Mixed Methods Approach Examining Bullying in the Workplace

MHST 603 Facilitating Inquiry

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**Abstract**

A mixed methods study was completed to explore the perceptions of workplace bullying and based on culture and personal beliefs. Workplace bullying is thought to have detrimental consequences to organizations and individuals and is a growing concern in health care environments. The full scope and best approaches to manage the problem has been difficult to ascertain. The study involved Athabasca University students enrolled in Athabasca University MHST/NURS 603 Facilitating Inquiry course in the 2014 Winter semester. In part one of the study, lab group members held a focus group to gather participant views based on their cultural and personal beliefs of what constitutes bullying, how one should deal with a bullying situation and consequences of bullying in the workplace. Using themes uncovered during the focus group in part two, a ten question survey was developed by the lab group. Seventeen participants completed the online survey. Quantitative analysis showed the majority of participants agreed workplace bullying is a serious concern. Participants were in agreement that physical aggression/attack, intimidation and malicious gossip constitute bullying in the workplace. All participants agreed that feelings of frustration, helplessness and low productivity are the main consequences of bullying. Good abstract!

 *keywords*: workplace bullying, culture, beliefs, health care provider

**Bullying in the Workplace**

Bullying in the workplace is a social problem that has serious repercussions to both the victim and employer. Victims struggle with mistreatment, harassment, anxiety, depression, intimidation and low self –esteem, resulting in low job satisfaction and productivity (Carden & Boyd, 2013; Galanaki, & Papalexandris, 2013). Workplace bullying is a concern in healthcare environments and has been identified as a significant issue among healthcare providers (Ariza-Montes, Muniz, Montero-Simo, & Araque-Padilla, 2013). The underlying reasons of bullying are difficult to establish, however, it involves sense of superiority over management and peers, exhibiting verbal abuse and offensive conduct to victims (Carden & Boyd, 2013). As individuals have diverse perceptions of bullying, some researchers have questioned the impact of culture and beliefs on one’s perception of workplace bullying (Sidle, 2010; Samnani, 2013).

The aim of this study is to explore the effect of culture and personal beliefs on perceptions of what constitutes bullying in the workplace among health care providers. Additional objectives are to determine contributing factors and consequences of bullying based on individuals’ cultural and personal beliefs. The lab group hypothesized culture and personal beliefs affect one’s perception of bullying. A mixed methodology approach involving an online forum focus group to collect qualitative data was used followed by a quantitative ten question survey. By gaining further understanding of the effect of culture and personal beliefs on what constitutes bullying in the workplace among health care providers has the potential to allow for enhancement of workplace anti-bullying campaigns and legislation to better address this concern.

**Literature Review**

Bullying in the work place is not a new phenomenon with some studies revealing that about one-third to half of workers have experienced some form of bullying in the workplace (Sanders, Pattison, & Bible, 2012).

Workplace bullying has been well documented in general workplace population studies. Although multiple definitions of workplace bullying exist common themes have emerged in workplace bullying literature (Loh, Restubog, & Zagenczyk, 2010). As the name suggests, workplace bullying involves conflict between employees and/or management in an organization (Baron, 1998). Workplace bullying involves negative behaviours intended to hurt, humiliate or offend such as abuse (including verbal and physical- insult), threatening, humiliating, neglecting and ignoring, mocking, and unwanted jokes (Sanders et al., 2012). The most common forms of bullying in healthcare environments are thought to be interprofessional bullying and verbal abuse by doctors, patients and their relatives (Lay-Teng, Soon-Noi, Soh-Chin, Li-Charn, Chern, & Jacobson, 2010). Lastly, bullying is not an isolated event but rather a continuous behaviour. Einarsen and Skogstad (1996) argue the intensity of bullying often increases over time starting with an indirect event that increase in frequency and becomes more overtly aggressive.

Literature suggests cultural beliefs and values influence how individuals perceive and respond to aggressive acts such as bullying (Loh et al., 2010; Salin, 2003). For example, bullying behaviors are viewed as unacceptable in some cultures while perceived as acceptable and necessary in order to complete tasks in others (Salin, 2003).

**Lab 1: Focus Group and Qualitative Analysis**

**Methodology**

**Participants.** A focus group of study participants was constructed from lab group members from Athabasca University’s NURS/MHST 603 Facilitating Inquiry course. The focus group member included two health professionals, a Registered Nurse and a Registered Dietitian. Participants worked in community settings with interdisciplinary teams.

