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The construction and legitimation of workplace bullying in the public sector: insight into power dynamics and organisational failures in health and social care

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Health-care and public sector institutions are high-risk settings for workplace bullying. Despite growing acknowledgement of the scale and consequence of this pervasive problem, there has been little critical examination of the institutional power dynamics that enable bullying. In the aftermath of large-scale failures in care standards in public sector healthcare institutions, which were characterised by managerial bullying, attention to the nexus between bullying, power and institutional failures is warranted. In this study, employing Foucault’s framework of power, we illuminate bullying as a feature of structures of power and knowledge in public sector institutions. Our analysis draws upon the experiences of a large sample ($n = 3345$) of workers in Australian public sector agencies – the type with which most nurses in the public setting will be familiar. In foregrounding these power dynamics, we provide further insight into how cultures that are antithetical to institutional missions can arise and seek to broaden the debate on the dynamics of care failures within public sector institutions. Understanding the practices of power in public sector institutions, particularly in the context of ongoing reform, has important implications for nursing.

Key words: care failures, horizontal violence, nursing workforce, power, public sector, uncaring, workplace bullying.

Public sector institutions are recognised as high-risk settings for workplace bullying. Areas of highest risk include healthcare, teaching and policing (Lynch 2002; Estryn-Behar et al. 2008; Hutchinson 2013). Examining the public sector ethos and workplace bullying is of great relevance to nursing, as in many parts of the world, nurses are public sector employees providing vital services to the general public. For nurses in public sector agencies subjected to neoliberal management reforms, increasingly, the struggle has become how to perform caring work in a genuine and authentic manner while located in institutions that, despite claims to the contrary, have cultures that are antithetical to the value of caring (Yamada 2000; Bradley and Falk Rafael 2011).

In recent years, numerous large-scale business scandals and failures have focused attention on managerial ethics and the moral dilemmas of modern institutions. The healthcare sector has not been immune to these concerns. Of interest to our analysis are extensive and widespread failures in care standards reported in public sector healthcare agencies (Alberti 2009; Francis 2010). A notable feature of public inquiries into these failures is the presence of workplace bullying and tensions and failures in sustaining caring work (Garling 2008; Alberti 2009). Findings from these inquiries highlight pervasive managerial and worker bullying and
widespread care failures, suggesting bullying may be a characteristic of broader institutional failings.

Much of the literature on bullying until now, particularly in nursing, has been functionalist or tied to singular interpretations grounded in notions of oppression (Freshwater 2000; Randle and Grayling 2006; Corney 2008; Roberts, Demarco and Griffin 2009). Less commonly, workplace bullying has been viewed as a micropolitical exercise of power (Hutchinson et al. 2010b; Bamford, Wong and Laschinger 2013) enacted for influence or personal gain (Hutchinson and Jackson 2013). Few bullying researchers have engaged in any serious way with more detailed or critical conceptions of power. This is a notable limitation, as conditions in the modern public sector workplace are increasingly characterised by an ongoing cycle of reform, with downsizing and work intensification increasing fragmentation and chaos. In this context, cost and reform pressures are said to intensify job insecurity, resulting in scapegoating and blame as a managerial strategy to ensure worker compliance (Cooke 2012); this provides good reason to focus on the nature and consequences of power and the dynamics of workplace bullying and institutional failures. Furthermore, there has been growing awareness that understanding less obtrusive or less obvious forms of power is important to understanding behaviours within modern organisations.

In this study, we explore bullying as a feature of managerial behaviour in the Australian public sector. Our aim is to reorient discussion of workplace bullying away from a functional and interpersonal focus, towards consideration of the dynamics of institutional power. Employing critical interpretations of the power dynamics within institutions, we draw attention to institutional power dynamics implicated in workplace bullying. In exploring these dynamics, we highlight complex flows of power within public sector institutions associated with bullying and propose alternative interpretations of bullying narratives. We hope these interpretations will provide new insight into recent high-profile failures in public sector healthcare institutions that have been characterised by an overtone of bullying and unchecked power.

**Workplace bullying**

Workplace bullying under its many labels (i.e. incivility, horizontal violence, emotional abuse, mobbing and disruptive behaviour) is increasingly acknowledged as a common feature of the healthcare landscape (Vessey, DeMarco and DiFazio 2011). As a socially constructed concept, research on workplace bullying has been primarily concerned with exploring perceptions of bullying and deriving consensus on the nature of behaviours involved. There is general agreement that workplace bullying involves repeated and cumulative harmful interpersonal behaviours, which are often subtle and embedded in workplace relations and processes (Einarsen 2000; Hutchinson et al. 2006, 2010a).

