Challenging Workplace Bullying: The Shaping of Organizational Practices Toward Systemic Change

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
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Abstract

In the last two decades, much effort has been invested in empirical research to understand workplace bullying. However, the identification, development and use of practices to counter it remain one of the largest research gaps in the field. This study centres on how the current conceptualization of bullying places an exclusive focus on individual actors and acts which directly shapes prevention and intervention organizational practices limiting the potential for long-term, systemic change. I sought out an organization that is attempting to take up the concept of bullying differently and trace how this conceptualization shapes their practices.

As a critical organizational ethnography, guided by institutional ethnography and practice-based studies, this study includes fieldwork within a major healthcare organization. I examine practices in depth, in particular policies and education and training programs, using participant conversations and textual analysis. I examine links between how the concept of workplace bullying is constructed on an everyday basis by organizational members and internal organizational practices. Bullying in this organization is conceptualized as an interpersonal issue, as well as an organizational and societal issue and as interrelated with other forms of
violence. Changes in interpersonal relations of their members, as well as systemic and organizational changes, are central goals.

It is important for anti-violence (including bullying) practices to not focus on individual acts and behaviours alone. Workplace bullying is best recognized and dealt with also as an organizational issue. If the organization’s role remains hidden, its systems and practices interrelated with violence will continue unaltered. In particular, organizations need to view anti-violence practices as interrelated to those countering inequities in the workplace. Effective anti-violence practices do not stop with implementation. They are ongoing, collaborative processes of development, evaluation, learning, communication and unwavering commitment. Practice do not stand alone, but are related to, support and shape one another.
Dedication

To all those who work to end violence.
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This is the most difficult part of the thesis to write. I feel so blessed to have had such wonderfully extraordinary people as fellow travelers on this journey. I fear that words will not capture the immense gratitude I feel toward each of you.

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# Table of Contents

Abstract ................................................................................................................................ ii

Dedication ........................................................................................................................... iv

Acknowledgements .............................................................................................................. v

List of Tables ......................................................................................................................... x

List of Appendices ................................................................................................................ xi

Chapter 1  Introduction: Toward Systemic Change ................................................................. 1

  Use of Key Terms .................................................................................................................... 11

  Summary of Chapters ............................................................................................................. 12

Chapter 2  Linking Current Conceptualizations and Practices: A Review of the Literature ..... 16

  Prevalence of Workplace Bullying ......................................................................................... 17

  Current Theorizations of Workplace Bullying ......................................................................... 25

  Prevention and Intervention Practices to Counter Workplace Bullying................................. 33

    Policies ................................................................................................................................ 36

    Education and Training Programs ...................................................................................... 38

Chapter 3  Understanding Workplace Bullying Through a Relational Ontology: Theoretical Framework .................................................................................................................. 42

  A Relational Ontology: Thinking and Acting Through the Lens of Relationality ................. 45

  Theory and Practice: Two Sides of the Same Coin ................................................................. 52

  Exploring an Emerging Framework ....................................................................................... 54

  An Expanded Definition of Violence ....................................................................................... 55

  The Continuum of Violence .................................................................................................... 57

    Power at the Centre of Violence and Bullying ................................................................... 60

    Social Structural Violence .................................................................................................... 63
<table>
<thead>
<tr>
<th>Symbolic Violence</th>
<th>Interpersonal Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>65</td>
</tr>
</tbody>
</table>

**Chapter 4  Research Methodology: Critical Organizational Ethnography** ........................................ 68

- Critical Organizational Ethnography ................................................................. 71
- Institutional Ethnography ..................................................................................... 74
- Practice-based Studies .......................................................................................... 78
- Context is Key ........................................................................................................ 80
- Description of the Organization .......................................................................... 80
- Legislative Framework for Workplace Issues: The Canadian Context .................... 86

**Research Design and Process** ........................................................................... 89

- Finding an Organization and Gaining Access ...................................................... 89
- Participant Conversations .................................................................................... 93
- Textual Analysis .................................................................................................. 97
- Fieldwork Journal ................................................................................................ 98
- Ethical Considerations ......................................................................................... 99
- Data Analysis ...................................................................................................... 101

**Chapter 5  Understanding Violence and Harassment** ....................................... 107

- A “Certain Lens”: Understanding Violence Through an “Equity Lens” .................... 109
- Recognizing the Existence of Power, Privilege and Inequity .................................. 116
- “All Kinds of Violence”: Forms of Violence as Interrelated .................................. 123

**Chapter 6  Policies as Relational Practices** ......................................................... 137

- Policy Contents .................................................................................................... 139
- Contextualizing Definitions of Violence .............................................................. 146
- Who Is (In)Visible ............................................................................................... 150
Systemic Change as a Central Goal ................................................................. 154

The Policy Development Process ................................................................................ 161

Chapter 7 Anti-violence Education and Training: A Comprehensive Interrelated Program 168
  Overview of Main Goals and Approach ................................................................. 169
  Overview of the Education and Training Program ................................................. 177

Chapter 8 Conclusion: Expanding the Process ......................................................... 189
  Limitations of the Research .................................................................................. 195
  Future Considerations ......................................................................................... 197

References ........................................................................................................... 199

Appendices .......................................................................................................... 227

Copyright Acknowledgements .............................................................................. 254
List of Tables

Table 1: Summary of NAICS Canada................................................................................... 82
Table 2: Participant pseudonyms....................................................................................... 95
Table 3: Definitions of harassment .................................................................................. 147
Table 4: Prevention and intervention practices to counter workplace bullying ............. 227
Table 5: Consequences of workplace bullying by category ............................................. 245
List of Appendices

Appendix A: Advocated Anti-Violence Best Practices: A Review ........................................... 227
Appendix B: Defining Elements of Workplace Bullying ........................................................ 241
Appendix C: Consequences of Workplace Bullying by Category ........................................... 245
Appendix D: Examples of Workplace Bullying ...................................................................... 248
Chapter 1

Introduction: Toward Systemic Change

The focus of this study grew out of a nagging question. As I delved deeper into the literature on workplace bullying, and subsequently more broadly on violence, I began to reflect on the possibilities open to countering and responding to these phenomena. I became interested in how organizational practices are shaped by the dominant conceptual frameworks that position individuals as the main causes of workplace bullying. The objectives of advocated practices focusing on individual actors, acts, attitudes and behaviours remain largely on intervention on an individual case-by-case (incident-by-incident) level. As such, they do not offer the possibility of long-term, systemic change. To change practices requires changing conceptualizations of bullying. This shift in conceptualization includes viewing forms of violence, including bullying, as interrelated and mutually constitutive. Adopting this conceptualization also views individuals, organizations and society as interrelated. Systemic change requires changes within and among each level.

This is a qualitative study consisting mainly of textual analysis and participant conversations with members of a committee mandated to support equity and anti-violence practices. I study a major healthcare institute, which I refer to as the Hospital, who is attempting to shift away from an individualized understanding of bullying, and other forms of violence, and trace how this view shapes the prevention and intervention practices it adopts, with a focus on their policies and education and training program. Also of interest is how these practices, in turn, contribute to achieving and sustaining participants’ view of bullying and violence generally. The Hospital acknowledges the existence of social dimensions of power
that are an integral part of all workplaces as in society in general. It is committed to bringing about changes in the interpersonal relations of its members, as well as systemic and organizational changes.

In the last several months, a media storm has thrust the reality of violence in the workplace into public discourse. The Canadian Broadcasting Corporation (CBC) came under intense public scrutiny when Jian Ghomeshi, one of its most prominent radio broadcasters, was accused of violence against multiple women, including sexual harassment of coworkers. Liberal Leader Justin Trudeau found himself under the same public spotlight when he suspended two Members of Parliament (MP) after receiving reports of sexual harassment and assault, or what Mr. Trudeau referred to as ‘serious personal misconduct’, from two female New Democratic Party MPs. The National Football League (NFL) and the National Hockey League (NHL) saw several of its players accused of domestic violence and child abuse. These media stories highlight the continued prevalence of workplace violence despite the introduction of related legislation.¹

Amidst the media storm, two research studies recently emerged within the Canadian context. The findings of these studies show that violence at work is a reality for Canadian workers, particularly for women. These studies also point to the value and need of further research within the Canadian context, which we know very little about. The Angus Reid Institute (ARI) (2014) conducted a national survey of over 1,500 Canadian adults who are currently working or who have worked outside the home. The survey demonstrates that sexual harassment continues to be prevalent in contemporary workplaces and that the vast majority (four-in-five) of workers never reported their experiences to their employers. ARI

¹ In June 2010, the enactment of Bill 168 amended the *Occupational Health and Safety Act* with respect to physical violence, domestic violence and harassment in the workplace in Ontario.
found that three-in-ten Canadians (28%) have experienced “unwelcome sexual advances, requests for sexual favours, or sexually-charged talk while on the job” (Angus Reid Institute, 2014, p. 1). For 14% of Canadian adults, their experiences escalated to “sexual touching [and] to more serious unwanted sexual contact” (p. 1). For a majority of the respondents in both of these groups, the sexual harassment and unwanted contact occurred on multiple occasions. While both women and men identified experiences of harassment, women (43%) are almost four times as likely as men (12%) to have been harassed.

Domestic violence, or intimate partner violence (IPV), is both a critical component of the Occupational Health and Safety Act in Ontario and the discourse on workplace violence, as well as a vital issue requiring action in contemporary workplaces. Although research has demonstrated a relationship between work and family life, little attention has been given by organizations to domestic violence as a serious workplace issue (Swanberg, Logan, & Macke, 2006). Domestic violence highlights the porous nature of the boundaries between the private and public spheres and the need for specific legislation and workplace practices to address this issue. Findings emerged from a recent key study conducted by the Centre for Research and Education on Violence Against Women and Children (CREVAWC), at Western University in partnership with the Canadian Labour Congress (CLC) (Wathen, MacGregor, MacQuarrie, 2014). This study, the first of its kind in Canada, shows the staggering size of this problem and the consequences for victims, coworkers, and organizations. Of the 8,429 survey respondents nation-wide, one third (33.6%) reported having experienced domestic violence. For more than half of these (53.5%), the violence (harassing emails, calls and texts, stalking and physical violence) continued while they were at or near the workplace. The vast majority (82%) of respondents who experienced domestic violence indicated that the violence negatively
affected their performance while at work. For 38%, tactics by abusive partners kept them from getting to work, and 8.5% lost their job. Perpetrators of domestic violence also have significant impacts on their organizations. Schmidt and Barnett (2011) surveyed male offenders enrolled in batterer intervention programs to determine how domestic violence affects the workplace. They found that 29% of offenders used workplace resources to contact or harass their victim and that their work performance was also negatively impacted. Abusive intimate partners that use the workplace to locate and harass their partners represent a risk to all workers (Denenberg & Denenberg, 2008; Swanberg & Logan, 2005).

The media stories mentioned above suggest that not much has changed, in particular as they relate to violence against women. Prominent among the debates was the blaming and re-victimization of victims, with a particular focus on why they do not formally report experiences of violence. The private/public divide continues to be a strong debate. In all the cases mentioned above, violence (in particular domestic violence) was constructed as outside the organization; ‘off-field conduct’ in the case of the NFL. The organizations struggled with ‘interfering’ in the ‘private lives’ of their workers viewing violence, especially violence against women, as a symptom of poor or lacking anger management skills by perpetrators.

Each of these organizations thrust into the public eye faced sharp criticism for their lack of action taken to deal with the violence committed by their workers. In all cases, organizations were exposed for having no formal process to deal with reports of violence by workers. As a result of this lack of process, organizational leaders where left scrambling for a way to deal with mounting accusations, as well as the violence experienced by their workers.

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2 See Appendix A for a further discussion on practices available to organizations including creating a safety plan for workers experiencing domestic violence.

3 In response to this growing debate, the Twitter hashtag #BeenRapedButNeverReported was initiated by Toronto Star journalist Antonia Zerbisias and quickly went viral. In their millions of tweets across the world, women shared their reasons for not reporting sexual violence and their experiences of not being believed.
Workers who experienced and witnessed the violence over long periods of time were silenced and felt that they could not come forward. This is not a position in which any organization wants to or should find themselves. How have these organizations reacted? The NFL has expanded its policy to include additional examples of undesirable personal conduct. The CBC and the Liberal Leader, Mr. Trudeau, have each hired prominent labour lawyers to conduct investigations. The scope of these investigations is unknown. Of interest when the investigations are complete will be whether their scope is broadened beyond the individuals involved to include the role of organizational practices and processes (and lack of them) in the creation and perpetuation of the violence. Beyond these investigations, my study shows that these organizations will need to begin a collaborative process whereby a network of interrelated practices are developed and used with prevention, and, therefore, long-term, systemic change as their goals. Viewing forms of violence as relational necessitates the need to view organizational practices also as relational; that is, anti-violence practices are not distinct, but interrelated with one another and with organizational practices broadly. Individuals, organizations, and society are in a mutually constitutive relation that is constantly changing. The development and use of distinct organizational practices that focus on individual change emphasizes narrow and short-term interventions.

Action should not be the decision of a single leader – in any organization, public or private. The analysis in my research reveals that leadership commitment is absolutely key, but alone it is insufficient. Participants of my study work toward systemic change, in part, because they recognize that long-term change is not possible, and is potentially fragile and temporary, if embodied within a single individual or group of individuals. Leaders and their commitment are part of a network of multiple interrelated, formal and informal, practices that support one
another. Organizations need to provide the required resources to build and sustain this process. Everyone in the organization learns about these practices through a well-defined, ongoing communication and education plan, also a key part of an anti-violence program. No surprises.

Although research related to workplace bullying has proliferated in the last decade, terminology and definitions, in particular with regards to bullying, differ substantially within the literature. An array of terms – all with overlapping behaviours, causes, and consequences – have been used to describe ‘negative’ acts or behaviours in the workplace with potential methodological and analytical implications for research. Examples of these terms include abusive supervision (Moberg, Ritter, & Fischbein, 2002; Tepper, 2000), counterproductive work behavior (Fox, Spector, & Miles, 2001; Spector, 2001), dysfunctional, deviant or unreliable workplace behavior (Hogan & Hogan, 1989; Robinson & Kraatz, 1998), emotional abuse (Keashly, 1998), harassment1 (Björkqvist, Österman, & Hjelt-Back, 1994; Brodsky, 1976), mobbing (Leymann, 1990), organizational aggression (Spector, 1975), organizational retaliatory behaviour (Skarlicki & Folger, 1997), organization-motivated aggression (O’Leary-Kelly, Griffin, & Glew, 1996), petty tyranny (Ashforth, 1994), psychological abuse (Sheehan, Sheehan, White, Leibowitz, & Baldwin, 1990), psychological aggression (Barling, 1996), psychological terror (Leymann, 1990), social undermining (Duffy, Ganster, & Pagon, 2002), verbal abuse (Cox, 1991), victimization (Einarsen & Raknes, 1997), workplace aggression (Baron & Neuman, 1996, 1998; Baron, Neuman, & Geddes, 1999; Neuman & Baron, 1997, 1998), workplace bullying (Adams & Crawford, 1992; Hoel, Rayner, & Cooper, 1999; Einarsen, Hoel, Zapf, & Cooper, 2003; Einarsen & Skogstad, 1996; Rayner, 1997; Vartia, 1996), and workplace incivility (Andersson & Pearson, 1999). These terms seem to point to the same phenomenon
(Einarsen, Hoel, Zapf, & Cooper, 2003); however, little research has been conducted regarding how and where these concepts overlap and differ. Some of these terms are used synonymously and at times they are used to refer to different phenomena. Several of these terms are used to refer to a single phenomenon and they are also used as umbrella terms under which multiple phenomena fall. For example, bullying and harassment are two terms that are often used synonymously. Harassment is also used in some contexts as an umbrella term referring to multiple forms of harassment, most commonly racial harassment, sexual harassment and general harassment (bullying). This plethora of terms muddy our understanding of this phenomenon. Are there consequences to using particular terms and definitions, in particular with regards to violence and bullying? If we construct violence and bullying as individualized phenomena and as completely distinct from each other, do we render invisible the physical, psychological, economic and social aspects of abuse, their interrelatedness and their consequences? Do certain terms and definitions limit our knowledge of these social phenomena as restricted to the interpersonal realm of the victim and perpetrator? If we define these phenomena as unrelated to each other, does this impact the practices we adopt to counter them? These are key questions that guide this study as it traces links between constructs and action. The time is ripe within the field for the development of theoretical and conceptual frameworks in order for further progress to be made in understanding and developing practices to counter bullying (Bies & Tripp, 2005; LeBlanc & Barling, 2005; Simpson & Cohen, 2004).

In addition to the constructs of violence and bullying, two additional key conceptual areas are attended to in this study. First, the workplace or organization, the context within which bullying takes place, is often a taken-for-granted abstraction within the literature. We
see reference made to workplace bullying, workplace harassment, workplace aggression, workplace incivility, and so on to indicate the physical location in which these phenomena occur. It is a silent exclusion in which the emphasis is placed on the bullying, harassment, aggression, incivility, and so on. This has important consequences for understanding these phenomena. This neutrality afforded to the concept of the workplace renders invisible its active role as both a perpetrator and target of forms of violence, as well as its contribution to the social organization of these phenomena. The organization is viewed as separate from society in general making it possible to discuss bullying as “status-blind” (Yamada, 2000); that is, isolated from social dimensions of power such as gender, sexual identity, race, ethnicity, class, age, and ability. Here the notion of social organization in institutional ethnography becomes useful. In viewing everything as socially organized, abstractions such “as power, knowledge, capitalism, patriarchy, race, the economy, the state, policy, culture, and so on” (Campbell & Gregor, 2002, p. 17) become ‘real’ and we can begin to see how they operate to create ‘actualities’. According to Lauren E. Eastwood (2006), in her study of United Nations documents, this “involves unveiling the ideological nature of…concepts – the ways in which the terms themselves have become abstracted in the first place, and the implications of that abstraction” (p. 184). It is important not to lose sight of the connection between concepts and people’s doings. Second, the emphasis on two sets of actors – targets and perpetrators – ensures the focus of bullying, and violence generally, remains on an individual level. An important avenue of discovery is then how the dominant conceptual frameworks that position individuals as the main causes of workplace bullying shape the practices taken up by organizations.

The conceptualization of workplace bullying (and other forms of violence) and its context
exert a strong influence on the development, use and evaluation of prevention and intervention practices adopted by organizations and the state (specifically, legislative changes in the latter). By practices I am referring to the array of actions advocated for organizations to address workplace bullying. I use the term *practices* as opposed to *solutions* or *remedies* often seen in the literature to indicate that these measures should not be viewed as final ‘technical fixes’, but as ongoing processes that require constant vigilance and evaluation. Examples of practices include anti-bullying policies, training programs, risk assessment, screening for potentially abusive employees, evaluation and change of organizational practices and aspects of the work environment, investigative procedures for reports (complaints)\(^4\), counselling for targets, coaching, and conflict mediation. An important part of my field research was to explore how texts that construct these conceptualizations are taken up within an organization and how they shape organizational decisions and practices (Turner, 2006) regarding workplace bullying. Scant attention has been given to the practices adopted to address workplace bullying (Saam, 2010; Shat & Kelloway, 2006). How preventable this phenomenon is, the means to counter it, and the evaluation of the effectiveness of these means represent some of the largest research gaps in the field (Fisher & Peek-Asa, 2005; Runyan, Zakocas, & Zwerling, 2000).

While both the academic and practitioner literature include discussions regarding practices, this area has been minimally researched. I chose to focus my research on practices because this is where I envision the most possibility for change. Working toward change is a central concern of both critical and feminist theory and research. Hence, this study traces how practices are shaped by our conceptualizations of workplace bullying. My intent in this study is

\(^4\) I prefer the term *reports* rather than *complaints* as the latter may portray a negative connotation and contribute to victim-blaming.
to go beyond a description of prevention and intervention practices toward a transformative shift that will enable the beginning of deep change both in how we think of workplace bullying as well as the material practices we take to counter it. This aim, however, does not detract from my desire that this study be of practical usefulness to organizational members and practitioners. Prevention needs to go beyond attempts at early detection of potential violence. It must also attempt to understand and address the root causes of violence in the workplace, and society in general. Because the possible practices are numerous, I have chosen to delve deeper into organizational policies and education and training programs as two main practices. While my focus of analysis will be on these formal practices adopted by organizations, I do not wish to diminish the importance of informal practices adopted by organizations and workers – individually and collectively – to respond to and cope with their experiences of bullying.

The purpose of this research is to analyze the relationship between how an organization views workplace bullying and the practices they adopt to counter it. While the aim is not to provide an in-depth description of all practices, I do engage with literature related to practices currently being advocated to prevent and intervene in incidents of harassment, specifically bullying. I do so with a focus on how these practices are being used in the organization being studied, or to suggest how they may be different when we shift away from an individual focus. A large part of my research involves the conceptualization and theorization of workplace bullying that moves us away from an exclusive focus on individuals. The central research question asks: if workplace bullying was not constructed as individualized and as distinct from violence, but as relational, how would this view shape the development of prevention and intervention practices? Within a relational approach a broad and processual conceptualization
of violence is adopted in which its various forms, including bullying, are interrelated. Violence is not reduced to an easily observable and decontextualized act(s) of an individual. I sought out an organization that is attempting to take up the concept of workplace bullying differently (i.e. relationally) and trace how this shapes the practices it has adopted. Specific links are examined between the conceptualization of workplace bullying by participants within a healthcare organization and the ways in which this conceptualization shapes the development of practices to counter workplace bullying. To trace these linkages between constructs of bullying and internal practices, it was necessary to study a single organization. Had I been interested in developing a general description of multiple anti-violence practices where organizational context was less important, several organizations would have been sought for this study.

**Use of Key Terms**

I do not include a definition of workplace bullying in this study as my focus is on how this phenomenon is conceptualized. More specifically, I am interested in exploring what these conceptualizations ‘do’ (or make possible) and ‘do not do’. If I set boundaries around this concept from the onset, which any definition will do, I may close down any possibilities to understand and act upon it differently, and the conversations I wish to open and hope to maintain open. Terry Tafoya (1995) explains the mutual relation between the definition of a phenomenon or idea and its context:

...it is not possible to know exactly both the context and definition of an idea at the same time. The closer you get to defining something, the more it loses its context. Conversely, the more something is put into context, the more it loses a specific definition (Tafoya, 1995, as cited in Wilson, 2008, p. 8).

Within my discussion of the continuum of violence in chapter three, I make a similar argument.
The more we restrict the definition of forms of violence, the more they are separated from one another.

It is necessary here to specify how I use specific terms in this study. From a critical perspective, the term *violence* is conceptualized broadly to refer to multiple, interrelated forms. This broad conceptualization of violence is more fully discussed in chapter three. I refer to specific forms of violence with other terms, such as *physical violence*, *harassment*, *bullying*, and so on. The term *harassment* is used as an umbrella term that includes all forms of harassment, including for example, racial harassment, sexual harassment, and bullying. The terms *victim* and *target* are used interchangeably. I use the term *victim* generally to indicate a person(s) against whom an act(s) or behaviour(s) of violence is directed (ILO, ICN, WHO, PSI, 2002). I use the term *target* specifically with regards to bullying as this is the convention within the literature on workplace bullying. Although there are important distinctions and debates that require further research with regards to the terms *victim*, *survivor*, and *target*, it is not within the scope of this thesis. The terms *perpetrator*, *harasser*, and *bully* are used interchangeable. The term *perpetrator* is used generally to indicate a person(s) who commits act(s) or engages in behaviour(s) of violence (ILO, ICN, WHO, PSI, 2002). I may use the terms *harasser* and *bully* when referring to harassment or bullying specifically.

**Summary of Chapters**

The following is a synopsis of my study outlining each chapter and how my main research question is threaded throughout. I begin chapter two with a discussion of the prevalence of workplace bullying. I demonstrate the magnitude of this phenomenon and explore what studies have revealed and where future research is required. Specifically, I argue that dominant conceptualizations of workplace bullying that focus on individual traits and the
The dyadic relationship (between target and perpetrator) has shaped a large part of research to date. This is particularly salient in research that has linked bullying with social dimensions of power. In the second part of the chapter, I shift my focus to current individualized theorizations of workplace bullying and demonstrate how these exert a strong influence on the prevention and intervention practices adopted by organizations. I focus specifically on policy development and education and training programs, which are also key practices analyzed in chapters six and seven. My core objective in this section is to critique how the individualization of workplace bullying has lead to a focus on attitudinal and behavioural change within these practices. I argue that to shift toward sustainable, systemic change, an alternative framework is required that contextualizes the dyadic relationship between actors (targets and perpetrators) within processes and practices beyond individuals. The interrelatedness of forms of violence (including bullying) and social dimensions are a key component of this framework. Such a framework shapes the development and use of organizational practices, including anti-violence practices and organizational practices in general.

I begin chapter three by outlining key features of a critical approach that are most important for my research. The core underlying theme of this study is the link between theory and practice. To change the way that practices are developed and used, an alternative framework is needed that does not view forms of violence, including bullying, as individualized phenomena. Therefore, I outline an emerging alternative framework for understanding and researching bullying and violence generally. Before I do so, I articulate a relational ontology that allows us to view organizational themes and social phenomena, such as bullying, differently. At the core of the relational framework is the continuum of violence where forms
of violence are interrelated and power is at its centre. I argue that forms of workplace violence are best examined within a framework where power cannot be separated from social dimensions within and outside the workplace.

In chapter four, I discuss my research process including the key components of the methodologies and methods used, and an introduction to the research participants and the organization. I also discuss methodological and ethical challenges and the ways in which I address these. This study is a critical organizational ethnography of a hospital in Toronto, Ontario (Canada). It captures the meaning-making process of organizational members which is shaped by and shapes the interrelationship of conceptualizations of violence and organizational practices. This ethnography of a single organization is guided by institutional ethnography and practice-based studies. In institutional ethnography, the role of texts is key as they carry and perpetuate meaning. Engagement with texts coordinates people’s actions. A practice-based inquiry allows the view of texts (e.g. policies) as practices. The processes of their development and use by organizational members are not distinct from other organizational practices. Therefore, the focus shifts from single practices to networks of interrelated practices. As a qualitative study, methods used include conversations with organizational members, the analysis of key texts (mainly policies and components of the Hospital’s education and training program), and my field notes.

In chapters five, six, and seven, I analyze and present my research findings. In chapter five, I explore participants’ conceptualization of violence. Weaving this thread through chapters six and seven, I trace how this conceptualization shapes policies and education and training practices. My study demonstrates that anti-violence practices are radically shaped by a relational conceptualization of violence; one that views forms of violence, as well as
practices, as interrelated and ongoing processes. Power and social structural inequities are foundational to both the conceptualization of violence and adopted practices. The focus on modifying individual attitudes and behaviours and bringing about changes in interpersonal relations shifts to one that highlights systemic and organizational changes.

In the final chapter, I argue that organizations need to view anti-violence practices as interrelated with those countering inequities in the workplace. Both are not distinct from organizational practices in general. An effective anti-violence program does not stop with implementation. It is an ongoing, collaborative process of development, evaluation, learning, communication and unwavering commitment. Within this process, organizational members’ experiences of violence and organizational practices are central. I conclude this chapter with recommendations for future research and action.
Chapter 2

Linking Current Conceptualizations and Practices: A Review of the Literature

To date, emphasis within the literature on workplace bullying has been on gathering empirical data (Beale & Hoel, 2011) with a focus on individual acts, actors (targets and perpetrators) and consequences. However, as Menjívar (2011) argues, “violence does not reside only in individuals’ intentional acts” (p. 226). Focusing the analytical gaze on individual acts and actors has resulted in an understanding of workplace bullying as fundamentally an individualized phenomenon exerting a profound influence on the practices taken up by organizations to counter it. Also, the conceptualization of violence (defined broadly) on an individual level contributes to an emphasis on intervention rather than prevention practices (Ertük & Purkayastha, 2012).

I begin this chapter with a discussion of the prevalence of workplace bullying. My aim in this section is twofold. First, to explore what studies have revealed about this phenomenon and where research has been silent, mainly the experiences of marginalized workers and the interrelatedness of bullying and organizational processes and practices. In the second part of this chapter, I discuss the theorization that currently predominates in the workplace bullying literature and the outcomes of this theorizing. Dominant conceptualizations of workplace bullying that focus on individual characteristics and the dyadic relationship (mainly between target and perpetrator) have shaped a large part of research to date. The result has been a focus on social dimensions of power as individual traits. Gender, age, race, sexual identity and (dis)ability (the dimensions most prevalent in the literature) are treated as residing within
individuals. Research, mostly quantitative and based on surveys, has provided useful information in further understanding bullying. However, this individual focus has not placed bullying within a broader context shedding light on how bullying is interrelated with organizational practices and processes. Later in this chapter, I discuss studies that are exceptions to this individualized perspective. Notable among these are studies that contextualize bullying within the labour process. Knowledge of organizational practices is needed in order to develop effective prevention and intervention anti-violence practices. If the focus of research and organizational practices remains on an individual level, long-term systemic change remains impossible to achieve. The chapter ends with a critical review of the literature on prevention and intervention practices used to counter workplace bullying with a focus on policy development and education and training programs. This is not a comprehensive literature review describing in detail the various practices, but I explore links (explicit and implicit) with how practices reflect and perpetuate a conceptualization of workplace bullying as an individualized phenomenon. While both the academic and practitioner literatures include discussions regarding practices to counter workplace bullying, little research has been done, especially with regard to education and training programs. Therefore, where applicable and useful I have expanded the review of the literature to include other forms of violence.

**Prevalence of Workplace Bullying**

The International Labour Organization (ILO) has identified bullying as “one of the fastest growing areas of workplace violence”\(^5\) (Hoel, Sparks, & Cooper, 2001, p. 4) with profound

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\(^5\) While in this statement the ILO links workplace bullying with violence, this does not represent the dominant view in the field of workplace bullying, in particular the literature.
consequences and enormous costs for individuals, organizations, and society. The magnitude of this silent epidemic is apparent in the discussion of the prevalence of workplace bullying where the lack of knowledge about this pervasive phenomenon also becomes clear.

Statistics and conclusions vary greatly within the literature on workplace bullying. Designs of studies differ with regard to terminology and definitions, specifications of frequency (e.g. number of negative acts per week) and duration (e.g. over a predetermined number of months) of bullying\(^6\), measurement tools (e.g. questionnaires and surveys), size and composition of sample populations, and strategies for identifying targets (Giga, Hoel, & Lewis, 2008; Rayner & Cooper, 2006; Salin, 2003a; Schat, Frone, & Kelloway, 2006; Zapf, Einarsen, Hoel, & Vartia, 2003). In European studies highlighted in a review by Zapf et al. (2003), prevalence rates ranged from 1% to 25%. Schat et al. (2006) suggest that a rate of 33% best represents the prevalence of bullying in the U.S. workforce. Canadian data is virtually absent from the literature on workplace bullying\(^7\). Researchers are becoming increasingly aware of the effects on those who witness bullying which is estimated at 12% (Namie & Namie, 2009). In sectors where workers are at greater risk of bullying this estimate can quadruple (Zapf et al., 2003).

Variations in prevalence rates across studies can be attributed to the use of different definitions of bullying, duration, and population. For example, using varying frequencies and duration periods in their study, Keashly and Jagatic (2003) found that 59% of Michigan residents reported being bullied by fellow coworkers. In a small study (n=136) of male non-faculty members of a Canadian university by Greenberg and Barling (1999), 75% of the respondents reported engaging in bullying behaviour. In their case study of a private

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\(^6\) For a discussion of defining elements of workplace bullying see Appendix B.

\(^7\) A systemic review is required of the limited survey studies conducted in Canada.
organization, Liefooghe and Mackenzie Davey (2003) reported a prevalence rate of 53%.

Different from other studies, Liefooghe and Mackenzie Davey, who entered their study with no predetermined definition of bullying, reveal targets’ experiences of organizational practices as bullying. While these studies have methodological implications to be considered, they do force us to question reported prevalence rates as well as methods (and their limitations) used in studies thus far.

Whose voices and experiences are silenced? Approximately 10% of non-fatal incidents of workplace violence are formally reported (McCarthy & Mayhew, 2004). With regard to workplace bullying specifically, 40% of cases are unreported and 38% of cases are informally reported to employers (Namie & Namie, 2009). Underreporting may be due to a lack of information; tolerance of bullying behaviour within organizations; lack of a violence prevention policy in the workplace (Denenberg & Denenberg, 2008); construction of specific types of work (e.g. nursing and call centres) as ‘naturally’ violent (Bishop, Korczynski, & Cohen, 2005; Hutchinson, Vickers, Jackson, & Wilkes, 2006); gender; fear that the situation will escalate; fear of employment consequences (e.g. losing one’s job, poor performance evaluations, demotion); the negative connotations associated with the labels ‘bullied’ or ‘victim’; target-blaming (i.e. when the target is viewed as provoking the bullying behaviour); feelings of shame and embarrassment by targets (Denenberg & Denenberg, 2008); a restrictive definition of bullying that does not include all or many of the elements discussed in this thesis (Saunders, Huynh, & Goodman-Delahunty, 2007); a history of inaction by the organization (Holmes, Rudge, Perron, & St-Pierre, 2012); and a lack of a central reporting system and other practices (see the section Prevention and Intervention Practices to Counter Workplace Bullying in the

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8 In a large scale Canadian study of regulated nurses, Shields and Wilkins (2006) reported that male nurses were twice as likely to report physical assaults (44%) compared to female nurses (28%).
current chapter). Many of these factors are directly linked to practices adopted (or not) by organizations to counter workplace bullying and should be considered when developing practices. For example, reporting rates often increase following the delivery of an education and training program (MacQuarrie, 2002). If reporting does not increase, organizations should conduct research to determine probable barriers to reporting. The low rates of reporting and related causes point to the key role that informal reporting avenues and related practices can have within a comprehensive anti-violence program.

If survey techniques are using definitions and examples of bullying that are restricted to the interpersonal realm, they may not be capturing accurate prevalence rates. And if the design of studies and the size and composition of sample populations are not inclusive of oppressed groups, we cannot make definitive conclusions regarding the gendered/raced/classed (and other social dimensions) differences regarding workplace bullying. While varying hypotheses and conclusions are made regarding these differences, in reality relatively little is known regarding the different sources – coworkers, managers, and members of the public – and targets of bullying (Rayner & Keashly, 2005; Schat et al., 2006; Vartia & Hyyti, 2002; Zapf & Einarsen, 2005).

Formal hierarchical organizational status, gender and age, and to a lesser extent race, sexual identity and (dis)ability, are characteristics included most often in research studies regarding the tendency to bully or be bullied. The voices of racialized and marginalized women and men are virtually absent from the literature on workplace bullying (see the section Current Theorizations of Workplace Bullying in the current chapter for exceptions). As stated earlier in this section, statistics vary in studies according to differences and limitations in their design. However, Giga et al. (2008) do confirm that a number of studies have reported “significantly
higher prevalence rates of bullying experienced by BME [Black and minority ethnic] employees” (p. 3).

Workplace bullying is most often a top-down process (Namie & Namie, 2009; Rayner & Cooper, 2006; Rayner & Keashly, 2005; Zapf & Einarsen, 2005; Zapf et al., 2003). However, some notable differences between countries have been reported. In Australia and the UK, targets report being bullied most often – in approximately 80% of cases – by supervisors and managers. Whereas in Scandinavian countries and in the US the situation is more balanced with approximately 50% of the bullying originating from coworkers. Other European countries report mixed results (Keashly & Jagatic, 2003; Rayner & Cooper, 2006; Zapf & Einarsen, 2005; Zapf et al., 2003). *Upward bullying* – when supervisors and managers are bullied by subordinates – is rare in all countries (approximately 1%) (Rayner & Cooper, 2006; Rayner & Keashly, 2005; Schat et al., 2006; Zapf & Einarsen, 2005). When those in authority are bullied by subordinates, it usually occurs with the complicity of other supervisors and managers. In the majority of such cases, the bullied supervisors/managers were isolated and in conflict with other members of the management group (Rayner & Cooper, 2006; Rayner & Keashly, 2005; Zapf & Einarsen, 2005; Zapf et al., 2003). The research on workplace bullying to date has focused on power as linked to formal hierarchical positions within organizations maintaining a narrow scope on individuals. As I discuss in chapter three, the notion of power needs to broaden to explore power relations within intra- and extra-organizational contexts.

While a consensus does not exist among researchers regarding gender differences, a significant number of studies reveal that women comprise the majority of targets and men comprise the majority of perpetrators (Einarsen, 2005; Name & Namie, 2009; Salin, 2003a; Schat et al., 2006; Zapf & Einarsen, 2005). In addition to exposure rates, a small number of
qualitative studies have revealed significant gender differences also regarding tactics used by perpetrators, perceptions of bullying, and the effects on varying aspects of targets’ lives (e.g. psychological, emotional and physical health; social relationships both within and outside the workplace; and work). Further in-depth analysis is obviously required and would benefit from a gender-specific approach. Hearn and Parkin (2001) state “That women as well as men can bully does not mean there is not a gender dimension; instead the significance of gender needs to be examined” (p. 72).

The research on workplace bullying has generally viewed gender strictly as a demographic characteristic related to targets and perpetrators of bullying. Hearn and Parkin (2005) suggest we examine organizations not solely in terms of outcomes (e.g. productivity and stress) but as multiple processes, including bullying and violence. I would suggest that this type of analysis include work processes in general that are not only divided along gender lines, but construct and are constructed by gender and race. The statement often included in the literature that both women and men bully equally implies that this phenomenon is completely gender neutral and that the organization can be viewed divorced from society in general. The shortcomings in these approaches ignore “the ways in which organizations are constituted through gender [which] make it impossible for bullying to be understood outside this gendering” (Hearn & Parkin, 2001, p. 72-73).

As with other social dimensions, reports vary regarding age as a demographic characteristic of targets. Some studies report no significant differences with regard to age groups (Rayner & Cooper, 2006) while others report higher prevalence rates among older workers (Einarsen, 2005). Addressing workplace violence in general, Schat et. al. (2006) report that younger workers are exposed to a higher risk of assault and threats due to their over-
representation in high-risk occupations involving exposure to the general public, in particular the service industry. As with the discussion above regarding gender, treating age strictly as a demographic characteristic decontextualized from workplace practices and processes, and society generally, reveals very little about the relationship between age and workplace bullying beyond prevalence rates.

Prevalence rates with regard to race differ depending on the design of the studies. However, several studies do show increased reporting rates by minority groups. Lopez, Hodson, and Roscigno (2009) found that power differentials between managers and workers increased significantly when workers were from minority groups. They suggest that bullying, and other forms of harassment, are processes “used to exclude certain groups...or to keep members of these groups ‘in their place’” (p. 23). Linking forms of violence, Roscigno, Hodson, and Lopez (2009) state that “both gender and minority status are significant determinants of not only sexual harassment but of managerial bullying as well” (p. 760). The few studies that exist measuring prevalence rates related to sexual identity and (dis)ability, support findings that workers experience increased rates of bullying (and other forms of harassment) due to their sexual identity and (dis)ability (including long-term illness and mental health) (see Croteau, 1996; Eakins, 2005; Fevre, Nicholas, Prior, & Rutherford, 2009; Foster, 2007; Hoel, Lewis, & Einarsdottir, 2014; Lewis, Fevre, Robinson, & Jones, 2013). I return to the relationship between social dimensions of power and workplace bullying (and other forms of violence) later in the current and next chapter, as well as in the analysis chapters of five, six, and seven. I highlight studies that have contextualized the experiences of marginalized workers more broadly, beyond individual workers.

While workplace bullying prevails in both public and private sector organizations
(Einarsen, 2005; Rayner & Keashly, 2005; Yamada, 2000; Zapf & Einarsen, 2005), studies show that public sector workers are more at risk (Lewis & Gunn, 2007; Salin, 2001; Vartia, 1996). However, more studies have been conducted in the public sector as gaining access for researchers to these organizations is easier (Salin, 2001). Higher rates of bullying, and harassment generally, in the public sector have been associated with new public management regimes (Burnes & Pope, 2007) and rapid and extensive change (Beale & Hoel, 2010; Ironside & Seifert, 2003; Salin, 2001).

Research to date demonstrates that bullying is most prevalent in healthcare, education, and social services (European Commission, 2002, as cited in Porto Serantes, & Araña Suárez, 2006; Hubert & Van Veldhoven, 2001; Zapf & Einarsen, 2005) where women comprise the majority of workers and are less represented in leadership roles (Zapf & Einarsen, 2005). Workers in these sectors are also at greater risk of physical violence (Fevre, Lewis, Robinson, & Jones, 2012). For Giga et al. (2008), bullying is more likely to occur also in the service sector and in informal/casual employment where women, racialized and marginalized workers are over-represented. In addition to statistical representation within different sectors, we need to consider the gendered and racialized nature of specific types of work and organizational norms and attitudes (Lee, 2002). Further research is required from a social structural perspective that shifts the focus away from individual victim and perpetrator characteristics alone (see the section Social Structural Violence in chapter 3). This shift will enrich and shape future research, as well as the development of practices to counter bullying and other forms of violence at work. Gaining further knowledge of the interrelatedness of social phenomena, like bullying, and workplace processes and practices will enable system change. While we have data on the prevalence of bullying (and other forms of violence) by sector and industry, there is a dearth
of studies on practices adopted by organizations generally.

