

**A FRAMEWORK FOR THE MANAGEMENT OF NURSE EDUCATOR  
BULLYING IN NURSING EDUCATION INSTITUTIONS**

**by**

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## DECLARATION

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I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality-checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

  
shabalala

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11 December 2023

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## DEDICATION

*To God be the glory in Jesus's name, His Grace kept me strong and healthy. Thank you, Lord, for giving me the chance, wisdom and strength to persevere and complete my thesis. You covered me under your feathers (Psalms 91:4). What a lonely journey with an abundance of self-discovery and self-validation.*

*I came as one but stood as many "Selomo sa Mmamokoka tseya kgole kgauswi o tshabe ditshela" .To my late grandmother, Pauline Mmaphuthi Selomo, and my special late aunt, Anna Nkhi, thank you for believing, trusting and having faith that I will open doors for all the Selomo generations. Indeed, I made it.*

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# **A FRAMEWORK FOR THE MANAGEMENT OF NURSE EDUCATOR BULLYING IN NURSING EDUCATION INSTITUTIONS**

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## **ABSTRACT**

Bullying remains a hidden yet insidious issue within nursing education institutions (NEIs). This study aimed to create and validate a framework for managing bullying among nurse educators in these settings. Conducted in five Gauteng-based NEIs, the researcher employed a qualitative, descriptive phenomenological design. The first phase explored the lived experiences of nurse educators and key stakeholders, using purposive sampling and in-depth interviews. Colaizzi's method guided the data analysis phase.

Pierre Bourdieu's theory of practice informed the study. The findings from the first phase revealed that symbolic violence served as a concealed form of power, fostering a coercive atmosphere. This was exacerbated by the field's doxa, a behavioural expression that highlighted the emotional toll of bullying, such as bitterness and anxiety. These elements shaped a specific habitus for bullies, marked by unprofessional behaviour and signs of inferiority. Despite these issues, there was agreement on the necessity for a safe, well-managed workplace.

A framework for the management of nurse educator bullying in NEIs was subsequently developed and validated. The study thus delivers a crucial framework for addressing workplace bullying in NEIs, engaging key stakeholders. The study also offers practical recommendations for enhancing work conditions and retaining qualified nurse educators.

*Keywords: framework, management, nurse, educator, bullying, nursing education institution, workplace bullying, power, support.*

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# CHAPTER 1

## OVERVIEW OF THE STUDY

### 1.1 INTRODUCTION

Bullying is a silent predator, often lurking within the confines of nursing education institutions (NEIs), casting a shadow over their corridors. The phenomenon of bullying is often referred to using various terms or subtypes, such as abuse, incivility, harassment, mobbing, horizontal and lateral violence, and disruptive behaviours (Durniat 2021:40). These behaviours can significantly disrupt and destabilise the workplace environment, particularly when it becomes negative and toxic for nurse educators.

There has been an alarming surge in bullying cases worldwide. In Australia, cases have skyrocketed by 70%, while the United States has seen a 50% increase. Even in Italy and across Europe, statistics have increased by 4% and between 5-10%, respectively (Mujtaba & Senathip 2020:19). Dirgar, Tosun and Arslan (2021:215) discovered that workplace bullying affects two-thirds of employees in higher education, irrespective of their age, race, or gender. A significant 27% reported experiencing bullying for two years, while another 26% endured it for over three years. Alarmingly, 28% of respondents indicated that their workplace turned a blind eye to reported bullying behaviour. Furthermore, 19% reported that NEI management often sided with bullies.

The incidence of bullying in NEIs ranges from 21 to 70% in developed (London) and developing (African) countries. Many nurse educators fear reporting bullying behaviours, as they worry it could result in job loss or further victimisation. This fear creates a significant barrier to accurately determining the prevalence of workplace bullying within most NEIs (Durniat 2020:613). This escalating trend underscores the urgent need to address workplace bullying within these environments (Gewin 2021:299).

This study embarked on a journey into the heart of this phenomenon, seeking to unravel its complexities and develop a framework for managing nurse educator bullying in NEIs. The absence of comprehensive frameworks for managing workplace bullying in NEIs exacerbates educator attrition, and this study argues that a targeted framework's implementation could significantly improve nurse educators' retention and facilitate healthy work environments.

This chapter provides a comprehensive overview of the study. It begins with an introduction and background to the research, followed by a clear statement of the problem the study aimed to address. The research question is then presented, setting the stage for the purpose and objectives of the research. The significance of the study is also discussed, highlighting the potential impact and importance of the research. Key terms are clarified to enhance understanding, and the study's theoretical foundations are expounded upon. The chapter then delves briefly into the research methodology and design, summarising the approach adopted for this study. Finally, an outline of the subsequent chapters is provided, offering a roadmap for the reader to navigate the entire study.

## **1.2 BACKGROUND AND RATIONALE**

Sustainable Development Goal (SDG) number 4 (SDG 4), spanning from 2016 to 2030, asserts that a crucial objective for education is to cultivate nurses with relevant skills. Several organisations have also emphasised the importance of increasing nurses' training over the years, including the South African Nursing Council's (SANC) (2008) nursing education and training standards document, the Department of Health (DoH) (2006), and SDG4 2016-2030. Thus, the DoH's Strategic Plan 2020/21-2024/25 supported the production of professional nurses. The Strategic Plan emphasised that there should be an increased number of student nurses to accomplish the vision and shape the future of excellent nurse practitioners, researchers, and leaders for the global community. Consequently, bullying among nurse educators can have far-reaching effects, potentially leading to severe staff shortages in healthcare and compromising the quality of nursing care (SDG 2016-2030; DoH 2006; Department of Health Strategic Plan 2020/21-2024/25).

This brings us to a critical element that fuels workplace bullying – the misuse of power. At the heart of bullying dynamics lies the potent force of power, which, when misused, can disrupt NEIs' functioning (Gewin 2021:300). However, despite its critical role, the literature on power imbalance in NEIs is surprisingly sparse (O'Connor 2020:2). Power, the capacity to influence human behaviour or actions, resides within everyone, yet its expression varies significantly. Some individuals with dominating personalities may appear more powerful than their submissive counterparts (Harris 2022:45). This imbalance in power dynamics can give rise to instances of bullying, where those wielding more power impose their will upon individuals in more submissive or lower positions. Misused power can ultimately foster harmful behaviour, create toxic work environments, and breed distress, often accompanied by an attitude of leniency and disbelief (Bulut 2020:81).

Harmful and destructive behaviour or actions in NEIs are ethically and professionally unacceptable. According to Durniat (2021:41), bullying can expose itself through frequent and consistent destructive behaviours or actions intended to harm another person. The behaviours may entail excluding employees from workplace collective groups and activities, demeaning remarks, pointing fingers, gossiping, belittling, disrespecting, and disparaging colleagues. Other bullying behaviours are scapegoating, lying, using abusive language, insubordination, and using physical or verbal intimidation (Jason 2020:14). Workplace bullying in NEIs is also displayed in the following harmful acts: rudeness, negative remarks or undermining others' opinions and authority, threatening someone not to fulfil their job functions, isolation, and withdrawal at work (Dirgar et al. 2021:215).

### **1.3 PROBLEM STATEMENT**

The researcher, as a lecturer at an NEI, observed an increased incidence of workplace bullying in the NEI, with significant adverse effects on nurse educators and their work. These adverse effects ultimately impact the institution as a whole.

The personal effects of workplace bullying include low self-confidence, which affects nurse educators' self-worth and self-esteem (Dirgar et al. 2021:215). Conco, Baldwin-Ragaven, Christofides, Libhaber, Rispel, White and Kramer (2021:315) emphasise

that most nurse educators who experience workplace bullying have high stress levels, low work motivation and satisfaction, poor work commitment, decreased quality work, and unhealthy work relations with colleagues. Exposure to workplace bullying can result in withdrawal, mental fatigue, and psychological distress. Eventually, nurse educators who have been subjected to workplace bullying encounter psychological problems, possibly presenting as post-traumatic stress syndrome, feelings of melancholy or depression, anxiety, unease, revisiting distressing memories, fatigue, decreased productivity, obsessive thoughts and contemplations, as well as difficulties with eating or sleeping patterns, which impede their day-to-day functioning (Youngblood 2021:1).

Dirgar et al. (2021:215) report that bullying in NEIs is associated with a high attrition rate. These findings align with Buonaguro's (2020:1) determination that 43% of new nurse educators resign from their first workplace within three years, while 17.5% resign within the first year because of workplace bullying. The high turnover rate negatively impacts the profession (Youngblood 2021:1) since the ultimate goal of nursing education (to produce a competent professional nurse workforce) is not realised despite increased student intake.

While the high attrition rate attributed to workplace bullying in NEIs is a significant concern, it is important to note the lack of legislative protection for nurse educators in South Africa. Nurse educators are not protected against workplace bullying in NEIs within South African legislation, which is silent on the topic (Davies 2019:np; Maria 2021:26). Brightness Mangoloti, in a 2020 University World News article, highlighted the presence of unfairness within South African legislation, noting the absence of explicit references to workplace bullying in several Acts. These include the Labour Relations Act (1995), the Basic Conditions of Employment Act (1997), the Occupational Health and Safety Act (1993), and the Employment Equity Act (1998). Mangoloti further observed that in NEIs where individuals in management positions engage in bullying, there is often a manipulation of policies and processes that exacerbates the issue.

The researcher believes that a lack of support from legislative systems encourages and promotes workplace bullying in NEIs, as there are no specific laws that restrict or

restrain harmful behaviour or actions in these settings. Minimal or absent protection from the legislative laws exacerbates hostility in NEIs, nurse educators' work productivity and satisfaction are compromised, and resignation rates increase. The few nurse educators who remain in NEIs will thus be challenged to produce high-functioning nurses.

Davies (2019:np) and Maria (2021:26) stated that in terms of existing labour laws, the term 'bullying' was not specifically defined or referred to in any of the following documents: the Labour Relations Act, the Basic Conditions of Employment Act, or the Employment Equity Act. Under Section 6(1), the Employment Equity Act outlaws any form of unfair discrimination. Moreover, Section 6(2) stipulates that employee harassment is categorised as unfair discrimination and is barred based on any or a combination of grounds of unfair discrimination listed in subsection (1). Typically, bullying is seen as a type of harassment and is thus classified as unfair discrimination within NEIs. However, the legislation does not specifically mention 'bullying', leading to courts' hesitance in acknowledging it as a causative factor (Maria 2021:35).

This implies that NEIs could be places of high tension and stress, where the learning and teaching environment may be negatively impacted due to a lack of policies specifically addressing bullying. The fact that legislation does not explicitly identify bullying as an offence further compounds this problem.

Therefore, immediate, crucial, and effective interventions should be implemented to reduce workplace bullying in NEIs. Failing to manage this phenomenon may declare organisations unmanageable, leading to a hostile environment with poor and ineffective leadership, resulting in unproductive educators and poor-quality learning and teaching. For incidences of bullying to decrease, efficient interventions are thus required within the framework of legislative context and institutional policies. Consequently, the researcher was convinced of an urgent need to develop a framework to reduce and manage workplace bullying in NEIs. It is envisioned that this framework will address workplace bullying occurrences, with the probability that it will modify the actions of the 70% of nurse educators and stakeholders accountable for bullying in NEIs (Jason 2020:14).

## **1.4 RESEARCH PURPOSE**

The purpose of the study was to develop a framework for the management of nurse educator bullying in NEIs.

## **1.5 RESEARCH OBJECTIVES**

### **Phase one: Situation analysis**

- To explore and describe nurse educators' and stakeholders' (NEIs' heads of departments, vice principals, principals and managers) lived experiences regarding bullying in NEIs.

### **Phase two: Framework development**

- To develop a framework for managing nurse educator bullying in NEIs.

### **Phase three: Framework validation**

- To validate the framework for managing nurse educator bullying in NEIs, in terms of its applicability, effectiveness, and comprehensiveness.

## **1.6 RESEARCH QUESTIONS**

The following research questions emerged from the introduction and the problem statement:

### **Phase one: Situational analysis**

- What are nurse educators' and stakeholders' (NEIs' heads of departments, vice principals, principals and managers) lived experiences of bullying in NEIs?

### **Phase two: Framework development**

- What should a framework to manage nurse educator bullying in NEIs consist of?

### **Phase three: Framework validation**

- How does the proposed framework to manage nurse educator bullying in NEIs stand up to validation processes in terms of its applicability, effectiveness, and comprehensiveness?

## **1.7 SIGNIFICANCE OF THE STUDY**

This study provides valuable insights into the lived experiences of nurse educators and other stakeholders regarding workplace bullying, contributing to a more profound comprehension of the phenomenon. The proposed framework will assist in managing workplace bullying among nurse educators and enable stakeholders, such as heads of departments, vice principals, and principals, to understand, address, and professionally manage this widespread problem, which is often deemed a sole responsibility of the human resources department. This framework will encourage NEIs to enhance nurse educators' and stakeholders' awareness and education on the topic, challenge the common dominating beliefs about workplace bullying, establish clear policies and procedures, encourage support systems and increase resources, and promote transparency and accountability to retain nurse educators and improve the working environment.

This study used Pierre Bourdieu's theory and concepts as a lens to examine the social habitus of structure, disposition, and practices. It guides managers in engaging productively with subordinates and colleagues and outlines the consequences of not applying policies or legislation related to bullying in NEIs.

## **1.8 PARADAGMATIC PERSPECTIVE**

In this study, the researcher employed a social constructivism framework and the inductive method was used to attach meaning to the participants' experiences. Creswell and Baez (2021:88) describe the constructivism paradigm as an approach that affirms individuals construct their views through their lived experiences, shape their comprehension, and acquire knowledge through their personal experiences and reflections on these experiences. In this study, nurse educators and stakeholders constructed their opinions based on their lived experiences of bullying in NEIs.



Researchers develop subjective meanings of experiences through the social constructivist worldview to understand the world rather than forming narrow meanings of themes or categories (Creswell & Baez 2021:98). Researchers thus view assumptions based on participants' interactions and experiences within the context of their environment or natural setting (Polit & Beck 2020:12). This paradigm enabled the researcher to remain organised during interviews or while observing the participants, collecting and analysing the data, thinking through and interpreting the findings. The researcher's major assumptions were ontological, epistemological and axiological (Polit & Beck 2020:12).

**Ontological assumption:** Reality was constructed by the researcher extracting themes from the lived experiences of the participants (Polit & Beck 2020:14). In this study, the researcher constructed realities based on participants' experiences (positive or negative). This entailed interviewing participants and using their original words to generate themes. The researcher also observed participants' behaviour and actions and wrote field notes.

**Epistemological assumption:** The researcher constructed knowledge after conducting interviews since epistemology is subjective and the context was truth-based. Participants shared their pure and authentic experiences of bullying with the researcher, and they attached meaning to the phenomenon. The researcher knew about the phenomenon but was expected to apply bracketing and act as an observer while listening (Grove, Gray & Burns 2020:65). In this study, the researcher interviewed participants to gain an understanding of the reality of their lived experiences and extensively explored literature. The researcher transcribed and coded all the information participants provided into themes and categories, and avoided including her own understanding, knowledge, and views or ideas about the phenomenon (Grove et al. 2020:68).

**Axiological assumption:** The researcher respected the participants' values and privacy during data collection and interpreted the findings as truthful or honest (Polit & Beck 2020:13). In this study, the researcher avoided imposing her values on the findings when collecting and analysing data by conducting individual interviews and allowing the participants to freely voice their lived experiences without being judged or

undermined. All participants had sufficient time and were allowed to be themselves while sharing their honest truth about their experiences with the researcher.