Workplace bullying harms the individual targeted and also has a flow-on effect on the well-being of those who witness the behaviour (Jackson, Clare and Mannix 2002). Over time, it eats away at the social climate of the workplace and can lead to reduced productivity, increased turnover and decreased work engagement and commitment (Yamada 2000; Farrell and Shafiei 2012). The effects of workplace bullying are evidenced in a recent meta-analytic study that highlighted harmful effects on employee mental and physical health, burnout, reduced job satisfaction and symptoms of post-traumatic stress disorder (Nielsen and Einarsen 2012). It is also widely recognised that the cycle of hostility and counterproductive behaviour stemming from bullying has a ripple effect across institutions, becoming normalised and eroding the ethical climate and quality of organisational life (Vardi and Weitz 2004; Bultuler and Unler Oz 2009; Skogstad et al. 2012).

It has been suggested that it is not possible to understand workplace bullying without considering power, particularly power as it operates within institutions (Hutchinson et al. 2010b). Yet, power has received little critical attention in the literature on bullying. On the whole, it has been theorised that bullying stems from escalated interpersonal conflict (Ayoko, Callan and Hartell 2003; Stevenson, Randle and Grayling 2006; Mikkelsen, Hogh and Puggard 2011), or uniquely in nursing, for more than two decades, oppressed group theory has been widely employed as an explanatory framework for bullying (Roberts et al. 2009; Rodwell and Demir 2012). While this theory does make reference to power, it provides little insight into the complex dynamics of power that operate within institutions. It is noteworthy that mainstream interpretations of bullying in nursing are out of step with contemporary theoretical currents on power and behaviour in organisations (Clegg 1975; Foucault 1977).

**Power, legitimation and bullying in the public sector**

Theorising bullying in the public sector has important implications for the nursing workforce. In a number of countries, health-care is publicly funded, with the bulk of the nursing workforce employed in public sector agencies. Funding arrangements and the evolution nursing in these contexts
has created a situation where most nursing work is carried out in large institutions. These institutions are characterised by strong cultures and have their own traditions, customs and values and like other public sector agencies are influenced by the broader context of governance in which they operate (Stokes and Clegg 2002; Parry and Proctor-Thomson 2003). Researchers investigating public sector settings have drawn attention to low levels of perceived job satisfaction and authoritarian (Hoel and Salin 2003; Hutchinson and Hurley 2013) or ineffectual leadership and poor responses to workplace conflict (Jackson et al. 2013).

The introduction of neoliberal market principles and rise of ‘new public management’ have been proffered as a revitalisation strategy for public sector healthcare agencies (Pollitt and Bouckaert 2011). In a number of countries, these reforms have seen an ongoing cycle of change that has sought to inject into these institutions a managerial vision and culture of markets and private sector performance criteria (Lapsley 2009; Halligan 2011). In the wake of these changes, new institutional identities have been forged and institutions have moved from an identity rooted in established hierarchy to fusions of merged or re-branded efficiency-driven enterprises (Levy 2010). Against an institutional backdrop not necessarily accustomed to a primary focus on efficiency and enmeshed in a politicised culture characterised by short-term timeframes and pressure for political expediency, this overlaying of competing identities creates a multitude of tensions in public sector institutions (Clegg and Courpasson 2007).

**Care failures in public sector healthcare agencies**

Over recent decades, a number of reports and inquiries have focused upon perceived failings in public sector healthcare agencies (Macdonald 2001; MENCAP 2007; Michael 2008; Alberti 2009; Mullan 2009). One recent high-profile instance of concern regarding care failures is that of the Mid Staffordshire NHS Foundation Trust in Britain. The trust is a small to medium-sized trust that came to the attention of the NHS Healthcare Commission in 2007 following concern about apparently high mortality rates (Alberti 2009). An ensuing report of the South Staffordshire healthcare system for the proceeding period (2002–2007) also noted extensive issues pointing to serious problems within the delivery of nursing and medical care. A more detailed public inquiry provided evidence from patients and their families and care staff, of substantial failures of care (Alberti 2009; Commission for Healthcare Audit and Inspection 2009).

It is reported in the public reports of these inquiries that, at the same time patient complaints, low levels of staff satisfaction and higher than expected mortality and infection rates data were suggestive of serious problems with the delivery of nursing and medical care in the Trust, an efficiency-driven reconfiguration of clinical services was implemented (Alberti 2009). It is detailed in the reports of public inquiries that, in the quest to become an NHS foundation, the Trust set an agenda for financial reform. To achieve this status, the Trust Board was strongly focused upon achieving a budget surplus. The flow-on effect was a reduction in the size of the clinical workforce (Commission for Healthcare Audit and Inspection 2009, 9). The reports pointed to problems of leadership and a culture of fear and bullying that prevented concerns from being heard (Alberti 2009; Commission for Healthcare Audit and Inspection 2009). In the context of ‘target-driven priorities’ (Alberti 2009, 11) and ‘pressure to comply with targets’ (162), Trust staff reported concerns about bullying and ‘fear of repercussions’ (287) in seeking to raise concerns or address instances of care failure.

