UNDERSTANDING MANAGEMENT COMPETENCIES FOR MANAGING BULLYING AND FOSTERING HEALTHY WORK IN NURSING

MARCH 2019

College of Nurses Aotearoa NZ

Healthy Work Group
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This research was funded by the **College of Nurses Aoteraroa (NZ)** and also made possible thanks to the 30 New Zealand nurses who gave their time to participate in this project and trusted us with their stories.

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Workplace bullying in nursing is a serious psychosocial hazard and, under current legislation (Health and Safety at Work Act, 2015) employers have an ethical and legal obligation to identify and manage this risk. Within the sphere of organisational intervention, line managers in particular play a crucial part in preventing and intervening in bullying due to their proximity to staff and influence over the direct working environment. However, existing research indicates that managers often lack the skills and confidence to deal with bullying and most claims of bullying go unresolved. Considering the prevalence of bullying in the New Zealand nursing profession and internationally, ensuring that managers hold and demonstrate the competencies to foster healthy teams and effectively manage bullying is of prime importance.

This research aimed to identify the management competencies required to foster healthy work environments and manage bullying within the nursing profession in New Zealand. Thirty nurses were interviewed and relevant competencies and behavioural indicators were extracted from the data collected using qualitative content analysis. These competencies were then refined into two distinct but related frameworks: one outlining the management competencies required for fostering a healthy work environment free from bullying, and another specifically for managing cases of workplace bullying. While the former takes a preventative approach to intervention, the latter framework is focused on secondary intervention.

Although management competencies are vitally important for fostering healthy work and managing bullying, relying solely on line managers to address bullying in any organisation is unlikely to be sufficient. Indeed, a range of obstacles may hinder the extent to which these management competencies can be exercised effectively, most of which exist at the organisational level. These influencing factors are identified within this report with the view that organisations work towards acknowledging and addressing these.

The two frameworks have value for assessment purposes such as during selection or promotion, as well as in a developmental capacity for staff. Beyond this, the competency frameworks have the potential to be integrated alongside broader professional-level frameworks, such as the New Zealand Nursing Council's Code of Conduct, as well as national-level strategy and initiatives for fostering healthy work.

1.0 BACKGROUND

1.1 BULLYING IN NURSING

Workplace bullying is defined as "repeated and unreasonable behaviour directed towards a worker or a group of workers that can lead to physical or psychosocial harm"[1]. It is a highly prevalent psychosocial risk* and symptomatic of an unhealthy work environment in New Zealand's nursing profession. Current evidence suggests that approximately 10,000 of New Zealand's 50,000 nurses are likely to have been subjected to workplace bullying in the past six months, and that over 43,000 (87%) have recently been exposed to negative behaviours at work[2,3]. Moreover, nurses have been noted as consistently experiencing higher prevalence rates of bullying in comparison to other healthcare workers[2,4].

Nurses who are bullied experience long-term impairments in physical and mental health outcomes, reduced job satisfaction, burnout, and eventually exit the workplace or profession[5,6]. At the organisational level this poses significant costs in terms of reduced productivity[7,8], absenteeism and turnover[9], while also creating profession-wide challenges for workforce sustainability[8,10]. Additionally, workplace bullying also poses critical risks to patient safety and compromises the quality of health services provided to the public6. Aggregated across industry sectors, workplace bullying could be costing the New Zealand economy in the range of $6-$36 billion per annum[11].

As with all workplace psychosocial hazards, bullying does not occur in a vacuum but transpires as a result of a multiplicity of interacting factors at the team, organisational and broader industry level[12]. Accordingly, organisations have an ethical and legal obligation for the prevention and intervention of workplace bullying. Not only is workplace bullying in diametric opposition to the ethical values inherent in nursing, but there are significant business costs associated with its occurrence and ineffective management.

1.2 THE MANAGER IN ADDRESSING BULLYING AND FOSTERING HEALTHY WORK

Under the Health and Safety at Work Act (2015), employers have an obligation to prevent and manage psychosocial risks such as workplace bullying. In their guidelines for preventing and responding to bullying at work, WorkSafe New Zealand[1] emphasise the role of line managers in educating workers about bullying, investigating complaints fairly, and supporting positive workplace cultures through leading by example. In particular, low-level informal intervention strategies – such as mediation at the early stages – are prioritised[1]. The centrality of line manager's roles in these guidelines reflects a growing trend worldwide that places expectations of Human Resource Management (HRM) and conflict resolution responsibilities on line managers[13,14].

Indeed, line managers may be optimally placed to deal with interpersonal conflict[15] due to their frequent interaction with and proximity to staff[16]. This is supported by a substantial body of literature that suggests conflict resolution is most effective when addressed closest to its point of origin[17] at which stage involved parties may be more open to reasoned discussions and more amenable to reaching feasible resolutions[18]. Early, low-level efforts may also prevent the conflict from escalating to involve more people and more resources[15], and are therefore favoured as more efficient. In this way, early conflict resolution by line managers can prevent escalation into bullying[18].

* "Psychosocial risks arise from poor work design, organisation and management, as well as a poor social context of work, and they may result in negative psychological, physical and social outcomes such as work-related stress, burnout or depression". *The European Agency for Safety and Health at Work.* Retrieved from https://osha.europa.eu/en/themes/psychosocial-risks-and-stress.

Unfortunately, workplace bullying often goes unresolved due to lack of skills or confidence in line managers[19], with managers often promoted into management roles with little training on management or leadership. Additionally, managers themselves are often a frequent source of bullying[20,21]. This creates further challenges around the underreporting of bullying behaviours in nursing due to fear of retaliation or cynicism when the person to be reported to is perpetrating the bullying[22]. Indeed, an analysis of legal cases of workplace bullying in New Zealand found that quite frequently in cases of superior-to-subordinate bullying, the complaint was not acknowledged or investigated[21]. When workplace bullying goes unchecked, these behaviours can become implicitly endorsed and normalised as part of the workplace culture[23]. Therefore, understanding the competencies required to manage bullying and foster healthy work becomes vital.

1.3 RESEARCH AIMS AND OBJECTIVES

This research project aims to identify the management competencies required to foster healthy work and manage bullying in New Zealand's nursing profession. Competencies refer to a set of knowledge, skills, abilities, and other characteristics required for improving job performance in a specific role[24,25]. They are widely used to assess and monitor the knowledge, skills and abilities of nurses and managers (for example, the Nurse Council's Competencies for Registered Nurses, and Code of Conduct) and therefore have been identified to i) resonate with both nursing managers and HR and ii) can sit alongside existing organisational frameworks used to assess, select, develop and train nurse managers.

With this in mind, the specific objectives of this research project are:

- To identify the managerial competencies required by managers to foster a healthy work environment free from bullying (i.e. prevent bullying), and;
- To identify the managerial competencies required to effectively manage workplace bullying (i.e. secondary intervention), and;
- To identify the key barriers and facilitators to a manager's ability to enact the competencies.

2.0 METHODS

2.1 SAMPLE AND PROCEDURE

In order to identify management competencies for managing bullying and fostering healthy work, 30 semi-structured interviews were conducted with nurses and direct line managers of nursing teams. 16 of these interviews were conducted in 2017 as part of a pilot study exploring management competencies and participants were recruited through two New Zealand District Health Boards. The remaining 14 interviews were conducted in 2018 and were recruited through the membership of the College of Nurses and subsequent snowballing.

Interview participants were nurses currently practising in New Zealand and had either experienced workplace bullying or worked in a healthy work environment free from bullying. Managers of nursing teams who had either managed workplace bullying or fostered what they believed to be a healthy work environment were also interviewed. The interview schedule design was guided by Critical Incident Technique[26]. Interview questions were structured around the experience of bullying, or of working in a healthy work environment, and how the manager's behaviour and actions contributed (either positively or negatively) to the management of bullying or to fostering healthy work. In many cases, participants contributed multiple perspectives – both as someone who had been bullied, and as a manager themselves, as well as someone who had worked in a particularly healthy work environment in the past.