**Current Theorizations of Workplace Bullying**

I begin this section with a discussion of the theorizations that currently predominate in the workplace violence and bullying literature and the outcomes of this theorizing, mainly how these theories have contributed to an individualization of these phenomena. Later in the chapter, I discuss prevention and intervention practices, mainly policies and education and training programs, linking them to this individualized conceptualization of workplace bullying. We discover, for example, how training programs focus mainly on awareness and behaviour change for both perpetrators and targets of bullying. I return here to the core underlying theme of this study; that is, the link between theory (in particular, how we conceptualize workplace bullying) and practice (the practices taken up to counter workplace bullying). If we conceptualize bullying, and violence generally, as individual phenomena, we will focus on individual-level interventions. What and how we think about phenomena shape how we act upon them.

The psychological perspective, in particular that of organizational psychologists, has dominated the early research focus on workplace bullying (Einarsen, Hoel, Zapf, & Cooper, 2011). The focus thus far has been on empirical studies to examine “who does what to whom; when, where, why; and with what kinds of consequences for the organisation and for those targeted” (p. 9). More recently the field has become interdisciplinary; however, according to Einarsen et al. (2011) bullying remains a phenomenon that “should be understood primarily as a dyadic interplay between people, where neither situational nor personal factors are entirely

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9 An abridged version of this section of the chapter has been accepted for publication in the journal *Work, Employment and Society*. 
sufficient to explain why it develops” (p. 24). While acknowledging that bullying is a relacional
issue, a framework is needed that allows us to move beyond a focus strictly on the dyadic
relationship to one that views this relationship as a product of processes and practices beyond
individuals. I use the term beyond in much the same way as Friedman (1998) does with regard
to identity. She uses the term “in a special sense, not to insist that categories like gender and
difference should not be abandoned but rather supplemented” (p. 10). She argues that
feminists need a terrain “beyond” these categories in which to take account of the
contradictory, fluid, and multiplex nature of identity” (p. 10). Here I am arguing that the dyadic
relationship is an important site for understanding workplace violence and bullying, however,
it is not the only site and it is not a tightly boundaried site. Further, focusing exclusively on this
interpersonal site ignores the need for institutional and systemic change. In her article
deconstructing sexism and racism in the university, Ng (1993) does not treat ‘interactional’ as
restricted between individuals. She does this mainly by tracing from where interactional
dynamics originate. The interactional dimension is a site (among others) in which power
relations play out.

The emphasis on interpersonal dynamics is central to the study of violence from a
behaviour science perspective (Bulhan, 1985). According to his critique of this paradigm,
Bulhan (1985) states:

This approach narrows violence to what is measurable and quantifiable. It assumes an
identifiable perpetrator and an equally identifiable victim. It searches for the immediate
observable antecedents and consequences of violence. Less immediate causes and long-
term effects introduce unwanted complexities and overload established methods of
verifiability (p. 132).

While Bulhan’s discussion pertains to violence, it can also apply to bullying. Violence and
bullying are typically seen as separate phenomena, but a view that calls for an expanded
definition of violence that includes bullying is needed.

The most popular framework used in the literature to theorize workplace bullying is that
based on Bronfenbrenner’s (1997) ecological model focusing on micro, meso and macro levels.
The causes and consequences of workplace bullying are generally examined at five different
levels: individual; dyadic; group; organizational; and societal (Hoel & Cooper, 2001). While this
model has great potential for understanding workplace bullying, its use has not fully integrated
the relationship between the levels.\(^{10}\) Attention has focused on the individual and dyadic
levels with emphasis on the personality traits and pathologies of both targets and perpetrators
leading to the dubious use of personality profiling, employee prescreening (Day & Catano,
2006; Neuman & Baron, 1998), and the blaming of targets for provoking the perpetrator’s
behaviour or for lacking the ‘strength’ to defend themselves. Organizational and societal level
factors have been typically viewed as antecedents, or situational factors, creating or
exasperating existing tensions among individuals and groups.

At the organizational level in particular, bullying is often naturalized as part of
contemporary work environments where social and job stressors are utilized as the main
explanatory models (Hoel & Salin, 2003; Leymann, 1996; Zapf, 1999). The organization has
typically been viewed as playing a background role (Liefhooghe & Mackenzie Davey, 2001, 2003)
and providing an environment whereby the rise of conflict between individuals is facilitated.
“The workplace is constructed as affected by violence rather than being constructive of this
violence” (Bishop, Korczynski, & Cohen, 2005). Examples of organizational antecedents cited in
the literature as contributing to a fertile ground where violence and bullying can flourish

\(^{10}\) For an exception, see Beale and Hoel (2011).
include globalization; the growth of the service-sector economy; declining unionization; diversification of the workforce; increasing reliance on contingent labour; organizational changes; interpersonal conflicts; the exercising of a right (sick leave, maternity leave, and taking part in a labour union event); the “type of work associated to the emergence of new forms of work organizations ...based on individualism and the isolation of individuals in time and space” (Soares, 2002, p. 14) (which is consistent with the culture outside the workplace); the social isolation caused by computer-mediated communications; the influence of leaders in creating the climate and culture, structures and practices, attitudes and values within an organization, and the tolerance of bullying in the workplace; the creation of leaner and flatter organizational structures coupled with the decentralization of internal functions and decision-making processes requiring the concentration of power and responsibility, the span of managerial control to widen and a greater emphasis on managerial accountability; competition linked to reduced resources creating a ‘cut throat’ environment where workers vie for jobs, promotions, and rewards; the quality of the psychosocial work environment; and ambiguous or incompatible demands and expectations about roles, tasks and responsibilities (Amabile, 1998; Baruch, 2005; Cantisano, Morales, Gallastegui, 2006; Einarsen, 2005; Genest, Leclerc, & Maranda, 2005; Hoel & Salin, 2003; Kavanagh & Ashkanasy, 2006; Leclerc, Sabourin, & Bonneau, 2005; Lee, 2002; Soares, 2002; Vézina & Dussault, 2005; Yamada, 2000). In large part, the dominant discourse portrays organizations as reacting necessarily to the current economic environment in order to survive (e.g. Hoel & Salin, 2003; Yamada, 2000). In an increasingly competitive marketplace caused primarily by globalization, organizations’ actions are driven by a cost-cutting objective (Hoel & Salin, 2003). Of course, the reverse can also be argued. Organizations’ action plans have been dominated by restructuring and downsizing
measures exerting pressure on organizations (resulting in greater risk-taking and work intensification to decrease costs) and individuals, for example through the increase in hours worked and greater pressure to bring work home (Hoel & Salin, 2003). The main argument regarding globalization and its outcomes needs to be placed within a wider analysis related to the capitalist economic system and its driving forces.

Revealing findings are emerging from researchers who are placing individuals in relation to a broader context and tracing the micro- and macro-level processes and practices that are integral in causing and sustaining violence, in various forms, at work. Of particular importance is the contribution of researchers who have contextualized forms of violence within the labour process. From a broader structural view, highlighting the employment context and the managerial control of labour, Beale and Hoel (2011) argue that "bullying is better understood as an endemic feature of the capitalist employment relationship" (p. 5). This has profound consequences for advocated anti-bullying best practices, in particular, as Beale and Hoel state, for the credibility of zero tolerance policies and the role of management and unions in their enforcement.

Only recently have researchers begun to look at organizational practices themselves as bullying (e.g. Liefooghe & Mackenzie Davey, 2001, 2003; D’Cruz & Noronha, 2009) which Liefooghe and Mackenzie Davey (2001) refer to as depersonalized bullying. They consider this type of bullying as a form of ‘institutionalized bullying’ and suggest a link with racism (Liefooghe and Mackenzie Davey, 2003). This opens a window into connections between forms of institutionalized violence, including bullying and racial, gender and sexual harassment. D’Cruz and Noronha (2009) define depersonalized bullying as “the routine subjugation, both covert and overt, of employees by contextual, structural and processual elements of
organizational design, which are implemented by supervisors and managers who resort to abusive behaviours in an impersonal way to achieve organizational effectiveness” (D’Cruz & Noronha, 2009, as cited in D’Cruz, 2012 p. 126). My intention is not to suggest that interpersonal bullying does not exist, but that interpersonal and depersonalized bullying can co-exist (D’Cruz & Noronha, 2009, as cited in D’Cruz, 2012). Forms of interpersonal violence are insufficient in understanding forms of violence in their interrelated complexities. From a critical perspective, Holmes et al. (2012) argue that we need to examine the organization of healthcare (their particular focus) “for how violence is bred in its practices before we turn to explore interpersonal forms of violence in healthcare” (p. 9). As Ellen Pence (1997) urges us, we need to also look for “institutional relations which act as determinants of [people’s] everyday world” (p. 12). Including the organization (and powerful agents and institutional practices within it) as an actor also opens up avenues for examining workplace bullying as a form of revenge and resistance against the organization (Hoel & Beale, 2006). Workplaces cannot be examined as isolated from the greater social context. As Bannerji (1995) points out, oppression is possible in organizations because they reflect society. Additional avenues are opened up for research if organizations are considered as “particular social collectivities that result from...acts and processes” of social organizing (Hearn & Parkin, 2001, p. 1) (emphasis in original) and workplace bullying as intertwined with those organizational processes.

Viewing the organization as removed from social structural relations constructs work and bullying as divorced from gender, race, class and other social divisions (Hearn & Parkin, 2001). It also constructs forms of violence as distinct phenomena (Hearn & Parkin, 2001; Lim & Cortina, 2005; Lopez, Hodson, & Roscigno, 2009) hiding their interrelated nature. As stated by Hearn and Parkin (2005), “structural relations of oppression and mundane experiences of
[violence] are not mutually exclusive” (p. 105). Hierarchical social relations are created and maintained through mechanisms of power and control constructed into and exercised through organizations. Viewing the design of workplace practices simply as complicating social relations and hence causing the violence, obfuscates the reality that these organizational realities construct and are constructed by social relations. In Acker’s (1990) theory of gendered organizations, gender is “a complex component of processes of control and domination” (p. 144). Organizational processes are key to understanding gender inequality (Acker, 1990). Organizations are not gender neutral structures where gender is constructed externally, but are themselves gendered processes (Acker, 1990).

While organizations and society are included in the ecological model, in large part the process of bullying is decontextualized; that is, it is constructed as being produced outside the workplace as opposed to an integral part of workplace practices. For example, perpetrators are viewed as bringing their ‘bad character traits’ into the workplace. As a result, the workplace is also constructed as an entity divorced from society. In her essay, In the Matter of “X”: Building “Race” into Sexual Harassment, Himani Bannerji (1995) uses an intersectionality framework to show how multiple oppressions (in the particular case of “X”, gender and race) are integral and interactive components of sexual harassment. She undertakes this analysis by examining the workplace and states:

[The] workplace...cannot be seen only as a place of economic production, but must also be understood as a coherent social and cultural environment which is organized through known and predictable social relations, practices, cultural norms and expectations. What happens in this environment, which is daily and highly regulated, cannot just be treated as random or unpredictable behaviour (p. 130).

Bannerji collapses micro- and macro-level boundaries by further linking individual and socio-
structural realms when she states that “…individual behaviour, workplace relations, daily life within its precincts all come within the purview of social behaviour and greater social and economic forces” (emphasis in original) (p. 131). Individual experiences cannot, according to Bannerji, be examined as discrete events separate from the experiences of others and decontextualized from its social space.

In their richly contextualized sociological study of violence at work, Baines and Cunningham (2011) do not treat micro and macro processes as antecedents to violence, but constructive of the violence. Using labour process theory, they analyze how the organization of work has changed in the non-profit care sector, with a predominantly female workforce, under new public management and lay out how violence is naturalized as part of the work. Baines and Cunningham state that

In order to understand abusive work environments, it is necessary to consider the influence of alternative forms of control that are designed to elicit consent among employees at the level of the workplace (Burawoy, 1979) and the ways that these forms of control draw on feminized roles and expectations (p. 765).

Other researchers have highlighted the centrality of social structures as core components of the violence process highlighting the increased risk and impact for particular groups of workers related to their social location (see Boyd, 2002; Deery, Walsh & Guest, 2011; Fevre, et al., 2013; Pollert & Charlwood, 2009; Roscigno, Hodson, & Lopez, 2009). Expanding the definition of ‘vulnerability’ (Pollert & Charlwood, 2009) allows these researchers to contextualize the experiences of groups of workers within government policies, employment rights, (non)unionization, the structure of and power within the labour market and the employment relationship, social isolation and exclusion in wider society and how these shape the labour process. This has profound consequences for organizational practices. In particular,
organizations need to view anti-violence policies and practices as interrelated to those
countering inequities in the workplace.

I began this section with a discussion of the dominant theorizations that currently
predominate in the workplace violence and bullying literature and the outcomes of this
theorizing, mainly how these theories have contributed to an individualization of these
phenomena. Following this discussion, I highlight theorists who are exceptions and studies
from emerging sociological frameworks that are shifting away from an individualized
perspective and changing the landscape of research on workplace bullying. These researchers
contextualize forms of violence, workers’ experiences and workplaces more broadly
highlighting social structures within the process of violence. Violence is viewed not as a
byproduct, but as an integral component of the labour process and the processes and
practices that constitute and maintain it. If these processes and practices do not change; that
is, if systemic change is not the objective, practices to counter forms of violence will remain on
an individual, incident-by-incident, intervention level, with all the negative consequences this
entails for individuals, organizations, and society.

**Prevention and Intervention Practices to Counter Workplace Bullying**

In the last two decades, much effort and attention within the field of workplace bullying
has been invested in empirical research to better understand this phenomenon. Scant
attention, however, has been given to the practices adopted to counter and respond to
workplace bullying and their evaluation (Saam, 2010; Shat & Kelloway, 2006; Vartia & Leka,
2011). While both the academic and practitioner literature include discussions regarding
practices, this area has been minimally researched. These two bodies of literature (academic
and practitioner) tend to borrow from practices related to physical violence and apply them to bullying. We know very little about which practices organizations are adopting, and this is particularly true with regards to the Canadian context. In this section, I critically review the literature on prevention and intervention practices used to counter workplace bullying with a focus on policy development and education and training programs. My aim is to examine how policies and education and training programs reflect and perpetuate an individualized conceptualization of workplace bullying. Mainly, this conceptualization maintains the focus (i.e., objectives and outcomes) of practices on intervention rather than prevention and on attempts to modify individual attitudes and behaviours.

Borrowing from the field of occupational health, prevention and intervention practices are typically classified into three categories: primary, secondary, and tertiary. Primary practices are completely proactive in nature and aim to prevent any form of violence from occurring by reducing risks (Shat & Kelloway, 2006; Vartia & Leka, 2011). Assuming that a phenomenon has occurred or may occur, secondary level practices aim to reduce its consequences and stop it from reoccurring (Shat & Kelloway, 2006; Vartia & Leka, 2011). Tertiary practices are reactive in nature and aim to alleviate the negative effects of the phenomenon after it has occurred (Shat & Kelloway, 2006; Vartia & Leka, 2011). It is important to note that the adoption of practices at all three levels would be critical. Within each level, Varita and Leka (2011) suggest that practices must be both individually and organizationally (environmentally) directed. While practices are often categorized generally under prevention and intervention, some practices can be considered as both proactive and reactive (i.e., prevention and intervention) depending greatly on their content and use.

11 Other advocated practices to counter and respond to workplace bullying are described in Appendix A.
Because organizations cannot be divorced from society in general, it is also critical that practices be directed toward social structural determinants of violence.

Based on her clinical experience dealing with workplace issues, Ferris (2004) classifies organizational representative responses to workplace bullying into three categories: see no evil, hear no evil, and speak no evil. Representatives adopting the see no evil response, accepted and normalized the negative behaviour. Targets were viewed as weak and advised to increase their resilience to the negative behaviours. The hear no evil representatives demonstrated a basic misunderstanding of workplace bullying as a personality conflict and held both parties responsible. The speak no evil representatives acknowledged the negative behavior as inappropriate and harmful. These organizations implemented a variety of practices including the investigation of reports (complaints), training, coaching, counselling and performance management (i.e. actions, including terminations, with the perpetrators). Further in-depth research is needed into the practices adopted by organizations within this third category to determine whether these practices go beyond the individual level. While Ferris does not delve deeply into specific prevention and intervention practices, her typology does demonstrate an initial link between how organizational representatives conceptualize workplace bullying and actions taken (or not taken), as well as the implications for workers and the organization.

Other researchers have made explicit connections between how phenomena are taken up in organizations and the practices that they adopt. In her book Workplace Bullying in India, Premilla D’Cruz (2012) inquires into the country’s Information Technology-Enabled Services-Business Process Outsourcing (ITES-BPO) sector, comprising call centres and back offices. She states that “how an organization views workplace bullying will influence the measures adopted
to address it” (p. 21). In their study of customer violence and abuse toward job center workers, Korczynski and Bishop (2008) trace how the notion of customer sovereignty shapes management practices and the behaviour of frontline staff. In particular, they show how the violence becomes a normalized part of the job. As a result, management took no action following violence and the victims were often blamed citing their inadequacy of customer service skills, which became a major theme in the organization’s training and policy.

**Policies**

A comprehensive, well-planned policy(ies) is the foundation of a prevention and intervention program for all forms of violence in the workplace. Depending on their content and use, anti-bullying policies can be viewed as both preventative and interventionist. Policies can have multiple aims including: providing definitions of workplace bullying and standards for appropriate behaviour; increasing awareness and understanding of workplace bullying; communicating organizational commitment and zero tolerance toward bullying; reference to related legislation; procedures related to the reporting of experiences of bullying; encouraging witnesses to report occurrences of bullying; and organizational responses to reports of bullying (including roles and responsibilities) (D’Cruz, 2012; Rayner & Lewis, 2011; Vartia & Leka, 2011). Rather than creating a separate policy for bullying, organizations may have general harassment policies that include other forms, such as sexual and racial harassment (Rayner et al., 2002). The specific content of each of these components of a policy and how the policy is enacted reflect the views of the organization. While many organizations may have policies in place, the awareness and use of such policies are often insufficient (Vartia & Leka, 2011). I would go further to highlight the need for integrated and coordinated practices and, therefore, to suggest that practices should not be developed and implemented as distinct practices.
To increase commitment, policy development should be a collaborative process involving the employer (Human Resources or other representatives), union representatives, worker representatives, and occupational Health and Safety representatives (Rayner & Lewis, 2011; Vartia & Leka, 2011). Rayner et al. (2002) advise for the involvement of a wide group of regular staff from different levels and functional areas as well as a member of senior management. The representation of senior management provides the group with status and legitimacy (Richards & Daley, 2003). The policy development process may also benefit from the facilitation of external consultants. However, because knowledge of the organization is important, consultants should not develop the policy independent of the group (Richards & Daley, 2003). Thorough consultation with all parties ensures that the policy is tailored to address the unique context of a particular workplace (Caponecchia & Wyatt, 2011). The collaborative process also shows the employer’s commitment to preventing all forms of violence in the organization, increases the level of ownership of all involved and increases the likelihood of success of the policy (Richards & Daley, 2003).

Little evidence exists with regard to the success of policies as a prevention and/or intervention practice. The mere existence of written policies outlining procedures for dealing with bullying is insufficient in affecting actions taken by managers (Salin, 2003a). Ferris (2004) argues that having policies in place raises expectations from workers that action will be taken when a report is brought forward. If no action is taken, targets feel revictimized by the organization and experience a deepened sense of betrayal which increases the level of harm. For Hutchinson (2012), the psychological approach that has dominated the theorization and policy definitions of workplace bullying places emphasis on the individual behaviours limiting
the capacity of policies to play a stronger role in the prevention and intervention of bullying. She argues for a “more comprehensive interdisciplinary [approach]...that has the potential to develop an analysis that integrates a number of perspectives such as individual behaviours, power relations, regulatory regimes, occupational health and diversity” (p. 649). For such an approach to be taken up within organizations, the conceptualization of workplace bullying as an individualized phenomenon needs to change. While it is imperative that further studies be conducted with regard to policies, their effectiveness as a preventative and interventionist practice cannot be understood in isolation from their interrelationship with other practices.

**Education and Training Programs**

Training is considered a major preventive and intervention practice (Caponecchia & Wyatt, 2011; Schat & Kelloway, 2006). According to Schat and Kelloway (2006), there is preliminary evidence of the effectiveness of training programs, but scant empirical evidence exists. The little literature that does exist on training programs as a practice to counter workplace bullying points to an emphasis on awareness and behavioural change. Generally, the emphasis in training programs is on awareness (Caponecchia & Wyatt, 2011) including the existence and content of a policy within the organization, the definition of bullying and examples of inappropriate workplace behaviours. Integrating two bodies of literature – psychology of aggression and emotion regulation – Schat and Kelloway (2006) propose a framework for training programs with the aim of helping people “manage their emotions and behavioural tendencies that, if unmanaged, may lead to aggressive behavior at work” (p. 580). The foundation of this framework rests upon the importance of understanding the causes of aggressive behaviour in the development of interventions and views violence as an “affect-driven behavior”. It understands aggressive responses as emanating from emotions caused by
negative workplace events. Therefore, “assailant-directed” training focuses on the awareness of “negative affect-provoking events” and the development of skills “in managing one’s emotional [for example, anger and frustration] and behavioral reactions to these events” (p. 584). “Target-directed” training emphasizes risk assessment through the development of skills to identify signs of potential violence and to resolve conflicts (p. 584). While Schat and Kelloway warn that “it is important to consider both job-related and individual level predictors of aggression” (p. 584), the emphasis remains on the individual. Namie and Namie (2011) warn against practices that are “based on the ‘bad seed’ model” (p. 117). These responses see the perpetrator as lacking in communication, anger management, and supervisory skills (Namie & Namie, 2011) and that these skills can be obtained through training. There are some writers who propose resilience training as a viable intervention option (see for example, Field, 2010), however, Caponecchia and Wyatt (2011) warn against this when applied to bullying as it can imply that the target is the problem and it negates environmental or contextual factors. This type of training, especially if carried out in isolation of other training and practices, can increase the harm experienced by targets as well as increase the risk of escalating the bullying process. The emphasis on awareness alone, people’s emotions and lack of skill point to an individualistic conceptualization of workplace bullying with an emphasis on actors and actions. Also, systemic change as a goal is absent. Roxana Ng (1993) states that “Equity measures and attempts at inclusivity in the university, such as harassment policies and prejudices reduction workshops, tend to treat sexism, racism, and other forms of marginalization and inclusion as attitudinal and individualistic properties” (p. 189) leading to individual-level practices. Ng argues that attitudinal changes “are necessary points of departure”, but “do not address the embeddedness” of inequalities in institutions (p. 193).
Conceptualizations are taken up within organizations and coordinate people’s actions which in turn shape organizational decisions, policies and other practices (Turner, 2006) regarding workplace bullying. In this chapter, I have shown how current conceptualizations of workplace bullying exert a strong influence on the prevention and intervention practices adopted by organizations, in particular policies and education and training programs. The conceptualization of workplace bullying as an individualized phenomenon needs to change. If we continue to conceptualize bullying, and violence generally, in this way the focus of practices will remain on the individual level. In such a framework, systemic change as a goal is absent and unattainable.

While it is important to identify and understand the causes contributing to workplace bullying, our analysis needs to extend beyond the single relationship between actors (targets and perpetrators). I have argued in this chapter that a framework is needed that allows a shift away from a focus strictly on the dyadic relationship to one that views this relationship as a product of processes and practices beyond individuals. Such a view calls for an expanded definition of violence in which forms of violence, including bullying, are interrelated and not divorced from social dimensions. The development of practices that reflect this is required. Therefore, our thinking of this phenomenon needs to change which in turn will reflect in adopted practices. I have also highlighted the need for integrated and coordinated practices, and suggest that practices should not be developed and implemented as distinct practices. This includes anti-violence practices and organizational practices in general, both of which need to be viewed as interrelated to practices countering inequities in the workplace. Reflection on our experiences with these practices needs to then be used to deepen our thinking (theorizing) with a view to continuously ameliorate existing practices and develop new
ones. Theories and practices should not be created in a vacuum and need to reflect people’s everyday experiences both with violence and their activities in the workplace. In the following chapter, I outline an emerging alternative framework for understanding and researching bullying and violence generally.
In the previous chapter, I examined the prevailing theorizing within the literature on bullying and the outcomes of this theorizing. Specifically, using policies and education and training programs as examples, I argue that the individualization of workplace bullying shapes prevention and intervention practices adopted by organizations. In this chapter, I begin by outlining three key features of a critical approach that shaped my research. I then shift to address the core underlying theme of this study; that is, the link between theory (in particular, how we conceptualize workplace bullying) and practice (the practices taken up to counter workplace bullying). I articulate a relational ontology, with a focus on how it allows us to view the relationship between how we conceptualize social phenomena – like violence and bullying – and the practices we adopt to counter them. This shift in how we view the social world shapes how we conceptualize and research organizational themes differently (for example, resources, strategy, change, technology, leadership, knowledge, organizations and violence). I then outline an emerging alternative framework for understanding and researching bullying and violence generally. This framework emerges primarily from critical perspectives that take an expanded and interrelated view of violence. This chapter represents my interrogation and articulation of this critical view. This alternative framework, which I refer to as relational, was the basis of my search for an organization for this study. If an organization adopts a relational view of violence, how does this shape their practices? Thus, the focus of my study became the connection between the conceptualization of workplace bullying (and violence generally) and
organizational practices adopted to counter and respond to it.

While I refer to my approach broadly as critical, I am most influenced by feminist theory and methodology, with a focus on organizational theory. Mills and Simmons (1995) define a critical approach “as one that takes as its starting point a concern to understand and change the way that organizational arrangements impact on people” (p. 9). Social and organizational change are central objectives of this approach (Mills & Simmons, 1995). There are three key features of a critical approach that are important to my research. First, the approach necessitates an analysis of work that includes worker subjectivities and the multiple ways in which they are located within interrelated social dimensions of gender, sexual identity, race, ethnicity, class, age, and ability. This means moving away from the approach presently used in the research on workplace bullying where differences are generally viewed as demographic characteristics related to targets and perpetrators. It also allows the possibility of greater insight into this phenomenon as a relational process as opposed to a restrictive focus on series of events or specific behaviours. Linked to these is also a deeper understanding of bullying as related to sexual and racial harassment, as well as other forms of violence.

Second, the critical orientation of this approach emphasizes how social and structural systems of oppression and inequity interact with one another (Mills & Simmons, 1995; Strega, 2007) and takes “the viewpoint that organizations are historically constructed entities” (Mills & Simmons, 1995). Therefore, a deeper understanding of workplace violence requires a historical analysis tracing the ways in which violence – directly and indirectly – has been used as a powerful instrument in the development of contemporary organizations and forms of work. An example of this type of systemic and dynamic analysis is provided by Maria Mies (1986) in *Patriarchy and Accumulation on a World Scale*. Through her historical (and material)
analysis, we gain an understanding of how systems and institutions are social processes in a constant state of reconstruction (Hearn & Parkin, 2001) and how these constructs are used to (re)produce exploitative relations as they also become expressions of and instruments for the implementation of societal ideologies. Violence becomes both a required element within as well as a by-product of these construction processes.

Third, of critical importance and insight is how violence – in all its forms – is experienced by differently socially and structurally located subjects. While the target’s subjective perception is often included as an element in definitions of workplace bullying, paradoxically individual experience may simultaneously be erased or distorted in the ways in which these definitions are articulated, developed and researched. The use of standpoint as a methodological tool (Mueller, 1995) in institutional ethnography allows us to investigate and discover how this erasure or distortion takes place. Hawkesworth (2006) encourages the use of standpoint as an analytical tool that “affords an innovative means for the identification and interrogation of competing theoretical presuppositions” (p. 176). This is precisely what needs to be carried out with regard to the field of workplace bullying.

From a critical perspective, violence in this study is conceptualized broadly to include multiple interrelated forms, including bullying. Based on a processual view of violence and the notion of a continuum, this approach helps shift the focus away from a singular explanatory model and the emphasis on individual acts and behaviours. This involves exploring how institutions and organizations are an integral part of the process of violence. For Holmes et al. (2012), we need to look at how work is organized “for how violence is bred into [and performed through] its practices before [turning] to explore interpersonal forms of violence”

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12 See Appendix B for a brief discussion of the defining elements of workplace bullying.
This is where process and practice theories need to extend beyond micro-level analysis. Processes and practices do not simply come to be, therefore, as researchers we need to step out of the local to examine practices that are linked to and shape those on the local level within organizations, for example, legislation, dominant discourses, as well as other institutional practices.

**A Relational Ontology: Thinking and Acting Through the Lens of Relationality**

The world known, lived, experienced and acted upon is relational (Smith, 1990, p. 2).

The history of the term *relationality* and the breadth of its various definitions and related theories are beyond the scope of this chapter. My aim is to discuss the central tenets of a relational ontology as I am using it in this study, how it specifically pertains to the theory of *praxis*, and how it is operational within the field of workplace bullying. In the previous chapter, I made visible the linkages between how workplace bullying is currently theorized as an individualized phenomenon and the material practices adopted to counter it. In this chapter, the emphasis is on changing the current theorization and to set the stage for how this could shape practices differently.

The notion of relationality has been used in multiple ways with differing emphasis and conceptualizations. Kyriakidou and Özbilgin (2006) describe the fundamental dilemma faced by organizational theorists as one related to how the social world is conceived, influencing as a result how we go about researching, understanding, and addressing organizational phenomena. They describe this dilemma as “whether to conceive of the social world as consisting in substances or in processes, in static ‘things’ or in dynamic, unfolding relations” (p. 1). The *traditional approach* adheres to the former “[taking] as their point of departure the
notion that [the social world] is static, preformed (Emirbayer, 1997) entities (structures, organizations, groups, individuals) that constitute the fundamental units of all inquiry without being modified internally by their interrelationships and dynamic processes” (p. 1). One outcome of this view has been a micro/macro dualism; that is, organizational phenomena have either been studied from a micro or macro perspective (Kyriakidou & Özbilgin, 2006). The micro perspective views individuals as the fundamental unit of analysis within organizational contexts (Emirbayer, 1997, as cited in Kyriakidou & Özbilgin, 2006) where individuals, with fixed “identities, interests, goals and preferences” (p. 2) are influenced by norms and driven solely by inner forces (Kyriakidou & Özbilgin, 2006). The macro perspective on the other hand swings to the extreme opposite viewing structures (for example, ‘societies’, ‘the market’) as the fundamental unit of analysis and where human agency is either non-existent or peripheral (Kyriakidou & Özbilgin, 2006). Structures are seen as fixed monolithic entities. Neither extreme – the micro and macro perspectives – allow for the inclusion of a contextual analysis (including a historical context). According to Kyriakidou and Özbilgin, “To take something out of context is to remove it from its relationships to other parts, the larger whole, and the setting in which it operates” (p. 5). A relational perspective is sensitive to context (Friedman, 1998; Langley & Tsoukas, 2010) viewed in a broader sense. By ‘context’, I do not mean restricted only to the organization as an bounded unit, a discourse that brings us to talking about “influences” (e.g. of organizational practices) on the individual (victim and victimizer). A broader view of context includes, for example, spatial, geographical, sociopolitical, historical dimensions and also the meanings that people make of their experiences. It also attempts to understand and articulate something about the relations among these.

Contrary to the traditional approach, Kyriakidou and Özbilgin (2006) describe a relational
perspective as one “of complex joint action, in which it makes no sense to envision constituent elements apart from the processes within which they are involved” (p. 3). Workers (actors) are active participants (Kyriakidou & Özbilgin, 2006) in organizational processes and structures and individuals are viewed as in relation with each other where these relations are “dynamic in nature, as unfolding, ongoing processes” (p. 3). Other authors have used the concept of “in-betweeness” (for example, see Bradbury & Lichtenstein, 2000; Buber, 1970, as cited in Özbilgin, 2006) to depict a space between two dualities (for example, self and other; individual and structure) in which an interdependent relationship exists. The emphasis here seems to be more on interactions rather than relations. Although they may be relating in some ways, the notion of in-betweeness conjures up an image of ‘things’ as separate entities that come together in some way, temporarily and in a specific context. As Hosking (2006) states, “When things are represented as unified, bounded, and separate then relations are understood as being between independently existing entities” (p. 267). Instead, ‘things’ that are in mutually constitutive relationships with each other are intimately connected and their relationships do not exist in a separate space between them. Their relationships are integral parts of what/who they are. A relational perspective often maintains as its focus the human dimension of relationships; that is, the interpersonal relationships between organizational members (dyadic level) and/or groups or an organization and its members.13 This leads to discourses of ‘bridging’, for example, organizational and individual objectives to effectively implement change. By relational I am not referring to relationships restricted to the interpersonal level as this takes us right back to focusing on the decontextualized relationship between victim and

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13 See for example the seminal work by Jean Baker Miller (1976) and other authors from the Stone Center (Jordan, Walker, & Hartling, 2004) who have continued her work. See also the work of feminists such as Belenky, Clinchy, Goldberger, and Tarule (1986).
victimizer. Relationships between individuals are but one form of relation that exists. Therefore, I prefer the term *relational ontology* to depict a particular worldview.

It is useful to consider major organizational themes (such as resources, strategy, change, technology, leadership, knowledge and even ‘the organization’ itself) to compare how they are shaped by a completely entitative vs. relational perspective. It is important to note here that I am not advocating for either a completely entitative or processual perspective. Doing so would support a dualistic worldview against which I am arguing in this chapter. Also important to note is that processes, while dynamic and temporal in nature, are visible and observable.

Within an entitative view, resources, strategy, change and technology, for example, are considered static (and often neutral) entities possessed by organizations and defined by “what it *is*” (emphasis in original) (Freeman, 2004, Feldman & Worline, 2011, as cited in Feldman & Orlikowski, 2011, p. 1249). A relational view of these same themes, considers the practices and processes through which they are constantly being enacted, and are therefore, temporal accomplishments (Feldman & Orlikowski, 2011). For example, Feldman and Orlikowski (2011) state that “strategy as practice is oriented to what actors do as opposed to something that organizations have” (p. 1243); resources are not ‘things’ but “potential resources until somebody uses them” (p. 1246); and technology “is not valuable, meaningful, or consequential by itself; it only becomes so when people actually engage with it in practice” (p. 1246). Hernes (2007) urges us to view organizations not as fixed categories, but as continuously “in formation (becoming)” (p. 18). Mainstream organizational studies view change as “happening to organizations” (emphasis in original) (Tsoukas & Chia, 2002, as cited in Langley & Tsoukas, 2010, p. 4). The organization remains unchanged “except for the new systems in place” (Langley & Tsoukas, 2010, p. 4). An entitative concept of people is narrow and individualistic,
viewing a person as “having] fixed, unchanging, qualities which set them apart from their contexts” (Hosking & Morley, 1991, p. 44). This view creates dichotomies, for example, between non-managers and managers and non-skilled and skilled. Organizational studies have tended to approach studies of leadership from the perspective of the individual manager with personal attributes that set them apart from others and their context (Hosking & Morley, 1991). Knowledge, another major organizational theme, as an enacted phenomenon is as “an ongoing and dynamic production that is recurrently enacted as actors engage the world in practice” (Feldman & Orlikowski, 2011, p. 1243).

Feminists have long struggled to challenge binary constructions – such as mind/body, private/public, individual/social, insider/outsider, self/other, local/global, past/present and theory/practice – which bell hooks (2000) has argued are the “central ideological component[s] of all systems of domination in Western society” (p. 31). Rather than either/or dualistic thinking, Patricia Hill Collins (1990) advocates that we “embrace a both/and conceptual framework” (p. 29), in particular with regard to thought and action (theory and practice). In her discussion of a key dimension of Black women’s standpoint; that is, the interrelatedness of experience, action and consciousness, Collins (1990) states:

“This dimension of Black women’s standpoint rejects either/or dichotomous thinking that claims that either thought or concrete action is desirable and that merging the two limits the efficacy of both. Such approaches generate deep divisions among theorists and activists which are more often fabricated than real. Instead, by espousing a both/and orientation that views thought and action as part of the same process, possibilities for new relationships between thought and action emerge” (emphasis in original) (p. 28-29).

I do not want to equate the challenge of binaries with relationality. My aim in this discussion is primarily to bring attention briefly to what I believe is one of the historical origins of a relational approach and the contribution of feminists. Although not mentioned explicitly in
this chapter, of significant influence in my understanding of relationality has also been readings of Indigenous worldviews in which “reality is relationships or sets of relationships” (emphasis in original) (Wilson, 2008, p. 73). Isolating concepts from its ‘other’ “results in an empty abstraction. ...Each demands the “other” to complete itself, to fulfill or to realize what it is in itself” (Bernstein, 1971, p. 31). Here lies the crux of this study. As stated earlier, I explicate how the current individualistic theorization of workplace bullying has shaped practices in the field and, in turn, how practice shapes theory in a constantly evolving, mutually constitutive, interdependent relationship. I argue that in order to transform practices, we must also change what and how we think about this phenomenon.

The notion of relationality allows us to shift our focus away from the study of individual parts in order to explore and make visible how the parts (the particular) are interrelated and the nature of these relationships. A fundamental aspect of the notion of relationality is that it is non-linear; that is, it has no beginning or end point. Therefore, for example, the debate regarding which comes first, theory or practice, is irrelevant. Relationality is a process that is in continuous motion and (re)creation. In describing a major aspect of the social, Smith (2005) states:

The world of people’s activities and how they are coordinated among individuals is always in motion. Each moment of action is conditioned by what is historically given and reshapes the already given in moving into the future (p. 70).

The metaphor of a circle is often used to depict relationality. Shawn Wilson (2008) uses the circle as a way of seeing and describing an Indigenous research paradigm:

“...putting ideas in a circle or wheel indicates that they are interrelated and that each blends into the next. It also implies that the ideas flow from one to the next in a cyclical fashion. A change in one affects the others, which in turn effects new change in the original. All parts of the circle are equal; no part can claim superiority over, or even exist
without, the rest of the circle” (p. 70).

Hegel prefers the image of a spiral instead (Bernstein, 1971, p. 22). Inherent in this image is ceaseless activity. The composite processes are not solely mutually constituting each other, but constantly changing and, in turn, changing other related processes. Through this process of growth, other processes (positive and/or negative) are created and become visible.

Viewing violence relationally challenges dualistic thinking that posits forms of violence as distinct from one another and highlights the need to conceptualize multiple forms of violence in relation to one another. For Žižek (2008), “each form of violence is not to be viewed as an opposite pole: rather each is implicated and implicit in the activities and operations of the other” (p. 34). The notion of a continuum of violence allows us to explore how forms of violence are interrelated in a way that produce, reproduce and sustain each other. It propels us to move away from an exclusive focus on individual actors and acts toward a concept of violence that is “integral to relations and social conditions” (Bulhan, 1985, p. 134) and processes.

To understand any social phenomenon, such as workplace violence and bullying, we must seek to explicate all related components, as well as their interrelations (i.e. how they are in relation with each other and how they shape each other). Rather than a “one-dimensional” world “where only the object prevails” (Prasad, 2005, p. 145), we need to conceive of a multi-dimensional world with the absence of binaries toward a conception of all ‘things’ as integrally related, and therefore, also in relationship (process) rather than static. In doing so, we must not search for straightforward, single explanations for social phenomena, but begin from the premise that social phenomena, and their study, are complex and entangled (as in “to lack an independent, self-contained existence” (St. Pierre, 2011, p. 619)).
Theory and Practice: Two Sides of the Same Coin

There exists a plethora of literature by feminist researchers exploring alternative ways to ‘bridge’ feminist theories and values with practice. Does this attempt at ‘connection’ inevitably lead to the privileging of one over the other, or at least, begins with one and attempts to incorporate the other? Instead, are there ways of moving beyond a creation of connecting to viewing and working with theory and practice as a ‘live’, interrelated process that is constantly changing? For Marx, theory and practice inform each other (Frampton, Kinsman, Thompson, Tilleczek, 2006). “Action and theory are reflexive of each other and not positioned as binary oppositions” (p. 35). Therefore, theory and action, or better, theorizing and acting (processes in themselves) are in a constantly evolving, mutually constitutive relation termed by Marx as **praxis** (Moosa-Mitha, 2005). **Praxis**, therefore, is a process comprised of theorizing and acting, the goal of which is social transformation. In his *Theses on Feuerbach*, Marx (1888/1970) refers both to the limits of theorizing as an isolated endeavour and the transformational objective of theory and action when he states, "The philosophers have only interpreted the world in various ways; the point is to change it" (p. 123). Similarly, Paulo Freire (2000) defines praxis as “reflection and action upon the world in order to transform it” (p. 51). Reflection and action are inseparable and essential to each other. They are in “radical interaction” (p. 87) with each other and “if one is sacrificed – even in part – the other immediately suffers” (p. 87).