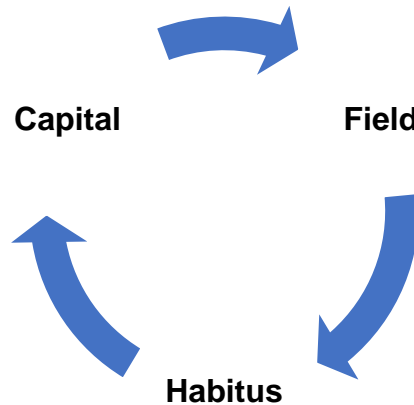
## **1.9 THEORETICAL FRAMEWORK**

The researcher's point of departure was guided by the concepts of Pierre Bourdieu, a French sociologist and philosopher. Bourdieu's concepts (habitus, field, and capital) originated from his sociology theory as he is a structuralist constructivist sociologist or a social philosopher. These concepts were used because bullying is a social phenomenon and a behavioural/social process, which is a distinguishing feature of the grounded theory approach. Hence, the creation of veracity for participants was supported by Bourdieu's conceptual standards (Bourdieu 1994:9).

Bourdieu's concepts of the habitus, field and capital, including symbolic violence and symbolic power, are applied in this study. Bourdieu expresses the concept of symbolic violence as non-physical violence like emotional or psychological harm, and symbolic power refers to the power to dominate. Additionally, symbolic power is based on recognised "fame, reputation, pride, dignity, authority" and symbolic violence (Bourdieu 1984:251). Bourdieu's concepts acted as a road map in this study. The concepts reflect the exploratory and ontological importance of creating a framework for the management of nurse educator bullying in NEIs. This means that these concepts assisted the researcher in exploring and understanding the realities of bullying and supported the development of a framework.

According to Bourdieu (1994:9), the concepts habitus, field and capital are more than mere tools for thinking as they are also the epistemological foundation on which to form knowledge.

The researcher refers to Bourdieu's concepts throughout the study (habitus, field, and capital) as follows:



**Figure 1.1: The interaction between field, habitus and capital**

Source: Bourdieu (1984:15)

### 1.9.1 Field

According to Bourdieu (1990), field is a social space/environment where relations or events occur. Bourdieu (2005:148) emphasises that human interactions are not personalised or non-existent but happen in an environment called field. Bourdieu used the image of field that refers to an environment/space where position and interactions are distinct. It is occupied by persons or institutions, such as sports fields, where all the players display different skills, attitudes, and experiences; however, all players adhere to the rules and principles of the particular field, as there are boundaries.

Field is complex, dynamic and has different levels/positions; for example, an NEI is a field with different positions (nurse educators, heads of departments, vice principals, and principals). NEIs are competitive and have different capital. In this study, field is the NEI context where different classes or positions are occupied and are viewed differently, as some are more powerful than others.

In applying Bourdieu's concept of field to the NEI, the dynamics of power in society could be inferred among fields with social classes. Bourdieu interpreted social classes as a field where relations are signified, and power dynamics are displayed and executed. Therefore, with this view, the researcher indicated different classes/

positions in a field: nurse educators, heads of departments, vice principals, and principals.

According to Heffernan (2020:6), Bourdieu employed different approaches to fields, which influence power in societal structures. Bourdieu's concept of power indicates that power is a societal and cultural symbol that guides individuals' thinking and behaviour. Based on the information provided, individuals, such as nurse educators and other stakeholders, have the capacity to employ dominance or power resistance in various contexts, potentially leading to power imbalances and symbolic violence or bullying.

The researcher incorporated Bourdieu's concept of symbolic violence in this study, which is non-physical violence but refers to power differences between social groups, classes, or positions (Bourdieu 1984:171). This means that in a field, different individuals can display their personalities and exercise power depending on the class or position they hold. An NEI is a field or environment where nurse educators and stakeholders display their changing habitus. The different behaviours and actions of bullying ultimately influence the core function of NEIs (teaching and learning).

### **1.9.2 Habitus**

Bourdieu (1994:9) describes habitus as the fundamental qualities developed throughout an individual's life that shape their beliefs, attitudes, values, and characteristics, essentially forming their identity (Bourdieu 1998:25). He uses habitus to understand the habits, dispositions, and lifestyles that individuals develop based on their experiences and conditions, which, in turn, define their classifications. These classifications encompass people's vision, principles, and beliefs, shaping their views and desires. Habitus can be shaped by the dynamics of individuals, with those in similar positions potentially displaying the same or different habituses.

Their habitus thus influences nurse educators' thought processes and behaviour. It represents their daily lifestyle and tendencies. While it does not dictate societal practices, it suggests that nurse educators will likely adapt to other practices and can be influenced by others in similar positions.

### **1.9.2.1 Symbolic power**

Calhoun, LiPuma and Postone (1993:111) support Bourdieu's concept of habitus, stating that habitus repeats existing norms, values, and beliefs through the application of symbolic power and by presenting cultural capital. This suggests that the concept of habitus is an effective tool for exploring domination and power among nurse educators and stakeholders in the field. Bourdieu (1989:23) characterises symbolic power as a performative discourse, wherein power is enacted by the dominant group (managers) due to the inherent symbolic capital or status they hold.

Hence, the dominant group wields control and influences the field's primary function, in this instance, the NEIs' teaching and learning process. Consequently, the mechanics of symbolic power facilitate the perpetuation of symbolic violence by reinforcing dominance. Those in management positions within the field hold greater power, enabling them to govern, manipulate, and dominate the symbolic terrain.

### **1.9.2.2 Structure**

According to Bourdieu, structure refers to the stability of existing patterns of social organisations and the relations within the society. These structures have fields such as politics, economy and culture that shape societal behaviour, opportunities and choices. These social structures are not static but contribute to the distribution of resources, reproduction of social inequalities, power struggles and societal norms (Bourdieu 1977:72).

The structured aspect of habitus refers to individuals' past and present experiences and situations; for nurse educators, this could include their academic or personal teaching experiences. Structuring refers to how a nurse educator's habitus helps shape their current practices or actions and their authentic way of being (Bourdieu 1977:72; Tan & Lui 2022:1413).

This suggests that nurse educators' behaviour and practices can influence the field based on their past, present, and future experiences. As every nurse educator brings

different behaviours and experiences to the field, an individual's habitus is not static but evolves over time.

### **1.9.3 Capital**

Capital determines the path and position within one's field. Bourdieu (1989:20) explains capital can exist in various forms, including economic, social, and cultural forms. Economic capital represents the measurable wealth or assets owned by an individual. Social capital means an individual's position within the organisation or the social group that provides some advantageous benefits. In this study, institutional capital was the focus area related to a group of educated academics or their workplace. In this context, institutional capital can be regarded as the peak of someone's academic position during their academic career (Bourdieu 2005). Capital ultimately attracts capital, and financially stable nurse educators are advantaged by reliable connections and position or class. Nurse educators and other stakeholders thus have the potential to bully each other due to their power or position, lifestyle, social capital, habitus, and tendencies displayed in the field.

Due to the different positions in NEIs, individual behaviours can also be influenced by attitudes. As social capital is emphasised, positions and connections in the field can work for individuals' benefit or their advantage. Some individuals with social capital thus have the power to bully others within their social class or field as they share the same values, goals, and norms.

The influence of capital and power means some nurse educators will be privileged while others will be marginalised, resulting in symbolic violence (Bourdieu 1994:61). Therefore, one class of nurse educators will dominate while others are controlled. The marginalised class or group might be controlled by the higher class or the dominating class, resulting in non-physical violence among groups or classes in the workplace (Bourdieu 1989:14).

The researcher supports the above statement that some nurse educators or stakeholders might be in a dominant class or group due to hierarchical positions in the field. Therefore, the more an individual dominates, the more power is exercised toward

the controlled group. This domination and control over other groups or classes might result in bullying, symbolic violence, or non-physical violence (Heffernan 2020:6).

## **1.10 DEFINITION OF KEY CONCEPTS**

### **1.10.1 Framework**

A framework is a research study's foundation, basic structure or backbone. It serves as a supportive structure or a guide for building a structure or set of facts, with ideas supporting the structure (Chukwuere 2021:2678). In this study, a framework refers to the representation of a process, structure, or concept for the management of nurse educator bullying in NEIs.

### **1.10.2 Management**

According to Wehmeier (2020:326), management is the act or skill of dealing with people successfully. In this study, management is referred to as managing or dealing with workplace bullying behaviour in NEIs and designing a bullying management framework.

### **1.10.3 Bullying**

Bullying is a form of personal non-physical violence or harassment and can be defined as acts or behaviours directed at someone who finds it difficult to protect themselves because of a relationship with the bully that is characterised by an inequality of power; it is often repetitive and prolonged (Monteiro, Becker, Coêlho, Lopes, Mariana & De Freitas 2019:np). In this study, workplace bullying was determined to be unwanted, intentional, and repeated over time. It takes the form of abuse, intimidation, and over-controlling and violating others' rights. It also involves a power imbalance and aggression.

### **1.10.4 Nurse educator**

A nurse educator is an individual with a post-graduate diploma or higher qualification in nursing education obtained from a university according to the Nursing Act (No. 33

of 2005), as amended. A nurse educator, in this study, is referred to as a professional nurse who has acquired a qualification in nursing education, is registered with the SANC, and is employed in an NEI.

### **1.10.5 Nursing education institution**

According to the Nursing Act (No. 33 of 2005), as amended, a nursing education institution is any nursing training organisation accredited by the Council in terms of the Act. In this study, an NEI refers to a government institution with a nursing education programme that is accredited by the SANC and is offered publicly, not privately.

## **1.11 RESEARCH DESIGN AND METHODS**

### **1.11.1 Research setting**

The research was conducted across five public NEIs in Johannesburg, Gauteng Province, which collectively employ the highest number of nurse educators and stakeholders in the region. These NEIs are distributed across various localities within Gauteng: two are located in the city of Johannesburg, comprising 12 nursing education institution managers (NEIMs) and 72 nurse educators; one in the Ga-Rankuwa township within the Tshwane Metropolitan Municipality, with eight NEIMs and 32 nurse educators; another in Pretoria, also part of the Tshwane Metropolitan area, with 11 NEIMs and 87 nurse educators; and the final institution is situated in the West Rand Local Municipality, Mogale City, with 40 nurse educators and eight NEIMs. Each of these institutions was pertinent to the scope of this study (Ndawo 2022:4; Buthelezi & Shopo 2023:2).

### **1.11.2 Research design**

The researcher used a transcendental or descriptive phenomenological research design (Emiliussen, Engelsen, Christiansen & Klausen 2021:1). This design was selected to provide an in-depth description of nurse educators' and stakeholders' lived experiences of the research phenomenon. A full description of the design is presented in Chapter 3.



### **1.11.3 Research methods**

The following section describes the research method used in this study. The research study was conducted over two phases, and the methodology for each phase is described briefly and separately, with a full description in Chapter 3.

#### **1.11.3.1 Phase one: Situation analysis**

Objective: To explore and describe nurse educators' and stakeholders' (NEIs' heads of departments, vice principals, principals and managers) lived experiences regarding bullying in NEIs.

##### **a) Population**

In this study, the target populations were nurse educators and stakeholders, including heads of departments, vice principals, and principals, all employed at an NEI. The total population size for this study was 218, broken down as follows: 11 principals (N=11), 27 heads of departments (N=27), and 191 nurse educators (N=191).

##### **b) Sample and sampling method**

A non-probability, purposive sampling method (Tomaszewski, Zarestky & Gonzalez 2020:1) was employed to choose nurse educators and stakeholders to partake in this study. Purposive sampling was the most appropriate sampling method since it promoted an understanding of participants' in-depth lived experiences regarding bullying in the field. The size of the sample was determined based on data saturation; the point of culmination was reached, and no new themes or codes emerged from the collected data (Braun & Clarke 2019:202). The study's sample size was 20 participants (principals and vice principals (n=4); heads of departments (n=4); nurse educators (n=12)).

### **c) Data collection**

Data were gathered through in-depth individual interviews that delved deeply into the phenomenon (Busetto, Wick & Gumbinger 2020:4; Creswell & Baez 2021:220). Field notes, observational notes, and a reflective diary were used in support of the interviews. A full description of the data collection method is presented in Chapter 3.

### **d) Data analysis**

For this descriptive/transcendental phenomenology research study, the researcher followed Colaizzi's data analysis method (Creswell & Baez 2021:199-261; Polit & Beck 2020:12) and the procedures illustrated by Moustakas (1994). A comprehensive description of the data analysis process is provided in Chapter 3.

#### **1.11.3.2 Phase two: Framework development**

The information from phase one was used to form the basis of this phase, which aimed to develop a framework for managing nurse educator bullying in NEIs. Dickoff, James and Wiedenbach's (1968:422) six practice theory elements, namely the context, agent, recipient, dynamic, process or procedure, and the outcomes were used as thinking tools.

#### **1.11.3.3 Phase three: Framework validation**

Phase three entailed thoroughly validating the framework designed to manage bullying among nurse educators within NEIs. This process employed the Delphi technique outlined by Fathullah, Subbarao and Muthaiyah (2023:1), alongside the validative criteria proposed by Chinn, Kramer and Sitzman (2022:160-180). The framework was subjected to a rigorous assessment by experts to ascertain its clarity, simplicity, generality, accessibility, and overall importance. Additionally, it was critically appraised by academic scholars and managerial personnel. The validation process affirmed the framework's semantic and structural clarity, contribution to new knowledge within the field, and practical relevance and applicability to the NEI context.

## **1.12 TRUSTWORTHINESS**

To ensure the study's trustworthiness, the researcher adhered to the criteria set forth by Lincoln and Guba (1985:295 as cited in Polit & Beck 2020:590). These involve observing, recording, and studying participants' behaviour within their natural environments. The study's rigour was confirmed by applying credibility, dependability, confirmability, transferability, and authenticity. These criteria are exhaustively explored and discussed in the third chapter to demonstrate the study's methodological integrity.

## **1.13 ETHICAL CONSIDERATIONS**

Researchers should consider significant ethical issues when conducting research (Kumar 2019:439). To adhere to all ethical principles, the following aspects were considered:

### **1.13.1 Autonomy**

Respecting participants is an essential aspect of autonomy, ensuring their dignity and avoiding offending or undermining others' sense of self-worth. To ensure autonomy, participants could voluntarily take part in the study (Kumar 2019:440). Efforts were made to prevent any type of coercion. Moreover, factual information regarding the study, potential risks, and advantages was provided to prospective participants. A written document outlining the study's objectives, purpose and data collection procedure was developed to ensure consistency of information.

### **1.13.2 Informed consent**

Informed consent signifies that participants were provided with information regarding the type of data sought from them, the rationale behind this information request, the study's objectives, participant expectations within the research, and any potential consequences, whether direct or indirect, on the participants (Kumar 2019:439).

The researcher communicated with each NEI and informed all relevant authorities about the study. The study was approved by the Research Ethics Committee of the

Faculty of Health Sciences (REC 012714-039), the Higher Degrees Committee (HSHDC 979/2020) (Annexure A), the Gauteng Department of Health Provincial Protocol Review Committee (GP202006 007) (Annexure C), and NEIs (Annexures E, G, I & K). After permission to conduct the study was attained (Annexures D, F, H & J), the researcher continued to identify the population of the study and disclosed comprehensive information to potential participants about the study; for example, the study's purpose, duration, methodology, sample and sampling procedure, ethical considerations, risks, and benefits. The researcher clarified that involvement in the study was entirely optional. The participants were assured that they had the option to discontinue their participation in the study at any time, and it would not result in any adverse consequences (Annexures D, F, H & J). Additionally, participants' consent was requested to use an audio recorder during the interview (Annexures L & M, respectively).