2.2 PARTICIPANT OVERVIEW

Participants represented a diverse range of nursing roles in District Health Boards (*N*=15), Primary Health Organisations (*N*=10), Professional Bodies (*N*=4), and Education (*N*=3), bearing in mind that some had multiple roles or spoke about experiences of workplace bullying within a previous role. Tenure in the current role varied considerably ranging from 2 months to 32 years, however on average participants had a considerable amount of experience working in the healthcare sector more broadly (*M*=27.86 years, *SD*=11.94).

Participants spoke from a number of different perspectives in the interviews. 24 participants spoke as a nurse discussing a case of bullying they were in involved in being managed and 11 participants shared their perspectives as a nurse manager about their experience of managing a case of bullying. Additionally, 21 participants spoke about their experience of working in a healthy environment free from bullying and how their manager achieved this, while 13 participants discussed the same from the perspective of a nurse manager who has fostered such an environment.

2.3 ANALYSIS

Full ethical approval was sought and granted by the Massey Human Ethics Committee (Southern B 16/44). The interviews were recorded, transcribed, and subjected to qualitative content analysis[27]. The coding was initially guided by an existing competency framework for managing workplace stress developed to underpin the UK Health and Safety Executives management standards[28]. Examples of manager behaviour were coded in order to develop specific behavioural indicators relevant to the nursing context. Best practice suggests that the primary value of competency models lie in the behavioural indicators[29], which can be easily integrated into existing management frameworks[30]. As the coding process progressed, new codes emerged and others dropped out reflecting the New Zealand nurses' and managers' experiences.

The analysis resulted in two management competency frameworks – one that captures those competencies required for fostering a healthy work environment free from bullying (i.e. primary prevention) and one that captures those competencies required to intervene in existing cases of bullying (i.e. secondary intervention). The work environment factors that prohibited or facilitated the management of bullying and/or fostering healthy work were also captured and reported on in Section 3.5.

3.0 RESULTS

3.1 INTERPRETING RESULTS

The following discussion of the competency frameworks draws on the experiences of 30 New Zealand nurses and managers interviewed for this study.

Two competency frameworks are discussed:

- the first pertaining to the **managerial competencies required by managers to foster a healthy work environment free from bullying** (i.e. prevent bullying) and,
- the second pertaining to the **managerial competencies required to effectively manage workplace bullying** (i.e. secondary intervention).

Examples of manager behaviours or actions (i.e. behavioural indicators) which show competence in each area are also discussed. Although there is overlap between the two frameworks, many of the behavioural indicators and examples of how the competency might be demonstrated differ.

Participants were employed in a range of practice areas (including public health organisations, district health boards, professional bodies, and education) and, as such, had diverse role expectations and working environments. Although the competencies reported here are common to the nursing profession, examples of how each competency may be demonstrated is likely to differ depending on the context. For example, a manager with over 50 people in their team and a very high workload may choose channels through which to demonstrate 'availability' which differ to a manager who has five people in their team.

Throughout the following discussion, anonymised quotes from participants are used to illustrate the findings and provide examples. 'Manager' cited in brackets following the quote indicates that the participant was talking from the perspective of themselves as a manager, and 'Nurse' means that they were an employee reflecting on their (or another) manager's behaviour or competencies. As noted in Section 2.2, some participants referred to both the managerial and nurse perspective, hence the same participant may be represented as 'Manager' and 'Nurse' in different quotes. (N=X) refers to the number of participants who raised each competency in some way during the interviews. Competencies are listed in alphabetical order and not in order of importance (further work is required to determine the relative importance of the competencies).

3.2 MANAGEMENT COMPETENCIES FOR FOSTERING HEALTHY WORK

Ten competencies were identified as important for fostering healthy work. The management competency framework for fostering healthy work is presented in Table 1. In the left hand column is the competency and in the right column are the behavioural indicators associated with each competency. The following section discusses each of the competencies and behavioural indicators in turn, providing examples where possible.

Availability	• Open door policy • Being seen around workplace • Making time for staff • Listen – allow staff to be heard
Being trustworthy	• Acting with integrity and honesty • Expertise-backed decision-making and direction
Communication	• Setting clear expectations of behaviour and performance • Providing guidance and direction • Overt, open, and lots of communication • Explaining 'why' • Constructive feedback and praise
Consistency	• Fair and equal treatment for all staff, regardless of hierarchy • Avoids biases towards certain staff • Consistent behaviours, values and expectations over time
Confidence and resilience	• Ability to have difficult conversations with staff • Confidence to challenge norms and processes • Protecting staff from external pressures
Dealing with work problems	• Organising and supporting work • Taking responsibility for behavioural issues • Taking staff concerns seriously
Empowering staff	• Providing opportunities for growth/development • Allowing staff autonomy and encouraging ownership • Encouraging participative decision-making
Fostering team cohesion	• Creating opportunities for team building • Being 'part' of the team • Building relationships
Individual consideration	• Personal investment, genuine care • Flexibility to accommodate staff needs • Valuing diversity • Showing compassion and empathy
Reflection	• Self-reflection • Admitting fault, allowing staff to challenge • Continual self-development • Understanding own limits and when to seek support

Table 1: Management Competency Framework for Fostering Healthy Work in Nursing

3.2.1 AVAILABILITY (N=21)

Availability refers to being approachable, accessible and visible to staff. Availability is important for fostering healthy work because it helps to build trusting relationships with staff, makes staff feel valued, and encourages staff to share their concerns thus allowing managers to address concerns early.

One way to foster availability is by having an ***open door policy***, whereby staff are able to come to their manager about a concern at any time.

> *"You knew you could knock on the door if there was a worry, and you were definitely heard" (Nurse, 07).*

> *"I have this open door policy - they know that if my door is shut and I haven't got the sign on the door, they can still knock on the door. It might be that I am just trying to get something done. But if I have the sign on my door saying 'please do not disturb' they know not to disturb me" (Manager, 12).*

Being seen around the workplace was also an important aspect of availability. Participants reported that in particularly healthy work environments, managers would walk into the office, sit down and have a cup of tea, and chat with the team. Frequent meetings were also used as an opportunity to be visible and connect personally with staff. Those whose team was geographically dispersed made an effort to visit face-to-face "to be intentionally visible and operationally connected" (Manager, 18).

Nurses reported how important it was to them that their manager was able to make time for staff:

> *"She had time for everybody, and it didn't matter how busy she was she still had time. Time to have fun, time to talk, and definitely time to listen. She always listened and if she didn't understand or wasn't quite certain about something, she would always seek clarity around that, paraphrasing or whatever, and she was really, really caring" (Nurse, 10).*

> *"I'd try and check in with her around midday and again at the end of the day just to see how the day was going. A lot of it was really just about keeping her safe and also feeling that she had the support" (Manager 27).*

Listening skills and allowing staff to be heard was raised specifically by 13 of the 30 participants in regards to fostering healthy work. Manager 12 acknowledged that "sometimes staff don't want you to fix anything, they just want to talk to you and off-load, and so you need to be able to listen". The importance of being present and allowing staff to be heard through strong listening skills was exemplified in this quote:

> *"She did deal with things, but she was the type of person, even when you were talking with her, she was three or four sentences ahead in her mind and looking at her watch. She wasn't present properly and that affected the result and staff often came away from any discussion around behaviour or bullying still dissatisfied. I don't think they felt heard" (Nurse, 08).*

3.2.2 BEING TRUSTWORTHY (N=15)

Being trustworthy means that staff have confidence in the decision a manager makes and feel safe that they have the full support of the manager when things go wrong. A manager acting with ***integrity and honesty*** can contribute to staff's feeling of trustworthiness. Delivering on what has been said or promised, keeping things in confidence, and not gossiping are some of the examples reported.

Expertise-backed decision-making and direction, in terms of being clinically sound and having the expertise and rationale to back up decisions, was said to inspire confidence in the team. One nurse (Nurse 26) explained how experience and being a very good clinician meant that her manager dealt with risk in a helpful way – "she just met it with a sense of 'stuff happens and we will just do things in order to make sure that everyone's safe and if there's a need for learning a development, then we'll address those issues as they come along".

"When I have to make hard decisions, they know it's informed – I've been and done it" (Manager 18).

Importantly, clinical competency and leadership competency were often mentioned alongside each other, suggesting that it was important to have both of these competencies, rather than one without the other.

