and behaviour”. An in-depth interview is an interview that moves beyond the surface and talks to a rich discussion of thoughts and feelings (Maykut & Morehouse, 1994). According to Denzin and Lincoln (2000: p. 42) “[a]n in-depth interview is often characterised as a conversation with a goal. The researcher may use a general interview guide or

protocol but not a set of specific questions worded precisely the same for every interview. Rather there are a few general questions, with considerable latitude to pursue a wide range of topics". Krauss (2005: p. 760) concurs: "Rather than approaching measurement with the idea of constructing a fixed instrument or set of questions, qualitative researchers choose to allow the questions to emerge and change as one becomes familiar with the study content".

Bryman (1999) states that the purpose of gathering data from in-depth interviews is to enable the researcher to delve into and to understand the viewpoints of the participants without determining beforehand what the questions should be. Therefore, only one overarching question/definition will be posed to the participants. Hoel *et al.* (2001) distinguished two different approaches. In the first approach developed by Leymann (1990), participants are given an inventory of negative behaviours identified within bullying where it is then operationalised by defining the criteria for when a person is bullied. The second approach by Einarsen measures the prevalence of bullying by means of a comprehensive definition. Thus, within this study, only participants who have been bullied within a certain time frame, as mentioned in the definitions, will be considered to have been bullied.

Hoel *et al.* (2001) assert that Einarsen's approach is more feasible since its application is more flexible. Consequently, it includes any experience the target perceives as being in line with the definition. For the purpose of this study, Einarsen's approach will be used as the overarching question/definition (see Appendix B).

In support of the main question, probing and clarifying questions were asked. According to Niewenhuis (as cited in Maree, 2007), three probing strategies should be used, namely detailed orientated probes; elaboration probes, and clarification probes. Apart from the probing strategies, the in-depth interview will also focus on six types of questions when probing as indicated on the next page.

- Opinion/Value probes;
- Knowledge probes, and
- Background/Demographic probes (Patton, 1990).

Lastly, an interview guideline was prepared containing various cues to remind the researcher of the overarching question/definition at hand (see Appendix B).

3.4.2.5 *Information collection*

In-depth interviews were held with the participants; each interview lasted between 45 and 60 minutes. Upon completion of the interview, the participants were debriefed over a cup of coffee, since the emotions elicited from the interview could be unsettling for the participants. All interviews were recorded by means of a digital recorder to ensure that all the information discussed is captured (Creswell & Clark, 2007). The researcher also made notes during the interview to highlight important aspects of the discussion.

3.4.2.6 *Information analysis*

Once collected, the information from the interviews was prepared for analysis. The analysis was conducted as follows:

Describing the sample and participants

This included the number of participants, how the participants were selected, the relevant background information such as age, sex, race, occupation, education, as well as an in-depth discussion of the context in which the study was conducted (Nieuwenhuis, as cited in Maree 2007).

Organising the information

Each participant was given an identifying pseudonym and all the information collected from that particular participant was marked with the pseudonym (Nieuwenhuis, as cited in Maree 2007).

Transcribing the information

The researcher transcribed *verbatim* the information collected by means of the digital recorder, since the researcher is aware of some non-verbal cues in the transcript (Nieuwenhuis, as cited in Maree 2007).

Getting to know the information

The researcher aimed to understand the information by re-reading the information and by repeatedly listening to the recordings of the interviews (Nieuwenhuis, as cited in Maree 2007).

Coding of information

Information was coded, in order to establish categories or themes within the information. This continued until reoccurring themes emerged. It was thus concluded that the information had reached a saturation point (Creswell & Clark, 2007).

Data was coded by starting with one transcript; the researcher read through the transcript and identified certain themes. Thereafter, the next transcript was read and, where the information coincided with the themes identified, the researcher grouped the data within that theme. If the data did not coincide, the researcher created a new theme. This process continued until all the transcripts were read and no more themes could be identified. The information was coded or grouped as follows (see also Tables 4.8 and 4.9 for a more detailed explanation)

Table 3.6

Coding table

Research questions	Themes
What are the various individual and/or organisational factors that can be precursors of bullying within a public hospital?	<ul style="list-style-type: none"> ▪ Attitude ▪ Job environment ▪ Perception ▪ Power ▪ Laziness ▪ Language
How can bullying be prevented?	<ul style="list-style-type: none"> ▪ Job environment ▪ Language policy ▪ Grievance policy ▪ Skills management ▪ Support group ▪ Performance management

3.4.2.7 *Authenticity and dependability*

3.4.2.7.1 Ethical considerations

Merriam (1998: p. 214) refers to qualitative researchers as “guests in the private spaces of the world” and that “their manners should be good and their ethics strict”. In order to ensure an ethical study, the

following was done. The necessary permission was requested in writing from the Head of Nursing Services; consent was obtained from the matrons of the wards at the hospital, and after identifying the participants, each participant was given a letter of consent requesting their participation in the research, with a clear indication of the intention of the research by providing information on the purpose of the research and that participants can terminate their involvement at any time during the study without penalty; by assuring the participants of confidentiality and anonymity, and data will only be analysed by the researcher (see Appendices A and B for ethical clearance numbers).

During this research, participant interviews were the main research instrument for data collection. Certain steps were taken in order to ensure that the data was collected responsibly and in a trustworthy manner.

3.4.2.7.2 Authenticity

Maree (2007) refers to authenticity when a measurement instrument measures what it is supposed to measure. Fraenkel and Wallen (2006) and Delport (as cited in De Vos, 2005) add another dimension to authenticity, namely the degree to which researchers measure what they planned to measure.

Consequently, in order to maintain authenticity, the standards based on the model advocated by Eisenhart and Howe (1992) will be used. Authenticity refers to the “trustworthiness of inferences that are drawn and made from data” (Eisenhart & Howe, 1992: p. 31). The model proposes five standards for maintaining authenticity in qualitative research, namely:

Standard 1: Fit between the research questions, data-collection methods and data-analysis techniques;

Standard 2: Effective application of exact data-collection and data-analysis techniques;

Standard 3: Vigilance and consistency with prior knowledge;

Standard 4: Value constraints, and

Standard 5: Comprehensiveness.

Consultations with the study leader and other specialists will also provide direction and guidance in designing and planning the participant interviews. Another method to validate the content of the general structure is that the participants themselves can comment on their own experiences, as unveiled and

interpreted by the researcher. The researcher can request the participants to comment on the interpretation by indicating, on a subjective scale of (0-10, the extent to which their experiences are displayed by the general structure (Du Toit, 1991). In so doing, the researcher will attempt to acquire procedural truthfulness and legitimacy. The use of a mixed-method design will also contribute to the authenticity of the study.

3.4.2.7.3 Dependability

In terms of dependability, Guba and Lincoln (as cited in Merriam, 1998) suggest that the researcher should consider dependability as 'consistency'. This means that the researcher must be convinced and ensure that the data collected makes sense and that the data gleaned is relevant and pertinent to the research objectives and questions which the study seeks to investigate. Findings and results should be dependable in terms of their appropriateness, authenticity and alignment with the data collected (Merriam, 1998). Merriam (1998), therefore, asserts that it is not entirely necessary to place emphasis on yielding the same results if the study is replicated, but rather that emphasis should be placed on the dependability and consistency of the results and findings that emanate from the research. This was achieved first by the investigator's position – by clearly stating the assumptions and presuppositions at the start of the study to all participants and, secondly, by means of an audit trail – the researcher summarised the interview during the interview process and asked the participants to confirm whether the researcher captured the information correctly, and by providing an example of an original transcript (see Appendix D) as well as examples of the utilised data and provisional categories (Merriam, 1998; Maykuit & Morehouse, 1994).

3.4.3 *Taxonomy*

Lastly, a taxonomy will also be created from the analysis of the quantitative and qualitative data to indicate potential antecedents of bullying, the effect of bullying as well as possible interventions (see Figure 5.1).

3.5 Conclusion

This chapter focused on discussing the context in which the research was undertaken and the research methodology employed in this study. The use and choice of the mixed-method methodology was presented and elucidated. The rationale behind the questionnaire and the interviews as a means to

gather data were explained. Furthermore, issues pertaining to data analysis, reliability, validity and ethics were also discussed. The data analysis and findings will be discussed in Chapter 4.

CHAPTER 4

PRESENTATION AND DISCUSSION OF RESEARCH RESULTS

4.1 Introduction

The results obtained from the empirical investigation by means of a qualitative and a quantitative method will be discussed in this chapter. The results will be indicated by means of graphs, tables and themes that were identified. It is not feasible to describe every interview in detail in this study. However, in this section, all information regarded as important to the study to address the research questions will be described in more detail. To ensure validity and dependability of the research, all aspects of quality assurance will be kept securely by the researcher until such time as these can be destroyed.

The data from both the qualitative and the quantitative research methods will be discussed, respectively, in order to answer the research questions indicated in section 1.3.

4.2 Quantitative analysis

4.2.1 *Descriptive statistics*

Information gathered from the descriptive analysis will be discussed, and the focus will be on the biographical information of the nurses and students in the hospital, as well as the prevalence and costs of bullying within the hospital.

4.2.1.1 *Sample description*

The sample consisted of three groups:

- **Group one:** This group consisted of 35 nursing participants who are permanently employed by the hospital.
- **Group two:** This group consisted of 25 fourth-year students who conduct their practical training at the hospital.

- **Group three:** This group consisted of 17 third-year students who conduct their practical training at the hospital.

4.2.1.1.1 Demographics

A total of 77 participants completed the questionnaire. The following analysis will describe the sample group in the hospital.

- **Gender**

Figure 4.1 graphically represents the gender in the sample group.

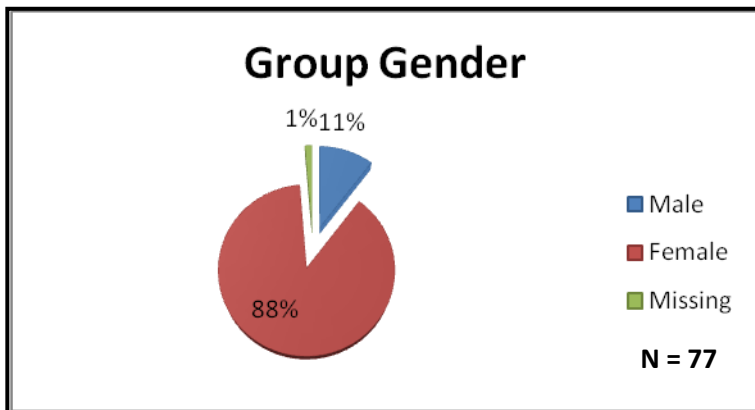


Figure 4.1. Gender of the sample group

It can be deduced from Figure 4.1 that the majority of the participants (88%) are female and that the minority (11%) are male.

- **Home language**

Figure 4.2 graphically represents the home language of the sample group.

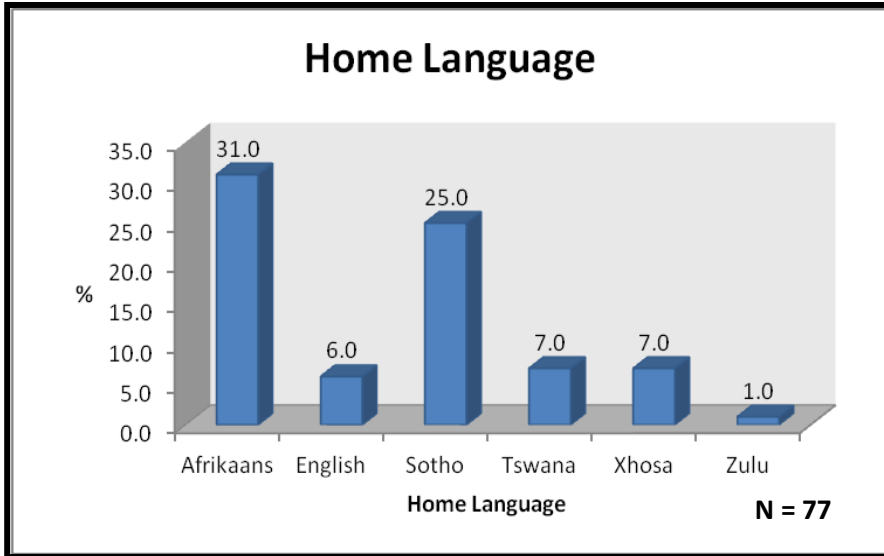


Figure 4.2. Home language of the sample group

It can be deduced from Figure 4.2 that the majority (31%) of the participants' home language is Afrikaans, followed by Sotho (25%), Tswana (7%), Xhosa (7%), English (6%) and Zulu (1%).

- **Age**

Figure 4.3 graphically represents the age of the sample group.

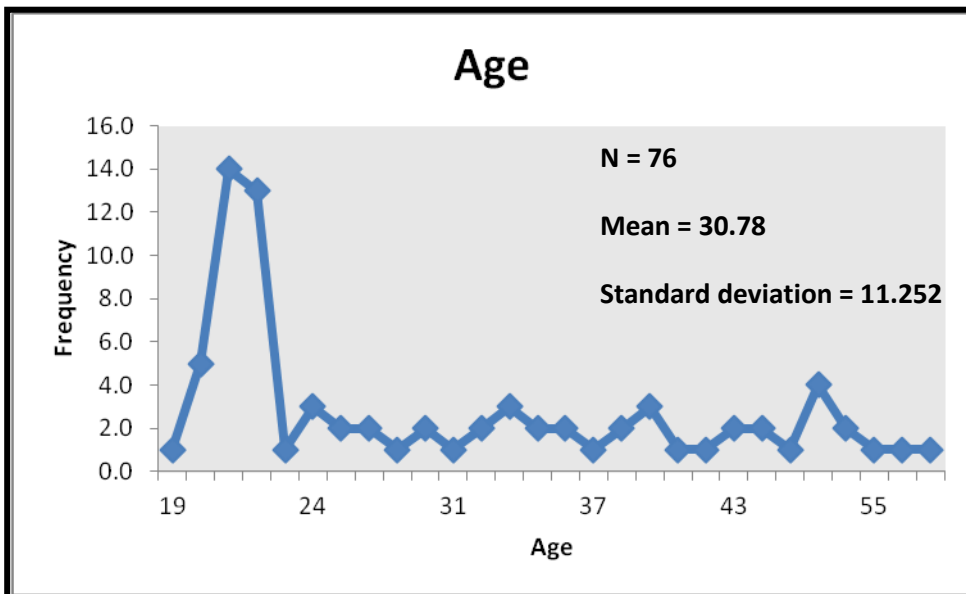


Figure 4.3. Age of the sample group

It can be deduced from Figure 4.3 that the age of the sample group ranges between the ages of 19 and 58, with a mean age of 30.78, a median age of 35.5 and a standard deviation of 11.252.

- **Highest professional qualification**

Figure 4.4 graphically represents the highest qualification of the sample group.

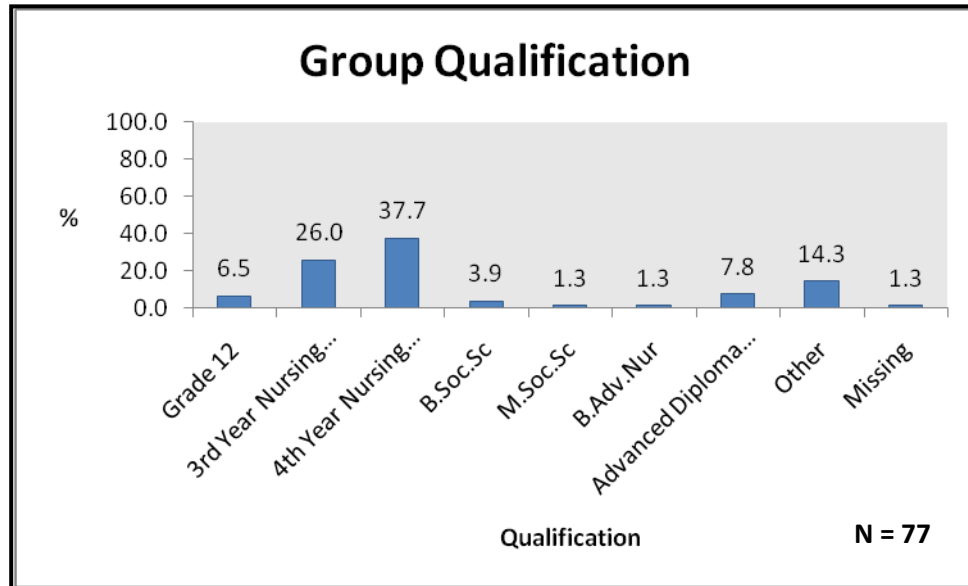


Figure 4.4. Highest qualification of the sample group

It can be deduced from Figure 4.4 that the majority (37.7%) of the participants' highest qualification is a fourth-year nursing degree, followed by a third-year nursing degree (26%), other (14.3%), and an advanced diploma in nursing (7.8%).

4.2.1.2 Questionnaire

A total of 77 participants completed the questionnaire. The following analysis will address the research questions pertaining to the group of nurses and students in the hospital (see section 1.4):

- What is the prevalence of bullying?
- What are the costs incurred by the individual and the organisation due to bullying?

4.2.1.2.1 What is the prevalence of bullying?

- **Experienced or witnessed bullying behaviour (total sample)**

Figure 4.5.1 graphically represents bullying behaviour that has either been experienced or witnessed by the sample group.

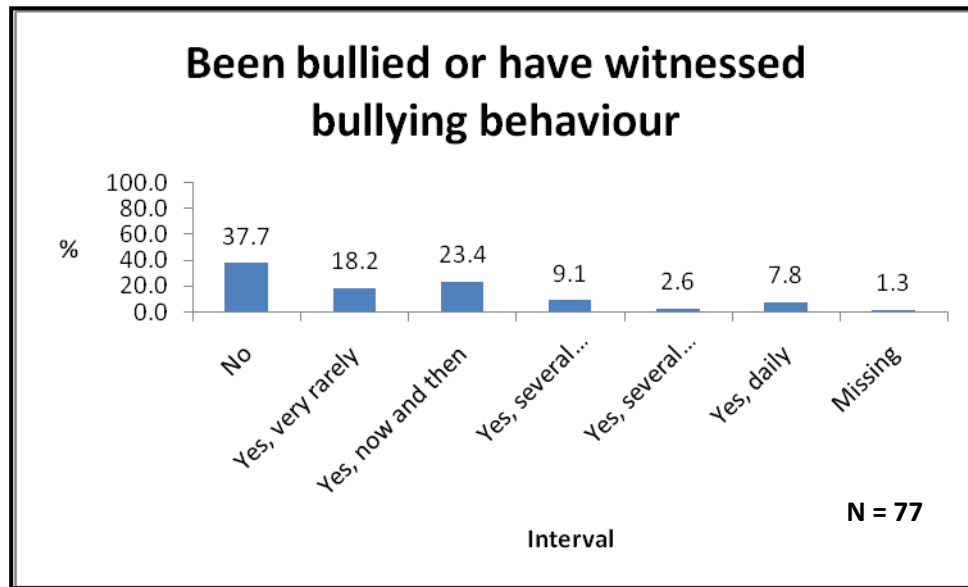


Figure 4.5.1. Prevalence of bullying as experienced or witnessed by the sample group

It can be deduced from Figure 4.5.1 that the minority (37.7%) of the participants have not experienced or witnessed bullying, whereas 61.8% of the sample have either witnessed or experienced bullying. If this total is unpacked, it can be inferred that 18.2% of the participants experienced or witnessed bullying rarely; 23.4% experienced or witnessed bullying now and then; 9.1% experienced or witnessed bullying several times a month; 2.6% experienced or witnessed bullying several times a week, and 7.8% experienced or witnessed bullying daily.

- **Experienced or witnessed bullying behaviour (individual group results)**

Figure 4.5.2 graphically represents bullying behaviour that has either been experienced or witnessed by the different groups within the sample group.

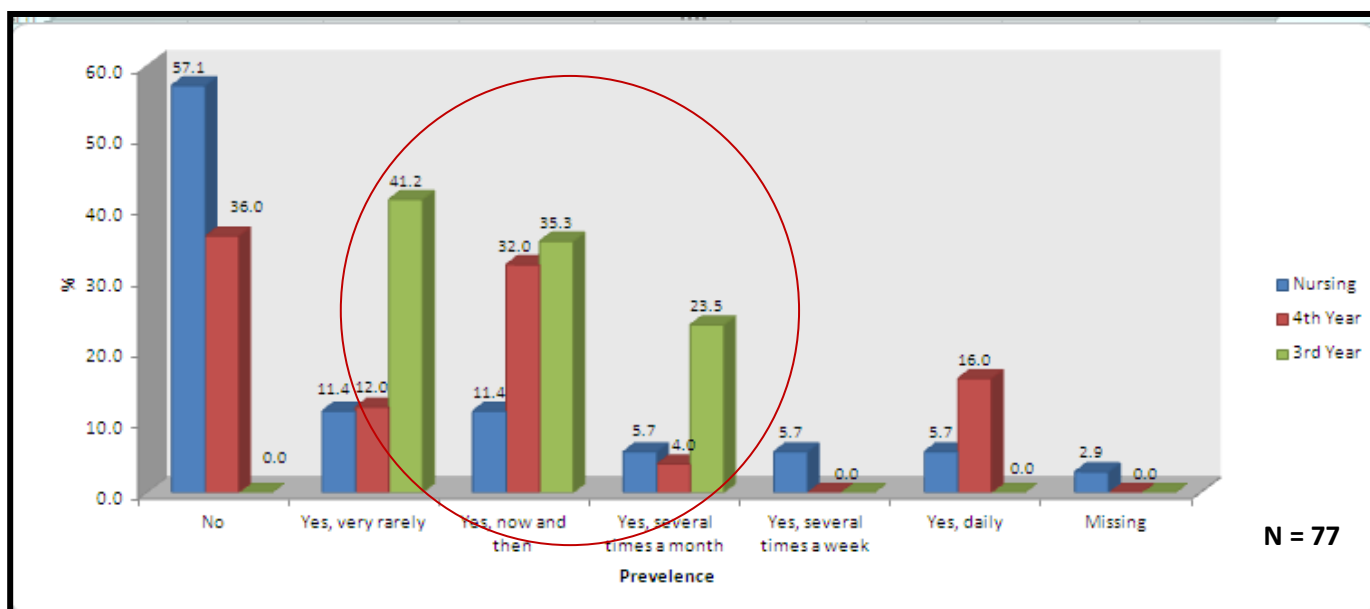


Figure 4.5.2. Prevalence of bullying as experienced or witnessed by the groups in the sample group

It can be deduced from Figure 4.5.2 that:

- The majority (57.1%) of nursing participants did not witness or experience bullying, followed by the fourth-year students (36%), and the third-year students (0%).
- The biggest response (41.2%) indicated by the third-year students witnesses or experiences bullying very rarely, followed by the fourth-year students (12%), and the nursing participants (11.4%).
- Just over a third (35.3%) of third-year students witness or experience bullying now and then, followed by the fourth-year students (32%), and the nursing participants (11.4%).
- Nearly a quarter (23.5%) of third-year students witness or experience bullying several times a month, followed by the nursing participants (5.7%), and the fourth-year students (4.0%).
- A small number (5.7%) of nursing participants witness or experience bullying several times a week.
- Nearly a fifth (16%) of fourth-year students witness or experience bullying daily, followed by (5.7%) of the nursing participants.

It can thus be inferred that the third- and fourth-year students should be targeted for the qualitative data collection, since these two groups have a higher incidence of either witnessing or experiencing bullying.

- **Gender of the perpetrator (total sample)**

Figure 4.6.1 graphically represents the gender of the bully. The word both refers to both male and female perpetrators.

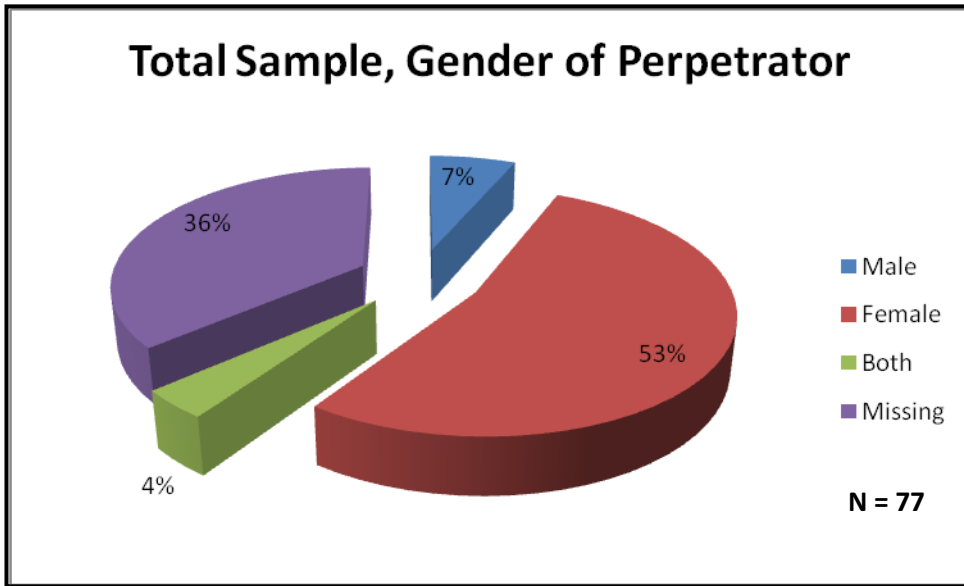


Figure 4.6.1. Gender of the perpetrator

It can be deduced from Figure 4.6.1 that the majority (53%) of perpetrators are female, followed by male (7%), and either male or female (4%). Although the nursing discipline is generally a more female-dominated environment, the results indicate that both genders participate in bullying and should thus also be addressed as such during intervention programmes.

- **Gender of the perpetrator (individual group results)**

Figure 4.6.2 graphically represents the gender of the bully as depicted by the different groups. Both refer to male and female.

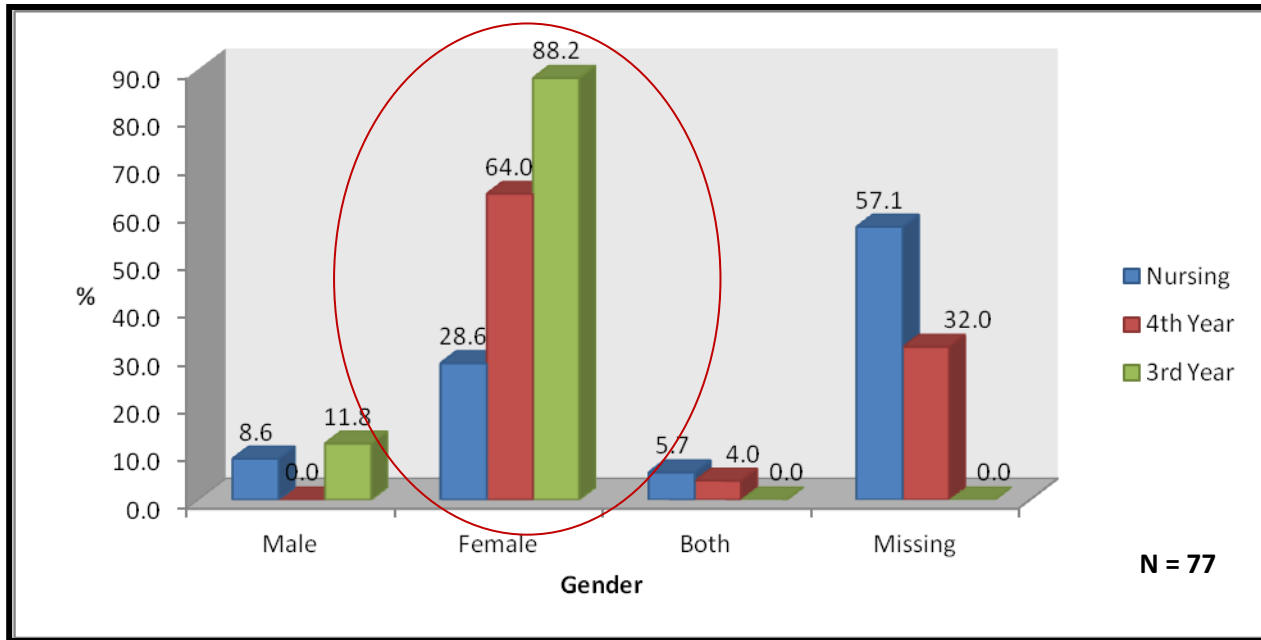


Figure 4.6.2. Gender of the perpetrator as indicated by the different groups in the sample group

It can be inferred from Figure 4.6.2 that:

- ♦ More third-year students (11.8%) indicated that the perpetrator was male, followed by (8.6%) nursing participants indicating that the perpetrator was male.
- ♦ The majority (88.2%) of the third-year students indicated that the perpetrator was female, followed by (64%) of the fourth-year students, and (28.6%) of the nursing participants.
- ♦ More nursing participants (5.7%) indicated that the perpetrator was male or female, followed by (4%) of the fourth-year students.
- ♦ The majority of nurses (57.1%) and a substantial number of fourth-year students (32%) did not respond to the question. Possible explanations are that respondents were not bullied, or due to the sensitivity of the question chose not to respond.

- **Targets of bullying (total sample)**

Figure 4.7.1 graphically represents the targets of the bully.

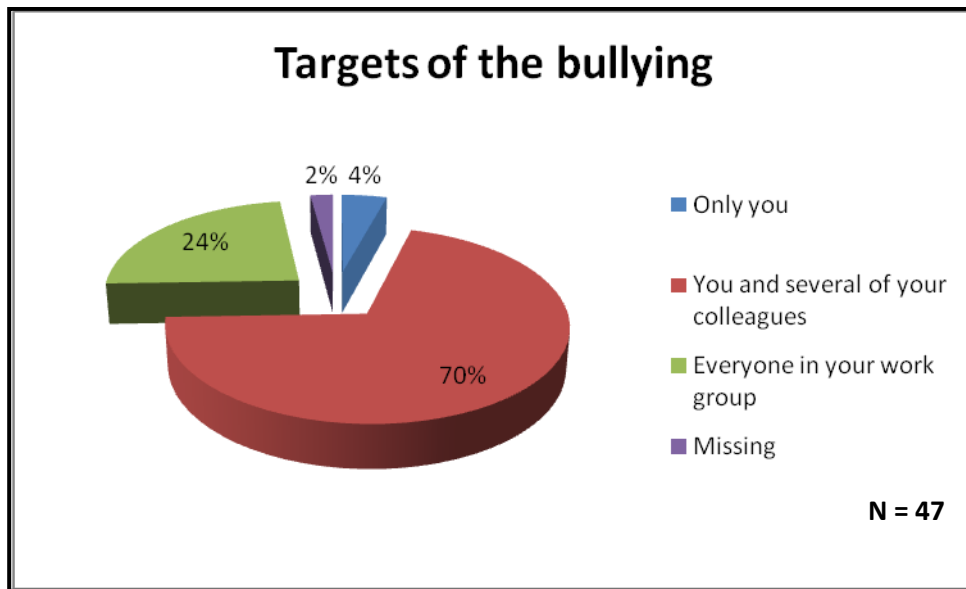


Figure 4.7.1. Targets of bullying

Figure 4.7.1 represents the sample of the participants who experienced or witnessed bullying (N=47). It can be deduced that the majority (70%) of the targets of bullying are the participant and several of his/her colleagues, followed by everyone in one's work group (24%), then only you (4%).

- **Targets of bullying (individual group results)**

Figure 4.7.2 graphically represents the individual group targets of the bully.