The terms **theory** (thinking) and **practice** (action) are in themselves complex concepts that have become ontologically separated. Theory has become progressively related to “knowing for its own sake” (Berstein, 1971, p. ix) and to **techne** – a form of knowledge aimed toward a practical or mechanical act – and no longer socially directed, but directed toward
causal relationships (Habermas, 1963/1973). As Marx (1888/1970) states in his second Theses on Feuerbach, “...thinking that is isolated from practice is a purely scholastic question” (emphasis in original) (p. 121). Theory was taken over by science – with its atomistic and mechanistic lens – for the purpose of control thereby removing its relation with practice or the consciousness of human beings (Habermas, 1963/1973) and, therefore, also removing it from its relation with transformation or emancipation. Consciousness and emancipation are integral aspects of praxis (Berstein, 1971; Habermas, 1963/1971). For emancipation to be possible, we must become aware of the causes of our oppression (Freire, 2000). The term practice should not be equated with action in a technical or mechanical way, but as a “critically ground program of action designed to change many of [people’s] own immediate conditions with a view of ensuring social justice” (Comstock, 1992, as cited in Prasad, 2005, p. 150). Practice is not separate from our daily experiences and activities and our reflection on those experiences. Practice is also not restricted to individuals, but is a collective process (in relationship with others) that includes the transformation of social institutions as well. Theory allows us to make sense of our experiences, but its aim does not stop there. It must contain a view toward the future and “enable us to develop the vision and plans for change that sustain people engaged in day-to-day political activity” (Bunch, 1983, p. 250). For theory to be politically useful, practice must play a central role in its development (Johnson-Odim, 2001). To “generate a vision for the future", theory should illuminate “what should be in contradiction to what is” (Johnson-Odim, 2001, p. 114). As Paulo Freire (2000) states “...knowledge holds the potential for ‘liberatory’ practice because ‘knowing’ things differently results in acting differently” (p. 67). We need to know our world in order to change it. As Stetsenko (2008) states, “...there is... no gap between changing one’s world, knowing it, and being (or becoming)
Paula Allman (2001, 2007) warns against the sequentializing of the theory of praxis – i.e. “a thought-action-thought-action-etc. sequence” (p. 34). The theory of praxis “is neither a linear, causal, or correlative relationship between thought and action” (Allman & Wallis, 1990, as cited in Carpenter & Mojab, 2011, p. 13). When understood in this linear, sequential way, praxis is separated from critical questioning and the engagement in transformation; thus, maintaining the status quo becomes the objective and the outcome. The theory of praxis is “a theory of the inseparable [and reciprocal] unity of thought and action” (Allman, 2007, p. 33) in which people make a choice to critically question the status quo and “engage in transforming, or abolishing, [existing social relations] whilst also developing new social relations and conditions aimed at creating a better existence for all human beings” (p. 34).

**Exploring an Emerging Framework**

Working toward change is a guiding force of this study. As noted earlier, the underlying intention of this study is to go beyond a description of prevention and intervention practices toward a transformative shift that will enable the beginning of deep, systemic change both in how we think of violence and bullying (and therefore, also how we research these phenomena), as well as the material practices we take to counter them. An individualized view of workplace violence and bullying that places an exclusive focus on individual actors and acts does not hold promise or potential for real change. This individualized focus contributes to the view of various forms of violence as distinct from one another. It also negates the realities of social dimensions of power, conditions, processes and practices that must be an integral part

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14 An abridged version of this second half of the chapter has been accepted for publication in the journal *Work, Employment and Society*. 
of how we view and counter forms of violence. In the next section, I outline an emerging alternative framework consisting of a broad and processual conceptualization of violence. Through this framework, it is argued that the discourse and research on workplace violence – in all its forms – must examine explicit connections between these social phenomena and the interrelatedness of all forms of oppression.

There are three key interrelated components to this framework for understanding and researching workplace bullying. First, bullying – and other forms of harassment – must be seen as a form of violence. To do this an expanded definition of violence is required that goes beyond the inclusion of strictly physical violence. Second, once this expanded view of violence is taken, it becomes possible to apply the concept of a continuum of violence. This challenges the conceptualization of workplace bullying as restricted to the psychological or emotional realm and as an individualized issue. Third, an expanded view of violence and the notion of a continuum allows us to adopt a broader notion of power than is presently used in the literature on workplace bullying. As will be argued later in this chapter, an analysis of power imbalances within the workplace must move beyond one of formal power linked to hierarchical relations based on organizational positions. Power cannot be spoken of as distinct from social dimensions within and outside the workplace.

**An Expanded Definition of Violence**

Violence can never be understood solely in terms of its physicality – force, assault, or the infliction of pain – alone. Violence also includes assaults on the personhood, dignity, sense of worth or value of the victim. [Violence] cannot be readily objectified and quantified so that a ‘check list’ can be drawn up with positive criteria for defining any particular act as violent or not (Scheper-Hughes & Bourgois, 2004, p. 1).

Violence is a highly contested concept that is contextually and temporally sensitive (de
Haan, 2009) and difficult to define (Bulhan, 1985). Among the numerous and ongoing debates regarding the concept of violence is that of adopting an expansive versus a restrictive definition. Any elements included or excluded when defining violence can have significant implications for understanding the range of people’s experiences (Bulhan, 1985), as well as potential methodological and analytical implications for research. A definition of violence based solely on direct physical acts precludes psychological, economic, political and social harm and suffering (Mojab & Osborne, 2011).

An expansive definition of violence as a process helps shift the focus away from a singular explanatory model and the emphasis on individual acts and behaviours decontextualized and circumscribed in time and space. An act of violence is a ‘moment’ along a timeline in which all that precedes it, surrounds it, and is part of it becomes crystallized and thereby visible. The process of violence does not end with an act of violence as it continues to change those involved (the victim, perpetrator, witnesses), the community, the organization, society, as so on. A processual view of violence is attentive to the conditions that produce it. The focus is on how it has come to be. As Dorothy E. Smith (2005) states, knowing how things are “put together” (p. 32) is invaluable to those who struggle to bring about change. Understanding violence as a social phenomenon rather than “an aberrant instance of individual psychopathology” (Lehrner & Allen, 2008, p. 221) places the “emphasis on sociopolitical factors [which] obviates the need for fundamental sociopolitical (i.e. cultural) change” (p. 221).
The Continuum of Violence

The notion of a continuum allows us to explore how multiple forms of violence are interrelated in ways that (re)produce and sustain each other. It allows us to move away from an exclusive focus on individual actors and acts toward a concept of violence that is “integral to relations and social conditions” (Bulhan, 1985, p. 134) and processes. When the conceptualization of violence is limited to a particular area, for example, when it is individualized, pathologized or limited to physical acts, it “misrecognize[s] the extent to which structural inequalities and power relations are naturalized by categories and conceptions of what violence really is. They also fail to address the totality and range of violent acts, including those which are part of the normative fabric of social and political life” (Scheper-Hughes & Bourgois, 2004, p. 4).

The model for a continuum of violence outlined in this section is influenced by Liz Kelly (1987, 1998) and Philipe Bourgois’s (2004) work on the notion of a continuum. Combining the work of these thinkers allows for the incorporation of multiple processes in understanding all forms of violence. Kelly developed the notion of a continuum of violence to explore how various forms of sexual violence are related. She defines a continuum as “a basic common character underlying many different events and as a continuous series of elements or events that pass into one another” (Kelly, 1987, p. 58). Kelly argues that control (and therefore, power) is at the heart of any analysis of violence and that, although recognizing the role of social structural relations within violence, individual accountability must not be minimized or discarded. However, a central question is how individual and social structural relations can be integrated, placing power at the center of these relations, within the continuum of violence. The emphasis in such a continuum shifts from a sole focus on understanding the reasons why
individuals behave in specific ways to how individual and social structural relations are interrelated and mutually constitutive and sustaining.

In her interviews with women who had experienced sexual violence, Kelly (1987) began to notice that each form of violence contained “a range of possible experiences” (p. 47). Her experiential perspective, a critical part of the continuum of violence, challenged the “taken-for-granted ways of making distinctions between forms of…violence” (Kelly, 1998, p. 137). Kelly did not begin her research with predetermined categories or definitions of violence; instead, the women interviewed by her defined their own experiences of violence allowing Kelly to discover forms of sexual violence often excluded in research studies. Kelly (1987) draws our attention to the power and danger of language to limit our knowledge of what constitutes violence. In so doing, she advocates for a broad definition of violence when she states:

Feminist activists need to pay...attention to the language we use both in order that women are enabled to locate abusive experiences within the terms we employ and to ensure that legal reforms widen rather than limit definitions of forms of sexual violence. This means making clear the differences between feminist and ‘common-sense’ definitions and creating new words where necessary (p. 157).

The continuum of violence allows us to view and analyze violence generally and as well as name a variety of forms of violence (Kelly, 1998). Therefore, research need not focus strictly on specific forms of violence in isolation or within limited time frames (Kelly, 1998). The meaning of an event and its impact can also change over time (Kelly, 1998). Central to the concept of a continuum is that there are no clear boundaries separating forms of violence and the existence of common threads weave through the various forms; that is, forms of violence possess both unique characteristics as well as characteristics shared with other forms of violence. They are interrelated, but not hierarchically. A systemic analysis would provide the
necessary mapping of, for example, behaviours, similarities, distinctions, causes, and consequences as well as victims’ increased risk to and impact of violence due to their social location. Thus relationships can be revealed between different forms of violence, in particular psychological, racial and sexual harassment, that are normally considered as separate phenomena (Hearn & Parkin, 2001; Lim & Cortina, 2005; Lopez et al., 2009). Gendered, sexual or racial harassment can include behaviours that may not seem explicitly gendered, sexual or racial in nature, but “the aetiology of bullying can be... discriminatory” based on these forms of inequality (Lutgen-Sandvick, Tracy, & Alberts, 2007, p. 841). Viewing forms of violence as distinct can have a profound influence on the construction of some forms (e.g. bullying) as less injurious and as unworthy of extensive prevention efforts.

Specifically related to workplace violence, the notion of a continuum allows for the examination of forms of violence ranging from covert, indirect, and non-physical incidences of abuse, such as incivility, to extreme, overt, direct incidences of violence (e.g. physical assault, sexual assault and homicide) (Glomb & Cortina, 2006; McCarthy & Mayhew, 2004; Tobin, 2001). The continuum foregrounds the escalating nature of violence, thereby highlighting the need to assess the varying degrees of risk that exist at each point (Einarsen et al., 2011). Accordingly, the development of programs for prevention and response must include the ‘lower’ levels of the continuum with a view to preventing the escalation of violence. Einarsen (1999) points to bullying itself also as an escalating process whereby the harassing behaviour becomes increasingly overt and physical. Several European studies have shown a positive direct correlation between the duration and frequency of bullying and the number of bullies involved (Zapf et al., 2003). That is, the number of bullies increases as the duration of bullying continues. Barling (1996) asserts that this form of violence is more frequent than physical
violence. Furthermore, as noted by Di Martino (2007), “it is critical not to lose perspective of
the bond between psychological and physical violence” (Di Martino, 2007). I now turn to a
description of this continuum that includes social structural violence, symbolic violence and
interpersonal (everyday) violence and with power at its centre.

Power at the Centre of Violence and Bullying

Wheresoever power orients practices – and that is everywhere – there is violence
(Kleinman, 2000, p. 238).

The imbalance of power is a widely recognized definitional component of workplace
bullying within the literature. It is currently conceptualized as existing prior to the
commencement of the bullying behaviour (most often circumscribed to formal hierarchical
relationships within the organization, in particular between workers and managers) or as
developing during the bullying process as targets feel progressively powerless and unable to
defend themselves (Saunders et al., 2007). Lopez, Hodson and Roscigno (2009) go further to
affirm that bullying is “a widespread and devastating form of inequality and social exclusion in
organizations” (p. 3). The concept of power needs to shift from an exclusive understanding of
it as illegitimately located and exercised by individuals – and often manifesting itself through
violence – to a broader exploration of power relations within and around the organization
(Liefooghe & Mackenzie Davey, 2001). Hoel and Salin (2003) state that “bullying may stem not
so much from abusive or illegitimate use of power as from power which is considered
legitimate, and tightly related to the labour process and managerial prerogative to manage”
(p. 205). D’Cruz and Noronha (2009) add to the work of Liefooghe and Mackenzie Davey with
emphasis on a broader structural view. They examine the link between organizational practices
and the influence of the extra-organizational context, mainly relations between clients and the
organization and profit-focused capitalist labour relations.

Elements of power differential can be present within the workplace context through both formal and informal structures. Examples of formal power differentials include hierarchical position within the organizational structure, job titles, control over scarce resources, and organizational practices such as reward systems (Hoel & Cooper, 2001; Cleveland & Kerst, 1993; Tobin, 2001). Informal sources of power may include the possession of specialized skills or knowledge, experience, and influential personal contacts or networking possibilities (Hall, 1994; Hoel & Cooper, 2001). Organizations can be filled with symbols and sources of power, for example, office or building location, reserved parking spaces, executive washrooms, company cars, and the prestigious interior design of offices (Hall, 1994). An important source of power, and potentially revealing area of research, is the use of organizational systems and structures in the exercise of power and control over workers as well as mechanisms to carry out bullying and other forms of violence. Examples of such systems and structures include human resource management (HRM) systems such as recruitment, compensation and rewards (increasingly performance based), promotion, training, and performance appraisals; and the development of routinized and highly controlled work processes.

From a critical management perspective, Liefooghe and Mackenzie Davey (2001, 2003) argue for a focus on worker accounts of bullying in their method of analysis and representation of findings. They recognize that while organizations can potentially be sites where conflicting group interests can be articulated and resolved, in reality forms of domination and asymmetric relations exist resulting in the “social construction of reality [that] favor[s] certain interests” and obscures alternative constructs (Liefooghe & Mackenzie Davey, 2003, p. 220). This
“marginalizing [of] certain accounts functions to maintain the organizational power balance” (Liefooghe & Mackenzie Davey, 2001, p. 375). One of the major challenges for researchers therefore, is to be “suspicious of any single account”, especially if presented as “the only credible account” (Liefooghe & Mackenzie Davey, 2003, p. 220). The power and vision of the dominant group shapes the vision and daily life of all groups (Hartsock, 1998). Power is, therefore, a central concept for Liefooghe and Mackenzie Davey and is “fundamental to understanding relations between organizations and employees” (Liefooghe & Mackenzie Davey, 2001, p. 378). Listening to worker accounts offers an avenue into understanding how organizational practices are used in the exercise and maintenance of power and the impact this has on workers. According to Hardy and Clegg (1996), “power becomes embedded in organizational structures in a way that serves certain, but not all, interest groups” (p. 623).

An important avenue of inquiry in my research is the ways in which broader social structural power relations contribute to the construction of workplace bullying as an individual phenomenon and subsequently the practices to counter it. How may these two areas work dialectically to shape each other? Practices adopted to counter and respond to workplace bullying may in turn influence how concepts are interpreted and taken up within organizations. The emphasis on individual behaviours and actions in defining workplace bullying strengthens the view of power as existing solely within the boundaries of interpersonal relationships (Liefooghe & Mackenzie Davey, 2001) and denies the multitude of existing power imbalances existing in social relations and in the institutional practices that embody these relations. Within a critical perspective, power is not viewed as residing solely within individuals (Liefooghe & Mackenzie Davey, 2001). According to Liefooghe and Mackenzie Davey (2001), research on workplace bullying to date has not yet addressed the role of power. Such an
analysis would require an acknowledgement of the social structural inequalities that are an integral part of the workplace as in society in general. As Calliste and Dei (2000) state, understanding social dimensions “is knowing about power relations in society” (p. 12). Therefore, an expanded concept of power than presently used in the literature on workplace bullying must be a central defining element, as it does in any form of violence.

**Social Structural Violence**

Social dimensions (gender, sexual identity, race, ethnicity, class, age, and ability, and so on) are inherent components of organized patterns of relations, processes, and activities/practices (i.e. structures), therefore, I prefer the term *social structural* (or *sociostructural*) rather than *structural* alone as it brings social dimensions into the conceptualization of *structural*. Concepts such as violence cannot be examined outside their social and historical context (Bulhan, 1985). Further, the concept of a continuum of violence must integrate within it a framework that enriches the analysis by including the multiple ways in which individuals and groups are located within interrelated social relations of power, as well as institutional structures such as the family, the state, capitalism, colonialism, imperialism, and patriarchy in and through which social relations are organized and practiced. This view of social structures allows a move away from a view of structures as monolithic entities in which structures and individuals are seen as external to each other.

For Johan Galtung (1969), who brought the term *structural violence* into academic debates (Bourgois, 2004), tracing structural violence back to a concrete actor is meaningless. “The violence is built into the structure and shows up as unequal power and consequently as unequal life chances” (Galtung, 1969, p. 171). These characteristics of social structural violence often render it invisible and normalized (Menjivar, 2011) as it becomes “part of the
routine grounds of everyday life…” (Scheper-Hughes & Bourgois, 2004, p. 4). Specifically related to workplace violence, these characteristics make it possible to bring the organization into the analysis of this phenomenon. As discussed in the previous chapter, organizations cannot be examined in isolation of social, economic and political structures.

Symbolic Violence

Pierre Bourdieu (2004) refers to symbolic violence as a “gentle and often invisible violence” (p. 339-340) to refer to the insidious way in which social structures become inculcated in the unconscious of individuals and groups. Philippe Bourgois (2004) best summarizes Bourdieu’s conceptualization of symbolic violence “as internalized humiliations and legitimations of inequality and hierarchy ranging from sexism and racism to intimate expressions of class power” (p. 426). Bourdieu (2004) offers an example of this internalization process in reference to sexist beliefs internalized by women and asks “What is the meaning of this refusal to see the disappearance of the ordinary signs of the sexual ‘hierarchy’?” (p. 340). Here Bourdieu is referring to symbolic violence as “exercised through cognition and misrecognition...with the unwitting consent of the dominated”15 (Bourdieu, 2001, as cited in Bourgeois, 2004, p. 426). This form of violence is often decontextualized from social structural relations, processes and practices rendering these links invisible. According to Bourgeois (2004), social structural and symbolic violence express themselves through interpersonal conflicts.

Symbolic violence contributes to possible explanations for several important aspects of workplace bullying. First is the necessity to contextualize bullying within the workplace and not as a phenomenon imported from external sources; a view which contributes to its individualization. Second, the construction of workplace bullying as a completely gender

15 There are scholars who disagree with Bourdieu’s focus on the unconscious. This concepts requires further research within the field of workplace bullying.
neutral phenomenon implying that both women and men bully equally divorcing the organization from society in general. The shortcomings in these approaches ignore “the ways in which organizations are constituted through gender [which] make it impossible for [bullying] to be understood outside this gendering” (Hearn & Parkin, 2001, p. 72-73). Therefore, instead of focusing our analysis strictly on ‘who does what to whom’, a consideration is needed of the gendered (and other social dimensions) nature of specific types of work and organizational practices, norms and attitudes (Lee, 2002). Third, the internalization process described by Bourdieu (2004) can help to explain the shame and self-blame often experienced by targets of bullying, as well as the blame inflicted by others. Similar to intimate partner violence, targets of bullying hear accusations regarding why, for example, they do not confront the perpetrator or why they do not leave their jobs to end the bullying. Bourdieu warns that acquiescence does not represent a choice to continue being subjected to violence. Fourth, symbolic violence can help us understand and make visible practices used by organizations to naturalize bullying as part of certain jobs so that it is accepted by workers. In their study of call centres, D’Cruz and Noronha (2009) reveal the promotion of professionalism by management as a practice to mask bullying practices. Bourdieu (1997) similarly warns of the “illusion” of control workers may believe they have over their work when in reality forms of control are hidden and exerted through contemporary forms of management.

**Interpersonal Violence**

Interpersonal violence can be defined as those “daily practices and expressions of violence on a micro-interactional level” (Bourgois, 2004, p. 426). Referring to these violences as “everyday violence”, Nancy Scheper-Hughes (1992) argues that these forms of violence tend to normalize or render invisible violences at a meso-level (e.g. the community) and macro-level
(e.g. the state). Bourgois (2004) similarly argues that “structural and symbolic violence fuse to translate themselves into an everyday violence” (p. 427). When the analytical gaze then focuses strictly on interpersonal violence, its interconnections with social structural and symbolic dimensions become invisible. With regard to workplace violence, specific types of work (e.g. nursing and call centres) are constructed as ‘naturally’ violent (Bishop et al., 2005; Hutchinson et al., 2006); that is, violence is viewed as an inherent part of the work rather than as a constructed component of the labour process.

Rather than moving completely away from a consideration of individual actions, the importance of viewing these forms of violence – social structural, symbolic, and interpersonal – as interrelated is essential. “None of them can be understood apart from the [others]” (Bulhan, 1985, p. 137). They (re)produce and sustain each other. The social and the individual are related and are products of each other. As Dorothy E. Smith explains (2005), the social is not “some kind of entity existing externally to individuals” (p. 58). Individuals’ “capacities to act derive from the organizations and social relations that they both produce and are produced by” (p. 18). To understand forms of violence as relational requires the understanding of individuals and the social as relational.

The main aim of this chapter was to articulate a relational ontology, specifically, a way of understanding the relationship between how we conceptualize social phenomena and the practices we adopt to counter them. In doing do, I set the stage for the second part of the chapter in which I have outlined a framework for conceptualizing violence founded on three main components: an expanded and processual definition of violence that includes physical, emotional, psychological, economic and social harm or suffering; a view of violence within a continuum that renders visible the interrelationship between forms of violence; and a
recognition of the role of power as central within the continuum of violence. The emphasis in such a continuum shifts from a sole focus on understanding the reasons why individuals behave in specific ways to how individual and social structural relations are interrelated and mutually constitutive and sustaining. This framework requires embedding worker experiences of various forms of violence within a broader organizational and societal context. Examining organizations and their practices must be within their wider economic and sociopolitical context, such as those shaped by global capitalism. The framework contributes to the future development of research, theory, and constructive organizational practices to counter workplace bullying. These interrelated practices must include a broader structural and societal perspective in which organizations constitute but one part of a comprehensive model to counter all forms of violence at work.
Chapter 4

Research Methodology: Critical Organizational Ethnography

Research is the attuned mind/body working purposefully to explore, to listen, to support, to transgress, to gather with care, to create, to disrupt, and to offer back, to contribute, sometimes all at once (Neilsen, 1998, p. 264).

Finding a methodology that best suited this study, in particular my theoretical framework and the aims of my research, was not an easy task. I changed directions (methodologies) at key points along my research process as I learned more about various methodologies and as the aims of my study became clearer through the collection and analysis of the data. I chose critical organizational ethnography as it best aligns with the ultimate goals of this study and allowed me the flexibility and openness to craft the research process as I progressed. While I call my work a critical organizational ethnography, I am profoundly influenced by institutional ethnography and practice-based studies, and how these methods of inquiry complement one another. In this chapter, I discuss my research process beginning with the choices of methodologies and methods and how they have guided me in answering the central research question. I attempt to bring the reader into the research process, including ethical considerations and challenges encountered, and how I dealt with them, as well as my role as researcher. I provide a description of the healthcare organization and the broader structural context in which it operates. This is important as this study aims to step out of the local to examine broader practices (e.g. legislation; contemporary public management practices) and discourses (e.g. health equity) that are linked to and shape those on the local level within the
organization. Also, participants’ experiences and conceptualizations of violence are not isolated from this context. From a critical and relational perspective, the process of knowledge is linked to context (Bradbury & Lichtenstein, 2000).

In chapter one, I discussed my research objectives and question. Throughout the analysis process, my aim was not to develop a descriptive account of all anti-violence practices used by the Hospital so that they could be used as templates for other organizations for easy replication. I am interested in exploring how anti-violence practices are shaped by organization members’ understanding of forms of violence and how these practices are used – individually and as interrelated components of a program – and, in turn, changed, in and through everyday anti-violence work. My aim is not to portray the accomplishments of the Hospital as *fait accomplis*, but as a non-linear, ongoing process. Sara Ahmed (2012) states that the task of an ethnographer is “to describe a world that is emerging and to account for the experience of that world from the points of view of those involved in it” (p. 11). It is this continuously emerging world of participants in which I am interested. James P. Carse’s (1986) description of finite and infinite games maintained my focus on process during the data collection and analysis phases of this research. He states:

> There are at least two kinds of games. One could be called finite, the other infinite. A finite game is played for the purpose of winning, an infinite game for the purpose of continuing the play (p. 3).

> Infinite players cannot say when their game began, nor do they care. They do not care for the reason that their game is not bounded by time. Indeed, the only purpose of the game is to prevent it from coming to an end, to keep everyone in play (p. 6-7).

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16 Gherardi’s (2012) comparison between distal thought and proximal thought are similar. She defines distal thought as “[prioritizing] results and consequences, the products and finished objects of thought and action” (p. 78). Instead, proximal thought “addresses what is continuing and incomplete, towards which it constantly tends but never reaches” (p. 78).
The context within which the organization exists and operates and what makes it ‘different’ from the point of view of its members, are also key in my inquiry. Anti-violence practices do not develop or exist in a vacuum.

The core objective of my study is to explicate the relationship between how an organizational members conceptualize bullying (and violence generally) and the practices they adopt to counter and respond to it. Therefore, to trace these linkages it was necessary to study a single organization. Had I been interested in developing a general description of multiple anti-violence practices where organizational context was less important, several organizations would have been sought for this study. Later in the current chapter, I discuss how I searched for the Hospital and my criteria for the selection of this organization. I chose to study a particular group (the Committee) within the Hospital as they are directly involved in the development of anti-violence practices. It is important for future research to develop richer descriptions of anti-violence practices generally in order to guide organizations in the development of their own practices. However, the practices also need to be developed to suit each organizational context. This is particularly important as systemic change is a central objective. Key parts of the development process are the objectives of the practices and why and how they will be used on an ongoing basis within the organization. Key then for any organization, is to examine and develop how its members conceptualize (or wish to change their conceptualization of) forms of violence. This study captures this process from which other organizations can learn. Studying the Hospital to understand their approach can inform other organizations, as well as public debates and legislation in the future.
Critical Organizational Ethnography

As discussed in earlier chapters, the core underlying theme of my study is the link between theory (in particular, how we conceptualize workplace bullying) and practice (the practices taken up to counter workplace bullying). In my search for a methodology, I paid particular attention to the principal aims of the various methodologies considered. A principal aim specifically of organizational ethnography is to “uncover and explicate the ways in which people in particular work settings come to understand, account for, take action, and otherwise manage their day-to-day situation” (Van Maanen, 1979, p. 540). Within the context of organizations as social systems, ethnography, therefore, aims to explore the “meaning systems” of its members (Rosen, 2000, p. 54); not meaning alone, but “meaning in relationship to action” (emphasis in original) (p. 54). Ethnography is concerned with meaning as a theoretical construct. Critical ethnographers are concerned with uncovering the repercussions of those meanings for groups of social actors within a specific social realm (Macdonald, 2014). Specifically within this study, I am interested in organizational practices and how they are shaped by and shape the meaning of violence, specifically bullying, within the social realm of the workplace. Organizational ethnography is appealing to me for other reasons, including its potential for a deeper understanding of social phenomenon (or topic being studied) (Fine, Morrill, & Surianarain, 2009), its “processed based understanding of organizational life” (Rosen, 2000, p. 55), and its focus on interrelationships. Therefore, in moving beyond mere description, organizational ethnographers are attentive to the “complexities of the everyday” within organizations (Ybema, Yanow, Wels, & Kamsteeg, 2009, p. 1). These complexities are not possible to grasp through quantitative methods (e.g. surveys and questionnaires) where the researcher is removed from the local site (Prasad & Prasad, 2002; Ybema et al., 2009).
These characteristics of ethnography align well with my ontological starting point discussed in chapter three.

Focusing on the everyday does not preclude the ethnographer from exploring linkages with the wider social and historical contexts in which organizations are embedded (Ybema et al., 2009). This is the case in particular with critical organizational ethnographies. As discussed in chapter three, organizations cannot be researched within a vacuum decontextualized from their social space. Calás and Smircich (2009) argue that

...bringing a [critical] feminist perspective to the study of organizations today implies...recognizing that organizations, as core institutions of society, are centrally involved in the production and maintenance of social relations of inequality and subordination, including gender, race, ethnic, class and sexual relations (p. 247).

Therefore, while this ethnographic study involves a single site, the boundaries are amorphous (Reinharz, 1992). In discussing context and micro and macro links, Reinharz (1992) states, that “every field setting can be thought of as immersed in a larger social context, which itself is embedded in a larger social system” (p. 55). Societal, economic, political, and historical contexts are important in understanding causes and effects, but also in developing potential solutions (Alvesson & Ashcraft, 2009). Fundamental to this study is the theorization and exploration of power as central within the process of violence and, hence, the practices to counter it. Workplace violence, in all interrelated forms, is therefore, examined within a framework where power cannot be spoken of as separate from social dimensions within and outside the workplace.

A central intent of critical-based research methodologies is transformation. A key purpose of this study is to challenge current dominant discourses of workplace bullying (and other forms of violence) as an individual phenomenon, as well as the strong focus of
organizational practices on changing individual attitudes and behaviours. Critical ethnographers (as with practice-based studies) study organizational practices to gain a deeper understanding of them in order to change them (Gherardi, 2012; Langley & Tsoukas, 2010). Critical management studies (CMS) share this aim of reforming institutions by attempting to shape both social and managerial practices (Alvesson & Ashcraft, 2009). Of primary importance in this study is how the Hospital attempts to bring about both organizational and social change through its practices. From a relational perspective, organizational and social change are not mutually exclusive, but interrelated.

Traditional ethnography is associated with the study of culture and, therefore, requires brief attention here. I find the emphasis on organizational culture within the fields of organizational studies and workplace bullying as problematic. Positing the workplace culture as the ‘culprit’ and that which needs to change, is vague. What does it mean to change an organization’s culture? What exactly needs to be changed? These are the questions with which I grappled during this study. Using the term organizational culture is problematic for many reasons including, first, my research involves the study of a large organization and it cannot be said to have a single, universal culture. In her inquiry into the Space Shuttle Challenger disaster, Diane Vaughan (1996) states that “culture is sometimes falsely assumed to be a characteristic peculiar to a formal organization as a whole...But most organizations are segmented and potentially have as many cultures as subunits” (Gregory, 1983; Louis, 1985; Trice & Beyer, 1993; Van Maanen & Barley, 1985, as cited in Vaughan, 1996, p. 64). Participants in my study referred to “pockets” of different cultures. They rarely used the term culture during our conversations. When participants did use the term, it was in reference to how the Hospital (usually members of management) thought or acted (i.e. practices), or did
not act. Second, a restricted notion of culture limited to norms, rules and values (typical of organizational studies) is not applicable to the findings of this study. In search of simplicity and linearity, organizations may reduce culture and culture change to values and the change of those values (Mills, 2003). Reducing culture to values extricates it from organizational (and broader societal) practices and processes that are shaped by social structural dimensions. Rather than culture, I believe it is more useful to focus on context; a broad (i.e. not restricted to the organization), interrelated (i.e. relational) context. Analysis in critical organizational ethnography is both context-sensitive and actor-centered (Ybema, et al., 2009).

**Institutional Ethnography**

I am influenced by institutional ethnography’s relational and feminist underpinnings, in particular, how power is conceptualized and traceable through peoples’ everyday experiences and texts; the collapse of dualisms (e.g. individual/social, local/global); the focus on capturing (and mapping) ongoing practices and processes; the central role of texts in coordinating peoples' everyday activities; and the importance of starting from people’s everyday experiences. It is the central role of texts that provided me with insight into how I could search for an organization for this study and how the analysis of key texts would provide insight into how the organization was thinking and acting with regard to workplace bullying.

Throughout this thesis I highlight how institutional ethnography shapes and guides this study. For example, the notion of social organization demands that we do not view power, violence, organizations, practices, processes and so on as naturalized and neutral abstractions allowing us to focus on how they have come to be. This focus, together with standpoint as a methodological tool, also allows researchers to make visible how the naturalization of social phenomena, like violence, and the erasure of individual experiences occur. Institutional
ethnography’s relational foundation collapses dualities. Local (micro-level) and global (macro-level) processes and practices cannot be examined in isolation as they are intimately linked to and shape each other. Central to institutional ethnography is that these processes and practices, while constantly changing, are visible and observable.

Institutional ethnography is a method of social inquiry that starts from people’s everyday local experience and is concerned with how people’s activities are coordinated with those of others through translocal institutional processes or ruling relations (Smith, 2005). Institutional ethnography sees “the coordinating of people’s doings...as an ongoing and active process” (p. 64). The institutional ethnographer is concerned with discovering “how things are socially organized, or put together so that they happen as they do” (p. 29). At the centre of this study are the experiences of a group of organizational members (described later in the current chapter) who I refer to as the Committee. They are responsible for the development of anti-violence practices. My analysis focuses on how they conceptualize bullying (and violence generally) and how this shapes their development and use of organizational practices.

It is texts that allow the institutional ethnographer to move from the local to the translocal setting(s) (Smith, 2005). The focus on texts in institutional ethnography comes from the insight that technologies of social control are increasingly and pervasively textual and discursive which are mechanisms for coordinating activity across many different sites. Being attentive to the types of textual coordination can make visible how the links among settings are put in place (DeVault, 2008). It is important to note here that texts carry and perpetuate meaning, but to have an effect they must be activated through people’s activities (Campbell & Gregor, 2002). Institutional ethnographers view text as acting and being acted upon; that is, texts shape and are shaped by people’s activities, at times directly or through other texts.
Texts and their readers are in a dialogical relation – an “ongoing conversational relation” (Smith, 2005, p. 167). Texts can take many forms – especially in this age of digital and information technology – but they share a common characteristic in that they are replicable. This characteristic gives the texts their force; their ability to move through space and time and to shape and be shaped (Smith, 2005). Smith (2005) describes the notion of texts as

...words, images, or sounds that are set into material form of some kind from which they can be read, seen, heard, watched, and so on. ...[They] are so much present that we take them and their ubiquity entirely for granted. ...Their material forms are such that a given form of words, images, or sounds is replicable; that is, anyone else anywhere else can read, see, hear, and so on the same words, images, or sounds as any other person engaged with the same text. The magical character of replicable texts from the point of view of institutional ethnographic interest is that they are read, seen, heard, watched, and so on in particular local and observable settings while at the same time hooking up an individual’s consciousness into relations that are translocal (p. 66).

While a multitude of documents informed this study, the *Equity and Human Rights (EHR) Policy* (considered within the Hospital as an “overarching” policy) and education and training materials became the primary texts used in the analysis. As I discuss later in the current chapter, it was important to analyze texts together with data from participant conversations.

My central research interest found its seeds in the power of concepts within institutional ethnography. My initial analysis of the literature within the field of workplace bullying began in *discourse*, in particular the conceptualizations of *workplace violence* and *workplace bullying*. I became interested in the ways in which these concepts are constructed as individualized and distinct phenomena, where linkages are rendered invisible, how they seek to define people’s experiences of forms of violence in the workplace, and how they shape the possible actions available to organizational members. In institutional ethnography, discourse is seen as an organizer of experience. DeVault and McCoy (2002) describe the notion of discourse in
institutional ethnography as

...a field of relations that includes not only texts and their intertextual conversation, but the activities of people in actual sites who produce them and use them and take up the conceptual frames they circulate. This notion of discourse never loses the presence of the subject who activates the text in any local moments of its use (DeVault & McCoy, 2002, p. 772, as cited in Campbell & Gregor, 2002, p. 40).

Institutional ethnography attempts to bring particular attention to the ways in which conceptualizations become substitutes for people’s actual experiences. As Smith (2005) writes “concepts are substituted for or displace the actual” (p. 54). Smith also points to how texts wield enormous power in contemporary society when activated by members of the ruling apparatus, such as corporations, the law, and so on when she states that

...the disjuncture between the experienced actualities of those caught up in such a process and what is recognized in the form of worlds that represent them institutionally is an important dimension of institutional power (p. 194).

The consequences of this disparity between concepts and people’s actual experiences have immense consequences in multiple areas concerning workplace bullying (and other forms of violence), in particular I would like to note here, are the influences on prevention and intervention practices and the courses of action open to workers. In her institutional ethnographic study of family violence and the women’s movement, Gillian A. Walker (1990) writes with respect to the construction of concepts:

Concepts are not constructed randomly or accidentally but as actual work processes in the production of knowledge. In themselves, concepts provide for particular courses of action. Understood in this way, concepts can be seen to do more than name a phenomenon. They are part of a social relation... that organizes the particular phenomena in specific ways and provides for response to what has been thus identified (p. 10-11).

How an issue is labeled or framed shapes how it is seen and acted upon.
Practice-based Studies

A major challenge of this study was the integration of a relational ontology and epistemology (see chapter 3) with methodology and, in particular, with the analysis of the data. This entailed maintaining at the forefront the view of organizational practices not as distinct entities, but as processes with “(relative) temporal and spatial stability to the organization of persons, texts and objects” (Law, 1994, as cited in Gherardi, 2012, p. 82). The practice-based perspective views practices as “social elements...conceived as beginnings and transformations” which are constantly renewed rather than self-sufficient elements (Gherardi, 2012, p. 78). Practices are interrelated and mutually constitutive. As Silvia Gherardi (2012) states:

...one of the greatest theoretical and methodological opportunities offered by the concept of practice resides in the fact that practices rest on other practices: that is, they are interconnected and their interconnection makes it possible to shift the analysis from a practice to a field of practices which contains it, and vice versa” (p. 155).

There are reciprocal relations among the practices; that is, they shape each other as each changes. These mutually constitutive relations also exist between the human and the non-human. It is the design, the use made of the practices by people in their everyday activities, and their subsequent changes, within context, that I have attempted to grasp in this study. People (subjects) and practices (objects) are in a reciprocal relationship not in isolation, but within a context that shapes this relationship (interactions) and from which meaning-making occurs (Gherardi, 2012).

In chapter three, I discussed this mutually constitutive relation as it relates to praxis; that is, the process of theorizing and acting. The analysis of organizational practices, such as policies and education and training programs, allows me to explore this relation. Gherardi
(2012) states that

The return of practice is part of a movement toward a relational epistemology, because practice makes it possible to see and to represent a mode of ordering the social in which doing and knowing are not separate and the knowing subject and the known object emerge in the ongoing interaction (p. 78).

A relational perspective makes it possible to view practices not as neutral, but as social in nature; that is, their “production has to take place in real locations by people” (Blunt & Rose, 1994, Paulston & Leibman, 1996, Edward & Usher, 2001, as cited in Ng & Mirchandani, 2008, p. 37). As such, practices “can possess inherent political qualities...and embody specific forms of power” (Aneesh, 2006, p. 130). With regard to workplace violence, in particular, forms of harassment, organizational practices can be designed and used not only to counter violence, but also as instruments in the process of violence (e.g. the use of performance appraisals in the process of bullying).

It was this relation of knowing and doing that I wanted to capture through the conversations with participants and the analysis of organizational practices used to counter workplace bullying (and other forms of violence). This study makes explicit links between how the concept of workplace bullying is constructed and internal organizational practices. In the following section I discuss the research process and design beginning with how I searched for an organization to study and how I gained access. I then discuss the collection and analysis of data, as well as the main challenges I experienced throughout the research process and how I dealt with them. As the researcher’s standpoint is key in both critical ethnography and institutional ethnography, I will discuss this where relevant throughout my discussion of the research design and process. While I discuss participant conversations and textual analysis in separate sections, the collection of data did not proceed in a linear way. Conversations with
participants and the collection of texts occurred simultaneously. I followed Nina Lykke’s (2010) advice that methodologies and methods be used in creative ways during the research process, “and not as devices to be applied mechanically” (emphasis in original) (p. 144). I was comfortable with the idea of methods as eclectic and evolving as I proceeded through the research process.

**Context is Key**

The context for an ethnographer “is multilayered and interrelated” (Creswell, 2012, p. 473). Organizations, social phenomena, definitions of violence, and development of anti-violence practices do not exist in an isolated bubble. They are not well-defined entities with permanent boundaries. A key consideration of critical and relational research methods is “that the data should not be disembodied but situated in context” (Özbilgin, 2006, p. 252). Therefore, this section describes the organization in this study and the context in which it operates, the group from which participants were recruited (which I refer to as the Committee), and the legislative context for workplace issues in Canada with a focus on the Ontario Occupational Health and Safety Act (OHSA) which was amended by Bill 168 to address violence, domestic violence and harassment at work.

**Description of the Organization**

The Hospital has a long history and connection with immigrant populations in Toronto (Ontario, Canada). As a fairly large bureaucratic organization with under 5,000 employees, the majority of which are women, the Hospital is one of North America’s pre-eminent medical, teaching and research institutions. This history has deeply shaped the Hospital’s practices in all areas, including extensive efforts to advance human rights issues both within and outside the organization.
The Hospital is an independently operated healthcare institute. In 2006, as part of a restructuring of the provincial healthcare system, the provincial government created fourteen regional Local Health Integration Networks (LHINs). The Local Health Integration Network (LHIN) was established by the Ministry of Health and Long-Term Care to plan, integrate and fund local health services (Toronto Central LHIN 2014). The Hospital falls under the auspices of the Toronto Central LHIN. Health equity has been identified as one of the four priorities of the Toronto Central LHIN (Toronto Central LHIN, 2014).

The Hospital has a dedicated office (which I refer to as the Office) whose central mandate is to ensure a safe, respectful, equitable, and accessible environment for all members of the Hospital community, including patients, staff and the public. The Office is the core unit within the Hospital responsible for developing and implementing anti-violence practices. In chapters five, six and seven, I will discuss how the responsibility for carrying out these practices is also shared with the Occupational Health and Safety Department and the Human Resources Department (HR). The Office reports directly to the Senior Vice-President of Strategy and Organizational Development, not to the Human Resources Department. The Office has played a key role, together with the Committee, in carrying out research and developing practices to carry forward the health equity priority set by the Toronto Central LHIN. All members of the Office sit on the Committee which was formed to guide, advise, and support the work of the Office. Members of the Committee represent all levels and key areas of the hospital, including employer (Human Resources, managers and other representatives), union representatives\textsuperscript{17}, worker representatives, Occupational Health and Safety representatives, and community representatives.