**Procedure.** The lab group developed focus group questions to answer the problem statement to determine the effect of culture and personal beliefs of healthcare providers on the perception of what constitutes workplace bullying. The focus group questions related to defining bullying, contributing factors, perceptions and consequences of bullying based on participants cultural and personal beliefs (Refer to Appendix A for focus group questions). Definitions for culture and beliefs were provided for participants to ensure participants had a common understanding of the terms. The six questions were presented to the focus group participants in a private forum on the course’s program website. Participants were given a timeline to answer the questions and asked to submit answers to the principle investigator. The principle investigator compiled the data and the data was cooperatively analyzed by lab group members.

**Ethical Considerations.** Ethics approval was not required to be obtained through Athabasca University for the purpose of this assignment however; focus group questions were reviewed in advance by the instructor. Lab group members discussed ethical issues that would need to be addressed if the study was to be conducted with outside participants. Consent was implied by participants completing the forum focus group questions.

**Limitations.** A major limitation of the study was the small sample size of the focus group. Additionally, the online nature of the focus group potentially impacted the results. Several limitations of online focus groups have been identified in the literature including the role of the moderator is less defined, it is more difficult to engage participants and there is a lack of nonverbal cues. The absence of nonverbal cues can possibly result in construed meanings (Oringderff, 2004).

**Analysis.** Common elements of themes were identified from the responses and coded into meanings, the coding were then grouped and placed under sub-categories which were then placed under a broad categories of cultural beliefs, cultural meaning, personal belief, coping strategies, recognizing bullying, and consequences. Each category was then analyzed for meaning in order to understand the role culture and personal beliefs play in perceptions of workplace bullying (Refer to Appendix B for qualitative coding analysis).

**Results**

**Cultural Meaning**. In response to what constitutes bullying in the workplace the common themes identified were verbal abuse, threats, harassment, and passive or active aggression. In terms of verbal abuse, one participant mentioned yelling, screaming and the use of threatening words. The passive form of aggression was described by participants as neglecting, belittling, humiliating, gossiping, and spreading rumors. The active form of aggression was described as excessive monitoring and reporting, and the destruction of property.

**Cultural Beliefs**. Factors contributing to bullying based on cultural beliefs as outlined by participants were power imbalance, hierarchy, and perceived differences in ethnicity, race and cultural background. Power imbalance and hierarchy were seen as one commanding from a position of higher authority. Perceived differences in ethnicity was one stated as being taken advantage of through discrimination, or belonging to a social minority group or race. The participants also mentioned other contributing factors were fears of voicing out concerns, poor self-esteem, and turning a blind eye or neglecting inappropriate behavior.

**Personal Beliefs.** Power and hierarchy were common themes noted in response to how cultural beliefs influence personal beliefs on workplace bullying. Individuals were viewed to not have the right to inappropriately assert power over individuals they believe are in a weaker position and people in power should direct rather than control others. One respondent stated all individuals have equal rights while the other respondent stated all staff at the same level of position are equal. Other responses included: being disturbed when criticism, control or neglect occurs among staff and that everyone plays a role to prevent bullying.

**Recognizing Bullying**. In response to perceptions of bullying in the workplace based on cultural and personal beliefs, themes identified were fear, neglect, forcing, and coercing. Examples of bullying included excessive monitoring, talking behind people, inappropriate laughter or joking, mocking, avoiding people and not being greeted. Excusing behavior of those who have dominating personalities was also identified by a participant.

**Coping strategies- Internal & External**. Participants observed differences in values and belief systems related to bullying in their workplaces. Internal coping strategies highlighted by participants were the formation of groups. External coping strategies included reporting bullying to management.

**Consequences.** When asked to describe the consequences of workplace bullying on an individual based on their cultural and personal beliefs participants described negative consequences. Themes that emerged included: stress, reduced performance at work, decreased self-esteem and feelings of anger and frustration. Participants described individuals who are victims of bullying may not be willing to engage as part of the workplace feeling frustrated at the organization or helpless that the bullying occurred. One participant reported that bullying could ultimately lead to suicide of an employee.