**A lens on power**

Understanding the practices of power in public sector institutions, particularly in the context of ongoing reform, has important implications for nursing. Foucault’s body of work on discourse, discipline, biopower and governmentality provides a useful lens to examine power dynamics in these organisations. By examining the evolution of penal disciplinary tactics from prisons into noncarceral environments such schools, armies, hospitals and workplaces, Foucault’s genealogies detailed the historical rise of these institutions (Foucault 1977, 1980, 1982). He described how relationships of power operate through a wide array of institutional rules, tactics and systems to form technologies of power (Stokes and Clegg 2002), conceiving power as a constitutive alignment of social relations operating as complex circuits of power (Clegg 1989).

Departing from text-centred concepts of discourse, Foucault offered a broader interpretation of discourse as social relations, power and knowledge (Clegg 1997; Martin, Gutman and Hutton 1988). Foucault positioned control over discourse as representing an important source of knowledge and power, with power of both the co-constitution of truth and subjugation (Stokes and Clegg 2002). In contrast to rule-based sovereign power that is discontinuous and applied through taxes and law, discipline is a continuous form of surveillance (Singer and Weir 2006). Subjecting bodies to continuous observation, discipline functions to transform individuals into passive machinery suited to the work of modern organisations. Foucault’s thesis is that internalising their
‘given’ subjectivity, individuals self-regulate their behaviour and are moulded or disciplined to follow rules. Thus, power operates at the micro- and macrolevel and is focused on governing or structuring the possible field of action of others (Foucault 1982, 790).

From our literature review, it is evident that power is an important feature of public sector reform and features strongly in the dynamic of workplace bullying, with bullying foregrounded as a feature of institutional failure. A neglected area is the conceptualisation and realisation of the nexus between power and bullying in public sector bureaucracies and the link to institutional failures. As Clegg notes (2010, 11), ‘where power is marginalised, it is given a fuller remit to flourish unchecked practically’. Thus, in foregrounding power dynamics, we hope to provide further insight into how cultures that are antithetical to the value of caring can arise and broaden the debate on the dynamics of care failures within public sector institutions.

The study

To examine the experience of workplace bullying in public sector organisations, a cross-sectional survey was employed. The respondents (n = 3345) were recruited from a public sector member organisation in one state of Australia. Membership of the organisation included administrative and professional staff employed in public sector health and community service organisations, schools, local government services, as well as general staff in universities. Ethics approval was sought and gained through the relevant institutional human ethics committee.

METHOD

The survey consisted of demographic and workplace bullying exposure items and provided the opportunity for open-ended narrative responses. An email invitation to participate in the survey, including consent form, was forwarded to members, with the survey hosted by the independent Qualtrics™ software web platform for a 2-week period in late 2012. Over 68 000 words of commentary and narrative relating to the experience of workplace bullying was provided in the open-ended section of the survey. Responses indicated that 24% of the respondents were currently experiencing workplace bullying. Respondents worked most commonly in administration and infrastructure (39.8%, n = 1304) and local government settings (19.6%, n = 365), with 7% (n = 234) employed in direct service provision in healthcare organisations.

Analysis

Initially, the narrative responses were separated from the Likert survey response items and loaded onto NVivo™ qualitative analysis software. The transcripts were analysed by means of thematic analysis (Babie 2004). Initially, two researchers independently reviewed the narratives from the interviews and open-coded relevant sections of transcript text that illuminated the experience of workplace bullying. This inductive process involved assigning a descriptive code on the basis of words or short phrases that captured the essence or salience of the experience (Miles and Hubermann 1994; Graneheim and Lundman 2004). In reading the narratives, we used Foucault’s three axes of knowledge, power and subjectivity as an informing lens to foreground the institutional rationalities of workplace bullying. As the analysis progressed, sections of text that described the power dynamics of bullying were coded. Through a process of reading and coding each transcript for emerging themes, a detailed coding framework emerged (Boyatzis 1998). This cyclical process of coding generated salient features of the experience captured in the codes and these were then clustered together through connections and patterns to form themes (Coffey and Atkinson 1996). The emergent analysis was reviewed by independently and then discussed collectively to reach consensus on the final analysis.

RESULTS

Two main themes emerged from the analysis and these themes and their constituent subthemes are presented below.

The discursive legitimation of managerial bullying

It was evident in the narratives that the introduction of antibullying codes and prohibitive workplace policies raised expectations that workplace bullying would be treated seriously, with action taken to address concerns raised to management. Instead, the narratives revealed tensions between these expectations and the embedded institutional practices of managerial bullying that sustained a power dynamic of distortion, competing truth claims and silencing.

The contested space of managerial bullying

Rather than being considered unacceptable and discouraged and in relation to the health sector, bullying was described by respondents as chronic from the top level down and defined as entrenched in the system. In the broader public
sector, bullying was described as *engrained in the public service, promoted and accepted*. In the context of this backdrop, managerial bullying was positioned as *strength of character and a desired feature in a leader or manager*. For employees, the struggle for a fair and abuse-free work environment was positioned against the discursive legitimisation of abusive supervision. Managers and supervisors identified as participating in bullying behaviour were reportedly *rewarded with promotions*. This was characterised as the *biggest bully gets the best promotion every time and bullies are protected and moved into higher better paying positions for their inappropriate behaviour*.