\textsuperscript{17} Three major unions operate within the healthcare sector in Ontario: Ontario Nurses’ Association (ONA), Ontario Public Service Employees Union (OPSEU/SEFPO), and Service Employees International Union (SEIU).

The North American Industry Classification System (NAICS) provides a way of situating the Hospital more broadly within the Canadian context. In 1997 the NAICS was adopted as a common industry classification system by the three North American Free Trade Agreement (NAFTA) trading partners: Canada, Mexico and the United States. The hierarchical structure of NAICS Canada (see Figure 1) divides the economy into 20 main sectors, further subdivided into subsectors, industry groups, industries and Canadian industries (Statistics Canada, 2012a).

<table>
<thead>
<tr>
<th>Sector code</th>
<th>Sector name</th>
<th>Subsectors</th>
<th>Industry groups</th>
<th>Industries</th>
<th>Canadian industries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Agriculture, forestry, fishing and hunting</td>
<td>5</td>
<td>19</td>
<td>41</td>
<td>50</td>
<td>115</td>
</tr>
<tr>
<td>21</td>
<td>Mining, quarrying, and oil and gas extraction</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>29</td>
<td>47</td>
</tr>
<tr>
<td>22</td>
<td>Utilities</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>23</td>
<td>Construction</td>
<td>3</td>
<td>10</td>
<td>28</td>
<td>29</td>
<td>70</td>
</tr>
<tr>
<td>31-33</td>
<td>Manufacturing</td>
<td>21</td>
<td>86</td>
<td>181</td>
<td>251</td>
<td>539</td>
</tr>
<tr>
<td>41</td>
<td>Wholesale trade</td>
<td>9</td>
<td>26</td>
<td>72</td>
<td>72</td>
<td>179</td>
</tr>
<tr>
<td>44-45</td>
<td>Retail trade</td>
<td>12</td>
<td>27</td>
<td>58</td>
<td>74</td>
<td>171</td>
</tr>
<tr>
<td>48-49</td>
<td>Transportation and warehousing</td>
<td>11</td>
<td>29</td>
<td>42</td>
<td>58</td>
<td>140</td>
</tr>
<tr>
<td>51</td>
<td>Information and cultural industries</td>
<td>6</td>
<td>12</td>
<td>27</td>
<td>30</td>
<td>75</td>
</tr>
<tr>
<td>52</td>
<td>Finance and insurance</td>
<td>5</td>
<td>11</td>
<td>28</td>
<td>52</td>
<td>96</td>
</tr>
<tr>
<td>53</td>
<td>Real estate and rental and leasing</td>
<td>3</td>
<td>8</td>
<td>19</td>
<td>22</td>
<td>52</td>
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<td>54</td>
<td>Professional, scientific and technical services</td>
<td>1</td>
<td>9</td>
<td>35</td>
<td>41</td>
<td>86</td>
</tr>
<tr>
<td>55</td>
<td>Management of companies and enterprises</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>56</td>
<td>Administrative and support, waste management and remediation services</td>
<td>2</td>
<td>11</td>
<td>29</td>
<td>34</td>
<td>76</td>
</tr>
<tr>
<td>61</td>
<td>Educational services</td>
<td>1</td>
<td>7</td>
<td>12</td>
<td>12</td>
<td>32</td>
</tr>
<tr>
<td>62</td>
<td>Health care and social assistance</td>
<td>4</td>
<td>18</td>
<td>30</td>
<td>37</td>
<td>89</td>
</tr>
<tr>
<td>71</td>
<td>Arts, entertainment and recreation</td>
<td>3</td>
<td>9</td>
<td>23</td>
<td>34</td>
<td>69</td>
</tr>
<tr>
<td>72</td>
<td>Accommodation and food services</td>
<td>2</td>
<td>6</td>
<td>10</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>81</td>
<td>Other services (except public administration)</td>
<td>4</td>
<td>14</td>
<td>30</td>
<td>38</td>
<td>86</td>
</tr>
<tr>
<td>91</td>
<td>Public administration</td>
<td>5</td>
<td>12</td>
<td>29</td>
<td>29</td>
<td>75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>102</td>
<td>232</td>
<td>711</td>
<td>922</td>
<td>2,058</td>
</tr>
</tbody>
</table>

(Statistics Canada, 2012a, p. 14)

Statistics Canada (2012b) describes the framework on which NAICS is based and its
intended use as:

...a production-oriented, or supply-based conceptual framework in that establishments are grouped into industries according to similarity in the production processes used to produce goods and services. A production-oriented industry classification system ensures that statistical agencies in the three countries can produce information on inputs and outputs, industrial performance, productivity, unit labour costs, employment, and other statistics that reflect structural changes occurring in the three economies.

This production-oriented model categorizes sectors as either goods-producing or services-producing sectors.

Healthcare and social assistance is the sector with the highest number of employees – full-time and part-time – in Canada (over 2.2 million), and also in Ontario (810,700). Sectors with the second and third largest number of employees are retail trade (over 2.0 million in Canada; 783,600 in Ontario) and manufacturing (over 1.7 million in Canada; 760,400 in Ontario) (Statistics Canada, 2015). In comparison to other sectors, workers in the healthcare and social assistance sector are predominantly female (82.2%) (Statistics Canada, 2015). Education services (68.0%) and accommodations and food services (59.6%) follow with the second and third largest ratio of female workers (Statistics Canada, 2015). The healthcare and social assistance sector also has the second largest ratio of full-time workers (76.1%), the majority of which are female (61.3%) (Statistics Canada, 2015).

Viewing hospitals as production-oriented provides insight into the importance of the patient-based discourse. This is particularly key as Ontario shifts from a global funding model to a patient-based funding model (also referred to as activity-based funding, service-based funding, case-mix funding, or payment by results (Sutherland, Repin, & Crump, 2012)).

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18 The data represents workers 15 years and older employed in 2014.
19 The manufacturing sector has the largest ratio of full-time workers (95.9%), the majority of which are male (71.5%). Males (1.9%) represent a smaller portion of the part-time workforce compared to females (2.2%).
Historically, hospitals in Canada have been financed through a lump-sum payment largely based on their annual budget (i.e. global funding model) received from the Ministry of Health of their respective province (Evans, 2000). Provinces in turn receive transfer payments covering a portion of the costs from the federal government, which are tied to the conformity by provinces to federal healthcare-related standards (Evans, 2000). In order to reduce healthcare costs, in January 2012, the Ontario government introduced its Action Plan for Health Care (Ministry of Health and Long-Term Care, 2015a). At the core of this plan is the Health System Funding Reform (HSFR) which came into effect in April 2012. With the HSFR, the Ontario government shifts how it reimburses hospitals to a patient-based funding model (Ministry of Health and Long-Term Care, 2015a). According to the Ministry of Health and Long-Term Care (2015b), hospital funding is now based on “how many patients they look after; the services they provide; the evidence-based quality of those services; the specific needs of the population they serve”. The shift to a patient-based funding model is in large part driven by increasing pressures to control costs of Canada’s publically funded healthcare system (Sutherland, 2011). Hospitals account for over 28% of total provincial healthcare budgets (Sutherland, 2011).

It is not within the scope of this study to discuss the advantages and disadvantages of a patient-based funding model. However, it is important to note here the shift toward hospitals as corporations. The basis on which this funding model is based and the language used shapes hospitals, and their practices and processes, as production-based organizations. Hospitals are now economically incentivized through the achievement of profit margins; that is, “efficient hospitals ‘pocket’ the difference between the payment amount and the hospital’s actual cost of production” (Sutherland, 2011, p. 5). In a patient-based funding model, hospitals shift from...
a cost management system to a cost and revenue management system (Sutherland, 2011) in which patients are a source of potential income (UBC, 2015). Efficiency is a central discourse in this model. Hospitals increase their revenues by managing their “labour (e.g. operating room staff) and non-labour (e.g. technology) inputs” (Sutherland & Repin, 2014, p. 2). They can also compete with other hospitals for funding.

To more deeply understand violence in healthcare, critical researchers have contextualized work within this sector by focusing on the shift toward contemporary public management practices. It is beyond the scope of this section to enter into an in-depth discussion of these practices, however, it is important to note the broader economic and political context within which hospitals operate. Examples of main themes highlighted by researchers include a shift to “regimes of inspection and measurement” that are part of the growth of an audit society (Cooke, 2012, p. 52); “the aggressive use of healthcare targets to measure performance and the employment of strong sanctions to monitor and punish hospitals if they under-perform” (Bevan & Hood, 2006, as cited in Deery et al., 2011, p. 744); the displacement of care with the rise of institutional efficiency; the emphasis on risk management; the increased control of professional associations over its members (Cooke, 2012); and an increase in managerial and financial control (Cooke, 2012; Deery et al., 2011; Powers, 2012). New public management practices with a “‘business-like’ approach to service delivery” (Deery et al., 2011, p. 744) has hooked into the notion of customer sovereignty where patients are viewed as customers. (See chapters 2 and 5 for a further discussion on how this notion shapes organizational practices and the normalization of violence.)
Legislative Framework for Workplace Issues: The Canadian Context

National and provincial legislation protecting workers is an important part of the context in which organizations operate. Canadian legislation that addresses workplace issues include on the federal level the Canada Labour Code\textsuperscript{20}, the Employment Equity Act, the Canadian Human Rights Act, and the Canadian Criminal Code; and on the provincial level the Ontario Human Rights Code, the Occupational Health and Safety Act, the Employment Standards Act, and the Workplace Safety and Insurance Act (which replaced the Workers Compensation Act). Although legislation to prevent workplace violence in Canada varies by jurisdiction, legislation that can apply specifically to workplace violence in every jurisdiction includes Occupational Health and Safety legislation (specifically related to the duty to provide a safe workplace and in some provinces specifically addresses violence and harassment), Human Rights legislation and the Criminal Code.

With the enactment of Bill 168 – An Act to amend the Occupational Health and Safety Act with respect to violence and harassment in the workplace and other matters – Ontario joined other Canadian provinces and countries worldwide in establishing legislation addressing workplace violence and harassment within labour law. Before June 15, 2010 no specific legislation existed in Ontario with respect to workplace violence with the exception of General Duty obligations under Occupational Health and Safety legislation and the Ontario Human

\textsuperscript{20} Employees of federally regulated businesses and industries whose work conditions are defined by the Canada Labour Code account for 6\% of Canadian workers (Government of Canada, 2014). The federally regulated sector includes: “banks; marine shipping, ferry and port services; air transportation, including airports, aerodromes and airlines; railway and road transportation that involves crossing provincial or international borders; canals, pipelines, tunnels and bridges (crossing provincial borders); telephone, telegraph and cable systems; radio and television broadcasting; grain elevators, feed and seed mills; uranium mining and processing; businesses dealing with the protection of fisheries as a natural resource; many First Nation activities; most federal Crown corporations; private businesses necessary to the operation of a federal act” (Government of Canada, 2014).
*Rights Code* which makes reference to harassment and includes specific prohibited grounds\(^{21}\).

Bill 168 was strongly and persistently fought for by feminist activists and victims’ families. The legislation was powerfully shaped by a history of violence in Ontario workplaces. On June 2, 1996, Theresa Vince was murdered at work by her supervisor who then killed himself. Theresa had reported sexual harassment by her supervisor nearly a year and a half earlier to upper management at Sears Canada (CREVAWC, 2014). On November 12, 2005, Lori Dupont, a Nurse at the Hotel-Dieu Grace Hospital in Windsor, was murdered at work by her ex-partner, an Anesthesiologist who was also employed at the same hospital. After he murdered Lori, he killed himself.

The stated purpose of Bill 168 is to protect workers against workplace violence (including domestic violence) and harassment. However, it is critical to note that not all groups of workers are protected equally under Bill 168. Specifically, the Bill’s requirement to post the policies “in written form...at a conspicuous place in the workplace” (CanLII, 2014b) does not apply to workplaces that consist of five or fewer workers (unless ordered by an inspector with the Ministry of Labour) that are “regularly employed at the workplace” (CanLII, 2014b). This not only excludes a multitude of small and medium sized workplaces, but also the increasing reliance of contemporary workplaces on contingent workers. Studies have shown a relationship between contingent work (also precarious work, contract work, job sharing) and harassment in the workplace (Genest, Leclerc, & Maranda, 2005; Leclerc, Sabourin, & Bonneau, 2005; Vézina & Dussault, 2005; Yamada, 2000). Elsewhere in the *Occupational Health and Safety Act* (Part I-Applications, ss 3(1)) private residences are excluded from the

\(^{21}\) Harassment or discrimination based on prohibited grounds under the *Ontario Human Rights Code* include: race, sex, sexual orientation, gender identity, gender expression, colour, ancestry, place of origin, ethnic origin, citizenship, creed (which includes religion and beliefs), age, disability, marital status, or family (CanLII, 2014a).
Act. It states that the Act “does not apply to work performed by the owner or occupant or a servant of the owner or occupant to, in or about a private residence or the lands and appurtenances used in connection therewith” (CanLII, 2014b). This excludes types of work performed predominantly by women, such as the caregiving of children and aging adults. Further research is required to better understand violence as it relates specifically to marginalized workers.

The strong influence that Bill 168 (i.e. OHSA) has on the conceptualizations of workplace violence and workplace harassment, and as a result, the development of prevention and intervention practices, emerged as a major theme in this study and will be developed in a future publication. Elsewhere, I have argued that these two concepts have been constructed in Bill 168 as distinct phenomena (Berlingieri, 2013). This may lead to a construal of harassment as not only ‘opposite’ to violence, but as less severe; for example, it has no physical effects that are readily seen, it is not as detrimental to workers, and perhaps it cannot be prevented. The construction of these phenomena as distinct shapes employer obligations and requirements which differ for workplace violence and workplace harassment. Three main differences in policy and program development and implementation requirements within Bill 168 demonstrate how the concepts of workplace violence and workplace harassment are constructed differently. These differences arise in the areas of program content, assessment of risks, and workers’ right to refuse work. Overall, requirements with respect to workplace harassment are significantly less onerous in comparison to workplace violence. Bill 168 itself is an example of how conceptualizations of social phenomena shape practices and points to the need for an alternative approach to the individualization and separation of forms of violence.
Research Design and Process

Finding an Organization and Gaining Access

This study examines specific links between the conceptualization of workplace bullying by participants and the ways in which this conceptualization shapes the development and use of practices to counter and respond to bullying, with a focus on policies and educational and training programs. This study involved the search for a site where this alternative view of workplace bullying and practices were possibly being attempted and would serve as a place in which an analysis could begin. I sought out an organization that is attempting to take up the concept of workplace bullying differently and traced how this shapes the practices they have adopted. More specifically, I was interested in studying an organization where violence and bullying are not viewed as distinct and individualized phenomena and where an acknowledgement exists of power relations reflected in the social structural inequities that are an integral part of all workplaces as in society in general. Such an organization is not only committed to bringing about changes in the interpersonal relations of their members, but systemic and organizational changes as well.

My first challenge, therefore, was how and where to find such an organization. I realized that, as texts, organizational policies would provide insight into how organizations were thinking and acting with regard to workplace bullying. I spent a lot of time searching the internet and reading policies. I focused on organizations in the healthcare and education sectors as research shows that these sectors have a high prevalence of workplace bullying and other forms of violence. The selection of the healthcare organization, which I refer to as the Hospital in this study, as a suitable site was based primarily on a preliminary analysis of their policy with regard to workplace violence and bullying and an exploratory conversation with the
Director of the Office. Two salient features of the Hospital’s policy contributed to my selection of this organization as a site for this research: the presence of the organization within the policy and the goal of systemic change. These two key features of the policy that recognize the power relations that exist in all organizations allow the Hospital to acknowledge the importance of and attempt to bring about systemic change. In chapter six, I will discuss these parts of the policy in depth. Following the initial conversation in which we discussed the research project, its goals and the possibility of doing the fieldwork in the Hospital, a summary of my research proposal was submitted to the Office and formally approved by the Senior VP, Strategy and Organizational Development of which the Office is a part. It was important that the summary of the research describing the fieldwork in detail, included who was to participate, the duration of conversations, and examples of the types of documents to be collected. The duration of conversations was an important consideration in the approval of the study. Therefore, I had to balance the time constraints within the busy workdays of participants with my need as a researcher to have sufficient time to enter into deeper conversations. While classical ethnographic studies involve extensive time in the field coupled with participant observations, this is not always possible in contemporary organizations. Therefore, organizational ethnographers need to be constantly open to flexibility and to rethinking their strategy throughout the entire research process. My focus in this study is the conceptualization of workplace bullying, and violence in general, from the perspective of participants, therefore, I do not believe that repeated observations in the field were necessary, nor did their absence from the research design compromise the study. Having said this, however, I did find it extremely interesting and helpful (e.g. in forming relationships with participants) attending various events in the Hospital. For example, I participated in a
Committee meeting, a lunch-and-learn event, and attended a two-day training session on domestic violence in the workplace. Following a conversation, a participant enthusiastically invited me for a tour of their work area. Occasions like this can occur quite serendipitously during fieldwork.

Once my study was approved, I was invited by the Director of the Office to participate in a Committee meeting (held monthly) and was given the opportunity to meet the members and present myself and the study. It was also an opportunity for members of the Committee to ask questions or make comments, which many of the members did. I informed the Committee members that they would be receiving correspondence directly from me via email in order to set up a date, time and location of their convenience for our conversations. I also spoke briefly regarding confidentiality during our conversations. This process facilitated the recruitment process and participation rate. I also realized later during conversations with participants and my observations that this is also very much the way that the Committee works; that is, very collaboratively. During this meeting I was asked and committed to presenting to the Committee the findings of my research upon its completion.

Several days following the committee meeting, the Director of the Office sent out an email on my behalf to begin the process of scheduling conversations with participants. The email referred back to the committee meeting and my brief presentation and included information regarding the expected duration of the conversations, assurances of confidentiality, and the possibility of withdrawal at anytime during a conversation. Participants were also informed that they would receive a more in-depth description of the study at the beginning of our conversations and would be required to sign a consent form.

Shortly after my attendance at the meeting, I was provided with a list of all the
Committee members’ names and email addresses. I contacted each of the participants individually via email and began the process of scheduling appointments for our conversations. I attached a brief description of the study to the email as well. Later during the recruitment process and in conversations with participants, it became apparent that the provision of additional information contributed to the comfort level of participants. Although this study does not entail the exploration of personal experiences of violence, it is a topic that is uncomfortable for many to talk about. Because the form of the conversations where open, however, several participants did share experiences of violence, personal and workplace-related. As a researcher, I had already considered the possibility of this occurring and was attentive to the well-being of participants, as well as my own. Journaling immediately following each conversation helped in this regard.

My professional experience within organizations, in particular related to organizational development, was invaluable in gaining access to the organization, developing relationships and many other aspects of the fieldwork, including scheduling meetings with participants and understanding many aspects of organizational worlds. Institutional ethnography has taught me, however, to be attentive to how my experience within organizations could contribute to my de-sensitization to institutional discourse, or what Smith (2005) calls ‘institutional capture’. When both the participant and the researcher are familiar with institutional discourse, the researcher can easily “lose touch with the [participant’s] experientially based knowledge” (p. 225) and miss clues as to how this experience is hooked into and coordinated by institutional practices and processes. While I have never worked in a healthcare organization, I have extensive experience working in large organizations with hierarchical and bureaucratic structures. I am intimately familiar with practices and processes within organizations that
contribute to how power, control and privilege play out; that is, how “power is structured into organizational design” (Hardy & Clegg, 1996, p. 623). When participants spoke of sources of power through formal hierarchical organizational positions and social location, I reflected on my own experiences in managerial positions and in male-dominated sectors (e.g. information technology), in particular how gender greatly influenced how much power I had, or did not have, how I found ways to exercise power within these contexts, and how I searched for alternative ways to resist and accomplish my work.

**Participant Conversations**

Ethnographic studies typically involve the use of unstructured or in-depth interviews (Brewer, 2000) which Burgess (1984) refers to as “conversations with a purpose” (p. 102). Feminist qualitative researchers draw on this research tradition and recognize the power dynamics involved in all research, in particular within the researcher/researched relationship (DeVault & Gross, 2012). Brewer (2000) states that due to the feminist commitment to egalitarianism, “feminist interviewing redefines the nature of the face-to-face encounter, so that researcher and subject become co-equals; people are not ‘respondents’ but ‘participants’, not ‘objects’ but ‘subjects’” (p. 69). While I had a purpose entering into each of the conversations with participants, I preferred the unstructured, flexible, in-depth interviews. Limiting the boundaries set around our conversations allowed richer data to emerge. During conversations with participants, I shared my observations during the Committee meeting, emerging themes and my reflections (while constantly being attentive to confidentiality and anonymity of participants) (Eisenhardt, 2002). This allowed me to elaborate and clarify any questions I had (e.g. terminology used, references to procedures or areas of the organization that I was unfamiliar with), and delve more deeply into the common themes that were
emerging, contributing to the overlapping of data collection and analysis during the fieldwork process. For example, as I began to notice that multiple participants used the term “certain lens” and “equity lens”, clarification and further descriptions were sought out in subsequent conversations. This sharing of emerging themes built trust with participants, brought the participants more deeply into the research process, and made it more comfortable to discuss a difficult topic like violence. This flexibility in the data collection process is key for theory-building research (Eisenhardt, 2002). For feminist researchers, reciprocity goes beyond the relation between researched and researcher to the involvement of participants in the “construction and validation of knowledge” (Lather, 1991, as cited in Kimpson, 2005, p. 82). The unstructured conversation format for the collection of data and the sharing of emerging themes with participants provided a degree of reciprocity. However, although I recognize that it is not always possible due to restrictions within organizational ethnographies (in particular, with regard to access), in future research I will more intentionally design reciprocal opportunities within all stages of the research process, including the later stages of data analysis.

Following the selection of the Hospital as the local site of this study, I chose to focus on conversations with members of the Committee due to their role in the development of policies and other anti-violence practices. How they conceptualize violence shapes these practices. The opposite is also true. Participants in this study learn from ‘doing’; through a collaborative process in which they struggle together with understanding violence. This understanding is shaped in large part by practices – what works and what does not – but also what the conceptualization of violence permits them to do (i.e. actions that are available to them). In this relational sense, “knowing is a process instead of a product or an object” (Koro-Ljungberg,
2008, p. 984). It is a “process of making, instead of a final product” (p. 987). Due to the relatively small size of this group, I chose to have individual conversations as opposed to focus groups. Conducting research within a particular unit of an organization, where participants know each other well, presents particular dilemmas related to confidentiality and anonymity at each stage of the research process, including analysis and write up. I was extremely careful in not including details of participant conversations and stories that might identify them to fellow committee members and others within the organization at large. For this same reason, I use gender-neutral pseudonyms (see Table 2) and plural pronouns such as ‘they’ or ‘their’. While ethnographies usually contain thick descriptions, this is not always possible in organizational ethnographies for these same reasons.\(^\text{22}\)

As stated earlier, the Committee members represent all levels and areas throughout the Hospital.\(^\text{23}\) All members are full-time employees of the Hospital, with the exception of representatives from community organizations. Many participants explained that their involvement in committees, often multiple ones, is a required part of their jobs. My initial aim was to interview at least one member from each level and area, however, this was not possible mainly due to the time constraints of participants. Some members did not respond to my requests for a meeting and, therefore, I cannot say for certain what the reasons were for this. Noticeably missing from the participant group is representation from Human Resources and physicians. During my

\[\begin{array}{|l|l|}
\hline
\text{Alex} & \text{Pat} \\
\text{Corin} & \text{Raine} \\
\text{Ellis} & \text{Sidney} \\
\text{Jamie} & \text{Terry} \\
\text{Jess} & \text{Valen} \\
\text{Kris} & \\
\hline
\end{array}\]

\(^\text{22}\) Thick description “presents detail, context, emotion, and the webs of social relationships. Thick description invokes emotionality and self-feelings. It establishes the significance of an experience or sequence of events. In thick description, the voices, feelings, actions, and meanings of interacting individuals are heard. It captures and records the voices of ‘lived experience’ ” (Denzin, 1989, p. 83, as cited in Brewer, 2000, p. 39).

\(^\text{23}\) Details regarding participants’ organizational areas, titles, and demographics have intentionally been excluded in order to maintain confidentiality and anonymity of this relatively small group.
observation of a committee meeting, members of the Committee discussed various projects and ways in which they could involve physicians. Committee members indicated that this has been a successful avenue to ensure physicians’ involvement. However, the same issue arose during conversations with participants when we spoke about attendance in training activities. Therefore, a pertinent question is how effective can organizational practices be if groups of workers are not participating in the process. Further research would be needed to determine barriers to the participation of physicians and how this influences the possibilities of achieving systemic change. For example, do physicians turn to their professional association for guidance? If so, is it necessary to broaden the scope of practices to include these associations? Are the contracts and remuneration practices between groups of physicians and hospitals (including the healthcare system more broadly) influencing the involvement of physicians? In order to proceed with the study, and because I felt that theoretical saturation had been reached, I decided to work with the data from the conversations that I had. Eleven members of the Committee participated. Their tenure at the Hospital ranged from approximately one to fifteen years. All of the conversations, with the exception of the Director of the Office, were approximately one hour in duration. The conversation with the Director of the Office was approximately two hours in duration. I intentionally scheduled this conversation following the end of the conversations with other participants as I anticipated having multiple questions that would arise from the previous conversations.

All conversations took place in person at a location of the participants’ choice. All, except for one participant (we met in a local coffee shop), chose to conduct our conversations in their offices. This was also an advantage for me. As the researcher, I was able to become familiar with participants’ work environments. Often, participants generously pulled out documents
from their files or desks to share with me. Conversations were audio recorded with permission, except for one conversation during which I took extensive notes.

Textual Analysis

I collected a multitude of documents prior to (using the internet) and during fieldwork. These included an array of policies and education and training materials which then became the focus of my analysis in chapters six and seven. Additional informative documents included, for example, the Hospital’s organizational chart, Corporate Strategy, Code of Ethical Conduct (which includes Mission, Vision and Value statements), Declaration of Patient Values, the Collective Agreement between the Ontario Public Services Employees Union and the Hospital\textsuperscript{24}, various strategy and framework documents, internal newsletter articles, and public news articles. In these documents, I searched for webs of practices, actors, and links to other documents (Prior, 2003). Although I did not use all collected documents explicitly in the analysis, they did provide me with a richer context in which the organization and its practices are embedded. As per Hammersley and Atkinson (2007), “documents can provide information about the settings being studied, or about their wider context, and particularly about key figures or organizations” (p. 122). The documents were analyzed at different stages throughout the research process. Policies and education and training related documents were analyzed again in depth during the final analysis stage.

As further described in chapter six, documents were analyzed together with data from participant conversations. These data allowed me to explore what may not be immediately explicated from within the document itself. This process allows the document to become more than an inert text. Of key interest to me was participants’ experience with the

\textsuperscript{24} Importantly, the Collective Agreement contains a \textit{No Discrimination or Harassment} article.
documents and the meanings the documents held for them.

Maintaining the research question constantly at the forefront, I explored ways in which documents conceptualized bullying. Specifically, I was interested in how this particular organization was attempting to shift away from bullying as an individualized construct. As I discuss further in chapter six, I was less interested in the actual wording of definitions of bullying than the context in which the definition of workplace bullying is placed. This context is comprised of the policy itself and the broader structural influences that shape the policy (e.g. legislation).

Fieldwork Journal

During the entire research process, I kept a fieldwork journal (Hammersely & Atkinson, 2007); a separate notebook in which I recorded emerging themes during and after conversations with participants, my (re)listening to audio recordings of conversations, (re)reading of transcripts, reading documents, as well as my own observations, reflections, and internal reactions. Following Eisenhardt’s (2002) advice, I retained a distinction between these different types of recordings in my notes. There are many non-verbal aspects of a conversation that are important to document and may not be captured in the audio recordings and transcription process. Of particular note in my conversations with participants is the discomfort and struggle when speaking about violence. My aim is to bring these struggles to light and the process to understand violence as an ongoing one. While I call this a fieldwork journal, in actuality I used it during all phases of the research process, inside and outside the actual field. Maintaining detailed field notes facilitated the continuous and overlapping

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25 A common element in Marjorie DeVault’s (1999) feminist approach to interviewing is “a focus on attention to the unsaid, in order to produce it as a topic and make it speakable” (p. 71). “Ambiguity and problems of expressions” are important aspects of interview data (p. 71).
process of data collection and data analysis (Eisenhardt, 2002). The fieldwork journal also allowed me to organize details of the fieldwork, for example, the data collected, keep track of the participants with whom I had spoken, which conversations where transcribed, assign pseudonyms and record the origins of documents collected.

Clandinin and Connelly (2000) consider journals as “a method of creating field texts” and describe it as “pushing our experience” (p.103). Writing of our own experiences, is one way to position ourselves as researchers “in the midst” (p. 100) of the research. Reflexivity is a necessity in the inquiry process and journaling its main tool. As inquirer I do not have to distance myself from my inquiry. Quite the opposite! I have to find my place within the inquiry. Personal feelings, reflections, and involvement can be of analytic significance (Hammersley & Atkinson, 2007). They are not recorded for their own sake, but in order to become aware of how these may influence the social relationships we engage in during fieldwork and our choices during the analysis phase of the research (e.g. which emergent themes are given importance or excluded), as well as any limitations on data collection (Hammersley & Atkinson, 2007).

**Ethical Considerations**

While I did not spend a great deal of time in the field, I felt a deep sense of responsibility for protecting participants. This focused mostly on maintaining confidentiality and anonymity, however, in particular during the initial phase of the data analysis process, I felt a need to protect the participants’ and the organization’s reputation. Attention to relationships with participants is key to feminist research (Reinharz, 1992). One way in which I held this attention throughout the research process was through journaling and discussing issues with my thesis supervisor. This is not a typical ethnographic study in that I did not spend a great deal of time
in the field making in-depth observations. Although I did not intentionally set out to use observation as a method, it did become a small part of my research. It was inevitable as I visited the Hospital increasingly more frequent. I found myself arriving earlier for appointments. As I waited for participants, I was naturally curious regarding the spatial surroundings – people coming and going, working, their uniforms, photos, posters, signs, plaques, conversation, and so on. This ‘distance’ helped me to maintain this awareness of my sense of responsibility toward participants without losing the criticalness of my approach.

As organizational ethnographers are potentially enmeshed in a range of power relations in carrying out their study, self-awareness is of key importance (Fine & Shulman, 2009). Maintaining a fieldwork journal is one way in which I have attempted to maintain self-awareness. Regular meetings and discussions with my thesis supervisor and fellow researchers in a thesis student support group were other ways. Reflexivity – the “researcher reflecting, critically examining, and exploring the nature of the research process” (Pillow & Mayo, 2012, p. 194), as well as their own assumptions, agendas, and social location (Hesse-Biber, 2012) – is key in feminist research, and critical research in general. The interesting challenge as a researcher was simultaneously holding who I am as a researcher, my worldview, and what I was finding in the data. There was no part of this research in which I did not interrogate my own experiences of violence and meaning-making process, and how this could potentially influence all aspects of the research process from data collection, to analysis, to writing. This was particularly important as the conceptualization of violence is at the heart of this study. Key in relationality studies in organizations is the relationship between organizational phenomena and the researcher “conceived as interdependent and intersubjective” (Bradbury & Lichtenstein, 2000, p. 553). Another avenue to ensure my own self-awareness more openly
was to make my choices throughout this study explicitly known, in particular with regard to the methodologies and methods used.

Using participant quotes represented a particular issue. This is a relatively small group and, therefore, I had to be especially careful of identifying pieces of information. As discussed earlier, to maintain participants’ anonymity, I use gender-neutral pseudonyms and plural pronouns. I was also attentive with the inclusion of information that could identify participants, including demographic details, organizational position or specific title, previous places of work, and past experiences and stories recounted by participants that may identify them to other participants and to the organization at large. This was a difficult choice to make at times as the title or organizational hierarchical position of a participant, or coworker referenced by a participant, was important in highlighting power dynamics at play. However, my obligation was first and foremost with my participants and protecting their anonymity. Three consecutive asterisks (*** ) are used to substitute any identifiable information within quotes. The concern for and attempts at maintaining anonymity extended also to the Committee, the Office and other departments or groups, as well as the organization itself. This involved, for example, changing the names of departments and organizational practices (e.g. names of policies and education and training program components). Inclusion of education and training material would have provided for richer description, but the risk of identifying the organization was too great.

*Data Analysis*

Audio-recorded conversations were transcribed verbatim as the data collection process continued. When the conversations were transcribed, all identifiable information was removed and participants were assigned pseudonyms. A copy of the transcripts were sent to
participants who requested a copy by selecting the option on their consent form. The accompanying letter requested that they respond within three weeks with any questions, comments, and/or concerns. To ensure confidentiality, the transcripts were sent via internal mail in sealed envelopes. Sending the transcripts via email to participants’ organizational emails represented a possible breach of confidentiality, therefore, I delivered the individually labeled envelopes to the main Security desk requesting that they add them to the internal mail pickup. None of the participants responded, therefore, I assumed that I could proceed with the analysis of the transcripts as they were.

As discussed earlier, in ethnographic research, data collection and analysis occur concurrently, albeit in differing degrees throughout the research process. Once the participant conversations were complete and the documents collected, I began the intense phase of data analysis. I began by listening to the audio recordings of participant conversations while concurrently reading the transcripts. This allowed me to get a sense of each conversation as a whole, as well as to verify the accuracy of the transcriptions. In institutional ethnography, this second reading of transcripts, which occurs again when inputting the data into a software program, is referred to as ‘secondary dialogue’ (Smith, 2005). The primary dialogue is the initial conversation with participants in which their experiences emerge (Smith, 2005). The secondary dialogue occurs in various stages as the researcher engages with the material produced in the primary dialogue (Smith, 2005). As I listened to and read each transcript, I noted broad emerging codes in the left-hand column of the printed transcript and my own thoughts, reflections and questions in the right-hand column. This phase allowed me to begin to make sense of the data and emerging themes, as well as immerse myself into the transcript data while refamiliarizing myself with the participants’ voices, intonations, silences, and
expressed emotions.

In the next phase of the analysis, I read each transcript again thoroughly line by line. Progressing line by line does not preclude the researcher from being attentive to context and the overall meaning of a participant quote. With each reading of the data comes a deeper understanding of the information (Creswell, 2012). The coding process was similar as described above, but thorough. I also began a crisscrossing process noting relationships between the data, the literature in the field and my theoretical framework. The aim was to go deeper into the analysis of the data and to move beyond mere description. During this reading, I also noted my own questions, responses and reactions that were part of the conversations and transcripts. This was the beginning of what I began to call ‘rounds’ (there were seven rounds in total). In the first rounds, the codes were very broad and often single-worded (e.g. policy). With each subsequent round, themes (categories) emerged and their names became more descriptive and decreased in number as they were continuously (re)grouped together into themes and subthemes. As much as possible, I use the terminology used by participants during our conversations (depicted in double quotes) so as to better grasp and maintain their original meaning. Creswell (2012) refers to this as using “in vivo codes” (p. 431). One of the key components of a feminist perspective on data analysis is finding ways not to omit anyone’s voice (Reinharz, 1992).

Once I had read the transcripts thoroughly, I entered the data into a word-processing program in which I had created styles to identify and label levels of themes and subthemes. By doing so I could easily move within the increasingly large document, but, more importantly, I was able to permanently display the map of interrelated themes on the computer screen. This

26 Strauss and Corbin (1998) define coding as “the analytic processes through which data are fractured, conceptualized, and integrated to form theory” (p. 3).
made it easier to visualize and rearrange the layered themes when needed as the analysis process progressed and relations (similarities and differences) between themes emerged. Glaser and Strauss (1967) refer to this process as the ‘constant comparative method’. With each major change or reorganization of the themes, I renamed the file indicating a subsequent ‘round’ (e.g. Round1, Round2, and so on). This allowed me to keep a record of the evolving analysis process, and if needed, refer to a previous round. As I worked with the data in the word-processing program, I began to add more elaborate descriptions, which included references to existing literature. I also paid more detailed attention than in previous rounds in identifying social structural influences that were shaping the findings (Wuest, Merritt-Gray, Berman, & Ford-Gilboe, 2002), in particular, how participants were describing concepts of violence and the practices to counter it. Keeping the main research question in mind was key in forming the development of themes, their interrelations, and a deeper understanding of the phenomenon I was studying (Creswell, 2012), as well as which themes would be included in the final thesis.

As they were collected, documentary data were incorporated into the analysis as described above. The focus of the textual analysis was how documents (practices such as policies) reflect the conceptualization of violence, in particular bullying, held by organizational members. Documents offer a micro-context in which concepts are embedded. I was attentive to and explored ways in which documents (as practices) referenced each other and were interrelated. I looked for clues within the documents, as well as participant conversations, that allowed a glimpse into how the documents were being used to counter workplace violence. A future study would involve an in-depth evaluation of the anti-violence practices adopted by the Hospital. This would involve, for example, tracing policies in more detail in their everyday
use and explore more specifically traces of the policy within other practices. For example, have policies actually reached into Human Resources and senior management functions? (See chapter 6 for examples of these practices.) How are policies hooked into the broader internal and external organizational context?

This study involves a relatively small number of participants. While the group is comprised of members from various areas and levels within the organization, their involvement in the Committee, its work, and the exposure to particular processes (e.g. learning about violence) in ways also sets them apart as a unique group within the organization at large. However, my findings point to the relation between conceptualizations of violence and the practices adopted to counter its many forms. Organizations need to explicitly address this; that is, how they are currently conceptualizing violence, how they plan to move to a different conceptualization (if this is required), and how this will shape their process in developing and sustaining an anti-violence program. Furthermore, the description of the practices on which I focus in this study provide organizations with a guide to developing their own goals and practices to counter violence within their unique contexts. Feldman and Orlikowski (2011) state that “the theoretical generalizations produced through the use of practice theory are not predictions in the conventional sense but may be better understood as principles that can explain and guide action” (p. 1249).

This study of a major healthcare organization, is a critical organizational ethnography guided by institutional ethnography and practice-based studies. As a qualitative study, data sources include conversations with organizational members, the analysis of key texts, including policies and components of the Hospital’s education and training program, and my field notes written during and immediately following each participant interview. My aim in this study was
to explore the everyday experiences of the Committee members in doing anti-violence work. How do they conceptualize violence, in particular bullying? How does this conceptualization shape the Hospital’s anti-violence practices? My aim was not to evaluate the effectiveness or success (in the various ways that these concepts can be understood)

27, but how the organization is attempting to shape its practices and bring about long-term, systemic change.

27 Scant attention has been given to the evaluation of practices adopted to counter and manage workplace bullying (Saam, 2010; Shat & Kelloway, 2006; Vartia & Leka, 2011).
Chapter 5

Understanding Violence and Harassment

The ways in which violence is conceptualized acts as a fulcrum for effective policy and practice on eliminating violence... (Ertürk & Purkayastha, 2012, p. 145).

A consistent question I asked participants was what they thought made the Hospital different from other organizations, in particular related to how it attempts to counter forms of violence. Early on in our conversations, participants began to use the phrase “a certain lens”. When asked to elaborate on this term, they began to refer to it as the “equity lens”. This chapter is about how this lens allows participants to make sense of forms of violence as interrelated. The equity lens is not stable or given, but an ongoing struggle. It is a practice that is actively achieved and maintained; that is, it is reflected upon, talked about, shared, and it is continuously developed and sustained through everyday informal and formal organizational practices. This lens, the way organizational members think of forms of violence, is a practice that is not distinct from other anti-violence practices such as policies, training, reporting, conducting investigations, and so on. Participants recognize that there is resistance to the lens within the organization. For example, the equity lens is viewed by some members of the organization as “too pro-employee” and contradicts with the hospital “as business” and related contemporary management practices within healthcare. I begin this chapter with a description of the “equity lens” as provided by participants. In their descriptions, I searched for ways in which they do not adopt an individualized and restricted view of violence. I also searched for clues as to how this lens has formed and processes adopted to sustain it. There are two key aspects of the equity lens that will be discussed. First, power (and privilege) as
central to the lens and the understanding of all forms of violence. Participants identified three main sources of power: formal hierarchical position within the organization (which is the focus within the bullying literature); workers’ (and patients’) social location; and broader structures and discourses that shape hospital practices. In chapter four, I described the Hospital and its history, as well as the structures and discourses that shape its practices focusing on those that emerged during conversations with participants. Systemic change, as the main goal of this lens, is the second aspect discussed in the next chapter where I also discuss the role of policies related to this goal.

The second part of this chapter shifts more specifically to how the equity lens shapes participants’ understanding of forms of violence, with a focus on forms of harassment, including bullying. The intent of this section is not to portray the organization as having a homogeneous understanding of violence. It is an ongoing struggle to build this understanding and several of the key social structural influences shaping this struggle are highlighted. Linking back to the first part of this chapter, the first theme discussed is the understanding of violence from a social structural perspective which links forms of violence within a context of social inequities. The second theme discusses violence as a broad concept which links various forms of violence as part of the same escalating process. The relationship between these two main themes of power and social inequities is key within this broad concept of violence and to the process of shifting away from the individualization of violence. Returning to the main thread of this thesis; that is, the link between how social phenomena are conceptualized and the shaping of practices, examples are provided to demonstrate how the conceptualization of violence, specifically bullying, shapes organizational practices (and vice versa). The following two chapters bring together more closely participant conversations and textual analysis. In
chapters six and seven, I link the discussion in the current chapter with specific organizational practices with a focus on policies and education and training programs.