Further, having an understanding of the nurses' role enabled managers to understand the learning needs of new nurses, understand the challenges and obstacles their team faces, be able to help out when needed, and be able to stand up for nurses as a profession.

3.2.3 COMMUNICATION (N=24)

Communication characteristics were deemed particularly important for fostering healthy work as it makes employees feel valued, respected and connected, and helps to provide staff with clarity, direction and reason.

"Greater transparency improves engagement and ownership" (Manager 03).

Setting clear expectations of behaviour and performance was raised as an important characteristic of communication. Some nurses reported the difficulties they face with role confusion and lacking a clear agenda, and "wanting clear instruction and clear advice" (Nurse 01). ***Providing clear guidance and direction*** was also important.

"She's straight up, she doesn't pussy foot around. If she doesn't agree with something she'll just tell you but she doesn't do it in a manner that's demeaning and undermining or anything like that" (Nurse 29).

Nurse 24 reported that he had experienced a helpful way of setting expectations and providing direction whereby good KPIs were set through performance reviews, and the manager had worked with him to monitor those in a very helpful way. Manager 03 found it useful to use the Nursing Council Code of Conduct to clarify behavioural expectations.

Participants reflected on how managers who fostered a healthy work environment demonstrated ***overt and open communication***. Strong managers communicated frequently, letting staff know what was happening in the organisation.

"She communicates about everything, talks about everything, everything that is going on within the service, outside of the service and around the service. That's a big help" (Nurse 05).

In particular, ***explaining 'why'*** certain things are happening or need to be done helps to motivate and engage staff, as demonstrated in this example from Nurse 27:

"I think a lot of it was also how they framed it. Why was it important for us to do this? It wasn't just something that management decided that you had to do. There was a real reason for it and I think that that was part of it – that communication, that cleverness of actually thinking what's going to be important to these nurses?" (Nurse 27).

For managers of large teams, some aspects of communication might be challenging. One manager of a large team (50+) found it helpful to have a communication book which staff are encouraged to read at least once a week in which the manager can share general information.

Providing ***constructive feedback and praise*** were also important aspects of communication for fostering healthy work. Several participants reported demoralisation as a result of managers being too petty or feeling as though they are not able to do anything right. Accordingly, it is important that feedback is given in a constructive and supportive way.

"I have learnt to look at the way I give feedback to people. I learnt more about how they want the feedback, so that when the feedback comes, it is feedback rather than a telling off I suppose" (Manager 09).

In reflecting on their manager who fostered a healthy work environment, Nurse 24's quote reflects the importance of balancing constructive feedback and praise:

> *"Somebody who was full of praise when praise was due but somebody who can give you a kicking when you've made a mistake but really try to work with you to help you understand how you could've done it better and learn from it. Those kind of attributes were, I think, quite useful" (Nurse 24).*

3.2.4 CONSISTENCY (N=16)

Consistency refers to treating staff fairly and equally, and being consistent in expectations over time. Consistency is important to foster feelings of equity and respect in staff, and avoid causing frustration and demoralisation.

Regarding ***fair and equal treatment for all staff***, some nurses reported different rules for nursing staff and surgeons, while others reported biases towards certain senior staff within the nursing team. ***Avoiding biases toward selected staff***, respecting everyone equally, and giving the same messages to everybody were features that participants deemed important to fostering a healthy work environment.

> *"Well, there are two camps on our ward - there are the manager's close buddies who are receiving good treatment, and then there are the rest. Those people who support the manager are quite aggressive people themselves, and it is acceptable" (Nurse 06).*

Ensuring ***consistency of expectations over time*** is also important – "when you say something you mean it and stick with it" (Nurse 27). This includes consistently addressing negative behaviours or poor performance, as well as being consistent in terms of not changing the direction provided to staff and/or changing the boundaries and rules.

> *"She's not very consistent so she'll tell you at great length how she wants something done and then six months later she'll call you in the office because you're not doing it right because she's changed her mind" (Nurse 23).*

3.2.5 CONFIDENCE AND RESILIENCE (N=19)

Having the confidence and resilience to deal with difficult situations, and stand up and support staff was discussed by 19 participants as being important to fostering healthy work.

Many nurses and managers reflected on needing ***confidence to have difficult conversations with staff***. Participants discussed the importance of courage in dealing with situations when "even your most senior nurses may need to be reminded about professional manner" (Manager 12) and the importance of having those conversations in a non-aggressive and supportive way.

> *"I always say that managers need to have courage because it is hard to be a manager. It is hard to manage people, so reflecting on my own difficulties, when someone is not up to speed or is known to be a bully you've got to be able to confront that person, but not be aggressive about it" (Manager 11).*

Having the c***onfidence to challenge norms and process*** was seen by nurses as an important means of support to ***protect staff from external pressures*** (most often performance pressures stemming from middle or senior management) and enable them to carry out their work under safe, practical, and less stressful conditions.

> *"I think that he acted very much as a buffer between senior management and clinicians, and so tried to hold that space so that the clinicians could do their work. Held off that sort of negativity or that oppression if you like that is coming from senior management" (Nurse, 03).*

3.2.6 DEALING WITH WORK PROBLEMS (N=17)

Dealing with work problems refers to organising work so that staff can be efficient and satisfied that they are able to do a good job that adds value to the team. It also includes taking responsibility for and dealing with behavioural issues within the team.

Ways in which managers can ***organise and support work*** include providing sufficient staffing levels to ensure staff get breaks, ensuring staff get paid for overtime, providing training and support for staff who are not meeting performance expectations, having clear processes and systems in place, and establishing a buddy system for new staff.

> *"It felt like they valued you that much as a staff member that they made sure that everything was in place for you" (Nurse 22).*

> *"If anyone was struggling, then she would say 'Are you okay? What can we do to help? Do you need extra support?'" (Nurse 26).*

Taking responsibility for behavioural issues in the team is likely to help to ensure a healthy culture where inappropriate behaviours and bullying are not tolerated.

> *"I wasn't going to be a leader that enabled or allowed that [sexism] to go on. I have to stand firm on issues of justice, because that's my job" (Manager 18).*

Taking responsibility also includes stepping up and supporting staff in a crisis situation or when a mistake has been made. A strong manager is one who will protect their staff over their own reputation and is prepared to fully back their staff; it is a manager who wants to know about problems or if staff have made a mistake, and who responds to such situations in a supportive way.

> *"The first thing they said to me was, 'I don't want any surprises. If there are any problems or issues or things that you think are going astray, I need to know right off the bat but I've always got your back. Even if something's gone wrong and you think you might have messed it up, I want to know about it and let's see how we can sort it out'" (Nurse 24).*

Relatedly, ***taking staff concerns seriously*** was also considered important for fostering a healthy work environment. It is important that staff feel that, if they approach their manager, their concerns will be heard and "that you are not just going to brush things off and ignore it" (Manager 12). In some cases, staff may just want to vent and have their voice heard, and in other cases subsequent action may be required. Being able to understand the appropriate action to take in response to a staff concern is also important.

> *"You always knew that if you had a concern it was always going to be listened to and there was always some form of consequence if they deemed it to be needing a consequence. What makes a good manager is the fact that you know you're going to be supported" (Nurse 28).*

3.2.7 EMPOWERING STAFF (N=17)

Empowering staff can be achieved by providing staff opportunities to advance themselves, providing a degree of autonomy, and including staff in decision making. It is important in order to foster engagement and ownership, to make staff feel valued and allow them to "see their place in the team or the organisation" (Manager 17).

Growing staff by ***providing opportunities for growth and development*** was considered an important feature of a healthy work environment. This could include providing training and education opportunities, providing a career development path, trusting staff to get involved in new projects and providing non-intrusive support during this time, providing guidance and coaching for those lacking skills or confidence in a particular area, enabling and coaching staff to become leaders themselves, and encouraging full use of staff skills.

Micro-managing, meddling in little things, watching over staff and waiting for them to make a mistake were reported as examples of bullying behaviour. At the same time, ***allowing staff autonomy*** and, in turn, encouraging ownership were seen as a feature of a healthy work environment. Two managers spoke about enabling autonomy in terms of providing staff with the confidence and skills to address behavioural problems themselves, however autonomy was generally referred to as giving staff the scope to make decisions within their role.