Disclosing the contested space between antibullying policies that prohibit bullying and the reality of ‘accepted’ styles of public sector management, in which managers were reported to *repeatedly bully, lie, cover up and protect each other from any disciplinary action*, one respondent recounted the outcome of repeated formal investigations and complaints of bullying in her work unit:

The bullies are being protected by the people that have the power to do something about it. It is difficult enough to prove bullying in the workplace, without the added resistance of corrupt people in positions of power failing to do anything about complaints … These highly paid public servants are playing by their own abhorrent rules with absolutely no accountability or fear of punishment for breaches of policy & legislation.

**CONTRADICTION AND THE DISTORTION OF DIALOGUE**

Official incident investigations were described to be *permeated by relations of power*. As attempts were made by workers to disclose workplace mistreatment and as institutions sought to uphold their public image, this tension created a discourse of contradiction and distortion of dialogue. Through crafting a narrative which undermined the integrity of victims, distortion of dialogue involved marginalising individuals who made complaints of bullying. In the following excerpt, the workers recount their experience of racial vilification and of the resulting distortion of process, which, rather than investigating the source of the racial vilification sought to bring into question the veracity of the victim’s personal identity as a means of undermining their credibility:

I had racial and homophobic comments written all over my desk, and although we know who the culprit is … I have been asked to prove my Aboriginality even though I am not in a specified role [specified roles are those specifically designated for the employment of Aboriginal people].

Thus, rather than offering protection to workers, it was said that *anti-bullying policies were distorted to the point where there was no value in the policy and guidelines*. It was recalled by one respondent that both internal and external investigations achieved dominance through distortion:

The system of reporting is designed to make the victim feel like the perpetrator – policies are not followed, reports are amended to reflect the outcome management want.

Other forms of dialogue distortion occurred at an organisational level. One respondent recounted the experience of working in an agency tasked with investigating cases of workplace bullying. Recounting that, priding itself in being a *workplace of choice* [the agency] *hid tightly* claims of bullying that occurred within the organisation, with perpetrators said to be *protected by the Board and buddies*. For others, the contradiction in antibullying policies entailed management *quoting policy, but feeling it is ok to bully, harass and threaten* [staff]. In a similar vein, another respondent detailed the distortion of dialogue with antibullying *policies just assisting management in covering up the bullying*, or managers *joining in* [the bullying] if it suits their agenda.

There was a strong sense that rather than being useful and worthwhile in addressing bullying, antibullying policies only expressed a desirability that was hypothetical in the face of real-life, day-to-day managerial discourse that sustained a contradictory reality. The powerful recognition of the futility of this situation is revealed in the resignation of the following respondent:

The organisation I worked for was a Government department. Bullying was both the norm and the status quo. The key players identified and the practices entrenched. I realised that after about 2 months. I left before I saw out the year.

**THE INTERSECTION OF COMPETING TRUTH CLAIMS**

For respondents, the discursive and constitutive power dynamic at play within their workplaces reinforced what was possible and not possible – creating an intersection of competing truth claims. It was recounted how the *culture of friends in high places* and bullying starting at the *top and filtering down*, meant that bullying was sustained in a context where *there is a no bullying code of practice that it is totally ignored*. Thus, bullying was formally prohibited, yet participants described bullying as openly enacted, tolerated and even rewarded. This intersection of competing truth claims was described in the narratives of one respondent:

Management do not want to know about bullying, they move managers around, or even join in if it suits their agenda.

As formal institutional discourses did not offer the space for legitimate opposition to official antibullying policies, with
Managers obliged to abide by antibullying policies, subversion of these policies was evidenced through managerial conduct which informally re-interpreted the meaning and implementation of official policies. As part of this competing narrative of truth claims, respondents described practices that enabled the widespread and embedded transgression of formal policies. It was described that systems designed to manage workplace bullying were used as an excuse for management not to act or designed to make the victim feel like the perpetrator, with victims denied opportunities and positioned as a trouble maker for reporting [bullying]. At the same time, senior managers were described to turn a blind eye to reports of bullying and protect their own. Although a premise of antibullying policies is the conduct of an impartial investigation, it was detailed how complaints were ignored because of personal relationships between management and the bully in question.

The nature of competing truth claims was highlighted in narratives of those who spoke out about managerial bullying or wrong-doing. Existing at the intersection between competing discourses and intersecting truth claims, individuals who spoke out were particularly vulnerable. Recounting the dissonance between formal policies that prohibited abusive behaviour and the reality of daily working life, one respondent detailed their experience:

One of the managers told administration staff in a meeting a few weeks ago 'you either fit in or you fuck off.' They were her exact words to her staff.