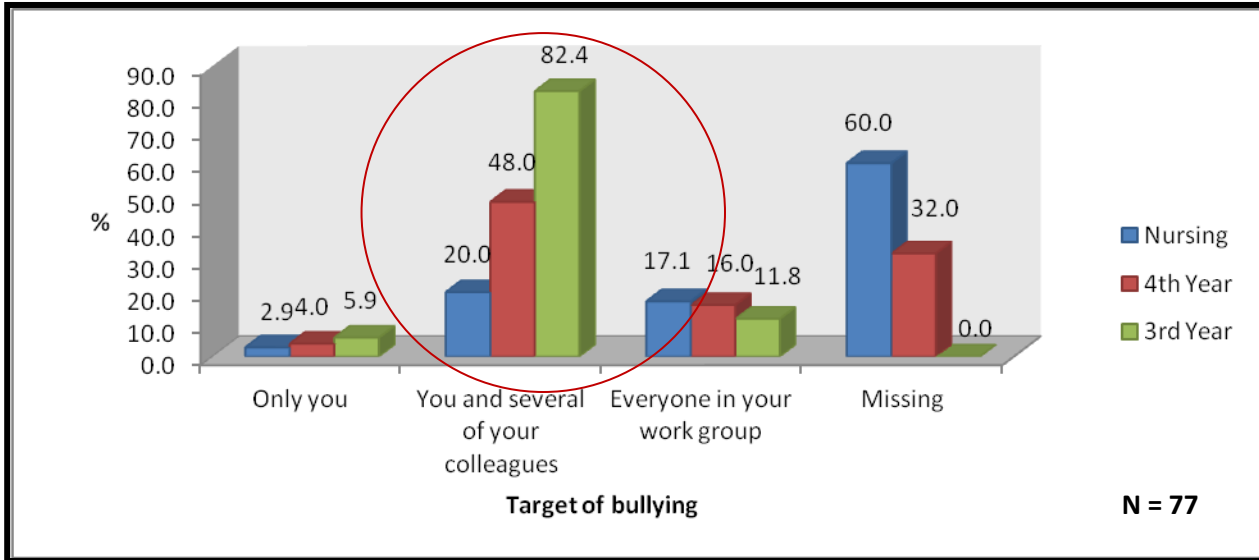


Figure 4.7.2. Individual Group Targets of bullying

It can be inferred from Figure 4.7.2 that:

- ♦ More third-year students (5.9%) indicated that only they are bullied, followed by the fourth-year students (4.0%); 2.9% of the nursing participants indicated that only they are bullied.
- ♦ The majority (82.4%) of the third-year students indicated that they and several of their colleagues were bullied, followed by the fourth-year students (48%); 20% of the nursing population indicated that they and several of their colleagues were bullied.
- ♦ More nursing participants (17.1%) indicated that everyone in their workgroup (a workgroup refers to different individuals who are working together in the department, or who are assigned to a specific area within the department) were bullied, followed by the fourth-year students (16%); 11.8% of the third-year students indicated that everyone in their workgroup were bullied.
- ♦ The majority of the nurses (60%) and a substantial number of fourth-year students (32%) did not respond to the question. Possible explanations are that respondents were not bullied, or due to sensitivity of the question chose not to respond.

Table 4.1 shows the composition of the workgroup referred to above.

Table 4.1

Composition of the workgroup

Nursing	Fourth-year students	Third-year students
<ul style="list-style-type: none"> ▪ Patient care. ▪ Subordinates. ▪ Unit managers, facilitators and professional nurses. ▪ Unit managers, professional nurses, staff nurse, assistant nurse, household aids, student doctors and doctors, patients and allied workers. 	<ul style="list-style-type: none"> ▪ Nursing students and assistant nurses. ▪ Student nurses and professional nurses. ▪ Students. ▪ They are both professional nurses and nursing student and most probably intern doctors. ▪ University students doing practicals at the hospital. 	<p>No responses.</p>

▪ **Complaints made about bullying**

a) ***Were complaints made about bullying?***

Figure 4.8 graphically represents the complaints made about bullying.

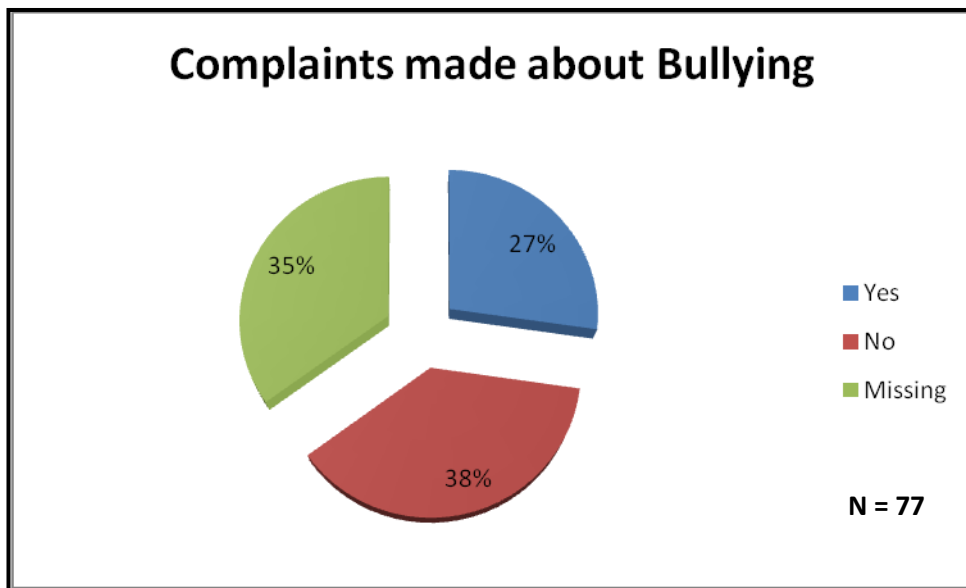


Figure 4.8. Complaints made about bullying

It can be inferred from Figure 4.8 that the majority (38%) of the participants did not lodge a complaint about bullying behaviour; 27% indicated that complaints were made about bullying behaviour, whereas 35% did not respond to this.

b) To whom were the complaints made?

Figure 4.9 graphically represents to whom the complaints about bullying were made.

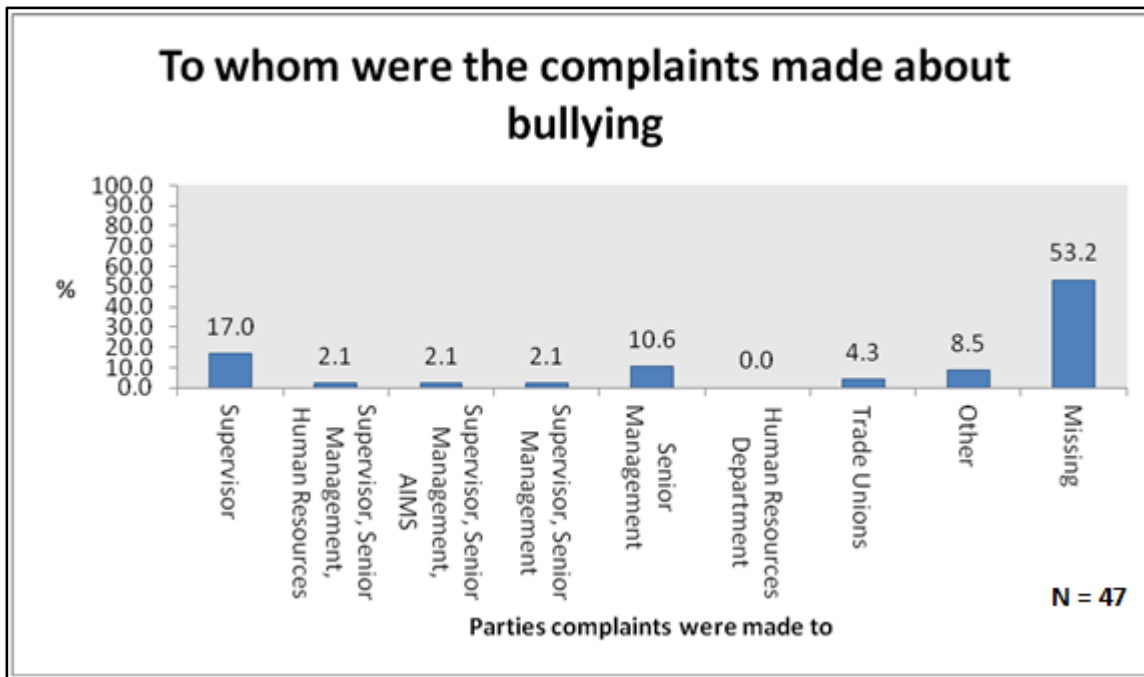


Figure 4.9. To whom were the complaints made about bullying

Figure 4.9 represents the complaints made by the participants who experienced or witnessed bullying (N=47). No significant deduction can be made, since 53.2% of the respondents did not answer the question. However, the analysis reveals that most (17%) of the complaints were made to the supervisor, followed by the senior management (10.6%), and other (8.5%).

c) Bullying actions

Bullying actions refer to the specific actions performed by the bully. Table 4.2 shows the bullying actions, as indicated by the participants in the open-ended question.

Table 4.2

Bullying actions

Nursing	Fourth-year students	Third-year students
<ul style="list-style-type: none"> ▪ Defies orders and is irresponsible. ▪ Harsh use of words, lacks patience, forces others to do work for her, when not helping her, she becomes negative. ▪ Points fingers at personnel, insults, shouts, degrading. ▪ She is bully - afraid of others, colleagues, favouritism. ▪ Shouts at personnel. Makes one feel as if one is stupid. ▪ Shouts at other people, insults and threatens others. ▪ Swears, threatens, influences other juniors to be negative at work all the time. ▪ Always treats the nurses without respect. Doctors act like masters and do not regard the nurses as part of the 	<ul style="list-style-type: none"> ▪ Always finds fault with what we do and gives all her work to us to do. ▪ Always shouts at the colleagues in front of patients and always on the case of the workers. ▪ Is mean about how things are done wrongly when never having explained how. ▪ Belittles, yells when unreasonable demands cannot be met, accusations. ▪ “Het my sleg gepraat by die ander staff en my geignoreer as ek met haar praat”. ▪ Loads students with work responsibilities often beyond their competence or experience. ▪ Professional nurses are incorporative with student nurses, shout at students when they make mistakes and do not show them how to correct it. Matron shouts at 	<ul style="list-style-type: none"> ▪ As a student nurse, she would leave us unattended, since we are not allowed to do anything without supervision. ▪ Is nasty on purpose, gives tasks that are not in the scope of student nurse, or doing all the work. ▪ Being old to do work which is not your responsibility, expected to do all the dirty work while other staff do nothing, and then getting harsh words from the sister when something is not done - while you were working the whole time and didn't have time to do everything. ▪ Does not know most of her work; it has to be done for her while she sits and enjoys her tea. ▪ Expects students to know everything if not

disciplinary team.

▪ Verbal.

professional nurse for her conduct and tells her that the ward is hers and that no one else can manage it.

- Shouts at you in front of the patients.
- Shouts at the victim, undermining their work and their position.
- Shouts at you.
- Shouts unnecessarily, humiliates in front of other staff members and patients - discriminates against me due to my language, overloads me with work.
- “Sister bullie jou om haar vuil werk te doen”.
- “Skree op jou en maak of jy dom is”.
- Tells the student nurses when to go off duty even if it is stipulated that time means that the student will miss his/her transport. Matron usually uses words such as” this is my ward and I can do as I please”. According to the conduct of the ward, she is incorrect.
- The perpetrator would insult you and force you to do activities for her personal gain.
- Verbal abuse, emotional abuse (makes you feel incompetent), takes her moods out on you, generalises the behaviour of previous

calling them names that they are stupid or “kaffir”.

- Expects the student to do her work for her; when you ask for help or advice on how to perform a task she asks if you’re stupid; she expects the student to be smart since the students think they are 'little gods' - we must not waste her time; she sends you on personal errand for them and if you refuse she writes a bad review of your placement.
 - “Ignoreer personeel as gevra word, is te lui eie pasiënt te bad of skoon te maak en straf my as ek weier; deel haar eie werk uit aan ander dat sy so min as moontlik doen”.
 - “Konfronteer voor die pasient, soek die healtyd fout by student”.
 - Manipulates.
 - Permanent staff make student do everything and blame students when things are not done even if it was permanent staffs faults.
 - Always shouting at us and always thinks she is the only one who is right; she doesn't care about other people’s feelings; it is always about herself.
 - She would shout at us for no reason and
-

students with the present students.

whenever you have made a mistake she would tell you words like “your dumb”.

- “Sy het van my verwag om die spoel kamer skoon te maak, die matrone het agter my gestaan en niks gedoen nie”.
 - The individual displays a negative disposition toward students in general, she scolds, shouts, corrects in a derogative manner, belittles us before not only patients but also other staff members, she is rude.
 - They would not inform you and then get you into trouble, take you on about where we study, and who we do our work.
 - Wants us to do even things that are not on our scope of practice; does not like us to have tea sometimes and lunch like other people; wants us to take risks of things that are not supposed to and shouts at us after; leave us with the ward without informing us.
 - Yells at me in front of patients and lets me do all the work; and if we don’t do it, they will mark your hour’s paper as being unsatisfactory.
-

d) Were the complaints taken seriously?

Figure 4.10 graphically represents the complaints taken seriously.

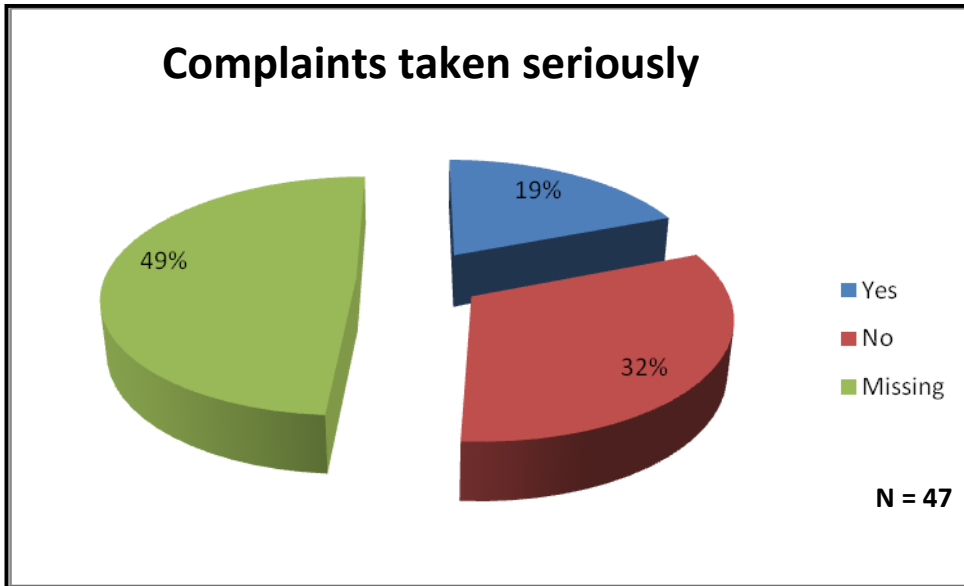


Figure 4.10. Outcomes of complaints made about bullying

Figure 4.10 shows the complaints taken seriously, as reported by the participants who experienced or witnessed bullying (N=47). It can be deduced that 32% of the complaints were not taken seriously, followed by 19% of the complaints that were taken seriously. Nearly half (49%) of the participants did not respond.

e) What were the outcomes of the complaints?

The participants reported the following outcomes:

- ♦ Abuse stopped.
- ♦ Tried a little to improve the situation.
- ♦ Final written warning.
- ♦ I have never really seen serious actions taken. The perpetrator was warned and the issue forgotten, but it started again.
- ♦ Lecturers have meetings with wards and tell them all the complaints experienced by students.
- ♦ Perpetrator was not part of the hearing.

- ◆ Perpetrator was reprimanded.
- ◆ Problem was resolved and she apologised for her behaviour - she became a better person.
- ◆ When people are bullied, each complaint is investigated separately and addressed.

- **Policy regarding bullying**

Figure 4.11 graphically represents the participants' opinion on the bullying policy.

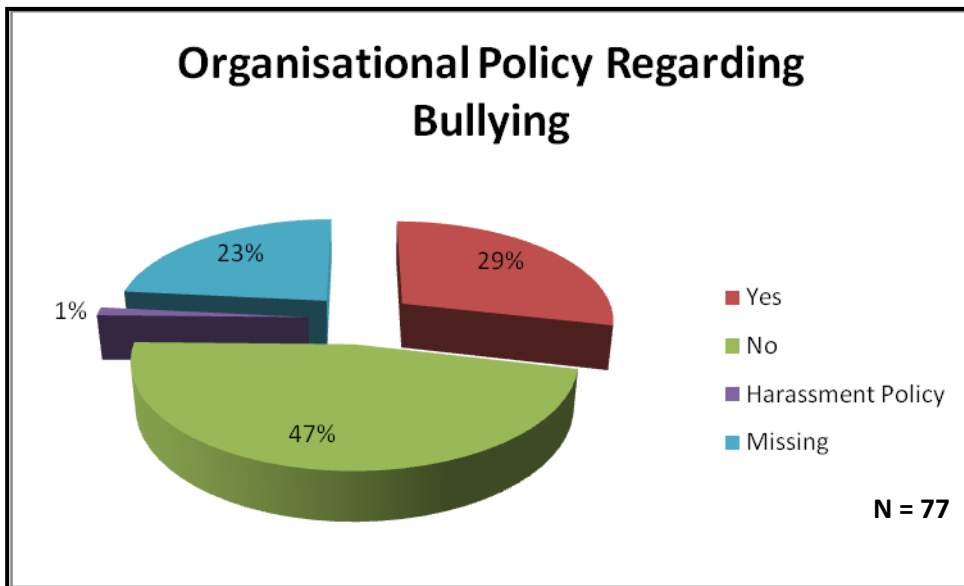


Figure 4.11. Participants' opinion on the bullying policy

It can be deduced from Figure 4.11 that the majority (47%) of the participants are not aware of a bullying policy, whereas 29% are aware of a bullying policy. There were 23% of participants who did not respond, and a few participants (1%) indicated that they are aware of a harassment policy.

- **Enforcement of the bullying policy**

Figure 4.12 graphically represents the participants' opinion on the enforcement of the bullying policy.

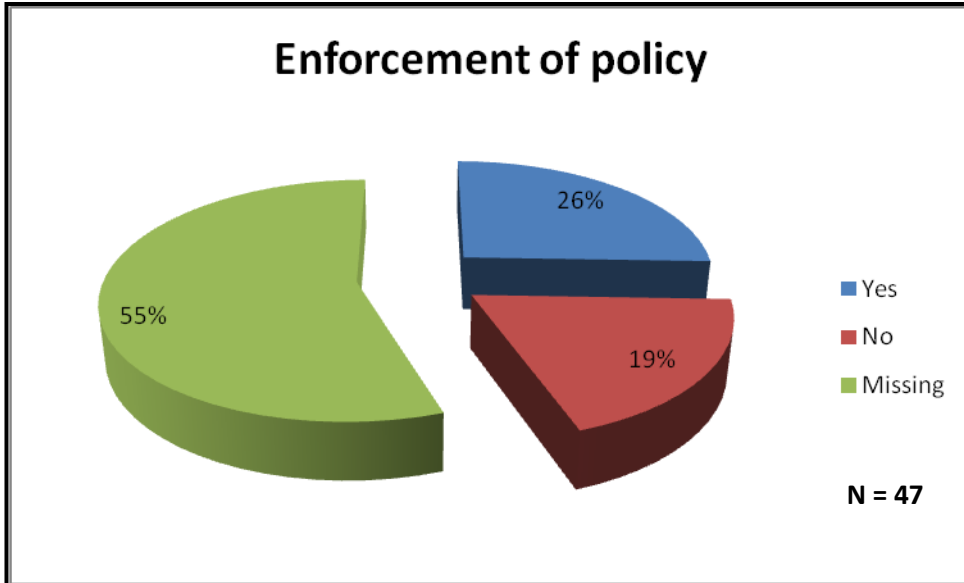


Figure 4.12. Enforcement of the bullying policy

Figure 4.12 shows the enforcement of policies, as reported by the participants who experienced or witnessed bullying (N=47). No significant deduction can be made, since more than half (55%) of the participants did not respond. However, the analysis reveals that the majority (26%) of the participants believe that the bullying policy is enforced, whereas 19% of the participants do not believe that the bullying policy is enforced.

4.2.1.2.1a Types of bullying

- **Types of bullying**

The types of bullying refer to bullying actions performed by the bully. The following graphs highlight the types of bullying with the highest frequency.

- ♦ Figure 4.13.1 graphically represents the types of bullying – *public humiliation*.

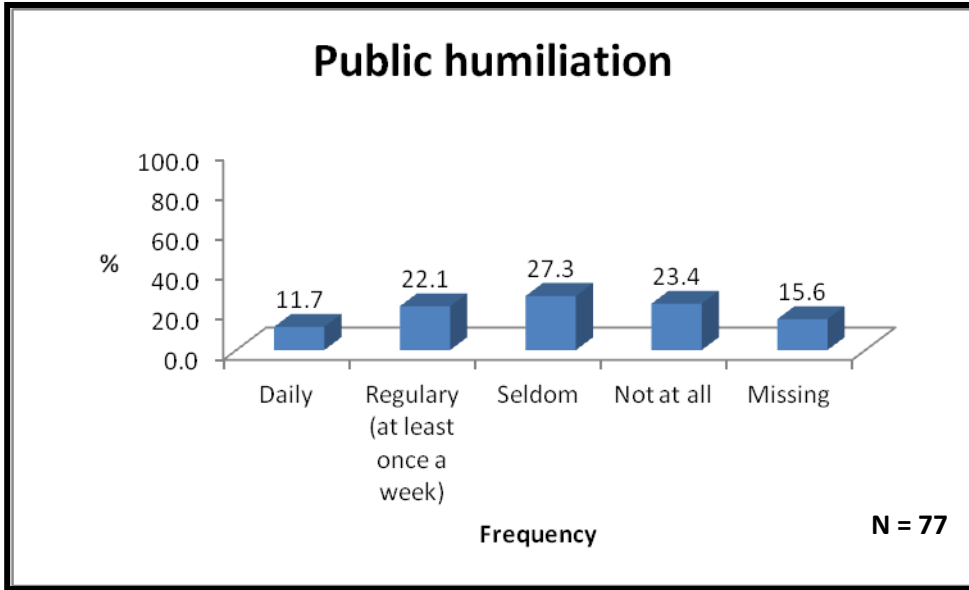


Figure 4.13.1. Public humiliation

It can be deduced from Figure 4.13.1 that *public humiliation* occurs seldom (27.3%), followed by not at all (23.4%), and regularly (22.1%).

- ◆ Figure 4.13.2 graphically represents the types of bullying – *being shouted at in an aggressive manner*.

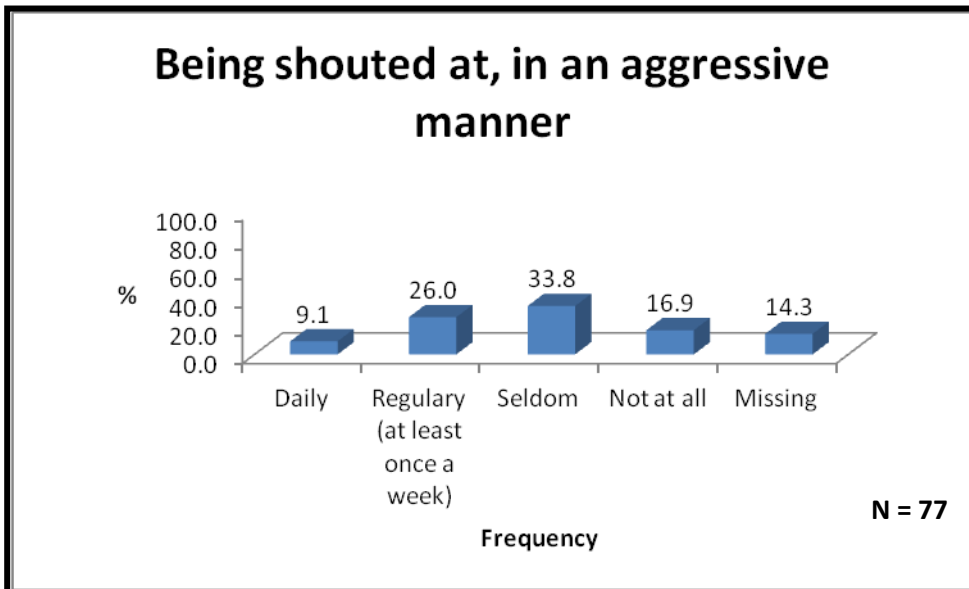


Figure 4.13.2. Being shouted at in an aggressive manner

It can be deduced from Figure 4.13.2 that *being shouted at in an aggressive manner* occurs seldom (33.8%), followed by regularly (26%), and not at all (16.9%).

- ◆ Figure 4.13.3 graphically represents the types of bullying – *deliberately overloaded with work in order to be set up to fail*.

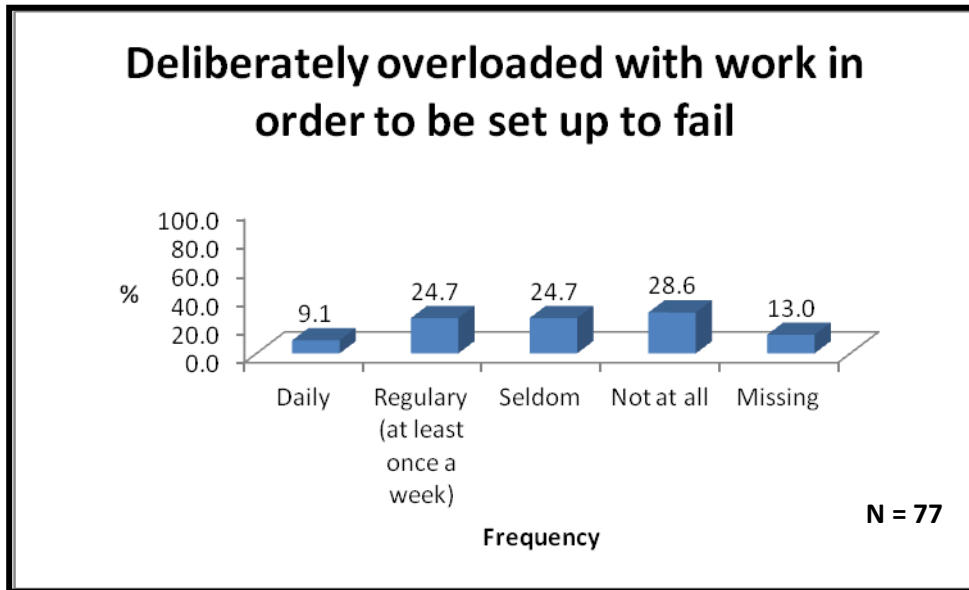


Figure 4.13.3. Deliberately overloaded with work in order to be set up to fail

It can be deduced from Figure 4.13.3 that *deliberately overloaded with work in order to be set up to fail* occurs not at all (28.6%), followed by regularly (24.7%), and seldom (24.7%).

- ◆ Figure 4.13.4 graphically represents the types of bullying – *interrupting someone while s/he is speaking or working*.

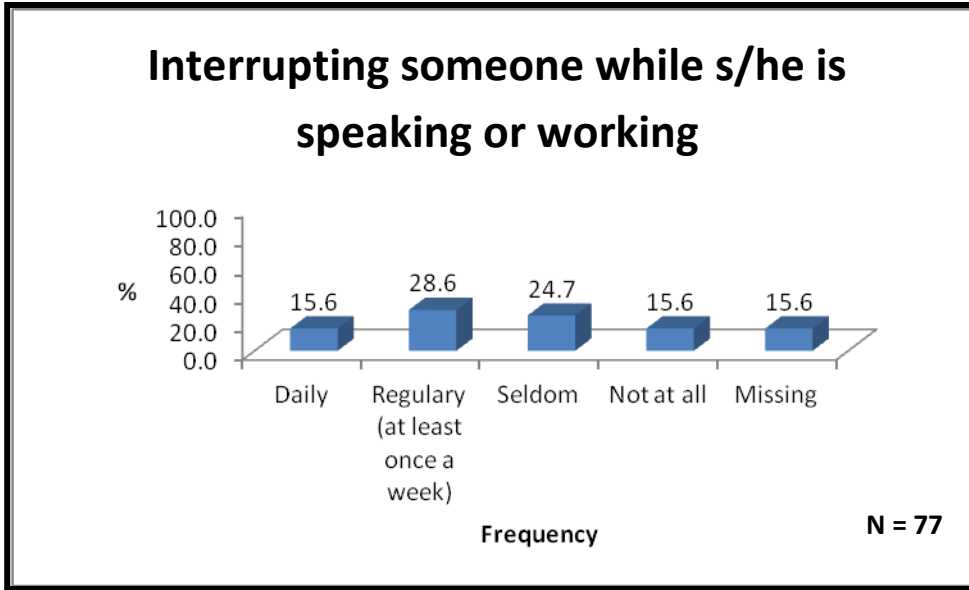


Figure 4.13.4. Interrupting someone while s/he is speaking or working

It can be inferred from Figure 4.13.4 that *interrupting someone while s/he is speaking or working* occurs regularly (28.6%), followed by seldom (24.7%), and not at all and daily (15.6%).

- ◆ Figure 4.13.5 graphically represents the types of bullying – *flaunting status or authority and/or acting in a condescending manner*.

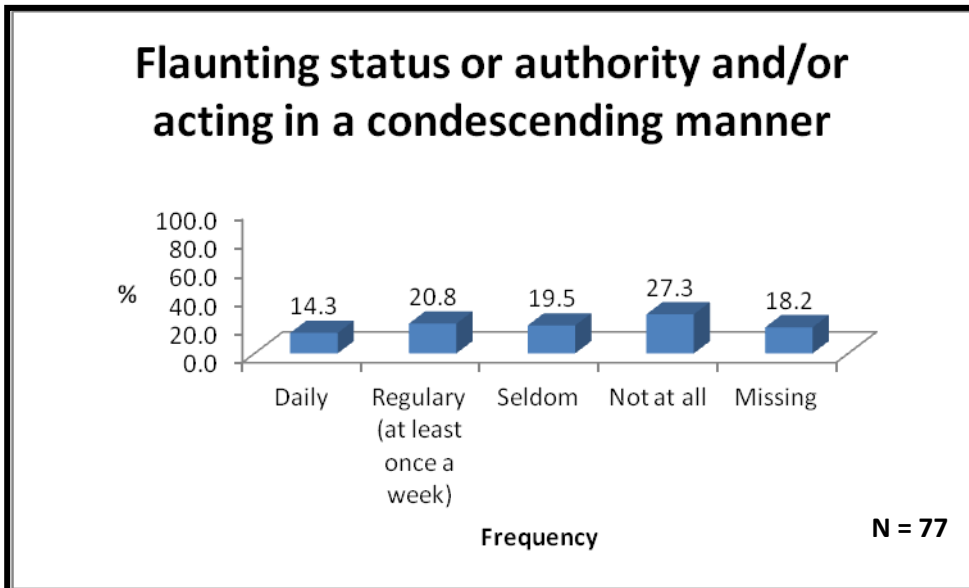


Figure 4.13.5. Flaunting status or authority and/or acting in a condescending manner

It can be deduced from Figure 4.13.5 that *flaunting status or authority and/or acting in a condescending manner* occurs not at all (27.3%), followed by regularly (20.8%), and seldom (19.5%).

- ◆ Figure 4.13.6 graphically represents the types of bullying – *belittling someone’s opinion*.

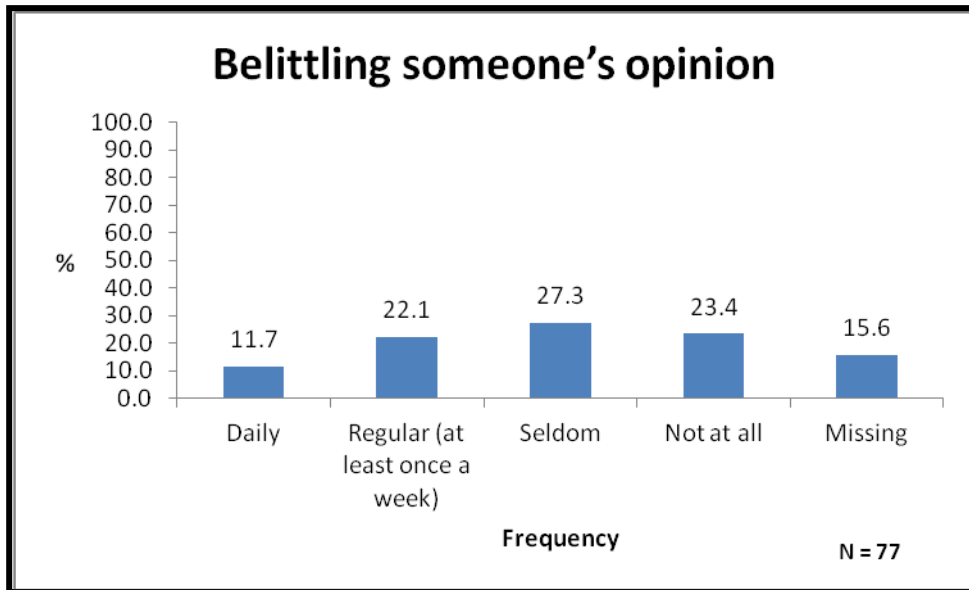


Figure 4.13.6. Belittling someone’s opinion

It can be deduced from Figure 4.13.6 that *belittling someone’s opinion* occurs seldom (27.3%), followed by not at all (23.4%), and regularly (22.1%).