> *"I see myself here to facilitate the staff doing their work and I do also think it is important to develop a respect for the role, which doesn't mean that somebody will decide they'll do whatever in their role and they just want to do that and I'll just back them up regardless. It is also important to have a respect for the role and the criteria and restraints that I have to put in place at times" (Manager, 08).*

Relatedly, ***encouraging participative decision-making*** by involving staff in decisions and being inclusive of the appropriate people was important. However, as one nurse noted, "if you are going to ask someone's opinion, it is important that you actually really do want their opinion, not just that you're doing it because that's what you're supposed to do" (Nurse 27).

> *"I was trying to see that everybody has some merit. I'm of a view that we should see what the skills and talents of the team are and how we can capitalise on that and give people a chance to voice their opinion" (Manager 24).*

3.2.8 FOSTERING TEAM COHESION (N=23)

Fostering a healthy team culture and feeling part of a team is central to employee satisfaction and morale. This is particularly important in areas of nursing practice whereby "at any point in time if one [team member] needs another, from a safety perspective, they need to be able to rely on each other" (Manager 12). A healthy team culture is one in which all members of the team feel included and valued, everyone watches out for one another, members are team players, and learn from one another and support each other.

Managers can foster a healthy work environment by ***creating opportunities for team building*** through organising and participating in events or social occasions, and having regular meetings in which all staff are encouraged to contribute their views, or together come up with solutions to problems.

Building relationships was also identified as a means of fostering team cohesion. In particular, participants spoke about feeling like their team "was like a family" (N11). However, several managers noted the importance of having a professional boundary and had personal rules in place including not friending staff members on social media and, although taking an interest in staff's personal life, not being their friend – this is important in order to be seen as not favouring certain staff and making any difficult conversations that need to be had easier.

Yet, strong managers also saw themselves as ***being part of the team*** in terms of role-modelling appropriate behaviours and walking with or behind the team, meaning that their primary role is to support the team and provide resources and guidance where needed to help them to achieve what they want to in their role.

> *"It's really important that you walk with your people. Not out in front of them, but with them" (Manager 18).*

> *"I've got high functioning teams because I lead from behind. I believe in a service leadership model" (Manager 16).*

Participants discussed the importance of being willing to 'walk the talk', and described managers in an unhealthy work environment as "not putting their hand to the plough with the rest of the team" (Nurse 22).

3.2.9 INDIVIDUAL CONSIDERATION (N= 22)

Individual consideration refers to treating team members as individuals and showing consideration for them as a person. Not only is this important in making staff feel valued and respected, but it can also provide managers with insight into staff issues and encourage a supportive approach to having difficult conversations.

> *"So I might talk to Mary and instead of just saying 'hey, look, I've had a complaint' I might say 'hey, look, can I talk to you for a minute? How are you doing? How are things going? Is anything causing you any concern at the moment? It is just that yesterday I had a talk to one of the patients who mentioned this. It is not like you, is there something going on?'" (Manager 12).*

Key to fostering a healthy work environment was managers' ***personal investment in staff and genuine care*** for them.

> *"I think for me, personally, the biggest thing is just to like your staff. Even if they are a very different personality, you have to find something in them and develop that respect and care, otherwise the negative stuff does creep in, or your thoughts about them, or the way you manage them doesn't go well" (Manager 08).*

Commonly cited ways of demonstrating care include taking an interest in staffs' family and personal interests, making an effort to stay good morning or goodbye to all staff each day, and taking time to talk to staff when in the office or lunchroom together.

Caring can also be demonstrated through ***flexibility in accommodating staff needs***. Being flexible with rosters and start and finish times where possible is one example of flexibility.

> *"I do the same with roster requests, you know. Your families are important and I want you full and present at work. I don't want you worried about your childcare so tell me what you need and I'll do my best to help" (Manager 13).*

A further example of the way in which managers can demonstrate flexibility includes tailoring communication and feedback to the personality of the staff member.

> *"She adjusted not just to the context but also to the personalities that she was dealing with. There were about 50 nurses all with different personalities and everyone that I know has said she was the best person they'd ever worked for" (Nurse 27).*

Relatedly, understanding and v***aluing the diversity of staff*** within the team was raised by several participants. The ability to lead a diverse team, particularly with regard to cultural diversity, was discussed. For example, Manager 16, who has a large Pacific team, explained about building on the faith of her staff, celebrating their culture, and celebrating their successes. One participant (Nurse 26) spoke about how she had felt vulnerable and unsafe as a Māori nurse because her manager had discouraged the team from acknowledging and celebrating tikanga Māori.

Finally, ***showing compassion and empathy*** towards staff was important in fostering healthy work. Particularly if there is a difficult situation that cannot be changed (i.e. limited ability to be flexible) or if something has not gone well for a member of staff, showing empathy by "putting yourself in their shoes" and acknowledging that "you feel sorry and really stink that you can't give the nurses what they want" (Manager 15) may console staff members and make them feel respected.

3.2.10 REFLECTION (N=14)

Aspects of reflective practice were raised by 14 participants as being important to fostering a healthy work environment free from bullying. Strong managers were said to ***reflect on their own behaviour*** in the team and how they dealt with previous situations, learning from past experiences. Examples included reflecting on leadership practice, on how to give feedback (rather than reprimanding), and on the relationship the manager had with staff. Manager 16 talked about how easy it is for her as a manager to adopt the unhealthy behaviours of others around her:

> *"Yeah I think when we had that director we all started to model her behaviour because we were under pressure. So she'd speak to us and occasionally and I'd hear myself talking like her and I'd pull myself up – 'oh my God, don't talk like that!'" (Manager 16).*

Admitting fault and allowing staff to challenge decisions or actions was considered a competency required to foster a healthy work environment. One manager (Manager 17) explained how they had declined a staff member's application for professional development and went on to explain why she reversed her decision:

> *"When a person is asking for help you really have to listen to them and listen at their level and what they need. So I rang her and said just 'explain to me again why this is so important' and this time I actually put down my own judgement, so I've reversed my decision. I went into that with quite a bit of preconception, I must admit, and it's a good thing I reversed my decision" (Manager 17).*

While some participants discussed how they were able to openly disagree with their manager and their manager accepted that, others reported that challenging their manager had resulted in a 'bad mark' against their name.

Several managers talked about reflection in terms of ***continual self-development***, reporting that they were still learning about new or better ways to lead their team:

> *"I think I'm just still learning – like I still don't think I've got it right. I mean I've had a lot of experiences but every time I go into a process I'm questioning, questioning, have I got this right" (Manager 17).*

Relatedly, "having a good understanding of yourself as to ***where your limitations are*** and where you might ***need to seek additional support*** and guidance" (Manager 12) was also important. One manager (Manager 14) reported seeking support and learning from other managers who may have experienced similar situations in the past.

3.3 MANAGEMENT COMPETENCIES FOR MANAGING BULLYING

Existing research indicates that escalated cases of workplace bullying are very rarely resolved[31,32].
The competencies presented here (see Table 2) are more likely to be effective at the early stages of a bullying episode when parties are likely to be more open to rational discussion and less harm has been endured. Although this set of competencies is presented independently, the competencies outlined previously in Section 3.2 (i.e. competencies for fostering a healthy work environment) are likely to assist with managing bullying as they contribute to fostering feelings of support, trust and respect between the manager and their employees, thus setting the foundation for positive interactions if faced with an experience of bullying.