Participants described a form of moral code that ran contrary to formal policies, with participants describing managers openly engaging in abusive behaviour. This informal managerial discourse enmeshed institutions, creating a competing discourse on truth claims:

Even after making a formal complaint, and following all the correct procedures [about repeated and extensive bullying by a team leader], nothing was done to the team leader concerned, even after she admitted the whole thing, and nothing has a happened to her. She is free to keep on doing the same thing to others. So it is really is appalling how nothing ever happens to the bullying supervisor, and the victim ends up losing everything in the long run!!

The contested space where competing truth claims were enacted was described as being a place where truths were interwoven with lies – and manipulated. This dynamic was reflected in the experiences of the following worker:

I even made a whistle-blower complaint, which was not followed up by executive management, prior to suffering reprisals from the managers I complained about.

**SILENCE AS THE CONSOLIDATION OF STRATEGY**

The desire to sustain certain images about agencies meant that controversial information about workplaces was suppressed. Respondents detailed how silence was enforced on issues that presented an image contrary to the publicly declared image or identity of their workplace. Having experienced abuse because he would not break hospital health and safety rules, one respondent detailed the cycle of making a report to an external authority charged with investigating misconduct, only to find the authority handed the complaint back to the same management [who were the focus of the complaint] at the hospital for review. The internal review found they were not at fault and my hours were heavily reduced. Feeling problems in the hospital were being ignored, the respondent detailed further:

I do not like how staff and patients are forced to tolerate incompetence, indifference, negligence, intimidation, harassment, idleness, and general injustice because the system is designed to circumvent laws and rules that are supposed to discourage such behaviour and, as a result, enable anti-social activity.

Within these dynamics, policies on disclosure were enmeshed within institutional power plays. Rather than affording protection to workers or consumers, they instead operated as a technology of power that made individuals vulnerable to discursive forms of power that silenced and punished those who made themselves visible through formal reporting systems. This dynamic is reflected in the narrative of the following nurse who repeatedly raised concerns about apparent care failures:

I was bullied for several years in a team from Director of the Team, Nurse Unit Manager and Social Work Director when I began advocating for patients’ rights... I had some serious concerns around a Medical Consultant’s practice and behaviour, and was not alone... Since then the medical officer in question has been reviewed externally due to allegations from patients, families and staff around his practice. As a direct result of my views expressed I was removed from the team... I am very aware that because of advocating for myself and involving unions etc. and sending documents to higher management that I have a very limited future in current team and district. All in all a typical day in health, and unfortunately mine is not a standalone story but normal practice.

**Bullying as the intersection of power and subjectivity**

The power in workplace bullying was not simply located at the level of individuals. Rather, the power of bullying was
constitutive operating in flows of dispositional power, which functioned to inscribe upon individuals an institutional identity congruent with the dominant rationality. For those enmeshed in the power struggles enacted through workplace bullying, the vulnerability of their subjectivity was evidenced most notably at the point of power and resistance.

**IMAGE AND VISIBILITY – STIGMATING THE TARGET**

Circulating through dispositional circuits of power within workplaces, bullying functioned to inscribe upon individuals an institutional identity that was congruent with the dominant rationality. Bullying entailed normalising judgements that had the power to change relations of meaning between organisational actors. The *power to* of the bullying was premised on the ability to informally delegitimise actors in the ‘eyes’ of others:

As a victim of workplace bullying I was totally disappointed by the way management considered me to be the problem and not the bully. This is the experience of others I know have experienced bullying. I would never report workplace bullying ever again. I would just find a job elsewhere.

The process was described as *calculated manipulation* and *subliminal, crafty and sly* and *a vindictive and dangerous process in health* [agency]. The personal and destructive nature of these power dynamics was described further in the following statement:

Much of what goes on here is personal and is done behind the scenes. It is corrosive; they chip away behind the scenes to cause as much damage to the individual’s reputation as possible, whilst not acknowledging their part in the situation.

Bullying was exercised as a technology of power over those made its centre and it had flow-on effects within work teams, shaping the conduct of those who witnessed the power dynamics. Describing the flow of power across team dynamics one respondent recounted:

Finding someone to support your claims (especially when the bully is in a position of power over everyone else), is nearly impossible. And then if you do go down the accusation pathway, people steer clear of you just in case you lose the complaint. They don’t want the attacker to think they were still friends with you.

Thus, bullying served to influence the relations of meaning between workgroup members. Eroding legitimacy and respect, it divided team members through fear of their own experience of discursive surveillance and fear of having their reputation damaged by this subtle but powerful form of vilification.

**AT THE POINT OF POWER AND RESISTANCE**

The power of bullying was premised on close and repeated discursive surveillance that served to *single out and closely monitor* individuals for supposed transgressions of informally constituted rules. Detailing this scrutiny, respondents described being *constantly monitored . . . on a monitoring program which could see me terminated from my position*. At the point of resistance, workers found themselves increasingly visible and scrutinised. Describing this process one respondent detailed:

We are monitored carefully without any reason. We are given the most difficult and stressful work without any recognition. In fact, we are regularly belittled for being too involved with our work. I have had serious health problems as a result of bullying and have just returned to work after three months on unpaid sick leave.