The above figures show the types of bullying with the highest frequency. Table 4.3 indicates the statistical results of all the types of bullying, as presented in the questionnaire.

Table 4.3*Summary of statistical results of types of bullying*

	N	Mean	Median	Standard deviation	Minimum	Maximum
Public humiliation	65	2.74	3.00	1.020	1	4
Being shouted at in an aggressive manner	66	2.68	3.00	.914	1	4
Deliberately overloaded with work in order to be set up to fail	67	2.84	3.00	1.009	1	4
Unjustifiable discipline	61	3.07	3.00	.750	1	4
Spreading of malicious gossip or rumours	64	3.03	3.00	.975	1	4
Constant insults	64	3.20	3.00	.858	1	4
Being singled out for change in duties	64	3.19	3.00	.814	1	4
Interrupting someone while s/he is speaking or working	65	2.48	2.00	1.002	1	4
Flaunting status or authority and/or acting in a condescending manner	63	2.73	3.00	1.110	1	4
Belittling someone's opinion	66	2.61	3.00	1.006	1	4
Failing to return telephone calls or respond to memos	61	3.34	3.00	.728	2	4
Giving others the silent treatment	63	2.92	3.00	.972	1	4
Intimidation	64	2.88	3.00	.984	1	4
Overloading a person with work as a form of punishment	63	2.95	3.00	1.054	1	4

The scale ranges from daily (1), regularly (2), and seldom (3) to not at all (4). By observing the mean scores in Table 4.3, it can be deduced that the majority of the respondents answered between regularly (2) and not at all (4). Furthermore, by referring to the median, it can be inferred that the most common answer was seldom (3).

4.2.1.2.1b Negative Acts Questionnaire

- **Negative Acts Questionnaire**

Negative acts refer to bullying actions performed by the bully. The naming of the graphs refers to the name of the type of negative action and the coding used for the variable. There are 29 variables. The prevalence was determined by summing the frequencies of the scales now and then (1), daily (2) and weekly (3), The types of bullying actions with frequencies ranging between 30 – 69 (moderate frequency) and 70 – 100 (high frequency) were selected as bullying actions with a high prevalence of bullying and are presented graphically.

- Figure 4.14.1 graphically represents the negative acts of the bully – *unwanted sexual behaviour*.

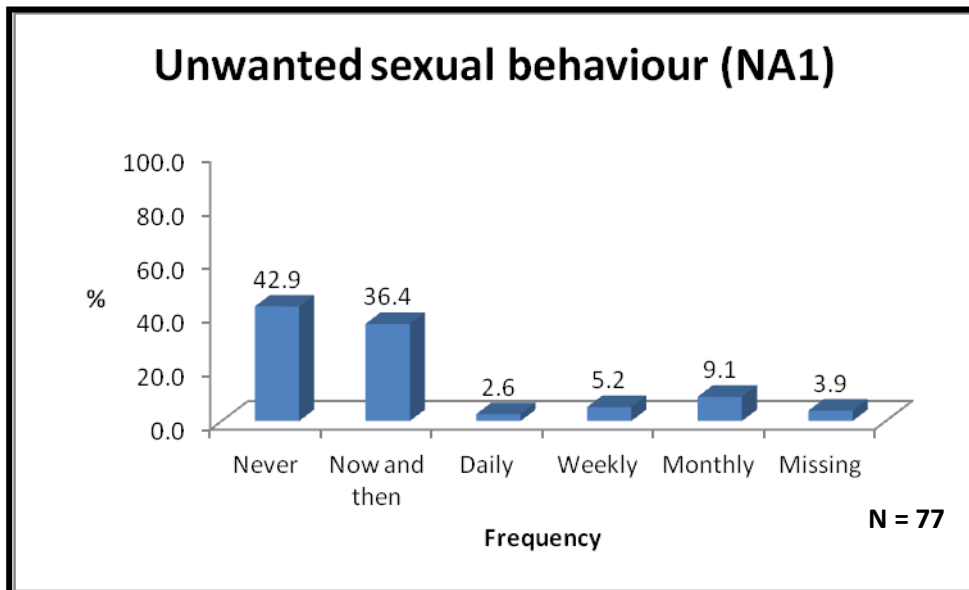


Figure 4.14.1. Unwanted sexual behaviour

It can be inferred from Figure 4.14.1 that *unwanted sexual behaviour* occurs never (42.9%), followed by now and then (36.4%), and monthly (9.1%).

- Figure 4.14.2 graphically represents the negative acts of the bully – *threats of violence or physical abuse*.

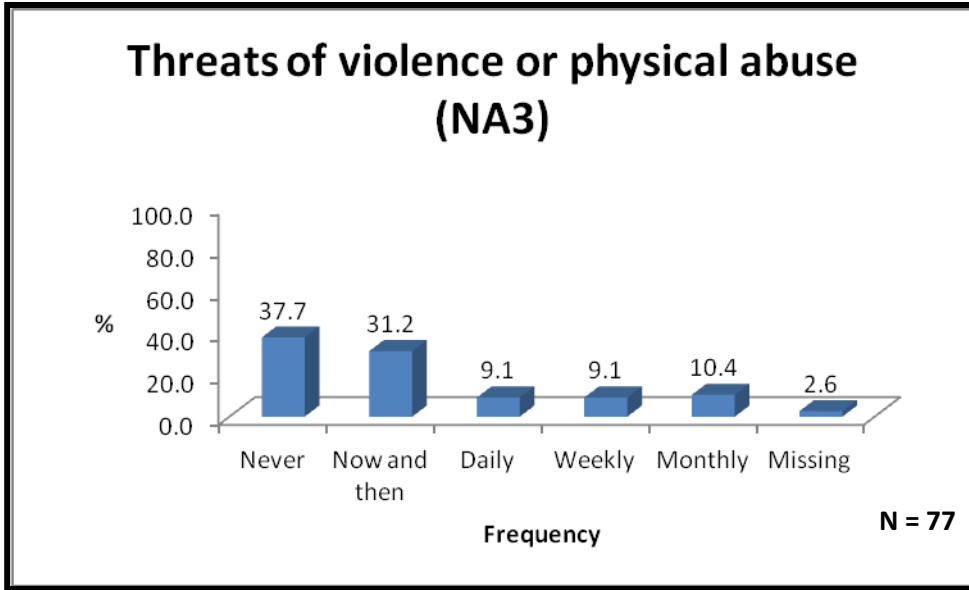


Figure 4.14.2. Threats of violence or physical abuse

It can be deduced from Figure 4.14.2 that *threats of violence or physical abuse* occurs never (37.7%), followed by now and then (31.2%), and monthly (10.4%).

- ◆ Figure 4.14.3 graphically represents the negative acts of the bully – *hints from others that you should quit your job*.

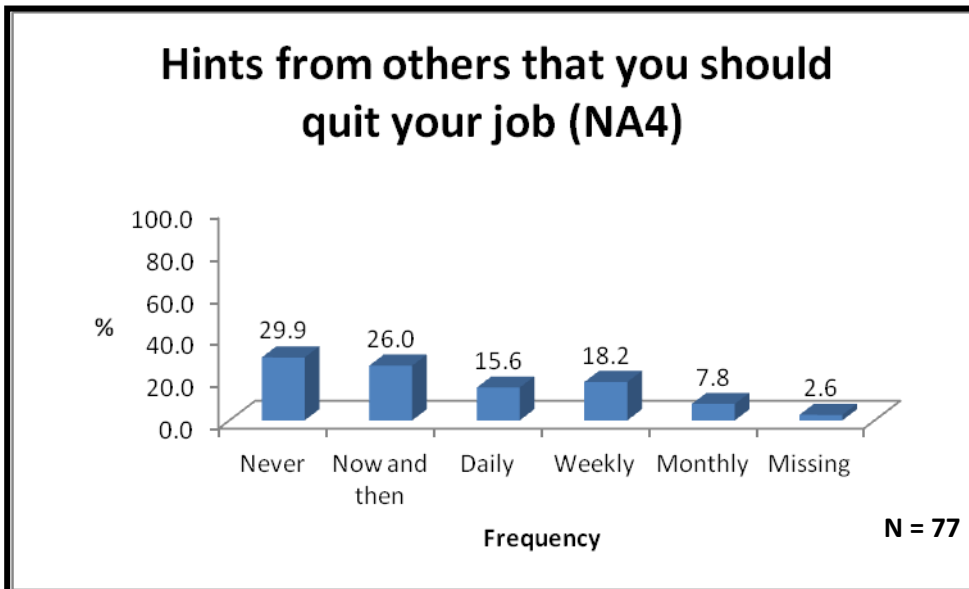


Figure 4.14.3. Hints from others that you should quit your job

It can be inferred from Figure 4.14.3 that *hints from others that you should quit your job* occurs never (29.9%), followed by now and then (26%), weekly (18.2%), and daily (15.6%).

- ◆ Figure 4.14.4 graphically represents the negative acts of the bully – *intimidating behaviour such as finger-pointing*.

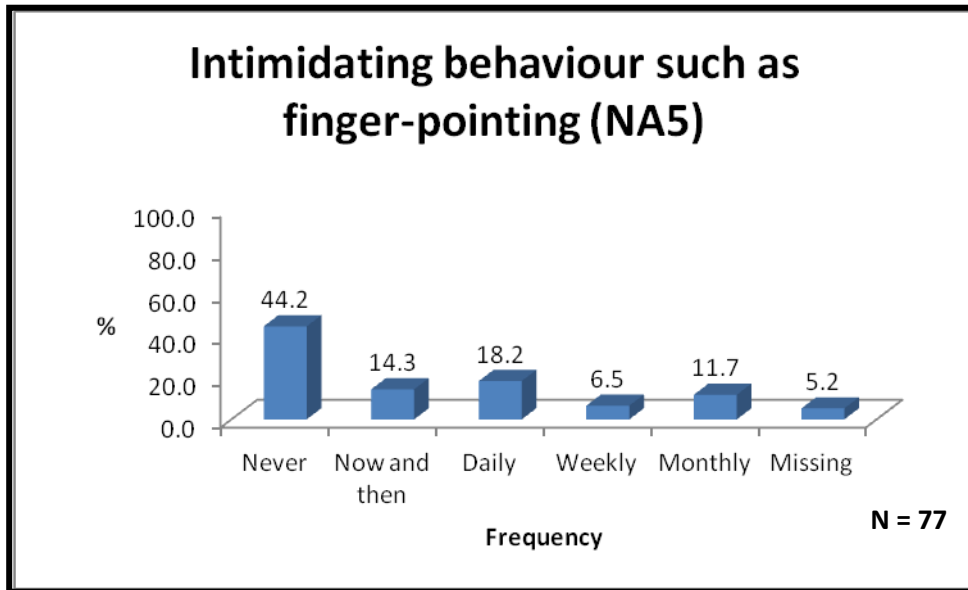


Figure 4.14.4. Intimidating behaviour such as finger-pointing

It can be deduced from Figure 4.14.4 that *intimidating behaviour such as finger-pointing* occurs never (44.2%), followed by daily (18.2%), now and then (14.3%), and monthly (11.7%).

- ◆ Figure 4.14.5 graphically represents the negative acts of the bully – *threats of making your life difficult*.

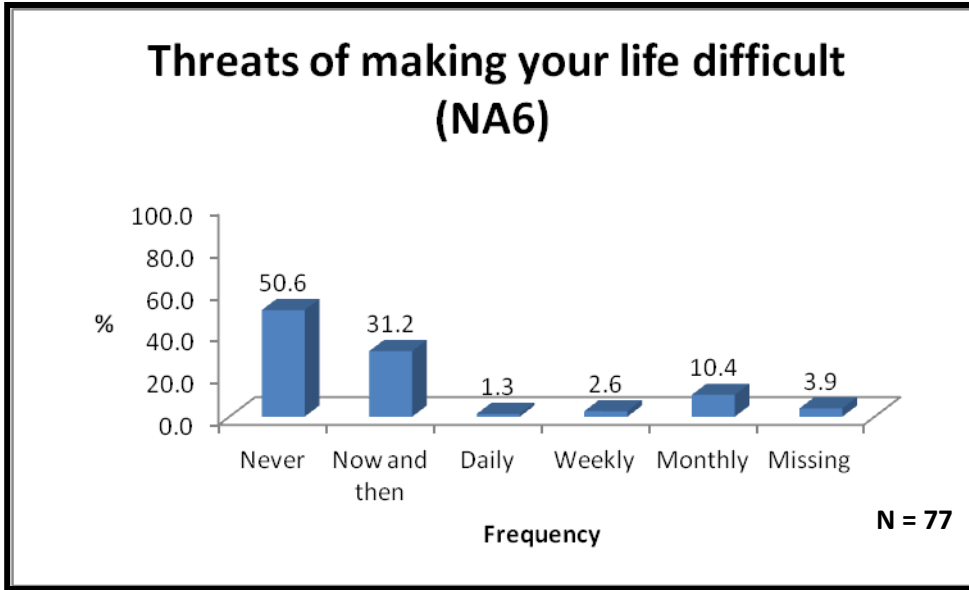


Figure 4.14.5 Threats of making your life difficult

It can be inferred from Figure 4.14.5 that *threats of making your life difficult* occurs never (50.6%), followed by now and then (31.2%), and monthly (10.4%).

- ◆ Figure 4.14.6 graphically represents the negative acts of the bully – *being subjected to excessive teasing*.

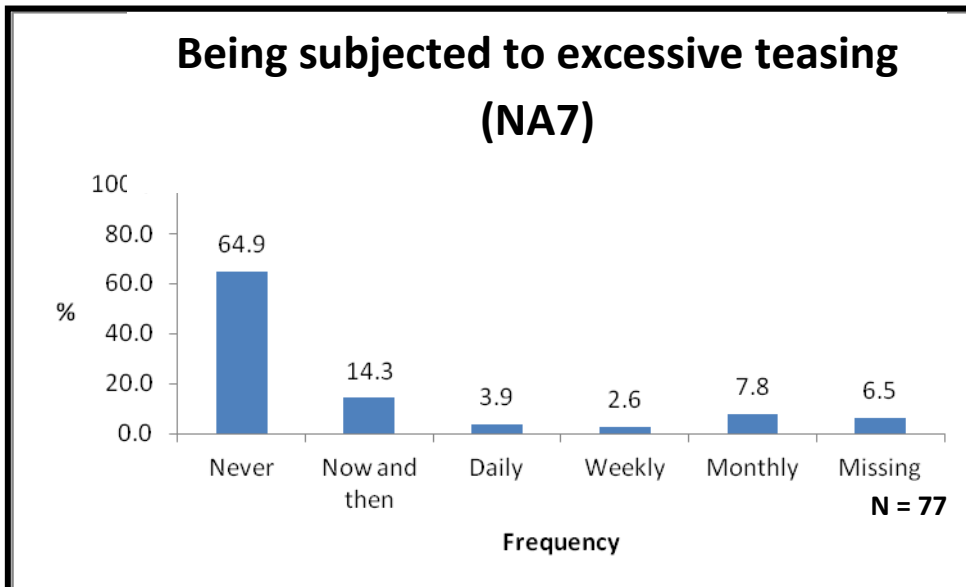


Figure 4.14.6. Being subjected to excessive teasing

It can be inferred from Figure 4.14.6 that *being subjected to excessive teasing* occurs never (64.9%), followed by now and then (14.3%), and monthly (7.8%).

- ◆ Figure 4.14.7 graphically represents the negative acts of the bully – *practical jokes being carried out by people with whom you do not get along*.

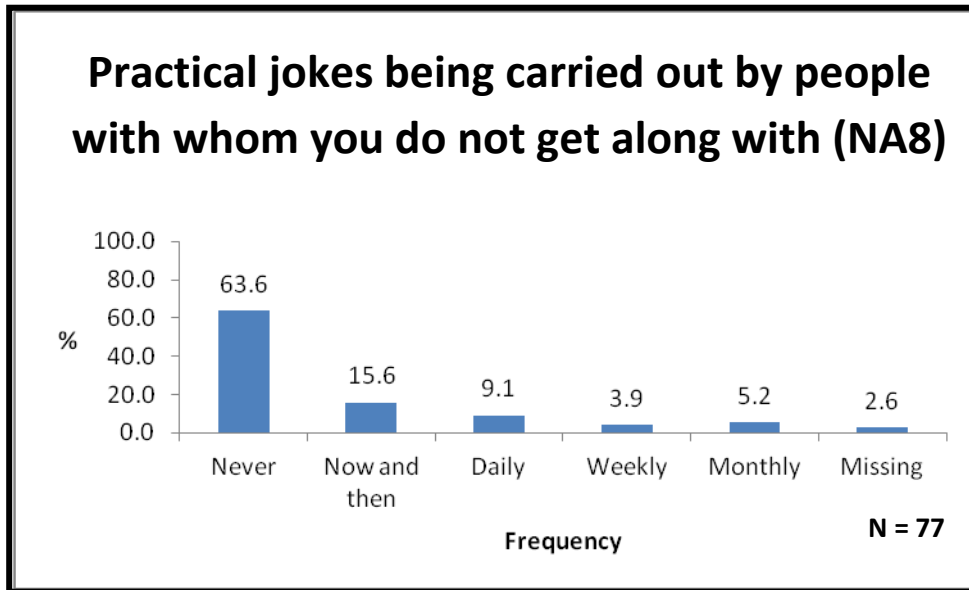


Figure 4.14.7 Practical jokes being carried out by people with whom you do not get along

It can be inferred from Figure 4.14.7 that *practical jokes being carried out by people with whom you do not get along* occurs never (63.6%), followed by now and then (15.6%), and daily (9.1%).

- ◆ Figure 4.14.8 graphically represents the negative acts of the bully – *pressure not to claim something to which you are entitled by right*.

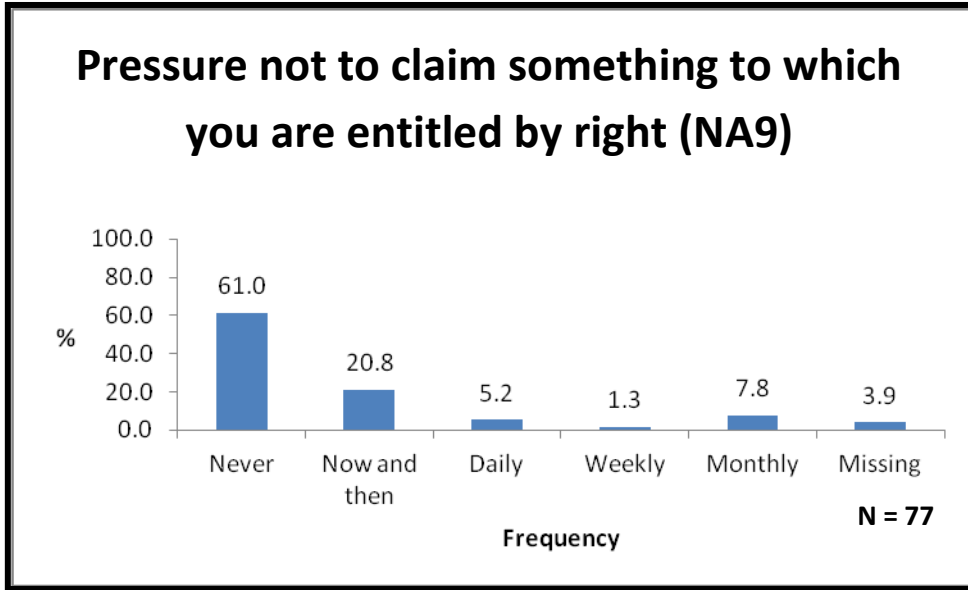


Figure 4.14.8 Pressure not to claim something to which you are entitled by right

It can be inferred from Figure 4.14.8 that *pressure not to claim something to which you are entitled by right* occurs never (61%), followed by now and then (20.8%), and monthly (7.8%).

- ◆ Figure 4.14.9 graphically represents the negative acts of the bully – *being exposed to unmanageable workload*.

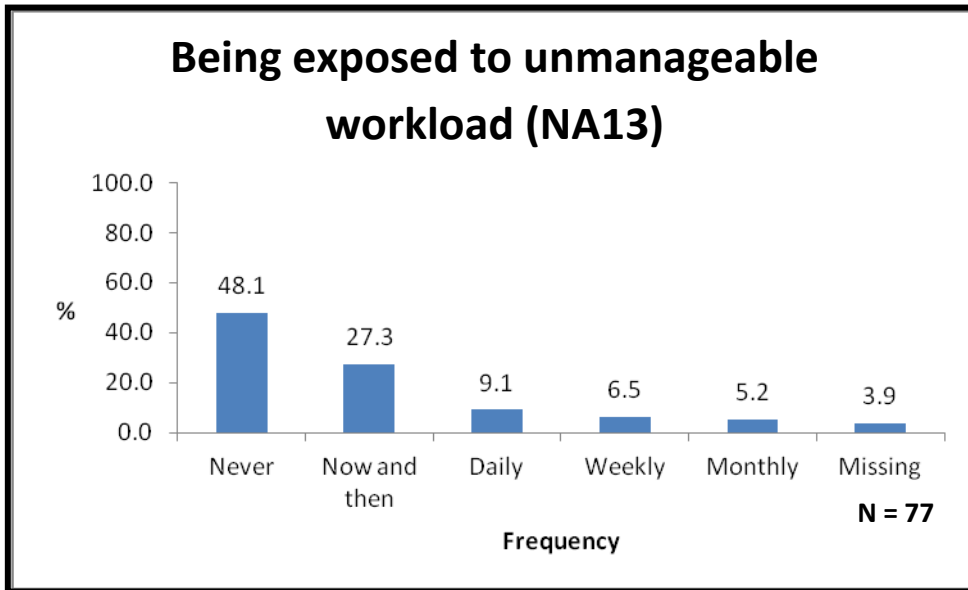


Figure 4.14.9 Being exposed to unmanageable workload

It can be deduced from Figure 4.14.9 that *being exposed to unmanageable workload* occurs never (48.1%), followed by now and then (27.3%), and daily (9.1%).

- ◆ Figure 4.14.10 graphically represents the negative acts of the bully – *offensive remarks or behaviour with reference to race or gender*.

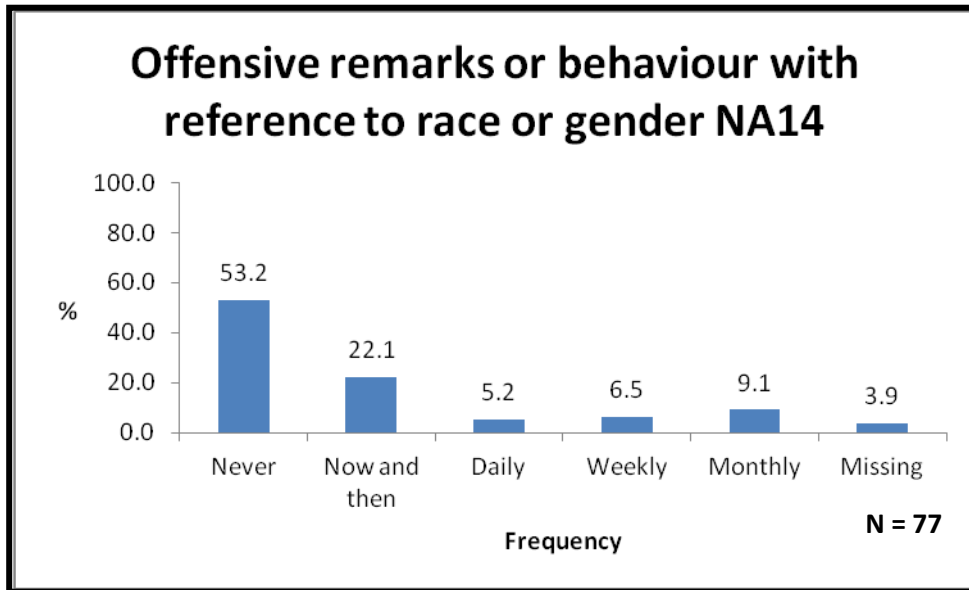


Figure 4.14.10 Offensive remarks or behaviour with reference to race or gender

It can be inferred from Figure 4.14.10 that *offensive remarks or behaviour with reference to race or gender* occurs never (53.2%), followed by now and then (22.1%), and monthly (9.1%).

- ◆ Figure 4.14.11 graphically represents the negative acts of the bully – *insulting remarks about your person, attitudes, private life*.

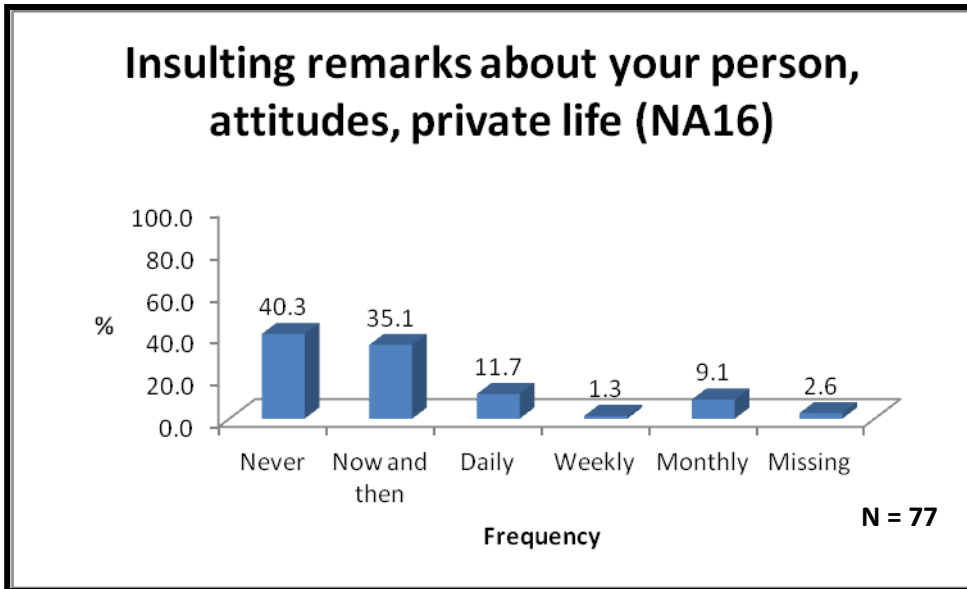


Figure 4.14.11 Insulting remarks about your person, attitudes, private life

It can be deduced from Figure 4.14.11 that *insulting remarks about your person, attitudes and private life* occurs never (40.3%), followed by now and then (35.1%), and daily (11.7%).

- ◆ Figure 4.14.12 graphically represents the negative acts of the bully – *Being ignored*.

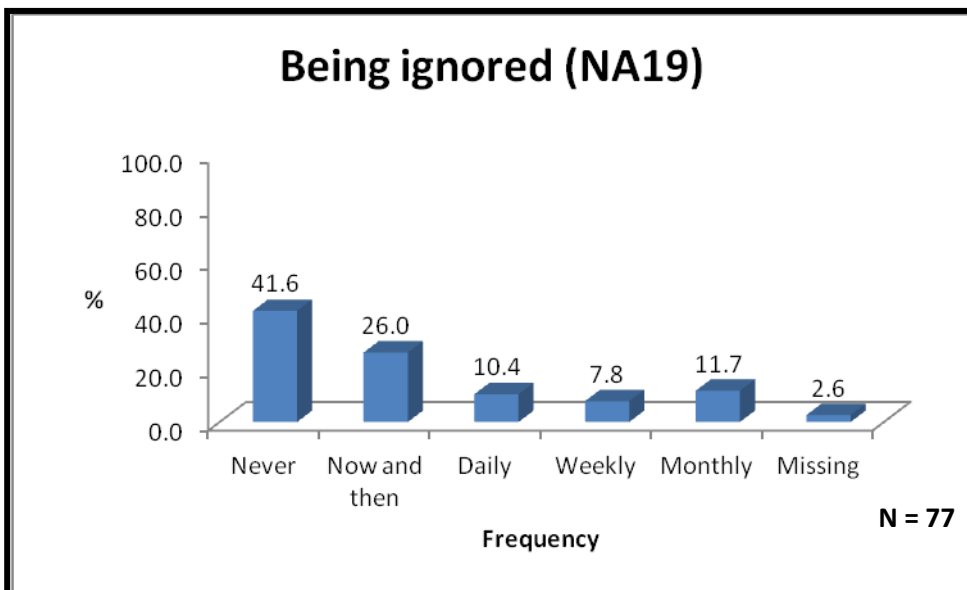


Figure 4.14.12 Being ignored

It can be inferred from Figure 4.14.12 that *being ignored* occurs never (41.6%), followed by now and then (26%), and monthly (11.7%).

- ◆ Figure 4.14.13 graphically represents the negative acts of the bully – *having your opinions and views ignored*.

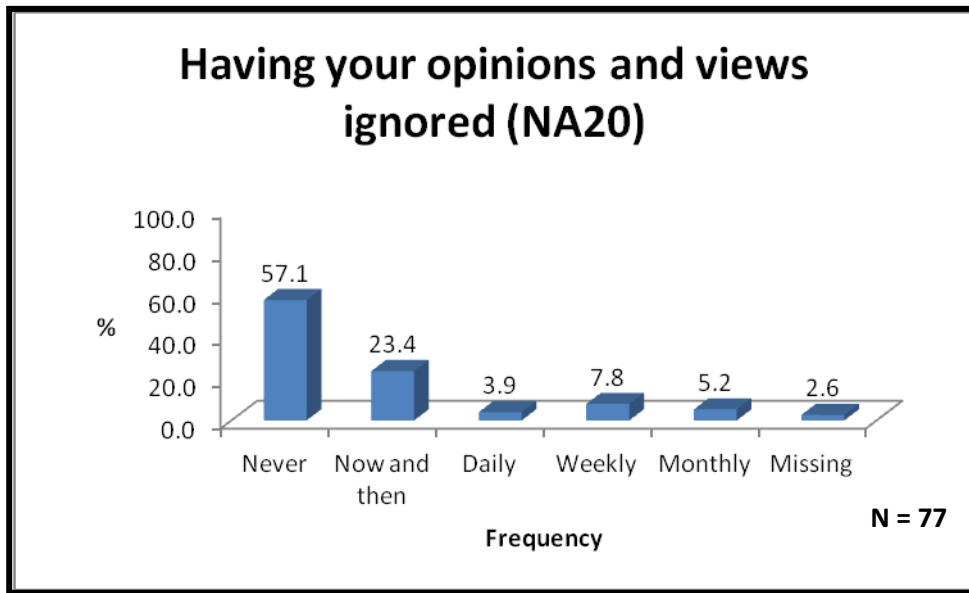


Figure 4.14.13 Having your opinions and views ignored

It can be deduced from Figure 4.14.13 that *having your opinions and views ignored* occurs never (57.1%), followed by now and then (23.4%), and weekly (7.8%).

- ◆ Figure 4.14.14 graphically represents the negative acts of the bully – *attempts to find fault with your work*.