**Discussion**

Focus group participants agreed bullying in the workplace is a concern in healthcare environments and acknowledged the relationship between bullying and cultural and personal beliefs. Culture and values represent important predictors when considering perceptions (Samnani, 2013). In order to address a behavior, such as bullying in the workplace, one must recognize it. The most prevalent forms of workplace bullying are relatively subtle such as withholding information, increasing workloads, excessive monitoring and persistent criticism. The individual may view this behavior as necessary for team performance and cohesion, thinking that it is in the best interest of the team (Samnani, 2013). These behaviors are also commonly seen as justifiable and are able to be rationalized to others, for example, to increase productivity (Samnani, 2013). Responses from respondents were consistent with the literature in relation to recognizing the most prevalent forms of bullying which are deemed subtle such as excessive monitoring or joking.

Focus group respondents cited similar contributing factors of bullying to those cited in the literature. Bullying within health professions, such as nursing, has been found to be deeply institutionalized. The Nurses Union of British Columbia examined focus groups within various nursing levels and noted hierarchy, stressors, frustration, emotions low self-esteem and powerless as contributing factors of bullying (Croft & Cash, 2012).

Respondents also cited differences in culture and ethnicity as contributing factors of bullying. Allan, Cowie and Smith (2009) have cited cases involving racism and bullying in the nursing profession in the United Kingdom, specifically directed towards minority foreign nurses who have been recruited.

Personal beliefs influence workplace bullying, in particular, the personal beliefs associated with power and hierarchy. As stated by Samnani (2013), high power and low power distance varies between individuals and cultures. High power distance individuals perceive or accept their supervisor’s authority as legitimate, value conformity, obedience and will accept tasks that fall outside of their job description (Samnani, 2013). They are unlikely to question someone who is an authority figure (Sidle, 2010).While a low power distance individual may perceive a narrower gap of power between levels of hierarchy, value independence, and question authority (Samnani, 2013). It appears that individuals in this focus group generally identified with low power distance as they perceived a narrower gap of power between levels of hierarchy and would be more likely to question authority when they believe they are being treated unfairly (Samnani, 2013). This study suggests that cultural beliefs, in particular national beliefs, influence personal beliefs in the area of workplace bullying.

Focus group participants reported a wide range of consequences of bullying both to the individual and organization. Consequences of workplace bullying range in the literature as well from mild to severe, psychological to physical, and short-term to long-term (Olender-Russo, 2009).

Allan et al., (2009) in their previously mentioned study of minority nurses in the United Kingdom also found similar results to this study with participants responding to workplace bullying with internal and external coping mechanisms. Responses to bullying were categorized as assertive for example, contacting a nurses union, and non-assertive, withdrawing and staying silent. Power et al., (2013) highlight culture plays a significant role in victims’ behaviour dealing with bullying. Recognizing differences in culture and factors has been cited as essential to determining what organizational interventions are required to address bullying (Power et al., 2013).

**Lab 2: Survey and Quantitative Analysis**

**Methodology**

**Participants.** Recruitment was done in a timely manner inviting all class participants from Athabasca University’s NURS/MHST 603 Facilitating Inquiry course in participate in the online survey. All seventeen participants invited to participate in the survey completed the survey. The members of the group included Registered Nurses (71%), Manager/Healthcare Administrators (17%), Allied Health Professionals (6%) and /Patient Safety Consultants (6%) between the ages of 20-40 (71%) and 41-60 (29%).

**Procedure.** In order to further answer the problem lab group members created quantitative survey questions. The survey questions related to defining bullying, contributing factors, perceptions and consequences of bullying based on participants cultural and personal beliefs (Refer to Appendix C for online survey questions). Definitions for culture and beliefs were provided for participants to ensure participants had a common understanding of the terms. Prior to dissemination the online survey was reviewed by course instructor. A private email was sent to the participants and a link to the online ten question survey. The data was compiled with the assistance of the Fluid Survey report and the data was cooperatively analyzed by the group.

**Ethical Considerations.** Ethics approval was not required to be obtained through the Athabasca University for the purpose of this assignment. Lab group members discussed ethical issues that would need to be addressed if the study was to be conducted with outside participants. Consent was implied by participants completing the survey questions. Prior to participating in the study participants were informed of the purpose of the study. As per Fluid Surveys participants’ information is not used or shared and is kept confidential (Fluid Surveys, 2014).

**Limitations.** The small sample size of this study is a significant limitation. As well, ideally purposeful sampling would be utilized, however, due to time constraints and the structure of the Masters level course this was not feasible. An additional bias of this data collection method was that participants likely have computer skills and literary skills in order to participate in an online Master’s program.

**Results**

 The majority of participants (81%, *n*=13) reported they have been a victim of bullying in the workplace while 18% (*n*=13) reported they have not experienced bullying. One of the participants chose not to respond to the question.