Through crafting institutional narratives about certain individuals, which framed them as deficient or aberrant, this discursive delegitimation functioned at a distance over targeted individuals:

A file was kept on my children. I reported this to the right people [within the agency] and nothing was done about it.

The intersection of power and subjectivity made visible workers who did not conform or who had been singled out. Bullying was experienced as a form of discipline, through which workers were moulded to an inscribed identity. This dynamic was described in the experience of one respondent who noted:

I work in a quasi-military culture and am older than most of my colleagues. I feel isolated and not at all valued. Subtle and not so subtle punishments are frequently meted out to me and a couple of my colleagues who are also not from the quasi-military background.

A number of respondents detailed how they mounted resistance to workplace bullying. Resistance involved using internal complaints mechanisms, involving unions or other external agencies. External agencies included agencies such as the Director General, the Ethical Standards Unit, the Anti-Discrimination, Crime and Misconduct and the Industrial Relations bodies. While offering avenues for resistance, seeking redress through external agencies created the vulnerability of being framed as a whistle blower: *I have become a whistle blower* with my situation and it is now in the Industrial Relations Commission. Resistance through union action was described in terms of *the union was called and they [management] were taken to task* and *26 employees who were bullied finally got action after extensive collective/Union action.*
A common outcome of internal complaints processes was that the alleged bully remained in place and was often promoted, while the target was relocated or resigned their position.

Having attained a settlement after protracted period of investigation, the following excerpt captures the experience and extent of the ongoing burden for workers:

A settlement agreement and redeployment was offered to a workplace which is 90 minutes from my residence as opposed to 10 minutes [for original position]. There was no resolution with the previous workplace and no justice for me at all. The personal cost was enormous and the financial cost at least $500 000.

A striking feature of the 68 000 words of narrative commentary collected in this study is that no respondent identified internal antibullying policies or external agency intervention as providing a satisfactory resolution to the bullying. For a large number of workers, attempts at resolution were repeatedly unsuccessful with redress sought over time through multiple agencies:

In six years I put in two grievances, one WorkCover Claim, one Comp Appeal and a Public Service Commission Appeal. Now the matter will be heard before the Coroners Court (failure of Duty of Care) and maybe, just maybe something will be done.

**DISCUSSION**

Internationally, large numbers of nurses are employed in public sector healthcare agencies. It is recognised that these public sector contexts can be characterised by authoritarian leadership (Hoel and Salin 2003; Hutchinson and Hurley 2013) and exhibit poor responses to workplace bullying (Strandmark and Hallberg 2007). It is also acknowledged that these agencies have their own traditions, values and processes which shape institutional culture (Stokes and Clegg 2002; Halligan 2011). More broadly within the public sector, decreasing control over resources and low levels of personal control are said to act as antecedents to bullying behaviours (Baillien et al. 2011). Nursing in the public sector context is characterised by work climates that enable the initiation, maintenance and even normalisation of workplace bullying (Lewis 2006; Hutchinson et al. 2008; Hutchinson and Hurley 2013). As an ethics of care and justice is said to be central to public administration (Pollitt and Bouckaert 2011), for nurses and nurse leaders, the dilemma is how to sustain caring work in an authentic and genuine manner, while located in institutions that may be antithetical to the values of caring.

Considering nursing and the way people relate within the broader context of the public sector and public administration is important. In particular, understanding power dynamics within these workplaces has important implications for how nurses and other public sector employees experience their working lives (Hutchinson et al. 2010b). It is noteworthy that 24% of respondents in this study reported current bullying. With the negative health and social effects of bullying well established (Nielsen and Einarsen 2012; Samnan and Singh 2012), this alarmingly high figure highlights bullying and its negative effects as a serious public health concern. Given the level of personal harm that stems from workplace bullying and the flow-on effects within organisations, it may be one of the most serious problems facing modern public sector organisations.

Research into bullying experienced by nurses has foregrounded the importance of understanding the ethical dimension of bullying, particularly when bullying is linked to corruption or corrupt practices (Hutchinson et al. 2009). A critical lens on bullying makes evident how corrupt conduct through bullying can become a form of institutionalised, habitualised behaviour that flourishes unchecked. Added to this concern is an additional unease that the erosion of the ethical environments as reflected in a bullying culture can also seriously threaten the capacity of institutions to deliver their mission (Hutchinson and Jackson 2013). While some attention has been afforded in the nursing literature to the impact of disruptive physician behaviours on the delivery of nursing care (Rosenstein and O’Daniel 2006; Holloway and Kusy 2011), emerging evidence suggests disruptive behaviours, such as bullying, have far wider implications for care delivery (Hutchinson and Jackson 2013). Our current analysis adds further to this growing body of evidence and, in particular, draws attention to the manner in which bullying can become an entrenched feature of power dynamics within institutions, which has the potential to erode ethics and safety culture.

