

Workplace bullying in New Zealand: A review of the research

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What is workplace bullying?

Persons conducting a business or undertaking (PCBU) must effectively respond to workplace bullying to fulfil their legal and moral responsibilities and to prevent harm to both individuals and the organisation. Bullying is characterised by an individual experiencing repeated exposure to unwanted, negative behaviours. It is the persistent exposure to targeted, negative behaviour that is the essence of bullying and gives it its destructive force. It is also these same dynamics that can make an effective organisational response so challenging.

There is no definitive list of workplace bullying behaviours (see Table 1 for examples). A workplace bully is often adept at identifying vulnerabilities in their target and instigating behaviours that are likely to result in harm. At an individual level, bullying can be categorised in terms of work-related (or task) and person-related behaviours (Zapf et al., 2020). These behaviours can be direct (e.g., constant criticism of work performance; being sworn at) or indirect (e.g., spreading rumours; having information withheld). Targets typically report bullying behaviours as predominantly psychological with acts of physical aggression rare. Targets also tend to report experiencing a range of bullying behaviours (Zapf et al., 2020).

Table 1

Examples of Potentially Bullying Behaviour (WorkSafe New Zealand, 2017)

PERSON-RELATED BULLYING	WORK-RELATED BULLYING
<ul style="list-style-type: none"> • Being humiliated, ridiculed or belittled • Insulting or offensive remarks • Being ignored or excluded • Intimidating behaviour • Gossip or rumours • Tampering with personal effects • Intrusions on privacy • Threats of violence or abuse 	<ul style="list-style-type: none"> • Persistent, unjustified criticism of work performance • Excessive or inappropriate monitoring of work • Having important information withheld or concealed • Given unachievable tasks or an unmanageable workload • Being underworked or assigned meaningless tasks • Denial of opportunity and/or voice • Training and/or resources withheld • Sabotage

In certain contexts, these behaviours can seem innocuous or even reasonable. What turns an ordinary workplace behaviour into bullying is when that behaviour is unreasonable, repeated and targeted. In a work setting, 'unreasonable behaviour' can be understood as behaviour that cannot be justified against organisational policy, practice or values and/or violates social norms of acceptable behaviour. Targets who experience behaviours that they find humiliating, ridiculing or belittling report these behaviours to be more severe and harmful than others that they have experienced (Zapf et al., 2020).

The wide range of bullying behaviours indicates that workplace bullying is a multifaceted rather than singular concept (D'Cruz & Noronha, 2021). D'Cruz and Noronha (2021) contend that workplace bullying can be considered as a series of 'varieties' based on three defining dimensions - (1) level of analysis, (2) location of the source and (3) form of misbehaviour. Accordingly, D'Cruz and Noronha (2021) identify and explain seven varieties of bullying. The first four varieties exist as distinct forms of bullying, but D'Cruz and Noronha (2021) maintain that combinations of these four have also been evidenced by researchers.

1. Interpersonal bullying: characterised by an individual persistently targeting another to the point of powerlessness and defencelessness. In this situation, both the bully and target are organisational members with the bully being the target's superior, peer or subordinate. Bullying can be downward (superior to subordinate), horizontal (peer to peer) or upward (subordinate to superior). Interpersonal bullying is what most have in mind when referring to 'workplace bullying'.
2. Depersonalised bullying: the subjugation of employees by the contextual, structural and processual elements of the organisation. Managers and supervisors involuntarily resort to intimidation without targeting or intent other than the realisation of organisational goals.
3. Extra-organisational (External) bullying: individuals beyond the organisation (e.g., customers, clients, suppliers) who engage in the bullying of organisational members.

4. Cyber bullying: bullying behaviours conducted through a digital or virtual medium. Unlike face-to-face bullying, cyber bullying is characterised by its boundarylessness, invisibility, anonymity, concreteness and permanence.
5. Compounded bullying. A combination of interpersonal and depersonalised bullying whereby the target experiences bullying from another organisational member within the context of an oppressive work environment.
6. Dual locus bullying. An individual experiences bullying from other organisational members (interpersonal bullying) and from individuals beyond the organisation (external bullying).
7. Hybrid bullying. Bullying is experienced as both face-to-face bullying and cyber bullying.

As D’Cruz and Noronha (2021) note, these varieties of bullying highlight the complexity of the phenomenon and how it can be experienced in a number of different ways that are likely to change as the world of work evolves. It also highlights that all varieties of bullying consist of negative behaviours involving a range of human participants in a relational setting.



How widespread is workplace bullying in Aotearoa New Zealand?

In Aotearoa New Zealand, much of the public and regulatory focus and academic attention has been on interpersonal bullying. The exception is a small body of emergent research examining the dynamics of cyberbullying along with its relationship to face-to-face bullying (D'Souza, Catley, Tappin, & Forsyth, 2019; D'Souza, Forsyth, & Blackwood, 2021; D'Souza, Forsyth, Tappin, & Catley, 2017, 2018). Despite this attention, there is currently no representative and/or regular collection of data on the prevalence of workplace bullying that uses internationally validated measures. Reported prevalence rates vary widely dependent on how bullying is conceptualised and how it is measured.¹ Consequently, this makes it difficult to make comparisons between studies and to generalise rates to the broader working population. However, while the data collected by academics and government departments and ministries is far from complete, it does indicate that bullying is a significant and widespread problem in New Zealand workplaces (Table 2).

Initial research by New Zealand academics highlighted bullying to be a problem for nurses, junior doctors, dentists and those in higher education (e.g. Ayers, Thomson, Newton, Morgaine, & Rich, 2009; Foster, Mackie, & Barnett, 2004; McKenna, Smith, Poole, & Coverdale, 2003; Scott, Blanshard, & Child, 2008; Thirlwall & Haar, 2010). Bentley and colleagues (Bentley et al., 2012; Bentley et al., 2009b; O'Driscoll et al., 2011) conducted the first large-scale study of workplace bullying, surveying more than 1700 employees from four industry sectors and reported an overall prevalence rate of 17.8%.

¹ For a detailed review and explanation, see León-Pérez, Escartín, and Giorgi (2021); Nielsen, Matthiesen, and Einarsen (2010); and Zapf et al. (2020). The two most common approaches to measuring bullying prevalence are 'self-labeling' and 'behavioural exposure'. With the first, respondents are directly asked if they have experienced workplace bullying with the question sometimes accompanied by a definition of bullying. With the second approach, an inventory of negative behaviours (typically, the 'negative acts questionnaire' (NAQ)) is provided and respondents are asked how frequently they have experienced any of these behaviours over time (weekly, over 6 months).

Since that time, further academic studies have reported the prevalence of workplace bullying in samples drawn from different working populations. The health sector has received considerable attention and the prevalence rates presented in Table 2 are consistent with international findings that indicate that it, along with education and public administration, are often associated with a higher risk of bullying (Zapf et al., 2020). Alongside these specific prevalence studies, several qualitative studies have indicated the pervasiveness of bullying amongst nurses (e.g., Blackwood, Bentley, & Catley, 2018; Blackwood, Bentley, Catley, & Edwards, 2017; Clendon & Walker, 2012; Huntington et al., 2011) and as a 'rite of passage' in medical training (Crampton, Wilkinson, Anderson, Walthart, & Wilson, 2015; Ferguson, 2015). A 2015 editorial in the *New Zealand Medical Journal* claimed bullying and harassment to be "endemic" in the health sector (Kelly, 2015: 18).