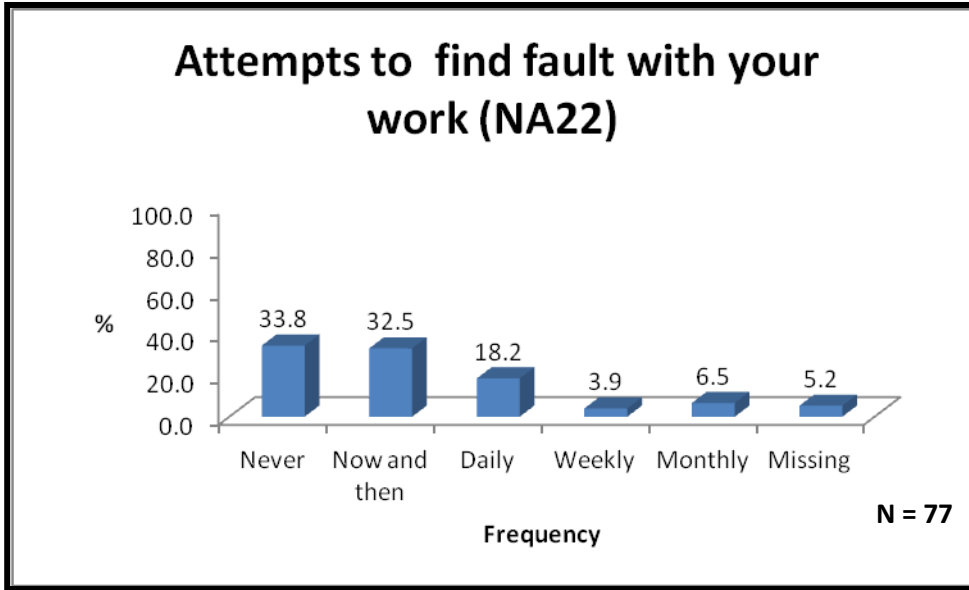


Figure 4.14.14 Attempts to find fault with your work

It can be deduced from Figure 4.14.14 that *attempts to find fault with your work* occurs never (33.8%), followed by now and then (32.5%), and daily (18.2%).

- ♦ Figure 4.14.15 graphically represents the negative acts of the bully – *repeated reminders of errors*.

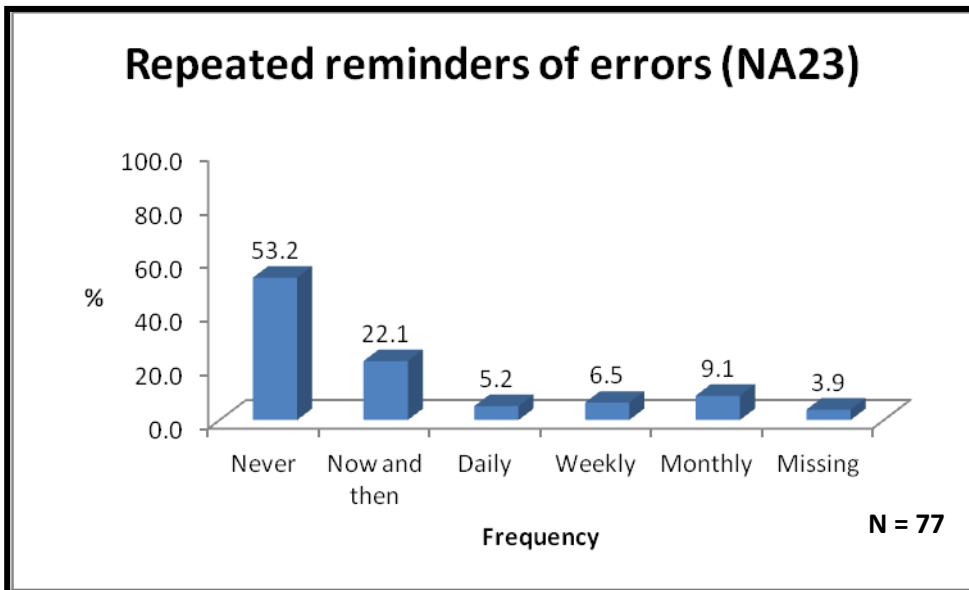


Figure 4.14.15 Repeated reminders of errors

It can be deduced from Figure 4.14.15 that *repeated reminders of error* occurs never (53.2%), followed by now and then (22.1%), and monthly (9.1%).

- ◆ Figure 4.14.16 graphically represents the negative acts of the bully – *being humiliated or ridiculed in connection with your work*.

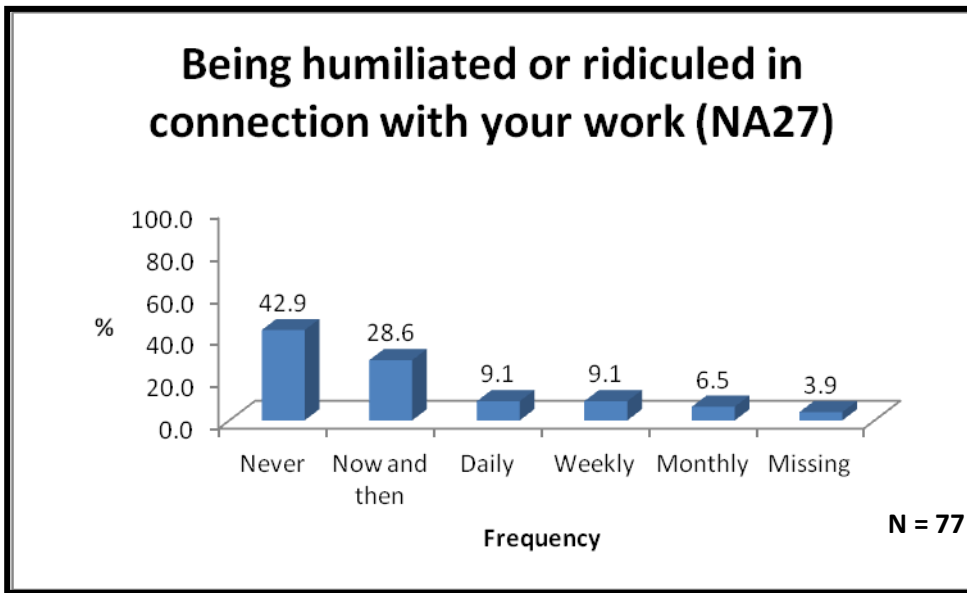


Figure 4.14.16 Being humiliated or ridiculed in connection with your work

It can be deduced from Figure 4.14.16 that *being humiliated or ridiculed in connection with your work* occurs never (42.9%), followed by now and then (28.6%), and daily (9.1%).

- ◆ Figure 4.14.17 graphically represents the negative acts of the bully – *areas of responsibility removed or replaced by trivial tasks*.

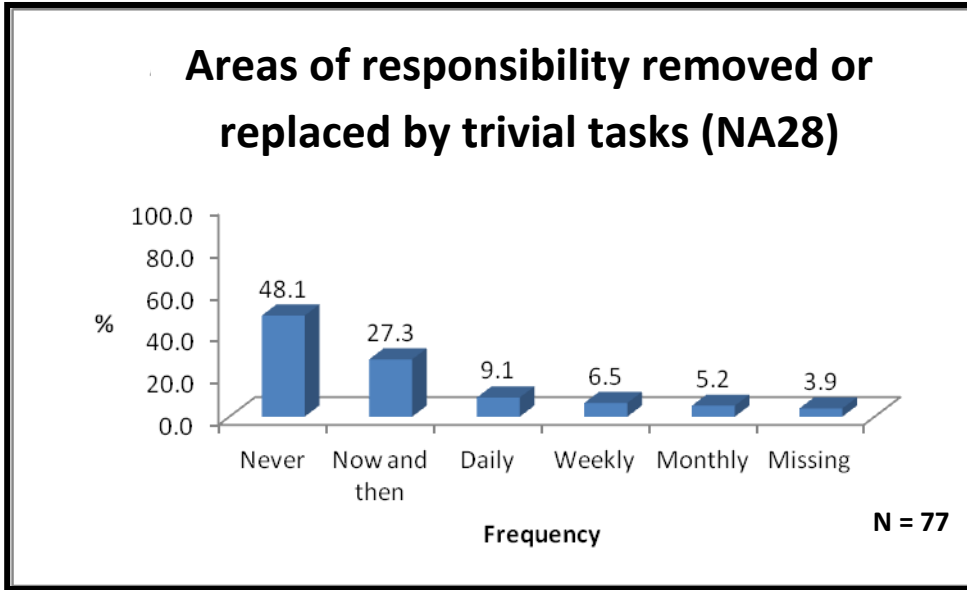


Figure 4.14.17. Areas of responsibility being removed or replaced by trivial tasks

It can be inferred from Figure 4.14.17 that *areas of responsibility being removed or replaced by trivial tasks* occurs never (48.1%), followed by now and then (27.3%), and daily (9.1%).

Table 4.4 indicates the statistical results of all the negative actions as presented in the questionnaire, including the seventeen with the highest frequencies discussed earlier.

Table 4.4*Summary of statistical results of Negative Acts Questionnaire*

Variable	N	Median	Minimum	Maximum	Frequency				
					1	2	3	4	5
Unwanted sexual behaviour (NA1)	74	2.00	1	5	33	28	2	4	7
Insulting messages, telephone calls (NA2)	74	1.00	1	5	61	11	0	1	1
Threats of violence or physical abuse (NA3)	75	2.00	1	5	29	24	7	7	8
Hints from others that you should quit your job (NA4)	75	2.00	1	5	23	20	12	14	6
Intimidating behaviour such as finger-pointing (NA5)	73	2.00	1	5	34	11	14	5	9
Threats of making your life difficult (NA6)	74	1.00	1	5	39	24	1	2	8
Being subjected to excessive teasing (NA7)	75	1.00	1	5	39	19	4	3	10
Practical jokes being carried out by people with who you do not get on (NA8)	74	1.00	1	5	41	17	2	6	8
Pressure not to claim something to you are entitled which by right (NA9)	76	2.00	1	5	36	15	10	7	8
Being given task with unreasonable deadlines (NA10)	75	1.00	1	5	49	16	2	5	3
Having allegations made against you (NA11)	75	1.00	1	5	59	6	3	3	4
Spread gossip (NA12)	75	1.00	1	5	63	3	3	2	4
Being exposed to unmanageable workload (NA13)	75	2.00	1	5	33	21	12	2	7
Offensive remarks or behaviour with reference to gender or race (NA14)	75	1.00	1	5	39	17	8	5	6

Being moved or transferred against your will (NA15)	75	2.00	1	5	32	25	4	11	3
Insulting remarks about your person, attitudes, private life (NA16)	75	2.00	1	5	31	27	9	1	7
Being ignored or facing hostile reaction when you approach (NA17)	75	1.00	1	5	64	6	2	2	1
Withhold information which affects your performance (NA18)	75	1.00	1	5	49	12	7	3	4
Being ignored (NA19)	75	2.00	1	5	32	20	8	6	9
Having your opinions and views ignored (NA20)	75	1.00	1	5	44	18	3	6	4
Persistent criticism about work (NA21)	75	1.00	1	5	45	17	2	2	9
Attempts to find fault with your work (NA22)	73	2.00	1	5	26	25	14	3	5
Repeated reminders of errors (NA23)	74	1.00	1	5	41	17	4	5	7
Excessive monitoring of work (NA24)	74	1.00	1	5	47	16	4	1	6
Being shouted at (NA25)	72	1.00	1	5	50	11	3	2	6
Systematically being asked to carry out tasks that are not in your job description (NA26)	74	1.00	1	5	55	8	0	5	6
Being humiliated or ridiculed in connection with your work (NA27)	74	2.00	1	5	33	22	7	7	5
Areas of responsibility being removed or replaced by trivial tasks (NA28)	74	1.50	1	5	37	21	7	5	4
Ordered to do work below your level of competence (NA29)	74	1.00	1	5	43	14	3	5	9

The scale ranges from never (1), now and then (2), daily (3), and weekly (4) to monthly (5). By observing the median scores in Table 4.4, it can be deduced that the most common answer was either never (1) or now and then (2). Furthermore, the frequencies show the number of participants who indicated a specific answer.

4.2.1.2.1c Work Harassment Scale

- **Work Harassment Scale**

Work Harassment behaviours refer to bullying behaviours performed by the bully. The naming of the graphs refers to the name of the type of work harassment behaviours and the coding used for the variable. There are 24 variables. For the Work Harassment Scale, the frequencies of the scales now and occasionally (3), often (4) and very often (5) were summed to determine the prevalence. The types of bullying actions with frequencies ranging between 30 – 69 (moderate frequency) and 70 – 100 (high frequency) were selected as bullying actions with a high prevalence of bullying and are displayed graphically:

- ♦ Figure 4.15.1 graphically represents the work harassment behaviours of the bully – *accusations*.

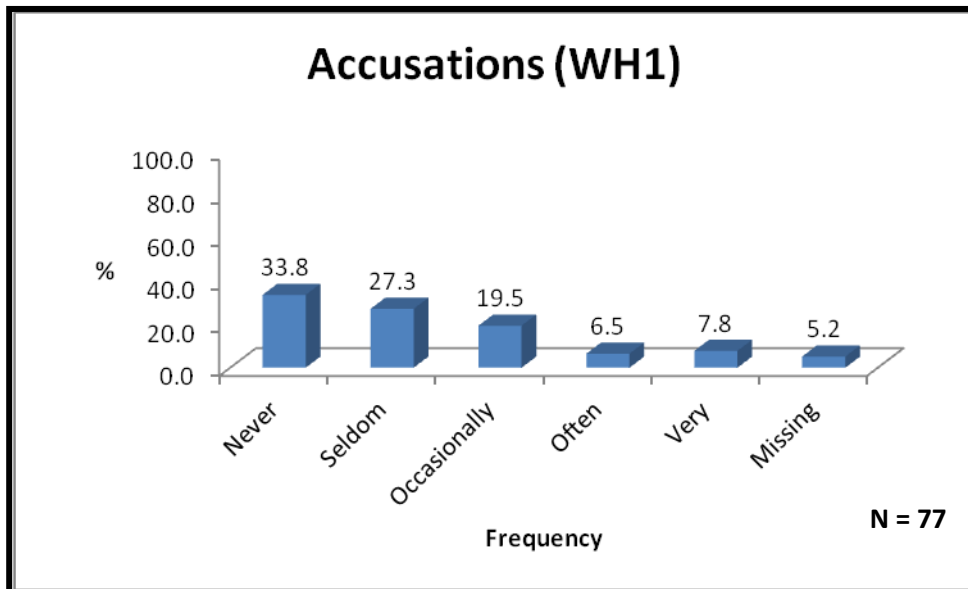


Figure 4.15.1 Accusations

It can be deduced from Figure 4.15.1 that *accusations* occurs never (33.8%), followed by seldom (27.3%), and occasionally (19.5%).

- ◆ Figure 4.15.2 graphically represents the work harassment behaviours of the bully – *being treated as non-existent*.

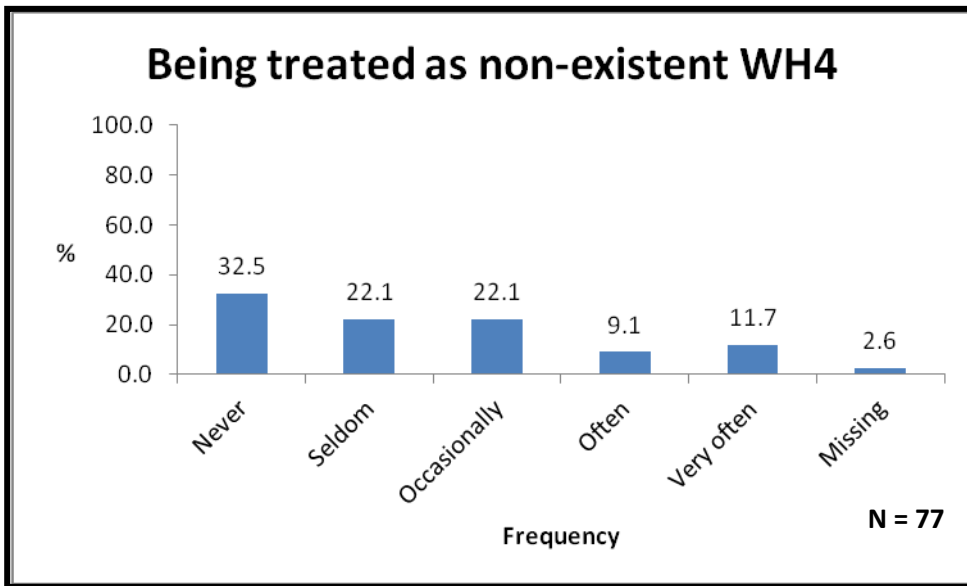


Figure 4.15.2 Being treated as non-existent

It can be deduced from Figure 4.15.2 that *being treated as non-existent* occurs never (32.5%), followed by seldom (22.1%), occasionally (22.1%), and very often (11.7%).

- ◆ Figure 4.15.3 graphically represents the work harassment behaviours of the bully – *belittling your opinions*.

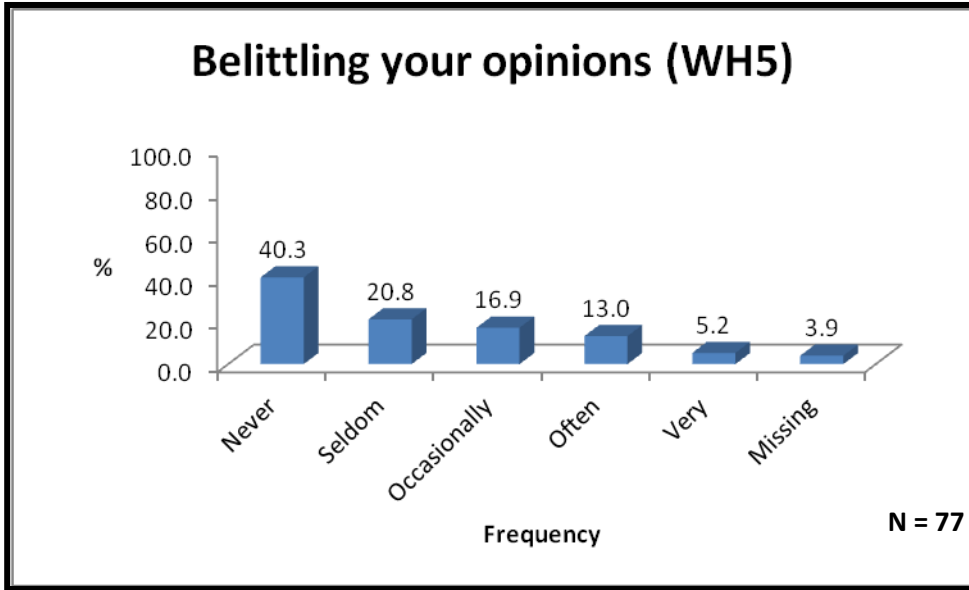


Figure 4.15.3 Belittling your opinions

It can be inferred from Figure 4.15.3 that *belittling your opinions* occurs never (40.3%), followed by seldom (20.8%), occasionally (16.9%), and often (13%).

- Figure 4.15.4 graphically represents the work harassment behaviours of the bully – *sense of judgement questioned*.

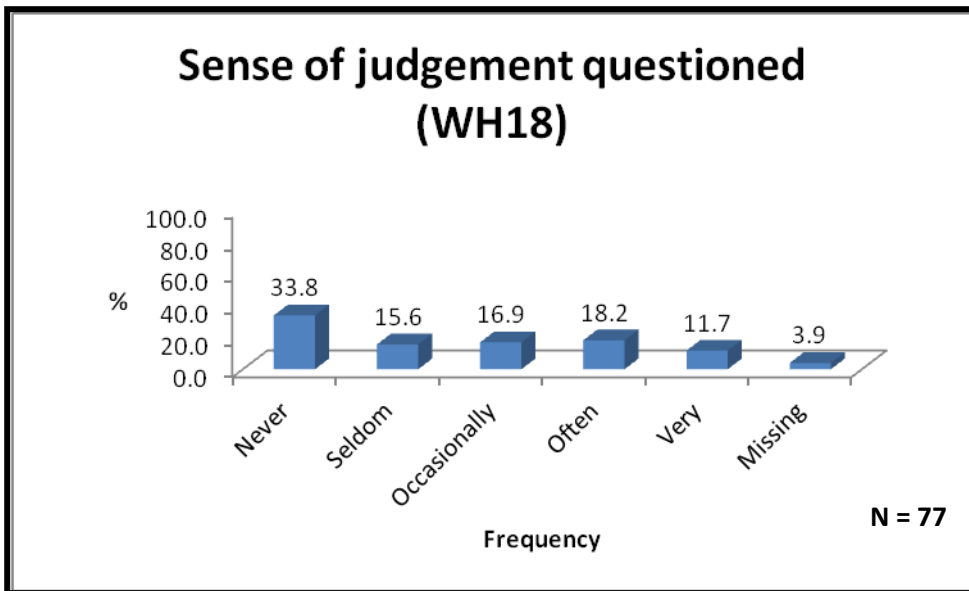


Figure 4.15.4 Sense of judgement questioned

It can be inferred from Figure 4.15.4 that *sense of judgement questioned* occurs never (33.8%), followed by often (18.2%), occasionally (16.9%), seldom (15.6%), and very often (11.7%).

- ♦ Figure 4.15.5 graphically represents the work harassment behaviours of the bully – *unduly disrupted*.

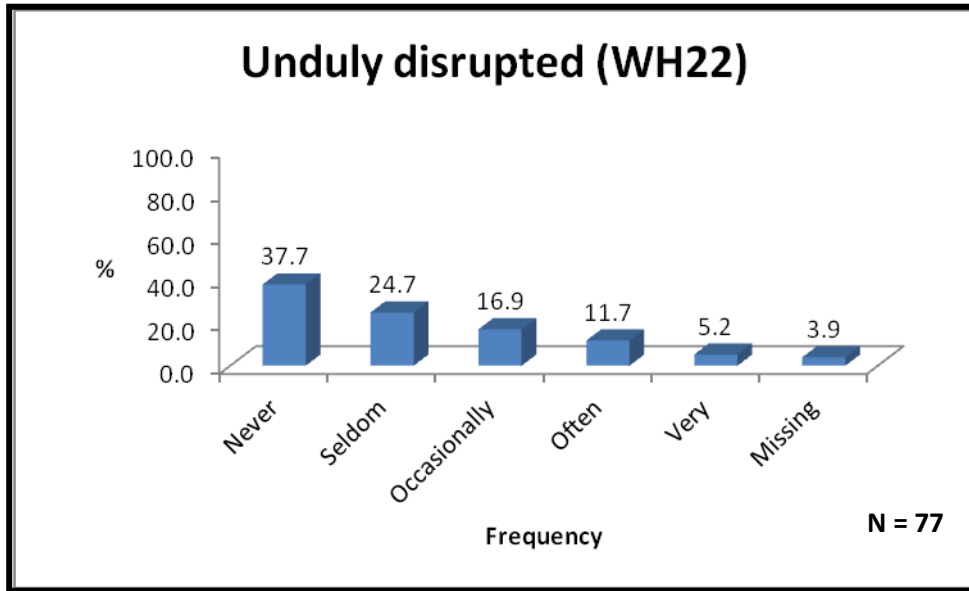


Figure 4.15.5 Unduly disrupted

It can be deduced from Figure 4.15.5 that *unduly disrupted* occurs never (37.7%), followed by seldom (24.7%), occasionally (16.9%), and often (11.7%).

- ♦ Figure 4.15.6 graphically represents the work harassment behaviours of the bully – *words aimed at hurting you*.

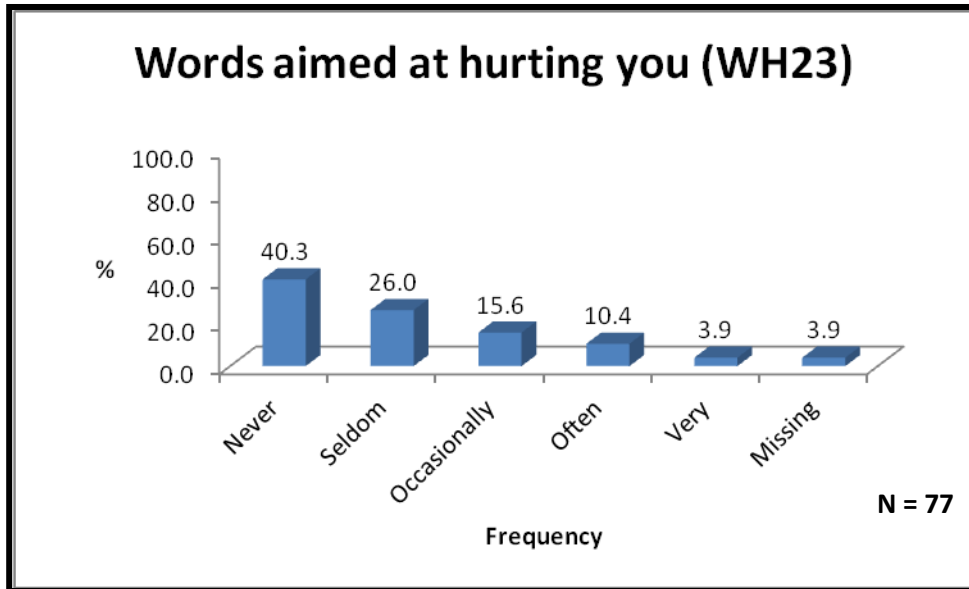


Figure 4.15.6 Words aimed at hurting you

It can be deduced from Figure 4.15.6 that *words aimed at hurting you* occurs never (40.3%), followed by seldom (26%), occasionally (15.6%), and often (10.4%).

Table 4.5 indicates the statistical results of all the work harassment behaviours as presented in the questionnaire, including the six with the highest frequencies as discussed earlier.

Table 4.5*Summary of statistical results of Work Harassment Scale*

Variables	N	Median	Minimum	Maximum	Frequency				
					0	1	2	3	4
Accusations (WH1)	73	1.00	0	4	26	21	15	5	6
Accused of being mentally disturbed (WH2)	74	0.00	0	4	40	21	8	1	4
Being sneered at (WH3)	73	1.00	0	4	36	18	9	7	3
Being treated as non-existent (WH4)	75	1.00	0	4	25	17	17	7	9
Belittling your opinions (WH5)	74	1.00	0	4	31	16	13	10	4
Comments about your private life (WH6)	74	0.00	0	4	51	10	6	1	6
Direct threats (WH7)	74	1.00	0	4	31	26	11	4	2
How often are you given insulting tasks (WH8)	75	0.00	0	4	56	8	4	3	4
How often are you given meaningless tasks (WH9)	74	0.00	0	4	57	10	6	0	1
Insinuating glances (WH10)	73	0.00	0	4	41	18	12	0	2
Being isolated (WH11)	73	1.00	0	4	28	23	11	5	6
Lies about you told (WH12)	74	0.00	0	4	42	20	8	2	2
Malicious rumours being spread behind your back (WH13)	74	0.00	0	4	40	20	8	3	3
Reduce opportunities to express yourself (WH14)	74	1.00	0	4	34	20	8	9	3
Refusal to hear you (WH15)	74	1.00	0	4	35	23	7	6	3

Refusal to speak to you (WH16)	74	0.00	0	4	42	24	4	1	3
Ridiculed in front of others (WH17)	74	1.00	0	4	32	21	9	8	4
Sense of judgement questioned (WH18)	74	1.00	0	4	26	12	13	14	9
Sensitive details about your private life revealed (WH19)	73	0.00	0	4	42	15	5	7	4
Shouted at loudly (WH20)	74	0.00	0	4	47	12	7	4	4
Unduly criticised (WH21)	74	1.00	0	4	35	17	12	7	3
Unduly disrupted (WH22)	74	1.00	0	4	29	19	13	9	4
Words aimed at hurting you (WH23)	74	1.00	0	4	31	20	12	8	3
Work judged in an incorrect and insulting manner (WH24)	67	0.00	0	4	57	5	2	1	2

The scale ranges from never (0), seldom (1), occasionally (3), and often (4) to very often (5). By observing the median scores in the above table, it can be deduced that the most common answer was either never (0) or seldom (1). Furthermore, the frequencies show the number of participants who indicated a specific answer.

4.2.1.2.2 What are the costs incurred by the individual and the organisation due to bullying?

▪ **Costs of bullying**

The costs of bullying refer to the individual costs of bullying in terms of the physiological and psychological responses to bullying, as well as the organisational costs of bullying.

4.2.1.2.2a Individual costs of bullying

The following graphs highlight the physiological and psychological responses to bullying with the highest occurrence.

- ♦ Figure 4.16.1 graphically represents the costs of bullying – *constantly feeling tired* – as indicated by the sample.

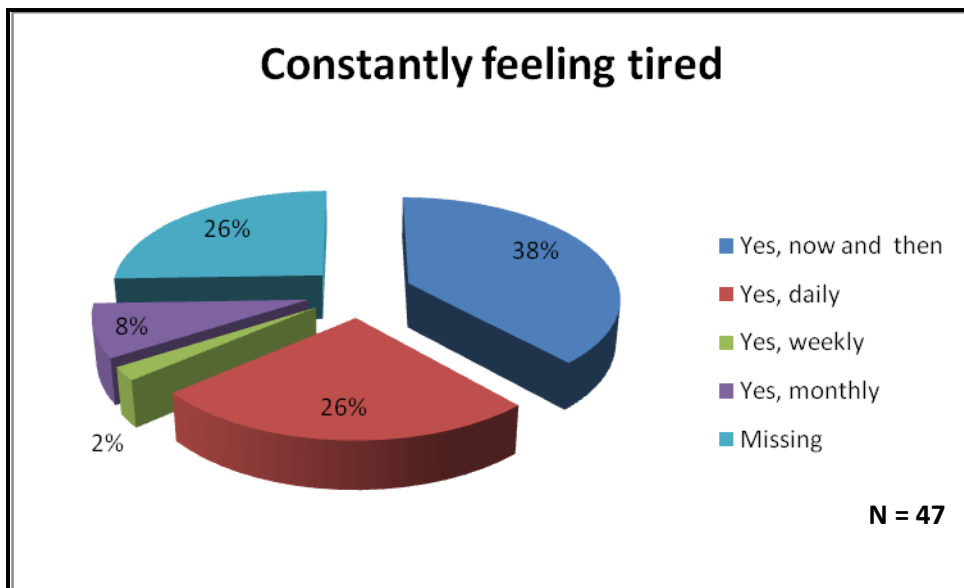


Figure 4.16.1 Constantly feeling tired

Figure 4.16.1 represents the costs incurred by the participants who experienced or witnessed bullying (N=47). It can be deduced that *constantly feeling tired* occurs now and then (38%), followed by daily (26%), monthly (8%), and weekly (2%).

- ♦ Figure 4.16.2 graphically represents the costs of bullying – *not looking forward to going to work* – as indicated by the sample.

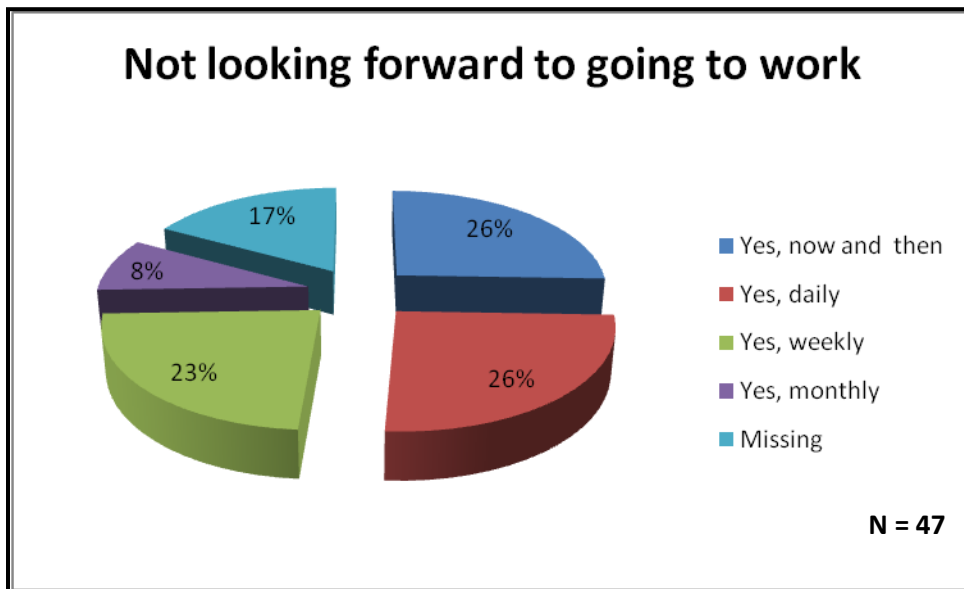


Figure 4.16.2 Not looking forward to going to work

Figure 4.16.2 represents the costs incurred by the participants who experienced or witnessed bullying (N=47). It can be deduced that *not looking forward to going to work* occurs now and then (26%), followed by daily (26%), weekly (23%), and monthly (8%).