As an ethnographer, I am interested in gaining an understanding of how participants try to make sense of violence. In doing so I capture the conflicts, ambiguities, and contradictions which are not solely internal and individual, but influenced by institutional practices, such as policies and legislation. One participant describes it best with the phrase “murky waters”. This chapter, therefore, is not intended to capture a homogeneous understanding of violence, but of the commonalities within participants’ meanings of violence and the struggles to understand this phenomenon, both of which cannot be grasped outside of the context in which they occur. As another participant observes, it is about “understanding the complexities”.

A “Certain Lens”: Understanding Violence Through an “Equity Lens”

I begin this section with a description of the equity lens and its origins from the perspective of participants and how the focus on social inequities links forms of violence and shapes organizational practices. In Alex’s description of the lens below we see a recognition of inequality, as well as a shift in the focus from the individual to the environment.

I am hoping what people are talking about is... an equity lens which I think is a different lens and it’s a lens that focuses on marginalized populations because we’re not all equal, and we’re not. ...We don’t have equal access,... we are not treated equally well within, as employees or as patients, or as visitors, regardless of the goodness and good intent of people it does not happen. We are products of this environment and that’s what’s going to play out.

The words “to play out” bring our attention to the processual aspect; that is, what we see on the surface in our everyday dealings with one another is a “product” of that which is occurring
in the “environment”. The context is, therefore, broader than individuals and the dyadic relationship alone. In its *Equity and Human Rights Policy and Procedures* document, the Hospital explicitly acknowledges that power relations are reflected in the social structural inequities that are an integral part of all workplaces as in society in general (I discuss this in detail in chapter 6). When asked to elaborate on how this lens “plays out”, participants used phrases such as “intersectionality”, “holistically”, and “understanding the complexities”. In the following participant quote we see how this view shapes the development of education and training practices (further discussed in chapter 7).

Well, I think it’s about looking at us holistically, I’m not only brown but I’m also queer and a woman, but I’m also able bodied and educated and English is my first language. But it’s always about looking at every part of who I am and I can’t only look at my experiences of homophobia without recognizing that it’s also that lens of being racialized, you know what I mean? And I think that’s part of the scenarios or developing our videos, there is a manual on mental health and addictions and sexual orientations and identities, so looking at that group and understanding the complexities... (Pat)

The equity lens is thus a central influence on education and training initiatives, as well as a major content component. Addressing inequities within its education and training program allows the Hospital then to move beyond an individualized and narrow focus on awareness of policies, definitions and examples of negative behaviours. Beginning with an equity foundation also allows the Hospital to include multiple forms of violence in its programs.

Pat highlights several key aspects of the equity lens and how oppression is defined not as an individual phenomenon focusing on a specific incident and on what is immediately visible on the surface, but as a process “at play” institutionally (structurally), and hence, its normalization.

I think it’s having that holistic view of oppression, I think it’s about understanding what
oppression is, and understanding the systemic nature of it all and how it can play out institutionally and not only institutionally but unconsciously, right? So understanding privilege, understanding how things have become normalized within our society... and we need to challenge that. First of all, identify it and always have that lens, that look at something at play, it’s not just about he said she said or what is going on right in front of you but about what else is going on in that piece.

Later in this chapter, I discuss how participants challenge the normalization of violence and how this shapes organizational practices. Understanding how things have come to be – for example, as Pat states, “how things have become normalized within our society”, and hence invisible – places an emphasis on relationality and shifts the focus away from an individualization of social phenomena. With regard to the relationship between the normalization of violence and its invisibility, Jiwani (2006) states: “It is the normalization of violence that renders it invisible, or visible only under certain conditions and within prescribed definitions” (p. 9).

In this chapter, I also explore ways in which this lens allows participants to make sense of forms of violence as interrelated. Social inequities become both a foundation linking forms of violence and a starting point for all practices.

Well, it’s also who experiences...there’s groups that are more vulnerable to violence... The lens has to be there... it’s just helping people to kind of go look at the situation, who’s a part of it, what’s the impact, how does that look different, what else you know, could race, disability, gender, gender identity, sexual orientation like could that be a feature of what’s happening? Could it be? You don’t have to prove it beyond a reasonable doubt just ask yourself is there anywhere in here and how do you make that open for your staff or for... the person... (Alex)

Alex recounts an incident in which a patient was rushed to the emergency room following a severe physical assault in public by multiple perpetrators. Alex asked the patient several
questions to determine the probable cause for the assault. For example, was it related to his sexual identity or race? “You have to ask”, Alex says. In asking questions, hospital staff were able to provide the patient with additional services, such as counselling, beyond the healing of physical wounds. They were also in a more informed position to assess whether further risk of violence existed for hospital staff should the perpetrators return to the hospital. In chapter two, I discussed how researchers focusing their analysis on the labour process have more richly contextualize workers’ experiences of violence highlighting the relationship between workers’ social location and increased risk and impact of violence. A risk assessment was carried out in the Hospital that focused on “people with disabilities and women, and racialized people” (Alex). Viewing the safety of the work environment from the perspectives of these groups was viewed by participants as ensuring a “safe environment for everybody because you’re looking at the most vulnerable groups who would be experiencing the workplace in a particular way” (Alex).

To counter bullying, its social foundations must be addressed with and within organizational practices. This is not limited to practices specifically adopted to counter bullying. Participants spoke of organizational practices seemingly unrelated to bullying as imbued with sexism and racism. For example, Ellis spoke of the rapid promotion of white, male nurses in comparison to women, in particular women of colour. Anti-violence practices, therefore, cannot be viewed as distinct from other organizational practices. Examining the complex interrelationships of organizational factors – systems, structures, processes, practices, norms and dominant ideas – and how they interrelate with individuals are critical to understanding where conditions that construct violence (in particular, forms of harassment) originate and, therefore, also how to address them. We need to examine the relationships
between these organizational factors and what Joan Acker (2006) calls “the inequality regimes”: “interrelated practices, processes, action and meanings that result in and maintain class, gender and race inequalities” (p. 443). Doing so will address all forms of violence. As part of society, “every organization has an inequality regime” (Acker, 2000, p. 205).

Similar to participants’ conceptualization of violence (discussed in the following section), the equity lens too is considered both a strength and a struggle. Not everyone in the organization agrees with this particular lens.

I think that’s our strength and it’s also what people probably see as our…Achilles heel…that it’s a problem that we are always looking at things that way…. People say to me… well you’re too pro employee… It’s about helping people, like power exists, like power exists, it’s not a figment of our imagination and when you have a lot of power, it’s very hard to get your head around that because it’s so invisible, it doesn’t affect you, other than you get a lot of privileges but those are also not seen by you. (Alex)

In Ahmed’s (2012) study of diversity practitioners, the metaphor of a “brick wall” is used by participants to describe how the institution can be experienced as resistance. The metaphor represents “institutional inertia’, the lack of an institutional will to change” (p. 26). The participant quote above links this inertia specifically with the power and privilege held by groups within the organization. Power is both protected and invisible at the same time. The power of certain groups renders invisible the powerlessness of ‘others’. With regard to how a specific case of bullying was handled, Valen states “It depends on where one is on the food chain”. Expanding on this, Valen explains that there are different levels of tolerance depending on the bully’s position in the organizational hierarchy and if the bully’s skill sets are perceived as vital for the organization, department or a specific project. In the following chapter, I examine how practices (as ongoing action), specifically policies, are used as tools to make power and privilege visible, and how this links with the Hospital’s conceptualization of forms of
violence. Participants also spoke about the constant contradictions between the organization’s legacy and values, its desire to be a leading provider of healthcare, and the view of the hospital as a business (For a further discussion, see chapter 4).

When asked regarding the origins of the equity lens, participants spoke about the Hospital’s history, the practice of ongoing learning, and the existence of the Office as unique. Every participant began by recounting the organization’s history (see chapter 4). Participants consider the Hospital to be different from other organizations and attribute this in great part to its history. The President and CEO of the Hospital is greatly influenced by this history and openly supports it. Many participants are aware of how important it is to the President and CEO, including this in their recounting of the organizational history. Attempts at organizational change can be influenced by members’ different understandings of their organization’s history (Parker, 2002). This becomes important considering that systemic change with regard to equity and violence is a key objective of the Hospital. For the Hospital, the organization is a source of distinction and consensus (Parker, 2002). As an ethnographic study, it is important to recognize the meaning (individual and collective) of the Hospital’s past to participants (Parker, 2002) and the role this plays in how they construct their work and understanding of equity and violence on an everyday basis. The organization’s history, therefore, is an important part of its context for this reason, and as part of its context, it shapes other organizational practices, for example, texts such as organizational values, code of conduct, mission and vision statements (e.g. Health Equity Vision). We see in the following chapter how this interrelatedness (relationality) of organizational practices shape policies.

Several participants associated the equity lens with the expectation and practice of “ongoing learning” that involves searching outside the organization for innovative practices.
...the ideal... in terms of where it comes from... what I've learned and what I will sort of compare my work experience here with my previous work experience is that there is an ongoing learning that happens here and a recognition that things will always change and that we will never be perfect and we will always aspire to be better. And you can see it, for example, my first week here, my inbox was full of newsletters and new cases that had come up and new studies that had been done and new findings about health equity and diversity and mentorship and just everything, so it is not just spam, right? You are expected to read it and implement it into your work. For example, the newsletters that are circulated with everyone's initials, and then check it off once you've read it and then send it off to the next person... But that is part of where that ideal comes from, looking around the environment and seeing what has been done and what is working and the effects of that and then implementing it and trying to incorporate it into the work in the organization. (Corin)

The equity lens, therefore, is an ongoing practice (process) that requires constant sustaining. Participants often referred to the “recognition that things will always change” and “we will never be perfect”. In chapter three, I discussed how major organizational themes (such as resources, strategy, change, technology, leadership, knowledge and even ‘the organization’ itself) are viewed and shaped differently by a completely entitative vs. relational perspective. A relational view of these themes considers them as ongoing processes. Participants articulate their goals not as reaching perfection, but ensuring “constant engagement” and being continuously “at play”. The Committee (e.g. their meetings and projects) is also an important site for learning, which I discuss further in chapter seven.

When asked what makes this organization do things differently, participants also pointed to the Office as a “unique” and “special” feature of the Hospital. Its uniqueness derives from the fact that, according to participants, few hospitals in the province have a dedicated group or staff member in the same role. Participants spoke of other hospitals where this was particularly the case due to a lack of funding and leadership support. Jess describes the
Hospital as different and able to “preserve a certain niche” due to its smaller size in comparison to other regional hospitals.

**Recognizing the Existence of Power, Privilege and Inequity**

The role of power within the bullying process, and violence generally, remains as a major gap in the literature (Aisenberg, Mehrotra, Gavin, & Bowan, 2011; Liefooghe & Mackenzie Davey, 2001). This has facilitated the emphasis on individual behaviours as occurring primarily within formal hierarchical relationships within organizations (e.g. managers bullying subordinates). Legitimate and illegitimate use of power is narrowly restricted within individual relationships with managers’ legitimate power tied to the prerogative to manage and the illegitimate use of power by aggressive individuals (i.e. the “psychological frame of power” (Liefooghe & Mackenzie Davey, 2001, p. 378)). From a critical perspective, however, power is not solely located within individuals and is “fundamental to understanding relations between organization and employees” (Liefooghe & Mackenzie Davey, 2001, p. 378). As critical scholars, we need to be suspicious of any discourses regarding legitimacy in the exercise of power (Prasad, 2005).

An ongoing debate and concern shared among participants of this study is whether there is a “qualitative difference” between code and non-code related harassment. This is not to be equated with a comparison of the level of seriousness or judgment on the impact, but around whether the nature of the experiences differ. Related to this is the concern that giving weight to non-code harassment may “diminish the importance and the unique experience that people have around code harassment” (Alex). Simultaneously, there is a recognition of the

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28 Non-code related harassment refers to forms of harassment that are not based on the prohibited grounds under the *Ontario Human Rights Code*. This distinction and reference to *code* and *non-code* is primarily influenced by legislation, specifically the *Ontario Human Rights Code* (hence *code-related*) and *The Occupational Health and Safety Act*, which participants often continue to refer to as *Bill 168* (*non-code*).
high prevalence of non-code harassment. As Alex states:

...when we started doing this work at the *** at least a third of the complaints were
people in low status jobs who were just being harassed by colleagues and managers,
...public.

This shows how the prohibitive grounds included in the *Ontario Human Rights Code* may limit
how we perceive power operating or what the basis of power may be. For example, class and
“low status jobs”, while not included in the list of prohibited grounds is considered a
contributing cause by participants and is consistent with the literature on workplace bullying.
A positive correlation has been found between the increased use of contingent workers (also
precarious work, contract work, job sharing) and bullying in the workplace (Genest, Leclerc, &
(2005) refer to precarious work as a “new form of domination” further highlighting issues of
power. In their exploration of how diverse groups of women experience and define sexual
harassment, Welsh, Carr, MacQuarrie, and Huntly (2006) incorporate race and citizenship
status into their analysis. In the focus groups, women also shared how issues of sexuality, age,
English as a second language, and disability shaped their experiences of sexual harassment.
Women’s (and men’s) experiences do not always fit within the boundaries of the legal
definition of sexual harassment (Welsh et al., 2006). It is important to note, however, the
strong influence legislation has on how individuals and organizations define forms of violence
and the avenues for action that are opened up or closed down due to these definitions.
Participants expressed their struggle to think of and act upon forms of harassment in a siloed
way while at the same time acknowledging that they are related. Linked to this relatedness is
that power can be exercised and experienced in different ways and that there may be more
similarities than differences with regard to the impact of various forms of violence. Power
remains central to the understanding of all forms of violence, however it is experienced.

Without this lens, participants wondered about the possibilities available to stop violence.

In chapter three, I laid out a relational framework as an alternative to the dominant individualized and dichotomized perspective of forms of violence. A core element of the relational framework is the continuum of violence where forms of violence are interrelated and power is at its centre. I also state that power cannot be understood as distinct from social dimensions.

Recognizing power and social dimensions as fundamental in understanding violence and starting from this point greatly shapes practices to counter it. Examples include, first, forms of violence and practices to counter them are not treated as distinct. Second, the focus is on prevention rather than intervention. Third, this recognizes that creating a safe work environment for groups most at risk of experiencing violence also creates a safe work environment for everyone. It views risk differently assessing beyond what is immediately visible in the workplace. For example, the Canadian Centre for Occupational Health and Safety (CCOHS, 2010) provide a list of factors that increase the risk of workplace violence (with a focus on physical violence). These risk factors are grouped into categories including work situations and interactions (e.g. working with the public, handling money, valuables or prescription drugs, and so on); certain occupational groups that tend to be at a higher risk (e.g. healthcare and social services employees, teachers, and so on); certain times of the day, night or year when the risk of violence may be greater; and geographical location of the workplace.

While I use the terms ‘vulnerable’ and ‘at risk’, I do not wish to diminish the potential for agency by individuals or groups. I would also like to emphasize the importance of taking care when using these terms as they can be misconstrued to bring the focus right back onto individuals within organizations; that is, the risk of violence to particular groups of workers by others deemed ‘risky’ (Hearn & Parkin, 2001). As Hearn and Parkin (2011) state: “The implications of a risk society have been on the identification of users of organizations who constitute a risk and ways in which they are dealt with rather than an emphasis on the risk of organizational worlds for those working there” (p. 157).
This list does not include social dimensions of power that are a reality of all workplaces and the increased risk for more ‘vulnerable’ groups (see chapter 2 for a further discussion). The mainstream view of risk management “makes it difficult to move outside the paradigm of physical harm or to relate violation to the day-to-day experiences of organizational members” (Hearn & Parkin, 2001, p. 157). As such, it is not viewed in relation to forms of harassment, including bullying (Hearn & Parkin, 2001). Feminist work on power and resistance has positioned the interrelationship of social dimensions and violence within the analysis of organizations (Hearn & Parkin, 2001). However, the centrality of this work has not been embraced within the field of workplace bullying.

Participants of this study identified three main sources of power: formal hierarchical position within the organization (which is the focus within the bullying literature); workers’ (and patients’) social location; and broader structures and discourses that shape hospital practices. I am not suggesting that a single form of power is at play in the process of violence, but that multiple sources of power can co-exist relationally, thereby, reproducing and sustaining each other.

One’s organizational position, in particular within a hierarchically structured organization like a hospital, is an integral part of a person’s identity and source of power. This does not mean that “flat” organizations do not have their own unique forms of power (for further discussion see chapter 2).

Healthcare... it’s based on the army, the model’s the army. It’s extremely hierarchical and the power that you have is incredibly important. Oh, it’s very important. Who do you report to? Like, what level are you? (Alex)

Shortly after being hired, Alex was in a meeting when a director of a different department said, “I don’t see any directors here in a meeting”. For this director, Alex, who was not at the
director level within the organization, had no valuable voice. In my conversations with participants, it was clear that there was a close correlation between one’s formal position in a senior organizational position and her/his voice being heard in meetings, as well as one’s influence in implementing practices, especially those related to anti-violence and equity. An example of this can be seen in relation to the Hospital’s organizational structure. The positioning of the Office as a distinct unit and, consequently, its head with the title of Director was a strategic move on the Director’s part. A move that was deemed necessary to have a voice in meetings and the necessary “weight” in order to implement the Office’s program. When asked for the kinds of supports that work best, Ellis states: “I have to be plugged in”. Participants describe the importance of accessibility to members of senior management and the related possibility of openly discussing issues with them. Their position within the organization’s structure reflects their office’s importance and potential influence, their voices being heard and the possibility to act.

Well, I think it is no coincidence that even my role is... aligned with the corporate side of the hospital because I think that makes sense... that's where you would want this type of role, to help to inform some of those planning processes as well. And so, I report into a senior vice president and the senior team is very accessible to me.... But not just physically accessible but accessible in terms of, if I have an issue or concern I can really go straight into the CEO and speak to it... (Ellis)

The positioning of a group (unit) or individual within the organization’s hierarchy becomes a strategic maneuver (practice). To value its work “is to value those who can ‘be heard and act’ under its name” (Ahmed, 2012, p. 29).

While an individual within the higher echelons of the Hospital holds a great deal of power and legitimacy, the view that bullying is an abuse of formal organizational power is difficult to sustain as a single explanatory model of power (Jones, 2006). For example, studies
of women in management positions show high levels of victimization in comparison to men in similar positions (see Hoel, Cooper, & Faragher, 2001; Salin, 2001, 2003b). A focus on formal organizational power may also deter attention from other sources of bullying, such as customers (e.g. in call centres) and patients, or families of patients. Doing so hinders our understanding of organizational practices that both normalize and perpetuate bullying from these sources (see Bishop et al., 2005; D’Cruz, 2012; D’Cruz & Noronha, 2009; Holmes, Rudge, & Perron, 2012; Korczynski & Bishop, 2008; Mirchandani, 2012). Constructing these as ‘outside’ sources of bullying disconnects them from organizational practices.

Both organizational hierarchy and social identity can play into the same process, in particular, as participants pointed out, when both contribute to complexify privilege (e.g. a white male manager). Once we recognize each social dimension (and other sources of power) “as fundamental to the other, so bullying, harassment and violence cannot be so easily categorized separately” (Hearn & Parkin, 2001, p. 85). Separating forms of violence from social dimensions of power is part of their reproduction (Hearn & Parkin, 2001). We “need to understand the multiple systems that [violence] upholds as well as how these multiple systems produce and sustain [violence]” (Razack, 1998, p. 340). Whenever we talk about the construction of any social phenomenon – violence, racism, gender, whiteness, masculinity, and so on – we need to ask what is gained by this construction and who gains. Patricia Hill Collins (1998), who adopts a broad definition of violence, analyzes how conceptualizations of violence, and “what counts as violence”, is shaped by social power relations (p. 917). She states that “Viewing the very definition of violence as lying outside hierarchical power relations of race and gender ignores how the power to define what counts as violence is constitutive of these same power relations” (emphasis in original) (p. 920). I wish to highlight how violence is
integral to the conceptualization of social power relations as interrelated (Collins, 1998) and also how the reverse operates; that is, social power relations are also key in understanding forms of violence as interrelated. Separating violence from social dimensions of power contributes to the notion of violence as decontextualized and ahistorical; that is, as easily identifiable across multiple sites and historical periods. It also maintains violence squarely in the realm of individual actors. Separating forms of violence from social dimensions of power is “part of their significance and their reproduction” (Hearn & Parkin, 2001, p. 86). Hearn and Parkin (2001) argue for the development of a broader framework that conceptualizes the interrelatedness of violence and oppression. This framework would include forms of violence including patriarchy, capitalism, nationalism, imperialism, colonialism (Hearn & Parkin, 2001; Mojab & Osborne, 2011) that are not treated as separate from gender, class and racialization. Recognizing organizations as sites of violence and oppression also recognizes them as “fundamental to the operation of power” (Hearn & Parkin, 2001, p. 86). This requires recognizing (and researching) forms of oppression as interrelated and linked with forms of violence (Hearn & Parkin, 2001). Aisenberg et al. (2011) encourage the inclusion of “social power in the definition, assessment, measurement, and policy interventions of violence” (p. 178).

In the next section, I explore how the equity lens, in which power is central, shapes participants’ understanding of forms of violence, and in turn, how this shapes the development and use of practices adopted by the Hospital to counter bullying. Also of interest in the next section, as throughout this study, are the social structural influences that shape organizational members’ conceptualization of violence.
“All Kinds of Violence”: Forms of Violence as Interrelated

The Hospital’s definitions of violence, harassment and bullying are further discussed in the next chapter. For the purposes of this chapter, however, I wish to highlight the influence of legislation on the construction of the concept of violence (for a further discussion, see the section Legislative Framework for Workplace Issues: The Canadian Context in chapter 4).

Several participants spoke of physical violence as “cut and dry” (Valen), “because you’ve crossed the line” (Kris); that is, it is easier to identify and straightforward to deal with. It was more difficult for participants to make sense of forms of harassment, in particular bullying. While harassment based on a prohibited ground as stated in the Ontario Human Rights Code provided participants with a way to understand forms of harassment, they also acknowledged that harassment could be occurring in situations where there is an absence of immediately apparent reference to a prohibited ground, for example, a racial slur. As discussed in chapters two and three, theorists have argued that forms of harassment – including bullying and racial, gender and sexual harassment – are interrelated and distinctions between them cannot be based solely on what is immediately observable. In their study of skilled racialized migrant nurses in the Australian healthcare sector, Rudge, Mapedzahama, West and Perron (2012) contextualize violence within “the ideologies of tolerance within multiculturalism” (p. 31). For the participants in their study, “the covert practices of denial, hostility, exclusion and avoidance are less easy to characterize” (p. 39). Participants’ struggles to conceptualize forms of violence are influenced by their attempts to integrate their own understandings, the definitions provided in policies and legislation, and the actions that are made possible through formal organizational practices and legal frameworks in order to address them. Raine articulates this struggle best.
I think it’s murky waters. I don’t know that…they’re that separate, but it depends on how you define violence… It’s verbal violence, then is that harassment? But harassment can be touching too… But any unwanted comments or looks or gestures. And I think that it might not be violence in the… physical sense, like stab you violence, but I think that it’s a slippery slope to not see them as connected or to see them on a continuum of some sort. …one of the things that was raised was in the Occupational Health and Safety legislation with Bill 168... the employer is obligated to intervene… . But then it’s physical violence as defined in that act or anything that can lead to physical violence. And so, who knows at what point, for what individual some of those beginning things that might be harassment... could they lead to violence? Maybe. I mean probably. ...And, if you ask the person on the receiving end of that, they might classify that as a violence, a form of violence.

There are various common aspects of violence and harassment among participants that come to light in this quote. Physical violence and harassment are interrelated and escalating processes that can involve physical acts, “unwanted comments or looks or gestures” (Raine), and verbal abuse. Harassment can escalate to include physical violence. Physical violence, in turn, is a process that may begin with harassment and can lead to a physical act of violence. Reference to a “slippery slope” in not seeing forms of violence within a continuum captures this escalating process and the need to intervene prior to its manifestation as a physical violent act. Emphasis, therefore, is on prevention. However, prevention is narrowly defined and actionable within an individualized view of violence. In chapter three, I discussed the need for an expanded and processual view of violence and the necessity to view interrelated forms of violence within a continuum. This relational framework was the basis for my search for an organization with the aim of tracing how this shaped its anti-violence practices. This framework changes the way in which we view and approach prevention practices. Like forms of violence, practices too are not distinct. An anti-violence program – comprised of multiple interrelated practices – is developed on a premise that prevention and response efforts aimed
at the ‘lower’ levels of the continuum will prevent the escalation of violence.\textsuperscript{30}

Participants expressed a clear understanding of interpersonal conflict as different from forms of harassment, including bullying. However, while a specific situation may not be initially assessed as harassment, participants felt questions must always be asked. Is there something more here that needs to be addressed? Is there a pattern or multiple reports coming from a specific unit within the organization? Could the situation escalate? The impacts of continuing conflict can result in long-term impacts on a worker’s health and negative outcomes for the workplace. Kris explains:

\textit{…this is why you talk to HR about how to deal with these low level, not sure if there is harassment... but they still have impacts on health, they still have impacts on the workplace and there could be threats of an escalation if it is not dealt with properly.} \textit{...We offer a lot of those types of things on the OD [Organizational Development] side.}\textsuperscript{31}

The misunderstanding of workplace bullying strictly as a personality conflict where both parties are held responsible (Ferris, 2004) contributes to the individualization of bullying, leading to the emphasis on individual-focused practices such as conflict mediation or resolution and coaching. The misuse of these practices by organizations also ignores power differentials that existed prior to and those that developed during the bullying process. This is not to say, however, that the acknowledgement of existing conflict and the proper use of these practices are not important or effective. As Kris explains above (and as discussed in chapter 3), it is key to address forms of violence on the ‘lower’ end of the continuum to avoid escalation.

\textit{Coaching or mediation to manage conflict may be considered at the initial stages of the}\textsuperscript{30} I would like to caution here that the escalation process is most often associated with the manifestation of a physical violent act potentially adding to the view of harassment as less injurious. However, victims of harassment, in particular when experienced for longer periods of time, can suffer many of the same consequences as physical violence. (See Appendix C.)\textsuperscript{31} The participant’s reference to “low level” is associated with the understanding of forms of violence along a continuum. For a further discussion of the continuum of violence, see chapter three.
harassing process (Keashly & Nowell, 2011). Mediation can be a useful practice if not used in isolation (Caponecchia & Wyatt, 2011) and, like with other practices, its usefulness very much depends on how it is done pointing again to the importance of well-planned and written practices that consider potential shortcomings within their design (for further information on the practices of coaching and mediation, see Appendix A). Mediation is an alternative practice used by the Hospital as part of its “early resolution” (an informal resolution process). Other options available as part of the early resolution practice include, for example, facilitated discussions and negotiated settlements. Although considered as informal practices, managers in the Hospital are trained in these practices in order to assist in the process of early resolution. It is important to note here that informal practices are a key part of an anti-violence program. Informal does not mean unstructured. Like formal practices, informal practices are well-planned and supported with resources, including training. In chapter two, I discussed the issue of severe underreporting. By providing additional options within an anti-violence program, informal practices may increase reporting rates and, as a result, decrease the possibility of violence and its consequences from escalating. Participants’ conceptualizations of forms of violence are linked to the possibilities available to them to act. Increasing these possibilities for action promotes reporting and action ‘earlier’ along the continuum of violence.

Reference in Kris’s quote above to the training offered through the “OD side” (Organizational Development) brings attention to anti-violence practices as not completely separate from other organizational practices. They can be developed and used in ways that are interrelated and, therefore, more effective as they emphasize prevention. The consensus within both the academic and practitioner literature is that prevention is the best response
(Kelley & Muller, 2006). Patterns may be visible that indicate a work environment where there exists a potential for violence (in any form) to occur. Patterns can be seen in reports of violences, reports of stress and other health impacts, reports of accidents and can become apparent during an investigation. Rather than focusing solely on individuals, investigations should attempt to determine environment and/or organizational factors and practices (e.g. job design) that may be a key component in the situation (Kelley & Mullen, 2006). Organizational factors may also impair the organization’s ability to respond to such situations (Kelly & Mullen, 2006). As with other anti-violence practices, investigations represent opportunities for organizations to learn – through assessment, evaluation, and reflection – with a view to improving its practices (Kelley & Mullen, 2006).

There are various aspects of violence that greatly influence its conception as an individual phenomenon and, therefore, open up or close down perceived avenues for action, and also whether action is viewed as possible. An example of this is the erroneous understanding of violence as an inherent part of certain types of work, such as nursing. As Alex explains, it is “still a prevalent attitude” among nurses as “it’s part of their training. So it’s pretty hard to change”. As discussed in chapter three, the notion of symbolic violence can help us understand and make visible practices used by organizations to naturalize bullying as part of certain types of work so that it is accepted by workers. For example, we see this view of violence perpetuated through nurses’ training programs and internalized by workers. With regard to workplace violence, specific types of work (e.g. nursing and call centres) are constructed as ‘naturally’ violent (Bishop et al., 2005; Hutchinson et al., 2006). Perceiving

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32 While beyond the scope of this study, I would like to note here the potential of these reports also as evaluation data. The evaluation of the effectiveness of prevention and intervention practices represents one of the largest research gaps in the field.
violence as an integral ‘part of the job’ promotes underreporting and a “code of silence” around reporting (Holmes et al., 2012, p. 5). This ignores the escalating nature of violence rendering prevention difficult, or even impossible. The normalization of violence also constructs social dimensions of power out of particular kinds of work facilitating the view of forms of violence as distinct and unrelated to organizational practices. This is particularly salient in forms of work, such as nursing and other forms of care work, in which the workforce is comprised predominantly of women and who are “disproportionately targets of workplace violence” (Armstrong et al., 2008, Seymour, 2009, Virkki, 2009, as cited in Baines & Cunningham, 2011, p. 761). In their study of sexual harassment within the U.S. restaurant sector, Giuffre and Williams refer to this normalization process as ‘institutionalization’. This term better captures the interrelatedness of organizational practices, power, and violence.

Intentionality, a widely used definitional element of violence, is closely linked to the naturalization of violence, and is particularly salient in the healthcare sector due to its ethics of care. In their richly contextualized sociological study of violence in the non-profit care sector, Baines and Cunningham (2011) highlight the interplay between micro- and macro-level practices within the labour process as constructive of an abusive work environment. Emotional work, gendered dynamics (i.e. gendered notions of women as ‘natural’ caregivers), new forms of work under new public management and outsourcing are practices that interact to create violence and normalize it as part of care work. Bufacchi (2007) challenges the belief that violence must be defined based on the intentionality of the perpetrator, which continues to be a dominant view in the literature on violence. When a nurse experiences violence or harassment from a patient with a mental health illness (such as dementia) or addictions, for example, it is dismissed as non-violence due to a lack of intentionality. It also adds to the
construction of certain types of jobs as naturally violent as discussed above. The impact on the nurse is ignored or diminished and courses of action are seen as restricted or unnecessary. Unwillingly, this also ignores the well-being and dignity of patients who may be restrained, physically or chemically. Holmes et al. (2012) argue that intent is particularly problematic in healthcare settings for these reasons adding that it also ignores the role of common workplace practices associated with violence (e.g. the measure of time, high workloads, mandatory overtime). While intentionality has its role (along with other aspects of violence) in understanding and dealing with cases of violence, when isolated it is not helpful. It dichotomizes and isolates (patient/caregiver), and it contributes to the institutionalization of violence. Doing so constructs violence as unidirectional and individual between patient and caregiver, leaving unexplored “how violence is also exerted by employers and health care providers against both patients and health care providers themselves” (emphasis in original) (Holmes et al., 2012, p. 1) and the systemic causes of these forms of violence. A starting point needs to be the fundamental assumption that everyone has a right to be free of violence of any form. This opens up a space where the rights of workers and patients/clients can be respected and protected, where there is an attempt to both understand and prevent or intervene. It welcomes the complexities of the multiple relations of any situation where violence has occurred. It brings into view all actors, including the organization and its practices. Bufacchi (2007) argues that “violence is essentially a social act, captured by a trilateral relationship featuring the perpetrator, the victim and a...spectator, and not simply a bilateral relationship between perpetrator and victim” (p. 29-30). When placed in the context of the workplace, this trilateral relationship expands to include the organization. In the following quote, Alex demonstrates that it is possible, and necessary, to view violence
relationally with all its complexities.

So we are trying to help people understand that... we are also defenders of the rights of patients who might have dementia or who have addictions, or who have mental health issues, but we have to balance the rights of staff to be free of harassment and violence, along with the rights of patients to not be chained and tied down and all that. ...We have to accept that it’s not okay for that to be happening and then work together to problem solve around how that has to change and how can we make that change, it’s around, are there triggers?; what triggered it?... So, is it harassment? ... Some people would say it’s not harassment if they can’t help it, ...legally it is, it’s also violence whether they can help it or not or know that they’re doing it. So, it’s about the impact... We are not judging people who have dementia and saying they’re bad people or they are violent people but an act of violence has in fact occurred. So...in healthcare is a hard thing for people to get their heads around.

Alex continues to explain that there are multiple possibilities open for action. For example, the nurse can be cared for (e.g. receive counselling) and an assessment of the “triggers” (e.g. linked to the work environment or treatment of the patient) can be carried out in order to prevent violence in the future. This demonstrates that violence is not denied while there is an acknowledgement that outcomes may vary. Impact, and who is impacted, is an important consideration within the continuum of violence requiring further research as an element linking forms of violence. If we view all actors – victim, perpetrator, bystanders, and the organization – as potentially impacted, multiple avenues for action become possible and required.

Violence is a reality of all organizations, however, the key is how organizations act to counter it. As Jess states:

...the reality is I don’t care how big your workplace is or how small... it’s going to happen alright? And to what degree and to what extent is incumbent upon how the organization addresses it and reacts to it and enforces it.
Understanding forms of violence as interrelated and as an escalating processes shapes organizational practices, such as training, risk assessment, reporting, investigating and the objective to act proactively.

Practices themselves are also seen as interrelated and take on multiple functions. For example, reporting need not be limited to compliance with legislation, but both informal and formal reports can be used as a form of ongoing risk assessment. A formal risk assessment conducted on a yearly basis is insufficient. The Hospital recognizes this as it does not allow for continual monitoring, learning of ‘trouble spots’ and implementing preventative measures.

If something is bubbling up it is forward and I say “I'm seeing a real rash of something in this unit, let's get together and see what we can do”. But when you do a formal risk assessment, which we do as part of our health and safety system, we don't want it on an annual basis that we would then sit down and say OK, what's going on? But if there is something that pops up at any time then we would pull everyone together and say that something is wrong. And that is what we are going to do to support the unit and management as well. ... So again continually looking at things and trying to tighten things up and look at stats, to understand trends, and to predict and prevent. (Kris)

According to participants, practices also include “in-depth conversations”, collaboration between multiple departments within the organization, the development of long-term plans, and support to units that may be at a higher risk or experiencing a higher prevalence of forms of violence.

Officially in the Hospital there is a division of responsibilities between departments when dealing with reports and investigations. This is primarily influenced by procedures mandated by legislation and other institutional bodies, such as the Workplace Safety and Insurance Board
The Occupational Health and Safety Department is responsible for practices related to physical violence, in particular reports, investigations, risk assessments and reporting of statistics. All other forms of violence (including harassment and bullying) fall under the mandate of the Office. The Human Resources Department (HR) may be involved in investigations of violence, depending on their nature. However, I was told by participants that the view held was that the Office should not report to HR. The Office instead reports directly to the Senior VP of Strategy and Organizational Development. The Occupational Health and Safety Department does report directly to the VP of Human Resources. If an organization does not have well-trained internal staff to conduct investigations, external experts should be identified and contracted. The research suggests that HR-led investigations are perceived by employees as “unfair” (Namie & Namie, 2011). Two main factors contribute to this perception: (1) a lack of consequences for the perpetrator; and (2) retaliation experienced by victims for filing a report (Namie & Namie, 2011). However, although responsibilities are formally assigned to different departments within the Hospital, viewing violence as interrelated supports a view of practices as also interrelated, shaping how they are carried out. For example, as Kris indicates, because “it is a continuum”, investigations may be carried out collaboratively with multiple departments.

So Bill 168 requires for employees to understand how to report? ...So the main thing that we really had to make sure was clear, was if you have an issue, whether it was harassment, domestic violence or whatever it is, you can report it to [the Office], you can report it to Occ. Health, to HR, to your manager, anyone of these, and we will make sure we’ll get it to the right group to do the investigation and often there might be co-

33 The WSIB describes its mandate as: “The WSIB is an independent trust agency that administers compensation and no-fault insurance for Ontario workplaces.” “For employers, we provide no-fault collective liability insurance and access to industry-specific health and safety information. For workers, we provide loss of earnings benefits and health care coverage. Both workers and employers benefit from the WSIB’s help and support when it’s time to go back to work after an injury” (WSIB, 2014).
investigations, because it is a continuum. So the reporting and the policy says “for this issue go here, for this issue go here,” but at the same time when we talk about it we say, “Just reach out to anyone of these people and we will make sure of the communication”.

Forming collaborative connections within the organization as well as the community is an important way in which the Hospital works and indicative of the way in which it develops and sustains its practices with regards to violence. It is a theme that I will elaborate further in a future article. Kris spoke of situations where workers, for a variety of reasons, may not feel that reporting to their direct manager is an option. Or, workers may not know how to name their experiences and prefer to talk about them before submitting a formal report.

Collaboration among multiple departments encourages reporting and also promotes the view that everyone is responsible for countering violence. Violence is not an isolated issue to be dealt with within extremely boundaried practices or units within an organization.

Another important example is offered by the view by various participants that there must be multiple avenues for reporting experiences of violence. As Kris states, “There is no wrong place to report it, so report it.” Harassment, whether code or non-code related, has “lots of points of entry” (Alex) for reporting. Cohen, Duffy, Eisenberg, Heffernan, & Moll (2008) state that “Each route of access represents an opportunity to prevent, intervene, and reduce the potential risk of workplace violence” (p. 195). Rather than a “code of silence” (Holmes, et al., 2012, p. 5) as discussed earlier, workers are encouraged to report. The Occupational Health and Safety Act requires employers to implement measures for workers to report incidents of workplace physical violence, domestic violence, and harassment. The Hospital, however, attempts to go beyond this minimal compliance of having procedures in place, an indication of in-depth knowledge of forms of violence at work.

The creation of a framework for practices that does not espouse “containment”, but the
exact opposite, is actively pursued within the Hospital. Several participants recounted stories of organizations in which they had previously been employed. When arriving at the Hospital they experienced bewilderment and even “shock” at how different their new employer was expecting them to act. They were required to shift from a “containment” model to one in which employees are “encouraged” to report and where open dialogues are a constant feature. Workers are encouraged to report experiences of violence informally or formally using an Employee Incident Report and a Safety Report. These completed forms trigger procedures regarding how the incident is handled and by which group in the organization (i.e. Occupation Health and Safety Department, or the Office) as well as the support received by employees (e.g. counselling through the clinic in the Occupational Health and Safety Department). The forms are also used to gather statistics of violence in the organization and are, therefore, an important component of ongoing risk assessment and evaluation. Kris recounts how an emphasis on silence and a risk management framework (with an emphasis on minimal legal compliance and protection of the organization from risk) together shaped their previous employer’s actions toward violence. In particular, with regard to domestic violence in the workplace, instructions entailed “Don’t go poking…into people’s personal lives” unless a worker directly discloses experiences of violence. Valen recounts a similar story with regard to bullying and states, “You don’t know what’s going on until someone tells you”. “Reach out. Don’t ignore”. With regard to bullying and physical violence, Valen points once again to violence as an escalating process and the role reporting plays.

You have to nip it in the butt. It will escalate into violence. A policy is useless unless there are ways to deal with it. You have to have the right people to report to. You can’t go to your boss if he/she is a bully.

In her ethnographic study of an organization in the construction industry, Gherardi (2006)
demonstrates how the silence of the organization around issues of safety is taken up as a norm of conduct. With regard to silence in the organization, Gherardi states that the way in which an issue is “treated, or ignored, assumes a specific significance” (p. 70). Factors that perpetuate silence around the issues of violence within an organization include a lack of understanding of the issues; a view of violence as strictly interpersonal and, in particular with domestic violence, as a private matter; a fear of legal liability; and an emphasis on policy creation and/or risk assessment and risk management at the exclusion of other practices. In Gherardi’s study, the organization’s silence constructs safety not as an organizational issue, but as a private, individual issue; that is, safety becomes attributable to an individual worker’s errors. The principle of individual responsibility and blame “is so widespread that it [becomes] internalized acritically and unconsciously” (p. 72).