Seventeen participants (100%) believed that physical aggression/attack, intimidation and malicious gossip constitute bullying in the workplace based on their cultural and personal beliefs as a health care professional (Refer to Appendix D Figure D1 for further responses for question three). Other responses identified by participants included using the internet to intimidate, spread rumors or making fun, and repeated behaviors that make a person feel threatened and unable to respond in the workplace.

76.5% (*n*=13) of survey participants felt hierarchy (higher positions) in addition to poor self-esteem contribute to bullying in their workplace. Fear of speaking at 52.9% (*n*=9), was the next highest response. Other contributing factors identified by survey participants included appearing weak or incompetent, jealousy, sense of entitlement, ignorance and ageism (Refer to Appendix D Figure D2 for further responses to question five).

29.4% (*n*=5) agreed with the statement and 64.7% (*n*=11) strongly agreed with the statement workplace bullying is a serious concern. 70.6% (*n*=12) of survey participants reported victims of bullying should notify management or a higher authority (Refer to Appendix D Figure D3 for further responses to question seven).

All participants agreed, (100%, *n*=17) supervisors should not use their authority to bully employees based on their higher positions nor should they be allowed to use bullying tactics to boost productivity. 81% (*n*=13) reported that employees in their workplaces have equal rights, with 18% (*n*=3) disagreeing on equal rights privileges exist at their workplaces.

Participants reported bullying is recognized in their workplaces as mocking and excessive monitoring (82%, *n*=14), followed by neglect in 53% (*n*=9) and excessive discipline (59%, *n*=10). Also, 18% (*n*=3) identified gossiping as an element of bullying which some employees see and recognize as such.

All participants (100%, *n*=17) agreed that feelings of frustration, helplessness and low productivity are the main consequences of bullying. 94% (*n*=16) also identified difficulty sleeping and loss of appetite as other outcomes of bullying (Refer to Appendix D Figure D4 for further responses to question ten).

**Discussion**

This survey identified over three- fourths of workers experienced some form of bullying in the workplace. This is higher than other studies in the literature identifying one-third to half of workers experiencing bullying (Sanders et al., 2012). Participants were not asked if it was an isolated or repeated experience or how recently the event occurred. In retrospect, this is a limitation of the data.

Although, it was not identified by the focus group, survey participants identified the importance of recognizing non-traditional ways methods of bullying such as using the internet to intimidate. Cyberbullying or internet harassment has been identified as an increasing form of workplace bullying where one uses the internet to repeatedly harass, threaten, or maliciously embarrass another (Canadian Centre for Occupational Health and Safety, 2008).

Focus group participants had previously identified ethnicity and colour as major contributing factors to workplace bullying but this was not seen in the survey results. Negative consequences of bullying have for the most part been documented based on studies documented in Western cultures (Sidle, 2010). An additional limitation of the study was the survey did not ask participants to identify their race and/or if they identified as a visible minority potentially influencing participant views.

**Identification and Synthesis**

 Cultural and personal beliefs of what constitutes workplace bullying were identified in this mixed methodology study. The varied responses to the questions suggest culture and personal beliefs impact one’s perception of bullying. Both focus group and survey participants expressed that workplace bullying is a serious workplace concern. This suggests the majority of participants identify with a low power distance culture whereby they perceive a narrow gap of power between levels of hierarchy and perceive aggressive behavior, especially by authorities, as harsh and unnecessary (Samnani, 2013). Interestingly, hierarchy and fear of speaking out were identified as main contributing factors of bullying suggesting although participants do not agree with aggressive behavior it is still present in healthcare environments.

As previously noted by Myers et al., (2013) understanding of how bullying is seen and perceived by the participants highlights the common understandings, cultural elements and values shared by individuals. Focus and survey participants consistently recognized similar bullying behaviors in addition to cyberbullying identified by a survey participant. The recognition and awareness of bullying behaviors is encouraged in order to start to address workplace concerns. If people are uncertain if the intention is to cause harm then they may not recognize the behavior as bullying. Levels of perception appear to have a vast range, the bully themselves may not even be fully aware of their behavior and the impact to others (Olender-Russo, 2009). The introduction of policies in workplaces and further legislation has the potential to educate employees on bullying and reinforce it is not acceptable.