While not investigating prevalence per se, a number of other New Zealand published studies further indicate the pervasiveness of workplace bullying. Detailed qualitative studies conducted by van Heugten (2010, 2013) examined the experiences of social workers who reported being bullied at work. Catley et al. (2013) surveyed 252 OHS practitioners and reported that 29% agreed or strongly agreed with the statement that "workplace bullying is a problem in your organisation". Thirlwall (2015) examined the experiences of targets and HR workers in the higher education sector. Finally, Catley, Blackwood, Forsyth, Tappin, and Bentley (2017) analysed 56 cases heard over a four-year period before the Employment Relations Authority or the Employment Court where bullying was the central feature of the complainant's grievance.

Data collected by government agencies also reinforces the view of a widespread problem. Statistics New Zealand via the 2018 *Survey of Working Life*, reported around 300,000 workers (11%) experienced discrimination, harassment or bullying in the previous 12 months (Stats NZ, 2019). Data from this survey provided to MBIE and reported in their 2021 issues paper, indicated that rates varied from 18.8% in "health care and social assistance" to 4.9% in "agriculture, forestry, fishing and mining" (Ministry of Business Innovation & Employment, 2020). WorkSafe New Zealand's (2020) *Workforce Segmentation and Insights* survey reported that 15% of 4196 workers drawn from all industries reported experiencing bullying or harassment in the previous 12 months.

Table 2

Reported Prevalence of Workplace Bullying in NZ

AUTHOR	SAMPLE
Bentley et al. (2009b)	Education Healthcare Hospitality Travel
O’Driscoll et al. (2011)	Education Healthcare Hospitality Travel
Crebbin et al. (2015)	Members of the Royal Australasian College of Surgeons
Gardner et al. (2016)	General working population
Venkatesh et al. (2016)	Members of the College of Intensive Care Medicine of Australia and New Zealand
Plimmer et al. (2017)	Female members of the Public Services Association
Chambers et al. (2018)	Members of the Association of Salaried Medical Specialists
Gardner et al. (2020)	General working population
Bentley et al. (2021)	General working population
Stats NZ (2019)	<i>Survey of Working Life</i>
WorkSafe New Zealand (2020)	<i>Workforce Segmentation and Insights</i>

MEASUREMENT SCALE	BULLYING PREVALENCE		WITNESS PREVALENCE
	NAQ	SELF-LABEL	
NAQ ² - Revised	22.4%	5.2%	7.7%
Self-labelling - definition	18.4%	4.8%	
	15.0%	2.3%	
	11.4%	1.5%	
NAQ - Revised	17.8%	3.9%	Not reported
Self-labelling - definition			
Self-labelling - no definition		39%	
NAQ - Revised	15% (B)	1.7% (ill-treatment)	Not reported
Bespoke scale (Cyberbullying)	2.8% (CB)		
Self-labelling - no definition		32%	Not reported
Self-labelling - no definition		43%	Not reported
NAQ - Revised.	38.1%	2.5%	4.7%
Self-labelling - definition			
Self-labelling - definition		17.7%	Not reported
Short NAQ		At least 13.8%	Not reported
Self-labelling - no definition		11%	Not reported
Not reported		15%	Not reported

The variation in conceptualisations of workplace bullying and different data collection methods makes international comparisons difficult. However, the studies conducted by Bentley and colleagues (Bentley et al., 2012; Bentley et al., 2009b; Bentley et al., 2021; Gardner et al., 2016; O'Driscoll et al., 2011) and Chambers et al. (2018) are amongst the few New Zealand studies that do use measures comparable with international research. Nielsen's (2010) meta-analysis of international studies which used a similar methodological approach estimated a comparable prevalence rate of 14.8%. A review of European studies by Zapf et al. (2020) indicated a comparable prevalence rate of 11.2% but with broad variations dependent on the sample population. Likewise, the review conducted by León-Pérez et al. (2021) reported wide variance in comparable prevalence across Europe (4.6 – 22%), America (7.8% – 14.7%) and Asia (14.8% – 18.5%). With the range of prevalence reported by Bentley and colleagues and Chambers et al. (2018) to be between 11.4% and 38.1% by sector and between 15% and 17.8% in general samples, New Zealand rates may be higher than international reports dependent on which sample population is being compared.



Who are the targets and perpetrators of workplace bullying?

Internationally, research investigating the dynamics of workplace bullying has generally relied on data from a single source – the target (Neall & Tuckey, 2014). As a result, much more has been reported about the characteristics of those who have experienced workplace bullying rather than from perpetrators. Typical characteristics of interest include gender, age, personality traits, relative minority status in the workplace, and organisational status relative to the perpetrator. With some exceptions, few New Zealand studies have specifically investigated these sorts of characteristics beyond reporting the general demographics of the sample. As with prevalence, the same cautions need to be exercised when generalising to the broader New Zealand working population. At best, our knowledge about risk groups is limited.

Gender

Bentley and colleagues (2012; 2009b) along with Gardner et al. (2017) reported no significant differences in exposure to bullying behaviours and in levels of self-identifying as having been bullied. In contrast, Gardner et al. (2016) reported that women experienced more workplace bullying but that there were no significant gender differences for cyberbullying. Similarly, the *Survey of Working Life* (Stats NZ, 2019) reported that women were more likely than men to have experienced discrimination, harassment, or bullying at work while WorkSafe's (2020) *Workforce Segmentation and Insights* reported a higher rate of bullying for women in their 30s. Gardner et al. (2020) have conducted the most extensive investigation into the relationship between gender and bullying. Overall, Gardner et al. (2020) reported that women, regardless of role, age or ethnicity, were more likely to self-identify as having been bullied at work than men.

Studies conducted in the health profession have reported that women experience more bullying than men (e.g. Crebbin et al., 2015). Chambers et al. (2018) reported that women experienced different bullying behaviours than men but that overall there was no significant differences in exposure. However, women were more likely to self-identify as being bullied and to have witnessed bullying behaviour (Chambers et al., 2018). Venkatesh et al. (2016) indicated that there were little differences by way of age or gender in the proportions reporting bullying.

The Survey of Working Life (Stats NZ, 2019) gives some insight into the relationship between ill-treatment, gender and occupation. Women working as machinery operators and drivers reported the highest rates of discrimination, harassment and bullying (20%). Women categorised as professionals (including school teachers, midwives and nurses) reported the next highest rates (17%) followed by community and personal services workers (16%). Men working in the community and personal services also reported high rates (18%) – the only occupational group where men reported higher rates of ill-treatment than women.

The Survey of Working Life also indicated that the experience of ill-treatment varied by job conditions (Stats NZ, 2019). Men who worked mostly night shifts reported experiencing more than twice the rate of discrimination, harassment, or bullying than those who mainly worked days. Similarly, women working varied shifts reported experiencing more than 1.5 times the rate of ill-treatment than those who mainly worked days.

Age and ethnicity

As with previous indicators, reported results vary dependent on the methods employed and the sample recruited. Additionally, the relationship between key demographic variables and bullying are often not reported – especially age. As a result, the research paints a very incomplete and inconclusive picture.

Research that reports the relationship between age and bullying offers only preliminary insights. The *Survey of Working Life* reported that workers aged 45–54 experienced the highest rates of discrimination, harassment or bullying (Stats NZ, 2019). Gardner et al. (2016) considered if younger employees were more likely to experience cyber bullying than older employees due to a more extensive involvement in online activities. However, Gardner et al. (2016) found little evidence of a greater exposure to cyber bullying at work for younger workers. Within the field of medicine, Chambers et al. (2018) reported that respondents aged 40–49 and 50–59 experienced significantly higher prevalence of bullying behaviours than other age groups.