My aim in this chapter was to make explicit the relationship between how an organization views workplace bullying (and other forms of violence) and the practices they adopt to counter it. Both are ongoing practices that shape one another. I describe what participants call an “equity lens” and how this lens shapes their understanding of forms of violence. Both are ongoing struggles which are greatly influenced by multiple factors, mainly: the resistance experienced from other organizational members and internal practices; definitions provided by internal policies and legislation; and the actions that are made possible to them to counter violence through organizational practices and legislative frameworks. Hence, how organizational members make meaning of forms of violence is shaped by multiple factors that influence their conceptualizations (thinking) of violence and what they can do (actions possible) when it occurs.

In this chapter, I highlight the need for a framework that brings an expanded notion of
power into the framework for understanding workplace bullying. This allows us to move away from a focus on incidents and prevalence of workplace bullying (and other forms of violence) to how power operates within individual relationships at work and how we can contextualize these relationships within a broader social structural context. Social dimensions of power are not a variable contributing to violence, but a central organizing feature. In exploring the interrelatedness of violence and forms of power, I am not suggesting that victims are powerless. In fact, ways in which victims not only cope, but resist (also a form of power) violence at work is an important future area of research. This is particularly vital in contemporary workplaces where collective avenues for resistance are being eroded. Viewing power and violence relationally means to explore how these sources of power operate symbiotically within organizations. Within the relationality of power and violence, violence is a product of the exercising of power, and vice versa, power is exercised through violence.

Little attention has been paid to how issues of power and privilege play out in the process of bullying in the workplace and to how this may shape the development and implementation of anti-violence practices within organizations. Through a relational perspective we see how ways of thinking and acting with regard to violence within organizations are interrelated. What also becomes visible is not only what needs to be done – i.e. individual practices (as is often the focus in the literature) – but also how these practices are used everyday and how they are intertwined with one another. Each of the components of the program do not stand alone, but are related to, support and shape one another. In the next chapter focusing on policies, I explore how organizational practices to counter violence are strongly shaped by broader social structural influences, such as legislation and other inter- and intra-organizational practices.
Chapter 6

Policies as Relational Practices

There are...complex links between organizational structures, policies, occupational constructions of violence/violation, relations with those who have been violent, and teamwork and other organizational processes and practices (Hearn & Parkin, 2001, p. 101).

In my research, the focus on policies within an organization is not a typical policy analysis, but first, it examines the context (within the policy) in which the definition of workplace bullying is placed. Second, how the policy is used continuously (process) beyond the typical initial enactment phases. I am interested in how policies are embedded together with other interrelated practices within networks of practices. Therefore, my analysis focuses less on the content of policies and more on their use (Prior, 2003), although the two are interrelated. This is made empirically possible and richer by combining the analysis of the policy itself together with data from participant conversations. While the Equity and Human Rights Policy and Procedures (EHR Policy) is rich in data, participant conversations allow me to more deeply contextualize the policy within the organizational setting and the everyday activities of its members. As Ahmed (2012) states, “those employed to write policies and frameworks can be just as (if not more) critical given their very involvement in policy worlds” (p. 5). I explore what the policy potentially makes possible and the related meaning that this holds for participants.

The Hospital has numerous polices, however, the EHR Policy is the main focus of this study as it is considered within the Hospital as an “overarching” policy. Other policies stem from it to address specific parts of it, for example, the Workplace Violence Policy, the Domestic
violence policy, and the gender identity policy. These shorter length polices support the larger EHR Policy, for example, by attempting to make them more accessible (due to size) and ensure that they are read by organizational members. In this web of policies, each one refers to and leads to other policies.

Using Prior’s (2003) three corner points for analyzing documents in social research, I first examine the EHR Policy’s content specifically for clues to how workplace bullying is conceptualized. I am less interested in the actual wording of the definition of bullying than how it is contextualized within the policy and its links to possible actions (practices). Second, I am interested in the policy’s production, or its development process. And third, interwoven throughout this chapter is an exploration of the policy’s use and function to explore what policies (can) do. Capturing the “process of doing policy documents, their becoming” (Hunter, 2008, p. 508) can tell us much about what they have the potential to ‘do’. The central thread in my analysis is the EHR Policy not as inert matter, but as an agent (Prior, 2003). I search for what the policy means for participants and ways in which this document is “a tool for doing things” (Ahmed, 2012, p. 5) and in so doing, how this particular document is kept ‘alive’. The concept of ‘living’ documents, therefore, goes beyond one in which they are regularly reviewed and updated. Treating the policy as a relational organizational practice within a “web of practices” (Gherardi, 2012, p. 2) facilitates this type of analysis. The central focus of this analytical strategy is to explore how the Hospital attempts to counter workplace bullying (and other forms of violence) not as an individual phenomenon and, therefore, bring about systemic change.
**Policy Contents**

To gain deeper insight into how the EHR Policy is constructed as a relational document (practice), I created a high-level view of the policy (see Figure 1). This exercise made visible the multiple interrelationships among texts (which are themselves, in particular their production, also practices), practices and actors. It makes clear the location of this policy within a network of practices. As Prior (2008) states, “policy is much more than bits of paper, mandate, legislation, circulars and directives, followed, administered, implemented and managed by people (p. 506). Viewing the EHR Policy as a relational document then provides insight into how it is maintained as a ‘living’ document; that is, how it is (or potentially can be) continuously used – acting and being acted upon – in the equity and anti-violence work of the Hospital. Of specific interest in this chapter is the role the policy has in bringing about systemic change within the organization. To do so, the policy itself explicitly references inter- and intra-organizational texts, practices and actors. Placing the Hospital within this broader inter-organizational structure makes visible its relation with, and therefore its inseparability, from society in general. With regards to the power of policies, Nvqvist (2013) states that

*Policies are processes that run through and touch upon actors at all levels within the boundaries of an organisation. Policies also link organisations of various types and sizes, thus bridging gaps between various forms of organisations and creating interconnectivity across large-scale arenas (p. 92).*
Figure 1: Equity and Human Rights Policy and Procedures: A High-Level View of Links with Texts, Practices and Actors

Equity and Human Rights Policy and Procedures

Links with Texts

- Legislation
  - Ontario Human Rights Code
  - Evolving Human Rights case law
  - Canadian Charter of Rights and Freedoms
  - Employment Standards
  - Occupational Health & Safety Act (OHSA)
  - Canadian Criminal Code
  - Criminal Code
  - “Other relevant statues”

- Mission Statement
- Objectives
- Values
- Code of Conduct
- Work Refusal Policy
- Collective Agreement
- Medical Staff By-Laws

Contracts & agreements with business, research & community partners (including a provision requiring compliance with this policy)

To facilitate the reading of this diagram, the focus is on links directly within the EHR Policy, however, there are further relations among the various texts, practices and actors in this graphic.
## Equity and Human Rights Policy and Procedures

### Links with Actors*

<table>
<thead>
<tr>
<th>Members of the Hospital Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>all employees</td>
</tr>
<tr>
<td>healthcare professionals</td>
</tr>
<tr>
<td>students</td>
</tr>
<tr>
<td>researchers</td>
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<tr>
<td>interns</td>
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<td>volunteers</td>
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<td>patients</td>
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<td>families</td>
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<tr>
<td>visitors</td>
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<tr>
<td>advisory groups</td>
</tr>
<tr>
<td>public community-based partners</td>
</tr>
<tr>
<td>affiliated research institutions</td>
</tr>
<tr>
<td>and associations</td>
</tr>
<tr>
<td>suppliers</td>
</tr>
<tr>
<td>contractors</td>
</tr>
<tr>
<td>other healthcare &amp; business partners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>senior management team members</td>
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<tr>
<td>union representatives</td>
</tr>
<tr>
<td>employee representatives</td>
</tr>
<tr>
<td>community representatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Office</th>
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</thead>
<tbody>
<tr>
<td>Occupational Health &amp; Safety Department</td>
</tr>
<tr>
<td>Human Resources Department</td>
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<tr>
<td>Senior Management Team</td>
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</tbody>
</table>

*Continued in next column*

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* The order of actors as displayed in this graphic does not represent formal or informal organizational hierarchical order.

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Equity and Human Rights Policy and Procedures

Links with Practices

- Anti-violence Program
  - rights & responsibilities of organization members
  - complaints resolution procedures/mechanisms (internal & external)
  - formal reporting procedure (oral & written)
  - early resolution (informal) (e.g. facilitated discussion, mediation, negotiated settlement)
  - remedies, sanctions, liabilities
  - enforcement
  - education, training, development
  - evaluation process for EHR Policy
  - advice or counsel
  - precautions to protect workers from domestic violence – physical injury in the workplace
  - providing personal information of a person with a history of violent behaviour
  - development of plans to implement goals & objectives of EHR Policy
  - statistical reports (gathered from informal & formal reports)

- external recourse
  - grievance under collective agreement
  - legal proceedings
  - outside bodies (e.g. education institutions, professional self-regulating bodies, regulatory agencies, law enforcement)
  - review of policies & procedures
  - accommodation procedures
  - diversity plans
  - patient centered care/equitable access to services
  - cultural competence approach (standardized organization wide)
  - creation of materials regarding specific procedures
  - decision making processes
  - assignment of roles within the organization
  - creation of materials regarding specific procedures

Continued in next column

- departmental/corporate policies
e.g. scheduling, orientation, visiting hours, etc.
access to services & programs
- review of organizational practices
(to remove systemic barriers)
  - clinical care
  - information dissemination
  - physical barriers
  - language/cultural interpretation services
  - translation services
  - dietary requirements
  - methods of care
  - healthcare promotion
  - community partnerships
  - research
  - employment practices

- Human Resources functions
  - hiring, recruitment, selection
  - performance evaluation systems
  - promotion, secondment, transfer
  - compensation
  - retention
  - mentoring
  - discipline
  - training & development
  - termination
  - assignment of privileges/duties
  - accommodation (physical or otherwise)

- senior management functions
  - organizational planning
  - budgeting
  - research
  - ethics
  - clinical work
  - strategic planning
  - health promotion
  - marketing
  - communications
  - building relationships with all stakeholders & community partners
  - performance review
The EHR Policy makes reference throughout to other documents, in particular legislation, the Hospital’s mission statement, organizational values and the Code of Conduct. As an overarching policy it references, and therefore, can lead to the reading of other documents (Ahmed, 2012). It contributes to making these documents known and used. As a specific strategy, the policy is used to construct the anti-violence and equity work as an organizational priority allowing it to travel into other organizational discourses and practices linking the work to areas that are valued so that it too acquires value and legitimacy, and the required resources that are then made possible. To shift away from a ‘containment’ and risk avoidance model, contemporary organizations require a compelling business case demonstrating the importance and necessity of implementing anti-violence practices. To obtain the required long-term commitment and resources (financial and otherwise), the business case needs to link to areas of value to the organization (e.g. profits margins, reduction in costs, organization’s public reputation, and so on). All participants and almost every text I examined referred to the Hospital’s mission to provide “the best patient care” (or a variation of this wording). In chapter four, I briefly linked this discourse to the notion of customer sovereignty. Also important, however, is how the discourse of “best patient care” is contextualized and used. Taking a relational approach, or what several participants called a “holistic” approach, placing this mission in the center also allows the Hospital to consider all actors involved. A statement of organizational values and mission takes on an operational platform – within an anti-violence mandate as well – rather than limited to a philosophical statement on paper alone. The well-being of patients is viewed as intrinsically interrelated with the well-being of workers, and in turn, also with the organization’s goals. As many participants expressed, it is due to an “inclusive and safe working environment” that the Hospital “is able to deliver the best patient
care”. Both “patient-focused [and] staff-focused” (Terry) practices become the objective and are directly linked to the possibility of the Hospital reaching its objectives as an organization. These are not mutually exclusive. Research has established “a relationship...between patient outcomes and the health of the workforce” (Shamian & El-Jardali, 2007, as cited in Holmes et al., 2012, p. 1). In Alex’s statement below, there is a recognition of the impacts of discrimination and harassment on health and work.

Yeah, how can you? Of course, I mean it’s just not even possible... So, the poster that says...studies show that discrimination and harassment affect your overall health... So it’s about all of us and that we... really try to not separate. We’re not sitting here with abused staff hopefully, saying we don’t care if you’re treated like crap be nice to the patients. ...You can’t tell people who are feeling that their rights aren’t being...you can’t treat people who aren’t feeling respected or treated by patients and their colleagues and their managers with respect and say oh, but you have to be respectful and thoughtful and kind to patients. Like why should I? ...first we have to show you that we care about you and what you’re experiencing and that we are prepared to address experiences of harassment and discrimination that you might face and try to do everything we can think of to make sure an environment that’s respectful and positive and all of that... within that then you can feel that you can give your best.

Embedding references to multiple legislative acts throughout the policy not only demonstrates the Hospital’s fulfillment of legal obligations, but also provides the equity and anti-violence work – and the EHR Policy itself – with legitimacy. As several participants indicated, the policy is considered and used as “ammunition” in order to grasp people’s attention, to create continuous engagement and also to enforce the policy. The use of the term “ammunition” reflects resistance to the anti-violence work within the Hospital and the importance of the policy for participants in countering this resistance. While participants prefer not to use it in this way, they do recognize it as a “place to start” when necessary. The engagement is particularly important in attempting to make the roles and responsibilities that
are part of the policy an integral part of everyone’s job, especially in a climate in which there are numerous competing demands in the everyday activities of workers. Participants expressed that using the policy in this way is a beginning point. The EHR Policy is not an end point in the process of creating an anti-violence program, but a beginning point. As an ongoing practice, it does not “become a substitute for action” (Ahmed, 2012, p. 11) but opens up a space for action to be taken. Sidney recounted a story in which policies shaped the development of other organizational practices. An anti-flu campaign called “Be a flu fighter” was being developed by a group within the Hospital. They developed a draft of the graphics and the campaign which depicted a superhero forming a fist and “punching something”. The group consulted the policy then realized that the graphics may contain an inappropriate message.

They ended up sending all the materials to the [Office] and asked “Is it OK? Do you think it’s OK for us to use it in our campaign?” …The picture promoted violence… and so I think this is important because it really shows that they understand that they have a responsibility… They could have gone ahead and just done it but they understand there are certain policies that they need to respect… (Sidney)

The poster, as originally designed, was not used. The above story is also an example of how violence can be promoted through language, images and other practices throughout the organization.

Linking the policy with the organization’s mission statement and values connects it with the ‘business’ of the Hospital bringing with it value and resources, and hence power. As per the participant quote below, similar processes can be seen with regard to healthcare related mandates, policies, and dominant discourses, such as health equity which has been identified as a priority by The Toronto Central Local Health Integration Network (LHIN) in Ontario (Central
LHIN, 2014) (see chapter 4 for a brief discussion). While this mandate focuses on clinical practices within healthcare, the Office broadened its scope within the Hospital to include its workers.

Sometimes you just have to force change and it has to be active... Because with the other health equity stuff that *** is doing, that *** has mandated, that gave *** a lot of power, but *** was doing it before, but now they have health equity policy that reflect those mandates and so that is great...because that means many times more money as well.

(Sidney)

**Contextualizing Definitions of Violence**

To my knowledge, there are no comparative or systemic studies on workplace bullying policies, for example, similar to the one conducted by Penny Powers (2012) on workplace violence policies in medical hospitals across five countries. Through her discourse analysis of these policies Powers brings to light both what is visible across the policies collected, as well as what and who is invisible (or completely absent). I found similarities between Powers’s findings and the EHR Policy in my study. However, there were also several notable differences which I will highlight as they demonstrate how the Hospital attempts to shift away from a sole focus on individual organization members’ actions and behaviours.

In a section entitled *Code of Conduct* within the EHR Policy, each form of harassment is defined and followed by examples. These include, in order as they appear in the policy: code-related forms of harassment – discrimination, systemic discrimination, harassment, sexual harassment, sexual assault, and hate crime; negative environment which is both code and non-code based; and bullying which is non-code related. The Hospital’s definition of bullying is based on the definition of *workplace harassment* cited in the *Occupational Health and Safety*

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34 A system review of Canadian-based studies, including prevalence rates and advocated best practices for countering forms of violence at work, would be a revealing and necessary step in understanding the Canadian context.
Act (OHSA) (see Table 3). It differs from the OHSA definition in specifying that the behaviour is not linked to the prohibited grounds of the Human Rights Code and links the negative behaviour to the creation of “an unhealthy work environment”. The Hospital’s definition also includes examples of possible subjective experiences of targets: “...offensive, intimidating, hostile, inappropriate...”.

Table 3: Definitions of harassment

<table>
<thead>
<tr>
<th>Definition in OHSA</th>
<th>Definition in the EHR Policy</th>
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<tbody>
<tr>
<td>“workplace harassment” means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.</td>
<td>[Bullying] involves excessive, unwelcome behaviour, directed at an individual, not linked to the prohibited grounds, which is known or ought reasonably to be known to be unwelcome/unwanted, offensive, intimidating, hostile, inappropriate and results in an unhealthy work environment.</td>
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Together in the same section entitled Bullying, the EHR Policy contains the following paragraph referring to the misuse of authority and influence.

Any member of the Hospital Community who uses his or her authority or influence in a way that is unfair, or who engages in a course of unfair conduct that is known or should reasonably be known to differentially treat another person, whether on a Prohibited Ground or not, will infringe this policy.

This paragraph recognizes the misuse of power and that it can be code and non-code related. It also links harassment with the discourse on fairness, which Powers (2012) refers to as a resistance discourse referring to ethics. Other terms related to ethics used in the policies analyzed by Powers included “ethical treatment of individuals”, “sensitivity”, and “respect” (p. 80). She points out that these terms do not derive from the mainstream risk management literature – a dominant discourse in the management literature – but from the discipline of healthcare ethics. Reference to these concepts appear throughout the policy. For example, the following selected portions of the introduction to the policy state that:
[The Hospital] is committed to fostering a healthy and positive environment, which recognizes and respects the personal worth, dignity and diversity of each member of the Hospital Community.

It is the policy of [The Hospital] to provide an environment which is free of discrimination and harassment. Members of the Hospital Community are entitled to fair and equitable treatment.

Contextualizing forms of harassment and discrimination within the conceptualization of a negative environment, which is both code and non-code based, provides some degree of connection between these forms. During our conversation, Pat points to related concepts:

...the basic tenets of everybody's rights and responsibilities to be treated with dignity, respect and equity and I think that really frames the policy... It’s about ensuring that everybody does get treated that way and that having the equity lens isn’t just about how we treat each other but also how we treat opportunities and systemic oppression and that piece.

The reference to systemic oppression, which occurred during several conversations with participants, and how it appears in the policy will be discussed shortly. While the definitions of each form of violence (with the exception of systemic discrimination which is located elsewhere in the EHR Policy) in themselves emphasize individual acts and behaviours, there is an explicit recognition of the relation between concepts, systems, processes, and practices.

When organizations adopt a restricted compliance model; that is, when they adhere strictly to definitions and associated required practices as indicated within legislation (i.e. the OHSA), they adopt and perpetuate the dominant discourses of bullying (and other forms of violence) limiting to a great degree their potential to contextualize practices for their unique environments and to counter bullying. We return here to the risk management approach; that is, the management of risk to the organization. Minimum compliance with legislation may protect the organization from litigation, however, it does not protect it and its members from
the negative consequences of bullying. Legislative requirements, therefore, should be considered as minimum standards; as a beginning point, not an end point.

The term ‘violence’ is not included in the EHR Policy as part of the main section containing definitions of forms of harassment. However, the term is used throughout the policy and a definition is provided in the Glossary section at the end of the policy. A separate policy (Violence Prevention Policy) was developed to address physical violence specifically. The possibility of a revised EHR Policy (under review at the time of this fieldwork), which would include physical violence and point to an understanding of forms of violence as linked, will encompass an array of forms of violence. Originally in the policy, forms of violence were not separated, however, senior management (who authorizes the policy) required their separation. “It wasn’t working” Alex states, therefore, they will be “putting them together again”.

... to integrate everything... We just need to make sure that we cover all kinds of violence... Like what’s the point of putting a bunch of rules without a context of what you are trying to do with that and why do you have those rules and why do we say don’t discriminate or don’t harass, or don’t sexually assault, all the things that we say don’t do, what’s the context for that?... [***] wanted [them] separated. Okay, fine, so we separated them. It was just ridiculous, like it didn’t work at all. It just didn’t work. You have to put these things together to have it make sense. (Alex)

While not explicitly stated by participants, the separation of physical violence, both in policies and in the responsibilities between departments with regard to reporting and investigating (i.e. between the Occupational Health and Safety Department and the Office), is strongly influenced by extra-organizational institutions as well, such as the Workplace Safety and Insurance Board (WSIB) and legislation. In the previous chapter, I discussed how these departments work collaboratively, for example, with regard to reports, investigations, and
intervening in areas within the Hospital where higher levels of reports and incidents of violence are occurring. Separating forms of violence into distinct policies with distinct practices undermines this collaborative way of working.

**Who Is (In)Visible**

How the organization is constructed within the policy is a key feature. The Hospital explicitly acknowledges that power relations exist and are reflected in the social structural inequalities that are an integral part of all workplaces as in society in general. It states in the EHR Policy’s *Purpose* section:

> Consistent with the aims and objectives of the Canadian Charter of Rights and Freedoms, the *Human Rights Code*, and consistent with its mission and values [The Hospital] recognizes that organizations reflect the power relations based on race, gender, ethnic origin, religion, disability, sexual orientation, gender orientation and expression and other social categories seen throughout society.

In chapter three, I discussed in detail the fundamental importance of recognizing social power relations as key to understanding and countering forms of violence in the workplace. In the following chapter, I explore how this recognition shapes the Hospital’s education and training program. In numerous policies I read in search of an organization for this study, the organization itself was completely absent. Where these policies did go beyond the provision of definitions of violence, domestic violence and harassment (as per the OHSA), the primary actor present was the perpetrator. This was most often a general reference applying to “anyone” and solely within a zero-tolerance statement. This latter point is consistent with Powers’s (2012) study where she found that, while definitions of violence applied to “anyone in the hospital” (emphasis added) (p. 78), examples of violence provided in policies related mostly to clients or patients as perpetrators; that is, perpetrators were constructed as *outside* of the
hospitals. I did not find this to be the case with the EHR Policy which consistently refers to “members of the Hospital Community”. To clarify, the policy states:

This policy applies to members of the Hospital Community at [the Hospital], which includes all employees, health care professionals, students, researchers, interns, volunteers, patients, families, visitors, advisory groups, public community-based partners, affiliated research institutes and associations, suppliers, contractors, and other health care and business partners with [the] Hospital.

In examples provided throughout the policy and in specifying procedures, the policy explicitly includes actors at all levels and areas within the Hospital, as well as extending to other institutional bodies, such as professional associations and the Board of Governors. As discussed later in this chapter, this is particularly key in the policy’s goal to bring about systemic change. The policy also extends the workplace boundaries beyond its physical location.

This policy applies to all activities which take place at the Hospital, as well as to Hospital-related activities which occur elsewhere, including but not limited to business undertakings, teaching or training programs, research initiatives, community projects, partnership activities, social functions, fundraising events, and activities involving access to the Hospital’s computer or communications systems.

The recognition that the Hospital is not isolated from the community, and society in general, shapes its practices in different ways. It also contributes to participants’ views of the Hospital as different from other organizations. Pat articulates this view and its importance.

...recognizing that there is a whole other world happening beyond our walls. It is not just about what is happening in this building, that we really have to be responsive to what is going on outside of the building...

This view manifests in different ways. The Hospital uses services available in the community for its anti-violence program, for example, in conducting a risk assessment and in organizing
domestic violence training. It actively searches out best practices used by other organizations nationally and internationally, and it shares its experiences with practices with other organizations. Organizational members are involved in committees both within and outside the Hospital. The Hospital has a long history of collaboration with community partners to deliver healthcare services. Through its Community Development Office, a senior management function (see Figure 1), the Hospital forges partnership with community agencies and groups to develop programs to decrease barriers in accessing healthcare services. Groups include individuals residing in a specific geographical area, individuals from a shared demographic group or identity, advocacy groups, and groups who have a common interest. All participants spoke of the importance of collaboration internally among committees and departments. Jamie spoke of how this “network of resources” helps them take action quickly when dealing with violent or potentially violent situations.

So, these are my concerns. I need help and within (pause) I got emails back. It was really clear. Which allows me to act very quickly and I don’t sit there and think what am I going to do… That kind of support is really helpful.

Within this collaborative effort, Jamie was able to obtain a trespass order, write a letter to the person named in the order, and develop a safety plan for the members of their unit.

Groups of workers can be excluded in multiple ways within legislation and policies. With regard to physical violence, the OHSA provides workers with the right to refuse work if violence is likely to endanger the health or safety of the worker. However, this right is not applicable to certain groups of workers where the danger “is inherent in the workers’ work or is a normal condition of the worker’s employment; or…when the worker’s refusal to work

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35 The departments involved will vary within each unique organization. The anti-violence committee consist of members across all areas and levels within the organization and, therefore, represents a valuable resource for any organizational member to turn to when assistance is needed.
would directly endanger the life, health or safety of another” (CanLII, 2014b). The EHR Policy, citing the *Human Rights Code* and the OHSA, includes this exception. This is an example of how legal discourse shapes organizational policies and other practices. In chapter two, I discussed the normalization of violence within certain types of work and in chapter five, we see how participants resist this discourse. A larger study of workers throughout the Hospital would be required to determine how this conceptualization shapes how they interpret this part of the policy and how it shapes their experiences of violence and their everyday activities at work, as well as their decisions whether to report experiences of violence. This study would be particularly salient in the healthcare sector where workers are predominantly women and involved in caregiving work. Jamie speaks of this as “a predicament”; that is, attempting to understand and deal with the complexities of a situation rather than stopping with the concept of intentionality as the only criteria and the belief that violence is ‘part of the job’.

You’re dealing with issues that come from your staff but also with patients... Sometimes it’s the same thing and sometimes it’s a very different thing. ...Staff coming forward who are bound to do their jobs and need to provide healthcare, but there’s a patient who’s harassing, or there’s a patient who is bullying or physical and are they physical because they have dementia and is it an underlying medical condition... And there’s lots of work that’s being done right now... with geriatric psychiatry around problematic behaviours in patients and safety of staff. ...It gets very complex when you’re talking about all of those competing demands... I think every issue becomes that kind of a multipronged issue, nothing happened just by itself, right? It all impacts the patient, the patient impacts us and it all goes back and forth. Yeah it’s tough. (Jamie)

In the above quote, Jamie points to a key issue in the critical research on violence, specifically as it relates to emotional work and the naturalization of violence in healthcare. It does not have to be a dichotomy between healthcare workers and patients. Violence is not a natural part of healthcare work (see the previous chapter for a further discussion).
Systemic Change as a Central Goal

The idea is that policies are having people recognize not just who you are, it is the environment, it is the systems you work within and so recognizing your privilege and how you have a very small understanding of the wider system... I think examples of how the system works against certain populations really help people understand it's not who you are, it's how you are limited by your environment. ...And I try to make people understand why policies are so important because it is about system change, not just about attitude change. (Sidney)

The central goal of systemic change and clues to how its accomplishment is being attempted are key features of the EHR policy. The Hospital is committed to bringing about changes in the interpersonal relations of its members, as well as organizational and systemic changes. The policy states as part of its outcomes: “The policy is designed to bring about systemic and organizational change...”.

During a discussion of how the Hospital’s Gender Identity Policy was developed, Jamie demonstrated how the policy considers and changes organizational practices. For example, the policy has led to the creation of unisex (all-gender) bathrooms, changes in the ways rooms are assigned to patients (e.g. using a patient’s identity as indicated by them during admissions procedures), procedures to ensure patients and all Hospital members are referred to by the name and gender with which they self-identify, and education material for staff to learn about and incorporate these procedures into their everyday work.

Viewing the EHR Policy as a practice within a network of interrelated practices (see Figure 1), allows us to see how it has the potential to be used in shaping organizational practices on multiple levels. First, the policy is a foundational building block and component within an organization’s anti-violence program. It also brings together, by either referring to or describing in detail, other practices of the program. Second, to bring about changes in its
organizational systems, processes and practices, the policy makes explicit reference to the role played by and the necessity to review and redesign organizational practices at multiple levels. Specifically, it does so with regard to unit- or departmental-level practices, to Human Resources practices, and to senior management practices. In the example above, the Hospital’s Gender Identity Policy brought about changes in admissions procedures to ensure all aspects of a patient’s care (including room assignment) reflect the sexual identity as communicated by the patient (i.e. not by the data that appears on identification or health cards). There is also an explicit acknowledgement that organizational practices can be used in the harassing process. The anti-violence program, therefore, is not viewed nor practiced separately from the organization as a whole. This has the potential to greatly change the way anti-violence practices are presently conceptualized in the related literature.

Prevention requires collaboration among the different departments. Through participant conversations links between organizational practices emerged; that is, components of an anti-violence program should not be viewed as distinct from each other and from other organizational practices. For example, education and training programs adopted by Organizational Development (e.g. team training, communications training) need not be separate from those that comprise the anti-violence program.

[The Office] also does a lot of proactive sort of understanding, if there seems to be a lot of something happening in a unit where there is a lot of negative work environment, [the Office] will go with HR. We also have OD, Organizational Development, which does a lot of work on employee engagement, but again if they start to see that there is performance issues. So what is great about [The Hospital] is that we have all these great, skilled sort of people who come from a certain lens for what they are trying to do but there is no sense of “That's my turf” or “Why don't you deal with this problem?” We've had these negative environments that can then cause problems for performance, can cause problems for management relationships, can cause problems for harassment, people feeling harassed
Information regarding a negative work environment within a specific unit can come from a range of sources, including informal and formal reports, a request by a manager for assistance, or reports (statistics) generated (e.g. by the Occupational Health and Safety Department, the Office, and HR), for example, regarding risk assessments, work-related injuries, absenteeism, and so on. Depending on the source of the issues, unit managers, together with representatives from the Office, Occupational Health and Safety, and Human Resources, work together to implement or change practices. These could include, for example, various types of training and changes in the design of work procedures.

The meaning that participants give to “systemic change” involves two key aspects. The first involves changing the way that everyone in the organization thinks with regard to equity and violence, including knowledge about these social phenomena. As one participant states, it needs to be “in the bloodstream” of the organization. As Ahmed (2012) states, a “typical goal of diversity work is ‘to institutionalize diversity’” (p. 22); putting it “into the organizational flow of things” (p. 28). The second related aspect involves the changing of actual organizational processes and practices, not limited to those practices that are a part of the anti-violence program, but also practices that are part of the organizations everyday operations. “Systemic” then means to become part of all practices within the organization, the work people do, and interpersonal relationships. In the current and next chapters, I look at how this is accomplished through policies and education and training practices.

This systemic way of thinking entails avoiding the “blame game”; that is, “make people think of systems rather than themselves as perpetrators” (Sidney). The work of the Office is considered by participants as an ongoing long-term process that involves also an ‘undoing’ of
praxis; that is, how historically thought and actions have come together in the organization to produce its present. Recognizing how people are interrelated with environments and systems within which they work avoids the individualization of the phenomena and contributes to the collapsing of the individual/social dichotomy. This also expands responsibility with regard to the prevention of violence from a single department or group within the organization to all members, and therefore, as Pat states, “our goal is to not necessarily need [the Office]... that is the ultimate goal embedded throughout”.

Practices, such as investigations and formal and informal reports submitted by workers, are a critical part of any anti-violence program and are viewed as valuable opportunities to learn more about what is occurring within the organization, in particular with regard to harassment (code and non-code related). For example, in large organizations in particular, they can learn about specific units or departments that are experiencing difficulties, such as unusual high prevalence rates of violence, as well as illness, sick leave, injuries, and so on. Clues as to why the organization may be experiencing difficulties in retaining employees (through resignations and terminations), high absenteeism and tardiness, and/or increased grievances and reports can also be gleamed. All reports should be registered and tracked in detail so that the organization can use them as a learning tool and also as a baseline for evaluating anti-violence practices. As discussed above, reports represent valuable learning opportunities for organizations if the information they provide is harnessed and used to evaluate and improve its anti-violence practices and aid in the process and implementation of long-term change. The quote below also shows how the Hospital attempts to go beyond compliance with legal requirements and shift away from a “containment” model. (For a further discussion of this model, see chapter 5).
We’re not just here to receive complaints… Complaints give us insight into what’s going on and allow us to make systemic changes to address things… or we see how that whole situation could have been avoided… What could have been put in place… We definitely see complaints as an opportunity for systemic change and not just as something that has to be dealt with because there’s legal requirements… and I think we really have support around that. (Alex)

The emphasis in such a model is on prevention. Di Martino (2005) suggests that organizations approach workplace violence in a “preventive, systematic and targeted way” (p. 32). A proactive approach understands violence as an escalating process and attempts to intervene are sought at the ‘lower’ stages. It also recognizes the link between experiences of violence and poor performance36, and hence organizational outcomes. We see in the participant’s quote above an example of how anti-violence practices do not focus solely on an individual incident. This expands how practices are thought of and used in different ways to prevent violence from reoccurring in the future. Anti-violence practices become ways of opening up spaces where conversations can be had. They are not viewed as distinct practices, but as interrelated. The key is how the interrelated components (practices) of an anti-violence program are used together.

Corin describes the “ideal” as based on “human rights and health equity principles”. This way of thinking needs to be “injected and part of every part of this hospital” (Corin), therefore, it needs to be systemic. Corin also points to the organizational structure as reflecting the importance of the Office. This is key as it points to practices related to equity and violence as interrelated with other organizational practices, for example, the development of the organizational structure, strategic planning, hiring and promotion practices, as so on. While beyond the scope of this study, it is important to note that violence can be performed through

36 For a list of consequences related to bullying for victims and witnesses, see Appendix C.
these same network of practices (Holmes et al., 2012). Little research within the field of workplace bullying explores how organizational practices themselves are used in the process of bullying, in particular by managers who have sole control in such practices as performance evaluations and related promotional practices, for example.37

The commitment of all organizational members to anti-violence is advocated within the literature as a key practice. While leadership commitment is pivotal, the process of creating a major shift within the organization requires the full participation of all organizational members at all levels and areas throughout the organization, including employer (human resources, managers, and other representatives), union representatives, worker representatives, Occupational Health and Safety representatives, and community representatives. It is an ongoing collaborative process. All participants in this study spoke of the support from senior management, in particular the President and CEO, as being key. Simultaneously, however, there is a recognition and an explicit deep concern expressed by participants regarding the precarious nature of this support, and the accompanying resources. Jess asked: “Is what we are trying to do systemic enough or structurally embedded enough?”. Depending solely on a single leader or group of senior leaders within the organization places the work, the linkages between individuals and with the community, and the resources and supports in a fragile position and at risk. Therefore, creating systemic (structural) change, while a challenge and a long-term process, is a necessary one. Participants spoke of “putting long-term plans in place” as a part of the solution, in which policies played a major role.

...that doesn’t address the structural questions of how there’s an institution... beyond

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37 A performance evaluation represents a particular opportunity for the perpetrator to exercise control over and bully an employee. If an employee with a solid record of good performance suddenly begins to receive poor evaluations, management should investigate. It could also be a sign that the employee is experiencing difficulties related to other forms of harassment, domestic violence, or illness.
individuals you know? So, I think that’s the challenge. Like, if I am gone or [President and CEO] is going... what happens to those relationships? ...if they are just at a... interpersonal level... but there isn’t that institutional linkage. (Jess)

It becomes important then to ensure that with time and with targeted action that ways of thinking and acting become ingrained within the organization’s systems and structures. It needs to be ingrained deeply enough that it can continue independently of a singular person or persons. One way to ensure this occurs, suggests a participant, is through policies. They express an awareness for the importance of practices becoming “structural”. This points to the importance of systemic (structural) change and that strong and supportive leadership, while absolutely critical, alone it is not sufficient in the long-term and much too fragile.

I am worried about [President and CEO] leaving... We all worry about that and that’s sort of been our mission over the past couple of years... I’ve seen it come and go in a lot of organizations that you just thought like wow, like this was so central... and just gone in a poof right? ... I know it’s a very dangerous situation... We try to figure out how we can embed it and we’re working on that... It’s about getting them to own this work and that’s a big mixed group and not just do it because [President and CEO] is telling you to do it but beyond that understanding the importance and how integral this is... In this cone of silence can I count on this Board of Directors to make that an essential skill set of the person who they bring on board? It’s not going to happen. ...They are going to be looking for a whole other kind of skill set which is you know, the financial health of this organization, the ability to help it survive, thrive, grow... the best medicine and all that kind of stuff. I understand that but I also think we contribute to that very, very much... and that we help people want to come and work here... I think it’s very challenging now... it’s just kind of keeping all these balls in the air. (Alex)

Again pointing to organizational practices, the quote above also speaks to the importance of hiring leaders with a “certain lens” which is viewed as a set of skills. However, this view may not be shared by senior management, the Board of Governors, and other stakeholders. While this participant recognizes the prioritizing of the organization’s financial stability, its survival
depends not only on financial strength alone, but also its equity and anti-violence work.

Systemic change as described by participants is not restricted to intra-organizational practices. Inter- and extra-organizational practices and processes are also key (Hearn & Parkin, 2001). Practices at these various levels are important in understanding root causes of violence and also what is required to counter violence (Hearn & Parkin, 2001). Jess places the Hospital within a broader structure (for a further discussion, see chapter 4) comprised of the restructuring of hospitals in Ontario, the “austerity mentality of all three levels of government”, and the “governance [as] disconnected”. Jess explains this latter point with reference to the composition of the Hospital’s board.

There’s a disconnect... when all you have is... the 1% running your board... How can you provide an effective system if it’s governed by the 1%? ...Because the system propagates itself on the governance of the 1%, thinking that’s how they survive... and I think that’s a misconception... not to say the 1% is not part of. They should be...but not at the level of influence and power that it has in the healthcare system.

As mentioned above, this group is responsible for setting the priorities of the Hospital and for selecting the Present and CEO. They may not share the view that countering inequities and violence within the organization is a priority and their decisions will reflect this.

The Policy Development Process

Through participant quotes, it becomes possible to map the steps involved in the policy development process. The four steps outlined below are not isolated parts of the development process, but are interrelated. First, the development process is a collaborative one involving consultation with various stakeholders, including those who will be most affected by the policy. This may often involve going into the community for information and feedback, or conducting research which may include the wording of the proposed policy, the
impact the policy will have on them, and how “it is going to work on the ground” (Corin, Pat).

Elsewhere in the current and previous chapters, I discussed ways in which the Hospital approaches collaborative ways of working. Also, as previously discussed, the support and involvement of senior management is key, but insufficient if isolated from other practices and the support of all organizational members. Several participants expressed the same importance given to the collaborative process as did Sidney:

...policies, it is about making sure everyone is heard in the policy, not just coming from a top down perspective, “like, I've made this policy, now everyone has to follow it.” ...

Consultation and collaboration is a huge thing.

Consultation also includes many functions, such as ensuring compliance with legal obligations and obtaining “buy-in”. Within a collaborative process, learning begins from the very start of the process, not only within formal training programs. Sidney describes the collaborative process as an “openness to being criticized”, one of questioning and seeking answers. Second, the policy is presented to members of various groups in the organization – management team members, union representatives, employees, committees and community representatives. Again, as indicated by participants, this is an important step in obtaining buy-in from these groups. Third, publishing strategies are about raising awareness of the policy (Ahmed, 2007, 2012), in particular in larger organizations where there may be numerous policies competing for members’ attention. This phase goes beyond informing organizational members of the existence of the policy. Participants frequently used the term “aligning”, in particular during this phase of the development process. Specifically, this includes alignment with the necessity to be in compliance with legal obligations, organizational values, its mission statement and its history. Enforcement of the policy is considered a critical fourth step in the process. It includes using the policy in everyday practices. For example, when a report is made by a
worker, it is used to validate (or confirm) that the reported behaviour is against the policy and to outline the procedure to be followed. When enforcement of the policy, and other related practices, is consistent, people know they will be heard and action will be taken when they file a report. It reinforces a process whereby silence surrounding violence is broken. Jamie explains that a person reporting their experience, “is taken seriously” and that “it would be dealt with”. Also important for Jamie was that recourse was available should an initial attempt at an informal report or intervention not succeed. When I asked Jamie where this comes from, they said “It comes from a history of things being dealt with”. Researchers have shown that employees are more likely to report cases of harassment when procedures are in place and consistently enforced (Skarlicki & Folger, 1997, as cited in Deery et al., 2011). When this does not occur in organizations, harassing behaviour and related negative effects are more pronounced (Miner-Rubino & Cortina, 2004, as cited in Deery et al., 2011). This is particularly the case for minority and lower status workers as they may be “cut...off from internal sources of power (for example supervisors or higher status coworkers)” increasing the risk of victimization (Miner-Rubino & Cortina, 2004, Lamertz & Aquino, 2004, as cited in Deery et al., 2011, p. 755).

Together, the four interrelated steps of the policy development process outlined above form a process that also includes accountability. As Jess describes:

... consultation..., I think that’s important... that the players are aware it’s coming down the pipeline and that they know... And I think that’s important because that gets translated down. I think in order for policy enforcement to occur, that at least people have to have had the opportunity to understand what the policy is, meaning the people that are affected by the policy... So, if they’re going to consciously contravene the policy at least they consciously know... this is not what I am supposed to do but I am doing it anyway. So, don’t be surprised that there’s a consequence.
Anti-violence policies set expectations which are tied to accountability. When policies are linked to clearly specified roles, responsibilities and practices, and when these practices are actually carried out consistently, they can be used to hold people accountable. As one manager states:

> And as a manager we’re accountable to it, I mean as a manager if it was ever found that I squashed a complaint or discouraged somebody coming forward that would be grounds for something you know. … and it’s really clear that we’re accountable for the behaviour of our staff…for safety of everyone, we’re totally accountable for all that. So, there’s no question about what we do.