Alongside neoliberal reforms that have seen the introduction of market principles into public sector agencies, external monitoring has been viewed as one of the more fundamental aspects of reforming performance in these agencies (Pollitt and Bouckaert 2011). In public sector healthcare agencies, external monitoring has sought to establish outside control of performance, with inspections, public reports and corrective action taken against institutions’ failing standards and inspections (Hildebrand 2005). As illustrated in our analysis, these forms of external and often political pressure may lead managers to sustain an outward presentation of forward-looking performance, while masking institutional failures. In institutions where manage-
rrial legitimacy is already under threat, antibullying codes may be employed as a form of ‘impression management’ rather than a genuine attempt to address the problem. In this context, antibullying policies may be used as a vehicle to sustain control and managerial legitimacy, but not necessarily an ethically responsive form of legitimacy.

Similar to other forms of violence, bullying enforces obedience through domination, coercion and subordination. It deprives individuals of their freedom and in its most violent forms, it violates and annihilates an individual’s identity. Contemporary public sector workplaces, characterised by market driven reforms, work intensification and insecure politicised structures provide fertile ground for the habituation of this violence (Cooke 2012). Conditions and practices in these workplaces provide a grammar of motive and meaning that make certain things intelligible and the proper objects of knowledge (Medina 2011). As evidenced in our analysis, those who contest official monopolising knowledge are subjugated to the margins in knowledge/power contests. Actors who are excluded or marginalised are those whose knowledge/power has been demeaned or obstructed (Medina 2011). In healthcare institutions, neoliberalism has spread through the workplace and professional knowledge and power, based on expertise in care and treatment, have been marginalised by new managerial regimes (Wong 2004). Flynn (2004) has previously analysed the NHS clinical governance regime from a governmentality perspective and highlighted how audit has been utilised as a form of surveillance. In the struggles and battles for knowledge dominance occurring within healthcare institutions, the dominance of modern managerial discourse privileges a particular version of rationality over others. The dangers of this dominance was evidenced in the Frances report (Alberti 2009), with one of the most concerning findings of the report into the Mid Staffordshire Trust being the repeated failures of management to address concerns about mortality and falling standards of care. Focused upon financial imperatives, it is said that the managerial focus of the Trust privileged accounting and a financial surplus, sustaining a dominant discourse which silenced and made less visible concern about poor care standards while privileging financial efficiency (Hayter 2013). Similarly, the narratives of bullied workers in our study illustrate how those in positions of dominance engaged in strategies that privileged and legitimised particular versions of rationality – regardless of the harm caused.

In public sector organisations with entrenched historical patterns of organising, the introduction of antibullying codes may serve to disrupt established patterns of order. Our analysis emphasises the interplay between power and resistance with regard to antibullying policies, with workers struggling to have their experience of bullying foregrounded. The presence of resistance is in itself is diagnostic of power, as where there is power there is resistance (Foucault 1977). While antibullying policies were introduced to protect workers, structures of power and resistance are not stable and are constantly changing, thus creating sites of struggle. It is evident from our analysis that these policies have themselves become a site of power and resistance, co-opted as a technology of power for the gaze of management, while at the same time offering opportunities for resistance.

Although most organisations now have harassment and discrimination policies in place, there is little to suggest that harassment and discrimination are reducing. Similarly, it is evident that, despite sustained claims that policies are in place to address workplace bullying (Roche 2010), these policies are not sufficient to ensure workplaces are free from bullying. Our findings show that antibullying policies offer no guarantee that bullying will be addressed. Indeed, on the contrary, we highlight how these policies can become additional arenas for power struggles with domination, power and resistance interplaying in the construction of subjectivity through workplace bullying. The experience of reporting of workplace bullying and the increasing visibility and scrutiny made possible through this process emphasises the underside of disciplinary power: its capacity to empower actors at the same time it constrains possible actions (Medina 2011). As evidence in our analysis, those enmeshed in this process eventually came to understand themselves as subjectified by a bureaucratic technology of visibility, which was embedded within institutionalised power structures and power networks operating across institutions (Reed 2012).

Drawing upon Foucault’s (1977) theorising on power, Clegg (1989) conceptualised power as flowing through circuits that are constituted in a discursive field. According to Clegg, power flows through social and system integration circuits in day-to-day interactions, shaping individuals and getting them to do what they otherwise would not. Power, from this standpoint, is not simply located within individuals who have legitimate authority or vested in a specific person or agency. Rather, power is a complex set of constitutive forces and specific alignments of social relations operating in complex flows of micropower within the apparatus of organisations (Hutchinson et al. 2010b). In Clegg’s framework, rather than singular relations of force, authority or influence, power is conceived to flow through arrangements that are fixed and constituted in a discursive force field. Drawing upon the work of Hutchinson et al. (2010b), fig. 1 interprets our analysis through the circuits of power framework. It illustrates how bullying operates as a feature of two dispositional circuits of power. Overlaying
the themes derived from our analysis on the circuits of power framework, the system integration circuit of power functions through three nodal points of power: competing truth claims; contradiction and distortion of dialogue; and the consolidation of power through silence which are enacted as a feature of the discursive legitimation of managerial bullying. This circuit of power functions to bring attention to rules of power and increase hierarchical observation and scrutiny. While the social integration circuit of power, as interpreted through our analysis, functions through two nodal points of power: power and resistance and image and visibility which function at the intersection of power and subjectivity to make individuals visible, counter resistance and enforce normalising judgements.