In contrast to age, the relationship between bullying and ethnicity has been more widely reported. The *Survey of Working Life* (Stats NZ, 2019) reported higher rates of discrimination, harassment or bullying for Asian and Māori (13%) respondents than for Pacific and European respondents (11%). When examined in relationship to gender, women reported higher rates across all ethnic groups. The biggest differential was reported as being between Māori women (17%) and Māori men (8%). The study of medical specialists by Chambers et al. (2018) indicated that some ethnicities experienced higher levels of bullying behaviours than others.

Gardner et al. (2013) undertook an in-depth investigation into the relationship between workplace bullying and ethnicity. Gardner et al. (2013) reported that when respondents self-labelled as having been bullied, there were no significant differences between ethnic groups. However, significant differences were found when examining exposure to bullying behaviours. On this indicator, Pacific Island and Asian/Indian respondents reported somewhat higher rates of bullying than European and Māori respondents.

While there is merit in drawing on demographic variables to help identify groups who may be more at risk of bullying, what may be more important is the group's number relative to others. Gardner et al. (2013) has suggested that those who find themselves in a minority group at work (e.g. on the basis of age, gender, ethnicity or other personal attributes) may be at an increased risk of being targeted by others. A later study by Gardner et al. (2020) found evidence for this proposition when they reported that being in a gender minority at work was associated with more self-identification as having been bullied.

Role/level

Limited information has been collected about the organisational role or status of the target in the New Zealand context. The *Survey of Working Life* (Stats NZ, 2019) indicated that paid employees reported the highest rate of discrimination, harassment, or bullying (12%), followed by employers (9%), and the self-employed without employees (8%). Bentley et al. (2009b) reported that there were no significant differences across hierarchical levels for individuals who self-labelled as having been bullied. Significant differences were reported for exposure to bullying behaviours by organisational level with rates higher for first-line supervisors (20.7%) and lower for senior managers (6.8%). Just over 18% of non-managerial workers reported exposure to bullying behaviours. Gardner et al. (2016) found no significant differences between managers and non-managers in relation to workplace bullying, but managers reported more cyber bullying than non-managers.

Source/perpetrator of workplace bullying

In contrast to targets, even less is known about the characteristics of perpetrators of workplace bullying in New Zealand. Much of what has been reported relates to the organisational status and gender of the alleged bully – especially in the healthcare sector. Both O’Driscoll et al. (2011) and Gardner et al. (2016) provide some insight into the hierarchical status of the alleged bully. When respondents who self-labelled as having been bullied were asked to identify the organisational status of their bully (or bullies), O’Driscoll et al. (2011) reported bullies operating across a number of organisational levels. Targets reported their bully(ies) as their employer (31.6%), senior manager (36.9%), middle manager (32.8%), supervisor (36.4%), colleague (56.1%), subordinate (19.5%), and/or as a client or customer (26.9%). A similar broad range of organisational levels was reported by Gardner et al. (2016). Self-identified targets identified the bullying as being their supervisor, employer or manager (31%), peer (48%), subordinate (17%) and/or client (17%).

Crebbin et al. (2015) and Chambers et al. (2018) both reported on the characteristics of bullies in the health sector. From their survey of members of the Royal Australasian College of Surgeons, Crebbin et al. (2015) reported that over 79% of respondents identified the bully as male. Likewise with the membership survey of the Association of Salaried Medical Specialists, Chambers et al. (2018) reported that 36.8% of respondents who self-labelled as having been bullied identified the bully as male. Just over 35% reported an equal number of men and women. Surgical directors or consultants were the most frequently reported perpetrators of bullying, followed by medical consultants and nursing staff (Crebbin et al., 2015). Chambers et al. (2018) found that senior medical or dental staff (52.5%) were the most frequently reported perpetrators followed by non-clinical managers (31.8%) and clinical leaders (24.9%). These findings are consistent with earlier studies such as Scott et al. (2008) who reported consultants and nurses as the main perpetrators of bullying, and studies investigating nursing where the perpetrator was overwhelmingly a nurse and typically female, senior and older than the target (Clendon & Walker, 2012; Foster et al., 2004; McKenna et al., 2003). In van Heugten's (2010) study of social workers, the bully was almost always the target's organisational superior.

What is the impact of workplace bullying?

The impact of workplace bullying on individuals and the organisation has been extensively studied. Individual studies and reviews indicate workplace bullying to be associated with a wide range of harm to a person's physical and psychological wellbeing and work performance (D'Cruz et al., 2021; Einarsen, Hoel, Zapf, & Cooper, 2020; Samnani & Singh, 2012). New Zealand studies have both added to this picture and reinforced concern about the impact bullying has on people and organisations. The harm linked to workplace bullying can be considered according to the impact on the target, bystander and the organisation.

The impact on targets

Workplace bullying has been associated with a wide range of negative outcomes for those who experience it (for an overview, see Mikkelsen, Hansen, Perrson, Byrgesen, & Høgh, 2020). Studies utilising New Zealand samples report many of these same negative psychological and physiological outcomes (Table 3). However, as with the majority of international research, these studies almost always rely on self-report data and cross-sectional design and, combined with a lack of representative samples, makes it difficult to draw any conclusions about causal relationships or generalisability to the broader working population. Thus, as with the international research generally, it is far from clear which specific health correlates are an outcome of bullying and which are predictors of bullying (Nielsen & Einarsen, 2018).

As with prevalence, a number of quantitative and qualitative studies investigating the impact of bullying on targets have been conducted in the health sector. When asked about the impact of bullying, respondents have reported a detrimental impact on their confidence, self-esteem, concentration and the experiencing of a wide range of negative emotions (Blackwood et al., 2018; Clendon & Walker, 2012; Foster et al., 2004; McKenna et al., 2003; van Heugten, 2010). In a study of social workers, van Heugten (2010) reported that several participants were diagnosed with depression by their GP. A similarly wide variety of negative effects on physical health have also been reported by targets ranging from sleep loss to general debilitation (Blackwood et al., 2018; McKenna et al., 2003; van Heugten, 2010).

There is some indication of a positive impact around individual resilience as a result of being bullied. McKenna et al. (2003) reported that a very small number of nursing respondents reported that as a consequence of their experience they felt better able to “stand up” for themselves, “feel stronger” in themselves, or reassured by support from other staff. Similarly, van Heugten (2013) found that most of the social work participants considered that they had developed greater resilience. For these participants, reported van Heugten (2013), their sense of resilience was enhanced when they had received support from witnesses and managers alongside an improved sense of control over their situation. However, in both studies, any enhanced resilience existed in a context of overwhelmingly and consistently negative impacts to physical and psychological health.

Larger quantitative surveys of samples drawn from the general working population paint a similar, negative picture relating to individual wellbeing. Compared to non-targets, targets reported higher levels of psychological strain and psychological distress, and lower levels of psychological wellbeing (Bentley et al., 2012; Bentley et al., 2021; Gardner et al., 2017; O'Driscoll et al., 2011). The extent to which these impacts might vary according to age, gender or ethnicity in the New Zealand context is unclear. However, Gardner et al. (2013) reported that Pacific Island and Asian/Indian respondents reported lower levels of psychological strain compared to New Zealand Europeans despite reporting higher levels of bullying.