However, two participants also state that there are differing levels of tolerance depending on the perpetrator’s hierarchical position within the Hospital and where their skill sets are perceived as vital for a particular department or project. Managers are supported by the Office in carrying out their responsibilities, for example, through consultation and training. Victims who file reports know the procedure that is to be followed, as well as their rights, roles and responsibilities. In turn, as stated earlier, dealing consistently with reports creates a history that reports are taken seriously and dealt with. In this role, anti-violence policies support the breaking of silence around violence. When policies are enforced and when people engage with policies (and other practices), victim-blaming will decrease. When victim-blaming occurs, it is a sign of the individualization of bullying.

> … especially with bullying...someone has to be reported... because if you don't have an organization...that supports people saying “Something was done to me” then that won't work because the organization can say well “I technically put the policy out there and told them this is what they have to do, but what can I do?” And the anti-bullying policy you really need to show people what to do if they are a victim or if they see a victim to ensure that they will be supported and that the repercussion won't be worse and that it has happened before. (Sidney)
Therefore, depending on how they are used, policies can also be learning tools and guides for action. To do so, they cannot stand isolated from other practices, such as reporting and investigating. The mere existence of policies is insufficient.

Because the EHR Policy is an integral practice within a network of anti-violence practices, its development process does not end with an initial enforcement stage. Ongoing engagement with the policy, which includes constant communication, becomes a primary goal. The goal is “getting it into the bloodstream of the organization” (Raine), for members to “internalize it” (Sidney). When “people feel involved, [they] don’t… feel like they have to, …[but] want to” (Sidney). As Corin states regarding policies:

...if they just exist then there is no point and if you don’t use them then there is no point of them being there.

Institutionalizing policies and other anti-violence practices provides at least some assurance that anti-violence will remain an active issue in the organization; that is, it can still be buried, but not so easily or quickly. Policies are viewed by participants as guarding against possible changes in future leadership that may not be supportive and the fear that this change could jeopardize the support and work done thus far. Policies, if developed and used to create systemic change, play a key role in ensuring that changes are deeply rooted in the organization’s systems. As Jess states:

...regardless of who is on top... directing the organization... policies become the guide posts that regardless of who steps in next, if some of those foundations guide posts are rooted well... then I think it sets the organization on a certain path... Sure, you could have a very regressive reactionary leader where some of those guide posts may be altered a bit, but... real shifts in pulling them out would be difficult.

Producing the policy is an ongoing process, not the end point. “The policy [continuously] provides a vocabulary [and a space] for thinking about and talking about practice, reflecting on
“improving” rather than “correcting”. Sidney recounts a very telling story of how policies can be created and then forgotten.

I worked with a person who did a lot of work with [***] and she did a lot on truth commissions... and so she said that Uganda had a truth commission which nobody knows about and so she went there and tried to find the policies that came out of it and the document and she couldn’t find anything. She’d ask around and everyone would say “No, I don’t know where that document went” and at the end of a year of looking she found it in a closet with a water boiler. It was just there and no electronic copies.

Rather than focusing on an anti-violence policy as a distinct practice, those responsible for its development need to think of it as a tool used in everyday activities to counter violence. Texts (such as policies) are practices that shape and are shaped by people’s everyday activities.

Through an analysis of the EHR Policy’s contents and development process, I was able to explore how this document exists as part of a network of practices both within the anti-violence program and elsewhere in the organization. This views policies, and other organizational practices, as ongoing, interrelated accomplishments. They are potential accomplishments because it depends on how they are actually being used within everyday practices. My interest in this chapter was to explore mainly what the policy potentially makes possible and the related meaning that this holds for participants. What the policy actually accomplishes is partially captured through participant narratives. Policies are living, active documents that can serve multiple purposes, including providing a context for the conceptualization of various forms of violence, a guide for learning and action, and a starting point for bringing about systemic change. Further exploration into their actual shaping of inter- and intra-organizational practices is required along with evaluation regarding their effectiveness on multiple levels. Rayner and Lewis (2011) point out that no systemic data to
evaluate the effectiveness of policies exist, and the same can be said for other anti-violence practices. However, studies do exist, albeit not many, that show the effects of organizational practices on negative outcomes of harassment. For example, in their large study of British nurses, Deery, Walsh and Guest (2011) found that anti-harassment policies reduce the turnover intentions of minority ethnic nurses. In organizations where policies and procedures exist, but are ignored or not enforced consistently, “negative effects of abusive behaviour will be more pronounced, particularly for minority and lower status employees” (Miner-Rubino & Cortina, 2004, as cited in Deery et al., 2011, p. 755).
Chapter 7

Anti-violence Education and Training: A Comprehensive Interrelated Program

The objective of this chapter is to provide an overview of the components that comprise the Hospital’s anti-violence education and training program. Of particular interest is how these interrelated components are shaped by the equity lens and how the organization attempts to shift away from an individualized view of violence. Also of interest is how education and training practices are interrelated with other organizational texts and practices; that is, how these practices shape and are shaped by other organization practices within the anti-violence program (e.g. policies), as well as organizational practices more generally.

In this chapter, I demonstrate how the Hospital’s education and training program is shaped by its conceptualizations of violence. The Hospital attempts to shift from an individualization of social phenomenon (such as violence and inequity) by including multiple forms of violence and broader social structures as integral parts of their program. I begin the chapter with the overall objectives and key aspects of the Hospital’s approach to the anti-violence education and training program. I then briefly describe the main components of the program and how they are shaped by the equity lens and a broad conceptualization of violence. There are two main components within the education and training program – the Standing Together Campaign and the Equity and Anti-Violence Training for Leaders – which will be analyzed more in depth using textual analysis and participant conversations. I also provide a brief description of the other components of the program. In doing so, I wish to highlight that the program is comprised of multiple interrelated components that support each other.
Overview of Main Goals and Approach

Education and training is a key component of the Hospital’s *Equity and Human Rights Policy* (EHR Policy) and its implementation plan. The policy states that “proactive” education and training:

...is aimed at providing an environment that is healthy, respectful, welcoming, accessible, and free of discrimination and/or harassment. The Hospital will support diversity and human rights training and development initiatives to ensure that all staff under their direction develop the skills and competencies in the area of diversity, and understand their rights and obligations in meeting the Hospital’s objectives under this policy.

Reference to a “respectful, safe, equitable workplace” (and related versions) is included throughout all material related to the Hospital’s anti-violence program, as well as a key part of the Office’s mandate. Reference to both a safe and equitable workplace or environment brings issues of violence and equity together. It also facilitates its inclusion in multiple workplace-related frameworks. For example, the Hospital’s *Employee Healthy Workplace Program*, developed by the Occupational Health and Safety Department, explicitly includes “creating and ensuring a safe and healthy workplace” as a main component shaping the components included in this framework. The creation of this environment is directly linked to the Hospital’s overall strategy to provide the “best patient experience” and its “people strategy” to be a “top employer”. It then becomes foundational to the framework’s vision which states:

We provide a safe and healthy work environment with best in class, integrated, supportive programs that are accessible to all.

Similar to the analytical strategy used in chapter six, we can ask what does this embeddedness into major organizational frameworks and practices attempt to do? It views and, therefore, shapes the components of a complex and comprehensive healthy workplace framework as
interrelated to and supporting one another. For example, anti-discrimination campaigns, harassment and violence prevention programs, and risk assessments (including “psychological safety risk”) and safety planning are an integral part of a network of practices and resources related to employee health, wellness and safety. These are not separate from the Hospital’s goals, for example, to reduce absenteeism, employee turnover, and injuries.\footnote{Monitoring absenteeism, employee turnover, and injuries can be an important component of an evaluation program. Refer to Appendix C for a list of consequences related to workplace bullying.}

The EHR Policy positions education and training as key within a context of other anti-violence practices specifically and other organizational practices (e.g. human resource functions) forming a coordinated response to inequity and forms of violence. The policy also explicitly makes the support of training and other development initiatives part of the obligations of managers.\footnote{Future research evaluating training practices would be useful to determine their effectiveness, the number (percentage) of workers that have participated in the training (by area and level within the organization), and the transfer of learning.} By doing so, the Hospital attempts to remove a major obstacle to the participation of workers in these initiatives. This is particularly important in helping the Hospital achieve its objectives associated with it being a teaching institution and, therefore, the development of learning programs and environments are an ongoing part of managers’ daily responsibilities. Managers specifically are required to not only create such environments, but also model anti-discriminatory and anti-harassing behaviours themselves.

Anti-violence training is carried out regularly, as with other training carried out in the organization. It is also carried out on an ad-hoc basis, for example, if a particular unit or department is experiencing difficulties related to any form of violence, in particular harassment, or upon request of a supervisor or manager. The EHR Policy and education and training program are closely linked. The policy recognizes the centrality of education and training as an anti-violence preventative practice, as well as an intervention practice.
example, the policy includes education and training within its array of possible “remedies and sanctions” and, therefore, participation in training may be mandated. Training is also included in the orientation program for new staff. Training should be a part of all organizational orientation programs for new and reassigned employees (Cohen et al., 2008). However, it became apparent during my conversations with participants that not everyone in the organization receives the same training or the same amount of training. This is particularly the case for temporary or volunteer workers. In this case, the training is limited and based on awareness building, and, often, it is also carried out on an informal basis. However, this does not mean that these groups of workers have no recourse. They are explicitly included in anti-violence policies, however, further in-depth research would be required to determine whether these groups are actually provided with the same options as other workers (e.g. those with full-time employment). As Jamie explains:

...we go through [harassment] and what it means in orientation, ...a summary of the policy... and say basically...you are a low person on the totem pole... and this is what you need to know. If these things happen you need to be aware that we’re here for you and this is how you can deal with it.

There is an attempt during this form of training to make workers aware of their hierarchical position within the organization and the related risks.

The approach to training avoids the individual “blame game” (Alex, Sidney). As Alex states: “...we’re not shame and blame trainers”. It is within this context that people are encouraged and provided with opportunities to “build reflective capacity” (Kris), “to feel more comfortable about being critical of their past behaviour” (Sidney) and to question ideas and assumptions. Rather than seeing these as taken for granted, exercises (both in-class and via e-learning) are used to help people reflect on “systems and how things usually work” (Sidney).
For example, pointing to research, the commentator in an e-learning module links discrimination with human resources related practices (e.g. hiring practices). Specifically, he connects minority groups with lower rates of full-time employment. Later in the current chapter, I return to the problematics related to the design and use of e-learning.

Learning is viewed as a continuous process rather than a single training event (e.g. a single workshop) to be attended. The objective is to begin this process and to open up a space, and keep it open, where difficult conversations can be made possible and continue by anyone with anyone within the organization. Discrimination and forms of violence become topics that can and must be discussed, reported, and addressed, through both informal and formal practices. Participants used the term ‘conversations’ to refer to informal discussions with coworkers as well as formal discussions, for example, in meetings (internally and externally), investigations, discussions with perpetrators, and so on. Informal conversations with coworkers included listening to and learning from patients’ and workers’ experiences, initiating conversations with a coworker who may be experiencing domestic violence or harassment (a key part of the training curriculum), discussing difficult working conditions with a manager, and talking about and/or reporting experiences of violence. The term ‘conversation’ was also used by participants metaphorically related to breaking the silence, and hence making more visible, issues of violence, racism, sexism and homophobia. This metaphor of a conversation is also equated with continued engagement and related to countering resistance to anti-violence work within the organization. During our conversations, many participants spoke of this process as not one of obtaining perfection, but of “always learning”.

First it is going to be a lot of education around “what can we do better”. ... it really stresses

40 Whether this leads to actual changes in the Hospital’s hiring practices is not known. As I have mentioned elsewhere, this would be an important component of a comprehensive evaluation program.
all these things as learning... we are always learning so there is no wrong and no right way, but we are all learning as we are going through. (Sidney)

Similar to Sidney in the quote above, several participants spoke of the learning process as continuing following training through “practicing the policy”. For this to occur, education and training must be a part of and supported by other organizational practices (as discussed in chapter 6). Participants spoke of education and training as “essential for policy enactment”. Other practices, in particular reporting and investigation practices, are also important as the number of reports typically increase as people learn more about forms of violence.

With a focus on prevention within the program, learning is also ongoing in another dimension of its approach. The various initiatives that are part of the education and training program are intentionally spaced out with the objective of keeping equity and violence issues on peoples’ mind. As with the EHR Policy discussed in chapter seven, the objective is to keep people engaged. Pat states:

So doing the monthly bulletin and then doing some events or roundtable discussions... or having a speaker come in but have ongoing learning opportunities. So you don't think it ends when you [attend the training activity], it's the beginning.

Within this proactive approach, the Hospital is continuously open to modifying or adding to its education and training practices to cover any areas that have not been addressed. An important source of information is the experiences of patients and workers. In the previous chapter, I discussed reports as representing valuable learning opportunities as well. During our conversation, Kris reflects on this continuous search for areas of improvement.

...there are always conversations happening, there are people who come in and we learn from patients’ experiences. We will have speakers come in and talk, and patients, about their experiences ... I mean there is a real drive here to continuously improve all the time. ...There is a real passion to want to take things to the next level and there is a real sense of,
“I want to understand what is going on before just reacting.”

Key in this conversation was the emphasis on prevention rather than intervention, or “just reacting”. However, to do both well, organizations cannot depend solely on template-style practices and a tick-box approach. The existence of practices on paper alone is insufficient. All components of the anti-violence program are interrelated and ongoing and, therefore, sustain each other as well as change with ongoing assessment. Jamie succinctly describes it as “an evolving thing” and emphasizes “It’s not static”.

...there’s lunch and learns, there’s training, there’s policies, so it’s an evolving thing. So the opportunity to go back and continue to train continues to exist because there are always things that we could all learn. It’s not static.

Therefore, as Jamie points out, workers’ use of anti-violence practices is also an ongoing process; one that can potentially change the practices depending on their use. No single component of the anti-violence program in isolation is a solution to violence. A processual view points, for example, to both policies and training as starting points and the use of these practices to shape ongoing practices.

Training and policies together are viewed as shaping how people think and act.

Is training enough? I think that it has to be a starting point, I’m not sure what can happen after, I think it would depend on how I can do things better, but also how I can intervene in other situations, because... it is about the intervention and the action. (Sidney)

After taking part in the Standing Together Campaign training, all participants of this study felt that they could successfully and comfortably intervene to help a coworker experiencing harassment. Several participants spoke about the training specifically related to domestic violence in the workplace. They felt able to recognize warning signs and risk factors and help a coworker who may be experiencing violence from an intimate partner. Raine describes her
experience:

I feel pretty equipped... They really put it in the context...of the workplace, right? Because of Bill 168 and the obligation to intervene in some way. So, the message was really recognizing the signs of domestic violence and risk factors... and being able to know what the warning signs are, and then you initiate a conversation saying “I noticed you’ve been coming into work late a lot lately and getting a lot of phone calls that are pretty disturbing and I’m just wondering if everything is ok. I’m worried about you”. ...It was harder than I thought to think about how to have those conversations with people that are a neighbour, a colleague... And I also did a role play conversation how do you talk to a perpetrator. Like, if a colleague or a friend, if you notice them like kind of beginning to act in a way raising your red flags, how do you have that conversation at a point early enough on before it escalates to a point of violence.

These interactive in-classroom training sessions provide opportunities to practice lessons learned within a safe environment. This brings attention to, for example, the use of online training as the only form of training and isolated from other anti-violence practices. I am not suggesting here that creative and effective training initiatives cannot be developed and delivered online. My intent is to question the use and effectiveness of technology to create isolated, online questionnaire-type training modules with, for example, a narrow focus on zero-tolerance statements, the awareness of the existence of a policy, and the tracking of workers who have completed the modules. As discussed in chapter three, an individual approach to violence leads to a focus on awareness and behavioural change. Research is required into the use of online training by organizations, especially where it is being used in isolation of other forms of training and practices, and where the organization’s objectives focus strictly on the awareness of policies by workers. This is a form of tick-box approach I discussed earlier. It also places at the forefront mainstream discourses of risk management; that is, management of risk for the organization.
The Hospital’s approach to ongoing learning includes informal, everyday activities as well. This is considered a regular part of the work within the Office, however, only a larger study within the Hospital would determine how widespread this practice is throughout all parts of the organization. As an expected part of their everyday work, members of the Office and Committee receive distributed articles, new cases, new findings, as well as practices that other organizations are adopting related to a number of topics (e.g. health equity, diversity). As Corin states “it’s embedded in how you work every day”. The distributed material is often discussed in meetings and thoughts and ideas are elicited for implementation. Here we see the critical influence of the Director of the Office, as well as the role of a collaborative process that permeates all activities (see chapter 6).

You are expected to read it and implement it into your work. For example the newsletters that are circulated... But that is part of where that ideal comes from, looking around the environment and seeing what has been done and what is working and the effects of that and then implementing it and trying to incorporating it into the work in the organization. (Corin)

From the participant quote above, we gleam that the expectation to learn is integral to one’s work and that this is connected to “the ideal”, or to the equity lens (as discussed in chapter 5). A source of learning is also the broader environment of which the organization is a part. Participants spoke of previous work experiences in which this was not the case. This approach to learning as a continuous part of the work is not necessarily a common one found in contemporary workplaces, in particular with regard to online training programs where workers are expected to go through modules on their own time. Ongoing learning is also an integral part of the working process within committees. All participants spoke of their membership in various committees and how committees are spaces for learning. While committee work is an
expected component of their jobs, participants did not experience this work as a burden; quite the contrary. Various sources of material are shared among the members of the Committee. In my observation of a Committee meeting, I noted other ways in which members learn through the process of their meeting. Members share their own experiences, as well as reports or experiences from others, such as coworkers or patients. I was struck by a negative experience shared by a committee member and the group process that ensued. They listened attentively to their fellow member’s experience, empathized with them and acknowledged that, as one member expressed, “It shouldn’t happen, that’s not right.” Rather than stop at the actual incident there was a collective desire to understand what was occurring in order to address it, and as a result, concrete actions to address it were discussed. When I later shared the incident with the committee member, they replied:

...it’s a very supportive place people can bring issues to, ...to troubleshoot and get support for what’s happening at different levels of the organization. ... what is happening and what can we do.

When an organization adopts a ‘non-containment’ model (see chapter 5), multiple spaces are opened up for talking about and acting upon violence, inside and outside of training classrooms.

**Overview of the Education and Training Program**

In this section, I provide an overview of the components that comprise the education and training program. Countering forms of violence and inequity are not separated within these components and each component is not distinct from the others. The program comes together as a whole to ensure that peoples’ engagement with the issues of violence and

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41 To protect the confidentiality of the participant, I am intentionally vague in referring to this experience as ‘negative’.
inequities is ongoing. It is beyond the scope of this study to provide an in-depth description of every component of the anti-violence program. I will instead focus on two components – the Standing Together Campaign and the Equity and Anti-Violence Training for Leaders – in so far as they allow an analysis of how the Hospital attempts to shift away from an individualized conceptualization of forms of violence and how these education components link with other practices to bring about systemic change.

The Hospital’s anti-violence education and training program is supported by multiple key components briefly described below.

- Domestic violence training workshops teach participants the warning signs, risk factors and skills (i.e. communication and sources of assistance) in order to help someone who may be at risk. This two-day training course is delivered by external consultants with expertise in domestic violence and its relation to the workplace.

- The Hospital’s internet site and newsletter are avenues for the dissemination of information, materials, and promoting of education and training activities. The newsletter is also an important source of information for workers regarding safety-related activities within the Hospital. The underlying goals of these activities and their discussion within the organizational newsletter include the development of “openness and accountability”.

Within a ‘non-containment’ model, in which communication is key, accountability becomes possible and expected. The Hospital’s website makes information and multiple resources available to the general public, including its policies and education and training materials. In so doing, the Hospital shares its resources with other organizations, as well as patients,
visitors and other members of the Hospital community\textsuperscript{42}. As members of the Hospital community, these parties are also included with rights and obligations within the EHR Policy, as well as other related policies and practices.

- Annual events include various activities organized throughout the year based on different days that are recognized internationally. The aim is to bring awareness to discrimination experienced by various groups, as well as specific health-related needs. Pat explained that these events are important avenues to engage with the community and “and showing how the Hospital is committed to that”. Examples of these events include: Lunar New Year, National Aboriginal Day, Black History Month, Pride, Holocaust Education Week, International Day for People with Disabilities, International Day for the Elimination of Racial Discrimination, and National Day of Remembrance and Action on Violence Against Women. Posters, which are launched around these key events, link issues of equity and harassment with overall health. Equity and forms of violence are also linked with the work environment and “incorporated into the organization’s planning and practice” (from a Black History Month poster) pointing to the goal of systemic change.

- Lunch-and-Learn events aim to increase awareness and provide information directly influencing “relevant and equitable services” provided to specific communities. These events include invited speakers from community organizations, professionals, artists and performers, and patients sharing their experiences. Various lunch-and-learn events have been organized specifically related to various forms of violence. With regard to a lunch-and-learn event on bullying, Raine states:

\textsuperscript{42} The accessibility of education and training materials via the internet for other organizations has implications for the role of government through funding of such initiatives. Small and medium sized organizations in particular may not have the funds to create their own materials.
I think it was the largest audience that they’d had for one of those lunch-and-learns...because it touched many aspects of people’s lives – work, their children at school, their own experiences at school.

Lunch-and-learn events function together with other practices (e.g. policies and training) to “spread the word” (Raine). These events are simultaneously opportunities to strengthen collaborative relationships with community-based partners and other hospitals and agencies.

Pulling in community partnerships, having subcommittees that do days or lunch-and-learns and things that honour all types of diversity or simply say “Hey, people need to know about this, right?” People need to know about workplace violence...and so we really invite people from other hospitals and agencies. (Terry)

- Various handouts are distributed widely to help people challenge common myths or assumptions and become aware of the lived experienced of particular groups and how this intersects with the practice of healthcare. The handouts provide concrete examples of how healthcare workers can incorporate these into their daily work practices. Often these handouts are connected with materials in policies and ongoing training activities offered by the Hospital. Examples of these single-page handouts include: Privilege Checklist, Tips for Providing Equitable Healthcare to Trans and Intersex People, Gender Identity Policy, and Glossary of Terms Related to Gender Identity.

- Posters and flyers vary and are distributed or available throughout the hospital. They may support specific events taking place, bring attention to specific issues and provide information and additional resources for assistance. These posters and flyers include those created by the Hospital, as well as those from other organizations and community resources. As an important avenue for keeping people engaged, they reinforce messages
included in policies and training activities by bringing key interrelated issues together. For example, they link equity with the provision of healthcare and the well-being of patients and workers. The posters also link equity with organizational practices, in particular those practices included as part of the training curriculum. For example, as already discussed, the self-identity of patients with regards to their sexual identity and administration and room assignment procedures. The poster images reflect the diverse identities of patients and workers.

• The Hospital’s e-learning platform is used for education and training initiatives organization-wide. Specifically with regard to their anti-violence program, the e-learning modules are available as part of their Standing Together Campaign and for renewed annual and biannual training on anti-violence related practices.

The above outline of education and training initiatives demonstrates that equity is a key underlying theme running throughout, as is the central goal of systemic change. Also of key importance is how the Hospital’s anti-violence education and training program is supported by multiple, interrelated components. The key is not the quantity of education and training components, but how the components are interrelated and support one another, how they support other anti-violence practices, and how issues of equity are common threads throughout. Also key is placing a negative work environment at the centre of definitions of forms of violence, as well as a central objective of the education and training program.

*The Equity and Anti-Violence Training for Leaders*

The term “leaders” in this training initiative is not referring to formal organizational leaders alone, but everyone at all levels within the Hospital. Richards and Daley (2003) suggest that employers also involve contractors and their staff in the training as they may often spend
time on the premises working with employees. As Kris explains below, everyone is responsible for creating a healthy work environment.

You've got managers, and you've got front line staff. ...What's really interesting is that when you walk through that program, the language is no matter if you are a leader or not you are a leader at all levels, so what is your plan to contribute to your team around creating the healthiest team possible. And so if part of it is just to be able to communicate that my work demands are too much, here is a way you can talk about that, but also “here is what the issue is, here is a potential solution”, always teaching everybody to be a leader around this and how to influence.

While the objective is to ensure that people at all levels throughout the organization participate in the training, several participants expressed the need for more senior staff, in particular physicians, to participate in the training. This barrier was considered by participants as due mainly to heavy workloads, as well as the lack of importance given by physicians and other formal organizational leaders to anti-violence issues.

It’s a barrier and it’s there. The training that we’re doing now… missing from that are the physicians. ...They all came to Rothman training for 12 days. I think they could come one day for the [Equity and Anti-Violence training]. They supervise people, they have huge responsibilities around this stuff... (Alex)

The above quote demonstrates that anti-violence issues not only continue to compete with other ‘business-related’ priorities, but that they are seen as distinct from the everyday as well as the overall running and success of the organization. This also influences the financial resources dedicated to anti-violence training initiatives. The one-day duration of the Equity and Anti-Violence Training for Leaders is recognized by participants of this study as insufficient, especially as it requires time for the interactive activities included.

Interactive training sessions consisting of case studies, role playing, scenarios, and group exercises and discussions provide people with the opportunity to practice the skills being
learned. People begin to build the readiness and confidence for when they are required to act or have a difficult conversation with a coworker. This is an important consideration when determining the mode of training – online vs. face-to-face – and the development of training modules.

As with the EHR Policy, the training is linked to the Hospital’s vision, mission and values (see chapter 6). The objectives and the content of this full-day training bring together human rights, health equity, legal requirements, Hospital policies (including workplace harassment, violence and domestic violence policies) and collective agreements, and the creation of a “equitable, healthy, respectful and accessible workplace and learning environment”, all of which are linked to other organizational practices (e.g. hiring, work and job design, teamwork, planning, decision making). The content of the training also includes:

- possible actions to take when discrimination and/or harassment (code or non-code) are experienced, including how to file a report and/or seek advice;
- the rights and responsibilities of all organizational members, as well as those specifically for supervisors and managers, members of the Hospital’s Committee and the Director of the Office. Throughout this section, rights and responsibilities apply to discrimination, harassment, physical violence and domestic violence;
- a review of the Code of Conduct which includes definitions and examples of various forms of harassment: discrimination, systemic discrimination, harassment (based on the prohibited grounds within the Ontario Human Rights Code), sexual harassment, sexual assault, hate crime, negative environment, bullying (see also chapter 6);
- assurance that reprisals will not occur as a result of reporting, participating or co-operating in an investigation, and/or being associated with a person who has invoked
the EHR Policy and has filed a report. If such reprisals occur, they are treated as harassment;

- a statement that frivolous, vexatious reports will be considered as harassment and in breach of the EHR Policy. This is important in order to ensure that the practice of reporting is not misused as a harming mechanism;

- an awareness of legal obligations including information regarding salient parts of the *Ontario Human Rights Code* and the *Occupational Health and Safety Act* – definitions, employer obligations;

- information regarding the duty to accommodate;

- descriptions of signs of workplace bullying. Each of these descriptions relates to and provides examples of how these signs play out specifically in the workplace context;

- quizzes and exercises to help people recognize and understand harassment, bullying, discrimination, and barriers related to social identity;

- and throughout the training and accompanying handbook, a business and ethical case is made for preventing forms of violence with specific examples. This includes effects on individual, group, organizational and societal levels.

*The Standing Together Campaign*

The focus of bystander-related intervention practices is shifting away from individual aspects that promote or inhibit bystanders from intervening (Banyard, Plante, Moynihan, 2004) to community-based or contextually-based solutions (Banyard, 2011; Banyard, Plante, Moynihan, 2004). Specifically related to workplace bullying, D’Cruz and Noronha (2011) found that the propensity of bystanders to act is greatly influenced by supervisory reactions and organizational practices. In their study of the experiences of call centre agents in India,
bystanders’ efforts to intervene greatly decreased within a context in which human resource management (HRM) practices “created oppressive work environments which privileged technobureaucratic controls and performance measures” (p. 272). Therefore, reliance on bystander-related interventions is a weak strategy when separated from an interrelated network of anti-violence practices and the central goal of system change.

To ensure a healthy and safe workplace, the Standing Together Campaign aims to provide supporters – who can be anyone at all levels within the Hospital – with an understanding of the “perspectives and experiences of members of marginalized groups”, as well as positive steps to “support someone who is experiencing discrimination or harassment” – both coworkers and patients. Terry describes what being a member is about:

So it’s fantastic being [a supporter] and it incorporates what [the Hospital] is about, or should always be about and generally the world you live in. ...It's about being a [supporter], being a friend, being a voice for people whether or not you identify with that group. That’s the most important thing. Standing up for people if you hear slurs being made about them, behind their backs or in front of them, providing education to people about different types...and support policy... So being part of that means you are a [supporter] to the community.

The comprehensive materials developed support both in-person and online training and include an e-learning module, videos, discussion questions, exercises, and other resources.

Central to the campaign are six short videos contextualized within the healthcare setting. Each video explores how discrimination can take many forms, as well as its impacts on the organization and the delivery and access to healthcare. The first video discusses workplace discrimination more broadly and introduces the role of the Standing Together Campaign in countering it. There is then a video for each of the five pillars of the Standing Together Campaign, although it is recognized (e.g. in the e-learning module) that there are others:
people with mental health and addiction issues, people who are lesbian, gay and bisexual, people who are trans, intersex, and two-spirited, people with disabilities, and people who are racialized. Each video aims to “break down the negative assumptions and stereotypes that lead to discrimination and the barriers that prevent people from recognizing and addressing it”. The Standing Together Campaign is supported by posters, handouts, the Hospital website and Standing Together buttons that are earned when the training is complete and identify a supporter to others in the workplace. As discussed earlier in this chapter, the training is viewed as a beginning point. The learning is continuous, “a journey” as Pat describes it:

…it is a journey...[we] are continuously learning how to be [a supporter]. It never ends. It's all about learning and the language of unlearning on a constant basis.

Power is a central topic within education and training program components. Focusing on social dimensions, participants of the training have the opportunity, for example, through class exercises, to question who and who does not have power. This is a key element of the Equity and Anti-Violence Training for Leaders and the Standing Together Campaign. The exploration of who has power links with everyday practices which may be taken for granted, for example, questioning who has authority, whose opinion, experience or voice is heard and valued, and who makes decisions. Linking to workplace practices such as hiring, compensation and the assignment of roles, participants are provided with the opportunity to question who makes these decisions, how these practices are carried out, and how different groups of people are treated within these practices. The physical environment of the workplace is also explored, including languages used and accepted, the design and accessibility of physical spaces, artifacts on the walls, food that is available, and so on. The following participant describes how the Standing Together Campaign in-class exercises provide people with the opportunity to begin to
understand how social dimensions and power are interrelated, and how power operates in people’s everyday lives.

Well, one of the things we’ve developed is a checklist for each of the five groups so even though it is just about one identity it doesn’t need to mean that you can’t have both. So, one of them is going through the social identity statements and we have different examples with different groups but one of the examples might be totally different for someone else just by reading in terms of their day-to-day experiences. We do the discussion or we bring in different people’s experiences. So again, we’re not all separated individuals, there are so many things that intersect and it is important to understand how they do intersect. It’s about how they commonly operate and it’s all about power. (Pat)

As discussed in chapter five, an understanding of power is central to understanding all forms of violence and how social dimensions operate in our everyday lives. The objectives and approach of the education and training program are linked with the equity lens. Attention is given to violence as a process by exploring beyond individual behaviour or interaction and constantly asking what can possibly be “at play”. As Pat explains, trying to “understand how things fit holistically”.

Through an analysis of the objectives, approach and content of education and training activities of the Hospital, I highlight in this chapter how these activities go beyond a focus on awareness and individual behavioural change, which is the emphasis within the literature on workplace bullying, and violence generally (see chapter 2). In shifting from an individual focus, the organization links equity and forms of violence with power at the centre. Power is understood as integral to all forms of violence and also shapes the participation in education and training activities. Education and training activities are not viewed as distinct events, but as ongoing processes and as interrelated with other anti-violence practices, as well as other organizational practices more generally. Both in this chapter and in the previous chapter, this
interrelatedness between organizational practices are examined. Components of the anti-violence program, therefore, are potential avenues for achieving systemic, long-term change. In so doing, they are both prevention and intervention practices.
Chapter 8

Conclusion: Expanding the Process

This research process has challenged me in numerous and deep ways. It forced me to doubt and reflect upon many of my deeply held assumptions. I felt an enormous responsibility that accompanies engaging with debates related to violence. The ways in which we conceptualize, research and act upon this social phenomenon carries great consequences for those who experience it. It has been a privilege to be in conversation with others who share the same sense of responsibility and desire to affect change. This study has contributed to research exploring alternative ways of understanding workplace bullying, and other forms of violence. It has also opened up new avenues for the creation of constructive organizational practices for countering and responding to bullying, and violence generally, at work. This study contributes to the theorization and the applicability within research of a relational ontology and epistemology which Silvia Gherardi (2012) describes as only recently arising in the social sciences, and specifically within organization studies. It also contributes to practice-based studies and the emerging field of process organization studies.

My core aim in this study was to go beyond a descriptive account of prevention and intervention practices toward a transformative shift that will enable the beginning of long-term, systemic change in how we think of forms of violence, how we research these phenomena, and the material practices we take to counter them. I argued that an individualized and dichotomized view of bullying, and other forms of violence, with a focus on individual actors and acts does not hold the potential for this kind of required deep change. Practices that emerge from this conceptualization focus on individual attitudinal and
behavioural change and on intervention rather than prevention. Examples of this are policies and training programs that focus strictly on examples of undesirable personal conduct decontextualized from the organization (and society in general) and its processes and practices. As discussed in the introductory chapter, recent media stories have demonstrated that, despite the existence of legislation, workplace violence continues to be prevalent and organizations seem unprepared to deal with it. Further research on anti-violence practices and their effectiveness is required to assist organizations, as well as other institutions (such as national and provincial governments). This study contributes to this area of research. It is also particularly timely as the Premier of Ontario, Kathleen Wynne, recently announced initiatives related to sexual discrimination, harassment and violence in the workplace. Her party’s action plan includes proposed changes to the OHSA, as well as supports for workplaces and enhanced employer obligations. However, beyond general descriptions of these initiatives, we know little about their central objectives at present. Much has to change beyond recommendations to include a definition of sexual harassment within the OHSA.

There are three main interrelated, mutually shaping components to an anti-violence program that have emerged from this study. How we conceptualize violence is the first of these components. It is a practice that is actively achieved and maintained; that is, it is reflected upon, talked about, shared, and it is continuously developed and sustained through everyday informal and formal organizational practices, and the evaluation of these practices. Anti-violence practices are the second component. The way in which they are continuously developed and used reflect the conceptualization of violence at their core. Effective anti-violence practices do not stop with implementation. It is an ongoing process of assessment, learning, development, communication and unwavering commitment. It is also an ongoing
struggle as there is, and perhaps always will be, resistance. The third component is a comprehensive evaluation process (or series of ongoing practices). I am not referring here to a typical audit-based evaluation system. As mentioned earlier in this study, little research exists regarding the effectiveness of anti-violence practices and their evaluation. These three components – the conceptualization of violence, the practices adopted to counter violence, and the evaluation of these practices – are ongoing processes that mutually shape each other. This study has focused on the first two components and the relation between them. I have demonstrated a clear link between how violence is conceptualized within an organization and the practices adopted to counter it.

In this study, I capture the process of developing and sustaining an anti-violence program and how this is shaped by the conceptualization of violence held by an organization. Providing organizations with a description of distinct practices to implement is not very useful, in particular if it does not have the internal expertise to implement the practices. Distinct practices without knowledge of the process with which to develop, implement, sustain and use them to move forward is ineffective. They become practices on paper only. Therefore, it was important for me to capture this process and how practices should be viewed as interrelated and ongoing. Studying a single organization was, therefore, necessary. This ethnographic study of a healthcare organization (which I refer to as the Hospital), allowed me to understand its approach and that it can inform other organizations, as well as public debates, legislation, and the need for the development of a broader (systemic) set of practices to support organizations. As I discussed in chapter four, legislation plays a strong role in forming how organizational members conceptualize forms of violence and the possible actions available to and required by them. The Occupational Health and Safety Act (OHSA) constructs harassment
and violence in the workplace as distinct phenomena shaping obligations of employers, which are less onerous for harassment.

To attempt to eradicate one form of violence requires efforts to eradicate all forms of violence. For this to occur, we begin by taking violence out of an exclusive individual realm. Based on a relational ontology, this requires an expanded and processual conceptualization of violence in which forms of violence are interrelated within a continuum. Central to the concept of a continuum is the existence of common threads that weave through the various forms; that is, forms of violence possess both unique characteristics as well as characteristics shared with other forms of violence. They are interrelated, but not hierarchically. In chapter three, I argued against a view of violence that is defined solely by a single act and by what is immediately observable. Within a processual view of violence, an act of violence is a ‘moment’ along a timeline in which all that precedes it, surrounds it, and is part of it becomes crystallized and, thereby, visible. The process of violence neither begins nor ends with an act of violence. Therefore, a processual view of violence is attentive to the conditions that produce it. It acknowledges that those involved (the victim, perpetrator, witnesses), the community, the organization, society, and so on, continue to change. It is important to the success of an anti-violence program that the emphasis of policies and other practices reflect this conceptualization. By ‘success’, I am referring to an anti-violence program that goes beyond minimum compliance with required legislation and does not espouse a ‘containment’ model. Systemic change is its primary objective. Workplace violence, in all its forms, must be recognized and dealt with also as an organizational issue (Duffy & Sperry, 2012; Richards & Daley, 2003) – one that aims to question and change organizational processes and practices interrelated with violence, and not only those practices specifically related to violence.
Workplace violence is also a societal issue. Hence, the organization cannot be viewed as separate from society, and more specifically, as removed from social dimensions of power. If the organization’s role remains hidden, its systems and practices interrelated with violence will continue unaltered. In particular, organizations need to view anti-violence practices as interrelated to those countering inequities in the workplace. I suggest that one of the first steps for organizations is to begin the process of developing an anti-violence program with a review of the many resources that they already possess. Organizations often have practices, such as policies, procedures and education programs, that may overlap with anti-violence practices. An organizational review is not solely about identifying gaps, but about asking questions and searching for opportunities where organizations can build on what they may be already doing. It takes into consideration, for example, legislation, current policies and procedures, collective agreements, current education and training programs, the organization’s code of conduct, and values and goals. A necessary first step involves learning about the problem and major issues involved and listening to reports (formal and informal) from all organizational members. If necessary, surveys and/or interviews (preferably both) with organizational members should be conducted (Namie & Namie, 2011). This may be particularly useful to carry out regularly within units/departments that are experiencing higher levels of absenteeism, tardiness, turnover and on the job accidents or injuries in comparison to the rest of the organization.

In this study, I point to existing research and the need for further examination of the interrelatedness of organizational practices, and broader institutional practices, within the violence process. This is made possible through a relational view of violence and organizational practices. From a relational perspective, systemic change entails exploring
power relations within intra- and extra-organizational contexts and calls for the scrutinizing of practices that create and perpetuate inequities in the workplace. Systemic change, hence, cannot be circumscribed to any single practice or any single sub-unit within an organization. Furthermore, changing individual organizations is a start, but insufficient. Systemic change must expand to include broader institutional fields and related practices and processes.

Viewing healthcare (and other public institutions) as a production-based industry contextualizes practices more broadly within a market-driven system. As discussed in chapter four, healthcare organizations are incentivized to adopt new cost-effective and revenue-generating public management practices driven by patient-as-consumer discourses. Further research is required into how these practices categorize and organize healthcare professionals, for example, contracts and work arrangements that position physicians not as hospital employees, but as external consultants offering services to healthcare organizations. The central objectives of delivering ‘good service’ to patients (customers) and revenue-generating service to/by organizations can become disconnected from anti-violence practices and the systemic change that is required. This has important implications for the development and ongoing implementation of prevention and intervention anti-violence practices, as well as the potential of their effectiveness. This separation also has implications for organizational objectives and outcomes.

Research has clearly shown that not acting to prevent and address all forms of violence, including bullying, in the workplace is not an option for organizations. Doing nothing condones and rewards violence – explicitly or implicitly (Namie & Namie, 2011). As recent media stories have shown, doing nothing exposes the organization and its workers to risks at multiple levels, including physically, psychologically, emotionally, socially, legally, economically, and
It is unlikely that violence, in all its forms, will be eradicated without deeper and broader structural and societal changes. It is not a single person, group or practice that creates change, but a coming together of a multiplicity of interrelated factors and agents. A single organization should not be expected to carry out this enormous task. This has implications for the development of a broader model in which government, community groups, and academics and research centres play a large role (Harris & Sinclair, 1981). This includes, for example, the development of public education and policy, the availability of services for victims and perpetrators, ongoing research, and the development of resources. An integral part of this model would involve the creation of a Canadian network (consortium) of organizations (with eventual international collaborations) in order to share experiences, knowledge, and resources. This model shifts from the present individualistic model to one of relational collective responsibility. Collaboration and coordination are key in such a model (Pence, 1997).