Availability	• Making time to hear staff's concerns • Listening skills – allowing staff to be heard
Awareness	• Understanding and awareness of bullying • Understanding and awareness of process to follow
Coaching and mediation	• Providing guidance and advice • Facilitating discussion between staff • Questioning and investigation skills • Avoiding pre-conceived ideas or bias
Communication	• Being clear and transparent • Facilitating communication of staff
Confidence and resilience	• Confidence to deal with conflict • Resilience
Consistency	• Ongoing monitoring of a complaint or intervention • Continually and consistently addressing behaviours
Dealing with known issues	• Taking responsibility for bullying • Dealing with existing behavioural issues • Being solution-focused
Individual consideration	• Showing empathy and sensitivity • Providing validation
Proactive and early intervention	• Situational awareness • Early and immediate action
Reflection	• Self-reflection • Knowing own limits and when to seek support

Table 2: Management Competency Framework for Managing Bullying in Nursing

3.3.1 AVAILABILITY (N=10)

Availability refers to being approachable, accessible and visible to staff. It is important in regards to managing bullying as it encourages staff to report complaints, and allows the manager to be aware of behavioural issues so that they can be dealt with. It also makes staff feel like their views are valued and their complaint is being heard. ***Making time to hear staff concerns*** is therefore important, along with acknowledging their experiences.

> *"What was really important was that we had to nip it really early. Now, the only reason we were able to nip it early was that the healthcare assistant felt comfortable to come to me in the first place…the manager has got to be seen that they are not trying to rush the process. In one instance I actually had to cancel an appointment I was meant to be going to because I didn't want to be seen as if I was making light of the situation or not taking seriously the situation" (Manager 12).*

In particular, having ***listening skills*** is an important competency for managers when managing workplace bullying. This includes listening without trying to justify or minimise staff experiences. Note that listening however, may not be enough and is likely to require some form of action depending on the nature of the situation.

"That was when I realized I was the one being bullied - she listened to me basically. She listened, she asked me what was going on, she asked me how I felt, she listened to what I was saying and helped me to clarify in my own head what was really going on" (Nurse 05).

"I started talking about the issues, and everything I said, he would say, 'But that's not; but that's not' and he would and before I'd even finished explaining what I'd been experiencing, he would poo poo it and question it and put it into another context and I was like, 'why are you doing this?'" (Nurse 26).

For more information and examples of availability, refer to Section 3.2.1 above.

3.3.2 AWARENESS (N=13)

Awareness in this context refers to having an awareness and understanding of what workplace bullying is and an awareness of process and policy related to its management.

There is often a lack of understanding around what constitutes workplace bullying and definitions provided in anti-bullying policy often have a high threshold. A lack of clarity around identifying the difference between bullying and poor management (in cases where the manager is accused of bullying) and between bullying and unintentional disrespect were two examples of this lack of understanding.

"So there is no real situation that we all go through that is all exactly the same that would be identified as bullying. We all might have been bullied but we would have all been bullied in maybe a different way or different situation, and so, I think it is just a situation of saying 'you know, actually, if you felt that you were being bullied then that is how you felt and we need to manage that'" (Manager 12).

Further, having an ***understanding and awareness of the processes*** to follow in dealing with bullying or inappropriate behaviour is also important. Nurses and managers also reported that an understanding of related organisational messaging or policy can be helpful, including the organisation's visions and values, code of conduct, and anti-bullying or harassment policy.

"This is a very good sentence I learnt from some time ago: 'What part of the vision and values of this organisation are you role modelling when you raise your voice to me, when you talk to me like that, when you say those kinds of things" (Nurse 14).

3.3.3 COACHING AND MEDIATION (N=17)

Coaching and mediation are commonly used low-level managerial interventions in workplace bullying. Although coaching is useful to enhance the resilience of those exposed to bullying, research shows that an individual's coping resources will eventually be depleted with continued exposure to negative behaviours[33] so it is important that developing resilience is not replied upon as a long-term strategy and that action is taken to address the root cause of the bullying.

The strategies being used to deal with bullying (as reported by participants in this study) included ***providing advice and guidance*** to staff around the options and resources available to them within the organisation; the formal complaint process; offering EAP services; providing advice on how to engage and communicate with the alleged bully as well as frequent check-ins to see how staff are doing; conducting informal mediations (or seeking support to do so, if lacking confidence); coaching accused bullies and providing support needed to change behaviour particularly in understanding the triggers, as well as ongoing monitoring of behaviour; and identifying and addressing the underlying cause of the bullying.

An example of ***facilitating discussions between staff*** who are alleged parties to inappropriate behaviours or bullying (i.e. informal managerial mediation) is below. Note that it is important to create a safe environment for such discussions and that it may not be appropriate to mediate in all cases, particularly when there is a high power differential between the parties or the bullying has escalated significantly.

"I knew that these two had to work together so they agreed with me that we would meet together, the three of us, and then we talked it through and I gave them the opportunity to talk to each other. We made sure it was a safe environment, with set ground rules, and regards to ok, so, first of all, let's not meet on the ward, let's get a meeting room within the hospital if you are happy with that, and that way then there is a bit of privacy involved. We set the ground rules, things like, well obviously confidentiality, like what one person said was their perception and we looked at all sorts of things to make sure that when they actually spoke to each other that it was a safe environment, and it worked out that way" (Manager 12).

Early intervention, prior to escalation, was noted as particularly important for effectively managing bullying. This is strongly supported by existing research[21,34,35].

"I think I was effective but I think it was too late. So I think the recommendations to coach, talk, set expectations, communicate and mediate were effective, but what was ineffective was my recognition of a situation that was going to go pear-shaped, and so get in early and perhaps become more directly involved" (Manager, 04).

Questioning and investigation skills are also a required competency in managing workplace bullying. Often victims and bullies may have differing accounts of behaviours or situations and it is therefore important to ***avoid pre-conceived ideas or bias*** toward either party and determine both sides of the story prior to taking any action (that is assuming that action is required and the complainant wants an outcome beyond just letting the manager know what is going on). Often, a victim of bullying or inappropriate behaviour will request confidentiality and, in that case, it is important that a manager has the competency to determine how best to gather any further information required and the appropriate action to take in that scenario.

3.3.4 COMMUNICATION (N=11)

Clear and transparent communication was deemed important in managing bullying complaints to ensure that inappropriate behaviours were clearly and promptly addressed. With regard to bullying, most managers felt that behaviours needed to be dealt with directly, while others adopted a softer approach to coaching, supporting, and encouraging insight.

"For me, the biggest thing is maintaining the respect, in my head, for the person and talking in a caring way but not minimizing it or beating around the bush, and being very clear with them. Otherwise people don't think it is as serious as it is" (Manager 08).

As previously discussed, the appropriate action in response to a complaint will depend on the nature and dynamics of the situation. ***Clarifying expectations and outcomes*** and continual communication throughout the process ensures that parties are clear about what is being done to address the situation. Nurses often reported not hearing back following an informal complaint to their manager, and in some cases, although some action was taken, the victim (i.e. the participant in this study) was not satisfied that the complaint had been resolved. Accordingly, ensuring that the complainant has had closure and is satisfied that an outcome has been reached is advised.

"In terms of dealing with it, it was taking a while and we were having to go to [the manager] two or three times, 'Where are things at? What's happening with this?' Their response would be, 'Oh, yeah, I'm getting on to it. I'm talking to such and such', but it took months before anything was ever done" (Nurse 22).

"I might have turned her grey but she was amazing. She escalated it straight away to [senior management] because she felt so strongly that he has done this to too many people now. She's followed that up again today asking me how I was, what do I want, how do I want to see this managed" (Nurse 15).

3.3.5 CONFIDENCE AND RESILIENCE (N=19)

The importance of having the confidence and resilience to deal with conflicts between staff was mentioned by 19 participants. However, a tendency to avoid conflict came through strongly in the interviews.

> *"We do tend to, I say we, who are we - health professionals, New Zealanders - I don't know whether it is a kiwi thing about avoiding conflict. We see it as conflict and so we avoid it. As health professionals we also make allowances for it" (Nurse 04).*

Having the ***confidence to deal with conflict*** and challenge inappropriate behaviours, confidence in your (i.e. the manager's) authority and what you are doing, and having the confidence to carry out or see through the chosen action was deemed important by participants.

> *"You've got to be courageous. You've got to just do it" (Manager 13).*

> *"What usually happens is the manager isn't able to deal with it so they ignore it and it gets bigger to the point where they can no longer ignore it and then it tends to escalate to the clinical nurse director and this is where if they haven't had training themselves, it will then escalate to HR. The minute it goes to HR it then goes down a formal process where what they're looking for is a person to blame and a person who's the victim" (Manager 30).*

Relatedly, having the r***esilience*** to deal with conflict is an important competency for managing workplace bullying. Several participants noted that, particularly in small practices, there was little support available for the manager in dealing with bullying and often they can feel isolated (see also Section 3.5.2 on organisational level barriers and 3.5.4 on other factors) – thus, resilience in this context is particularly important.