The impact on bystanders

Individuals who have witnessed or observed workplace bullying report many of the same negative impacts as those who have experienced bullying. Compared to non-witnesses, those witnessing bullying reported higher levels of stress, workplace demands and intentions to leave (Bentley et al., 2012; Chambers et al., 2018). Witnesses also reported lower levels of emotional wellbeing, peer and managerial support, self-rated job performance and affective commitment to the organisation (Bentley et al., 2012; Chambers et al., 2018).

Cooper-Thomas et al. (2014) reported on the findings of a study investigating the impact of bullying on observers and targets. The results indicated that bullying had a stronger impact relative to observing bullying but being an observer of bullying was still associated with negative outcomes at a level between not experiencing any bullying and being a target. Individuals who reported experiencing both bullying and being an observer, experienced higher levels of strain and lower levels of wellbeing compared to being a target. As Cooper-Thomas et al. (2014) write, this may be suggestive of a compounding effect of increased exposure to workplace bullying.

The impact on the organisation

The prevalence of workplace bullying and the wide-ranging effects it has on individuals has a considerable direct and indirect impact on the organisation. This is most evident in the responses from participants relating to the impact of bullying on aspects related to their work performance. However, there are also the additional costs associated with the management of complaints and potential legal proceedings. As with individual impacts, data is most extensive from the health sector but the findings are consistent with results from surveys of the general working population.

Evidence from research conducted across different sectors within the health industry indicate that bullying is strongly associated with a negative impact on work performance. As a result of being bullied, respondents reported that they were absent from work more, didn't want to go to work, were thinking about leaving their job, or expressed general disillusionment with their profession (Ayers et al., 2009; Blackwood et al., 2018; Chambers et al., 2018; McKenna et al., 2003). Respondents across several studies reported how bullying negatively impacted their competence by making them more prone to errors or resorting to defensive medical practice (Blackwood et al., 2018; Chambers et al., 2018). Ultimately, some respondents felt that the impact of bullying compromised service delivery and patient care (Chambers et al., 2018; McKenna et al., 2003). For those who expressed concerns about deteriorating levels of performance, concern was also raised about future employment prospects (Blackwood et al., 2018).

Beyond the health sector, bullying has been shown to be positively related to absenteeism and an intention to leave (Bentley et al., 2012; Bentley et al., 2021; Gardner et al., 2017; O'Driscoll et al., 2011). Bullied respondents also report lower levels of affective commitment and self-rated job performance than non-targets (Bentley et al., 2012; O'Driscoll et al., 2011). These respondents also perceived significantly less support from their supervisors, colleagues and the organisation generally (O'Driscoll et al., 2011). Organisational managers have also expressed beliefs that bullying negatively impacts staff morale, motivation and productivity and leads to an increase in associated administration which may be indicative of a potential impact on both worker and managerial productivity (Catley et al., 2013). Additionally, there are also the direct costs of legal proceedings and the potential for substantial but difficult to measure damage to an organisation's reputation (Catley, Blackwood, et al., 2017).

How does workplace bullying take hold in an organisation?

Interest in the causes, or antecedents, of workplace bullying has paralleled the strong interest in the magnitude and impact of the problem. This interest has yielded two dominant lines of enquiry (Nielsen & Einarsen, 2018). In the first, researchers have investigated the personality characteristics, or combinations of characteristics, of targets and bullies as antecedents (for an overview see Zapf & Einarsen, 2020). The second line of enquiry has focused on the organisational antecedents – typically expressed as the ‘work environment hypothesis’ (for an overview see Salin & Hoel, 2020). According to the work environment hypothesis, a poor working environment (e.g., work culture, job design, leadership, policy initiatives) is a precursor to workplace bullying (Nielsen & Einarsen, 2018). In essence, the stress and frustration that flows from the prevailing content and context of work coupled with management inaction or tolerance can lead to an individual(s) being bullied.

New Zealand research has mostly focused on the organisational antecedents of workplace bullying. As with the research on prevalence and impacts, almost all the quantitative research is cross-sectional, making it difficult to establish direct causation. Additionally, the research typically relies on self-reports which may, or may not, accurately reflect the actual work environment of the participants (Li, Chen, Tuckey, McLinton, & Dollard, 2019). Despite these limitations, which are a feature of the literature generally, the findings are consistent with international research that shows strong associations between workplace bullying and a poor work environment.

Table 3
Impacts Associated with Workplace Bullying

ASSOCIATED IMPACT	AUTHOR
Targets	
Psychological impact	
<ul style="list-style-type: none"> Confidence, self-esteem and concentration 	Blackwood et al. (2018); Clendon and Walker (2012); Foster et al. (2004); McKenna et al. (2003); van Heugten (2010)
<ul style="list-style-type: none"> Negative emotions: fear, stress, anger, anxiety, sadness, shame, frustration, distrust and nervousness 	Blackwood et al. (2018); Chambers et al. (2018); Foster et al. (2004); McKenna et al. (2003); van Heugten (2010)
<ul style="list-style-type: none"> Depression 	McKenna et al. (2003); van Heugten (2010)
<ul style="list-style-type: none"> Psychological strain and psychological distress Lower levels of psychological wellbeing 	Bentley et al. (2012); Bentley et al. (2021); Gardner et al. (2017); O’Driscoll et al. (2011)
<ul style="list-style-type: none"> Enhanced resilience 	McKenna et al. (2003); van Heugten (2013)
Physical impact	
<ul style="list-style-type: none"> Weight loss, over-eating, sleep loss, fatigue, headaches Muscle tension, skin rashes, intestinal problems, hypertension, angina General debilitation 	Blackwood et al. (2018); McKenna et al. (2003); van Heugten (2010)