Both groups also recognized both physical and emotional consequences of bullying although researchers did not have participants rank consequences or describe the degree of distress. As previously, identified by Loh, Restubog and Zagenczyk (2010) although workplace bullying is a universally disruptive experience, the degree of distress it causes victims is influenced by national culture. Hierarchical power differences were identified as a contributing factor by the focus group and survey participants. Differences in intensity of consequences are thought to be related to cultural differences in power levels (Loh et al., 2010).

There remains little Canadian occupational health and safety legislation in Canada with only five provinces passing anti-workplace bullying legislation (Durling, 2010; The Canadian Press, 2013). This study strengthens current arguments for the need anti-bullying legislation and workplace policies.

**Conclusions**

Workplace bullying is a prominent concern among health care providers and organizations. As explored in this study, healthcare providers have a range of views on the definition, tools to address it and consequences of bullying. As health care environments become increasingly diverse and multicultural it is important to consider key differences in values, perceptions and belief systems. Further research on bullying and values, perceptions and belief systems is needed (Loh et al., 2010).

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Appendix A

Bullying in the Workplace Focus Group

Thank you for agreeing to participate in the workplace bullying focus group. The purpose of the focus group is to explore the effect of culture and personal beliefs on the perception of what constitutes bullying in the workplace.

The information gained will be used to develop a survey to gain further understanding of bullying in the workplace. The definitions below are provided to assist you in answering the questions and to provide the group with a common understanding.

Definitions

***Culture*** is an ideological element which consists of beliefs and values that are shared by individuals. It is an agreement and understanding of what is expected and what has to be done according to Schein (1992) as cited in ([Myers,](http://www.ncbi.nlm.nih.gov/pubmed?term=Myers%20DJ%5BAuthor%5D&cauthor=true&cauthor_uid=24423827) [Nyce,](http://www.ncbi.nlm.nih.gov/pubmed?term=Nyce%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=24423827)  & [Dekker,](http://www.ncbi.nlm.nih.gov/pubmed?term=Dekker%20SW%5BAuthor%5D&cauthor=true&cauthor_uid=24423827) 2013). *Culture* consists of patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values (Kroeber & Kluckhohn, 1952). Myers et al. (2013) further explains that it common to view culture as a determinant of an individual behavior, however such behavior can be informed by the culture but it can also be separated from the culture if the behavior is a target for investigation.

***Beliefs*** are personally or culturally shared cognitive ideas (which are different from attitudes – defined as feelings about events). Beliefs are thoughts and understandings of events which are seen as nature of reality from individual perception to give meaning to a situation or environment. They may be generalized or specific based on individual’s experiences (Pons, Shipton, & Mulder, 2012).

Please note that your responses will be kept anonymous as no names will be mentioned in the report. There are no right or wrong answers.

Please provide your responses to the following six questions.

Bullying in the Workplace Focus Group Questions

1. What do you believe are the main contributing factors to bullying based on your personal experiences and beliefs?

2. Based on your cultural and personal beliefs, what do you think constitutes bullying in your workplace?

3. How do you think your cultural beliefs influence your personal beliefs on workplace bullying?

4. We work in multicultural work settings where key differences in values and belief systems exist. What key differences do you observe in your workplace related to bullying?

5. Based on your culture and beliefs, what is your opinion on how individuals perceive bullying in your workplace?

6. Based on your beliefs or culture, what do you feel are the consequences of workplace bullying on an individual?

Thank you for your time and participation.

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Appendix B

Qualitative Coding Analysis

Common elements of themes were identified from the responses and coded into meanings; then grouped and placed under sub-categories, then placed under broad categories of **cultural beliefs, cultural meaning, personal belief, coping strategies, recognizing bullying,** and **consequences.**