> *"She would flip in and out of, 'oh my god, I am just a bad person, I'm this, that and the other', as opposed to 'I am a manager investigating a concern'. So, I actually think she was very effective, but what was ineffective was the personal toll it took on her" (Nurse 04).*

3.3.6 CONSISTENCY (N=9)

Consistency refers to following up or ***monitoring a complaint or intervention***, and includes frequently checking in with victims of bullying and inappropriate behaviour to see how they are going, as well as consistently monitoring an alleged bully's behaviour following an intervention. This is particularly important as it is rare that workplace relations will immediately return to normal following a managerial intervention in bullying or inappropriate behaviour.

> *"She'll be like, 'Yes, I'll do this course, I understand that, I'm sorry, yes I'll do that differently next time,' but she'll be great for two weeks, really proactive, really do it and then she'll just go back to the way it was" (Nurse 28).*

The other aspect of consistency that emerged was related to ***consistency in addressing behaviours***. Consistency in this regard refers to ensuring that rules of engagement regarding healthy work are established and consistently monitored and addressed over time, and that all members of the team are held accountable for their behaviours equally.

> *"And it is difficult because you are reluctant to start down that road because sometimes the peace is better than what you might get at the end of it. But you've got to be consistent" (Manager 13).*

3.3.7 DEALING WITH KNOWN ISSUES (N=24)

Dealing with known issues refers to taking responsibility for bullying and inappropriate behaviours in the team and findings solutions that restore staff relations and team cohesion. It is important both in terms of sending a strong message that bullying and inappropriate behaviour is not tolerated in the team, and ensuring team members are safe, happy and productive so that situations do not fester or escalate.

Taking responsibility for bullying and inappropriate behaviours was a strong theme that emerged. There were some reports of managers not taking action unless a formal complaint was made and others feeling that the situation had escalated beyond their skill and confidence level (and therefore they had escalated the complaint), but generally the feeling was that a strong manager takes responsibility for inappropriate behaviours in the team, through availability ensures awareness of what is going on, and takes all matters seriously.

> *"As soon as we found out about it, they were advised that if there were any repercussions at all they were to walk away from the conversation and report it to us straight away so that we could address it. We wanted them to know that we would address any further incidents of the behaviour" (Manager 09).*

Dealing with existing behavioural issues that have, in some cases, been allowed to continue for years is needed in order to improve team morale and satisfaction. There were many reports of behaviour being allowed to continue for a long time, despite everyone, including line managers and senior managers, being aware of the behaviours. This can often happen when the bully's actions result in work getting done, where the bully is in a position of power, where the service feels that the bully is unable to be replaced, or where the bully is friendly with the manager. It can also happen when the line manager lacks the skills, confidence or time to address the behaviour.

> *"And then you try to deescalate the problem. You don't patch over it for three months until you get to a point where this person can't talk to that person and this person can't be in a room with that person. It's not healthy" (Nurse 14).*

An early ***solution-focused approach*** to managing bullying may be most likely to resolve an issue of bullying or inappropriate behaviour and restore the health of the team. It is important that a manager is "committed to finding a resolution and not just going through the process [of intervention]" (Nurse 14). Examples of solution-focused approaches that were reported include: focusing on what support is needed to change behaviour; encouraging someone exhibiting inappropriate behaviours to come up with solutions on a way forward; and sending the entire team on a course so as not to single an individual out.

3.3.8 INDIVIDUAL CONSIDERATION (N=21)

Individual consideration refers to showing care and empathy towards staff, and particularly in this context, towards the victim of a bullying experience. Victims of bullying are often highly emotional and vulnerable; therefore acknowledging and empathizing is a form support often sought by victims. Many participants acknowledged that ***empathy and sensitivity*** towards both parties is important, however several also acknowledged that taking a soft approach towards addressing inappropriate behaviour may not be effective.

> *"I think he is a nice guy. I think he is really trying to, I guess in the fair play thing, I think he is doing it in a nice, sensitive way, but it is not effective. I think he is trying to have that dialogue. I don't think he is completely ignoring it, it's just not, nothing's changing" (Nurse 07).*

In approaching their manager or other support person, a victim of bullying is often seeking ***validation*** for their feelings and that the behaviours they are experiencing are indeed unjustified and unwarranted.

> *"Two things [were needed in the situation]. One that they would've validated her and what had happened or acknowledged her, empathised with her, encouraged her to go ahead with whatever she felt was the right process for her and, two, to move quickly" (Nurse 22).*

3.3.9 PROACTIVE AND EARLY INTERVENTION (N=16)

As noted earlier, current findings support existing research indicating that early intervention in workplace bullying (or intervention before a situation has escalated into bullying) is imperative[21,34].

Having ***situational awareness*** is about being able to identify the behaviours, either by observing them directly or through early reporting, to therefore be able to intervene before they escalate.

> *"There was no identification or situational awareness. I was standing back thinking, hang on, something is going pear-shaped here, let's stop, re-group, re-think before it gets too formal, because by the time it gets to formal it is almost too late" (Nurse 04).*

Being aware of on-goings (i.e. having situational awareness) can be supported by the examples explained in Section 3.2.1 – Availability.

Relatedly, ***early and immediate action*** is required to avoid escalation of bullying and inappropriate behaviour. Ideally, that would include calling the behaviour out on the spot, or addressing the behaviour as soon as practically possible after it hs happened or after it has been reported.

> *"Trying to be proactive and doing the stuff I do is probably a bit selfish in a way because, for me, that avoids really difficult stuff. I feel I don't have really serious and really bad stuff because I try to head it off at the pass or spot it, or develop a good team culture, so we don't have that, so that is easy for me" (Manager 08).*

> *"She would just take them aside and just talk to them. I think the key that she did is that she did it really quickly, she didn't let the behaviour continue which I think in nursing we're really bad at that" (Nurse 27).*

3.3.10 REFLECTION (N=10)

Self-reflection refers to managers reflecting on both their own behaviour with regards to accusations of bullying, but also reflecting on their own relationships with staff and whether they are being objective, or reflecting on how they have approached a situation and learning from that experience.

> *"Yeah and to challenge your own thinking. Because as much as I try to tune out emotion, I'm human so you're going to have a particular thing so you've got to be able to look to consult with guides like that and to check your own thinking as well so that you are being fair" (Nurse 17).*

Although findings differ, some studies conducted in the health context have found that managers themselves are the alleged perpetrators of bullying in over half of bullying experiences4. Reflecting on how a manager's own behaviour might be being interpreted by staff is therefore important. Note that demonstrating other competencies, such as availability and individual consideration (and in turn showing support and care for staff), is likely to offset how an assertive management style might otherwise be interpreted.

> *"I think that is a competency we need to develop more, is that style of staff engagement and management direction, because as soon as you get into an assertive management style it is more risky in terms of how staff are going to react and how you are going to be perceived" (Manager 04).*

> *"Sometimes you bully and you don't even know it. I have done that. It has not been intentional but I have because I am on a deadline, I have got to meet things, do things, and I really want these people to do what I want" (Manager 11).*

Several managers also discussed the need to ***reflect on their own limits***; whether a situation is something that they can deal with, or whether there was a need to ***seek support*** and involve higher management, HR or other support persons. Seeking support can also involve utilising other services offered such as EAP, offering an alleged perpetrator training (for example, on mindfulness or leadership), or providing parties with other resources or process to seek support from within the organisation or industry.

Relatedly, managers should understand the personal toll that managing bullying can take on them and seek support for them personally if required.