Increasingly, organisations, not only in the public sector, are employing information and its collection as a form of extensive surveillance. Thus, structures of reform in the public sector are not only narratives of new meaning, but also structures of power and surveillance, with the inseparability of systems of meaning continually contested. It is well established that social processes within work groups can lead to situations where acts of deviance come to be regarded as normative or acceptable to those who participate in or witness such acts (Salancik and Pfeffer 2003). A nurse, care worker or manager failing to address a single episode of wrong-doing or care failure is troublesome. When this behaviour becomes entrenched or tolerated and enforced through bullying, or perversely rewarded through performance pressures, it is imperative to examine the dynamics underlying the behaviour in more detail (Macdonald 2001).

In recent years, both private and public sector institutions have experienced high-profile collapses and failures. Healthcare institutions have not been immune to these failures. Inquiries into such failures in public sector healthcare agencies have noted at the root of problems has been a focus upon business and finances, which encouraged ‘attention to throughputs and targets’ at the expense of ‘quality care’ and ‘clinical outcomes’ (Alberti 2009, 12; Thom 2009). Cultures within failing institutions have been described as ‘closed’, which allowed ‘poor care to continue undetected’ (Thom 2009). Bullying has also been reported as a characteristic of care failures in public sector healthcare institutions both within the United Kingdom and within Australia (Commission of Inquiry 2005; Mullan 2009; Prasser 2010). It has been described as a strategy to silence dissent or make workers fearful of repercussions if they raised concerns (Alberti 2009, 287) and reflective of a culture of concealment and reprisal (Prasser 2010).

Our analysis highlights how bullying can operate as power to as well as power over (Clegg and Ierson 2009) and as a strategy of managerial legitimation, with the constitution of power within public sector institutions privileging certain actors and groups. Foucault and others (Foucault 1977; Clegg and Gordon 2012) have highlighted it is the outcome of struggles for power that determine the path of reform within institutions; the public sector is no exception. An

![Diagram of Circuits of Power](Adapted from: Hutchinson et al. 2010b)

Figure 1 Interpreting the power dynamics of workplace bullying a ‘circuits of power’. (Adapted from: Hutchinson et al. 2010b).
urgent challenge for public sector organisations is addressing the power dynamics that sustain cultures focused on reward and punishment which entrench bullying and silence dissent and instead foster cultures that nurture open disclosure, restitution, resolution and reconciliation. Within public sector workplaces where confrontation and struggle have become stable and fixed, bullying can be employed as a strategy to govern conduct and suppress dissent. Although these types of authoritarian and controlling dynamics have historical roots which make them deeply ingrained and resistant to change, reconceptualising justice and human behaviour within these institutions is not impossible.

As the understanding of abusive power dynamics within organisations deepens, the challenge personally and collectively is to become conscious of our capacity to objectify others and to find solutions to the dehumanising tendency inherent in institutions. The restorative justice framework provides an alternative paradigm that may usefully be applied to reconceptualise justice and abusive workplace behaviours (Hutchinson 2009). Restorative justice has been widely adopted in schools and justice settings and focuses upon reconnecting people through a culture of respectful dialogue, participation, forgiveness, apology and making amends (Morrison and Vaandering 2012). In this model, harmful encounters are approached from the standpoint of reparation and transformation. Rather than attention upon offending individuals, the focus is to transform structures and interactions that have allowed harm to occur and to nurture cultures in which individuals can be supported to employ the lens of justice to honour others (Vaandering 2011). When operationalised within the circuits of power that enable workplace bullying, frameworks such as restorative justice offer opportunities to formalise forms of resistance that serve to create fissures and counter currents within the established flows of power, thereby opening up opportunities for discourses that counter established power dynamics.

CONCLUSION

To date, there has been given scant focus on the nexus between workplace bullying and institutional failures. Despite renewed attention to failings in the public sector and calls to reshape the ethics of public sector managerial practices and the care workforce, little attention has been given to theorising critical interpretations of institutional failings and the place of workplace bullying in enforcing harmful organisational narratives and practices. Drawing attention to the power dynamics in workplace bullying provides insight into the undercurrents that lay the foundation for systemic care failures. It is evident from the narratives of workers in our study that, to be perceived as an ethical leader, managers must engage in behaviours that make them stand out against a background that may be antagonistic to ethical conduct. One of the most pressing challenges for nurses and nursing leadership may be to understand power in organisations and develop the moral courage to act in ways that sustain moral identity, offer avenues for resistance and a concern for care and justice.

REFERENCES