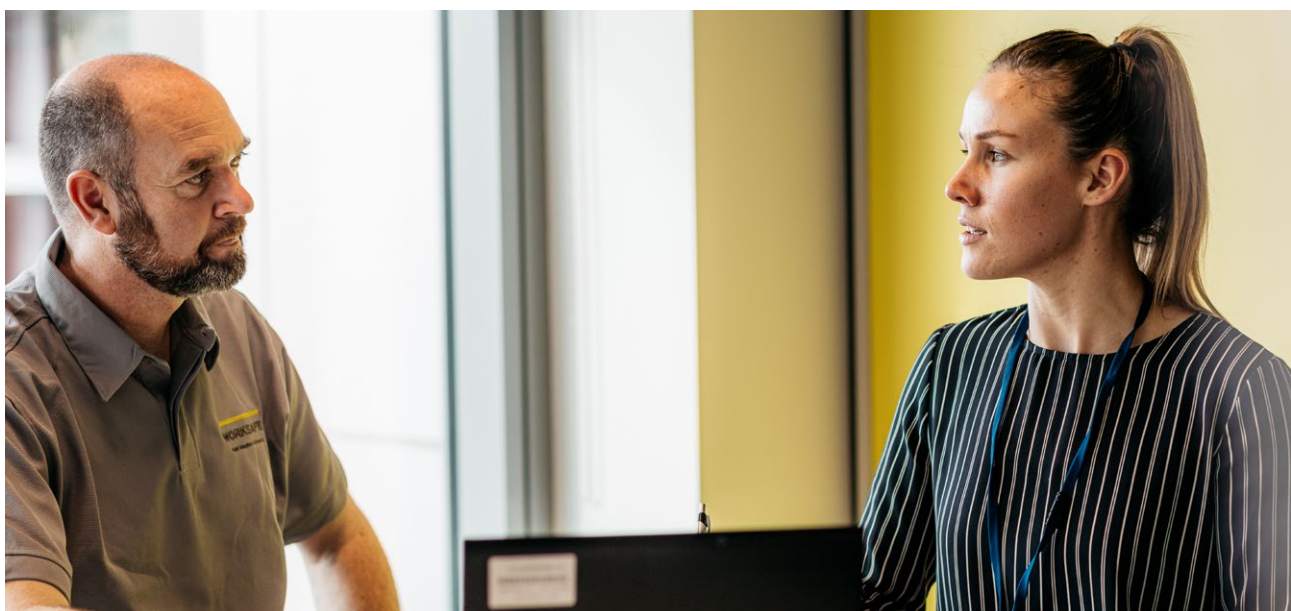
ASSOCIATED IMPACT	AUTHOR
Bystanders	
<ul style="list-style-type: none"> Higher levels of stress, workplace demands and intentions to leave 	Bentley et al. (2012); Chambers et al. (2018); Cooper-Thomas et al. (2014)
<ul style="list-style-type: none"> Lower levels of emotional wellbeing, peer and managerial support, self-rated job performance and affective commitment to the organisation 	Bentley et al. (2012); Chambers et al. (2018); Cooper-Thomas et al. (2014)
Organisation	
<ul style="list-style-type: none"> Increased absences and intention to quit 	Ayers et al. (2009); Bentley et al. (2012); Bentley et al. (2021); Blackwood et al. (2018); Gardner et al. (2017); O'Driscoll et al. (2011)
<ul style="list-style-type: none"> Less willingness to want to go to work 	Blackwood et al. (2018)
<ul style="list-style-type: none"> General disillusionment with the profession 	McKenna et al. (2003)
<ul style="list-style-type: none"> Competence 	Blackwood et al. (2018); Chambers et al. (2018)
<ul style="list-style-type: none"> Service delivery and patient care 	Blackwood et al. (2018); Chambers et al. (2018)
<ul style="list-style-type: none"> Future employment prospects 	Blackwood et al. (2018)
<ul style="list-style-type: none"> Lower levels of affective commitment and self-rated job performance 	Bentley et al. (2012); O'Driscoll et al. (2011)
<ul style="list-style-type: none"> Perception of less supervisor, colleague and organisational support 	O'Driscoll et al. (2011)
<ul style="list-style-type: none"> Staff morale, motivation and productivity 	Catley et al. (2013)
<ul style="list-style-type: none"> Legal proceedings and reputational damage 	Catley, Blackwood, et al. (2017)

In survey research, respondents have been asked for their perceptions about a range of job content and context factors related to the design, organisation and management of work. Much research interest has focused on the role of leadership and support from peers, supervisors and the organisation generally. Compared to non-targets, targets report higher levels of laissez-faire leadership (Bentley et al., 2012; Cooper-Thomas et al., 2014) and lower levels of collegial, supervisor and organisational support (Bentley et al., 2012; Chambers et al., 2018; Gardner et al., 2017; O’Driscoll et al., 2011). The *Survey of Working Life* (Stats NZ, 2019) also indicated the importance of workplace relationships. According to the findings, employees who reported an indifferent, bad or very bad relationship with either their manager or colleague reported a rate of ill-treatment three times higher than those who reported a good or very good relationship (Stats NZ, 2019). While it seems that all levels of support are important, the results of O’Driscoll et al. (2011) suggest that deficiencies in supervisor and organisational support may be more applicable to experiencing bullying than peer support. The absence of support is likely to contribute to a workplace culture indicative of a lack of social cohesion and inclusion (Bentley et al., 2021; Cooper-Thomas et al., 2014), or one that tolerates bullying as a workplace behaviour (Bentley et al., 2009a; Chambers et al., 2018).

A work environment characterised by unreasonable workloads and job demands has also been associated with workplace bullying. Plimmer et al. (2017) reported that pressure to work more hours, coupled with difficulties in accessing flexible working hours as a result of time and workload demands, strongly predicted ill-treatment. As a result, Plimmer et al. (2017: 338) concluded that ill-treatment can be a by-product of a work intensification strategy and where flexible working arrangements are inaccessible. In the health sector, Chambers et al. (2018) reported a similar association between work demands and exposure to workplace bullying.

Broader contextual factors have also been linked to workplace bullying. In the *Survey of Working Life*, perceptions of low job security were linked to higher rates of ill-treatment compared to respondents who had a perception of much stronger job security (Stats NZ, 2019). The same survey also linked a skills mismatch with experiencing ill-treatment. Respondents who perceived themselves as being either over-skilled or under-skilled for their job, reported a higher rate of ill-treatment than those who thought their skills matched their job (Stats NZ, 2019). Plimmer et al. (2017) also reported low occupational status, limited career options and job mobility as further risk factors for ill-treatment. As Plimmer et al. (2017) contends, these sorts of findings indicate that workplace ill-treatment goes beyond 'poor management' and the immediate circumstances of individual workers to where ill-treatment is embedded in the workplace dynamics and the broader employment relationship.

The association between a poor work environment and bullying also extends to bystanders. Witnesses have reported leadership to be more laissez-faire and less constructive compared to non-witnesses, and also reported lower levels of supervisor and colleague support (Bentley et al., 2021; Cooper-Thomas et al., 2014). Chambers et al. (2018) reported similar findings from respondents in the health sector. Amongst medical specialists, witnessing bullying was associated with high workplace demands, and low levels of peer and managerial support (Chambers et al., 2018).



Both the New Zealand and international research strongly indicate the existence of a poorly organised and led work environment in the development of workplace bullying. On this basis, there seems ample evidence to support the work environment hypothesis as predictive but an inverse relationship – that bullying leads to a poor work environment – is also plausible (Nielsen & Einarsen, 2018). Equally, the possibility that targets believe their work environment to be more deficient generally has to be a real consideration, although the findings from bystanders would appear to provide support for the perceptions of targets. Additionally, evidence in support of the ‘work environment hypothesis’ does not invalidate the importance of individual dispositions as potential antecedents. For any given case of bullying, there are likely to be multiple organisational and individual factors which interact in inconsistent ways dependent on the circumstances. These interactive effects and the way they might vary across organisational contexts and demographics is a largely under-researched area. However, it does indicate that singular, ‘silver bullet’ type responses are unlikely to be effective.

What are some of the ways bullying can be effectively managed?

Alongside broader societal and national regulatory initiatives, efforts to prevent and manage bullying in the workplace can be directed at both the organisational and individual level. These efforts can also be differentiated according to the level where the measure is designed to lessen the risk to health – that is, at the primary, secondary or tertiary level of prevention. As explained by Keashly, Minkowitz, and Nowell (2020), primary prevention consists of proactive measures to prevent workplace bullying occurring. Secondary measures are designed to detect bullying and reduce or possibly reverse the negative impacts on health and to prevent further exposure. Tertiary measures focus on restoration and rehabilitation and on the sustainability of changes to ensure that there are no further cases of bullying. Caponecchia, Branch, and Murray (2020) extend the dimensions to include the degree of specificity, the mode of intervention and the agent who is implementing the intervention to produce a taxonomy of workplace bullying interventions (Table 4). The taxonomy can be usefully used by both researchers and organisations to organise and assess existing initiatives and to identify priority areas.