> *"The other thing I didn't do until quite late in the process was getting support for myself because it was impacting me as well. Because it was just so ongoing it was like every day you had a new situation coming up or someone was upset about something and in hindsight I should have gotten support for myself earlier in the situation" (Manager 19).*

3.4 LINKING COMPETENCIES TO NURSING COUNCIL CODE OF CONDUCT

Many of the competencies outlined in this research map onto existing behavioural requirements outlined in the Nursing Council Code of Conduct. Table 3 provides examples of how the competencies map onto the principles and standards. Further to the specific competencies here, it is important to recognise that providing a healthy work environment where staff feel safe and are productive is also a requirement under the Code of Conduct as many of the standards are directed at ensuring a health consumer's safety and maintaining public trust and confidence in the profession. Research indicates that bullying and unhealthy work can result in risks to health consumer's safety[6], which in turn violates the primary aims of the Code.

Management Competency	Code of Conduct Standard
Principle 4: Maintain health consumer trust by providing safe and competent care	
Availability	4.2 Be readily accessible to health consumers and colleagues when you are on duty.
Reflection	4.5 Ask for advice and assistance from colleagues especially when care may be compromised by your lack of knowledge or skill.
Reflection	4.6 Reflect on your own practice and evaluate care with colleagues.
Principle 6. Work respectfully with colleagues to best meet health consumers' needs	
Individual Consideration	6.1 Treat colleagues with respect, working with them in a professional, collaborative and co-operative manner. Recognise that others have a right to hold different opinions.
Empowering Staff	6.2 Acknowledge the experience and expertise of colleagues, and respect the contribution of all practitioners involved in the care of the health consumer.
All competencies	6.4 Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbally abuse, harassment or discrimination. Do not discuss colleagues in public places or on social media.
All competencies	6.5 Health consumers' trust in the care of colleagues or health providers should not be undermined by malicious or unfounded criticisms you make.
Empowering Staff, Fostering Team Cohesion	6.7 Support, mentor and teach colleagues and other members of the health care team, especially students and those who are inexperienced
Communication	6.8 When you delegate nursing activities to enrolled nurses or others ensure they have the appropriate knowledge and skills, and know when to report findings and ask for assistance.

Table 3. Mapping competencies to the Nursing Code of Conduct

3.5 FACTORS INFLUENCING MANAGEMENT COMPETENCIES

Structures and processes and other pressures throughout the work environment have an impact on managers' ability to exercise management competencies, and on how effective management competencies are. This research identified a range of individual, team and organisational factors that impact on management competencies (see Figure 1). These factors should be acknowledged and addressed by organisations rather than a sole focus on managers to address bullying and foster healthy work.

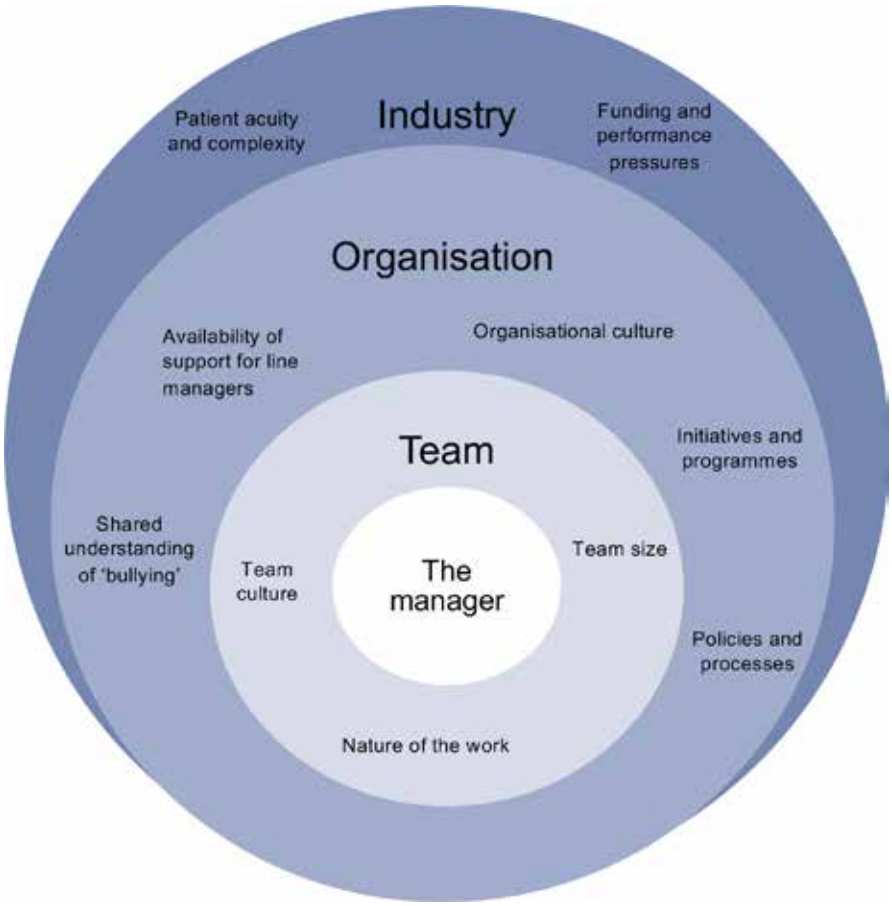

Figure 1. Multi-level model of factors influencing management competencies

3.5.1 TEAM LEVEL FACTORS

At the team level, the ***nature of the work*** affected the ability to enact management competencies. Participants noted that manager competencies were most often challenged in stressful or critical situations. The Emergency Department (ED) was cited as one area in which pressure may cause managers to demonstrate behaviours misaligned with the competencies required to foster healthy work.

> *"Especially in the areas such as ED, it's a very, very... it's fraught, it's changeable, it's stressful, it's complex, it's fast moving, it's multi dynamic, it's loads and loads of different factors. That's one of the most important places that people really need to have those leadership skills theoretically before they start being a formal leader" (Nurse 13).*

Team (and organisation) size also had an impact on the support received by nurses. In small GP practices for example, managers struggled with lack of support and resources and often felt isolated when trying to deal with difficult behaviours.

"I think to a certain extent for Nurse Practitioners working in primary care is there isn't anywhere else to go" (Nurse 27).

At the other end of the spectrum, managers with particularly large teams faced challenges demonstrating competencies such as 'availability'. In some cases, strong managers looked for alternatives to achieving such competencies, thus still being able to foster healthy relationships with staff. Further, several participants reported inheriting a poor ***team culture*** with long-standing issues of bullying. A strongly embedded culture is likely to take time and support to change.

3.5.2 ORGANISATION LEVEL FACTORS

Most factors that were reported to affect the ability to enact management competencies were at the organisational level. ***Organisational culture*** was the most commonly cited, with participants recognising a healthy culture needed to be fostered from the top of the organisation and filter down. Participants reported existing cultures of bullying, facilitated by traditional hierarchies.

Robust ***policies and processes*** are required to support a healthy culture. Organisations are encouraged to consider the elements of Psychosocial Safety Climate – management commitment; management priority; organisational communication; and organisational participation[36] - as a means of fostering shared perceptions of the policies, procedures and practices in the organisation designed to promote healthy work. A low risk (i.e. healthy) psychosocial safety climate has been shown to have a considerable impact on productivity[37] and is likely to help foster a culture in which bullying is not tolerated and managers are supported to foster healthy environments within their teams.

Having and communicating clear policies and processes can be an opportunity to standardise ***understanding and interpretation of bullying*** across the organisation. The term 'bullying' was reported to be being 'thrown around' and often managers were experiencing difficulties of being accused of bullying when trying to manage poor behaviour. Although a clear understanding of what is and what is not bullying is recommended, this is not to say that inappropriate behaviour that may not reach the threshold of 'bullying' should not be addressed.

"I know that the Ministry have a very clear definition of what it is, but I think that some people's interpretation of that..... It is quite difficult from a management point of view, in the climate today, to manage staff and their poor performance and their poor behaviour, without there being an accusation of bullying" (Manager 09).

Availability of support for line managers also affected the efficacy of management competencies. Where senior leadership and HR send a strong message that bullying is not tolerated, line managers have more support to take a strong stand on bullying in their teams and know that they can reach out for support if required. Unfortunately, in most cases, the opposite was reported.

"There is nothing worse than trying to deal with somebody and you go to the next level and they say 'oh well, it's not really so bad, it's all right', you know. There has to be a consistent approach and support of robust policies" (Manager 08).