- ◆ Figure 4.16 graphically represents the costs of bullying – *anxiety* – as indicated by the sample.

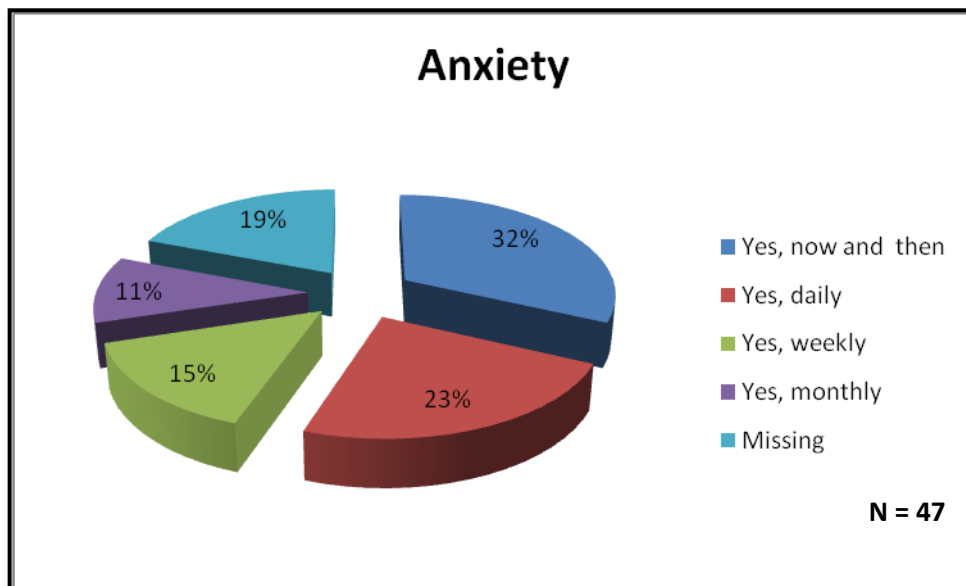


Figure 4.16.3 Anxiety

Figure 4.16.3 represents the costs incurred by the participants who experienced or witnessed bullying (N=47). It can be deduced that *anxiety* occurs (32%) of the time in the place of work, followed by daily (23%), monthly (23%), and weekly (15%).

- ◆ Figure 4.16.4 graphically represents the costs of bullying – *migraine headaches* – as indicated by the sample.

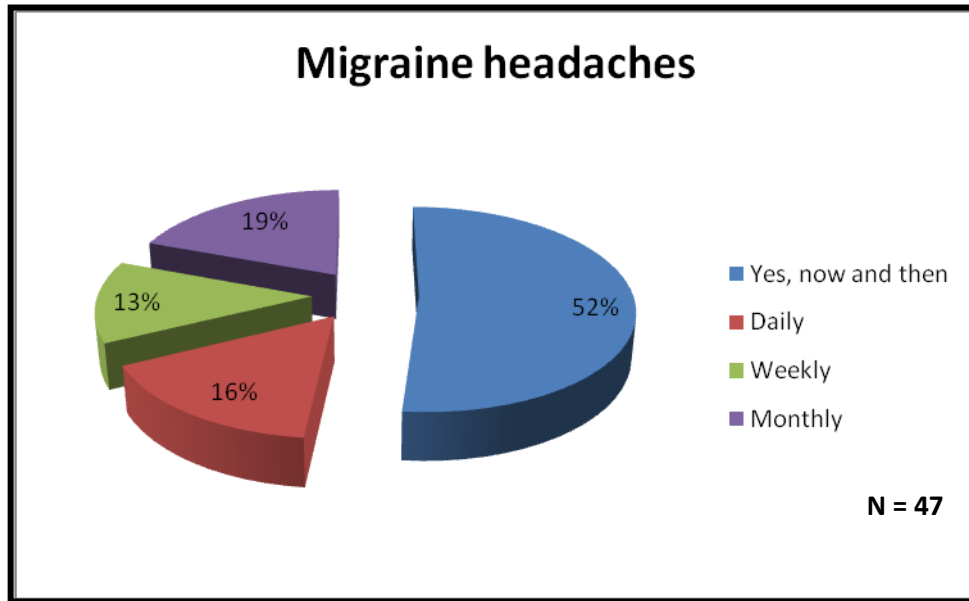


Figure 4.16.4 Migraine headaches

Figure 4.16.4 represents the costs incurred by the participants who experienced or witnessed bullying (N=47). It can be deduced that *migraine headaches* occurs now and then (52%), followed by daily (16%), monthly (19%), and weekly (13%).

Table 4.6 indicates the statistical results of all the physiological and psychological costs for the individual, as presented in the questionnaire, including the four with the highest frequency as discussed above.

Table 4.6

Summary of statistical results of costs of bullying

Variable	N	Median	Minimum	Maximum	Frequency			
					1	2	3	4
EA1 -Constipation	28	1.00	1	4	16	1	1	10
EA2 -Flatulence	23	2.00	1	4	10	2	4	7

EA3 -Coughs	24	1.50	1	4	12	4	2	6
EA4 -Diarrhoea	26	1.00	1	4	14	1	5	6
EA5 -Peptic ulcers	27	2.00	1	4	13	1	1	12
EA6 -Migraine headaches	31	1.00	1	4	16	5	4	6
EA7 -Chest pains	29	1.00	1	4	17	3	1	8
EA8 - Abdominal pains	29	1.00	1	4	15	4	4	6
EA9 -Constantly feeling tired	35	1.00	1	4	18	12	1	4
EA10 -Not looking forward to going to work	39	2.00	1	4	12	12	11	4
EA11 -Anxiety	38	2.00	1	4	15	11	7	5
Valid N (list-wise)	47							

The scale ranges from yes, now and then (1); yes, daily (2); yes, weekly (3) to yes, monthly (4). By observing the median scores in Table 4.6, it can be deduced that the most common answer was either now and then (1) or daily (2). Furthermore, the frequencies show the number of participants who indicated a specific answer.

▪ Other costs

Other costs refer to the specific costs, as indicated by the participants, that were not covered in the questionnaire. Table 4.7 shows the costs, as indicated by the participants in the open-ended question.

Table 4.7

Other costs

Nursing	Fourth year	Third year
<ul style="list-style-type: none"> ▪ Aggressive behaviours. ▪ If the complaint was to the operational manager, the candidate will not know about it. ▪ Renal failure. 	No responses indicated.	<ul style="list-style-type: none"> ▪ Anger. ▪ Depression. ▪ Excessive stress. ▪ Not performing optimally.

The analysis of the above results indicates that the individual costs of bullying are *constantly feeling tired, not looking forward to going to work, and anxiety.*

4.2.1.2.2b Organisational costs of bullying

a) *Have you or any of your colleagues been diagnosed with the following within the past six months?*

The following graphs highlight the physiological and psychological responses to bullying with the highest occurrence:

- **Hypertension**

Figure 4.17 graphically represents hypertension, as indicated by the sample.

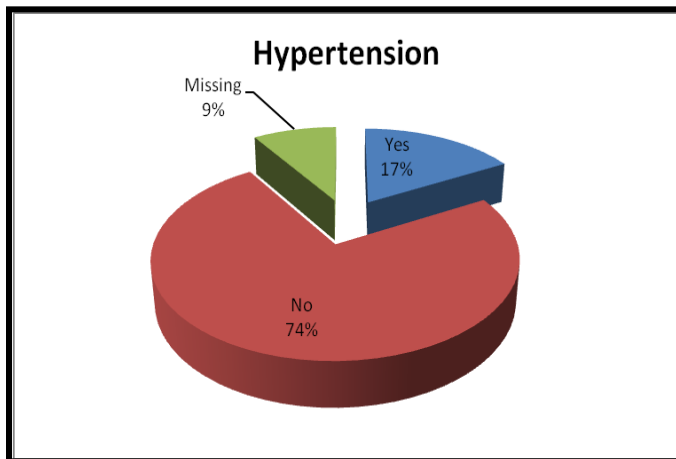


Figure 4.17. Hypertension

It can deduced from Figure 4.17 that the majority (74%) of the participants are not aware or do not experience hypertension; 17% are either aware of hypertension or experience hypertension, and 9% of the responses were not completed.

- **Depression**

Figure 4.18 graphically represents depression, as indicated by the sample.

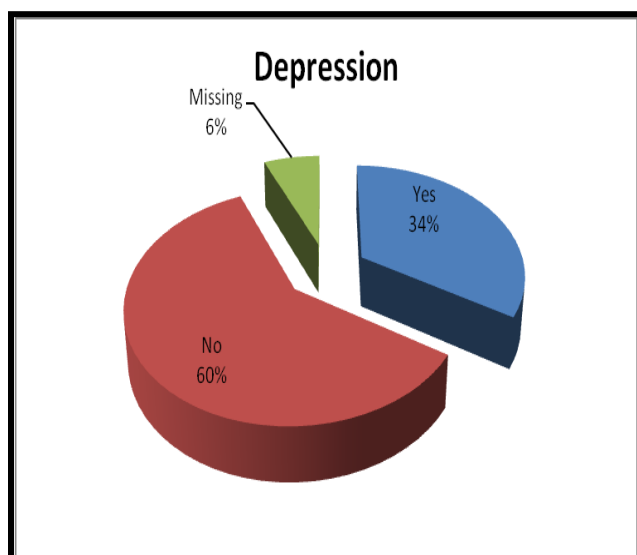


Figure 4.18. Depression

It can be inferred from figure 4.18 that the majority (60%) of the participants do not experience depression or are not aware of having depression; 34% are either aware of depression or experience depression, and 6% did not give a response. Due to the confidentiality of the topic, it could be argued that the respondents did not want to indicate the status of depression and, therefore, most of the respondents answered no.

Although the incidence of depression is low in the sample, studies done by Thomas (2006), Agervold and Mikkelsen (2004), and Variatia (2001) suggest that depression is a common cost of bullying.

b) Did you or any of your colleagues take sick leave within the past six months?

▪ **Sick leave taken**

Figure 4.19 graphically represents sick leave taken, as indicated by the sample.

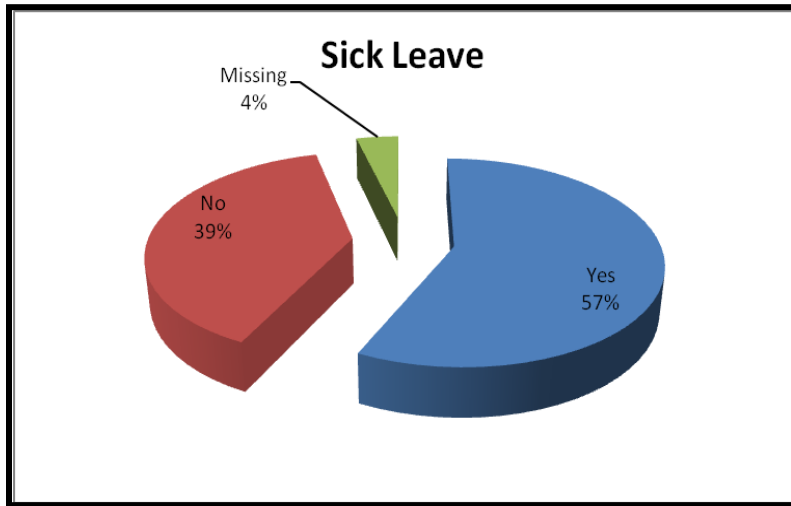


Figure 4.19. Sick leave

It can be inferred from Figure 4.19 that the majority (57%) of the participants are aware of a colleague who took sick leave or took sick leave themselves; 39% of the participants are not aware of a colleague who took sick leave or did not take sick leave themselves, and 4% did not give a response.

From the above analysis, it can be deduced that a large amount of sick leave is taken.

- **Amount of sick leave taken**

Figure 4.20 graphically represents the amount of sick leave taken, as indicated by the sample.

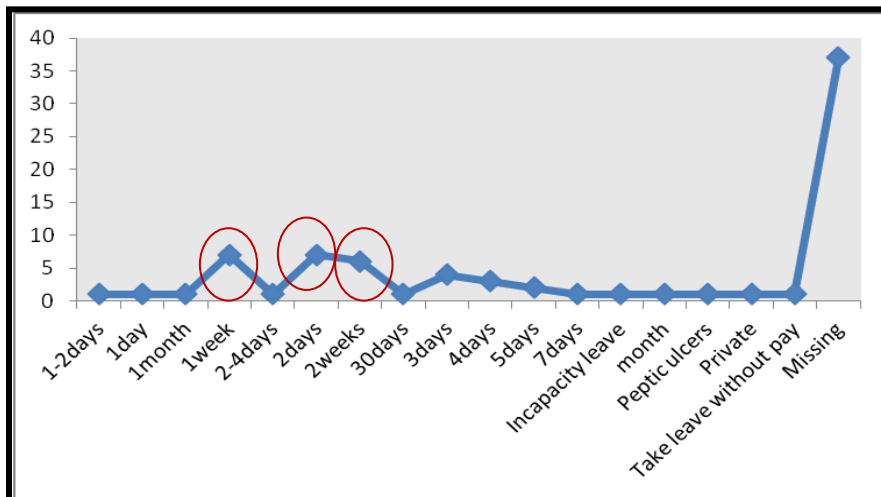


Figure 4.20. Amount of sick leave taken

No significant deduction can be made from Figure 4.20, since 37% of the participants did not respond. However, the analysis shows that the majority (7%) of the participants took one week's leave or two days' leave, and 6% took two weeks' leave.

c) Did you or any of your colleagues make a sudden move to a different department?

Figure 4.21 graphically represents departmental movements made, as indicated by the sample.

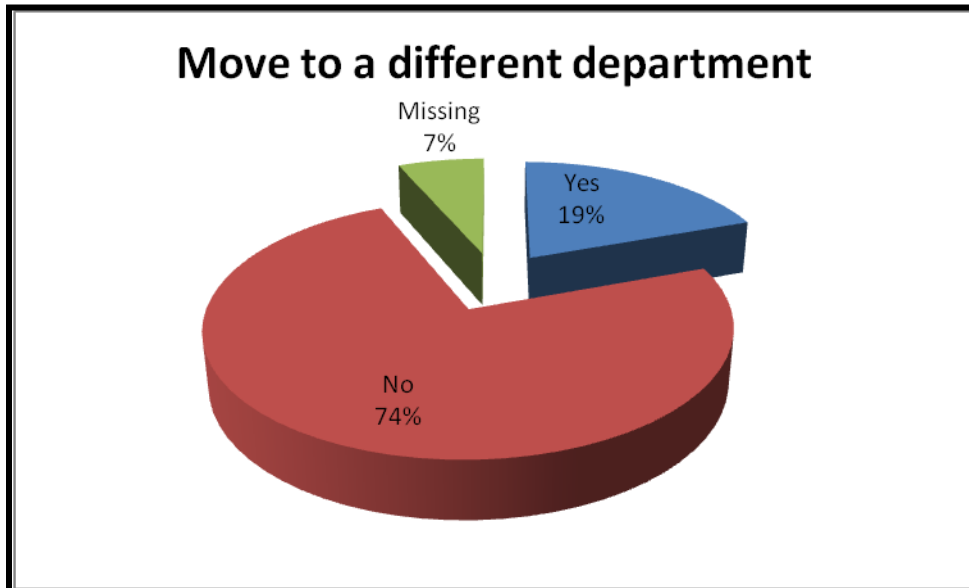


Figure 4.21. Move to a different department

It can be deduced from Figure 4.21 that the majority (74%) of the participants are not aware of a colleague who moved to a different department or did not move to a different department themselves; 19% of the participants are aware of a colleague who moved to a different department or moved to a different department themselves, and 7% did not give a response.

The analysis of the above results indicates that the organisational costs of bullying are incurred due to the large amount of sick leave taken by employees, as well as the movement of employees between departments. The individual costs can also contribute to the organisational costs, since these factors can decrease the staff's productivity and morale.

From the above analysis, it can be deduced that the group with the highest prevalence of bullying was the third-year nursing students, followed by the fourth-year nursing students. The data from the quantitative research thus provided the means to identify the participants to take part in the qualitative research. Thus, for the qualitative analysis, the in-depth interviews obtained from the third- and fourth-year nursing students are coded and interpreted in section 4.3.

4.3 Qualitative analysis

Data analysis consists of text analysis by means of coding the text components by assigning labels and then aggregating similar codes into themes (Ivankova, Topping & Kwamura, 2007). Interviews were conducted to obtain data in order to answer the following research questions (see section 1.4):

- What are the various individual and/or organisational factors that can be precursors of bullying?
- How can bullying be prevented?

Strauss and Corbin (1990) established a structured process of analysing qualitative data comprising open, axial and selective coding. This was combined into a framework called conditional matrix. In developing a conditional matrix for this analysis, the researcher integrated research questions with the interview questions. Using the questions, the researcher developed coding labels for the participants' responses. After coding the responses, the researcher developed themes by examining all the responses from the seven transcripts recorded in order to ensure that this will relate to the research question.

In the next section, information gathered from the analysis will be discussed. The focus will be on the biographical information of the participants in the hospital, and the factors leading to bullying, as well as possible interventions.

4.3.1 *Sample description*

4.3.1.1 *Demographics*

A total of 7 participants were interviewed. The sample was chosen based on the quantitative analysis done. The quantitative analysis revealed that the group of third-year students and the group of fourth-year students have the highest prevalence of bullying. These participants were asked to provide the researcher with their contact details if they would like to participate in an in-depth interview. The researcher contacted these participants and arranged a time and place for the interviews to take place.

▪ **Gender**

Figure 4.22 graphically represents the gender of the sample group for the qualitative analysis.

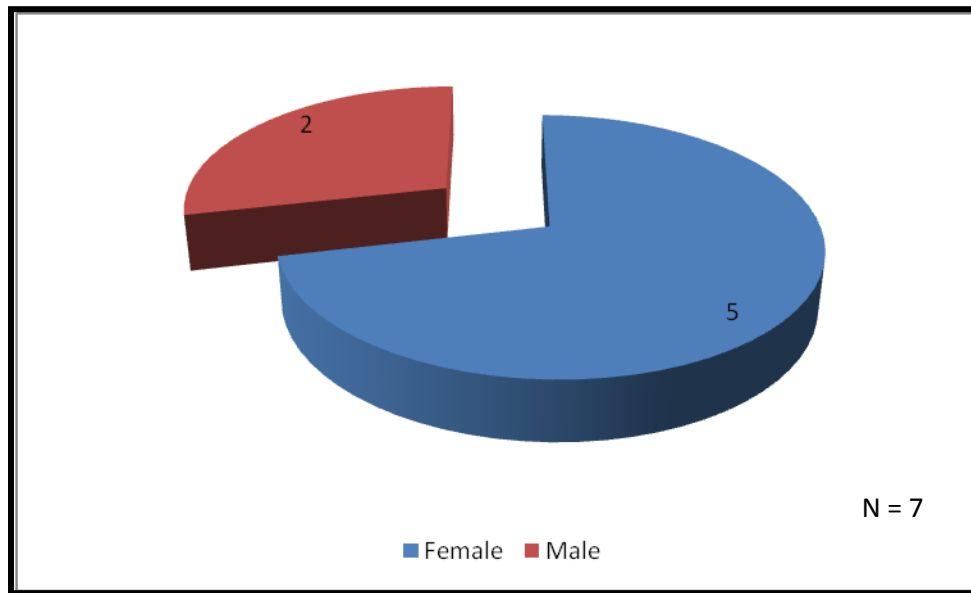


Figure 4.22. Gender of the sample group for the qualitative analysis

Figure 4.22 shows that five of the participants are female and two are male.

- **Age**

The age of the participants ranges between 19 and 26 years, with three aged 21 years.

- **Home language**

Figure 4.23 graphically represents the home language of the sample group for the qualitative analysis.

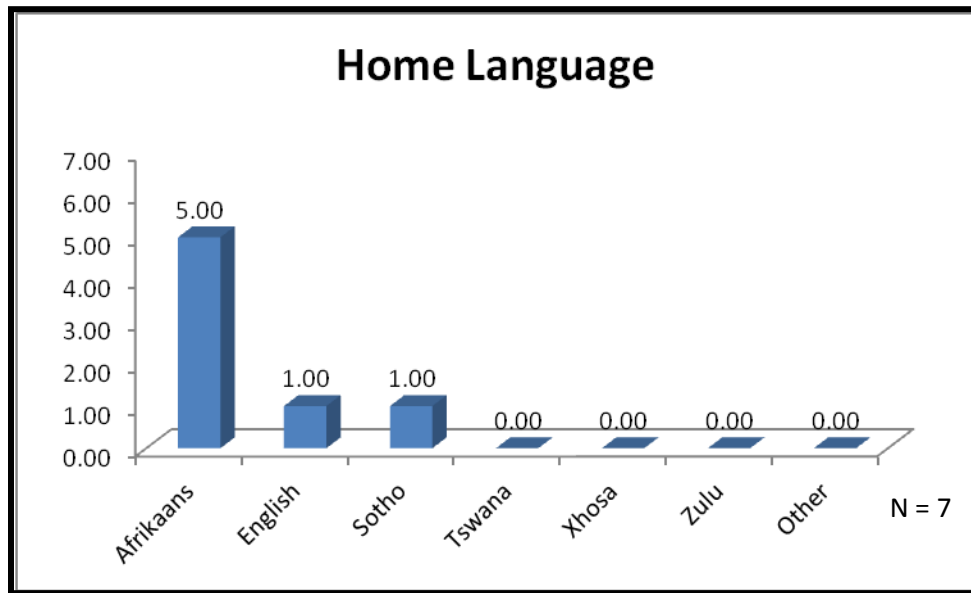


Figure 4.23. Home language of the sample group for the qualitative analysis

It can be deduced from Figure 4.23 that five of the participants' home language is Afrikaans, one participant is English, and one participant is Sotho.

- **Current position**

Five of the participants are currently third-year students and two are fourth-year students.

4.3.2 In-depth interview

A total of 7 participants were interviewed. The following analysis addressed the research questions pertaining to the group of nurses and students in the hospital, as stated in section 4.3 (see also section 1.4).

4.3.2.1 *What are the various individual and/or organisational factors that can be precursors of bullying?*

Table 4.8

What are the various individual and/or organisational factors that can be precursors of bullying?

Research questions	Interview questions	Themes	Patterns (linkages with theory)
What are the various individual and/or organisational factors that can be precursors of bullying, within a public hospital?	<p>“Bullying can be defined as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him- or herself against these actions. Bullying does not refer to a once-off incident” (Hoel <i>et al.</i>, 2001).</p>	<ul style="list-style-type: none"> ▪ Attitude <ul style="list-style-type: none"> - Candidate 7 reported that sisters have an attitude that they want to target you. They are rude, not polite and bitter. - Candidate 3 explained that the sisters do not respect the profession or each other. - Candidate 2 mentioned that the sisters have an attitude, because they feel their jobs are threatened. - Candidate 1 remarked that the sisters either like you or do not like you, and this is linked to their professionalism. ▪ Job environment <ul style="list-style-type: none"> - Candidate 7 explained that the fact that students move to a new ward every 	<p>This relates to the influence a social environment can have on an individual’s opinion, and shape the way s/he views the world. However, this can also relate to the individual antecedent of power, such as hierarchical relationships (see sections 2.7.1.4 and 2.7.1.5).</p> <hr/> <ul style="list-style-type: none"> ▪ The organisational environment antecedent links to this theme, especially the work design and work culture (see

Can you describe such an event or events such as the above, where you were either the victim or witnessed such behaviour?

- month can contribute to a bullying environment. But also because there is an imbalance between the practical way of nursing and the textbook way.
- Candidate 6 stated that there is a lack of orientation, and this leads to the student not being sure of what is expected of him/her. Students also have limited exposure to the hospital environment and the knowledge needed. The job demands placed on the sisters could also be conducive to bullying behaviour.
 - Candidate 5 mentioned that a lack of leadership as well as the constant movement between wards create a bullying environment. Job ambiguity also creates environment whereby students are expected to know the ward layout. When students arrive, they feel unwelcome. The environment is also negative, because bullying issues are not addressed.
 - Candidate 3 remarked that the sisters have this attitude due to the fact that it is

sections 2.7.2.2 and 2.7.2.3).

- Job characteristics such as high workload, job ambiguity and lack of skill utilisation are job characteristics antecedents that relate to this theme (see section 2.7.2.1).
- Organisational antecedents such as organisational characteristics, namely leadership, and environment such as culture (see sections 2.7.2.2 and 2.7.2.3).
- Organisational antecedents such as job characteristics, namely job ambiguity and lack of goal clarity (see section 2.7.2.1).

a public institution and no payment is made for service; thus no image has to be upheld.

- Candidate 2 stated that the bullying attitude will not subside, because it is just swept under the carpet. One is moved to a new environment every month and do not receive sufficient orientation. The job tools are not up to par.
- Candidate 1 mentioned that there is a discrepancy between student knowledge and job experience. There is also a lack of orientation and one feels like an outsider. This candidate also mentioned that the job demands of the role can lead to the lack of orientation.

▪ **Perception**

- Candidate 7 remarked that perceptions are created about the sisters due to negative stories that are spread by fellow students about their experiences. There is also a perception that sisters behave differently due to the image

Individual antecedents such as social environment that shapes an individual's view of the world links to this theme (see sections 2.7.1.4 and 2.7.1.5).

associated with a public hospital.

- Candidate 6 remarked that there is a perception among sisters that students are expected to know what is going on in the ward.

▪ **Power**

- Candidate 7 remarked that the students have an attitude towards authority and their jobs. There is also a constant power struggle between those who have a degree and those who have a diploma.
- Candidate 6 mentioned that the sisters call the students who study degrees “doctors” and tell them that they know everything. This candidate also mentioned that the sisters abuse their authority by giving students their work to do, even if it falls outside their scope of practice. The sisters also act as if they and not the doctors are in charge. Candidate 6 remarked that the sisters may feel threatened in that the students could take their jobs.

The individual antecedent of power links to this theme, and the power imbalance is created by job title and level of education (see section 2.7.1.5).

-
- Candidate 5 remarked that the sisters use their authority to prevent them from reaching their outcomes and handing them demeaning tasks. This candidate also refers to the constant bickering between those who have a degree and those who have a diploma.
 - Candidate 4 mentioned that the sisters force you to do things such as work and to sign for medicine.
 - Candidate 3 remarked that the sisters force you to do things for which you are not trained.
 - Candidate 2 remarked that there is a power struggle between all the different levels, also between graduates and those sisters who have experience. Furthermore, candidate 2 mentioned that the sisters force them to co-sign for medicine, even if it is not correct.

- **Lazy**

- Candidate 7 mentioned that the sisters are lazy and take extended tea and lunch breaks, during which they leave

Individual antecedents such as social environment that shapes an individual's view of the world links to this theme (see section 2.7.1.4). However, this theme also links to the

the students alone for an extended period of time.

- Candidate 4, on the other hand, mentioned that the sisters would sit and watch TV while the patients are dirty, and instruct the students to wash them.

organisational antecedent of environment, which can create a culture of laziness (see section 2.7.2.3).

▪ **Language**

- All the candidates remarked that the sisters identify with someone in the group, and would rather speak in their mother tongue, even if the majority of the group does not understand the language. This plays an important role in staff change-over, since important information regarding patient care is lost.
- Candidate 2 also remarked that students get treated differently if they are from a different nationality or just appear different, for example wearing dreadlocks.

This relates to the individual antecedent of social environment, but also the organisational antecedent of environment; these two factors create a view of employees who work for the organisation and how employees should be treated, due to a difference from the norm (see sections 2.7.1.4 and 2.7.2.3).

4.3.2.2 *How can bullying be prevented?*

Table 4.9

How can bullying be prevented?

Research questions	Interview questions	Themes	Patterns (linkages with theory)
How can bullying be prevented by implementing interventions?	“Bullying can be defined as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in	<ul style="list-style-type: none"> ▪ Job environment - Candidate 7 remarked that the lecturers provide support to the candidates by creating the opportunity to talk to them. However, this candidate would recommend that there should be a tick list during orientation to ensure that no ambiguity is created. Staff should be informed about the students and the way they should conduct themselves around them, and should receive some guideline. - Candidate 6 mentioned that students should be exposed to the hospital environment prior to their time in the hospital in order to increase role clarity. 	<ul style="list-style-type: none"> ▪ This theme correlates with the employer intervention of organisational development, creating an environment that generates clear expectations (see section 2.9.2). ▪ The health and well-being aspect of employer interventions links to this theme, by offering employee assistance in creating an environment where employees can talk about the situation (see section 2.9.2).

defending him- or herself against these actions.

Bullying does not refer to a once-off incident" (Hoël *et al.*, 2001).

Can you describe such an event or events such as the above, where you were either the victim or witnessed such behaviour?

The support from the lecturers as well as the counselling service offered by the institution help in this instance.

- Candidate 5 remarked that being able to talk to the lecturers assists in addressing the issue. The mentor programme creates a protective environment for newcomers.
 - Candidate 3 mentioned that staff should be informed that this is a training programme, and students should be taught. Staff who bully students should undergo a disciplinary procedure. Candidate 3 also mentioned that being able to talk to the lecturers as well as the mentoring programme help.
 - Candidate 1 remarked that lecturers walking around the wards increases visibility and shields them from the bullying. This candidate also mentioned that there should be a custodian for students to look after their needs, make sure that they are okay, and know what is going on.
-

<ul style="list-style-type: none"> ▪ Language policy - All candidates mentioned that not adhering to the language policy of the hospital creates not only job ambiguity especially during staff change-over, but also tension between individuals. 	<p>A policy should thus be created to inform staff; this could relate to general operating procedures or policies that should be created as part of employer interventions (see section 2.9.2).</p>
<ul style="list-style-type: none"> ▪ Grievance policy - Candidate 7 remarked that there should be a policy that communicates to students on issues such as how to address such situations, and who to approach. - Candidate 6's view coincides with that of candidate 7. Candidate 6 also mentions that a report structure would help address the situation at the right people. 	<p>A policy should thus be created to inform staff; this could relate to labour relations policies that should be created as part of employer interventions (see section 2.9.2).</p>
<ul style="list-style-type: none"> ▪ Skills management - Candidate 7 mentioned that sisters should learn anger management skills; how to cope with difficult situations, and how to change their attitude. - Candidate 6 remarked that students should learn how to change their attitude, develop their emotional 	<p>Training and development is another employer intervention that links to this theme, offering employees the skills to manage the situation (see section 2.9.2).</p>

intelligence, and develop appropriate coping mechanisms.

- Candidate 4 mentioned that sisters should learn how to manage their stress.
- Candidate 2 remarked that learning the native language could create an environment of acceptance. Candidate 2 also kept a journal, to jot down the incidents and build up a portfolio of evidence.
- Candidate 1 remarked that students should be given the skills to respect authority and to stand up for what is right; assertiveness training.

▪ **Support group**

- Candidate 5 mentioned that a support group would help; this would create a safe environment where individuals can share their experience and a kind of self-counselling.
- Candidates 4 and 1 explained that a support group should be created, and that the group leader should be an

The health and well-being aspect of employer interventions links to this theme, by offering employees assistance in creating an environment where they can talk about the situation (see section 2.9.2).

individual outside the institution; the group should also be small.

- Candidate 2 remarked that students should have the opportunity to be debriefed, and this should happen in the form of a counselling session.

- **Performance management**

- Candidate 3 mentioned that sisters should do what they are trained to do, and that their performance should be evaluated against that. The aim is to serve the patient and not to hand tasks to students, because they do not want to do it.

The incorporation of a job performance system can combat bullying by offering employees a behavioural guideline, as this theme indicates (see section 2.9.2).

4.4 Discussions of results

The aim of the above analysis of the quantitative and qualitative research was to address the research questions stated in Chapter 1 (see section 1.4). The subsequent paragraphs support the findings from the empirical research with those from literature.