Table 4

A Taxonomy of Workplace Bullying Interventions (Caponecchia et al., 2020)

ELEMENT	DESCRIPTION	SUBCATEGORIES
Specificity	Whether the intervention type is specific to workplace bullying or addresses other issues	Yes, no
Mode	Whether the intervention type is formal or informal in nature	Formal, informal
Agent	The person or body who is implementing the intervention	Individual, management, organisation
Focus	The person or group on whom the intervention is acting	Individual, target, perpetrator, bystander, work team, management, organisation
Time course	Timing of the intervention relative to workplace bullying events	Primary, secondary, tertiary

In terms of efficacy, a raft of specific measures have been proffered to prevent workplace bullying but there have been few studies conducted to evaluate their effectiveness (for an overview see Hodgins, MacCurtain, & Mannix-McNamara, 2014). New Zealand research investigating measures to prevent bullying have largely focused on respondents' perceptions of the efficacy of organisational and individual measures. In general, measures to prevent workplace bullying have a positive impact, particularly when they are perceived as being effective. The presence and perceived effectiveness of organisational measures have been linked to less bullying and to reducing the negative impact on wellbeing and performance (Cooper-Thomas et al., 2013; Gardner et al., 2017). Focusing on specific measures, Table 5 lists those that have been rated as "effective" by respondents in various studies. Relying on individuals to cope with bullying or enhancing their coping strategies is less likely to be effective. O'Driscoll et al. (2011) reported that the effect of problem solving and avoidance coping strategies to reduce the impacts of bullying is likely to be small.

Specific organisation-driven measures to prevent bullying appear to be relatively recent but are now a more widespread feature of New Zealand workplace health and safety initiatives. In 2013, Catley et al. (2013) found that 55% of their sample of OH&S respondents reported having a bullying policy and just 41% indicated that bullying was recognised as a hazard in their workplace. Training for managers or staff on the topic of bullying was rare (19%). In a later study utilising a different sample, Catley, Bentley, Anderson, and Tedestedt (2017) reported that 80% of organisations had some form of prevention measure in place. However, extensive knowledge and awareness of these measures amongst an organisation’s workforce cannot be assumed. Gardner et al. (2017), for example, reported that just 30% of their sample knew whether or not their organisation had a particular measure in place.

Table 5
Organisational Initiatives to Prevent and Manage Bullying

STUDY AUTHORS	INITIATIVE
O’Driscoll et al. (2011)	<ul style="list-style-type: none"> • Open communication • Appropriate interactions • Workplace bullying policy • Complaints procedure
Cooper-Thomas et al. (2013)	<ul style="list-style-type: none"> • Workplace bullying policy • Respectful workplace environment • Clear procedures for managing bullying
Gardner et al. (2017)	<ul style="list-style-type: none"> • Clear consequences for perpetrators • Employee Assistance Programme • Collection and review of workplace bullying data
Plimmer et al. (2017)	<ul style="list-style-type: none"> • Job autonomy • Employee voice • Accesses to flexible work • Fair and formalised processes for appraisal and promotion
Forsyth, Ashby, Gardner, and Tappin (2021)	<ul style="list-style-type: none"> • Management competence • Inclusion • Strong Psychosocial Safety Climate

The measures in Table 5 indicate that social support is likely to be influential in buffering the relationship between bullying and its negative impact on the target. In particular, measures that aim to enhance the provision of strong supervisor and organisational support are most likely to have a positive impact on the prevention and management of bullying. The *New Zealand Workplace Barometer* project has linked positive perceptions of management competence with lower levels of workplace bullying (Forsyth et al., 2021). Based on in-depth interviews with nurses, Blackwood, D'Souza, and Sun (2019) developed a competency framework for managing cases of workplace bullying (Table 6) to guide professional development and performance assessment within the profession. Although a secondary prevention measure, this framework complements an additional preventative framework of competencies designed to promote healthy work in a healthcare setting.

In conjunction with competent and supportive managers, a well-managed work environment will likely contribute to a decrease in ill-treatment. Plimmer et al. (2017) reported that where individuals perceived they had job autonomy, employee voice, accesses to flexible work and processes that were fair and formalised, their likelihood of experiencing ill-treatment was low. Plimmer et al. (2017) write that these positive perceptions of the work environment are indicative of a positive organisational approach toward preventing and managing workplace conflicts. Perceptions of fairness and involvement are also likely to yield a greater sense of inclusion amongst workers. Widespread perceptions of inclusion lay the groundwork for a supportive culture, and inclusion can act as an important resource for employees to buffer against bullying. Results from the NZ Workplace Barometer indicate a negative association between inclusion and bullying and that those who were exposed to high levels of bullying were less likely to quit when they perceived a high-inclusion environment (Bentley et al., 2021).

Table 6

Management Competencies for Managing Workplace Bullying (Blackwood et al., 2019)

Availability	<ul style="list-style-type: none"> • Making time for staff • Listening – allow staff to be heard
Awareness	<ul style="list-style-type: none"> • Understanding and awareness of what bullying is • Understanding and awareness of the processes to follow
Coaching and mediation	<ul style="list-style-type: none"> • Providing guidance and advice • Facilitating discussion between staff • Questioning and investigation skills • Avoiding pre-conceived ideas or bias
Communication	<ul style="list-style-type: none"> • Being clear and transparent • Clarifying expectations and outcomes
Confidence and resilience	<ul style="list-style-type: none"> • Confidence to deal with conflict • Resilience in dealing with conflict
Consistency	<ul style="list-style-type: none"> • Ongoing monitoring of a complaint or intervention • Continually and consistently addressing behaviours
Dealing with known Issues	<ul style="list-style-type: none"> • Taking responsibility for managing bullying • Dealing with existing behavioural issues • Being solution-focused
Individual consideration	<ul style="list-style-type: none"> • Showing empathy and sensitivity • Providing validation of feelings and experiences
Proactive and early intervention	<ul style="list-style-type: none"> • Situational awareness • Early and immediate action
Reflection	<ul style="list-style-type: none"> • Self-reflection • Knowing own limits and when to seek support

The concept of Psychosocial Safety Climate (PSC) focuses on the “policies, practices, and procedures for the protection of worker psychological health and safety” (Dollard & Bakker, 2010: 580) and is largely determined by the actions of managers and leaders within an organisation (Dollard, Dormann, Tuckey, & Escartín, 2017). Argued to be an “upstream organisational condition” that influences working conditions, (Dollard & Bakker, 2010: 593) there is evidence to support the effectiveness of a strong PSC in preventing workplace bullying (e.g., Bond, Tuckey, & Dollard, 2010; Dollard et al., 2017; Law, Dollard, Tuckey, & Dormann, 2011). PSC is a central component of the *NZ Workplace Barometer* and results support the view that a strong PSC is negatively related to perceived exposure to bullying (Bentley et al., 2021). Furthermore, PSC was reported to be effective in reducing the negative impacts of bullying (Bentley et al., 2021).

In one of the few investigations into the impact of a national regulatory measures, Catley, Bentley, et al. (2017) examined the impact of the introduction of WorkSafe New Zealand’s “Best Practice Guidelines” (WorkSafe New Zealand, 2014). Respondents reported the guidelines to be useful – especially the information on definitions, employer role and responsibilities and the accompanying tools – and had triggered efforts around policy development, and training and awareness initiatives. Respondents reported the guidelines to be user-friendly and engaging and also felt more confident and better equipped to manage bullying in their workplace. An increased awareness of bullying in the organisation and more interest and discussion of the topic were perceived to be the immediate short-term impact but respondents noted little immediate impact on changes in behaviour. The results from the study were used to inform a revised version of the guidelines released in 2017 (WorkSafe New Zealand, 2017).