### **1.13.3 Beneficence**

Beneficence, as a principle, refers to actions that promote the well-being of others (Polit & Beck 2020:380). In this study, the principle of beneficence was upheld through several measures. By participating in the study, participants had the opportunity to voice their experiences and perspectives on bullying. This could empower them and others in similar situations by validating their experiences and highlighting the need for change. As part of the study, participants received information about support services and resources available to them, which could assist them in dealing with bullying experiences. The study aimed to contribute valuable insights into the issue of bullying within NEIs, thereby potentially informing future policies and interventions to address this problem and create a more supportive and respectful environment for all staff members.

### **1.13.4 Justice**

The principle of justice involves treating participants fairly and ensuring equal treatment (Polit & Beck 2020:382). Participants were purposefully selected based on their experiences and roles within NEIs, not on factors that could marginalise or disadvantage them. This ensured that the burden of participation was not placed

unduly on one group. All participants were treated with respect and dignity, regardless of their experiences or roles within the NEIs. Their rights, interests, and personal goals were also respected at all times. No rewards were offered, and no coercion was applied in getting them to participate. Participants were reminded that they had the freedom to withdraw during the research process without any negative consequences.

#### **1.13.5 Non-maleficence**

Non-maleficence, as defined by Dhali and McQuoid-Mason (2021:14-16), is the principle of avoiding harm. In this study, interviews were carefully structured around the research question, ensuring that only data relevant to achieving the study's objectives were gathered from the participants. No questions that could intrude upon or disrupt the participants' private lives were asked to uphold this principle.

The researcher asked participants to attend a one-on-one session before the initial interviews to orientate them to the study and discuss the phenomenon, as the study posed a medium risk, and some participants could have experienced emotional discomfort. The researcher reassured participants regarding confidentiality to ease their anxiety and created a psychologically safe environment by respecting and honouring their contributions. Participants engaged in individual reflection in the form of a debriefing interview session. If participants experienced discomfort during the interview, the researcher stopped the interview, debriefed, and supported the participants by allowing them to express their feelings and emotions. For participants who preferred to consult privately, the researcher referred them to a counsellor/social worker at no cost. Some participants stated that they could not continue with the interview. Therefore, the researcher concluded the interview and rescheduled it according to the participant's wishes. The researcher ensured that all communication with participants was respectful and sensitive, particularly when discussing bullying experiences.

#### **1.13.6 Confidentiality**

Confidentiality, which involves safeguarding information, was a key aspect of this study. The researcher emphasised that participation was entirely voluntary and

outlined four crucial elements to maintaining confidentiality: secure handling of data transcripts and documents, restricted access to data, safe storage of data, and anonymous reporting of data (Kumar 2019:441).

The collected data were anonymised and used solely for the research report. Interviews were privately conducted in locations chosen by the participants to ensure their comfort and convenience. In presenting the results, special precautions were taken to prevent the identification of participants through their responses; participants' names were substituted with codes to preserve their anonymity.

All signed consent forms, raw data, and audio recordings of the interviews will be securely stored under lock and key and on a memory stick for five years. Access to the research data was strictly limited to the researcher, the overseeing supervisor of the study, and an external independent coder (who signed a confidentiality agreement). This approach ensured the confidentiality and privacy of all participants throughout the study.

## **1.14 OUTLINE OF THE CHAPTERS**

The study's chapters are outlined as follows:

- **Chapter 1: Overview of the study**

Chapter 1 offers a comprehensive overview of the study. This encompasses the introduction, background and rationale of the research problem, purpose, objectives, and questions. The significance of the study is discussed, and the philosophical assumptions, theoretical framework, and key concepts are defined. A concise overview of the research design, methods, and data collection and analysis strategies are also provided. Framework development and evaluation measures are also discussed to ensure the study's trustworthiness and ethical considerations.

- **Chapter 2: Literature review**

This chapter extensively reviews literature on bullying, and various models and frameworks are explored and discussed.

- **Chapter 3: Research methodology**

This chapter provides an overview of the research design, methods, population, sample and sampling, phases of the research, procedures of data collection and analysis, and trustworthiness measures employed in this study.

- **Chapter 4: Description of findings**

In this chapter, the study's findings are outlined. These findings are substantiated through direct quotations from the participants.

- **Chapter 5: Discussion of findings**

This chapter provides a comprehensive discussion of the findings, situated within existing literature.

- **Chapter 6: Development of the framework**

This chapter discusses framework development using the six practice theory elements Dickoff et al. described, using the following headings: agents, context, procedures, dynamics, and outcome.

- **Chapter 7: Validation of the conceptual framework**

This chapter validates the framework according to Chinn, et al.'s guidelines. This chapter also validates the framework based on Fathullah et al.'s Delphi method.

- **Chapter 8: Summary, limitations, recommendations, and conclusion**

This chapter encapsulates the key findings of the study, its limitations and conclusions. Furthermore, recommendations are presented, the study's contributions are highlighted, and the researcher concludes the study by sharing some personal insights.

## **1.15 SUMMARY**

This chapter covered several key aspects of the study, including an introduction to the topic, the background context, the problem statement that the study aimed to address, and the study's objectives. Additionally, the significance of the study was outlined,

providing an understanding of its potential impact and importance. Key terms were defined to ensure clarity, and the study's theoretical framework was explained.

The research design and methods were introduced, offering an overview of the approach taken in this study. Rigour in the qualitative phase was also touched upon, highlighting the strategies employed to ensure the findings' trustworthiness. Ethical considerations, an essential aspect of any research, were briefly discussed to demonstrate the study's adherence to ethical research practices.

The next chapter extensively reviews literature on bullying. This review delves into the existing body of knowledge on the topic, providing a comprehensive understanding of the current state of research and identifying gaps that this study aimed to fill.



## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

Chapter 1 presented a comprehensive overview of the study, encompassing the introduction, background, problem statement, research question, research purpose, research objectives, and the significance of the study. It also delved into the terms used in the text, the theoretical foundations of the study, the chosen research method, and the overall design. This chapter examines existing literature related to the development of a framework for the management of nurse educator bullying in NEIs.

Conducting a literature review is crucial, as it involves exploring, collecting, and assessing currently available knowledge within a specific area of study. A literature review explains previous research's direction and how it relates to current research, integrates and summarises the known, and stimulates new thoughts. It also helps in identifying gaps in the literature, which assists researchers in developing new ideas (Strandberg & Simpson 2020:18). The researcher identified gaps relating to workplace bullying included power dynamics, ineffective management or leadership skills, inadequate communication within fields, and evaluation tools for assessing workplace bullying. The exploration extended to the breadth and depth of the involvement of legislation. Specific leadership capabilities play a role in workplace bullying and amplify the consequences of power imbalances, unacceptable habits, and beliefs within NEIs. Prolonged exposure to workplace bullying perpetrated by nurse educators and the NEI further intensifies its impact.

A review of existing literature was thus conducted to ensure that the researcher gained a comprehensive understanding of the current state of knowledge in the research field. Therefore, the role of the literature review in this study was to provide clarity to the introduction, background, and problem statement, enhance the research methodology, broaden the researcher's foundational knowledge within the research domain, and offer a contextual framework for interpreting the research findings (Kumar 2019:45).

The study is structured into three distinct phases. In the initial phase, the literature review played a vital role in advancing the research, consolidating knowledge origins, explaining and exploring concepts for the research methodology, and exploring nurse educators' and stakeholders' experiences; the findings were integrated within the existing body of knowledge. In phase two, the findings and literature assisted the researcher in developing a framework, and in phase three, the findings assisted the researcher in assessing its effectiveness and validating the framework. Creating a framework to address nurse educator bullying within NEI is imperative.

The researcher consulted relevant and current books, journals, articles, and all other credible sources from libraries and the internet. Search engines included CINAHL, Google Scholar, Education Research Information Centre (ERIC), PsycINFO, PubMed, Science Direct, ProQuest and Scopus. Sources were critically analysed to organise or formulate themes and concerns related to the research topic. Hence, literature related to the main themes of the study was reviewed, indicating negative and positive discussions among different authors and reflecting gaps in knowledge. Ultimately, a framework for managing nurse educator bullying in NEIs was developed based on the reviewed literature, lessons learned, and the experiences nurse educators and stakeholders shared. Wech, Howard and Autrey (2020:74) claim numerous frameworks to address workplace bullying have been created and extensively explored. Nevertheless, at this time, only four research studies (Daniel 2009; Murphy 2013; Hutchinson, Vickers, Jackson & Wilkes 2010) have used qualitative research methods with a particular emphasis on employing the phenomenological approach in shaping framework development.

This chapter reviewed significant existing literature that explored the research phenomenon and identified any gaps in knowledge. Since bullying is a global problem, this chapter covers an extensive array of topics and gaps/challenges related to the problem. These include definitions of bullying; the origins and realities of bullying in different countries; traits of bullying; legislation related to workplace bullying; factors leading to workplace bullying; and prolonged exposure to workplace bullying's impact on employees and various fields.

## 2.2 DEFINITIONS OF BULLYING

In this chapter, the main emphasis was the term 'bullying'; therefore, bullying definitions were intensely explored. According to Colorado Nurse (2019:5), 'bullying' is defined as harmful actions that are not wanted, repetitive, intending to demean, insult, and cause suffering to the victim. The victims cannot defend themselves, or there is a power imbalance between persons. Mills (2020:16) defines 'bullying' as the persistent, intentional misuse of power, humiliating and abusive behaviour or actions. It may cause physical, social, psychological, and emotional harm, loss of dignity and respect, and compromise a person's safety and well-being.

Buonaguro (2020:1) confirms that bullying is repetitive, persistent, negative, harmful actions that are intentionally directed towards one or more persons. It is an intentional, emotionally and physically harmful act that is uncontrollable and humiliating, often accompanied by a power imbalance. Jason (2020:15) affirms that bullying is a dangerous type of incivility, with undesirable, detrimental behaviours intending to demean and cause offence or misery to the victim over a long period. Additionally, bullying includes an abuse of power (formally or informally) from the top to bottom (head of department to nurse educator), bottom to top (nurse educator to head of department), or horizontally (nurse educator to nurse educator).

Mokgolo and Barnard (2019:1) suggest that bullying is predominantly observed in environments characterised by inadequate support and ineffective leadership, institutions with a strict hierarchical order, a scarcity of resources and staff, and the absence of structured mechanisms for reporting bullying incidents. There are some identified causes of bullying, such as decreased levels of job satisfaction, power, and autocratic leadership styles. Bullying is ultimately a destructive action that cannot produce positive results, as reflected in the substantial research conducted on the topic. Bullying behaves much like a highly contagious and worsening ailment, resistant to treatment or management. Its ultimate outcome prioritises quantity over quality, jeopardising the nursing profession. This is particularly concerning when effective measures to address it are not promptly implemented.

**Table 2.1: Definitions of bullying**

Definition of bullying	Source
Bullying entails purposefully saying or acting in a hurtful manner, recurrent with continuous bad feelings, and experiencing difficulty in discontinuing the hurtful behaviour.	PACER's National Bullying Prevention Center (2020, para. 6)
Bullying refers to actions that are negative and intentional, aimed at causing psychological and physical harm to a person or persons who cannot protect themselves. Repeated aggressive behaviour reflects the power imbalance between the bully and the bullied.	Juan, Zuze, Hannan, Govender and Redd (2019:3)
Bullying involves enduring repetitive, deliberate, harmful behaviours from one or more individuals in a position of power, causing intentional negativity and harm.	Moffat, Redmond and Raghavendra (2019:613).
Bullying is a repetitive and regular destructive societal conduct that sustains over a long period due to power. The conduct is intentional and harmful.	Notelaers and Van der Heijden (2019:2)
Bullying occurs when an individual is subjected to a series of deliberate and harmful actions by one or more individuals over an extended period. These actions are typically purposeful and involve an imbalance of power between the perpetrator (bully) and the victim (the bullied or the target).	Xu, Macrynika, Waseem and Miranda (2020:3)
Bullying is defined as destructive conduct described by recurrence (the bullied is attacked several times) and a power imbalance (the bullied cannot protect themselves for several reasons). Bullying conduct can be physical, verbal, and social.	Krisnana, Rachmawati, Arief, Kurnia, Nastiti, Safitri and Putri (2019:np)

Definition of bullying	Source
Bullying is intentional, repeated, aggressive behaviour that includes a power imbalance aimed at people or an individual who cannot easily defend themselves.	O'Brien (2019:np)
Bullying entails misusing a position of power, intimidating, harmful behaviour, abuse, and undermining one's ability, resulting in a person feeling powerless, hurt, broken, angry, and scared.	Barber (2021:460)

The researcher agrees with the different authors that bullying entails harmful behaviour or destructive actions intended to harm the victim. These actions are repetitive due to a power imbalance between the victim and the bully. Unfortunately, in most cases, bullied individuals cannot defend or protect themselves. The above definitions reflect that bullying can be physically, emotionally, or psychologically detrimental. It is thus a worldwide challenge defined by national and international scholars confirming its negativity and destructive effects; however, no definition describes any positive effect of bullying.

### 2.3 THE ORIGINS AND REALITIES OF BULLYING

Historically, bullying was called lateral violence, and for over 30 years, it has been described without any extensive understanding of the actual cause of these damaging behaviours and with no specific standardised definition to date (Choi & Park 2019:14). Buonaguro (2020:1) claims bullying began with Olweus during the 1980s and continued to expand. However, bullying is also said to have emerged in the 1970s, after Carroll Brodsky published her seminal work called "*The harassed worker*". The book was published in 1976 as a ground-breaking analysis of California and Nevada work harassment cases. The research findings implied that employers were not productive at work due to harassment by managers and co-workers; this was the first investigation of the known phenomenon currently called 'workplace bullying'. Twenty years later, the phenomenon has been conceptualised and antecedents, effects, and characteristics have been explored by European and other national and international scholars (Ghaziria, Storrb & Simonsa 2019:161).

Recent findings indicate that most work environments are affected by numerous dysfunctional habits and behaviours, including bullying. Murray, Eisner, Ribeaud, Kaiser, McKenzie and Murray (2021:128) confirm that most individuals who were bullies during their youth present with antisocial behaviour and delinquency, resulting in serious bullying in the workplace. According to Naidu (2020:np), bullying remains a global challenge in NEIs because the phenomenon is taken for granted; hence, there are insufficient policies in NEIs that deal with this behaviour.

Extensive research has been conducted on bullying in several professions, but most policies and legislation addressing workplace violence or harassment contain gaps that need to be improved, including power imbalances and framework development to assist in the management of bullying in NEIs. The majority of existing research concurred that workplace bullying occurs nationally and internationally within the nursing profession and academia without sufficient support from legislative systems (Difazio, Vessey, Buchko, Chetverikov, Sarkisova & Serebrennikova 2019:94).

Workplace bullying in the NEI is contrary to a healthy teaching and learning environment, where working together as a team is beneficial and can assist in producing future competent practitioners and critical thinkers. Mills (2020:16) states that an NEI should be an environment where healthy, positive professional behaviour should be practised; for example, there should be teamwork, compassion, good intentions, empathy, friendliness, kind-heartedness, tolerance, sympathy, unity, openness, support, respect, innovation, and good manners. She further emphasises that when nurse educators are appreciated and allowed to exercise appropriate power and control over their future, bullying behaviours evidently decrease.