**Limitations of the Research**

The main limitation of this research is the size of the participant population which represents a small group relative to the organization’s size. In chapter four, I discussed some of the difficulties in recruiting additional participants. Through the ongoing work of the Committee, this group of organizational members are at the centre of anti-violence work. It is important to note that numerous similar committees exist within the organization that are involved in anti-violence and equity work. Examples of these groups include the Workplace Violence Committee, the Domestic Violence Committee, the Joint Health and Safety

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43 Example of such a network are the US-based Corporate Alliance to End Partner Violence and the Canadian-led international group The Preventing Violence Across the Lifespan (PreVAIL).
Committee, the Mental Health and Addictions Committee, and the Anti-Homophobia, Trans-Phobia Committee. A larger future study within the Hospital, which would include members of these committees, would be required to determine, for example, how widespread the conceptualizations of violence and equity are and if there are shared interpretations and perceptions of key anti-violence practices. As discussed in chapter four, future research would need to include organizational members that are absent in this study, namely Human Resources representatives and physicians. In addition to these two groups, future research would expand to include members of senior management, including the President and CEO.

This organizational ethnography in many ways represents a ‘best case’ scenario. This was intentional on my part when searching for and selecting an organization for this study. My intention in this study was not to portray the Hospital as a perfect case, but to capture their process so that it could inform other organizations. While writing this thesis, I had the opportunity to collaborate on a project with an organization that is very different from the Hospital (e.g. sector, size, workforce composition). We encountered some of the same barriers and supports to the anti-violence work that emerged during this study, as well as others unique to this organization. The anti-violence committee, however, was able to work through these struggles. We began the process with the initial steps mentioned above; that is, carrying out an organizational review of existing resources and practices, learning about forms of violence and their consequences, and conducting an organization-wide survey. The process allows the organization to begin where it is, to accommodate its uniqueness, and to develop internal expertise as the process continues. Therefore, the organization is committed to this long-term, ongoing process, always from its own unique position within it.
Future Considerations

Mills and Simmons (1995) state that for critical researchers “The act of writing becomes a process...for further action and involvement; this in turn will generate answers to the questions asked, raise new questions, encourage new research” (p. 20). I find this never-ending process both daunting and exciting. I have already mentioned two priority areas of future research and action above; that is, research and development of an evaluation process and the creation of a national consortium of organizations to end workplace violence. I would now like to focus on major themes that emerged, but were not included in this study. As with any study, I had to make difficult decisions regarding which emergent themes to develop. This necessitated not including or addressing in depth several themes, some of which are very close to my heart. However, these themes represent important areas of knowledge in the field, in particular with regard to how anti-violence practices are developed and sustained. They will be developed in future publications.

The first of these themes is the breaking of the code of silence surrounding violence. Violence thrives with silence. In chapter five, I discussed this theme briefly and how it shapes particular discourses and practices, such as reporting, risk management, the normalization of violence, and the reinforcement of the public/private dichotomy, in particular with regard to domestic violence. The development of this research theme will contribute to the literature on silence and voice in organizations. Second, learning emerged as a theme which I also briefly discuss in this study. I am not referring here to the formal education and training activities carried out within the Hospital. Much of these first two themes are related to the third theme, the work of committees. I was fascinated when observing the Committee during fieldwork for this study in one of their regular meetings. With every participant conversation, I became
increasingly interested in capturing how committees form and the nature and process of their work. Fourth, during my fieldwork I also explored the supports required and the barriers to developing, implementing, and sustaining of prevention and intervention practices within organizations. Several of these have been mentioned throughout this study, but there are many that come together to make anti-violence work within an organization possible. The fifth major theme is the strong influence legislation (in particular, the OHSA) exerts on anti-violence practices, including the conceptualization of forms of violence at work.

On a theoretical level, two areas related to the conceptualization of violence require further development. The first of these is the notion of a continuum of violence. In chapter three, I discussed several examples of how researchers are investigating links between forms of violence. However, further mapping of threads weaving through forms of violence and connecting them is required. Second, within the continuum of violence, the theorization of power also requires further development.

Violence in the workplace is preventable, however, if we continue to focus our understanding of violence on physicality and adopt practices strictly focused on individual actors and acts, we miss the opportunity to effect long-term systemic change. Forms of violence and the practices adopted to counter them need to be viewed as interrelated and ongoing processes. Those who experience the violence must identify it and name it. If we set strict boundaries around a contested, and temporally and contextually sensitive concept like violence we sever a multitude of possible avenues for understanding and addressing it.
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Appendices

Appendix A: Advocated Anti-Violence Best Practices: A Review

Table 1 below lists prevention and intervention practices advocated as best practices to counter workplace bullying. While I have categorized practices generally under prevention and intervention, some of the practices can be considered as both proactive and reactive (i.e. prevention and intervention). There are also various levels within each of the general categories mentioned. For example, changing organizational practices and aspects of the work environment encompasses multiple areas of intervention. It is important to note that the practices discussed here focus on workplace bullying. However, there are additional practices related to other forms of violence, in particular physical violence, domestic violence and forms of harassment, that should not be viewed as distinct, but form an anti-violence program comprised of interrelated practices. Categorizing practices depends very much on their objectives (i.e. individual change vs. systemic change), how they are developed and used, and also if they exist as distinct from other anti-violence practices and organizational practices in generally.

Table 4: Prevention and intervention practices to counter workplace bullying

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>profiling of and screening for potentially abusive employees (Day &amp; Catano, 2002; Denenberg &amp; Denenberg, 2008; Neuman &amp; Baron, 1998)</td>
<td>investigation of informal reports/issues (Hershcovis &amp; Barling, 2006; Rayner, 2005; Rayner &amp; Lewis, 2011)</td>
</tr>
<tr>
<td>change in organizational practices and aspects of the work environment (Hershcovis &amp; Barling, 2006; Neuman &amp; Baron, 1998; Schat &amp; Kelloway, 2006)</td>
<td>investigation of formal reports (Hoel &amp; Einarsen, 2011; Ishmael, 1999; Rayner, Hoel, &amp; Cooper, 2002)</td>
</tr>
</tbody>
</table>
The following is a description of several practices currently being advocated to prevent and intervene in incidents of violence, domestic violence, and harassment (including, but not limited to, bullying) in the workplace. Included here are the practices that have not been limited to, bullying) in the workplace.

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>training</td>
<td>conflict moderation, mediation or resolution and/or coaching</td>
</tr>
<tr>
<td>(Caponecchia &amp; Wyatt, 2011; Schat &amp; Kelloway, 2006)</td>
<td>(Saam, 2010)</td>
</tr>
<tr>
<td>anti-bullying policies</td>
<td>support for affected workers:</td>
</tr>
<tr>
<td>(Rayner, 2005; Rayner &amp; Lewis, 2011; Vartia &amp; Leka, 2011)</td>
<td>• counselling or other mental health services for targets, witnesses (bystanders), perpetrators (Salin, 2009; Scott &amp; Stradling, 2001; Terani, 2001; Terani, 2011)</td>
</tr>
<tr>
<td></td>
<td>• internal contact officers</td>
</tr>
<tr>
<td></td>
<td>• referral to community services</td>
</tr>
<tr>
<td>use of employee performance evaluations to identify interpersonal problems</td>
<td>transfer of target or bully to a different workgroup/department④</td>
</tr>
<tr>
<td>(Beale, 2001)</td>
<td>(D’Cruz, 2012; Salin, 2009)</td>
</tr>
<tr>
<td>conduct bullying audit</td>
<td>sanctions for negative behaviours</td>
</tr>
<tr>
<td>(Ishmael, 1999)</td>
<td>(e.g. non-renewal of a temporary contract; denial of promotion to bully; dismissal of bully)</td>
</tr>
<tr>
<td>(D’Cruz, 2012; Neuman &amp; Baron, 1998; Salin, 2009)</td>
<td></td>
</tr>
<tr>
<td>risk assessment</td>
<td>reporting mechanism</td>
</tr>
<tr>
<td>(Vartia &amp; Leka, 2011)</td>
<td>(Caponecchia &amp; Wyatt, 2011)</td>
</tr>
<tr>
<td>monitoring – informal and formal reports (e.g. number, nature and outcome of enquiries), staff opinion surveys, exit interviews, and all forms of absence</td>
<td></td>
</tr>
<tr>
<td>(Rayner et al., 2002)</td>
<td></td>
</tr>
<tr>
<td>legislation</td>
<td></td>
</tr>
<tr>
<td>(Yamada, 2000)</td>
<td></td>
</tr>
<tr>
<td>commitment of senior management to anti-violence</td>
<td></td>
</tr>
<tr>
<td>(Namie &amp; Namie, 2011)</td>
<td></td>
</tr>
</tbody>
</table>

④ Targets are most often transferred out, especially in cases where the perpetrator is in a superior managerial role (Rayner et al., 2002).
discussed in depth elsewhere in this study. It is by no means an exhaustive list.

**Commitment of All Organizational Members to Anti-Violence**

Even the most well-planned and brilliantly executed anti-violence program will not succeed without the full commitment of senior management. To be able to commit, management needs to recognize that violence – in all its forms – exists; learn about the problem and major issues involved; listen to reports (formal and informal) from workers; assess their own management style to ensure that they are not contributing to the perpetuation of the problem; support the anti-violence program (e.g. through funding, non-interference with compliance to policy and programs); embrace the value of worker health and safety, both physical and psychological (Namie & Namie, 2011) and continuously promote commitment to the program whenever possible (e.g. in meetings, organizational events, organizational newsletter). Committing to and implementing a strong anti-violence program demonstrates a great deal about organizational values and the desire to be an industry leader in this regard. It also assists the organization to establish its public reputation and to retain and recruit employees.

While leadership commitment is pivotal, the process of creating a major shift requires the full participation of all members at all levels and areas throughout the organization, including employer (human resources or other representatives), union representatives, worker representatives, and occupational health and safety representatives. It is an ongoing collaborative process.
**Risk Assessment**

There are factors specific to each workplace that may increase the risk of various forms of violence, therefore, to develop an effective anti-violence program risks specific to individual organizations need to be identified (CCOHS, 2010). On the individual and group level, organizations need to consider potential sources of violence and harassment from all sources both internally and externally to the organization, including the public, customers/clients/patients, consultants and other contract workers and suppliers, managers, supervisors and workers, and intimate partners. Examining the complex interrelationships of organizational factors – systems, structures, processes, norms and dominant ideas – and how they interact with individuals are critical to understanding where conditions that support violence and harassment originate and, therefore, also how to address them. (For further information, see the section *A Quality Psychosocial Work Environment: The Role of Organizational Practices*).

Like other anti-violence practices, assessments are ongoing processes which must be renewed routinely (Cohen et al., 2008) and revisions to any parts of the anti-violence program reflected in the assessment must be carried out in an expeditious manner. If there are significant changes in the workplace, a new risk assessment should be carried out immediately (CCOHS, 2010). (For examples of changes that should trigger a new assessment, see CCOHS, 2010).

While there are common issues that should be addressed across all forms of violence, each form also has its own unique dynamics. For example, an assessment of factors related to risks of physical violence emanating from perpetrators external to the organization focuses on issues such as the design of the workplace and the operations (especially for an organization providing services to the public). Workers can be a primary source of information regarding
the nature of harassment occurring in a workplace and also can provide ideas of how it can be prevented. Anonymous surveys and in-depth interviews with workers can provide a wealth of useful information regarding the presence of harassment (including bullying), the nature of harassing behaviours in the workplace, as well as information related to the organizational environment and perception of how the organization handles incidents of harassment and other forms of violence (Duffy & Sperry, 2012; Namie & Namie, 2011). Collecting data – using both qualitative and quantitative methods – is an important part of policy formation and demonstrates that employers are serious about preventing violence and acting on it (Richards & Daley, 2003). Carried out regularly, even if smaller in scale, can prove to be an effective evaluation practice.

**Formal and Informal Reports**

Formal and informal reports submitted by workers is a critical part of any anti-violence program and provides valuable learning opportunities for organizations. For example, management can learn about the organizational environment, and in large organizations in particular, they can learn about specific units or departments that are experiencing difficulties and, thereby, help supervisors and workers to address issues before they escalate. Clues as to why the organization may be experiencing difficulties in retaining workers (through resignations and terminations), high absenteeism and tardiness, and/or increased grievances and reports can also be gleamed.

Acknowledging that managers can be accused, it is important to provide flexible reporting procedures (Richards & Daley, 2003) offering workers multiple avenues for reporting. Examples of alternative avenues for reporting may include a manager’s immediate manager, a peer of the manager, a manager with whom the employee may have a rapport (Richards &
Daley, 2003), a human resource representative, a union representative, an occupational health and safety representative, a safety coordinator, or a representative of the Joint Health and Safety Committee.

The reporting procedure – as well as policies – should also include disciplinary consequences for dealing with malicious reports. This will ensure that this organizational practice will not be used in the harassing process. If following an investigation it is determined that a report was false and intentionally used to bring action against another employee to cause harm, there should be disciplinary action taken against the complainant (Richards & Daley, 2003). This does not include investigations where allegations were not upheld for lack of evidence, and where the victim may believe they were harassed (Richards & Daley, 2003).

**Investigating Reports**

Workers – victims and bystanders (witnesses) – have the right to file reports against alleged perpetrators, as well as their employer or managers for failing to act effectively in providing a safe workplace free from violence (in all its forms), without experiencing negative consequences to their job and careers. Both victims (targets) and perpetrators have a right to an impartial, thorough and timely investigation which will lead to taking appropriate actions (Hoel & Einarsen, 2011). Taking reports seriously and respecting these rights builds trust (Namie & Namie, 2011), strengthens relationships between management and workers, decreases barriers to reporting, and sends a strong message that the organization does not condone violent and harassing behaviours. Therefore, organizations require well-planned written procedures for investigations indicating clear roles and responsibilities within a systemic process (Hoel & Einarsen, 2011).

If an organization does not have well-trained internal staff to conduct investigations,
external experts should be identified and contracted. The research suggests that HR-led investigations are perceived by workers as “unfair” (Namie & Namie, 2011). Two main factors contribute to this perception: (1) a lack of consequences for the perpetrator; and (2) retaliation experienced by victims for filing a report (Namie & Namie, 2011). To ensure perceptions of procedural fairness and credibility, the process of investigations must be well-planned, communicated, and transparent and enforcement procedures must be followed. Communication and enforcement procedures should be incorporated into the organization’s anti-violence policy.

The process and procedures for conducting investigations should include how confidentiality will be addressed (including limits to confidentiality) and how the investigation reports and results will be shared with both parties involved – the victim and the accused – as well as the organization at large. Throughout the procedure both parties should have the right to be accompanied by a union representative, a colleague or friend (Richards & Daley, 2003).

Rather than focusing solely on individuals, investigations should attempt to determine underlying environmental and/or organizational factors that are related to the situation (Kelley & Mullen, 2006). As with other anti-violence practices, investigations represent opportunities for organizations to learn – through assessment, evaluation, and reflection – with a view to improving its practices (Kelley & Mullen, 2006).

**Mediation**

Mediation to resolve conflict by a neutral third party requires that the needs of both parties be met (Keashly & Nowell, 2011). The use of mediation in situations that involve violence in any form continues to be a contentious one. Keashly and Nowell (2011), whose work centres on workplace bullying, cite three main shortcomings of mediation:
1. Mediation assumes a relative balance of power between both parties. Victims of violence – domestic violence, sexual and racial harassment, and bullying – are often disempowered. Power and control are at the centre of these forms of violence, whether the imbalance was present before or developed during the harassing process. The victim may also fear retaliation and/or negative outcomes as a result of entering into mediation with her/his manager.

2. Because mediation does not address past behaviours, the harm done to victims is not acknowledged and, therefore, potentially compounded.

3. Mediation is a confidential process, therefore, because the information gathered and decisions reached are not shared with anyone outside of the process, it cannot be used as a learning opportunity for the rest of the organization. Specific units or departments that are experiencing difficulties and possible organizational factors that may be contributing to a toxic work environment go unnoticed. Also, witnesses and others in the organization do not see action being taken. As a result, they may feel that the organization is doing nothing and, therefore, condones violent or harassing behaviour and this may also contribute to underreporting.

The cumulative trauma and harm experienced by the victim, may preclude mediation as a viable practice and could actually do more harm (Namie & Namie, 2011). However, coaching or mediation to manage conflict may be considered at the initial stages of the harassing process (Keashly & Nowell, 2011). Mediation can be a useful practice if not used in isolation (Caponecchia & Wyatt, 2011) and, like with other practices, its usefulness very much depends on how it is done pointing again to the importance of well-planned and written practices that consider potential shortcomings within their design.

**Supporting Affected Workers**

Research has demonstrated a link between organizational support and outcomes of workplace violence. In a study by Schat and Kelloway (2003), organizational support was found
to moderate the effects of physical and psychological violence, as well as vicariously experienced violence, on physical and emotional health and job-related affect (Schat & Kelloway, 2003).

**Internal Contact Officers**

Contact officers, also referred to as peer listeners or confidential supporters, are coworkers who have been specifically selected and have received additional in-depth training in order to offer advice and assistance to colleagues who are experiencing harassment. Victims may prefer this informal route to support before making a formal report. It is important to note that contact officers must be supported by a robust reporting and investigating system (Caponecchia & Wyatt, 2011). Like all anti-violence practices, this should not be considered a stand-alone solution.

**The Role of Employee Assistance Programs (EAPs)**

Organizations should ensure that their EAP has the specialized resources to provide the services required by the organization to implement and sustain its anti-violence program, including the specialized skills required to support victims and bystanders (witnesses) and to aid the organization in preventing reoccurrence.

**Referral to Community Services**

To further support workers experiencing violence, it is important for organizations to make links with community organizations to coordinate referral services, for example, victim/witness assistance programs, a local domestic violence shelter, counselling services, specialized law enforcement units, and clinics offering specialized services (e.g. legal, counselling, multilingual interpreting), and helplines.
Counselling or rehabilitation programs for perpetrators of domestic violence and harassment can also be made available (CREVAWC, 2009-2010; Richards & Daley, 2003). Attendance in these programs can be voluntary, or in particular circumstances, it can be made a condition for maintaining employment with the organization (CREVAWC, 2009-2010).

Safety Planning

What is a safety plan?

A safety plan involves identifying actions that will increase worker safety, and preparing for the possibility of further violence. Safety plans should always be created with input from the victim, customized to meet the needs of the individual victim, and include available resources and support. Safety plans are a crucial step in ensuring worker safety (OHSCO, 2013).

Abusive intimate partners that use the workplace to locate and harass their partners represent a risk to all workers (Denenberg & Denenberg, 2008; Swanberg & Logan, 2005). Perpetrators use tactics to interfere with a partner’s job before, during and after work (Swanberg & Logan, 2005). As a result, victims may experience increased tardiness, absenteeism, use of sick leaves, and termination, as well as a decrease of job tenure (Swanberg & Logan, 2005). Being aware of how domestic violence impacts a victim’s work life can help employers provide support so that victims are safe while at work and do not lose their jobs. Practices that can be considered by an employer to protect an employee experiencing domestic violence include: arranging alternative or flexible work arrangements; using human resources policies such as vacation time and sick time; relocating the employee; screening visitors and incoming calls; alerting security services and, where possible, organizing extra patrols (e.g. in parking areas); arranging escorts for the employee; linking victims with community resources and/or the Employee Assistance Program (EAP); training all workers in
recognizing the signs that a coworker may be experiencing domestic violence, how to make a report, how to offer support and assistance, and summon help when required (Denenberg & Denenberg, 2008; Swanberg & Logan, 2005).

The unique needs of each organization, its sites, departments and/or units and workers, should to be taken into account when devising safety plans. For example, the risk of violence (in particular physical violence) increases for workers working alone or working late hours (Ishmael, 1999), therefore, procedures should be in place that ensure these workers have constant contact with colleagues or security personnel through reporting systems or communication devices (e.g. mobile phones, alarm buttons) (Ishmael, 1999). Other elements of a safety plan may include procedures to summon immediate help (e.g. alarm buttons) and/or medical assistance, identifying emergency evacuation procedures and routes for leaving an area or building, and procedures for securing an area or building (e.g. lock down/out procedures). A thorough risk assessment will identify the factors that increase the risk of violence in a specific workplace. Evaluating a work environment from the prospective of workers most at risk will benefit all workers.

*Relocation or Transfer of Workers*

Whether a threat of violence emanates from outside (e.g. a customer or patient) or inside (a coworker) the organization, workers who have been threatened should be transferred to a safe place pending further investigation and/or action. Relocating or transferring an employee who is experiencing domestic violence should be considered as part of a mutually developed safety plan between the employer and the victim. Organizational return-to-work policies and programs should integrate within them the specific needs of workers who have been absent from work due to violence.
Because the effects of bullying and other forms of harassment (especially long-term) on targets are often underestimated, separating them from their bully (for example, through relocation or job reassignment) may not be viewed as an option. Richards and Daley (2003) advise employers to take prompt action following an investigation where a bullying report has been upheld, including the relocation of the perpetrator. However, targets are most often transferred out, especially in cases where the perpetrator is in a superior managerial role (Rayner, Hoel, & Cooper, 2002; Richards & Daley, 2003). Transferring the perpetrator has clear advantages, including restoring employee moral in the department/unit in which the bullying has occurred and providing the perpetrator with the opportunity to alter their behaviour in a different environment. The later is particularly important if the manager’s authority and standing has been damaged (Richards & Daley, 2003), especially in situations where multiple bystanders have been involved.

**A Quality Psychosocial Work Environment: The Role of Organizational Practices**

The common perception of bullying portrays the irate manager yelling at an employee, however, the bullying process is often more subtle. It may involve the use of organizational systems (e.g. information and communication technology systems, performance management) and practices. These systems and practices play a large role in creating the organization’s environment and they are also often used as tactics by the perpetrator. A performance evaluation represents a particular opportunity for the perpetrator to exercise control over and bully an employee. If an employee with a solid record of good performance suddenly begins to receive poor evaluations, management should investigate. It could also be a sign that the employee is experiencing difficulties related to other forms of harassment, domestic violence,
Organizational systems and practices can be used in other forms of violence as well. Information and communication technologies (ICTs) can be used in a spectrum of behaviours “that may be conceived as aggressive, hostile, antisocial, uncivil, or even criminal” (Weatherbee & Kelloway, 2006, p. 446) against individuals, groups and the organization. For example, perpetrators of domestic violence use organizational communication systems to “cyberstalk” their partners at work (Denenberg & Denenberg, 2008) by sending harassing or threatening e-mails. Schmidt and Barnett (2011) surveyed male offenders enrolled in batterer intervention programs to determine how domestic violence affects the workplace. They found that 29% of offenders used workplace resources to contact or harass their victim. Therefore, it is important that organizations prevent perpetrators from using workplace resources for abusive purposes. Implementing policies related to the appropriate use of telephone and computer technologies can be an important component of an anti-violence program (Cohen et al., 2008).

The design of systems and practices contribute to the psychosocial environment within the organization and may also contribute to stress and conflict levels within work groups. Examples of some of these practices include: ambiguous or incompatible demands and expectations about roles, tasks and responsibilities (Einarsen, 2005); issues related to job design, such as workload (overwhelming demand or unstimulating for employees), disproportional distribution of tasks among workers, insufficient work breaks, and the under utilization of employee skills (Namie & Namie, 2011); and isolation of workers by forbidding interaction with one another (Namie & Namie, 2011). Changing organizational practices and aspects of the work environment is considered a key prevention strategy (Hergcovis & Barling,
2006; Neuman & Baron, 1998; Schat & Kelloway, 2006), in particular if an employer has long-term change as a goal. An awareness of the role organizational systems and practices have on shaping the work environment allows managers to design them in ways that can create a positive impact on the environment, workers and, ultimately, the organization’s objectives. Recognizing non-harassing conduct as a valuable management skill is critical. Organizations should integrate this desired skill set with performance appraisals (Namie & Namie, 2011), job descriptions, and reward systems. Good management skills, including respectful conduct, conflict management skills, providing effective feedback, developing and leading teams, work design skills that build individual and group capacity, and so on – should be part of job descriptions and skills required when considering candidates for promotion or hire (Namie & Namie, 2011). The technical skills that are required to perform a specific job are also important. Workers who do not possess the required skill sets experience insecurity (personal and professional) and greater stress levels making them potentially more prone to violence, in particular bullying and other forms of harassment.
Appendix B: Defining Elements of Workplace Bullying

The following is a discussion of the defining elements about which there is much debate regarding whether they are to be considered essential or non-essential to any definition of bullying (Saunders et al., 2007).

Intensity

*Intensity* refers to the number of negative acts a target has experienced (Lutgen-Sandvik et al., 2007). There is much debate among researchers regarding whether a single act or multiple acts should constitute bullying. This debate should not be based on an attempt to place single and multiple acts on a scale of importance or seriousness, but on an understanding that they may represent different phenomena. In any event, single acts of bullying should not be ignored as they may be a signal that a problem exists and the possibility that it could escalate.

There is a general agreement among researchers that a single act does not constitute bullying and that a minimum of two negative acts is required for the behaviour to be identified as bullying (Einarsen et al., 2003; Lutgen-Sandvik et al., 2007). Equating a single act with enduring hostility can result in the erroneous identification of antecedents and outcomes (Keashly & Jagatic, 2003) as well as ways in which they are managed. However, there are researchers who reject the emphasis on multiple incidents as a required element in defining workplace bullying. Lee (2002) states that “even one incident of workplace bullying is one too many – workers should always be treated with dignity and respect” (p. 206). Rayner and Cooper (2006) warn against the insistence of multiple incidents as this insistence “gives a perpetrator permission to continue” (p. 126) and hinders investigations by an organization.
when a single event is reported. In Quebec’s legislation on psychological harassment in the workplace, the Commission des normes du travail (2009) recognizes a single act as harassment when that act has the same harmful effects on the target as multiple acts. In the classic book *Trauma and Recovery*, Judith Herman (1992) states that the establishment of control over another person is “based upon the systemic, repetitive infliction of psychological trauma” (p. 77); however, she also specifies that a regular pattern of violence is not always required. A state of fear, compliance and decreased resistance can also be achieved through “inconsistent and unpredictable” patterns of violence (p. 77).

**Frequency and Duration**

Closely related to intensity is the frequency and duration of negative acts. Most researchers concur that targets must experience negative acts once or more weekly and for a minimum of six months for them to constitute bullying behaviour (Lutgen-Sandvik et al., 2007; Rayner & Keashly, 2005). Workplace bullying is mostly long-term, subtle and psychological in nature (Einarsen, 2005). Since bullying behaviour is repeated and persistent in nature, it may be useful to view bullying as a process rather than as a series of acts (Hoel & Beale, 2006). According to Keashly and Jagatic (2003), the emphasis on frequency and duration, which they refer to as persistency, highlights the relational dimension of workplace bullying. The main focus shifts from negative acts – *what* is being done - to relationships – who or what is being attacked (Rayner & Cooper, 2006; Rayner & Keashly, 2005). This view highlights the importance of analyzing the relationship between targets, perpetrators, and the organization.

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45 In their summary of empirical findings on workplace bullying in European countries, Zapf et al. (2003) describe bullying as a “very long-lasting process that ‘wears down’ its victims, mostly lasting much longer than one year” (p. 110).
**Intent**

The issue of intent continues to be a contentious one within the field of workplace bullying (Hoel & Cooper, 2001; Rayner & Keashly, 2005), and violence generally. Intent refers to whether negative acts were intended and the likelihood of a harmful outcome being known by the perpetrator. It can also be linked to secondary desired outcomes, that is, what is accomplished for the perpetrator through the bullying process, for example, the exercising of control and/or the lowering of the target’s self-esteem (Saunders et al., 2007). However, the intention to harm reflects a narrow concept of violence, is difficult to verify, and should not be a part of the core definition of violence (Bufacchi, 2007; Hoel & Cooper, 2001). Doing so may place onus on the target to prove the perpetrator’s intent to harm and simply denying intent could relieve the perpetrator of any responsibility of wrong-doing. Also, a focus on a perpetrator’s awareness of social or group norms related to appropriate conduct ignores that norms can be culturally and contextually sensitive. However, intent plays an important role in understanding the bullying process (Hoel & Cooper, 2001). Due to the difficulties in identifying and recruiting perpetrators for research, this remains a large gap in the literature. Intent can be a significant consideration when an organization is undertaking an assessment process and making decisions regarding the outcomes for perpetrators. The existence of intent may also be a legal requirement.

**Subjective Perception of the Target**

Perhaps the most important element in defining workplace bullying is the subjective perception of targets, that is “the meaning they attach to their experience” (Hoel & Cooper, 2001, p. 5). This does not mean that targets must label themselves as bullied, but rather their experience as bullying. The negative connotations associated with the terms *bullied* and *victim*
may influence how targets label themselves (Saunders et al., 2007) and may also influence the underreporting of bullying. According to Hoel and Cooper (2001), factors that influence targets’ perception of negative acts need further exploration in order to gain an in-depth understanding of the phenomenon of workplace bullying. Our learning from both target and perpetrator accounts can help refine definitions, deepen understanding and develop effective practices to counter this phenomenon.
Appendix C: Consequences of Workplace Bullying by Category

The table below summarizes the outcomes of workplace bullying for individuals and the organization. While the financial consequences for the organization are more obvious, it is important that the high costs for individuals are not overlooked. Targets of bullying often suffer “long term, sometimes permanent, psychological, [emotional], [physical] and occupational impairment (Lutgen-Sandvick et al., 2007, p. 838). Coworkers who witness the bullying suffer many of the same consequences (Lutgen-Sandvick et al., 2007). Targets of bullying often see no alternative but to leave their jobs (Lutgen-Sandvick et al., 2007; Name & Namie, 2009). According to Namie and Namie (2009), 40% of targets resign and others are fired, transferred or demoted.

Table 5: Consequences of workplace bullying by category

<table>
<thead>
<tr>
<th>Behavioural/Psychological</th>
<th>Physical/Health</th>
<th>Organizational/Job-related</th>
</tr>
</thead>
<tbody>
<tr>
<td>anxiety</td>
<td>decreased overall physical health</td>
<td>distraction/ poor concentration</td>
</tr>
<tr>
<td>distress</td>
<td>fatigue</td>
<td>mistakes/ accidents</td>
</tr>
<tr>
<td>depression</td>
<td>headaches</td>
<td>productivity decline/ impaired performance</td>
</tr>
<tr>
<td>fear</td>
<td>back pain</td>
<td>lower job satisfaction</td>
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<tr>
<td>irritability</td>
<td>hypertension</td>
<td>lower commitment</td>
</tr>
<tr>
<td>anger/angry outbursts</td>
<td>gastrointestinal problems</td>
<td>increased absenteeism</td>
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<tr>
<td>difficulty concentrating</td>
<td>respiratory problems</td>
<td>presenteeism</td>
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<tr>
<td>stress</td>
<td>sleep difficulties</td>
<td>tardiness</td>
</tr>
<tr>
<td>emotional exhaustion</td>
<td>somatic complaints</td>
<td>increased turnover</td>
</tr>
<tr>
<td>emotional numbing</td>
<td>substance abuse</td>
<td>difficulty returning to work</td>
</tr>
<tr>
<td>hyperarousal and increased vigilance</td>
<td>involuntary termination of contract</td>
<td></td>
</tr>
<tr>
<td>shock</td>
<td>increased likelihood of considering bringing a weapon to work</td>
<td></td>
</tr>
<tr>
<td>disbelief</td>
<td>loss of skills</td>
<td></td>
</tr>
<tr>
<td>Behavioural/Psychological</td>
<td>Physical/Health</td>
<td>Organizational/Job-related</td>
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<tr>
<td>insecurity</td>
<td>grievances</td>
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<tr>
<td>self-blame</td>
<td>litigation</td>
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<tr>
<td>shame</td>
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<tr>
<td>dependency</td>
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<tr>
<td>helplessness</td>
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<tr>
<td>affective relationship</td>
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<tr>
<td>commitment and conflict</td>
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<tr>
<td>greater conflict between work and family</td>
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<td></td>
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<tr>
<td>lower life satisfaction</td>
<td></td>
<td></td>
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<tr>
<td>ability to retain communication skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>withdrawal from social contacts/deterioration of relationships</td>
<td></td>
<td></td>
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<tr>
<td>heightened worry of revictimization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD (post traumatic stress disorder)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suicide</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Barling, 1996; Björkqvist, Österman, & Hjelt-Bäck, 1994; Glomb & Cortina, 2006; Hoel et al., 2001; Keith, 1999; Lutgen-Sandvik et al., 2007; Salin, 2003; Schneider, Swan, & Fitzgerald, 1997; Tepper, 2000; Tobin, 2001).

Not included in the table above are the consequences for society in general. In their exploration of the economic and social burdens of domestic violence, Wells, Boodt and Emery (2012) make a compelling case for investing in prevention and intervention practices that have proven to be efficacious. The return on investment in these proven practices can be enormous, in particular when efforts are focused on prevention efforts (Wells et al., 2012). Widening their scope to include reviews of practices for a range of social problems, Wells et al. (2012) state: “Evidence from cost-benefit studies of implemented prevention strategies for other social problems show that the return on investment for implementing these strategies...
range from a $2 return for every dollar invested to as high as $20 for every dollar invested” (p. 8). Therefore, the sole focus of governments and organizations should shift from how much more needs to be spent to address social issues to “how much can we save by working to end...forms of violence” (McInturff, 2013, p. 7).
Appendix D: Examples of Workplace Bullying

The list below provides an understanding of the multitude of both covert and overt forms of workplace bullying. It is important to note that the behaviours listed indicate individual behaviours exclusively. Organizational acts of bullying are absent.

- spreading malicious rumours, gossip, or insulting someone by word of mouth, behaviour, e-mail, or displays (e.g. posters, cartoons);
- sending critical e-mails to third parties who do not need to know about a particular person;
- refusing to deal with a person or ignoring his or her presence;
- excluding or isolating someone socially;
- preventing a person from expressing himself or herself;
- intimidating a person;
- undermining or deliberately impeding a person’s work;
- removing areas of responsibility without cause;
- constantly changing work guidelines;
- establishing impossible deadlines that will set up the individual to fail;
- withholding necessary information or purposefully giving the wrong information;
- assigning unreasonable duties or workload which are unfavourable to one person;
- underwork – creating a feeling of uselessness;
- administratively bullying or excessively controlling a person’s work;
- making offensive jokes by spoken word or e-mail;
- intruding on a person’s privacy by pestering, spying or stalking;
- yelling or using profanity;
- criticizing a person persistently;
- belittling a person’s opinions;
- tampering with a person’s personal belongs or work equipment;
- physically abusing (including touching or pushing) or threatening abuse;
- unwarranted (or underserved) punishment;
- preventing individuals from progressing - blocking applications for training, leave or promotion;
- misuse of power
- giving an individual(s) the ‘silent treatment’
- socially isolating or excluding an individual

(Canadian Centre for Occupational Health and Safety, 2005; Keashly & Jagatic, 2003)
In studies by D’Cruz and Noronha (2009) and Liefooghe and Mackenzie Davey (2001, 2003) research participants cited the following organizational practices as bullying.

- appraisal processes;
- performance-based pay systems;
- highly routinized and controlled work processes (facilitated by technology-based surveillance);
- use of statistics to monitor and appraise work (e.g. call handling times);
- inability to voice concerns for fear of damaging their careers;
- lack of acknowledgement and opportunity to use problem-solving skills;
- employer-defined and oriented workplace norms;
- disciplinary sanctions utilized to enforce those norms and rules;
- constantly changing shift work;
- extended work day and work week (often without overtime pay);
- the ‘subtle intimidating’ nature of negotiations between union and human resources (Employees perceived this as an abuse of power by the organization.);
- rhetoric of customer sovereignty;
- a focus on maintaining a competitive advantage (by minimizing costs and maximizing revenues);
- the influence of globalization on business practices.
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title
Workplace Bullying: Mapping the Conceptual Terrain and the Shaping of Strategies – Prevention, Intervention, and Transformation

Investigator
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Tel.: 647-219-7035
Email: adriana.berlingieri@utoronto.ca; adriber@rogers.com

Introduction
You are being asked to take part in a research study. Please read this explanation about the study and its risks and benefits before you decide if you would like to take part. You should take as much time as you need to make your decision. You should ask the study doctor or study staff to explain anything that you do not understand and make sure that all of your questions have been answered before signing this consent form. Before you make your decision, feel free to talk about this study with anyone you wish. Participation in this study is voluntary.

Background and Purpose
Thank you for your interest in participating in this research study that will examine prevention and intervention strategies adopted by organizations to counter workplace bullying. I am a doctoral student in the Adult Education and Community Development Program in the Department of Adult Education and Counselling Psychology at the Ontario Institute for Studies in Education, University of Toronto (OISE/UT).

You have been asked to take part in this research study because, as a member of the [Name of Committee], you have been involved with the development of the [Name of Policy] document. Representatives of various groups within the committee will be interviewed for this study.

A central aspect of this research involves the conceptualization of workplace bullying that moves us away from an exclusive focus on individuals. It asks the guiding question: if workplace bullying was not constructed as individualized (i.e. where the main focus is placed on the study of acts and individuals involved), how would this view influence the development of prevention and intervention strategies within organizations? This research study examines an organization ([Organization Name]) that is attempting to take up the concept of workplace bullying differently and traces how this shapes the strategies they have adopted. It is not only
committed to bringing about changes in the interpersonal relations of their members, but systemic and organizational changes as well.

**Study Design**

You will participate in a single interview for the duration of approximately one hour. You may be contacted again should there be the need for clarification on a specific part of the interview.

The study will include approximately 10 participants, representing various groups (e.g. the [Name of Office] Director, senior management, union, and employees), who are or have been members of the [Organization Name and Committee Name] and who participated in the development of the [Name of Policy] document.

The interviews will be conducted in a place of your preference (e.g. your office, a pre-designated room, or at a café). The interviews will be audio-recorded, if you permit, and will be transcribed in their entirety. You will be provided with a copy of the interview transcription(s) to authenticate and approve, whereby you can request to make changes or deletions. If you prefer not to have the interview audio-recorded, written notes will be recorded instead.

**Benefits to Being in the Study**

Your contributions to this research will help to gain an understanding of how the conceptualization of workplace bullying shapes organizational practices in countering this phenomenon, as well as which practices are effective and the supports required and the barriers prohibiting the development and adoption of these practices.

There are no foreseeable risks, harms or inconveniences in participating in this research.

**Voluntary Participation**

Your participation in this study is voluntary. You may decide not to be in this study, or to be in the study now and then change your mind later. You may leave the study at any time without affecting your employment status. You may refuse to answer any question you do not want to answer, or not answer an interview question by saying “pass”.

We will give you new information that is learned during the study that might affect your decision to stay in the study.

**Confidentiality**

All data will be treated confidential at all times to preserve your anonymity and confidentiality, in concordance with the rules and regulations of the [Name of Organization] Research Ethics Board (REB and the University of Toronto Office of Research Ethics). Only you and the overall Principal Investigator for the study will have access to the data.
The data that is collected for the study will be stored off-site in a locked cabinet in a locked and secure area by the investigator. All information collected during this study will be kept confidential and only the investigator will have access to the data. You will not be named in any reports, publications, or presentations that may come from this study. The interview transcriptions will not contain actual names or any identifying information. Pseudonyms will be used for original names and all other identifying information will be removed or substituted. All documents containing personally identifiable information and the audio recordings of interviews will be destroyed after one year (the duration of this study). All other data/materials will be destroyed after five years.

Questions About the Study

If you have any questions, concerns or would like to speak to the study investigator for any reason, please call: Adriana Berlingieri at 647-219-7035.

If you have any questions about your rights as a research participant or have concerns about this study, call [Name] Chair of the [Organization Name] Research Ethics Board (REB) or the Research Ethics office number at [telephone number]. The REB is a group of people who oversee the ethical conduct of research studies. These people are not part of the study team. Everything that you discuss will be kept confidential.

Consent

This study has been explained to me and any questions I had have been answered. I know that I may leave the study at any time. I agree to take part in this study.

_________________________  __________________________  _____________
Print Study Participant’s Name  Signature  Date

(You will be given a signed copy of this consent form)

Copy of Interview Transcriptions and Research Report

Please check all that apply:

☐ I would like a copy of the interview transcription
☐ I would like a copy of the completed research

My signature means that I have explained the study to the participant named above. I have answered all questions.

_________________________  __________________________  _____________
Print Name of Person Obtaining Consent  Signature  Date
Was the participant assisted during the consent process? □ YES □ NO

If YES, please check the relevant box and complete the signature space below:

☐ The person signing below acted as a translator for the participant during the consent process and attests that the study as set out in this form was accurately translated and has had any questions answered.

_____________________________  ___________________________  __________
Print Name of Translator        Signature                     Date

_____________________________  ___________________________
Relationship to Participant      Language

☐ The consent form was read to the participant. The person signing below attests that the study as set out in this form was accurately explained to, and has had any questions answered.

_____________________________  ___________________________  __________
Print Name of Witness           Signature                     Date

_____________________________
Relationship to Participant
Copyright Acknowledgements

I would like to thank the SAGE journal Work, Employment and Society for accepting abridged portions of this thesis for publication, as follows:

Chapter 2: Current Theorization of Workplace Bullying
Chapter 3: Exploring an Emerging Framework; An Expanded Definition of Violence, and The Continuum of Violence.

The title of the publication is Workplace Bullying: Exploring an Emerging Framework (Published online before print March 6, 2015, doi: 10.1177/0950017014563105).