4.4.1 *What is the prevalence of bullying?*

It can be inferred from the statistical analysis that 61.8% of the total sample have either witnessed or experienced bullying. When unpacking this total, it can be inferred that 18.2% of the participants experienced or witnessed bullying rarely; 23.4% experienced or witnessed bullying now and then; 9.1% experienced or witnessed bullying several times a month; 2.6% experienced or witnessed bullying several times a week, and 7.8% experienced or witnessed bullying daily. The analysis of the individual groups revealed the following: a substantial percentage (41.2%) of the third-year nursing students witnessed or experienced bullying very rarely, whereas just over a third (35.5%) of the third-year students followed by 32% of the fourth-year students experienced bullying now and then (see Figure 4.5.2). In addition, the majority (82%) of the third-year students indicated that they and several of their colleagues were bullied, followed by 48% of the fourth-year students, and 20% of the nurses (see Figure 4.7.2).

The above results are supported by the findings of Upton (2010) and Yidiz (2007) who asserted that bullying is more prevalent in the public sector, and that bullying is more prevalent in the health sector, among nurses, as indicated by the high incidence of bullying in the hospital.

In terms of the gender of the perpetrator, the majority (53%) of the perpetrators are female, followed by male (7%), and either male or female (4%) (see Figure 4.6.1). The results presented by Namie and Namie (2003) confirm the results of the analysis and indicate that women harassers target over 80% of women, just as the above analysis indicates that the majority of the perpetrators are female. Even though the nursing field is generally a more female-dominated environment, the results indicate that both genders participate in bullying and should thus also be addressed as such during intervention programmes.

The bullying actions (see Table 4.2) are substantiated by the results found by Moyaed *et al.* (2006) who affirmed that a threat to an individual's professional or personal status, or reminding an individual of

his/her mistakes are typical bullying actions. Baron and Neuman (1999) also refer to active direct (insults and yelling, flaunting authority) and active indirect (false rumours, belittling someone's opinion) actions.

The results are inferred from the analysis of the types of bullying (see section 4.2.1.2.1a). These results are also supported by various authors in that the most prevalent types of bullying are:

- ♦ Interrupting someone when s/he is speaking (Cooper & Cruzio, 2011; Namie, 2008);
- ♦ Deliberately overloading someone with work in order to be set up to fail;
- ♦ Belittling someone's opinion (Van Schalkwyk, Els & Rothman, 2011);
- ♦ Public humiliation, being shouted at in an aggressive manner (Rossouw, 2008; Yildiz 2007);
- ♦ Intimidation, and
- ♦ Flaunting status or authority (Van Schalkwyk *et al.*, 2011; Pieterse, 2007).

The findings regarding negative acts (see section 4.2.1.2.1b) confirm the findings in the literature. The Department of Labour Industries (2008), Worktrauma (2011), Moayed *et al.* (2006) and Baron and Neuman (1999) refer to undermining the actions of an employee, flaunting of status and yelling as typical bullying actions. The analysis of the statistical results (see Table 4.4) are supported by various authors who refer to the following most prevalent negative acts:

- ♦ Unwanted sexual behaviour (see sections 2.7.1.2, 2.7.1.4 and 2.7.2.2);
- ♦ Insulting remarks about you as a person, attitude or your private life (see section 2.7.1.4);
- ♦ Being moved or transferred against your will (see section 2.7.2.3);
- ♦ Attempts to find fault with your work (see section 2.7.2.1);
- ♦ Threats of violence or physical abuse (see sections 2.7.1.1, 2.7.1.2, 2.7.1.3, 2.7.1.4, 2.7.2.2 and 2.7.2.3);
- ♦ Having key areas of responsibility removed or replaced by trivial or unpleasant tasks (Van Schalkwyk *et al.*, 2011; Thomas, 2006);
- ♦ Hints that you should quit your job (see section 2.7.2.3);
- ♦ Being ordered to do work below your level of competency (Pieterse, 2007);
- ♦ Doing tasks that fall outside an employee's scope of work (Van Schalkwyk *et al.*, 2011; Thomas, 2006);
- ♦ Excessive monitoring of work (Van Schalkwyk *et al.*, 2011; Thomas, 2006), and
- ♦ Being shouted at (Cooper & Cruzio, 2011; Namie, 2008; Yildiz, 2007).

Lastly, the analysis of the Work Harassment Scale (see section 4.2.1.2.1c and Table 4.5) indicates high incidences of the following actions and confirms the findings in the literature:

- ♦ Being treated as non-existent (see sections 2.7.2.3 and 2.7.2.4);
- ♦ Sense of judgement questioned (see sections 2.7.2.3 and 2.7.2.4);
- ♦ Belittling your opinion (see sections 2.7.1.4, 2.7.1.5 and 2.7.2.4);
- ♦ Accusations (Van Schalkwyk *et al.*, 2011) ;
- ♦ Being given meaningless tasks (Pieterson, 2007; Thomas, 2006; Varitia, 2001);
- ♦ Being isolated (see sections 2.7.1.4 and 2.7.2.3);;
- ♦ Being shouted at in public (Cooper & Cruzio, 2011; Namie, 2008; Rossouw, 2008; Thomas, 2006; Yalidiz, 2007);
- ♦ Experiencing reduced opportunities to express yourself (Cooper & Cruzio, 2011; Van Schalkwyk *et al.*, 2011; Varitia, 2001);
- ♦ Work being judged unfairly (Thomas, 2006), and
- ♦ Being unduly criticised (Varitia, 2001).

It can thus be concluded that there is a high prevalence of bullying within the hospital. Further analysis indicates that the highest incidence is among the third- and fourth-year nursing students.

4.4.2 *What are the various individual and/or organisational factors that can be precursors of bullying?*

This section contains abstracts from the candidates to inform the substantiation, and briefly describes and validates the themes construed from the qualitative analysis.

▪ Attitude

Candidate 2:

“But the thing is they have been there for years and years and years and years. So they feel I think we are a threat when we come there or we stomping on their ground and you know. But in fact we are actually doing all their work, which is why I don’t quite understand why they are complaining.”

This relates to the influence a social environment can have on an individual’s view, and how it can shape the way s/he views the world. However, it can also relate to the individual antecedent of power, such as hierarchical relationships (see sections 2.7.1.4 and 2.7.1.5).

- **Job environment**

Candidate 5:

“Hulle is veronderstel om vir jou die saal uitleg te gee, en wat hulle ver wag jou en party doen dit meer volledig as die ander. Maar oor die algemeen, kry jy net so vinnige daar is dit en dit, vra as jy iets nodig het. Hang af hoe besig hulle is, en hoe volledig antwoord hulle jou. Of hulle se jy moet begin self dink jy is derde jaar. Dit gebeur algemeen.”

The analysis indicates that the organisational antecedents (job environment) link to this theme, especially work design and work culture (see sections 2.7.2.1 and 2.7.2.3). Organisational antecedents such as leadership and environment such as culture (see sections 2.7.2.2 and 2.7.2.3) also link to this theme. The results of Agervold and Mikkelson (2004) affirm the analysis, and indicate that differences in culture and quality of work environment may also contribute to bullying. Harvey, Heames, Richey and Leonard (2006) also support the analysis, indicating that an organisational culture can teach employees how to tolerate bullying. Furthermore, a competitive and critical organisational culture can also contribute to bullying, as indicated by the analysis and supported by the results of Skokstad, Matthiesen and Einarsen (2007).

The analysis also indicates that job characteristics such as high workload, job ambiguity and lack of skill utilisation are antecedents that relate to this theme (see section 2.7.2.1). Organisational antecedents (job characteristics), namely job ambiguity and lack of goal clarity (see section 2.7.2.1) can also link to this theme. Furthermore, the analysis reveals that victims of bullying reported less control over their work, and less clarity of work goals, as confirmed by the results of Varitia (2001), as well as a high workload and role ambiguity, as indicated by the results of Agervold and Mikkelson (2004).

Lastly, the analysis also reveals that a lack of role clarity and job information can also contribute to bullying, as mentioned by Van Schalkwyk *et al.* (2011). In addition, the analysis indicates that a deficiency in work design can also contribute to bullying, as supported by the results of Harvey *et al.* (2006). Role conflicts, work pressures, lack of job control, and job insecurity contribute to bullying, as indicated by Skokstad *et al.* (2007).

- **Perception**

Candidate 7:

“And then you already have this perception of what is going to be like, before you have experienced it. And then, you just don't want to.”

The analysis indicates that individual antecedents such as the social environment can shape an individual's view of the world can be linked to this theme (see section 2.7.1.4).

- **Power**

Candidate 1:

“Hoe meer autoriteit jy het in die saal, hoe lekkerder is jou werk, want jy besluit wie doen wat, en jy kies vir jouself obviously mos die nice goed.”

The analysis indicates that the individual antecedent of power links to this theme; a power imbalance is created by job title and level of education (see section 2.7.1.5). The analysis indicates that unequal power situations are particularly relevant in bullying, as supported by the results of Thomas (2006). Furthermore, the analysis indicates an exploitation of power by conflicting parties on defenceless organisational members, as confirmed by the results of Skokstad *et al.* (2007).

- **Lazy**

Candidate 7:

“You are saying no because you don't want to because you are lazy.”

The analysis reveals that individual antecedents such as the social environment that shapes an individual's view of the world links to this theme (see section 2.7.1.4). However, this theme also links to the organisational antecedent of job environment, whereby a culture of laziness can be created (see section 2.7.2.3).

- **Language**

Candidate 4:

“Soos met die taal ook, die taal was altyd ook 'n probleem. As ons in die oggende in kom, kwart voor sewe moet jy daar wees, so jy is betyds maar hulle gee oor in Sotho, en die hospitaal se beleid is hulle moet oorgee in Engels.”

The analysis indicates that language relates to the individual antecedent of the social environment as well as the organisational antecedent of organisational environment; these two factors create an image of employees who work for the organisation and of how employees should be treated, due to a difference from the organisational norm (see section 2.7.1.4 and 2.7.2.3). Pieterse's (2007) study supports the analysis and indicates that one of the candidates also referred to the discrepancy between employees who speak different languages.

It can thus be concluded that within the hospital the antecedents of bullying behaviour are attitude, job environment, perception, power, laziness, and language.

4.4.3 What are the costs incurred for the individual and the organisation due to bullying?

Research indicates that the costs of bullying can be grouped into various categories. The analysis reveals that the physiological costs for the employee include diarrhoea, migraines, and chest pains, as supported by the results of Moyaed *et al.* (2006).

The findings (see section 4.2.1.2.2a and Table 4.6) confirm the findings in the literature. The following results are inferred from the above analysis. Various authors support the results, namely that the most common physiological and psychological costs are:

- ♦ Diarrhoea (see section 2.8.1.2);
- ♦ Migraine headaches (see section 2.8.1.2);
- ♦ Chest pains (Moyaed *et al.*, 2006) ;
- ♦ Constantly feeling tired (Moyaed *et al.*, 2006);
- ♦ Not looking forward to going to work (see sections 2.8.1.1 and 2.8.1.3);
- ♦ Anxiety (Yildiz, 2007; Thomas, 2006; Agervold & Mikkelsen, 2004), and
- ♦ Aggressive behaviour (Yilidiz, 2007).

Additional physiological costs are hypertension and depression. Participants within the sample indicated that they are not aware of or do not experience hypertension or depression; however, studies conducted by Thomas (2006), Agervold and Mikkelson (2004) and Variatia (2001) suggest that depression is a common cause or cost of bullying.

Organisational costs of bullying include decreased performance, as indicated by one of the participants, as well as the financial loss when employees take sick leave. The majority (57%) of the participants are aware of a colleague who took sick leave or took sick leave themselves; 39% of the participants are not aware of a colleague who took sick leave or did not take sick leave themselves, and 4% did not respond (see Figure 4.19). It can be inferred from the above analysis that a large amount of sick leave is taken. This is also supported by research done by Upton (2011) and Namie (2008). Shin's (2005) study supports the analysis and refers to the financial costs involved when employees, more specifically hospital staff, take sick leave. The frequency in which leave was taken indicates that most (7%) of the

participants took one week's leave; 7% took two days' leave, and 6% took two weeks' leave. Due to the confidentiality of the topic, the researcher did not ask respondents to indicate the type of sick leave taken and, therefore, only a general overview of sick leave is indicated.

Lastly, another form of organisational cost (see Figure 4.21) that influences not only financial costs but also staff morale is that of employees moving to another department. The analysis indicates that the majority (74%) of the participants are not aware of a colleague who moved to a different department or did not move to a different department themselves; 19% of the participants are aware of a colleague who moved to a different department or moved to a different department themselves, and 7% did not respond.

It can thus be concluded that within the hospital the costs due to bullying include individual as well as psychological and physiological costs for the participant. There are, however, also organisational costs such as sick leave and interdepartmental movements.

4.4.4 How can bullying be prevented?

This section contains abstracts from the candidates to inform the substantiation and briefly describes and validates the themes construed from the qualitative analysis.

- **Job environment**

Candidate 6:

'Umm, nee. Kyk hier, ons het mos 'n mentor program by ons wat jy, die eerste jaars werk saam met die voor die ander studente die tweede, derde jaars so jou eerste keer wat jy na 'n saal toe gaan, gaan jy saam met hulle vir 'n week, so daai is bietjie beskermend want jy leer nou onder 'n meer veilige omgewing hoe 'n saal werk, want jou mentor is nou bietjie meer geduldig met jou.'

The analysis reveals that the theme job environment correlates with the employer intervention of organisational development, creating an environment that generates clear expectations (see section 2.9.2). The analysis is supported by the results of Harvey *et al.* (2006) who refer to the restructuring of job requirements in order to reduce contact with the bully. The health and well-being aspect of employer interventions also links to this theme, by offering employee assistance (see section 2.9.2). Namie (2008) as well as Namie and Namie (2003) affirm the results of the analysis in their studies by mentioning that Employee Assistance Programmes (EAP) should be established in order to assist employees in bullying situations.

Lastly, the analysis indicates that a policy should be created to inform staff; this could relate to labour relations policies that can be created as part of employer interventions (see section 2.9.2). Namie and Namie (2004) also affirm the results of the analysis and indicate that organisations should create a value-driven policy and include a declaration that bullying is unacceptable.

- **Language policy**

Candidate 7:

“(Hospital policy) English. Please, English.”

The analysis reveals that policies should be created to inform staff; this could relate to labour relations policies that should be created as part of employer interventions (see section 2.9.2).

- **Grievance policy**

Candidate 7:

“The least you can do is tell your staff listen this is the policy be nice to them at least, if you can’t be nice to them at least be diplomatic.”

The analysis reveals that policy should be created to inform staff; this could relate to labour relations policies that should be created as part of employer interventions (see section 2.9.2). Namie (2008) and Namie and Namie (2004) affirm the results of the analysis and indicate that a change in policy and enforcement of this policy can correct and prevent bullying.

- **Skills management**

Candidate 6:

“I think if they can emotionally prepare us, this may happen just arming yourself you have to react to it, that will also make a difference.”

The analysis shows that training and development can be another employer intervention that links to this theme, by offering employees the skills to manage the situation (see section 2.9.2). The results of Namie (2008) affirm the analysis and indicate that employees should be educated and trained about bullying. The results of Harvey *et al.* (2006) also support the results of the analysis and refer to training and awareness coaching on the topic of bullying. The analysis indicates that hands-on training and culture inculcation combined with the training can also be incorporated, as confirmed by the results of Namie and Namie (2004). In addition, the analysis also reveals that employees should be equipped with the skills and knowledge to deal with aggression, as supported by the results of Pieterse (2005).

- **Support group**

Candidate 4:

“Dit moet ‘n lecturer wees met wie jy kan praat, of nie eintlik ‘n lecturer nie, ‘n buite mens. Hulle moet ook nie die discussion so groot, as hulle so iets doen dan moet hulle dit nie altyd groot groepe nie. 5 of 6, ek bedoel so klein, ...”

The analysis indicates that the health and well-being aspect of employer interventions links to this theme, by offering employees assistance in creating an environment where they can talk about the situation (see section 2.9.2). The results of Harvey *et al.* (2006) support the analysis and refer to a support group mechanism for victims to talk about the incidents. Furthermore, the analysis reveals that employees should also be offered counselling groups to cope with the incidents, as confirmed by the results of Pieterse (2005).

- **Performance management**

Candidate 3:

“Ek dink om dit te verbeter, mense moet maar net doen waarvoor hulle opgelei is en hulle moet die mense ...”

The analysis indicates that the incorporation of a job performance system can combat bullying by offering employees a behavioural guideline, as this theme indicates (see section 2.9.2).

It can thus be concluded that within the hospital the participants propose the following as possible interventions: role clarity in terms of proper orientation programmes; continuation of the mentor programme; implementation of the language policy and awareness of a grievance policy and the proper channels to follow; enhancement of skills to cope with bullying situation and emotions arising from such situations; a support group independent from their work groups to debrief, and the implementation of a performance management system to guide the behaviours of both employees and bullies.

4.5 Conclusion

This chapter focused on presenting and discussing the results of the research undertaken in this study. By means of descriptive statistics the prevalence and costs of bullying were represented graphically and in tabular format. Thereafter, the individual and organisational antecedents as well as possible

interventions, as gained from the interviews, were discussed. In chapter 5, conclusions, limitations and recommendations will be discussed.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

This study aimed to explore bullying in a public hospital, and strived to contribute to the body of knowledge by providing guidance to not only organisational practitioners but also employees to assist with the formation of policies and procedures to protect employees against bullying in order to prevent situations where employees state:

But I find that loads of people are saying, there is just no one to go to. Yes, they are there, the lectures are there, yes you go to them, and you tell them the situation and yes I am sorry it happened, but nothing gets done, or what must we do about it. And eventually you think, okay no, you are being over reacting now, it is normal. Then it just becomes a vicious cycle (Candidate 2).

... counselling section where you can go to and get support whether it be bullying or if you had an incident or anything, just to have that place to go to. Where do you go to? Because I felt the system failed me, because you go to the first person, and the first person send you to the second person, and second person says okay I will get back to you in three weeks' time, because I am going on leave and then you know, it just becomes a a, ja (Candidate 2).

This section provides a general conclusion by assessing the achievement of the research objectives in addressing the above aim. Recommendations will be formulated, limitations will be discussed and possible suggestions for future research will be made.

5.2 Conclusions

The next section will address the objectives set out in Chapter 1 and will aim to provide a taxonomy relevant to the public hospital pertaining to the objectives. The objectives of the study were to:

5.2.1 Determine the prevalence of bullying within the hospital

The statistical analysis indicated that bullying is prevalent within the hospital, since nearly half of the participants indicated that they either witnessed or experienced bullying. From the sample, the third-year students had the greatest prevalence of bullying, followed by the fourth-year students, and they were subsequently chosen to participate in the in-depth interviews.

The high prevalence of bullying in the public hospital became evident in the analysis of sections B, C and D in the questionnaire (see Appendix A) pertaining to typical bullying behaviour (see section 4.4.1). The conclusion regarding the high prevalence of bullying in the public hospital is confirmed by the high incidence of the following behaviours (see section 4.4.1):

- ♦ Interrupt someone while s/he is speaking;
- ♦ Belittle someone's opinion;
- ♦ Flaunting your status or authority;
- ♦ Being shouted at in an aggressive manner;
- ♦ Deliberately overloading an individual with work;
- ♦ Being given work that is below your level of competency, and
- ♦ Excessive monitoring of work.

Furthermore, the participants indicated that the most prevalent gender for a bully was female; the reason for this could be that the nursing environment is predominately female, and should thus be interpreted with caution.

In terms of the nature of the organisational environment, some of the results can be expected such as overloading of work due to the skills shortage in public hospitals, and excessive monitoring of work due to the risk involved when working with people.

Therefore, it can be inferred that objective one has been achieved, as indicated by the prevalence of bullying within the hospital and the corroboration of these results with different sections in the questionnaire that formed part of the quantitative instrument.

5.2.2 Establish what the various individual and/or organisational factors are that can be precursors of bullying

During the qualitative analysis, themes were established based on the in-depth interviews with the participants. The following themes emerged (see sections 4.3.2.1 and 4.4.2):

- ♦ Attitude

The participants indicated during the interview that nurses have a general negative attitude towards the job and each other, are generally rude and not polite. In addition, nurses show little respect for the profession and each other, and tend to compete against each other. The reason for this attitude can also be due to subliminal threat felt by qualified nurses that the student nurses threaten to take their jobs.

This can be tied back to an individual's social identity, and the way in which s/he interprets the world, but also to the antecedent of power whereby a type of rank order is applied from matrons down to first-year nursing students (see sections 2.7.1.4 and 2.7.1.5).

- ♦ Job environment

During the in-depth interviews, participants indicated that orientation given at the start of a new section, was insufficient and created job ambiguity and uncertainty about roles. This then caused the nurses to be frustrated since the 'employees' did not know where to find the medicine or tools. Frustration was also created by the way in which the qualified nurses conducted their tasks compared to the students, since the students still approach the tasks from a textbook perspective. Some of the participants also indicated that the pressurised environment leads to the behaviour of the nurses.

By referring to the model of bullying presented in Chapter 2 (see Figure 2.2 and sections 2.7.2.1, 2.7.2.2 and 2.7.2.3), the above links to organisational antecedents of job characteristics and environment can be confirmed.

- ♦ Perception

Some of the candidates indicated that nurses spread stories about certain wards, saying that senior nursing staff is really mean. This creates a negative perception of that specific ward, that impacts the way in which a student nurse will conduct him-/herself in that environment. Participants also indicated that, in respect of a public hospital, there is no image to be upheld as with a private hospital and staff can thus do as they please.

Perception associates with the individual antecedent of social environment, which refers to an individual's view of the world and his/her place within the world (see sections 2.7.1.4 and 2.7.1.5).

- ◆ Power

From the in-depth interview, participants noted that a power struggle exists between qualified nurses and staff nurses. The qualified nurses call the student nurses "graduates, doctor" in a demeaning manner. The student nurses also commented that the qualified nurses use their authority to make them do tasks that are beyond their scope.

This relates to the organisational and individual antecedents of power, and the imbalance that is created by hierarchy (see sections 2.7.1.5 and 2.7.2.4).

- ◆ Lazy

Two candidates mentioned that the qualified nurses are lazy and ask student nurses to do their work for them, and will take extended breaks and leave the student nurses alone in the wards.

Laziness links to the individual antecedent of social environment, namely an individual's view of the world, but also to the organisational antecedent of organisational culture, that can induce a culture of laziness (see sections 2.7.1.4 and 2.7.2.3).

- ◆ Language

Participants mentioned that language is a huge barrier. Nurses tend to speak in their mother tongue and disregard those who do not understand their mother tongue. If they were asked to use the official language of the hospital, which is English, they would not respond and continue in their mother tongue.

Language relates to the individual antecedent of social environment as well as the organisational antecedent of environment, namely the organisational culture and policies and procedures (see sections 2.7.1.4 and 2.7.2.3).

Therefore it can be concluded that objective two has been achieved.

5.2.3 *Reflect on the costs incurred for the individual and the organisation due to bullying, by exploring the possible emotional and physical impact on the individual, as well as the financial impact on the organisation*

The statistical analysis indicated that there are various costs involved in bullying, and specifically within the hospital. The costs can be grouped into costs for the individual and costs for the organisation. The individual costs include physiological and psychological cost, whereas the organisational cost pertains to medical cost, performance and the cost related to sick leave.

The physiological costs presented from the analysis are diarrhoea, migraine headaches, and chest pains. Hypertension and depression did not present as costs, as indicated in other studies, but should be considered a possibility. Psychological costs pertaining to the sample are anxiety, constantly feeling tired and not looking forward to going to work, and can also influence the work performance of the individual, thus also relating to organisational costs (see sections 4.2.1.2.2a and 4.4.3).

In terms of the organisational costs, the questionnaire focused on two specific costs, namely sick leave and interdepartmental transfers. The statistical analysis indicated that there are some interdepartmental transfers and that 57% of the participants indicated that they took sick leave. The duration of the sick leave varied from one day to two weeks in terms of the frequency calculated. If these days are translated into financial terms, it can have a large financial impact on the hospital (see sections 4.2.1.2.2b and 4.4.3).

Therefore, it can be deduced that objective three has been achieved by indicating the individual and the organisational costs involved with bullying within the hospital.

5.2.4 *Provide guidelines to the hospital to identify bullying and recommend interventions to prevent bullying behaviour*

During the qualitative analysis, themes were established based on the in-depth interviews with the participants. The following themes emerged (see sections 4.3.2.2 and 4.4.4):

- ♦ Job environment

The findings in sections 4.3.2.2 and 4.4.4 indicated that accessible communication, an orientation guide, exposure to the workplace before the start of practical training, role clarification and a policy on the training of student nurses in the workplace can contribute towards curbing bullying in the workplace.

- ◆ Language policy

During the in-depth interviews, participants mentioned that language is a barrier and creates frustration between staff. The official language of the hospital is English. It is evident from the findings of this research that the language policy of this hospital has not totally been adhered to.

- ◆ Grievance policy

It appears from the in-depth interviews that the participants indicated that they are not aware of the proper channels to follow in the case of a bullying incident, and would also like to understand the timelines involved regarding a grievance.

- ◆ Skills management

During the in-depth interviews, participants mentioned that training on the following topics for all nursing staff would enhance their coping skills:

- Anger management;
- Change your attitude;
- Emotional intelligence;
- Different coping skills, and
- Basic language skills in terms of the native language spoken at the hospital.

- ◆ Support group

During the in-depth interviews, participants mentioned that there is no opportunity for them to talk about the incidents that occur in the hospital. They mentioned that a support group whereby students can be debriefed and share their experiences can address the situation. The support group should be a small group consisting of six to eight individuals and be led by an individual independent from the hospital. Participants indicated that this is necessary or else it leads to a build-up of emotions and events that can precipitate bullying behaviour.

- ◆ Performance management

Lastly, during the in-depth interviews, participants indicated that in order to attempt to control the behaviour of qualified nursing staff, performance should be measured thereby limiting the possibility that

qualified nursing staff can ask student nurses to do work that falls outside their scope of practice or leave the wards unattended.

These themes can serve as guidelines to identify bullying. The fourth objective has partly been achieved. The next section deals with recommendations on possible interventions to address bullying.

5.3 Significance of the study

The study is significant as it did:

- Highlight the possible antecedents of the concept bullying within the hospital, as highlighted by the literature of Feldt, Kivimäki, Rantala and Tolvanen (2004) and the Department of Labour Industries (2008).
- Explore the costs of bullying for the individual and the organisation within the hospital from the experience of bullying among nurses, as indicated in the literature by Moyayed *et al.* (2006), Liefhooghe and Davey (2001), Leymann (1990), Ma, Phelps, Lerner and Lerner (2009) and Worktrauma (2011).
- Offer possible interventions to prevent bullying within the hospital, as mentioned in the literature by Wilson, McCormack and Ives (2005).
- Explore bullying in an organisational context. The majority of current research concentrates on the conceptualisation of the phenomenon bullying as it appears in schools (De Wet & Jacobs, 2008; De Wet, 2006; Leymann, 1990).

5.4 Limitations

The following limitations were identified during the research study and should thus be taken into consideration.

- The population may not be representative, since only a small number of participants were used in the study - the study is thus limited in scope. The sample was limited and the possibility of statistical inference or generalisation was limited. Sampling methods used also limited the possibility of generalisation to other situations.

- The research is an attempt to shed light on the topic of bullying, and is not an attempt to cover all the sources written on the topic.
- The questionnaires developed by the researcher are not standardised. However, in an attempt to increase the reliability of the questionnaire, the researcher administered the Negative Acts Questionnaire and the Workplace Harassment Scale that are standardised questionnaires.
- The interview did not take the form of a structured interview, and thus could have low objectivity.
- Another researcher may well interpret the results differently.

Despite these limitations, it is still believed that this research study added value to the field of industrial and organisational psychology. However, further research in this field is recommended to establish a possible model of bullying that can be generalised to the broader organisational context.

5.5 Recommendations

A taxonomy was constructed using the proposed model of bullying and indicating the possible antecedents, costs, and interventions, as presented in the analysis of the data collected from the public hospital in the Free State.

It is recommended that the taxonomy be applied to address the phenomenon of bullying in the workplace, more specifically in this hospital. In this taxonomy, the qualitative themes are linked to the proposed model on bullying, thereby providing guidelines as to the occurrence of bullying behaviour. Secondly, possible interventions, as mentioned by the participants and substantiated by other sources in Chapter 4, are recommended.

Figure 5.1 presents the taxonomy of bullying behaviour, as portrayed in the public hospital in the Free State.

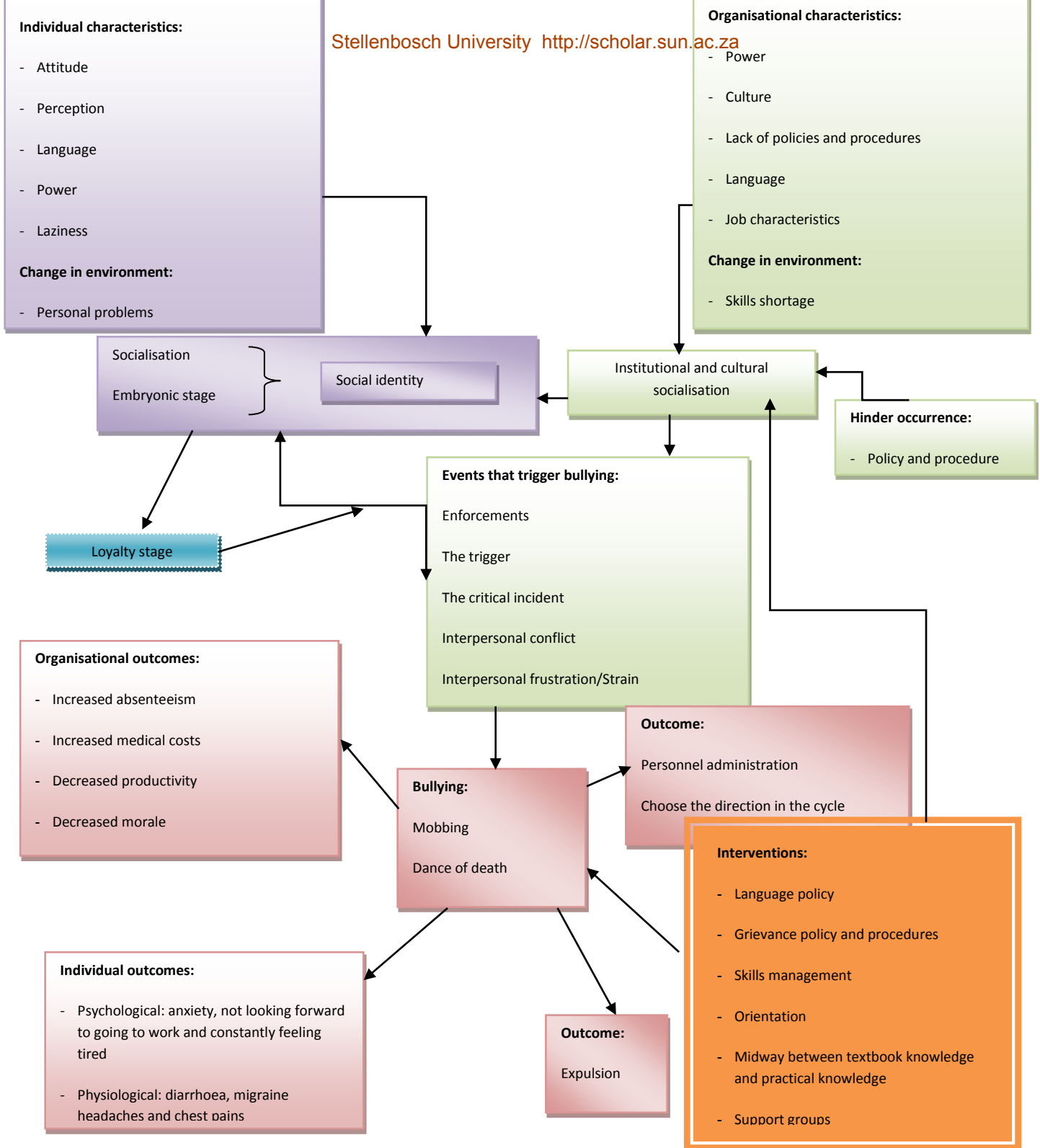


Figure 5.1. Taxonomy of bullying behaviour for the public hospital in the Free State

The model proposes that bullying starts with the formation of an individual's social identity during the early stages of socialisation or the embryonic stage, as referred to by White (2004). An individual's social identity will predispose him/her to assume the role of the victim or the perpetrator. Certain individual factors such as attitude towards colleagues, perception of job knowledge, power, language and laziness

will also influence an individual's social identity. Moreover, organisational factors such as power, organisational culture, lack of policies and procedures, job characteristics (job ambiguity), and language will influence the institutional and cultural socialisation that will, in turn, challenge an individual's social identity.