Foster (2020:np) concurs that individuals should be civil and kind and encourage good teamwork. A healthy work environment and support are crucial in the NEI, since they promote effective teamwork and communication. However, the absence of teamwork causes a high level of stress and work overload, leading to hostility. The NEI should thus be a conducive environment where harmony, teamwork, civility, and patience are displayed (Mills 2020:16). Nurse educators should be allowed to function in a healthy work environment with team collaboration and no anxiety or threat of hostility.

## 2.4 STATUS QUO OF BULLYING

Caillier's (2021:160) theory of belongingness proposes that it is a natural, important desire for human beings to have a sense of belonging or to fit in with people from all aspects of society. NEIs are thus included in this important desire for a sense of belonging, because individuals spend an enormous amount of time in the workplace. Consequently, NEIs are recognised as social environments where nurse educators and stakeholders attempt to create and maintain high-quality relationships with co-workers, subordinates, and executives. Maintaining high-quality relationships throughout the NEI can be challenging due to the diversity of individuals. Therefore, conflicts are bound to happen between co-workers in NEIs, leading to a negative environment and workplace bullying.

According to Denmark's situation reviews, there is a high rate of workplace bullying in human service sectors, such as healthcare, education, public safety, retail, and justice industries (Gadegaarda, Hoghb & Andersena 2019:371). The bullying rates reported among nurse educators were as follows: 66.9% for nonphysical violence, 36.4% for physical violence, and 40% for verbal abuse. According to Rahm, Rystedt, Wilde-Larsson, Nordström and Strandmark (2019:582), nurse educators in Sweden are viewed as an occupational risk group for workplace bullying due to increasing numbers of bullying reports. In Australia, bullying increased by 70% in a three-year period (Mujtaba & Senathip 2020:18). Recently, the rate of bullying has been estimated at 50% in the United States, 45% in Italy, and 5-10% in Europe. In Thailand, 73.13% of nurse educators reported being exposed to some form of non-violent bullying.

In conclusion, research findings reveal a 30% surge in bullying across NEIs globally. To combat this escalating issue and safeguard the quality of education and teaching in nursing academia, robust preventative measures must be enforced. It is imperative to tailor nurse educator retention strategies based on identified gaps and challenges and implement them effectively. Contrary to Liaqat, Liaqat, Awan and Bibi's (2021:73) beliefs that bullying is primarily a concern in European countries, the Pakistani government has acknowledged a shortage of nurse educators attributed to the unique challenge in a male-dominated culture where males tend to be the perpetrators. Regrettably, such incidents often go unreported due to cultural barriers, feelings of

embarrassment, and the fear of social stigma. Caillier (2021:160) and Smit (2021:np) thus emphasise that workplace bullying is a pervasive global issue.

**Table 2.2: National and international bullying percentages**

Country	Bullying Percentages
Austria	8% to 26%
Belgium	3% to 20%
Denmark	2% to 27%
Finland	5% to 24%
France	8% to 10%
Ireland	23%
Lithuania	5% to 9%
South Africa	60% to 80%
Sweden	4%
Turkey	55%
United Kingdom	11%

Therefore, workplace bullying is a universal concern. According to Naidu (2020:np), bullying is also widely reported in academia, nationally and internationally; for example, in South Africa, the University of Cape Town (UCT), the University of Venda, and UNISA were once reported for claims of bullying amid other disagreements. At the UCT, a report by under-fire Ombud Zetu Makamandela-Mguqulwa claimed Professor Mamokgethi Phakeng, the former Vice-Chancellor, faced allegations of bullying from 37 academics and staff members. The researcher concludes that bullying does happen in all different settings of academia, and this phenomenon will harm global academic growth and development unless it is clearly defined, addressed, stated, and discussed within legislation.

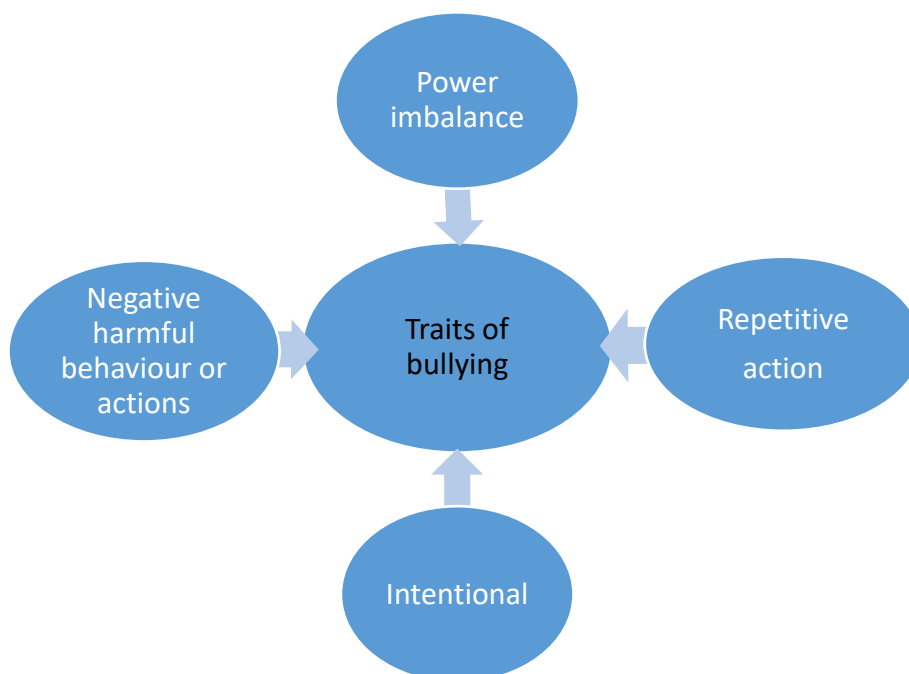
## **2.5 TRAITS OF BULLYING**

According to Mujtaba and Senathip (2020:17), bullying occurs when a person in a high position or a person of authority – such as heads of departments, deputy principals, or principals – displays the power the institution entrusted to them and misuses this power over their colleagues in a harmful, repetitive, intentional manner. These intentional bullying behaviours are uncontrollable, humiliating, and emotionally and



psychologically harmful to the victims. The victims cannot stop the bullying action as it is aimed at them, and they cannot defend themselves. Bullying behaviours transpire when a person is repeatedly and frequently exposed over time to the destructive actions of one or more individuals (Bratica 2019:67). Also, researchers concurred that bullying behaviours frequently occur within NEIs and it causes disharmony (Birks, Budden, Biedermann & Chapman 2018:45; Smith, Palazzo, Grubb & Gillespie 2020:2).

Workplace bullying in NEIs can be displayed as unacceptable habits, beliefs and harmful behaviours, such as excluding employees from collective groups and activities, making demeaning remarks, and placing blame on others. Workplace bullying in the NEI includes the following harmful acts, habitus or behaviours: disrespect and criticism of colleagues, lying, using abusive language, voicing negative remarks or undermining others' opinions and authority, threatening someone not to fulfil their job functions, isolation, and withdrawal from work (Dirgar et al. 2021:215). Bratica (2019:67) alluded that bullying generally has four traits/features: power imbalance, repetitive actions, intentional actions, and negative, harmful behavioural actions.



**Figure 2.1: Schematic illustration of traits of bullying**

### **2.5.1 Power imbalance**

Capper, Muurlink and Williamson (2020:166) alluded that workplace bullying is embedded in the healthcare literature in terms of power relations, including resilient hierarchy workplaces like NEIs. According to Kaufman, Huitsing and Veenstra (2020:377), an imbalance of power means that individuals who are bullies have more power than victims; therefore, they target employees who are more reserved or have introverted personalities and do not socialise easily. Bullies are usually observant and choose defenceless employees as their victims. Being victimised by a powerful person or a person in a high position stimulates some symptoms of depression and anxiety. Unfortunately, victims are powerless and cannot change the situation; therefore, isolation, low moods, decreased energy, and feelings of worthlessness dominate, resulting in anxiety and depression.

### **2.5.2 Exposure to negative, harmful behaviour or actions**

Most scholars indicated that harmful behaviour is the main feature of workplace bullying. Usually, bullying refers to repetitive negative, harmful behaviour that includes verbal abuse, intimidation, ill-treatment, terrorisation, ridicule, spreading hateful rumours or humiliating pictures, and hoarding or interfering with someone's work (Sage 2019:np). Yarbrough (2019:32) comments that most employers mishandle the bully's rudeness, shouting, sabotage, repeatedly lying, dodging issues, shaming employees, having impossible expectations, inconsistent mood swings, and delegating impossible workloads. Instead of confronting the negative behaviour, they rationalise and credit job performance. This type of management style promotes bullying behaviour in the workplace. Bullies ultimately continue their harmful behaviour for longer periods when management does not confront them.

### **2.5.3 Frequency and repetitive nature**

Kaufman et al. (2020:377) describe 'bullying' as a series of repetitive and prolonged harmful actions, emphasising the regularity of such experiences rather than isolated incidents. The occurrence of bullying more than once a month signifies its dominance in the workplace and the lack of adequate support for victims. Additionally, Sujittra,

Chanprasit, Kaewthummanukul and Chareosanti (2020:539) note that bullying often entails repeated emotional and psychological harm, occurring more than once a week, leading to severe and destructive outcomes such as emotional and psychological stress for those who are bullied.

#### **2.5.4 Intention**

Kaufman et al. (2020:377) postulate that bullying is intense and specific to the victim. Bullies believe in the power and anticipation of harmful actions from either an individual or a group, considering it to be a norm or expectation.

According to Aristidou, Mpouzika and Karanikola (2020:162), bullying is viewed as immoral behaviour that intentionally humiliates and disempowers the victim. The bully plans to execute unacceptable strategies that impact the victim or victims. In conclusion, bullying is a planned series of events specifically directed towards a particular individual or persons intending to hurt or humiliate.

## **2.6 BULLYING AND THE LEGISLATION**

In South Africa, bullying initially received limited attention and was not comprehensively addressed. In contrast, on a global scale, bullying has been a subject of consideration and exploration, and the enactment of laws to address it has occurred. Notably, in South Africa, a shift only occurred when the International Labour Organisation (ILO) published a report regarding violence and harassment at work in 2019, which drew significant attention to the matter (Smith 2020:np). As stated in the ILO's 2019 report, Convention 109/2019 not only calls for the approval of the convention on violence and harassment at work but also underscores the importance of addressing significant issues like workplace bullying.

In 1944, the Declaration of Philadelphia (ILO 1944: ii) restated the ILO's longstanding objectives while introducing a fundamental principle that emphasises the rights of all individuals, regardless of race, creed, or gender, to pursue both their material well-being and their personal development in conditions characterised by freedom, dignity, economic security, and equal opportunities. The ILO (1944:iv) highlighted the

necessity for decisive measures at both the global and local stages to accomplish the set goals.

More recently, the United Nations 2030 Agenda for SDGs acknowledged goal 12 as a distinct goal specifically dedicated to fostering decent workplaces, highlighting the importance of addressing workplace issues. Goal 8, on the other hand, focuses on productivity at work and ensuring a decent and positive work environment for all individuals. It underscores that a decent workplace inherently involves freedom from harmful bullying behaviour. Moreover, a decent and healthy positive working environment aligns with several other SDGs, such as promoting healthy lives and well-being (goal 3), achieving equality in terms of gender (goal 5), and reducing inequality (goal 10).

A 2018 report by the ILO marked the first instance where bullying and harassment were officially acknowledged as essential components of the broader concern of workplace violence, encompassing both physical and psychological aspects. According to Smit (2021:np), on 30 March 2021, a New Amended Draft Code of Good Practice on the Prevention and Elimination of Harassment in the Workplace (dated March 30, 2021) was presented to Parliament, although it has not yet been enacted into law. As stipulated in this guiding document, bullying is classified as a form of violence and harassment within the context of South Africa, prompting employers to harmonise their policies with the provisions of ILO Convention 109/2019.

The National Development Plan in South Africa (2030:np) confirms the right of every individual to work in a healthy, conducive environment that upholds principles of productivity, freedom, equality, dignity, and security. Consequently, there is a recognised need to address the issue of workplace bullying. Mahlakoana (2022) also reported that in 2021, South Africa achieved a global first by officially adopting the ILO's Violence and Harassment Convention 190 along with a new set of guidelines, establishing the nation as a pioneer in implementing these policies. He further affirms that South Africa complies with international labour standards, and the progressive policies have spurred significant advancements in addressing unfair systems, including bullying, in the South African workplace.

**Table 2.3: Countries' treatment of bullying**

COUNTRY	DEALING WITH BULLYING DIFFERENT
United Kingdom	Treat it as a dignity violation
United States of America	Treat it as unfair discrimination
Australia	Treat it under health and safety legislation
Nordic countries (Denmark, Norway, Sweden, Finland, Iceland, etc)	There are dedicated laws that forbid and address workplace bullying or mobbing
France	Criminalised bullying

The following legislation in South Africa did not include bullying within its Acts:

- The **Constitution of South Africa, Act No. 108 of 1996**, under the Bill of Rights in chapter 2 and section 10, emphasises that all individuals have the right to dignity and must be respected and protected. The Constitution guarantees a safe and healthy workplace for every person.
- Chapter 2 of the **Employment Equity Act, No. 55 of 1998** states that an employer must protect employees against unfair discrimination, and equal opportunities should be promoted in the workplace (Republic of South Africa, 2004). No workplace bullying was mentioned in this Act.
- In the **Basic Conditions of Employment Act, No. 75 of 1997**, employers must protect employees against unfair discrimination, as discrimination is a form of bullying.
- **Labour Relations Act, No. 66 of 1995 (Republic of South Africa, 1995)** forbids unfair labour practices. Bullying is part of unfair behaviour or conduct but is not stated in the Act.
- **Occupational Health and Safety Act, No. 85 of 1993 Section 5(1)** states that the employer should provide and maintain a safe working environment without risking employees' health. While bullying can cause detrimental ill health, it is not indicated or stipulated in the Act. This illustrates that bullying has not been a focal point in any claims within the context of health and safety legislation. Consequently, victims

of bullying should be able to pursue claims under the Occupational Health and Safety Act (OHSA), especially since the Constitution underscores the right of every individual to have a safe and healthy work environment. The OHSA epitomises these rights, implying that victims of bullying should theoretically be entitled to the OHSA's provisions.

Windholz (2020:1) and Smit (2021:np) highlighted that the Australian state of Victoria has enacted a new law concerning workplace manslaughter. This law implies that employers could face prosecution if there is evidence of criminal negligence or if the development of an illness due to prolonged exposure to workplace bullying leads to a person taking their own life. While such a law could benefit South Africa, bullying has not been recognised as a significant issue by any court of law or within the country's legal framework. Since the Constitution, Employment Equity Act, and Public Health Act (PHA) do not seem to offer a solution to address bullying, an exploration of health and safety laws becomes necessary.

This implies that South Africa's health and safety regulations inherently encompass the issue of bullying. As a result, labour inspectors could receive training to evaluate workplace bullying, particularly if the tripartite National Economic Development and Labour Council (NEDLAC), representing the government, labour, and business, acknowledges bullying as a significant contributor to workplace violence. It is essential to introduce a comprehensive and practical national policy to combat workplace bullying, and this policy should be rigorously enforced, moving beyond mere guidelines and including penalties for non-compliance. In the meantime, employers should adopt and implement zero-tolerance policies in the workplace. However, it is acknowledged that legislation alone may not regulate human behaviour in the workplace, necessitating a multifaceted approach.