**Bullying in the Workplace Focus Group Responses**

**Group 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Speaker** | **Data** | **Common elements or themes** | **Coding** | **Sub Category** | **Category** |
| Interviewer (IN) |  QUESTION 1. What do you believe are the main contributing factors to bullying based on your personal experiences and beliefs? |  |  |  |  |
| **Participant 1****(PI)** | *Having higher positions, being afraid to speak out, belonging to social minority group, discrimination against individual (all grounds such as gender, race, color, and identity).* | -Having higher position-Being minority race, ethnic, color-discrimination-Position of Authority-Fear -Social Minority Group-DiscriminationHigher positionsAfraid to speak outBelonging to social minority groupdiscrimination |  -Power imbalances -Hierarchy-Perceived Differences (ethnicity, race, cultural background) | -Cultural Beliefs -Contributing factors | CULTURAL BELIEFS |
| **Participant** **(P2)** | *Perceived power imbalances, perceived differences between individuals or groups (race, ethnicity, cultural background), poor self-esteem, reinforced negative behaviours by for example, authorities turning a blind-eye to inappropriate behaviour.* | -Power imbalance-Individual race, ethnic, -Turning blind eye (neglecting) behavior-Power Imbalance-Perceived differencesethnicity/race/cultural background-Poor self- esteem-Negative behavioursPower imbalancePerceived differencesPoor self esteemReinforce negative behavior |  |  |
| Interviewer (IN) | QUESTION 2. Based on your cultural and personal beliefs, what do you think constitutes bullying in your workplace? |  |  |  |  |
| **Participant 1****(PI)** | *Harassment, yelling/screaming at the individual, avoiding to work with individual, neglecting (such as not greeting), using threatening words and actions, frequent reporting about the individual, excessive warnings and disciplinary measures, excessive monitoring.* | HarassmentNeglectingThreateningFrequent reportingExcessive warningHarassmentVerbal AbuseAvoidanceNeglectingThreateningExcessive disciplinary measuresHarassment AvoidanceNeglectingThreateningFrequency-multiple excessive | Verbal AbuseThreateningHarassmentPassive or aggressive forms | -Cultural meaning- Nature of bullying | CULTURAL MEANING  |
| **Participant 2****(P2)** | *Bullying can be physical or verbal abuse in the workplace ex. intimating or humiliating a person, spreading rumours or gossip, excluding others, threatening, belittling a person in front of others, destroying personal property, making negative references to one’s culture/ethnicity etc. It is a repeated pattern of behaviour where one asserts power over another.* | -Physical abuse-Verbal abuse-Intimidating-Spreading rumors-belittling in front of others- negative reference on culture-having power Physical AbuseVerbal AbuseIntimidatingHumiliatingGossipingExcludingThreateningBelittling/Harassment Destroying propertyNegative ReferencesPhysical Verbal AbuseIntimidationHumiliationFrequency-repeated |  |  |
| Interviewer (IN) | QUESTION 3.How do you think your cultural beliefs influence your personal beliefs on workplace bullying? |  |  |  |  |
| **Participant 1****(PI)** | *I have learnt from my culture that a person in position above one another has the right to direct and but not to control. I also belief that all employees at same position are equal, as such I find it disturbing when fellow staff at same level either individually/ team or senior staff (for reasons such as gender, race, and color) act to control, neglect, and always looking to find avenue to criticize or downplay another fellow staff if the reasons are not apparent (such as if the staff has not demonstrated any identified behavior against such individuals).*  | -person in power has right to direct not control-same position employees are equal- employee (s) team up against another -person in power has right to direct not control-equality among employees-Disturbed when criticism, control or neglect occurs among staffHierarchyControl vs. direction | Equality Disagree with inappropriate use of powerDisagree with bullying in the workplace.  | -Personal beliefs about bullying | PERSONAL BELIEFS |
| **Participant 2****(P2)** | *My cultural beliefs encourage that all individuals have equal rights. Individuals do not have the right to inappropriately assert power over individuals they believe are in a weaker position. These cultural beliefs influence my personal beliefs as I do not think bullying should be tolerated in the workplace. In my opinion, management as well as individual employees on a workplace team both play an important role in preventing bullying.* | -all employees have equal rights-No individual right to overpower others- Bullying should not be toleratedequality Disagree with inappropriate use of powerbullying should not be toleratedmanagement and team members play a role to prevent bullyingRights of individualsPowerToleranceRole of individuals |  |  |
| Interviewer (IN) | QUESTION 4. We work in multicultural work settings where key differences in values and belief systems exist. What key differences do you observe in your workplace related to bullying? |  |  |  |  |
| **Participant 1****(PI)** | *I see some cohesion among management staff, among staff of same origin, among staff of same color, among same gender (males are closer to male, and females to females). These groups normally have similar ideas, support each other, and may talk/look down on others.* | -different staff groups -staff grouping, those bullying- staff grouping , those being bullied-staff group of gender-Group formation/Staff cliques -Group support-Groups against othersCohesion of like groups | Group Formation/Staff Grouping | -Coping strategies (Ways of reacting) | -COPING STRATEGIES |
| **Participant 2****(P2)** | *I find individuals who come from cultural backgrounds may be apprehensive to talk to authorities (management) about a bullying situation for fear of being ostracized or fear of a negative reaction from authorities. Others may come from cultural backgrounds where they are comfortable reporting bullying. As well, individuals who share a similar cultural background often socialize in groups and may not involve authorities with concerns about bullying. I have heard of situations where peers who have been bullied by individuals of similar cultural background at work are also bullied outside at community events. In my workplace, I have also heard of bullying among peers of similar cultural background due to class or family background. As I am of a different cultural background I readily admit I do not fully understand the background of these perceived differences.* | -minority staff with fears of voicing out-others may voice out-staff grouping , those with same culture-peers bullying peers due to class (feeling of superiority) of family cultural or family background.-Minority staff may fear speaking out-Others comfortable reporting bullying-Staff grouping-Bullying outside of work -Bullying among similar cultural backgroundApprehensionFearReactionsSocializationBullying within cultural group |  |  |
| Interviewer (IN) | QUESTION 5. Based on your cultural and personal beliefs, what is your opinion on how individuals perceive bullying in your workplace? |  |  |  |  |
| **Participant 1****(PI)** | *I feel individual perceive bullying when they cannot voice out their concerns due to fears, when they are neglected (such as not been greeted, being avoided in work related issues), forcing or coercing them to comply/do something against their will, excessive monitoring, talking behind them, and inappropriate laughing when there is a concern.* | -cannot voice out-with fears-feel neglected-being forced against will to comply-being mocked /laughed atFear of speaking outNeglectAvoidanceForced/CoercedExcessive MonitoringMocking FearNeglectAvoidanceCohersionInappropriate Behavior | MockingDominationForcePersonality characteristic as excuse | -Perceiving bullying-Understanding bullying | RECOGNIZING BULLYING  |
| **Participant 2****(P2)** | *Although the message that bullying is unacceptable in the workplace is promoted after recent in-services on bullying peers later joked around and mocked the content not taking it seriously. Individuals who have dominating personalities continue to display bullying behaviour and others excuses their behaviour for example, ‘that’s just how she speaks to new students’ or ‘she sounds hurtful but she’s just joking’. I feel more individuals need to speak up about their bullying experiences.* | * Mocking
* Offensive jokes
* Dominating