When organisational responses to address workplace bullying have stalled or proven unsuccessful, mediation is typically the next step in the dispute resolution pathway.³ Despite mediation being considered effective in resolving employment disputes (Lempp, Blackwood, & Gordon, 2020), its effectiveness has been questioned in cases of workplace bullying (for overviews see Keashly et al., 2020; Zapf & Vartia, 2020). To explore this issue in more detail, Lempp et al. (2020) interviewed 25 practising mediators for their views on the appropriateness and effectiveness of mediation for workplace bullying cases. Lempp et al. (2020: 678) reported that mediators believed that mediation was not a “blanket solution” but could be effective particularly when used in conjunction with other dispute resolution techniques especially where these addressed issues in the broader organisational context.

Based on their findings, Lempp et al. (2020) offered 5 recommendations to enhance the likelihood of mediation being effective in resolving the case (Table 7). According to Lempp et al. (2020), the first two recommendations focus on addressing the emotional stability of the parties and any potential power imbalance between them. The third recommendation focuses on the organisational context while the fourth addresses the timing of mediation. The final recommendation addresses the issue of combining mediation with a prior investigation to determine the factual basis of the case.



3 <https://www.employment.govt.nz/resolving-problems/types-of-problems/bullying-harassment-and-discrimination/general-process/>

Table 7*Recommendations for Mediators* (Lempp et al., 2020)

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1. Mediators should pay particular attention to the emotional safety of the parties.

 2. Mediators should discuss with the parties the possibility and potential benefits of bringing a support person to any joint meeting during the mediation.

 3. Mediators should view their role more widely and consider possible avenues to influence the broader organisational contexts in which bullying occurs and address the structural causes of workplace bullying.

 4. Low-level mediator interventions should take place as early as possible in a bullying case to stop the escalation of bullying behaviour and prevent further victimisation.

 5. Mediators should consider the option of a combined intervention, encompassing both a workplace mediation and workplace investigation when dealing with a case of workplace bullying.
-

Both locally and internationally, the evidence for identifying and differentiating the efficacy of various interventions is thin. This shallow knowledge base is compounded by significant gaps in research relating to risk groups, antecedents and impacts. Despite the need for further robust research around interventions, current efforts do indicate areas that would seem reasonable to prioritise. For example, ensuring that organisations have an effective behavioural policy with clear standards, processes and expectations seems foundational to the prevention and management of workplace bullying.

The *New Zealand Workplace Barometer* (Forsyth et al., 2021) also provides insights into key areas for enhancing worker health and wellbeing. Results from successive years point to four pillars of healthy work: (1) organisational justice; (2) inclusion; (3) psychosocial safety climate and (4) management competencies. Thus, initiatives to enhance good working relationships in a respectful and fair workplace environment underpinned by an emphasis on job autonomy, employee voice and inclusion would be valuable. Work in these areas should be supported by investment in developing management competencies that enhances not only a well-managed work environment but also proficiency in managing workplace relationships. Finally, developing a strong psychosocial safety climate, where staff strongly perceive that senior leaders in the organisation place a substantial and sincere value on psychological health and safety also seems vital.

What are some of the challenges to managing reports of workplace bullying?

Despite possessing even the most effective of primary prevention measures, an organisation may still find itself having to manage a complaint of workplace bullying. Additionally, many incidents of bullying go unreported. Evidence from the New Zealand health sector indicates that reporting rates for bullying are low. Early studies by McKenna et al. (2003) and Scott et al. (2008) reported that 49% of first year nurses and 18% of junior doctors who experienced bullying lodged complaints about their treatment. Later studies by Crebbin et al. (2015) and Chambers et al. (2018) reported similar low reporting rates amongst those in surgical practice and senior medical specialists. Crebbin et al. (2015) found that 44.7% of respondents who experienced bullying and 56.1% who experienced sexual harassment did not take any action to address the ill-treatment while Chambers et al. (2018) found that 30.4% of those bullied made formal reports. In terms of the broader working population, Gardner et al. (2013) found that, when asked directly, fewer men than women indicated they had been bullied which may suggest that there are also gender differences related to reporting bullying.

These studies also provide insights into the specific reasons why many individuals chose not to report their ill-treatment. Common reasons provided by respondents included being unsure of the process or whom to report to, the person whom they would normally report to was the bully, or fears that they would not be supported if a formal report was made (Chambers et al., 2018; Scott et al., 2008). Concerns related to the outcome of a report also featured strongly. Here, respondents indicated fear for their future career prospects, that reporting would only make the situation worse, or were fearful of the consequences generally (Chambers et al., 2018; Crebbin et al., 2015; Scott et al., 2008). Amongst nurses, Blackwood et al. (2018) reported a similar fear of repercussions along with fears that their experience was not serious enough to warrant a complaint or that nothing would change as a result of complaining.

For those that do report bullying, research indicates that for many it sees a continuation of the negative experience. An internally conducted mediation process was reported as being generally unhelpful by participants in van Heugten's (2010) study of social workers due to the lack of impartiality. Furthermore, when reports of bullying escalated to formal complaints and/or legal processes, stress was exacerbated while the central concerns were often left unresolved (van Heugten, 2010). According to Scott et al. (2008), only 54% of junior doctors reported some improvement to their situation after making a complaint. Likewise, Crebbin et al. (2015) reported that a cessation in bullying was an uncommon outcome for respondents who took action. Instead, the more frequent outcomes reported by respondents included a continuation of the ill-treatment, further victimisation for making a complaint and leaving the organisation (Crebbin et al., 2015). Similarly, Chambers et al. (2018) reported that for the majority of those who reported bullying, the issue was not addressed and/or the behaviour continued.

The study by Blackwood et al. (2018) suggests that intervention is not experienced as a linear process by complainants. Instead, Blackwood et al. (2018) reported the experiences of interventions by complainants as being far more iterative and cyclical as they assess and re-assess their interpretation of their experience and their courses of action in response to their organisation's actions. Thus in the face of unsupportive responses from their organisation, targets question the legitimacy and wisdom of making a complaint which only discourages further reporting by them and potentially others. Without timely and supportive management action that serves to take the complainant seriously (see Table 7), the groundwork is laid for bullying to be viewed as tolerated and for it to become endemic in the workplace.

Studies by Catley, Blackwood, et al. (2017) and Thirlwall (2015) provide further insight into the difficulties and challenges faced by the complainant, HR and union representatives when a complaint is made. Examining organisational responses to bullying in the higher education sector, Thirlwall (2015) coined the term "organisational sequestering" to explain the individual and organisational responses when concerns about workplace bullying were raised by workers. For Thirlwall (2015), "sequestering" captured the response of managers, HR and, occasionally, union representatives who set aside or avoided concerns about bullying rather than attempting some form of resolution. According to Thirlwall (2015), sequestering played out in three broad ways: (1) reframing - repositioning the concern to make it something else entirely (e.g. as a personal matter, personality issue, a trivial misunderstanding, a defence mechanism, or non-existent); (2) rejigging - surface level solutions that do not address the underlying cause of the concern (e.g. changing communication lines and work patterns, providing coping techniques or access to counselling, or financial settlements) and (3) rebuffering - the active and passive pushing away of an individual's concerns and requests for intervention (e.g. veiled comments about the consequences of making complaints, generalised support; 'ghosting' meeting requests).

For individuals who experienced various sequestering responses to their concerns about bullying, the outcome was neither positive for them, nor for the organisation. In the target's case, this ranged from no support to some initial relief but then despair at the realisation of a lack of a permanent resolution. In all cases, the sequestering prolonged the bullying to exacerbate the impact and complexity. For the organisation, the tolerance of bullying only increased the likelihood of more distressed employees and situations that would only be finally resolved if one of the parties transferred or left the organisation.