Due to various factors linked to an individual's social identity, s/he can remain loyal to the situation or the bully. Enforcements, critical incidents or interpersonal conflicts/frustrations or strains can cause the individual to move into an advanced bullying situation. The social identity of an individual as well as the institutional and cultural socialisation will determine the impact of the events that trigger the bullying. Policies and procedures that are put into place early and enforced can also influence the institutional and cultural socialisation in such a way that it can prevent the occurrence of bullying. Bullying (mobbing or the dance of death) is triggered in various ways such as the enforcement of a bullying culture, interpersonal conflict or strains between individuals, or a critical incident.

There are various outcomes of bullying, which can either be organisational or individual in nature. Individual outcomes include psychological outcomes such as anxiety, not looking forward to going to work, and constantly feeling tired. Physiological outcomes such as migraine headaches and diarrhoea are also mentioned. Organisational outcomes include increased absenteeism, increased medical costs, decreased productivity, and decreased morale. The worst outcomes include failure of effective personnel administration, thus not addressing the situation in an adequate manner, or individuals choosing to remain in the cycle of bullying and consequently repeating the behaviour and the occurrence thereof. Expulsion refers to an outcome where the victim is removed from the organisation, since s/he is regarded as the troublemaker.

The last part of the model refers to addressing bullying by implementing interventions. The proposed interventions can be grouped into themes (see section 5.2.4), and will be discussed briefly. Adapting the job environment as to allow for accessible communication channels, using an orientation guide, clarifying roles and implementing a policy on how to train student nurses could curb bullying incidents. Furthermore adhering to the official language policy of the hospital and ensuring the implementation thereof could also address bullying, but also to offer basic training in the provincial native language could create a positive emotional bond (social identity) between colleagues. Bullying can be prevented by informing employees about the content of the grievance policy and how to apply it. Offering soft skill training to employees and focusing on anger management, how to change your attitude, developing emotional intelligence, and coping skills could address the way in which employees perceive situations

that could trigger bullying behaviour. Establishing support groups where employees can freely talk about their experiences and receive guidance could show that the organisation has a zero-tolerance for bullying. Lastly implementing a performance management system to manage behaviour and ensure effective performance could limit job ambiguity and create a sense of pride.

The implementation of interventions can prevent the occurrence of bullying and influence the institutional and cultural socialisation in such a way as to prevent the occurrence thereof.

5.6 Recommendations for future research

The following recommendations are made with regard to possible further research in this field:

- The proposed model should be tested using structural equation modelling.
- Further research on the individual antecedent of Sense of Coherence should be conducted. From the interviews it was observed that some of the participants had a high Sense of Coherence and adapted to the circumstances presented in the public hospital and are currently coping well compared to the other participants.
- Include participants from different hospitals in the Free State, thereby increasing the possibility of generalisation of the results.
- The guidelines to identify bullying must be tested in practice.
- The recommended interventions must be implemented and evaluated in order to determine the effectiveness of the interventions on the eradication of bullying in hospitals.

5.7 Chapter summary

In Chapter 5 the conclusions, limitations and recommendations were discussed. The research considered the scope of bullying in a public hospital in the Free State.

It was found that there is a prevalence of bullying in the hospital. Individual antecedents of the bullying behaviour include attitude and power, whereas organisational antecedents are job characteristics and the organisational environment. The costs of bullying can be individual such as psychological costs (anxiety or not looking forward to going to work), physiological (chest pains and migraine headaches), or organisational such as sick leave and lower performance. Lastly, possible interventions to bullying,

namely policies and procedures, support groups, and skills management were mentioned. The limitations of this study were identified and recommendations were formulated for future research in order to investigate the concept of bullying within public hospitals.

REFERENCES

- 50 Cent skryf boek, wil help teen boelies. (July, 2011). *Rapport*. LS/2.
- Agervold, M., & Mikkelsen, E. G. (2004). Relationships between bullying, psychological work environment and individual stress reactions. *Work & Stress*, 18(4), 336-351.
- Ayoba! Spud! (July, 2010). *Rapport*. RT/14,15.
- Ayoko, O. B., Callan, V. J., & Härtel, C. E. J. (2003). Workplace conflict, bullying and counterproductive behaviour. *The International Journal of Organisational Analysis*, 11(4).
- Baillen, E., Neyens, I., de Witte, H., & de Cuyper, N. (2006). A qualitative study on the development of workplace bullying: Towards a three way model. *Journal of Community & Applied Social Psychology*, 19, 1-16.
- Baron, R. A., & Neuman, J. H. (1996). Workplace violence and workplace aggression: Evidence on their relative frequency and potential causes. *Aggressive Behaviour*, 22, 161-173.
- Bendix, S. (2007). *Industrial relations in South Africa* (4th ed.). Cape Town: Juta.
- Bjorkqvist, K., Osterman, K., & Hjelt-Back, M. (1994). Aggression among university employees. *Aggressive Behavior*, 20(3), 173-184.
- Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of social research methods: An African perspective*. Cape Town: Juta.
- Bryman, A. (1999). *Qualitative research*. London: Sage.
- Cohen, L., Manion, L., & Morrison, K. (2009). *Research methods in education*. London: Routledge.
- Cooper, B., & Curzio, J. (2011). Peer bullying in a pre-registration student nursing population. *Nurse Education Today*.
- Creswell, J. W., & Clark, V. L. P. (2007). *Designing and conducting mixed methods research*. Thousand Oaks: Sage.
- Delport, C. S. L. (2005). Quantitative data collection methods. In A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport (Eds.), *Research at grass roots. For the social sciences and human service professions* (pp. 165-196). Pretoria: Van Schaik.
- Denzin, N. K., & Lincoln Y. S. (2000). *Handbook of qualitative research* (2nd ed.). London: Sage.
- Department of Labour Industries (2008). Workplace bullying: What everyone needs to know. *Safety & Health Association & Research for Prevention*, 87(2).
- De Vries, A. (2004). Skool-bolies slaan nou met selfoon en rekenaar. *Rapport*, 10 Oktober.
- De Wet, N. C. (2006). Free State educators' experiences and recognition of bullying in schools. *South African Journal of Education*, 26(1), 61-74.

- De Wet, N. C., & Jacobs, L. (2008). Kosgangers se ervarings van bullebakery: 'n Gevallestudie. *Acta Academia*, 40(1), 197-235.
- Dictionary of Psychology* (2001). (3rd ed.) Penguin Reference, England: Penguin Group.
- Du Toit, M. K. (1991). *A phenomenological explication of the human midlife experience*. (Unpublished master's thesis). University of Kwazulu Natal: Durban.
- Einarsen, S. (1999). The nature and causes of bullying at work. *International Journal of Manpower*, 20(1), 16-27.
- Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring bullying and harassment at work: Validity, factor structure, and psychometric properties of the Negative Acts Questionnaire - Revised. *Work & Stress*, 23(1), 24-44.
- Einarsen, S., & Raknes, B. I. (1997). Harassment in the workplace and the victimization of men. *Violence and Victims*, 12, 247-263.
- Eisenhart, M., & Howe, K. (1992). Validity in educational research. In M. LeCompte, W. Millroy & J. Preissle (Eds.) 2000, *The handbook of qualitative research in education* (pp. 642-680).
- Employment Equity Act, No. 55 of 1998.
- Feldt, T., Kivimäki, M., Rantala, A., & Tolvanen, A. (2004). Sense of coherence and work characteristics: A cross-lagged structural equation model among managers. *Journal of Occupational and Organisational Psychology*, 77, 323-342.
- Field, T. (1996). *Bully in sight. How to predict, resist, challenge and combat workplace bullying*. Great Britain: British Library.
- Finlayson, A. (2004). The Interpretive Approach in Political Science: a Symposium. *BJIR*, 6, pp. 129-164. Oxford: Blackwell Publishing.
- Fouché, C. B., & De Vos, A. S. (2002). Steps unique to the quantitative process. In A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delpont (Eds.), *Research at grass roots* (2nd Ed.). Pretoria: Van Schaik.
- Fouché, C. B., & Delpont, C. S. L. (2002). Steps unique to the qualitative approach to research. In A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delpont (Eds.), *Research at grass roots* (2nd Ed.). Pretoria: Van Schaik.
- Fraenkel, J. R., & Wallen, N. E. (2006). *How to design and evaluate research in education* (6th ed.) New York: McGraw and Hill.
- Glendinning, P. M. (2001). Workplace bullying: Curing the cancer of the American workplace. *Public Personnel Management*, 30(3).

- Grogan, J. (2009). *Workplace law* (10th ed.). Cape Town: Juta.
- Hair, J. F., Black, B., Babin, B., Anderson, R. E., & Tatham, R. L. (2005). *Multivariate data analysis* (6th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Harro, B. (2000). The cycle of socialization. In M. Adams, W. J. Blumenfeld, R. Castañeda, H. W. Hackman, M. L. Peters, & X. Zúñiga, *Readings of diversity and social justice: An anthology on racism, antisemitism, sexism, heterosexism, ableism, and classism* New York: Routledge.
- Harvey, M. G., Heames, J. T., Richey, R. G., & Leonard, N. (2006). Bullying: From the playground to the boardroom. *Journal of Leadership & Organisational Studies*, 12(4), 1-11.
- Henning, E., Van Rensburg, W., & Smith, B. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Hoel, H., Cooper, C. L., & Faragher, B. (2001). The experience of bullying in Great Britain: The impact of organisation status. *European Journal of Work and Organisational Psychology*, 10(4), 443-465.
- Ishmael, A., & Alemeru, B. (1999). *Harassment, bullying and violence at work: A practical guide to combating employee abuse*. London: The Industrial Society.
- Ivankova, N. V., Topping, K. C., & Kawamura, Y. (2008). Using transformative lens in mixed methods studies in education and health services. A paper presented at the American Educational Research Association Annual Conference. *Research on Schools, Neighbourhoods and Communities: Towards Civic Responsibility*, in New York, 24-28 March.
- Krauss, S. E. 2005. Research paradigms and meaning making: A primer. *The Qualitative Report* 10(4): 758-770. Retrieved from <http://www.nova.edu/ssss/QR/QR10-4/krauss.pdf>.
- Labour Relations Act, No. 66 of 1995.
- Lapierre, L. M., Spector, P. E., & Leck, J. D. (2005). Sexual versus nonsexual workplace aggression and victim's overall job satisfaction: A meta-analysis. *Journal of Organisational Health Psychology*, 10(2), 155-169.
- Lee, J. (2010). Some thoughts on bullying in international organisations. *Journal of the International Ombudsman Association*, 3(2), 76-77.
- Leedy, P. D., & Ormrod, J. E. 2001. *Practical research planning and design* (7th Ed.). NJ: Prentice-Hall.
- Leymann, H. (1990). Mobbing and psychological terror at workplaces. *Violence and Victims*, 5(2), 119-126.
- Liefooghe, A. P. D., & Davey, M. K. (2001). Accounts of workplace bullying: The role of the organization. *European Journal of Work and Organisational Psychology*, 10(4), 375-392.
- Ma, L., Phelps, E., Lerner, J. V., & Lerner, R. M. (2009). The development of academic competence among adolescents who bully and who are bullied. *Journal of Applied Development Psychology*.
- Maree, K. (2007). *First steps in research*. Pretoria: Van Schaik.

- Maree, K. & Pietersen, J. (2007). The quantitative research process. In: K. Maree, *First steps in research*, 145 -153. Pretoria: Van Schaik.
- Martin, W. M., Lopez, Y. P., & LaVan, H. N. (2009). What legal protection do victims of bullies in the workplace have? *Journal of Workplace Rights*, 14(2), 143-156.
- Martinko, M. J., Gunlach, M. J., & Douglas, S. C. (2002). Toward an investigative theory of counterproductive workplace behaviour: A causal reasoning perspective. *International Journal of Selection and Assessment*, 10(2), 36 -50.
- Mason, J. 2001. *Qualitative researching*. London: Sage.
- Maykut, P., & Morehouse, R (1994). *Beginning qualitative research: A philosophical and practical guide*. London: The Falmer Press.
- McMillan, J. H., & Schumacher, S. (2010). *Research in education: Evidence based inquiry*. New Jersey: Pearson.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Fransisco: Jossey-Bass.
- Moyayed, F. A., Daraiseh, N., Shell, R., & Salem, S. (2006). Workplace bullying: A systematic review of risk factors and outcomes. *Theoretical Issues in Ergonomics Science*, 7(3), 311-327.
- Namie, G., & Namie, R. (2003). Anti-bullying advocacy: An unrealized EA opportunity. *Journal of Employee Assistance*, Third Quarter.
- Namie, G., & Namie, R. (2004). Workplace bullying: How to address America's silent epidemic. *Employee Rights and Employment Policy Journal, Workplace Fairness and Institute for Law and the Workplace*, 8(2), 315-330.
- Namie, N. (2008). Blueprint for a "bullying-free" workplace. *The Complete Lawyer*, 4(1).
- Neuman, W. L. 2000. *Social research methods* (4th ed.). Needham Heights, MA: Allyn and Bacon.
- Niewenhuis, J. (2007a). Analysing qualitative data. In K. Maree (Ed.), *First steps in research* (pp. 70-92). Pretoria: Van Schaik.
- Niewenhuis, J. (2007b). Qualitative research designs and data gathering techniques. In K. Maree (Ed.), *First steps in research* (pp. 99-117). Pretoria: Van Schaik.
- Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed.). Thousand Oaks: Sage.
- Pietersen, C. (2005). A diagnostic approach to measuring and managing workplace aggression. *SA Journal of Industrial Psychology*, 3(1), 1-5.
- Pietersen, C. (2007). Interpersonal bullying behaviours in the workplace. *SA Journal of Industrial Psychology*, 33(1). 59-66.
- Ponterotto, J. G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of Counselling Psychology*, 52(2), 126-136.

- Rossouw, J. P., & Stewart, D. (2008). Student/Learner discipline and bullying: A comparative analysis of legal risk management in schools in Australia and South Africa. *Acta Academia*, 40(2), 244-274.
- Salikand, N. J. (2008). *Statistics for people who think they hate statistics*. CA: Sage.
- Shin, H. H. (2005). Institutional safe space and shame management in workplace bullying. Doctor of Philosophy at the Australian National University of Canberra, Australia.
- Silverman, D. (Ed.) (2000). *Qualitative research: Theory, method and practice*. London: Sage.
- Skokstad, A., Matthiesen, S. B., & Einarsen, S. (2007). Organisational changes: A precursor of bullying at work? *International Journal of Organisational Theory and Behaviour*, 10(7), 58-94.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Struwig, F. W., & Stead, G. B. (2001). *Planning, designing and reporting research*. Cape Town: Pearson Education South Africa.
- Terre Blanche, M. & Durrheim, K. (2002). *Research in practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.
- The Constitution of the Republic of South Africa, Act No. 108 of 1996.
- Thomas, M. (2006). Bullying among support staff in a higher education institution. *Health Education*, 105(4), 273-288.
- Upton, L. (2010). *The impact of workplace bullying on individual and organisational well-being in a South African context and the role of coping as a moderator in the bullying – well-being relationship*. Master's Dissertation, School of Human and Community Development, University of the Witwatersrand, Johannesburg.
- Van der Heever, A. (2011). E-mail correspondence. Pretoria: September.
- Van Schalkwyk, L., Els, C., & Rothman, S (jnr). (2011). The moderating role of perceived organisational support in the relationship between workplace bullying and turnover intention across sectors in South Africa. *SA Journal of Human Resource Management/SA Tydskrif vir Menslikehulpbronbestuur*, 9(1), 384-396.
- Vartia, M. A. (2001). Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. *Scand J Work Environ Health*, 27(1), 63-69.
- Welman, J. C., & Kruger, S. J. (2001). *Research methodology* (2nd Ed.). Cape Town: Oxford University Press.
- White, S. (2004). A psychodynamic perspective of workplace bullying: Containment, boundaries and a futile search for recognition. *British Journal of Guidance & Counselling*, 32(3), 271-280.

- Wilson, V. J., McCormack, B. G., & Ives, G.I. (2005). Understanding the workplace culture of a special care nursery. *Journal of Advanced Nursing*, 50(1), 27-38.
- Wongergem, H. (2011). *Seun by skool met bofbalkolf geslaan*. Retrieved from <http://152.111.1.87/argief/berigte/rapport/2011/08/29/RH/8/hwbaseballbat.html>.
- Worktrauma. (2011). Workplace bullying in South Africa. Retrieved from http://www.worktrauma.org/survive_bully/bullying_in_sa.htm.
- Yildiz, S. (2007). A 'new' problem in the workplace: Psychological abuse (bullying). *Journal of Academic*, 33, 113-128.

APPENDICES

APPENDIX A



UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
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STELLENBOSCH UNIVERSITY **CONSENT TO PARTICIPATE IN RESEARCH (Questionnaire)**

HS749/2011 and UFS-EDU-2012-0002

The Scope of Bullying among Nurses in a Public Hospital in the Free State – A Mixed-Method Study.

You are asked to participate in a research study conducted by Jacqueline du Toit, B.Com Honours Industrial Psychology, from the Department of Industrial Psychology at Stellenbosch University. The results of the research will contribute to a dissertation, in partial fulfilment of the requirements for the degree Master Commerci Industrial Psychology. Your organisation is selected as the population in this study, because you form part of the public sector, and you are in the services sector within the Free State province, since international research indicates a strong occurrence of bullying within the nursing field.

1. PURPOSE OF THE STUDY

This study aims to explore bullying in a public hospital, and strives to contribute to the body of knowledge by providing guidance to not only organisational practitioners but also employees to assist with the formation of policies and procedures to protect employees against bullying.

2. PROCEDURES

- 100 nursing professionals will be selected by means of a random sample from each department in the hospital. These participants will be handed a questionnaire to complete, that should not

take longer than 30 - 45 minutes. The questionnaire will measure demographic particulars, the prevalence of bullying, types of bullying, and the costs of bullying.

- The participants should give consent for the completion of the questionnaire.

3. POTENTIAL RISKS AND DISCOMFORTS

The aim of the questionnaire is to determine both the prevalence of bullying and the financial costs of bullying for the organisation and the physical costs for the individual (in terms of illness). Since the focus is on the frequency of the occurrence of certain actions and not the effect on the individual, the researcher believes that this will minimise potential discomfort. However, should you feel the need to contact a professional, you may contact Dr. Ronel van der Watt, see contact details on page 18.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR SOCIETY

The suggestions made of possible interventions based on the inferences made on the manifestations of bullying within the specific department can assist the department as well as the hospital to prevent the occurrence of bullying.

5. PAYMENT FOR PARTICIPATION

Participation is voluntary and no financial payment will be made available for taking part in the project.

6. CONFIDENTIALITY

All information will be treated confidentially and all data collected will be stored on the researcher's private laptop computer, which will be password-protected. Names of individuals or organisations will not be mentioned when the thesis is published, or in any research article.

7. PARTICIPATION AND WITHDRAWAL

You may choose whether to be in this study or not. If you volunteer to take part in the study, you may also withdraw at any time without consequences of any kind. You may also refuse to answer any questions that you do not want to answer and still remain in the study. In addition, the investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

Should you have any questions or concerns about the research, please feel free to contact the researcher, Jacqueline du Toit, at the following numbers.

Cell no: 0828549563

E-mail: jacquelinedutoit@yahoo.co.uk

Supervisor: Marietha de Wet

Work: 021 808 3019

Cellular telephone no: 0825144798

E-mail: mdew@sun.ac.za

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. Should you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

INFORMED CONSENT

By ticking the box below, I declare that I have read and understood the information provided above and voluntarily consent to participate in the research under the conditions as described to me.

I voluntarily consent to participate in the research



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The Scope of Bullying among Nurses in a Public Hospital in the Free State

A Mixed-Method Study

HS749/2011 and UFS-EDU-2012-0002

APPENDIX A

QUESTIONNAIRE

- Section A: Demographic particulars
- Section B: Prevalence of bullying and intervention against bullying
- Section C: Types of bullying
- Section D :Negative Acts Questionnaire and Work Harassment Scale
- Section E: Costs of bullying

General information on answering this questionnaire

1. This questionnaire consists of 14 pages (page 4 – page 18). To complete this questionnaire will not take more than 30 - 45 minutes.
2. Your response will be very valuable for research purposes. The identity of yourself and your organisation or department will not be revealed. These questionnaires will only be handled by the researcher. All information will be kept strictly confidential. This questionnaire is not an assessment of you or your organisation or department in any way.
3. Only with your friendly, correct and honest way of completing this questionnaire can it be of value for this research.

THANK YOU FOR YOUR SUPPORT, J DU TOIT

SECTION A: DEMOGRAPHIC PARTICULARS

Mark with a x on the number of the statement of your choice.

Example	
I like sweets the most	✗
I like vegetables the most	2

1. Gender	
Male	1
Female	2

2. Home language	
Afrikaans	1
English	2
Sotho	3
Tswana	4
Xhosa	5
Zulu	6
Others (Please write it down)	7

3. What is your current age? (in years)	
Please write down your age	1

4. Highest professional qualification	
Grade 12	1
Third-year Nursing student	
Fourth-year Nursing student	2
B.Soc.Sc (Nursing)	3
M.Soc.Sc (Nursing)	4
B.Adv.Nur	5
Advanced University Diploma in Nursing	6
Ph.D.	7
Other	8

5. What is your current position?	
Please write it down	1

6. Give yourself a pseudo-name:	
Please write it down	1

7. Can the researcher contact you to conduct an in-depth interview?	
Yes	1
No	2

SECTION B: Prevalence of bullying

The purpose of this section of the questionnaire is to measure the prevalence of bullying within your organisation. There are no right or wrong answers. Answer the questions about bullying and the characteristics of the perpetrator as honestly as possible. By making use of the definition below, please indicate the following by marking the box with a x.

Bullying can be defined as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him- or herself against these actions. Bullying does not refer to a once-off incident. (Hoel *et al.*, 2001: p. 312).

1. Using the above definition, please state whether you have been bullied or witnessed someone being bullied at work over the past six months?	
No	1
Yes, very rarely	2
Yes, now and then	3
Yes, several times a month	4
Yes, several times a week	5
Yes, almost daily	6

<i>1.1 Please indicate, by writing down the position that the perpetrator occupies within the hospital.</i>	
<i>1.2 Please indicate the gender of the perpetrator.</i>	
Male	1
Female	2
<i>1.3 Please indicate the targets of the bullying.</i>	
Only you	1
You and several work colleagues	2
Everyone in your work group	3

1.3.1 If answered Everyone in your work group, describe the composition of your workgroup in terms of positions occupied/job titles.

1.4 Briefly describe the actions of the perpetrator.

2. Were there any complaints made about the bullying?

Yes	1
No	2

2.1 If answer Yes in Question 2, indicate to whom the complaints were made.

Supervisor	1
Senior management	2
Human Resources department	3
Trade unions	4
Other	5

3. Were the complaints taken seriously?

Yes	1
No	2

3.1 If answered Yes in Question 3, what was the outcome of the complaint?

4. Does your organisation have a specific policy or procedure regarding

workplace bullying?	
Yes	1
No	2
<i>4.1 If answered Yes in Question 4, does your employer enforce the policy?</i>	
Yes	1
No	2

SECTION C: Types of bullying

The purpose of this section of the questionnaire is to measure the types of bullying within your organisation. There are no right or wrong answers. Answer the questions about the types of bullying as honestly as possible. Use the scale below to answer the questions. Find the number between 1 and 4 that best describes the type of bullying within your organisation.

What form or forms of bullying took place and how often did it or they take place? Tick the appropriate form or forms of bullying with an x:

Forms of bullying	Daily (1)	Regularly (at least once a week) (2)	Seldom (3)	Not at all (4)
Public humiliation				
Being shouted at in an aggressive manner				
Deliberately overloaded with work in order to be set up to fail				
Unjustifiable discipline				
Spreading of malicious gossip or rumours				
Constant insults				
Being singled out for change in duties				
Interrupting someone while s/he is speaking or working				
Flaunting status or authority and/or acting in a condescending manner				
Belittling someone's opinion				
Failing to return telephone calls or respond to memos				
Giving others the silent treatment				
Intimidation				

Overloading a person with work as a form of punishment				
Other (Please write down)				

SECTION D: NEGATIVE ACTS QUESTIONNAIRE

A. Negative Acts Questionnaire

(Einarsen, Hoel & Notelaers, 2009; Einarsen & Raknes, 1997; Einarsen, Raknes, Matthiesen & Hellesoy, 1994).

The following direct and indirect behaviours, often observed and regarded as negative behaviour in the workplace, are associated with workplace bullying. During the past six months, how often have you been subjected to and/or experienced the following negative acts at work?

Please indicate with an x the number that best describes and corresponds with your experience over the past six months

	1	2	3	4	5			
	Never	Now and then	Daily	Weekly	Monthly			
1. Someone withholding information which affects your performance				1	2	3	4	5
2. Unwanted sexual attention				1	2	3	4	5
3. Being humiliated or ridiculed in connection with your work				1	2	3	4	5
4. How often are you being ordered to do work below your level of competence?				1	2	3	4	5
5. Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks				1	2	3	4	5
6. Spreading of gossip and rumours about you				1	2	3	4	5

7. Being ignored, excluded or being 'sent to Coventry'	1	2	3	4	5
8. Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes, or your private life	1	2	3	4	5
9. Being shouted at or being the target of spontaneous anger (or rage)	1	2	3	4	5
10. Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	1	2	3	4	5
11. Hints or signals from others that you should quit your job	1	2	3	4	5
12. Threats of violence or physical abuse	1	2	3	4	5
13. Repeated reminders of your errors or mistakes	1	2	3	4	5
14. Being ignored or facing a hostile reaction when you approach	1	2	3	4	5
15. Persistent criticism of your work and effort	1	2	3	4	5
16. Having your opinions and views ignored	1	2	3	4	5
17. Insulting messages, telephone calls or e-mails	1	2	3	4	5
18. Practical jokes carried out by people with whom you do not get on	1	2	3	4	5
19. Systematically being required to carry out tasks which clearly fall	1	2	3	4	5

<i>outside your job description, e.g. private errands</i>					
20. Being given tasks with unreasonable or impossible targets or deadlines	1	2	3	4	5
21. Having allegations made against you	1	2	3	4	5
22. Excessive monitoring of your work	1	2	3	4	5
23. Offensive remarks or behaviour with reference to your race or ethnicity	1	2	3	4	5
24. Pressure not to claim something to which you are entitled by right (e.g. sick leave, holiday entitlement, travel expenses)	1	2	3	4	5
25. Being the subject of excessive teasing and sarcasm	1	2	3	4	5
26. Threats of making your life difficult, e.g. over-time, night work, unpopular tasks	1	2	3	4	5
27. Attempts to find fault with your work	1	2	3	4	5
28. Being exposed to an unmanageable workload	1	2	3	4	5
29. Being moved or transferred against your will	1	2	3	4	5

B. Work Harassment Scale

(Bjorkqvist, Osterman & Hjelt-Back, 1994)

How often have you been exposed to degrading or oppressing activities by superiors, colleagues, subordinates or patients at work over the past six months? The activities clearly must have been experienced as a means of bullying, not as normal communication, or as exceptional occasions.

Please cross out the number that best describes and corresponds with your experience over the past six months

	0	1	2	3	4
	Never	Seldom	Occasionally	Often	Very often
1. Unduly reduced opportunities to express yourself?				0	1 2 3 4
2. Lies about you told to others?				0	1 2 3 4
3. Being unduly disrupted?				0	1 2 3 4
4. Being shouted at loudly?				0	1 2 3 4
5. Being unduly criticised?				0	1 2 3 4
6. Insulting comments about your private life?				0	1 2 3 4
7. Being isolated?				0	1 2 3 4
8. Having sensitive details about your private life revealed?				0	1 2 3 4

9. Direct threats?	0	1	2	3	4
10. Insinuating glances and/or negative gestures?	0	1	2	3	4
11. Accusations?	0	1	2	3	4
12. Being sneered at?	0	1	2	3	4
13. Refusal to speak with you?	0	1	2	3	4
14. Belittling of your opinions?	0	1	2	3	4
15. Refusal to hear you?	0	1	2	3	4
16. Being treated as non-existent?	0	1	2	3	4
17. Words aimed at hurting you?	0	1	2	3	4
18. How often are you being given meaningless tasks?	0	1	2	3	4
19. How often are you being given insulting tasks?	0	1	2	3	4
20. Having malicious rumours spread behind your back?	0	1	2	3	4
21. Being ridiculed in front of others?	0	1	2	3	4

22. Having your work judged in an incorrect and insulting manner?

0 1 2 3 4

23. Having your sense of judgement questioned?

0 1 2 3 4

24. Accusations of being mentally disturbed

0 1 2 3 4

SECTION E: COSTS OF BULLYING

The purpose of this section of the questionnaire is to measure the costs of bullying within your organisation. There are no right or wrong answers. Answer the questions about the costs of bullying as honestly as possible. Use the scale below to answer the questions. If you heard any of these complaints now and then, indicate this by ticking in the box that states “Yes, now and then” or number (1). If you heard any of these complaints monthly, indicate this by ticking in the box that states “Yes, monthly” or number (4). Find the number between 1 and 4 that best describes the costs of bullying within your organisation.

A. Did you hear of any complaints as outlined below after the victim has been bullied in the workplace? If yes, please tick the appropriate complaints with an x.

Complaints	Yes, now and then (1)	Yes, daily (2)	Yes, weekly (3)	Yes, monthly (4)
Constipation				
Flatulence				
Coughs				
Diarrhoea				
Peptic ulcers				
Migraine headaches				
Chest pains				
Abdominal pains				
Constantly feeling tired				
Not looking forward to going to work				
Anxiety				
Other (Please write down)				

B. Have you or any of your colleagues been diagnosed with the following within the past six months? Indicate by marking the appropriate answer with an x.

1. Hypertension	
Yes	1
No	2
2. Depression	
Yes	1
No	2

C. Did you or any of your colleagues take sick leave within the past six months? Indicate by marking the appropriate answer with an x.

Yes	1
No	2
If answered Yes, for how long did they take sick leave? Please write down.	

D. Did you or any of your colleagues make a sudden move to a different department? Indicate by marking the appropriate answer with an x.

Yes	1
No	2

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9310

12 February 2012

Dear Jacqueline

RESEARCH: THE SCOPE OF BULLYING AMONGST NURSES IN A PUBLIC HOSPITAL IN THE FREE STATE : A MIXED METHOD STUDY

I refer to your email of 5th February 2012. You are welcome to give my contact details to the participants in aforementioned research. They may contact me should they themselves deem it necessary to receive counseling.

The participants can contact me on my cell no: 082 771 8350.

The practice is located at:
38 Paul Roux Street
Dan Pienaar
Bloemfontein.

I wish you all the best for your studies.

Kind regards



Dr Ronél van der Watt



APPENDIX B



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

The Scope of Bullying among Nurses in a Public Hospital in the Free State

A Mixed-Method Study

HS749/2011 and UFS-EDU-2012-0002

APPENDIX B

IN-DEPTH INTERVIEW SCHEDULE

General information regarding the interview

You are invited to participate in an academic research study conducted by Jacqueline du Toit, a Masters student from the Department of Industrial Psychology at Stellenbosch University.

The purpose of the in-depth interview is to determine (a) the manifestations of bullying within your department, and (b) the employee status of the perpetrator. By obtaining this information, more accurate suggestions can be made for possible interventions to prevent the occurrence of bullying within your organisation.