MockingDominating Others excusing negative behaviourLack of reportingPersonality characteristicsExcuses |  |  |
| Interviewer (IN) | QUESTION 6. Based on your cultural and personal beliefs, what do you feel are the consequences of workplace bullying on an individual? |  |  |  |  |
| **Participant 1****(PI)** | *Impact of bullying include- sadness, worries, depression, difficulty performing at work, low self-esteem, hatred against staff doing the bullying/ or entire organization for allowing it, and suicide.*  | -sadness-worries-depression-low work performance-low self-esteem- hatred-suicideDepression/sadnessWorryingDifficulty performing at workLow Self EsteemAngerSuicideMental Health ProductivitySelf-EsteemHatred Suicide-Death | StressDifficulty performing at work/reduced outputLow Self EsteemAnger/FrustrationInternalizing and externalizing effects. | Effects of bullying | CONSEQUENCES |
| **Participant 2****(P2)** | *Workplace bullying may cause individuals to have increased stress, anxiety and depression. Their work may be affected due to loss of concentration, reduced self-confidence or self-esteem and overall reduced performance and output. They will likely not be willing to engage as part of the work place environment/team. Individuals may feel helpless or frustrated.* | -increased stress-anxiety-depression-affecting workload- helplessStressDifficulty performing at work/Reduced outputLow Self-EsteemHelplessFrustratedLack of EngagementEmotional and mental health concernsProductivitySelf ConfidenceSelf EsteemEngageHelplessnessFrustration |  |  |

Appendix C

Bullying in the Workplace Online Survey

Thank you for agreeing to participate in Group 3’s workplace bullying survey. The purpose of the survey is to explore the effect of culture and personal beliefs on the perception of what constitutes bullying in the workplace.

The definitions below are provided to assist you in answering the questions and to provide the group with a common understanding.

Definitions

***Culture*** is an ideological element which consists of beliefs and values that are shared by individuals. It is an agreement and understanding of what is expected and what has to be done according to Schein (1992) as cited in ([Myers,](http://www.ncbi.nlm.nih.gov/pubmed?term=Myers%20DJ%5BAuthor%5D&cauthor=true&cauthor_uid=24423827) [Nyce,](http://www.ncbi.nlm.nih.gov/pubmed?term=Nyce%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=24423827)  & [Dekker,](http://www.ncbi.nlm.nih.gov/pubmed?term=Dekker%20SW%5BAuthor%5D&cauthor=true&cauthor_uid=24423827) 2013). *Culture* consists of patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values (Kroeber & Kluckhohn, 1952). Myers et al. (2013) further explains that it common to view culture as a determinant of an individual behavior, however such behavior can be informed by the culture but it can also be separated from the culture if the behavior is a target for investigation.