These guidelines should offer precise explanations of symbolic violence and follow the goals articulated in ILO Convention 190. Furthermore, once these guidelines are implemented, it is vital to ensure efficient communication with all staff, management, stakeholders, workplace representatives, and labour unions to secure their backing. Employers should take proactive steps to eliminate current obstacles that hinder employees from seeking help for mental health problems stemming from bullying.

Employees should also be engaged in awareness initiatives and undergo thorough training on workplace bullying and avenues for reporting workplace discrimination and bullying, among other subjects.

The researcher believes legislative and legal documents should be the main documents supporting the protection of a healthy workplace for individuals worldwide. A lack of protection from legislation exposes persons to a lifetime of trauma, and as the crime rate is increasing, workplace bullying cannot be excluded. Therefore, robust interventions should be implemented with severe consequences for non-compliant individuals. The IOL Convention 190 thus offers a positive initiation and a green light to address the challenge, and solutions from the policies should be adopted and supported by employers and stakeholders.

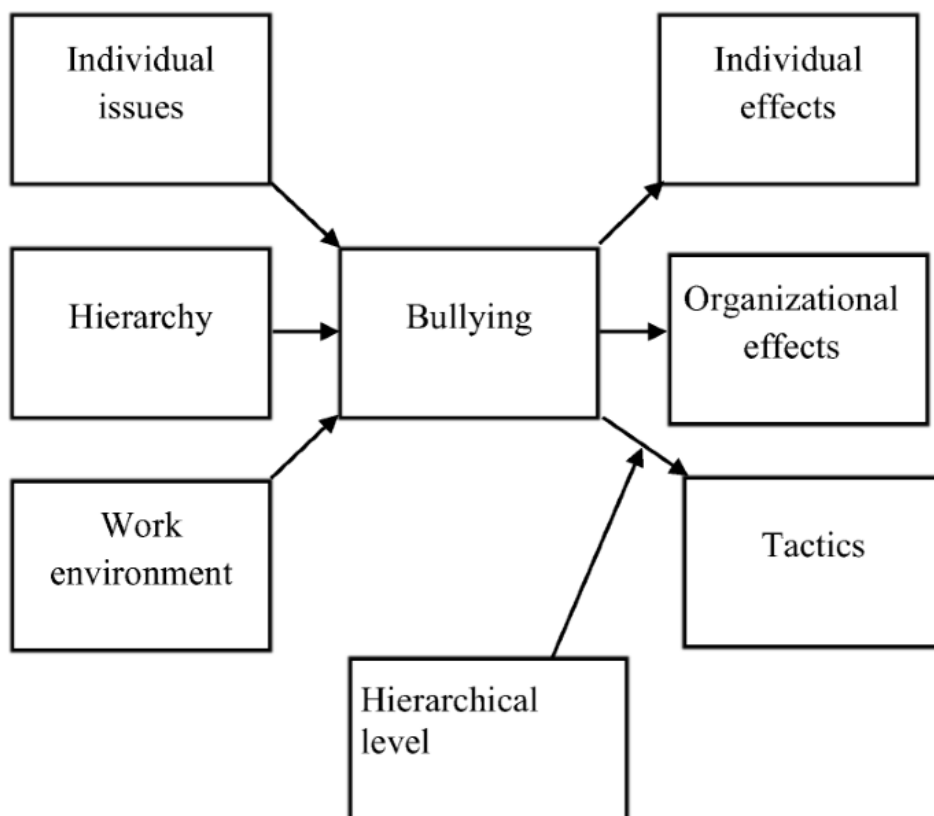
## **2.7 FACTORS LEADING TO BULLYING**

Hartin, Birks and Lindsay (2018:614) emphasise that it is crucial to understand the factors leading to bullying and develop a framework for managing this misbehaviour. Hartin et al. (2018:615) continue that workplace bullying needs to be discussed continuously on all platforms, and it should be well-known and understood until it is eliminated. Workplace bullying must be identified as unacceptable behaviour, yet it is often ignored or tolerated due to a lack of knowledge or fear (Colorado Nurse 2019:5). Some known factors leading to bullying in most workplaces include power, poor management, poor leadership skills, and poor communication.

Ramos, Crespo, Pérezza, Guerra, Galarza and Tejera (2019:2) emphasised that leaders' interpersonal relationships reflect the use of power within the organisation, and leaders shape the organisational culture through their habitus, doxa, behaviour, attitude, and knowledge. The more negative attitudes leaders display, the more workplace bullying increases and destroys the NEI. LaGuarrdia and Oelke (2021:361) state that contributing factors like organisational culture promote workplace bullying in NEIs due to a misuse of power, neglect of equality, and oppression. These cultures allow offenders or bullies to mismanage their authority to discriminate and silence victims. Different models were illustrated, displaying the interconnections leading to bullying.

Wech et al. (2020:74) point out that numerous workplace bullying models have been proposed, and extensive research has been conducted on this phenomenon. This research has provided valuable insights and knowledge about the negative impacts of workplace bullying for researchers and practitioners. However, to date, only four studies (Hutchinson et al. 2010; Ilongo 2016) or dissertations (Daniel 2009; Murphy 2013) have been conducted using qualitative research methods, specifically focusing on grounded theory development or a phenomenological approach to inform the development of frameworks/models.

Wech and colleagues (2020:74) developed a workplace bullying model in their qualitative study on bullying in hospitals (Figure 2.2). This framework supports the idea that various factors can contribute to workplace bullying, including individual issues, hierarchy levels, and certain tactics or strategies that disrupt the work environment. These same factors in the model can also impact NEIs.



**Figure 2.2: Workplace bullying framework: a qualitative study on bullying in hospitals**

Source: Wech, Howard & Autrey (2020)

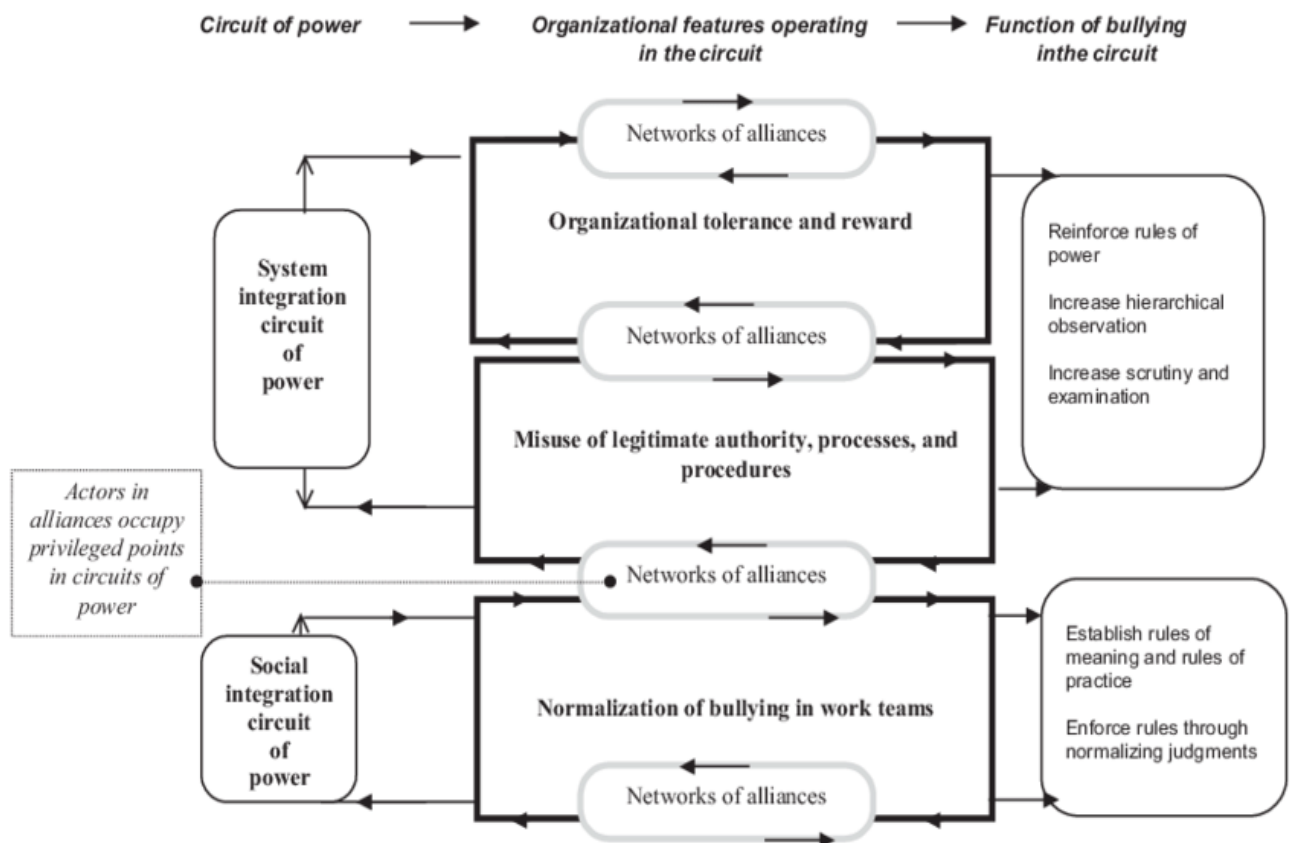


The above workplace bullying model was developed through a qualitative grounded theory approach. In this model, individual factors, the influence of nurse educators, hierarchy, and the characteristics of the NEI play a role in shaping workplace bullying. Consequently, bullying has an impact on individuals, nurse educators, and the overall outcomes of the NEI. Additionally, it influences the tactics and strategies individuals employ to address workplace bullying. Moreover, the hierarchical structure also affects nurse educators' strategies in handling workplace bullying situations. As noted by Wech et al. (2020:74), this illustrates that unresolved personal issues among nurse educators can lead to workplace bullying, subsequently affecting various aspects of NEI settings, including hierarchy. Conversely, effective approaches may also have an impact on bullying dynamics.

### **2.7.1 Power**

O'Connor (2020:23) asserts that a lasting consequence of bullying is victims' engagement in negative and destructive behaviour, particularly when the behaviour is directed toward individuals with less power. Meires (2019:253) suggests a connection between bullying in nursing academia and a desire for power and control over others. Evidence indicates that bullying within NEIs is influenced by various factors, with power being a significant component. Bulut (2020:81) concurs that power contributes to bullying, arising from an imbalance of authority between individuals. This power dynamic may manifest when someone stands out from the group, leading to differential treatment, exclusion, degradation, or hostility. In essence, being a new employee, young, energetic, creative, well-educated, intellectually advanced, or thinking differently increases individuals' vulnerability to bullying.

According to this perspective, victims of bullying are perceived as powerful and psychologically intimidating, primarily because of their creativity. Bullies therefore closely monitor these individuals due to the perceived threat they pose. Victims often attract attention and jealousy because of their high levels of success and exceptional talents, further intensifying the power dynamics within the context of bullying. Consequently, power emerges as a dominant factor in NEIs, and its excessive use, as depicted in the framework below, has detrimental effects on individuals.



**Figure 2.3: Workplace bullying interpreted through the “circuits of power” framework**

Source: Hutchinson et al. (2010)

Hutchinson et al.’s (2010:34) framework concurs with the researcher by comparing bullying with “circuits of electricity”, as illustrated in Figure 2.3. The framework confirms that bullying can be transmitted like electricity and spreads like electrical waves if taken for granted because individuals accept and tolerate it, resulting in a potentially normalised harmful habit. The framework illustrates that NEIs’ rigid rules might benefit and favour certain persons in high positions, while forcing low or middle-position persons to endure bullying behaviour. Since bullying can be acceptable, taken for granted, and accommodated by nurse educators, the behaviour is often normalised. The victims might also comply with bullying actions as they comply with the NEI’s rules to avoid being judged.

In conclusion, workplace bullying is ingrained in individuals; therefore, bullying is often perceived as normal behaviour due to prolonged exposure to a harmful or toxic environment. Unfortunately, NEIs’ rigid rules suppress freedom of expression from

employees and victims of bullying, resulting in bad behaviour being rewarded indirectly. The misuse of power by authorities and rigid hierarchical orders can lead to non-compliance with certain NEI rules and regulations.

Different types of power can exacerbate bullying, as discussed in the following sections.

#### **2.7.1.1 Coercive power**

Taylor, Zigarm and Fowler (2019:44) define 'coercive power' as a leader's superficial capability to discipline employees. If the anticipated outcomes are not adhered to, it could cause significant emotional strain between the manager and the employees. The more coercive and referent power is used, the more levels of knowledge sharing and achievement decrease. According to Benazir (2019:np), coercive power entails being unable to instil discipline or punishment and holding back or retaining employee rewards in the workplace. Moreover, if the leader withholds employee rewards as a form of discipline, bullying will increase, dominate, and be projected among employees. Withholding staff incentives is thus a clear indication of bullying and dominance from management within the organisation. This type of power projects intense bullying in the workplace and encourages employees to fear the leader; hence, bullies display and project power onto their victims.

#### **2.7.1.2 Normative power**

Markos (2021:9) indicates that normative power is the authority to influence beliefs and values to avoid conflicts of interest at work. The leader enforces norms to maintain a good working environment that will eliminate bullying in the workplace. Therefore, this form of power can exacerbate bullying when employees are uncivil and do not respect workplace rules and regulations.

#### **2.7.1.3 Personal power**

Taylor et al. (2019:np) postulate that when leaders apply personal power (expert possesses exceptional skills or expertise and referent-to be admired by others), they

impact employees' psychological environment, resulting in a toxic work environment. Toxic environments are unhealthy working conditions where employees are ill-treated and mismanaged by superiors or senior staff members.

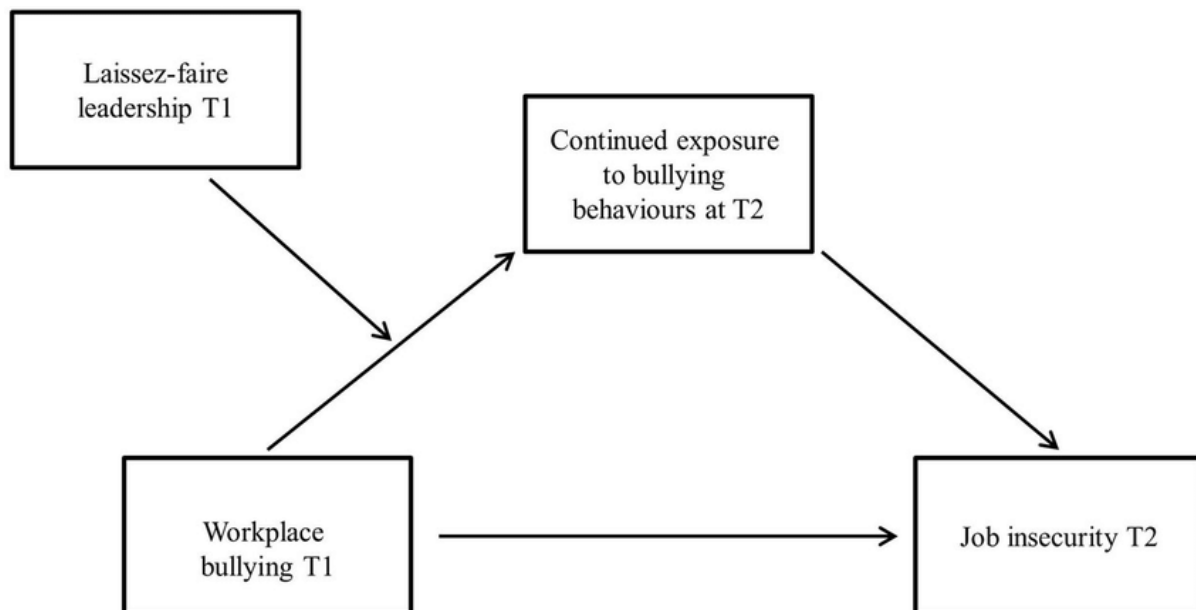
## **2.8 LEADERSHIP AND MANAGEMENT STYLES**

Taylor and Francis (2019:105) assert that some managers or leaders apply a high level of power over their subordinates for goal achievement and rewards, and this has negative effects on the employees' well-being. According to Mills, Keller, Chilcutt and Nelson (2018:np), poor management or leadership exposes employees to more bullying than positive leadership in the workplace. Yang, Zheng, Liu, Qin Lu and Schaubroeck (2020:231) posit that the leader's, manager's, or authority figure's personal/behavioural treatment influences employees' mental attachment and attitude. Moreover, if the leader's negative attitude articulates the message that a bullied victim is not valued, their sense of belonging is undermined in the workplace. Therefore, leaders should learn that their attitudes determine employees' psychological functioning. The more a manager displays and role models negativism towards employees, the more bullying increases in the workplace, as employees may emulate the manager's demeanour in response. The following types of management and leadership styles can lead to or exacerbate bullying:

### **2.8.1 Laissez-faire management style**

Samsudin, Isahak, Rampal, Rosnah and Zakaria (2019:348) describe a laissez-faire management style as one where there is a lack of respected authority, no clear direction for employees to follow, and a prevalence of workplace bullying, resulting in job insecurity. Olsen, Bjaalid and Mikkelsen (2018:2708) reaffirm that leadership characterised by negligence and poor leadership skills fosters bullying, leading to increased workplace stress, job insecurity, ineffective communication, and detrimental work relationships. Because laissez-faire leadership is essentially 'hands-off', it generates frustration and heightens tension among employees. This management style exposes nurse educators to potential bullying by their peers, as all employees are left unchecked, job security becomes uncertain, and there are no specific rules in place.