Please note that:

- This study involves an anonymous interview. Your name will not appear on the recording of information and the answers you give will be treated as strictly confidential. You cannot be identified in person based on the answers you give.
- Your participation in this study is very important to us. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences.
- Please answer the questions in the interview as completely and honestly as possible. This should not take more than 60 minutes of your time, but it can take longer.

- The results of the study will be used for academic purposes only and may be published in an academic journal. We will provide you with a summary of the findings on request.
- Should you have any questions or comments regarding the study, please contact my supervisor, Ms M. de Wet at mdew@sun.ac.za.

Please sign the form to indicate that:

- (a) You have read and understand the information provided above.
- (b) You give your consent to participate in the study on a voluntary basis.
- (c) You as a participant give consent for the recording of the interview.
- (d) You as the participant will get the opportunity to review the transcribed version of your interview, in order to verify the content.

Respondent's signature

Date

THANK YOU FOR SUPPORT

J DU TOIT

SECTION B: OVERARCHING QUESTION

Bullying can be defined as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him- or herself against these actions. Bullying does not refer to a once-off incident (Hoel *et al.*, 2001: p. 312).

Can you describe such an event or events such as the above, where you were either the victim or witnessed such behaviour?

LEADS:

- *Timeline:* Within six months, how many times in these six months.
- *Perpetrator:* Status, gender, race.
- *Victim:* Status, gender, specific group, composition of the group in terms of work status.
- *Bullying acts:* Manifestation in the department, specific acts.

PROBING QUESTIONS:

- Opinion/Value probes
- Knowledge probes
- Background/Demographic probes

APPENDIX C

To whom it may concern,

When administering the questionnaire, please follow the procedure below:

- ✓ Start by introducing yourself as the "research assistant" in the study *The Scope of Bullying among Nurses in a Public Hospital in the Free State - A Mixed-Method study*.
- ✓ Then read the background of the researcher on page 1.
- ✓ Read the following points as outlined in the informed consent: 1, 3, 4, 6, 7, 8, and 9 (pages 1-3) and please **ensure that the box is ticked as to allow consent for data collection**.
- ✓ Go to **page 4** and read each point on page 4, namely the outline of the questionnaire (Sections), the general information on answering the questionnaire, and then the example in Section A of "I like sweets the most".
- ✓ Please emphasise the fact that **questions should be read carefully**, especially in the case where one question follows another. For example, "if answered yes in question 1.4, please answer the following questions". In the case of Sections C – E, please remember to mark the box that states "not at all", "Never", or "yes, now and then".
- ✓ Also mark all answers clearly with a **pen**.
- ✓ Just mention that, should they feel the **need to talk to someone** regarding the questionnaire, they should contact the **researcher at 082 85 49 563** or they can contact **Dr. R. van der Watt** (see page 22).
- ✓ After the completion of the questionnaire, **count all the booklets** to ensure that all the data is collected.

Thank you for your willingness to assist in this matter; it is much appreciated.

APPENDIX D

Um, ja. Ons het verlede jaar. Kyk dit is maar moeilik om 'n student te wees en te werk saam met mense wat al vir jare in die beroep is, en elke dag dieselfde ding doen nie. En dan kom jy daar en jy weet nie presies wat aangaan nie, so almal adapt nie so vinnig tot jou wat nuut is nie. En party van hulle kraak jou maar net die hele tyd af.

So verlede jaar toe ons gementor het vir die eerstejaars, toe was daar 'n meisie. Daar was 'n pasiënt toe oorlede en hulle het toe die heelyd wat sy daar gewerk het haar die heelyd getackle daarvoor, sy moes dit geweet het, sy moes dit gesien het.

Sy was 'n maand daar.

Sy het aanhou swot, en toe het ons na ander plasings toe gegaan. Toe het sy nou aanhou swot en so, maar dit was vir haar erg, die hele tyd daar. Want elke keer as sy kom en daai spesifieke suster is aan diens dan moet sy dit weer hoor.

Ja, ja, dit was die persoon wat in bevel was. Ja, ja, sy was soos die supervisor gewees. En toe die student nou kla, toe se hulle vir haar sy moes dit geweet het, sy moes deur dit gekom het. En elke keer daarna as hulle in 'n situasie is, maak nie saak of dit in dieselle een was of nie dan sal hulle dit terug bring na haar toe en se onthou jy daai tyd het jy nie geweet nie.

Sy was by die pasiënt gewees, en alles was fine. Die pasiënt was oraait, sy het nie heeltemal terug gepraat of so nie, maar die tannie was maar moeg en alles en toe sy, ek dink omtrent 'n halfuur later terugkom na die tannie toe, toe was die pasiënt dood. Toe sê hulle vir haar sy moes toe sy daar was oorspronklik besef het dat gaan gebeur sodat sy dit kon voorkom het. Maar dit was haar eerste keer in die hospital en sy was 'n eerste jaar so.

Nee ons is eerste of tweede jaar, toe was ek nou tweede jaar. Toe was ek nou saam met die eerstejaar geplaas, en net vir 'n week, daarna moet hulle op hulle eie of onder toesig van die susters dan nou werk, maar in daardie week help ons hulle net om gewoon te raak aan die omgewing en dingetjies om te doen. Daarna, maar even ons nou ook, werk onder 'n suster. Omdat jy nie daardie verantwoordelikheid op jouself kan neem nie, want jy ken nog nie alles nie.

Om haar.

Hulle het direk vir haar gesê dis haar skuld, sy moes dit voorkom het, sy moes dit gesien het, as sy meer attent was, meer op en wakker was, meer op dit was, sou sy geweet het dit gaan gebeur, en dan

daarna, soos ek sê alles wat haar kennis verg, het hulle dit terug gebring – en gesê maar onthou jy, jy dit nie raak gesien nie, en dit nie raakgesien nie, en. Soos baie negatief, en haar net afgepraat en net discourage om enige iets te doen.

Nee, nee, nee; sy is nou 'n tweede jaar. Sy was daai tyd 'n eerste jaar.

Ja, ja, die suster praktiseer seker al so 15, 16, 17 jaar. So sy werk al lank.

Ja, ja.

Ja, ja, hulle het nie fisies iets aan haar gedoen nie, hulle het haar maar verbaal afgekraak.

Dit het my, omdat ek haar mentor was, jy weet ek was kwaad eerstens vir die suster. Want geen mens, maak nie saak hoe lank jy werk nie sal dit kan sien kom nie. En tweedens omdat ek nie op daai spesifieke oomblik daar was nie, het dit vir my gevoel ek moes daar gewees het, want dan kon ek dalk opgestaan het vir haar of.

Want ek meen, op daai stadium as jy 'n eerste jaartjie is voel jy nie jy kan opstaan teen die suster nie, jy vat maar wat jy hoor en dit is maar dit. So ek dink ek sou, dit het my half negligent laat voel, nie dat ek haar mentor was, maar nie op daai oomblik daar was om op te staan vir haar nie. Ja, ek het met haar gepraat daaroor, ja ons het. So sy werk nou weer, en sy het aangehou met verpleegkunde, maar ek dink nogsteeds as sy ooit weer 'n lyk sien dan kom dit terug. Maar ons het daaroor gepraat, maar sy is orait.

Um, ek weet nie of hulle met die eerste jaar dosente gaan praat het nie om die suster aan te vat nie.

Ja.

Um, maar een van die studente wat saam met haar gewerk het, maar nou al 'n ouer student is wat al geswot het, die suster aangevat.

Ja.

Ja, ja. Sy het in die groep, toe hulle haar blameer toe praat die student toe sê sy nee dis nie regverdig dat julle haar, sleg sê of so nie. So sy het darem vir haar opgekom. Maar ek weet nie of hulle, hoe kan ek sê, op 'n management level die suster aangevat het nie.

Nee, ek dink daai susters is maar nogsteeds so.

Ja, dit was in die eenheid.

Nie sulke spesifieke gevalle nie, maar in elke department is daar maar, hoe kan ek sê, afknouerey. En nie net noodwendig, die staff of susters nie, maar ook student onder mekaar. Waar byvoorbeeld 'n derde jaar student 'n eerste jaartjie sal afknou. En ja, sulke dinge.

Ja, ek sal sê, ja vir al in ons omstandighede, word mense afgekraak of afgebreek afhangende van waar jy lê op die lys.

Ek weet nie of hulle voel, hulle moet hulle autoriteit bewys nie. En of hulle jou, net half wil herhinner wie is in beheer. En omdat, destyds se susters nie die graad kursus gedoen nie, hulle het, omdat dit is hoe dit was. Hulle het byvoorbeeld 'n diploma gedoen, en dan weer gaan leer, en weer gaan leer. Nou as ons klaar is na vier jaar, het ons basies kraam, psigiatrie, al daai dinge. Maar ek dink veral daai keer, die susters wat nie susters is nie, maar net staff susters, kan voel jy gaan oor drie of vier jaar, 'n hoër posisie hêe as hulle. So kom ons kry jou terwyl ons kan.

Ja, ja.

Nee, ek dink sy het die graad courses. Sy is nog jonk genoeg om die graad te gedoen het.

Weet jy, ons fakulteit gee vir ons die opsie om te gaan praat oor enige iets, maar of hulle altyd met almal opvolg weet ek nie. My persoonlike ervaring, een van my vriende is met 'n naald geprik verlede jaar, en sy het met die dosente gepraat maar niemand het opgevolg nie, of sy nou, soos wat gaan nou gebeur nie, is sy okay nie. Daar is mense wat ons help om die regte medikasie te kry, maar daar is niemand wat kom vra is jy okay nie. Het jy, voel jy beter, laat die medikasie jou sleg voel, sulke tipe goed nie.

Um, maar ek dink as jy oor so iets sal gaan kla, dat jy afgekraak word of sleg gese word, of nie wil gaan werk nie, want dis nie lekker nie. Dan dink ek hulle sal met die saal gaan praat of die hospital praat of so.

Um, daar is dosente wat rondtes doen by verskillende plekke. Derde jaars, tweede jaars, eerste jaars of so. En elke keer as jy werk, dan kom hulle dalk net vir 10 minute of so, om te kom hoor is dit nog oraait of is dit ok of so.

Um, ek is verlede jaar, op 'n kliniek het die pasient in 'n koma gegaan, en ek het die dokter geroep en geroep, maar ek kon nie die tannie alleen los nie, en so het dit toe eventually gebeur toe kom vra hulle vir my hoekom, toe kom vra die dokter vir my het ek nog niks daaraan gedoen nie. Toe se ek vir haar, nee, ek wag saam met die tannie, ek kan haar nie los nie, en ek het julle geroep. En toe het ons die dosente, en hulle het my ook baie laat voel, of gesê as sulke goed my laat sleg voel dan sal ek nooit 'n suster kan wees nie, en daai julle tipe ding. Um, en toe het ons die dosent gebel, en sy het toe dadelik

gekom. En toe met die susters gepraat. Dit is nogal amazing, as daar 'n dosent in stap dan gebeur dinge soos dit (snaps fingers). Dan is almal op hulle plek en almal bly stil.

Ja, die dokter het my aangevat, en toe het die suster na die tyd vir my kom sê, as sulke goed jou gaan affekteer, dan gaan jy nooit 'n suster kan wees nie.

Op daai stadium, jy weet jy is in die middel van jou swottings, jy voel al klaar crap, meeste van die tyd want jy het dalk die toets gedop of wat ookal, en dan sê iemand vir jou dit, en dan voel jy sommer net ja julle is reg, dit is nou maar hoe ek is. So mens, ek was baie hartseer, ek het toe sommer dadelik begin huil, dit was toe net alles sommer vir my te veel. So ja.

Ek dink, ek dink, meer emosioneel as fisies. Want jy gaan slaap vanaand, en môre oggend voel jy beter, jou liggaam voel beter. Maar sulke goed bly in jou agterkop, veral as daardie situasie homself weer aan jou toon. Dan is jy net half, jy weet dan onthou jy dit. Jy weet, hoe gaan ek nou, wat gaan ek nou doen nie.

Ek voel, daar moet elke saal, en ek weet dit is baie moeilik, omdat al die mense nie die heelyd dieselfde skofte werk nie. Maar ek voel daar moet 'n suster wees, sy werk daar en sy doen haar ding, maar as daar 'n student kom, dan is die student haar babatjie.

Want dit is baie maklik, dit is nou nie regtig bully nie. Maar soos waar ek nou gewerk het, hulle sal byvoorbeeld nie met jou praat nie. Hulle, jy kom daar die oggend, dan is dit nou jou eerste dag daar, dan sê jy hello ek is nou so en so, teken jy, niemand sal vir jou dadelik wys okay, ek meen hier is die badkamer, ek meen stupid goed, hier is die dit hier is die dat. En dan na 'n tydtjie dan, o ja ons het jou nog nie gewys nie. Dan wys hulle jou gou so vinnig of so, maar sou jy iets moet gaan haal, dan weet jy nie waar dit is nie, en as jy laat is daarmee, dan raas hulle met jou, want jy moet moes dan nou weet. So ek sal voel daar moet iemand wees wat die studente hulle babatjie maak. En seker maak daai student is okay. Want dit beïnvloed jou werk, as jy nie lekker voel by die werk nie. En ek meen ja, ek het in ICU gewerk, en hulle soos ignoreer jou. Soos as jy iets vra, dan antwoord hulle jou net as dit oor die werk gaan. Maar sê nou maar jy probeer small talk maak en almal staan nou net daar, dan ignoreer hulle jou net, dan gaan hulle aan met hulle goed. En dit laat jou sommer so half nie welkom voel nie, want dan wil mens sommer nie gaan werk nie. So ja, ek sal sê as daar iemand is wat op die studente fokus. Ek weet dit is baie moeilik om in plek te stel, want soos ek se almal werk nie altyd dieselfde skof nie.

Maar ja, ek weet nie, dit moet net.

Wat baie help is as daar ander studente is wat klaar geswot is, en byvoorbeeld spesialisasie doen, want dis lekker, jy voel ja ek weet minder as daardie persoon want hy het klaar sy graad maar ek is darem nie die enigste student nie. Ek is nie die engste babatjie nie, daar is nog iemand wat nuut is.

Bedoel jy oor die hele kursus?

is nou meer 'n nuwe plasing, wat ons kry. Maar ons werk nou of dan nou , en en .

En dan volgende jaar is dan nou , by die babatjies.

So ja, dit is. Ons werk nou teater, ICU, meer spesialisasie velde. Ons werk nogsteeds sale, die uitkomst is net nog bietjie meer challenging. Maar dit is maar meer teaters, ICU, ongevalle.

Nee, ek dink dit hang maar af van wie werk die dag, dit is maar. Privaat is moeiliker as staat, want Privaat is baie meer snobisties, sal ek se. En ek het 'n beurs by die hospitaal, so dit is vir my moeilik om dit te sê. Maar hulle is baie snobisties as jou staatshospitaal, pasiënte, werkers almal. Want in die staat is hulle so dankbaar jy is daar, hulle is nie noodwendig nice met jou nie, maar hulle is dankbaar jy is daar. Staat, ag privaat, not so much. Jy weet, jy kon ook maar nie gekom het nie.

Hulle hanteer jou defintief, daar is die wat altyd nice sal wees want dit is hoe hulle is, maar dan is daar die wat altyd kortaf, en to the point misluk sal wees. Um, maar ek sal sê hulle hanteer jou defintief nie as deel van die familie'tjie nie, want hulle is so gewoon, veral in eenhede soos teater en ICU's, hulle is so gewoon aan hulle span. En dit is moeilik, want nou is daar 'n outsider, en die outsider is nie iemand wat die kennis het nie, dis iemand wat geleer moet word, wat foute gaan maak, wat vrae gaan vrae. So ek dink baie keer, is dit 'n slep, en ons is so gewoon daaraan moet tog nie vergeet van die student nie, sy moet ook iets leer. So ja.

Mmm, dit sal ek ook se hang af van suster tot suster of persoon tot persoon. Want jy kry baie dokters, hulle naam loop hulle vooruit as die mislukste dokters wat daar is, maar sou jy hom iets vra, dan sit hy alles neer en hy, hy verduidelik jou.

Um, daar is 'n dokter by ook, hy is 'n briljante dokter, maar hy het glad nie bedside manners nie. Maar as jy hom iets sal vra, dan sal hy jou help. Susters sal ek sê, partykeer is dit dol, en wat ek partykeer dan van hulle sal waardeer, sal dan vir jou kom sê, vandag is verskriklik, maar ek sal jou vanmiddag as dit stiller is, sal ek jou kom wys, en dan kom vra jy my.

Party van hulle vermy net heeltemal die studente, jy is net. Jy weet as jy sommer so kom, dan draai hulle weg. Ek weet nie, hulle hou dalk net nie van studente nie.

So ja.

En natuurlik dan nou ook, hoe meer intense die area wat jy werk, soos in ICU byvoorbeeld, hoe meer is die mense gefokus op hulle werk, en nie noodwendig die nufi nufi van 'n student wat nog geleer moet word en alles nie. En in die sale is dit baie meer kalm, want daar is 'n routine en daar is 'n rustige omgewing. Waar in ICU of teater kan iets enige oomblik skeef loop. So ja.

Ek het nog nie gehoor, wel daar was 'n paar insidente maar ek weet nou nie of dit nou regtig bullying is nie. Byvoorbeeld my een vriendin, sy moes die pasient bad en toe laat val die suster die bak kookwater op my vriendin. So, nou kan ek nie se dit was nou intense, of jy weet on purpose nie, of dit was per ongelukkig nie. En toe sy nou vir die suster sê, want obviously dis mos nou seer, want eina, ek moet iets daaraan doen. Toe het die suster net haar been so gekyk en gesê, toema dis nie so erg nie. So dan weet jy nie, ek weet nie is dit so ek sê per ongelukkig nie of so. Maar ek het nog nie gehoor van fisiese bullying nie deur personeel nie, pasiente kan jou partykeer bietjie aanvat. Maar ja.

Ja, ek sal se hoe langer, hoe kan ek nou sê. Hoe meer autoriteit jy het in die saal, hoe lekkerder is jou werk, want jy besluit wie doen wat, en jy kies vir jousef obviously mos die nice goed. Hulle sal byvoorbeeld studente wat hulle weet, se sommer 'n derde jaar want nou al bietjie meer as bedpanne en urine kan doen, net daarop sit. Want dit is iets wat jy kan doen en dan hoef ons nie oor jou te worry nie. Um, en niemand anders wil die anyway doen nie so daar gat jy, jy is die student so doen dit maar. Maar dit hang maar af van saal tot saal en wie die indelings doen. Gewoonlik word ons ingedeel vir byvoorbeeld wonde, dan is al die wonde jou baby. Of partykeer word jy ingedeel vir die stoorkamer.

En as hulle sien jy pak goed reg in die stoorkamer, dan kry jy elke week die stoorkamer. So ja, maar jy kan altyd vra, daar is altyd die opsie om te vra. Meeste plekke waar ek nog gewerk het, is daar altyd die opsie om te vra, suster kan ek vandag dit doen, of kan ek vandag dat doen. Die Universiteit, hoe kan ek sê, hulle dwing hulle af. Ons het uitkomstes, en die Universiteit gee vir hulle 'n bladsy en se hierdie is die studente se uitkomstes, so as hulle hier klaar is moet hulle dit gedoen het. En as hulle dit nie gedoen het nie gaan ons vra, hoekom het hulle dit nie gedoen nie. So dit forseer hulle half om ons nie net in die sloesh of die stoorkamer te sit nie, of ons net daar in te druk nie.

Party van hulle, ag julle party susters. Ons werk mos sewe sewe, 12 ure en nie 11 nie omdat ons nie betaal word nie, so ons lunch uur word gevat as 'n werksuur. Nway nou party susters sal vir jou, jy moet kwart voor sewe daar wees, en dan kan jy kwart voor sewe die aand weer gaan, party teken al vir jou

ses uur of half ses. En dan vra hulle vir jou, is jou werk alles gedoen – ja dit is alles gedoen, en dan kan jy gaan. Ander is erg, jy moet tot kwart oor sewe toe daar bly, en ja. Maar hulle is nie, hoe kan ek sê, hulle skroom nie om te teken nie as jy gewerk het nie. Daar is dit studente se skuld weer, hulle fake ure. Soos hulle sal byvoorbeeld 'n 07:13 skryf en dan maak hulle net die by die huis vanaand die drie 'n nege. Dan is dit nou soos 12 ure in plaas van ses. Dis studente, die suster moet ek sê, hulle het nogal nie 'n probleem nie. Ja

Weet jy die groot ding vir my, is die hele ignoreer. Jy weet ons maak maar net of jy nie hier is nie, en as jy dan iets vra dan word jy as dom gehanteer half, jy weet. Hulle, daar was nou 'n geval, maar die suster is swanger so miskien voel sy net nie lekker nie. Sy het byvoorbeeld vir my gesê ek moet vir haar iets, iets nou neerskryf wat ek nou dink van die pasiënt, en toe skryf ek dit neer volgens hoe ons dit geleer het in die klas. En toe is dit soos basies nie reg nie, toe moes ek dit nou so gesê het en nie so gesê het nie. Soos dan sal hulle byvoorbeeld, en daarna sal sy jou nooit weer iets vra nie, jy weet, want die eerste keer het jy dit nou dom gedoen, so nou gaan jy dit die volgende keer ook dom doen. Of toe die een suster, twee susters moes saam gaan medikasie tel het, en toe is die een besig en toe vra sy vir my kan ek, sy is 'n ou student hierso. Toe vra sy kan ek asseblief saam met die spesifieke suster, juis die een wat nou so vir my gesê het, of nie gesê het opgetree het asof ek net dom is. Umm, kan ek saam met haar gaan tel, toe se ek ja dit is reg. En toe ek nou by haar kom en vir haar sê, suster ek gaan saam met suster tel want die ander suster is besig. Toe is sy glad nie impress daarmee nie, want jy weet nou moet sy saam met 'n student tel. En toe sê sy vir my moet asseblief nie die goed laat val nie, en moet asseblief net nie dit nie en moet assesblief net nie dat nie, en toe is ek net soos ok ek sal nie.

Ja.

So ja. Maar verder is dit lekker, dis nie altyd, hoe kan ek se lekker omstandighede nie, maar dit gaan maar so wees as ons eendag werk ook. As ons nou professioneel wees en ons moet werk ook, dan gaan dit maar dieselfde ding wees. Dit gaan nie altyd maanskyn en rose wees nie.

Nee, nee, ek dink as mens constant voel dat jy nie lus is nie om te gaan werk nie, moet jy dalk gaan kyk hoekom jy dit doen in die eerste plek, want jy hou dalk nie daarvan nie. As daar nou iets is, hoe kan ek nou sê, wat jy regtig sleg gesê word dan moet jy maar met die mense gaan praat wat verantwoordelik is daarvoor.

Um, wat klas toe gaan aan betref, daar is baie studente konflik in ons jaar, ons spesifieke jaar. So mense is afknouerig teenoor mekaar in die klas. En as die een antwoord dan sal die ander een nou iets sê wat dit nou counteract. Maar ek dink dit is maar ook net student. Maar, nee werk toe gaan ek mind

nie, mens is nie altyd lus nie want niemand ander hoef te werk nie, van die studente nie, want jy moet maar gaan werk. Maar al wat dit nie lekker maak nie, is wanneer jy half nie welkom voel nie. Kyk jy is op jou senuwees is jy daar aankom, veral in ICU jy is op jou senuwees. Want dit is al die masjiene en draade en goetters en ons leer baie daarvan in teorie, maar dis anders in die praktyk, dinge werk nie soos in 'n boek nie. En jy voel eerste op jou senuwees, jy is bang, jy is insecure. En om dan een ding te hoor, nee dis nie reg dan is jy sommer heeltemal jy is nie lus verder vir daardie dag nie.

Ja.

Almal van hulle is vroulik.

Weet jy, ek sal se hulle gaan vir 'n jaar groep. Soos as hulle vir een eerste jaar gaan, dan gaan hulle vir al die eerste jaars gaan. In ICU werk ons alleen, ons word nie saam met ons ander studente vriende geplaas nie. So jy is alleen daarso, so obviously is dit dan net jy. As daar 'n probleem is met jou, maar dit is nogal snaaks hoe net een met jou 'n probleem sal hê. Die een of twee, daar sal nie as een 'n probleem het met jou, dan môre is almal nie lekker teenoor jou nie. Dit sal altyd die een wees.

Weet jy nee. Party studente, maar ons praat maar as studente onder mekaar, dan sal die een weer se nee daardie suster is baie nice, en dan sal die een se nee nee sy was glad nie nice nie. Nee, nee ek weet nie, dit hang maar af.

Dit is ook nie net, kyk dit kom maar van albei kante af. Dit is ook hoe jy as student die situasie sien, en hoe jy dit ervaar, want ek dink nie mens kan iemand se persoonlike mening as subjektief vat, as objective vat nie, dis altyd subjective want jy voel so.

Ja, ja. Daar is 'n suster by teater,, wat almal is net nee, nee. Sy is net plain weg misluk, en sy sê dit ook vir die matron sy hou nie van studente nie, sy soek nie studente in haar teater nie, sy wil niks van hulle weet nie. Nee, ons weet nie. Sy is 'n ouerige suster, en sy is baie baie goed in wat sy doen, soveel so dat sy, ek het die een operasie gesien, dat sy die instrumente uit die dokter se hand gevat en dit self gedoen het. So sy is goed in wat sy doen, sy hou net nie van studente nie. En dis ook fine, almal hoef nie van ons te hou nie, maar my redenasie is altyd sy was ook 'n student sy het ook op 'n stadium niks geweet nie, en daar gestaan en totaal en al dom gevoel.

So ja, ek dink wat hierdie ons regtig mee help is hoe ons nie wil wees nie, hoe ons ander sal optree as ons eendag susters is.

Nee, dis 'n lekker kursus, dis moeilik dis baie veeleisend, maar dis lekker. En ek dink dit berei ons ook voor, want waar 'n LLB student hier uitstap na vier jaar en moet gaan werk dan is dit soos 'n helse skok vir hulle. Waar ons weet nou al, staan vroeg op, uniforms moet gewas word en dit en dit en dat, so ja.

Ja. Weet jy om sulke situasies te hanteer, nee ek sal nie so sê nie. Ons het nie 'n vak of 'n afdeling wat gaan oor, hoor hier cope jy, of dis hoe jy dit sal hanteer nie. Ek dink dit kom maar uit as jy met 'n dosent gaan praat, of vir 'n dosent die situasie vertel. Maar dit sal nice wees as hulle byvoorbeeld vir ons kan leer hoe om op te tree as iemand, soos in veral teenoor iemand met autoriteit, sonder om nie respek te hê nie, maar net met respek te sê hoor hierso julle was ook studente.

En dan die ander ding wat net in die kursus nice sal wees, dit het nou niks met die bullying of iets te doen nie, is iemand wat in verpleegkunde na ons sal luister, maar nie 'n suster nie. Want almal van hulle is bereid om na jou te luister, want dit is moeilik om vanaand of vanmiddag met 'n dosent te gaan praat oor hoe jy voel, of wat by die huis aan gaan of wat ookal wat ookal en môre moet jy haar weer in die oë kyk in die klas. En dan is dit 'n heeltemal 'n ander opset, want dan voel dit sy weet nou so half alles, sy weet byvoorbeeld. Ek meen daar is baie studente want nie in die aande, nie kos het om te eet nie, sy weet die nou en more moet sy jou nou, verstaan?

So iemand half, wat niks te doen het met verpleegkunde, niks te doen het met van hierdie goed. Soos occupational health tipe persoon, wat na ons, met wie jy kan gaan praat. En dan dink ek ook hulle moet dit verpligtend maak. Om te sê jy moet ten minste een keer 'n kwartaal gaan praat. En dit word aan geteken, en dit word op lêr gehou, wat ookal wat ookal. Want daar is studente wat opskop soos left, right and centre en dan wil almal weet hoekom.

Maar daar was een meisie, en in die einde van haar tweede jaar toe skop sy op. Elke pasiënt waarmee sy werk in 'n saal, of 'n pasiënt ten minste een in 'n saal gaan dood. Sy het nog gewerk en dan gaan hy dood. En sy kon net nie meer nie.

Nee, nee, as jy nie gaan vra daarvoor nie. Hulle sal nie, ons het nou 'n baie nice dosent, twee eintlik die derde jaar dosente, hulle dink ek nogal sal uit hulle pad gaan om jou, om persoonlik by jou uit te kom. Maar dis nie altyd almal van hulle nie, dis nie 'n set ding dat 'n student moet byvoorbeeld, want baie praat nie daaroor nie. Nie almal is soos ek, ek is nou byvoorbeeld so, ek sal môre in die klas praat en vertel my pasiënt is dood. Dis nie, ek sal nie byvoorbeeld gaan debrief by een persoon nie, ek vertel sommer almal en dan voel ek better. Maar my vriendin is glad nie so nie, dit sou nou gebeur het, en dit het nou by die werk gebeur en dan gaan sy huistoe vanaand. Maar oor 'n week of twee of drie of vier dan pla dit haar, en dan het sy nooit iets daarvoor gesê nie. So ja, nie almal is, ek vertel alles vir almal.

Soos as ek by die huis kom in die aand, my boetie swot personal training, want hy is eintlik 'n sports manager maar dan doen hy eintlik personal training, maar hy hoor alles. Hy ken niks van die name of siektes nie, maar hy hoor dit en dan voel ek beter. En sonder om dit agter te kom het jy daarmee gedeel. So ja. Maar dit sal baie nice wees. Want toe sê die meisie, as sy nog een lyk sien, dan gaan sy 'n lyk wees, sy gaan crack. En toe skop sy op, nou swot sy onderwys.

Die suster in ICU, daai eentjie, sy is 'n blanke suster. Die eentjie, dit was 'n blanke student by 4B, ek dink dit was 'n kleuring suster, ja ek dink dit was 'n kleuring suster. Weet jy dit sal ek sê, ouer susters, veral die swart ouer susters, sal byvoorbeeld net, al is jy teenwoordig kleuringe, Zulu's wat ookal sal net in Sotho praat met die studente. As daar nou soos swart studente in die groep is, dan obviously identifiseer hulle nou wie hulle is die Sotho sprekende studente, en dan almal anders of jy nou Xhosa, Zulu of wit of swart wat ookal is dan praat hulle net in Sotho. En dan sal jy dan vra, asseblief ek verstaan nie dan sal hulle vir jou se dan leer dan Sotho of party sal dan se jammer en dan met jou in Afrikaans of Engels praat, en ander sal net omdraai en loop. So ek weet nie, maar Afrikaanse susters doen weer dieselfde, hulle sal byvoorbeeld met Engelse studente net in Afrikaans praat. So en dalk omdat hulle ongemaklik voel in Engels, ek meen dit is die Vrystaat. Maar ja, ek voel nie, ek voel as jy wil hê iemand moet die beste sorg toepas deur die dag moet hulle presies verstaan wat aan gaan met daardie pasiënt. Anders kan jy nie oor drie vir daardie student sê, dit en dit en dit maar hy het nooit verstaan wat jy vir hom gesê het nie. So, dit is ook weer – dit het hulle vir ons gesê in ons eerste jaar altyd dis jou verantwoordelikheid om te hoor hier ek verstaan nie, of asseblief verduidelik my weer of wat ookal. Maar ja, dit sal ek sê is persoon tot persoon. Jy kry van hulle, jy kry swart susters wat baie nicer is met ons as blanke studente as die blanke susters, en dan kry jy weer van hulle wat totaal en al misluk is. So ek weet nie.

Wat ek moet sê, as jy moet gaan vra, vir hulp gaan vra is 'n swart suster more likely om jou te help as 'n blanke suster. Ek weet nie hoekom nie, ek weet nie of hulle dalk ook gesukkel het nie of dalk die hele ding onthou van ons was ook studente nie, umm, maar jaar, swart susters het nog altyd vir my persoonlik meer gehelp as wat 'n blanke suster my gehelp het. Ek is ook banger om vir 'n blanke suster te vra as vir 'n swart suster.

So ja.

Nee eks baie rustig.

Nee, nee. Ek sê altyd mense kan enige iets vir my vra, as ek nie wil antwoord nie sal ek nie antwoord nie.