***Beliefs*** are personally or culturally shared cognitive ideas (which are different from attitudes – defined as feelings about events). Beliefs are thoughts and understandings of events which are seen as nature of reality from individual perception to give meaning to a situation or environment. They may be generalized or specific based on individual’s experiences (Pons, Shipton, & Mulder, 2012).

Thank you for your time and participation.

1) What is your age group?

a) 20-30

b) 31-40

c) 41-50

d) 51 or more

2) What is your current position?

a) Registered Nurse

b) Nursing Manager/Health Care Administrator

c) Allied Health

d) Other, please specify:

3) As a health care professional, based on your cultural and personal beliefs what do you think constitutes bullying in your workplace? Check all that apply.

\_\_\_ Neglect/avoidance

\_\_\_Destroying, hiding or taking personal property

\_\_\_Unpleasant Personal Remarks

\_\_\_Intimidation

\_\_\_Malicious Gossip

\_\_\_Threats

\_\_\_Public Humiliation

\_\_\_ Yelling

\_\_\_Spreading Rumors

\_\_\_Excessive Monitoring

\_\_\_ Harassment

\_\_\_ Physical aggression/attack

\_\_\_ Other, Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Do you believe you have been a victim of bullying? YES OR NO

5) What factors do you culturally believe contribute to bullying in your work place? Check all that apply.

\_\_\_ Higher position (Hierarchy)

\_\_\_ Fear of speaking

\_\_\_ Discrimination

\_\_\_ Ethnicity/ colour

\_\_\_ Social minority

\_\_\_ Poor self-esteem

\_\_\_Other, Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Please complete chart below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  | **1** | **2** | **3** | **4** | **5** |
| Workplace bullying is a serious concern |  |  |  |  |  |

7) Please choose the response you agree with most.

\_\_\_ Victims of bullying should ignore the bully and stay silent

\_\_\_ Victims of bullying should confront the individual and deal with the situation on their own

\_\_\_ Victims of bullying should notify management or higher authority

\_\_\_ Victims of bullying should notify a co-worker

\_\_\_Victims of bullying should seek assistance from their peer group to deal with the situation

8) Please complete the chart below based on your beliefs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  | **1** | **2** | **3** | **4** | **5** |
| All individuals have equal rights at my workplace. |  |  |  |  |  |
| It is okay for my supervisor or team lead to use bullying tactics if it increases workplace productivity. |  |  |  |  |  |
| It is okay for my supervisor to use bullying tactics as they have more authority.  |  |  |  |  |  |

9) How do you think employees recognize being bullied in your workplace?

\_\_\_ Mocking

\_\_\_ Being neglected/ avoidance

\_\_\_ Excessive monitoring

\_\_\_ Excessive discipline

\_\_\_Other, Describe:\_\_\_\_\_\_\_\_\_\_\_

10) What do you think are some of the consequences of workplace bullying? Check all that apply.

\_\_\_Shock

\_\_\_Anger

\_\_\_Feelings of Frustration and/or Helplessness

\_\_\_Physical Symptoms ex. Inability to Sleep, Loss of Appetite

\_\_\_Psychosomatic symptoms ex. Stomach pains, Headaches

\_\_\_Panic or Anxiety

\_\_\_Family Tension/Stress

\_\_\_Inability to Concentrate

\_\_\_Low Morale

\_\_\_ Depression

\_\_\_ Low self-esteem

\_\_\_ Low productivity

\_\_\_ Suicide

\_\_\_ Harm against others

\_\_\_\_ Other, Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix D

Quantitative Survey Question Analysis

*Figure D1*. Cultural and personal beliefs on what constitutes bullying. Responses to question 3, As a health care professional, based on your cultural and personal beliefs what do you think constitutes bullying in your workplace?

*Figure D2.* Factors contributing to bullying in the workplace. Responses to question five, what factors do you culturally believe contribute to bullying in your work place?

*Figure D3.* Coping and bullying. Responses to question seven, asking participants how victims should deal with bullying.

*Figure D4.* Consequences of bullying. Responses to question ten, what do you think are some of the consequences of workplace bullying?