In summary, this management style grants more power to bullies because managers cannot enforce discipline or address bullying effectively. Consequently, nurse educators experience unease and insecurity, signifying their dissatisfaction and a lack of job security. The following model, derived from Glambek, Skogstad and Einarsen (2018:301), illustrates the relationship between workplace bullying and laissez-faire leadership:



**Figure 2.4: Proposed model of the time-bound relationship between workplace bullying and laissez-faire leadership**

Source: Glambek, Skogstad & Einarsen (2018).

This model illustrates that in Laissez-faire leadership, the leader avoids addressing issues/needs or conflicts, and employees are not cooperative; therefore, bullying tendencies escalate and can become uncontrollable in this instance. In environments where this leadership style dominates, employees tend to accept bullying as a norm or acceptable behaviour. Consequently, job security and poor productivity overrule the NEI, leading to high staff turnover. The model confirms there is a relationship between workplace bullying and laissez-faire leadership; however, it depends on the degree of leadership being displayed.

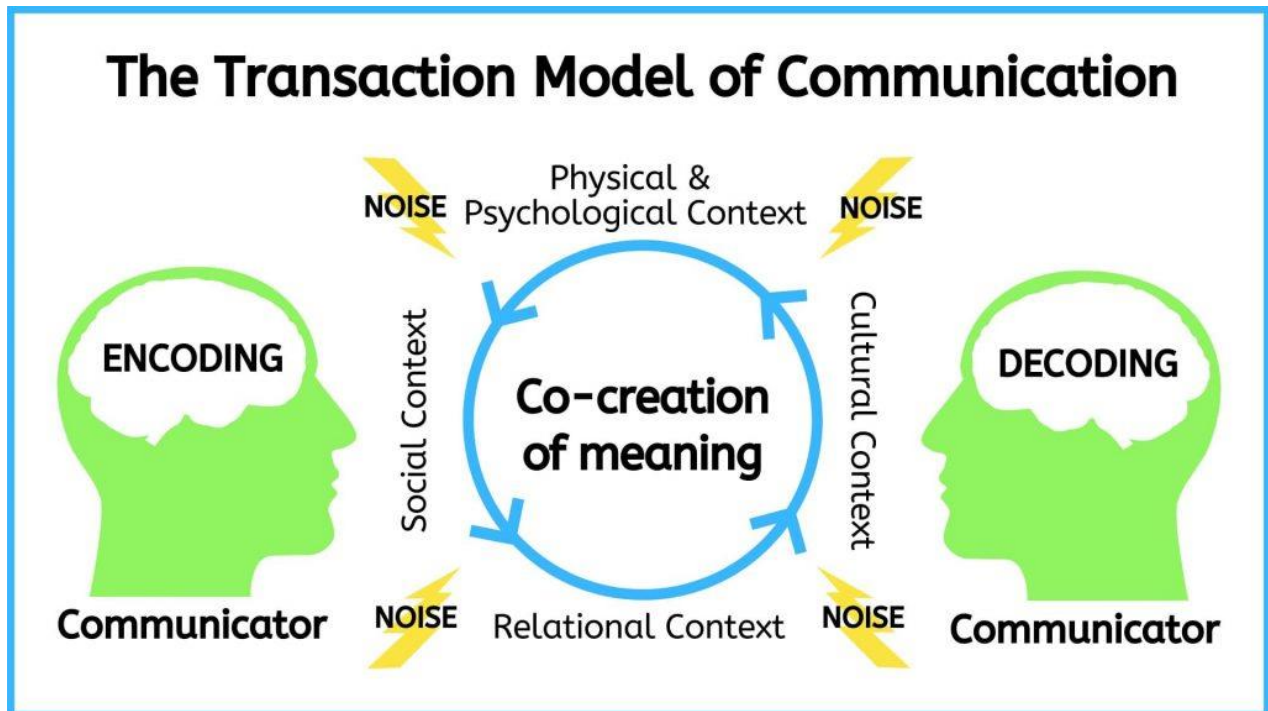
### **2.8.2 Autocratic management style**

Samsudin et al. (2019:348) describe autocratic leadership as a threatening and restrictive leadership style that perpetuates bullying in the workplace. According to Baillie, Griepel, Vander Elston and De Witte (2019:212), employees are targeted with workplace bullying because most managers permanently apply an autocratic leadership style to implement change among staff members. Change is challenging, and the majority of employees cannot adapt easily. It is also frustrating when supervisors force change without being considerate to employees. However, autocratic leadership can assist the institution in attaining certain goals needed under urgent situations. Still, an intimidating working environment is unpleasant and suppresses nurse educators' potential, increasing employees' anxiety and uncertainty.

## **2.9 LACK OF COMMUNICATION**

Kapur (2020:np) claims communication is a process where individuals exchange information through a common structure of signs, symbols, or shared behaviour. During communication, people share, exchange, transmit, talk, gesture, write, and relate to others. Communication creates relationships between people and promotes the management functions of planning, organising, directing, controlling, and leading. Therefore, communication should be clear, and it is an important tool for nurse educators and management to transmit facts, opinions, and feelings (Hemberg & Sved, 2021:47). Patel, Boyd, Vineyard and LaSpina (2021:29) confirm that communication from management is an important supportive tool because it assists nurse educators in working effectively and competently with clear goals.

The researcher believes that effective communication between management and nurse educators is of utmost importance as it should aid in facilitating and managing the quality of teaching and learning in NEIs. Poor communication is a hindrance that might result in unmet objectives within the NEI, and the community's right to education could be compromised. The transaction model of communication supports the researcher's opinion and indicates communication acts as a force that shapes our realities before and after specific connections occur. It is responsible for indirect influences outside a single contact (Lapum, St-Amant, Hughes & Garmaise 2020:26).



**Figure 2.5: Transactional model of communication**

Source: Lapum, St-Amant, Hughes & Garmaise (2020)

The model illustrates the importance of communication between two persons. Communication should be sent encoded (turning thoughts into communication) and received decoded (turning communication messages into thoughts). Physical, relational, or psychological factors can enhance or hinder communication.

## **2.10 MEASURING INSTRUMENT OR TOOL TO ADDRESS WORKPLACE BULLYING**

According to Nelson, Kendall, Burns, Schonert-Reichl and Kane (2019:2), a measuring tool assists in collecting data to solve problems or monitor behaviour. Furthermore, tools to assess bullying should be developed based on the insights obtained from qualitative findings, ensuring that they encompass and validate specific elements related to power. The instruments should assist in measuring perceptions, experiences or views of power imbalance associated with being repeatedly victimised (Murray et al. 2021:130). Although a variety of assessment tools for bullying have been

created, there is still a need for measuring instruments or tools specifically tailored to bullying among nurse educators in the NEI.

Gaete, Valenzuela, Godoy, Rojas-Barahona, Salmivalli and Araya (2021:1) also affirm that there is a lack of adequate validation of tools designed to study bullying within academic settings. In the Thai academic context, Na-Nan, Virakul, Piriyakul and Russ-Eft (2022:46) developed and tested an instrument to measure workplace bullying. Because bullying is a global concern, the instrument's results grouped workplace bullying into three types: work-related bullying, personal-related bullying, and physical-related bullying. Workplace bullying can thus be grouped into these three types, though outcomes might differ. However, the instrument is relevant and realistic for different contexts encountering bullying challenges.

Anjum, Muazzam, Manzoor, Visvizi, Pollock and Nawaz (2019:1) conducted a study to provide pertinent and applicable evidence of the phenomenon within the academic sphere in Pakistan. The authors concur that an understanding of the scope and scale of bullying remains complex as it requires careful consideration to grasp its range, the extent of hostile actions, and the means used to measure it. A measuring scale was thus relevant in their context to ensure reliable and consistent results.

Creating a valid and reliable instrument to assess bullying behaviours led to a Cronbach's alpha score of 0.88, affirming that bullying, despite being underestimated, holds significant detrimental effects. Cronbach's alpha is a measuring scale of internal consistency and reliability; it measures the closeness of a set of items that are related as a group.

In conclusion, bullying can be displayed in different forms, yet its actions and behaviours are interrelated and intertwined, and it affects several individuals. Therefore, more quantitative research is needed to investigate and quantify the phenomenon. This will assist in increasing bullying awareness, improving institutions' capacity to measure and assess the scale and scope of bullying, as well as freely reporting bullying and its repercussions.



## **2.11 THE IMPACT OF PROLONGED EXPOSURE TO WORKPLACE BULLYING ON NURSE EDUCATORS**

Capper et al. (2020:166) indicate there is a high attrition rate in the profession since bullying affects individuals' workload and physical and mental well-being, leading to suicide. The result is increasingly poor teaching quality attributed to more knowledgeable and skilled nurse educators' resignations, absenteeism, and turnover in NEIs. Elsayed and Abdelwahid (2020:91) concur that bullying can lead to poor work commitment, poor productivity, and decreased performance. Sujitra, et al. (2020:539) similarly confirm that bullying affects employees' health, job morale, and quality of life, and can cause emotional and psychological exhaustion, depression, fear, anxiety, emotional exhaustion, and fatigue.

Maria (2021:46) concurs that bullying affects not only the physical dimension but also disturbs the cognitive (Intellectual and reasoning), emotional (resentment and unhappiness), social (insecurities, poor relationship with co-workers), and psychological (anxiety, irritability, anxiety, and depression) level. According to Dirgar et al. (2021:215), bullying causes low self-confidence, affecting nurse educators' self-worth and self-esteem. Employees can present with symptoms like increased stress levels, poor concentration, low energy, poor sleep patterns, and suicidal ideations, and the person may later be diagnosed with a post-traumatic disorder or major depression (Mills, et al. 2018:np).

## **2.12 IMPACT OF PROLONGED EXPOSURE TO WORKPLACE BULLYING ON NEIS' FUNCTIONING**

Hodgins, MacCurtain and Mannix-McNamara (2020:266) state that organisational factors connected with workplace bullying include increased levels of occupational stress, high rates of sick leave, and increased absenteeism, leading to work dissatisfaction and high attrition rates. Therefore, employees present with decreased energy and productivity. Mills et al. (2018:np) claim bullying is expensive for most organisations because employees' physical and psychological health is impacted, resulting in low self-sufficiency, increased workloads, and a high rate of absenteeism, further increasing individuals' exposure to bullying. The ILO (2019:28) agrees

employers are affected by the impact of workplace bullying, including increased rates of absenteeism, a rise in lost workdays, and a reduction in overall productivity. Notably, in the United Kingdom, organisations have reported a loss of more than 33.5 million days of work because of absenteeism resulting from bullying since 2007. This has led to nearly 200 000 employees in the United Kingdom leaving their jobs since 2007, and over 100 million days of lost productivity, equating to £13.75 billion per year.

In Australia, bullying's impact on employers and the nation's economy is estimated to range from \$6 billion to \$36 billion annually, as outlined in the 2018 Australian Productivity Commission report. Furthermore, statistics from the United Kingdom in 2020, according to ILO (2019:28), show that the country experienced a loss of 35.2 million workdays during the 2019/20 period due to stress, depression, anxiety, and musculoskeletal disorders. This equates to an average of 21.6 days off work per working individual annually for reasons related to stress, depression, or anxiety.

Glambek et al. (2018:301) explain that nurse educators' job security can be impacted due to workplace bullying, and their work environment can feel unsafe, vulnerable, and unstable, leading to a lack of commitment. Therefore, bullied employees often pursue employment in other companies.

## **2.13 SUMMARY**

This chapter presented the reviewed literature and outlined workplace bullying's nature and how it manifests in the workplace. Different authors' definitions of bullying were explained, and significant features were emphasised. Workplace bullying traits were illustrated as prolonged, repetitive harmful actions or behaviours that intend to harm the victim. These intentionally harmful actions target defenceless persons and are often attributed to an imbalance of power between the victim and the bully. According to researchers, bullying can be overt-passive or covert-active, damaging individuals' health and organisational working environments.

It was evident that South African legislation does not include bullying within its scope; therefore, bullying is still undermined, though it is considered a worldwide workplace cancer. Contributing factors were explored, and the chapter concluded by describing

bullying's impact on employees and the organisation. Some of its effects are irreversible, resulting in permanent disability or illness.

The literature review revealed several gaps pertinent to the study's aims, including a dearth of research concentrating specifically on bullying among nurse educators within NEIs; an absence of targeted legislation to combat workplace bullying in these settings; legislative frameworks that are deficient in strong enforcement measures for anti-bullying policies and accountability for bullying actions; a lack of legislative provisions for preventative support measures, such as anti-bullying education and training initiatives; insufficient examination of the unique bullying dynamics present in NEIs, characterised by distinct power structures, hierarchies, and interpersonal relations; a scarcity of comprehensive data on the frequency of bullying occurrences within nursing education, including reporting rates and intervention measures; limited investigation into the enduring impacts of bullying on nurse educators and the resultant quality of education for students; and an insufficiency of robust evaluation tools for assessing workplace bullying in nursing education environments.

The research design and methods are presented in Chapter 3.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

Chapter 2 provided a comprehensive review of the literature. This chapter describes and delves into the research design and method. The research design and methods were chosen for their suitability and relevance to the study's purpose and objectives. Therefore, this chapter is intricately linked to the introduction, background, rationale, and problem statement. It provides an overview of the research methodology, encompassing the research design, data collection, and analysis strategies. Additionally, this chapter describes the measures taken to ensure trustworthiness and any methodological challenges that were encountered. The study adopted a qualitative approach guided by Husserl's descriptive phenomenology (Neubauer, Witkop & Varpio 2019:93).

#### **3.2 RESEARCH DESIGN AND METHODS**

Grove et al. (2020:30) articulate that a research design is a structured plan to guide a study's execution. Concurrently, Hennink, Hutter and Bailey (2020:295) explain the research method refers to the approach adopted for gathering and analysing data.