Having ***initiatives and programmes*** pertaining to fostering healthy work and managing bullying, such as mindfulness or leadership training or bullying awareness and management training, can be a form of support for line managers and also contributes towards fostering a culture where bullying is not-tolerated. Other support mechanisms, such as a harassment contact network, may also be helpful.

3.5.3 INDUSTRY LEVEL FACTORS

Funding and performance pressures were acknowledged as putting increasing pressure on staff, both increasing frustration which can lead to inappropriate behaviours and bullying and increasing workloads, in turn leaving less time for managers to deal with inappropriate behaviour.

> *"I think the health system in New Zealand and particularly here at [DHB], it's huge and I think people's resilience becomes affected over a period of time. You can't just keep asking everyone to do more with less" (Manager 14).*

The ***increasing complexity and acuity of patients*** was also found to increase stress and pressure on the system, increasing the tolerance for bullying and inappropriate behaviours.

> *"Many of them would've gone to a hospital in the past because they would've been too sick to go to the GP. Now those patients are going to their GPs so what's coming into hospital is even sicker again. You don't have your walking well now. They're all really, really unwell which puts a lot more pressure on everyone" (Manager 30).*

3.5.4 OTHER FACTORS

There were several other factors raised not captured by Figure 1 that impacted on the ability of a manager to enact the competencies required to effectively manage bullying and foster healthy work.

The position that line managers (particularly Charge Nurses) are in, that being the point of contact between the service/department and the team puts pressure on managers to ameliorate the impact of pressures from above whilst also dealing with performance and behavioural issues. In addition, there were reports of managers being "thin on the ground" (Nurse 16) and "dashing here and there like a fly in a bottle" (Nurse 08). The workload and pressures on managers can therefore mean little time to deal with behavioural issues at work and, potentially, impact on the ability to enact some of the competencies.

In some cases (N=5), managers reported the pressures of being bullied by their own managers, all the while needing to stay strong and deal with behavioural issues in their team. Managers employed in small organisations, such as GP practices, reported the difficulties of having no higher managers beyond the bullies themselves to seek support from, and also could not seek support by sharing their experience with their team. This resulted in these managers feeling isolated and lonely, attempting to deal with the experience of bullying themselves.

All of these pressures take a toll on managers and it is important that there is adequate support in place to ensure that the ***wellbeing of managers*** is maintained.

In regards to bullying specifically, ***individual characteristics*** of the parties to a bullying experience were also said to impact on the ability of managers to resolve bullying. Characteristics such as age, culture, and general personality were said to influence how parties related with one another in the workplace and how they responded to managerial intervention in a case of bullying.

> *"I think there was never any insight [from the bully] into how she could have contributed to the situation, despite the fact that the courts found that she had. I don't know what sort of skills you would need for someone like that because she couldn't or wouldn't see that there was any other explanation for everything" (Manager 09).*

In most cases these factors were discussed as causes of bullying, or characteristics that made dealing with bullying difficult, but were not attributed to an inability to resolve bullying.

4.0 CONCLUSION

This report has detailed two related management competency frameworks, for fostering healthy work and managing workplace bullying respectively. The analysis process through which the frameworks were developed was guided by an existing competency framework for managing workplace stress developed to underpin the UK Health and Safety Executives management standards[28]. The research found that many of the competencies for managing bullying and fostering healthy work are the same as those competencies for managing stress identified in the UK project. It is therefore likely that the competency frameworks presented in this report will help to manage psychosocial risk and resulting harm more broadly.

4.1 RECOMMENDATIONS FOR PRACTICE

The frameworks presented in this report can be implemented in a number of ways. Firstly, nurse managers can use these frameworks as a guide to reflect on their own practice or use the behavioural indicators and examples to inspire new approaches to demonstrating the identified competencies. Further, these competencies may be used as a guide by organisations to design training around raising awareness of and developing management competencies. It is recommended that the identified competencies are encouraged in all line managers, hence we suggest that the frameworks are used to support performance reviews of managers, as well as recruitment and promotion processes.

Despite the crucial importance of line manager competencies in managing bullying and fostering healthy work, existing research suggests that numerous multi-level interventions are required to intervene in an embedded culture of workplace bullying[38,39]. Our findings pertaining to the impact of other work environment factors (Section 3.5) on the ability to enact management competencies support those claims. Therefore, it is strongly recommended that any interventions targeting line manager competencies are complemented by initiatives and support for line managers at the organisational level.

4.2 RECOMMENDATIONS FOR FURTHER RESEARCH

We recommend several further research projects which are designed to enhance the uptake and impact of the competency frameworks:

- Develop a tool to assess management competencies and identify areas of good practice and development needs
- Develop and evaluate a training package to develop competencies in managers
- Develop a scale to assess the prevalence of management competencies nationally

4.3 OTHER HELPFUL RESOURCES FOR MANAGING OR DEALING WITH BULLYING

If you are a manager or employee seeking further advice about bullying, the following resources may be of use to you.

The College of Nurses has Bullying Resources on their website that provide information about defining bullying, recognising bullying, reporting bullying and managing bullying.

The WorkSafe New Zealand Guidelines on Preventing and Responding to Bullying provide comprehensive information about what bullying looks like, how organisations can minimise the likelihood of bullying, and where to go for help. The WorkSafe Bullying Prevention Toolbox provides further advice around what to do if you are experiencing bullying, examples of what bullying looks like, and resources for organisations such as an anti-bullying policy template and reporting and assessment forms.

The New Zealand Nurses Organisation (NZNO) has a range of information on their website (Bullyfree) including what bullying looks like, what can be done about it, and information about the complaint process.

The NetSafe website also contains Information on Workplace Bullying and Harassment, specifically pertaining to online or cyber bullying.

The Ministry of Business Innovation & Employment website provides information on Resolving Bullying and other forms of harassment, and specific information on the personal grievance process.

If you would like more information on the research conducted by the Healthy Work Group, please visit our website or get in touch with us.

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Resource 1:

MANAGEMENT COMPETENCY FRAMEWORK FOR FOSTERING HEALTHY WORK IN NURSING

Availability	• Open door policy • Being seen around workplace • Making time for staff • Listen – allow staff to be heard
Being trustworthy	• Acting with integrity and honesty • Expertise-backed decision-making and direction
Communication	• Setting clear expectations of behaviour and performance • Providing guidance and direction • Overt, open, and lots of communication • Explaining 'why' • Constructive feedback and praise
Consistency	• Fair and equal treatment for all staff, regardless of hierarchy • Avoids biases towards certain staff • Consistent behaviours, values and expectations over time
Confidence and resilience	• Ability to have difficult conversations with staff • Confidence to challenge norms and processes • Protecting staff from external pressures
Dealing with work problems	• Organising and supporting work • Taking responsibility for behavioural issues • Taking staff concerns seriously
Empowering staff	• Providing opportunities for growth/development • Allowing staff autonomy and encouraging ownership • Encouraging participative decision-making
Fostering team cohesion	• Creating opportunities for team building • Being 'part' of the team • Building relationships
Individual consideration	• Personal investment, genuine care • Flexibility to accommodate staff needs • Valuing diversity • Showing compassion and empathy
Reflection	• Self-reflection • Admitting fault, allowing staff to challenge • Continual self-development • Understanding own limits and when to seek support

Resource 2:

MANAGEMENT COMPETENCY FRAMEWORK FOR MANAGING BULLYING IN NURSING

Availability	• Making time to hear staff's concerns • Listening skills – allowing staff to be heard
Awareness	• Understanding and awareness of bullying • Understanding and awareness of process to follow
Coaching and mediation	• Providing guidance and advice • Facilitating discussion between staff • Questioning and investigation skills • Avoiding pre-conceived ideas or bias
Communication	• Being clear and transparent • Facilitating communication of staff
Confidence and resilience	• Confidence to deal with conflict • Resilience
Consistency	• Ongoing monitoring of a complaint or intervention • Continually and consistently addressing behaviours
Dealing with known issues	• Taking responsibility for bullying • Dealing with existing behavioural issues • Being solution-focused
Individual consideration	• Showing empathy and sensitivity • Providing validation
Proactive and early intervention	• Situational awareness • Early and immediate action
Reflection	• Self-reflection • Knowing own limits and when to seek support