An in-depth study of legal cases involving workplace bullying conducted by Catley, Blackwood, et al. (2017) provides insights into the challenges of managing complaints effectively and why complainants can be left with an acute sense of injustice at the end of the process. Catley, Blackwood, et al. (2017) identified five broad challenges to managing complaints of bullying that if not effectively overcome lay the basis for a subsequent legal grievance (Table 8). Importantly, an inability to overcome any number of these five challenges could leave the complainant aggrieved at the organisation's handling of their situation.

The study by Catley, Blackwood, et al. (2017) indicates that work environment factors can play a role in the way a complaint is managed. Blackwood et al. (2017) explores this connection further by examining how the work environment influences both the ability and willingness of management to intervene and the target and alleged bully's response to the complaint and the complaint process. Blackwood et al.'s (2017) findings indicated 12 key factors operating at different levels that directly and indirectly influenced the efficacy of interventions (Table 9). These factors have the potential to be a positive or negative influence but in Blackwood et al.'s (2017) study, the participants mostly focused on how these factors contributed to the challenges of effectively managing complaints of workplace bullying.

Table 8

Challenges to Managing Complaints of Workplace Bullying (Catley, Bentley, et al., 2017)

CHALLENGE	EXPLANATION	OUTCOME
'Sorting out' conflicting accounts	<ul style="list-style-type: none"> • HR prematurely dismisses the complaint because they perceive no substance due to a lack of 'evidence' or an 'explaining away' by the alleged bully via an alternative explanation 	<ul style="list-style-type: none"> • Failure to investigate • Continuation of the bullying • The complainant often leaves
Following HR process	<ul style="list-style-type: none"> • Policies and procedures are lacking, incomplete or simply not followed 	<ul style="list-style-type: none"> • An insufficient investigation • Continuation of the bullying • The complainant often leaves
Alleged investigation bias	<ul style="list-style-type: none"> • A lack of organisational support influences the complainant's perception of the investigation as biased and/or predetermined 	<ul style="list-style-type: none"> • The complaint is substantiated and the bullying ceases, or the complainant resigns
An unwillingness to accept findings	<ul style="list-style-type: none"> • A drawn-out investigation, lack of communication and perceived lack of organisational support leads the complainant to refute the findings or allege an unfair process 	<p>OR</p> <ul style="list-style-type: none"> • The complaint is unsubstantiated, and the complainant resigns
Complainant demands a specific outcome	<ul style="list-style-type: none"> • Complainant becomes focused on their desired outcome with alternative resolutions dismissed 	

An important finding from Blackwood et al.'s (2017) study is the overlap between these factors and the antecedents to workplace bullying identified in local and international research. This indicates that a well-managed work environment is not only going to reduce the risk of workplace bullying but will also likely contribute positively to the management of bullying should it occur. While the factors and their influence presented in Table 9 are likely to be specific to the industry studied (nursing), it again reinforces the influential role of the work environment in both primary and secondary interventions.

Table 9

The Influence of the Work Environment on Bullying Interventions (Blackwood et al., 2017)

LEVEL	FACTOR
Societal	<ul style="list-style-type: none"> • Generational expectations • Lifestyle pressures
Industry	<ul style="list-style-type: none"> • Government pressures • Industry culture • Education and training • Culturally diverse workforce
Organisational	<ul style="list-style-type: none"> • Organisation culture • Executive level leadership • Location and community • Recruitment practices
Team	<ul style="list-style-type: none"> • Leadership and management competencies • Team structure

A consistent theme of the research that has investigated the complaints process is timeliness. If complaints were not effectively managed in a timely manner, they quickly increased in complexity and typically manifested into multiple complaints. Additionally, as reported by Catley, Blackwood, et al. (2017), managers were often influenced by a work environment that normalised bullying and by the reputations of the target and alleged bully that led them to be dismissive of the complaint and the complainant. As a result, simply relying on the presence of a high-quality policy will be ineffective if it is not enacted.

The challenges identified in this strand of research also provide clear ‘lessons’ for improved practice (Table 10). As set out in Table 10, organisational support is crucial in helping to prevent the complainant from experiencing further feelings of vulnerability and powerlessness. This support should also be extended to witnesses and to the alleged bully. However, policy and process will count for little if managers don’t have the time, confidence and competence to enact them.

Table 10

‘Lessons’ for Improving Complaint Management Practice (Catley, Blackwood, et al., 2017)

Take all complaints seriously.
Proceed quickly but thoroughly.
Set aside individual reputations.
Don’t blame the complainant. Focus on the behaviours and look for a pattern.
Protect and support witnesses.
Provide support to both the complainant and the alleged bully.
Follow the organisation’s policy and procedures and keep good records.
Maintain the confidentiality of all parties.
Communicate the process and outcomes and keep the parties informed about progress.
Ensure resolutions are implemented and followed up.

Conclusion

Matching the rise in scholarship internationally, New Zealand research examining workplace bullying has steadily increased in the last 20 years. This growth in research is mirrored by the increased public, organisational and regulatory concern about the prevalence and impact of workplace bullying in New Zealand workplaces. The result is that there now exists a substantive body of scholarly work which is of interest beyond academia. This body of research indicates that workplace bullying is a pervasive and significant workplace problem that is deserved of the levels of concern.

Much of the research covered in this chapter is published in prominent international journals and is often cited by other international scholars. A number of studies measuring prevalence are consistent with a 'best practice' approach (Nielsen, Notelaers, & Einarsen, 2020) and thus provide robust insights into the pervasiveness of workplace bullying. Additionally, there is a strong applied focus with studies aimed at improving organisational practice (e.g. Catley, Blackwood, et al., 2017; D'Souza et al., 2021; Plimmer et al., 2017), understanding key industry sectors and risk groups (e.g. Bentley et al., 2012; Chambers et al., 2018; Gardner et al., 2020) or assessing regulatory initiatives and interventions (e.g. Catley, Bentley, et al., 2017; Lempp et al., 2020). Drawing on a range of data sources (witnesses, practitioners, mediators, court records) has also provided insight into the multifaceted nature of workplace bullying.

As with any body of work there are some important limitations. The lack of a regular collection of data utilising both a representative sample of the working population and internationally validated measures limits our understanding of the scope and scale of workplace bullying. This deficit also contributes to our lack of understanding about the groups most at risk of workplace bullying and the extent to which findings can be generalised to the broader working population. Research has also focused predominantly on interpersonal bullying from the perspective of the target. Thus, much less is known about other manifestations of bullying (e.g. cyberbullying) and the motivations and influence of other key actors (e.g. perpetrators, bystanders, managers). The reliance on cross-sectional design and self-report data has also made it difficult to establish precisely if any given correlated variable of bullying is a predictor, consequence or both. Finally, the lack of research investigating interventions and evaluating their effectiveness has limited the ability to provide clear guidance on

how to prevent and manage workplace bullying. None of these issues are unique to New Zealand research but indicative of the challenges inherent in the workplace bullying research generally.

As the New Zealand scholarship base continues to mature, these limits signal potential future lines of enquiry. There is clearly a need for research that utilises representative samples and/or incorporates longitudinal designs if we are to better understand the causes of bullying and identify risk groups. While continuing to focus on interpersonal bullying is warranted, other forms of ill-treatment also need investigating and from multiple perspectives. Despite their difficulty in conducting, investment in intervention studies that lead to identifying effective primary, secondary and tertiary interventions would also seem a priority area. If the problem of workplace bullying is to be successfully and effectively managed, a robust and evolving evidence base will be crucial.

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