##### **3.2.1 Research design**

The research design serves as both a strategy and a method, ranging from broad statements to comprehensive data collection and analysis approaches. It involves the alignment of philosophy, inquiry strategies, and specific research methodologies, as noted by Tomaszewski, Zaretsky and Gonzalez (2020:2). According to Grove et al. (2020:30), the research design is a plan detailing how a study will be conducted, providing a framework that includes methods for collecting, analysing, and interpreting data.

To develop a framework for the management of nurse educator bullying in the context of NEIs, a qualitative, explorative, descriptive phenomenology, and contextual research design was employed (Tomaszewski et al. 2020:7). This design aims to acquire precise, objective, and applicable information to accurately, factually, truthfully, and efficiently address the research questions (Kumar 2019:98). In essence, the research design serves as a blueprint for how the researcher explores the fundamental problem of the research study. Consequently, the research design influences the type of data collected and, by extension, the obtained findings. The selected research design for this study promoted a deep understanding of all the stages involved in developing a framework for managing nurse educator bullying. A detailed explanation of the selected research design follows.

### **3.2.1.1 Qualitative**

A qualitative research design was the predominant approach employed in structuring this study. A qualitative design is a holistic and in-depth inquiry through rich data collection using a creative and flexible research design (Polit & Beck 2020:780). Tomaszewski et al. (2020:7) stated that qualitative research is a system that uses a subjective approach to describe a phenomenon under study. Grove et al. (2020:70) concur that qualitative research is a methodical, logical, interactive, subjective, and natural approach that describes the phenomenon. The purpose of qualitative research is to discover and describe (in a narrative style) individuals' daily life experiences and the significance attached to the actions undertaken, as highlighted by McDowell (2019:77). This approach was chosen because it enabled the researcher to delve into the in-depth complexity and rich aspects of nurse educators' and stakeholders' experiences related to bullying within the field. Therefore, based on the qualitative approach, the researcher explored the phenomenon in-depth and in a natural way by interacting with and conducting one-on-one interviews and collecting rich data from participants. Participants freely shared their lived experiences regarding the phenomenon.

### **3.2.1.2 Exploratory**

This study is exploratory as its primary aim was to gain fresh insights and knowledge to sustain the researcher's interest in bullying in an NEI (Polit & Beck 2020:26). Hence, bullying was explored comprehensively in the existing literature to identify research gaps and discover new knowledge. The lived experiences of nurse educators and stakeholders were explored in phase one. Phase two's literature control process assisted the researcher in developing a framework, and in phase three, the framework for managing nurse educator bullying in NEIs was validated.

### **3.2.1.3 Descriptive, transcendental phenomenological approach**

Phenomenology, as a philosophical approach, is dedicated to the descriptive analysis of phenomena as they manifest naturally, aiming to articulate experiences, including actions, emotions, and thoughts, without attempting to explain them (Emiliussen et al. 2021:1). It seeks to capture the essence of phenomena as directly experienced, focusing on the meanings and constructs central to the experience (McDowell 2019:77).

In this study, the descriptive phenomenological method, as proposed by Moustakas (1994:29), was employed to provide a detailed account of nurse educators' and stakeholders' real-life experiences with workplace bullying within NEIs. This approach was selected for its naturalistic inquiry, which facilitates the discovery of intrinsic meanings of lived experiences. Moustakas (1994:34) emphasises the concept of epoché or bracketing, where the researcher sets aside their personal preconceptions to engage with the experiences as if they were entirely new.

The research unfolded in three phases: the first involved a comprehensive exploration of nurse educators' and stakeholders' lived experiences of bullying in NEIs, while the second and third phases delved into the development and validation of a framework to address this phenomenon. The participants' narratives of their experiences with bullying, along with their associated emotions and thoughts, were documented without the researcher's subjective influence, ensuring that the phenomenon was presented in its original form (Oshodi, Bruneau, Crockett, Kinchington, Nayar & West 2019:2).

The aim was to grasp both the 'what' and the 'how' of their experiences, with the researcher capturing the phenomenon the participants described and gaining an in-depth understanding of its significance within the context of NEIs. Through descriptive phenomenology, the researcher systematically communicated on the core elements of these experiences, both verbally and in writing, to clarify their relevance and impact on nurse educators and stakeholders.

Umanailo (2019:1) outlines the phenomenological characteristics and steps as follows:

#### **a) Characteristics of phenomenology**

The following are the core characteristics of phenomenology:

- **Reduction**

Reduction is a process where the researcher summarises data by choosing important basic information or themes without deviating from participants' meaning by applying Colaizzi's analysis method. Any assumptions and biases about the phenomenon are deferred and do not contaminate the description of participants' statements, ensuring that their meanings remain authentic (Oshodi et al. 2019:3).

- **Essence**

Essence refers to the fundamental or core nature of personal experiences in certain phenomena. The essence involves exploring the phenomenon by applying imagination, intuition, and reflection. In this study, bullying is considered a significant occurrence, and it was crucial for the participants to express their deeply felt personal encounters related to bullying. Additionally, they described the core nature of bullying based on their lived experiences, reflecting on their history, using their senses, and applying their imagination to different series of bullying events that occurred.

- **Intentionality**

Siewert (2022:np) describes intentionality as a person's mental awareness of things, events, or objects. Intentionality refers to the focus, direction, or origin of thoughts

about various items, matters, conditions, and personal experiences. Phenomenology applies two concepts, 'noesis' and 'noema', to express intentionality (state of mind/thinking). Since intentionality is an application of a state of mind, it can be referred to as the relationship between noema and noesis directing experiences' interpretation.

'Noema' is an objective aspect of real behaviour, experience, the content of thought judgements, or perceptions. 'Noesis' is a subjective aspect, which entails acting intentionally with experience and is the highest form of knowledge. In this study, participants intentionally shared their experiences and knowledge about workplace bullying because they were describing real situations. Consequently, reality cannot be questionable; it is what it is. Unfortunately, reality is unpredictable according to each person's experience, and no individual understands what reality truly is; however, an individual's state of mind depends on their thoughts and experiences with the event (Emiliussen et al. 2021:1).

#### **b) Steps in the process of descriptive phenomenology**

- Step one is intuiting. In this phase, the researcher fully understands and is open to the phenomenon as the participants describe their lived experiences. Engaging in the process of intuition enabled the researcher to involve herself in the phenomenon and avoid criticising or being judgemental of participants' views to gain a true picture of the meaning to be reflected. In this study, the researcher was the primary instrument in the interview process. The researcher asked open-ended questions, applied various communication techniques, such as probing, and collected thick, rich participant data. The interviews were recorded, and the researcher was immersed in the phenomenon as the interviews were continuously listened to.
- Step two is analysing: the researcher recognised the meaning of the phenomenon that was scrutinised and explored the relations and connections between the collected data. Crucial data were carefully analysed, and the researcher selected rich data to present a genuine and clear picture of the phenomenon. In this study, the researcher spent extensive hours reading the transcripts, comparing facts, and



making sense of the 'whole'. Recurring themes were identified, and Colaizzi's data analysis method was applied in analysing the findings (Polit & Beck 2020:12).

#### **3.2.1.4 Contextual**

The study was contextual because it focused on events happening naturally or in a natural setting. Natural settings are real-life situations that cannot be manipulated since they control the whole setting (Polit & Beck 2020:740). The researcher conducted the research in five NEIs (natural settings) in Gauteng. Therefore, the researcher needed to describe and clarify the context in which the framework was developed in depth.

#### **3.2.1.5 Reasoning strategies**

Throughout the study, the researcher employed a variety of reasoning strategies. As a result, the researcher could construct rational arguments that contributed to the exploration, comprehension, description, and organisation of the bullying concept. The appropriate use of these reasoning strategies yielded a comprehensive description of the bullying phenomenon and the development of a framework for managing nurse educator bullying in NEIs. Nevertheless, it is important to note that the effectiveness of reasoning strategies is contingent upon the appropriateness and accuracy of initial information (Polit & Beck 2020:538). The following section describes the reasoning strategies used in this study, including analysis, synthesis, inductive reasoning, deductive reasoning, and inference.

##### **a) Analysis**

Data analysis is an active and interactive process of collected data being broken down into original parts and understanding data's fundamental components. As the collected data were organised, it was further divided into the most significant and least significant parts for meaning clarification (Polit & Beck 2020:540). Data accuracy was reflected throughout the process of organising and clarifying data, and meaning was maintained.

During data collection in phase one, the researcher employed an inductive analysis of nurse educators' and stakeholders' views regarding the management of bullying in NEIs. Inductive and deductive analyses were employed to derive insights from phase one's findings, and they were aligned with relevant existing literature. The data analysis outcomes, along with conclusive statements, formed the foundation for developing and validating a framework for managing nurse educator bullying in NEIs (Grove et al. 2020:75).

## **b) Synthesis**

Synthesis means bringing irrelevant and unconnected information together, forming a new whole for data to make sense and describing the relations in data (Grove et al. 2020:175). According to Grove et al. (2020:175), synthesis is the combination and connection of ideas from numerous unconnected sources to form or to put together a 'whole', perceived as common knowledge and unknown in a field of study. Since synthesis also includes data interpretation, the researcher consolidated information from the detailed accounts of nurse educators' and stakeholders' experiences concerning bullying. This process led to the creation of meaningful categories in which the associated meanings of bullying were organised and highlighted. Furthermore, the synthesis technique was instrumental in finalising the themes based on the insights derived from nurse educators' and stakeholders' experiences related to bullying in NEIs. Synthesis was also applied to extract the key arguments from the literature, ensuring alignment with the empirical data, and it aided in structuring the step-by-step framework. Lastly, the synthesis method was used to develop schematic representations and depict the framework.

## **c) Inductive reasoning**

Inductive reasoning entails providing a detailed description of a phenomenon before offering a broader, generalised explanation. It involves formulating a universal statement based on observations of specific occurrences or events (Chinn et al. 2022:230). In this study, the researcher fully immersed herself in the perspective of the phenomenon by accurately describing events as they unfolded, and themes and

categories were constructed from the data. Subsequently, the researcher constructed a framework that depicted events that were observed and described.

Furthermore, the research design employed in this study was qualitative, explorative, descriptive, and contextual, which implies empirical data collection was performed using an inductive approach. The inductive reasoning strategy was thus employed during data collection until data saturation was achieved. Themes emerged and were finalised using Colaizzi's analysis method (Chinn et al. 2022:198). Consequently, the empirical findings obtained from the collected data were supported by reviewing existing literature and engaging in the literature control process.

#### **d) Deductive reasoning**

Deductive reasoning involves formulating conclusive judgments on a subject based on the information a researcher gathered. This method of logical reasoning involves deriving conclusions from multiple premises or assuming the truth of specific statements. In this study, deductive reasoning was applied during the literature review, involving the examination of journals, articles, internet sources, and existing literature to categorise information. Deductive reasoning was also used when final themes were formulated and compared with the collected data. Deductive reasoning also played a role in shaping conclusive statements during literature control discussions. Additionally, it was employed in developing the framework, adhering to the principles outlined by Chinn et al. (2022:160).

#### **e) Inference**

Inference involves a conclusion being substantiated by building on other established premises, essentially deriving the unknown from the known. Inferences are, therefore, a matter of significant attention and concern, as emphasised by Grove et al. (2020:510). In this study, the researcher used inference when examining the existing literature. Moreover, the construction of inferences was rooted in phase one's collected data, which involved exploring nurse educators' and stakeholders' experiences with workplace bullying in NEIs. Furthermore, inferences were crafted

during the literature control process and in the framework's development and validation.

### 3.3 RESEARCH METHODS

The research methodology is a demanding strategy that is logical, systematic, and includes all steps and approaches for data collection and analysis in a study (Grove et al. 2020:41). Grove et al. (2020:41) further state that it involves the population, study sample and sampling methods, data collection procedures, data analysis strategies, and considerations of trustworthiness.

#### 3.3.1 PHASE 1: Nurse educators' and stakeholders' lived experiences regarding bullying in NEIs

Phase one described the research methods and focused on the population, sample and sampling method, data collection method, data analysis, and measures of trustworthiness.

##### 3.3.1.1 Population

According to Tomaszewski et al. (2020:1), a population refers to a target or specific persons/individuals the researcher aims to investigate. The accessible population for this study included vice-principals and principals (N=11), heads of departments (N=27), and nurse educators (N =191).

**Table 3.1: Profile of the study population**

Participants	Accessible population	Target
Vice and Principals	11 (N=11)	4 (N=4)
Head of departments	27 (N=27)	4 (N=4)
Nurse educators	191(N=191)	12 (N=12)

### **3.3.1.2 Sample and sampling method**

The sample comprises the population or persons included in the study (Roestenburg Fouche & Strydom 2021:210).

### **3.3.1.3 Sampling method**

A specific sampling method was required since the researcher wanted to select nurse educators, heads of departments, vice principals, and principals who acquired rich knowledge and demonstrated a willingness to participate by signing consent forms. The researcher intended to select a subgroup of participants to represent the entire population. Purposive and non-probability sampling methods were therefore used (Tomaszewski et al. 2020:1).

#### **a) Non-probability sampling method**

A non-probability sampling method assisted the researcher in identifying and locating potential participants with the same characteristics who were ready to partake in the study. According to Sigudla (2020:88), the main objective in employing a non-probability sampling approach is not to provide an equal chance for all elements in a population to be included in the study. Instead, the aim is to confirm that the chosen participants have knowledge and experience about the phenomenon being explored and can articulate their intense experiences during interviews.

#### **b) Purposive sampling method**

According to Kumar (2019:209) and Polit and Beck (2020:748), purposive sampling entails selecting a specific and appropriate population, behaviour, or group of people that possess rich, in-depth information regarding the research phenomenon and can be used for the study. The researcher used purposive sampling based on the research problem because the selected participants had experiences with the phenomenon, and differences among them were maximised during the discussions. In this study, the researcher selected nurse educators and stakeholders from NEIs who provided authentic information to accomplish the objectives of the study and gain new meaning.

### **b.i) Inclusion criteria**

In this study, the designated population satisfied the following criteria:

- Nurse educators, heads of departments, vice principals, and principals aged 28 to 64.
- Nurse educators who acquired a qualification and registration as a certified nurse educator under Regulation 118 of 1987 by the SANC.
- Nurse educators employed in a government NEI with more than two years of teaching experience.

### **b.ii) Exclusion criteria**

In this study, the following exclusion criteria were applied:

- Nurse educators, heads of departments, vice principals, and principals younger than 28 or older than 64 years.
- Nurse educators who were employed with less than two years of teaching experience.
- Nurse educators employed in private NEIs.

Data saturation was reached by the 20th participant, who determined the sample size since no new information emerged from the interviews at that stage (Braun & Clarke 2019:202).

#### **3.3.1.4 Data collection**

Data collection is the systematic acquisition of pertinent information from participants, essential for answering the research questions and fulfilling the study's aims (Grove et al. 2020:670; Polit & Beck 2020:730). For this investigation, in-depth semi-structured individual interviews were conducted from December 2021 to March 2022. These interviews used open-ended questions that were established in advance to guide the discussion (Eppich, Gormley & Teunissen 2019:85).

### **a) The individual in-depth and semi-structured interviews**

The researcher conducted 20 individual in-depth, semi-structured interviews. According to Grove et al. (2020:262) and Eppich et al. (2019:85), an in-depth, semi-structured interview is organised around specific areas of interest but allows for substantial flexibility in depth and scope. This type of interview is highly adaptable for collecting verbal and non-verbal data. Roestenburg et al. (2021:212) define an 'in-depth interview' as a deliberate effort to gain insight into the real-life experiences of individuals and delve into the unique perspectives and personal realms they inhabit. In semi-structured interviews, researchers may encounter information or knowledge that was previously known; but in this case, the researcher discovered new, authentic information, often laden with significant emotions and meanings. Moreover, during the interviews, follow-up inquiries helped create an atmosphere where participants felt comfortable sharing their profound experiences freely without coercion.

As a data collection strategy, interviews ultimately had several benefits, including eliciting and stimulating participants' thoughts and generating in-depth and coherent experiences without hesitation. The interview questions facilitated probing and the free flow of discussions. The participants felt at ease and open during the interviews because the environment provided a safe and conducive space to discuss the phenomenon. From a researcher's perspective, this method was advantageous as it allowed for the extraction of comprehensive and detailed information from the participants.

### **b) Interview procedure**

Data collection commenced after obtaining ethical approval from the Faculty of Health Sciences Research Ethics Committee (REC 012714-039), the Higher Degrees Committee (HSHDC 979/2020) (Annexure A), and the Gauteng Department of Health Provincial Protocol Review Committee (GP202006 007) (Annexure C), along with consent from the NEIs and participants (as specified in Annexure C, E, G, I & K).

All interviews were conducted at times convenient for the nurse educators and stakeholders. The researcher arrived 15 minutes before the designated time to make

the necessary preparations, as suggested by Coleman (2020:1881), who recommends a quiet and private location for interviews to minimise the recording of irrelevant sounds. Most participants in this study chose to be interviewed in the comfort of their homes, where the environment was conducive to meaningful discussions, free from disruptions like ringing phones and background noise. All participants ensured that their phones were in silent mode to reduce distractions.

Most interviews occurred in participants' dining rooms or study areas, with dining or study tables arranged formally, allowing for eye contact and face-to-face interactions. Interviews were typically scheduled for any time between 13:00 to 19:00, depending on the participants' preferences. Participants permitted the researcher to use high-quality audio recorders during the interviews, ensuring precise data recording. These recorders were chosen because they require minimal management once activated. Before commencing the interviews, the researcher replaced the recorder's batteries to prevent any interruptions during the interviews. A cell phone and a laptop were also on hand as recording backups, and they were used to store additional documents such as consent forms and field notes (Sah, Singh & Sah 2020:1880). To protect their confidentiality and anonymity, participants selected codes for their names or opted for pseudonyms.

The following questions were asked during interviews with NEIs' heads of departments, vice principals and principals:

- a) Tell me about bullying in this NEI.
- b) How would you describe the identity of a bully in the workplace? (speaks to habitus)
- c) How is the status quo regarding bullying maintained? (speaks to practice and power)
- d) Describe how you would typically manage instances of bullying in this NEI.
- e) How would you assist a bully who seeks assistance in the workplace?
- f) What suggestions do you have for managing bullying and power in this NEI?

The following questions were asked during interviews with nurse educators:

- a) Tell me about your bullying experience in a NEI.



- b) How would you describe the identity of a bully in the workplace? (speaks to habitus)
- c) How is the status quo regarding bullying maintained? (speaks to practice and power)
- d) What suggestions do you have for managing bullying and power in this NEI?

The researcher remained attentive, recording all communication cues, including sounds, observed actions, and noted thoughts throughout the data collection phase. This approach, influenced by Busetto et al. (2020:4), facilitated the collection of rich and detailed data through effective communication techniques.

### **c) Communication techniques**

The researcher employed various communication techniques to elicit more in-depth and enriched information while collecting data. These techniques facilitated a thorough data exploration, and verbal communication was meticulously recorded during the interviews. The following communication techniques were used: probing, active listening, clarifying, paraphrasing, silence, and summarising.

- Probing was used to gather very specific, in-depth information, like participants' opinions, thoughts, and emotions, to understand the nature of their reactions. Additionally, probing assisted participants in focusing on and engaging with one question without any distractions. The researcher facilitated arguments by asking open-ended probing questions throughout the interviews.
- Active listening means paying undivided attention to participants' speeches, actions, and expressions while decreasing disturbances in the surroundings. The researcher uninterruptedly listened during interviews and observed participants' non-verbal signs. Furthermore, the researcher maintained minimal verbal responses by occasionally nodding her head throughout the interviews. The researcher sat face-to-face with each participant, maintaining an open posture and eye contact.
- Clarifying was used to clarify ambiguous and irrelevant information to maintain precise focus. The researcher thus made more comprehensible or understandable statements to clarify any confusion after the participants described the basic nature of their statements.

- Paraphrasing was used when the researcher restated the participant's original message or phrase in her own words with similar meaning. The participant's raw data were reiterated with more precise words without losing the original meaning.
- Silence allowed participants to think deeper and gather their thoughts about what they wanted to share. The researcher kept quiet and offered long pauses, allowing the participants to express themselves without any interruptions.
- Summarising involves providing a brief explanation of primary or essential points. Hence, after each interview or discussion, the researcher highlighted the key points and main themes. This served as a prompt to encourage participants to provide additional details about their arguments or statements.

Each participant's interview lasted between fifty minutes to two hours and forty-five minutes, with data saturation determining the length of the interview. According to Sah et al. (2020:1150), participants could compose themselves if they became uncomfortable, overwhelmed, or frustrated during the interview. In this study, some participants exhibited sadness while describing their experiences and emotions. However, they declined to terminate the interview and insisted on continuing. Other participants experienced discomfort during the interview, and the researcher stopped the interview, debriefed, and supported the participants by allowing them to express their feelings and emotions. For participants who preferred to consult privately, the researcher referred them to a counsellor/social worker at no cost. A few participants stated they could not continue the interview, and the researcher concluded the interview and rescheduled it according to the participant's wishes. The researcher ensured that all participants had sufficient time to delve into their experiences related to workplace bullying in NEIs, and they were encouraged to seek clarification by asking questions if anything was uncertain.

Field notes were diligently recorded throughout the entire interview process.

#### **d) Field notes**

According to Polit and Beck (2020:548), field notes are observations that are documented during or immediately after interviews in the field. The observations document what the researcher saw, heard, and felt during the interview. Therefore,

readers can imagine and experience what the researcher observed. When an interview concluded, the researcher documented and captured any non-verbal cues such as facial expressions, body language, position changes, mood changes, confidence states, and participants' reactions to the experiences they described. All field notes were captured and dated accordingly.

The following observational and personal notes were taken (Polit & Beck 2020:548):

#### **d.i) Observational notes**

Observational notes record participants' objective actions as the researcher observed them during the interview (Polit & Beck 2020:548). Feelings of sadness, anger, and resentment were observed every time participants shared they experienced harmful actions or behaviour from others. Often, this sadness was expressed through teary eyes, a high pitch, a shaky voice, or not maintaining eye contact with the researcher.

#### **d.ii) Personal notes**

Personal notes pertain to the researcher's experiences, emotions, and feelings while actively collecting data in the field (Polit & Beck 2020:560). As the researcher listened to the nurse educators and stakeholders, she noticed that the majority of them were unhappy and hurt by their experiences with bullying in the NEI. Some cried during the interview, others voiced anger at bullies or themselves. These observations resulted in the researcher becoming emotionally distressed. Moreover, she realised that most victims were powerless and helpless as their innocence was taken for granted and provided ammunition to the bullies.

### **3.3.1.5 Data analysis**

Data analysis involves systematically organising and synthesising research data (Polit & Beck 2020:380). In this study, the data analysis process commenced during the data collection phase through interviews. Transcripts were read and reread to facilitate a thorough interpretation of the data (Polit & Beck 2020:380; Yi, Yan, Zhang, Yang, Huang & Yang 2022:4). Transcriptions were created from the recorded interviews, and

the researcher listened to the interviews multiple times to prepare for the verbatim data transcription.

An independent professional transcriber was responsible for the verbatim transcription of the data, ensuring accuracy in reflecting what participants had conveyed in the audio recordings. The researcher and an independent co-coder (see Annexure O) conducted the subsequent data analysis manually, and no software was used for this purpose. The data analysis process required the researcher to be involved in complex cognitive activities, encompassing reasoning strategies, critical thinking, and critical examination. The researcher and the independent coder separately analysed the recorded data, verbatim transcripts, and field notes. In addition, they collaborated to navigate through the data by following Colaizzi's data analysis steps. The independent coder, selected for her qualitative research expertise and role as a nursing education professor, offered valuable insights during the analysis.

The researcher and the independent coder ultimately held a consensus meeting to ensure the accuracy of identified themes, data grouping, and finalise the themes. The final themes emerged from the nurse educators' and stakeholders' shared experiences with bullying in NEIs. To validate the authenticity of these themes and the participants' experiences, separate individual meetings were conducted with nurse educators and selected stakeholders who confirmed that the final themes accurately reflected their experiences, enhancing the study's credibility. Their consistent feedback emphasised the accuracy of the final themes.

To gain a deep understanding of the phenomenon, the researcher thoroughly read the collected data multiple times, following the recommendation of Polit and Beck (2020:15). The qualitative data in this context were presented in a narrative format, and included verbatim dialogues between the researcher and participants, with field notes and observations taken into account during data analysis. The researcher followed Moustakas' (1994) and Colaizzi's data analysis methods (Yi et al. 2022:4):

### **Step 1: Familiarisation**

Transcripts were read several times to obtain a general picture of nurse educators' and stakeholders' bullying experiences and develop some ideas about the phenomenon (Polit & Beck 2020:315).

### **Step 2: Extraction of significant statements**

Significant statements were underlined as the transcripts were read and the main significant statements were extracted. The researcher continued reading each written transcript and gained a deeper understanding of the text, thus allowing the researcher to extract significant statements and organise new meanings.

### **Step 3: Formulation of new meanings of each significant statement (hidden and disclosed)**

New meanings from crucial statements were connected to participants' statements, and essential themes were reflected. Each underlying meaning was coded and typed in a different code or colour.

### **Step 4: Organisation of themes into clusters**

Established codes were compared and organised to formulate meanings as themes. Clusters of themes and sub-themes were created and confirmed by comparing them with the original protocols.

Various portions of the text were examined, and similar ones were combined to discover similarities and differences in the data. All themes were considered, including ones that were deemed unfitting to the study's purpose.

### **Step 5: Integrate results into an in-depth description of the phenomenon**

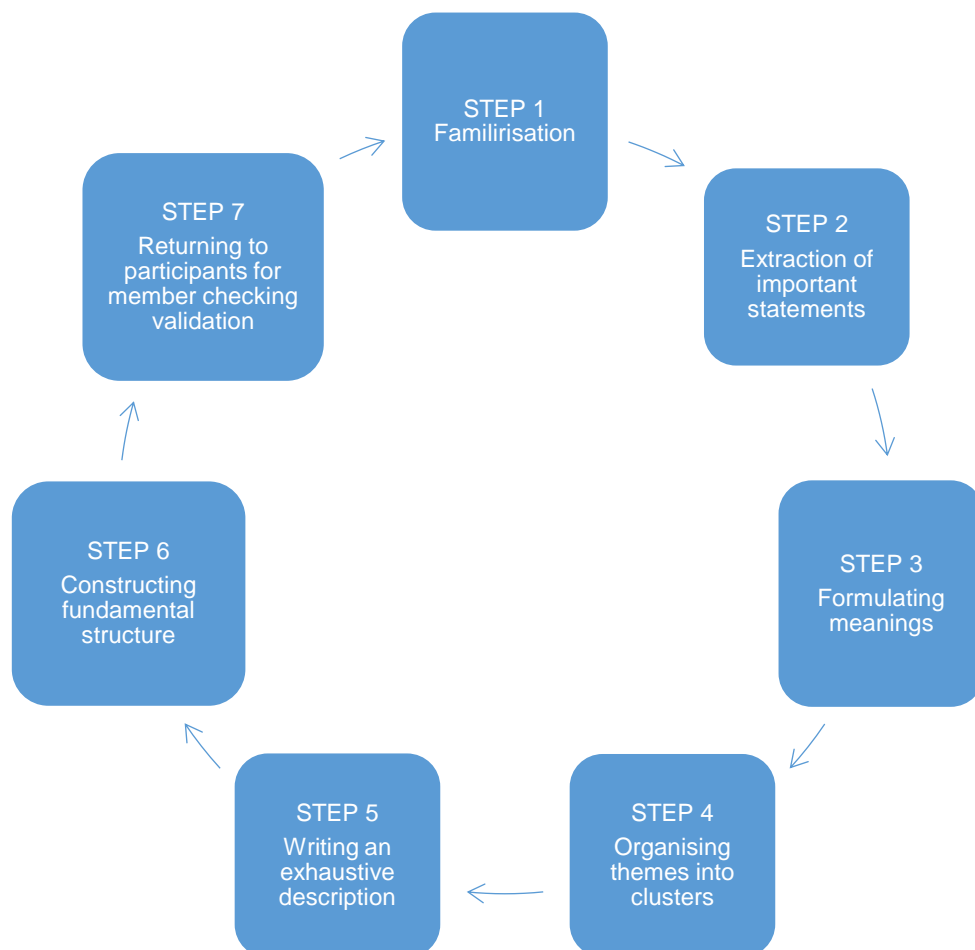
The significant statements, formulated meanings, and categorised information were thoroughly incorporated into each theme, providing comprehensive descriptions. The phenomenon of bullying is presented in this thesis, accompanied by a full and detailed description of participants' experiences with this phenomenon.

**Step 6: Constructing a fundamental structure by writing and re-writing themes and categories according to quotes confirming the findings**

Themes, subthemes, and explanations were narrowed to their original structures, supported by participants' quotes. Similar or meaningful subthemes were merged into the main categories, and a consensus was reached by the researcher and independent coder.

**Step 7: Returning to participants for member checking**

A follow-up interview was conducted with each participant via telephone. Each participant was allowed to respond to the analysed data, and alterations were made according to their feedback. All the participants agreed that the results reflected their real experiences.



**Figure 3.1: Summary of Colaizzi's seven steps of data analysis**

Source: Yi et al. (2022:4)

### **3.3.2 Phase 2: Framework development**

In the second phase, the researcher conceptualised the findings. Conceptualisation is a process that involves the analysis and clarification of fundamental terms, the shaping of ideas into coherent concepts, and the integration of research findings into existing frameworks (Broom 2021:1767). This process allowed the researcher to position the empirical findings within the existing literature and interpret the data to enrich the findings with additional meaning and new knowledge. In this study, participants' experiences concerning bullying within NEIs were conceptualised within the existing and relevant literature, guided by the thinking tool of Dickoff et al.'s practice theory (1968a:422).

The researcher developed a conceptual framework for managing nurse educator bullying in NEIs based on the research findings and existing literature. Dickoff et al.'s (1968) survey list of practice theory elements served as a thinking tool, offering the foundational principles for advancing knowledge and generating novel ideas in the context of this study. This conceptual framework thus encompassed six elements of activity, including the agent (those who performed the activity), recipient (those who received the activity), context (the setting where the activity occurred), dynamics (the sources of energy for the activity), procedures (the guiding techniques and steps of the activity), and outcomes (the end result of the activity). Chapter 6 of the study contains a comprehensive discussion of the conceptual framework.

### **3.3.3 Phase three: Framework validation**

This section delved into the critical process of validating the framework that was developed to manage nurse educator bullying in NEIs. By analysing its components, clarity, and practicality, the researcher aimed to ascertain the framework's suitability for real-world workplace implementation and its potential to bring about meaningful change in the nursing education environment. While validating this framework, the researcher explored key considerations and methodologies, highlighting its pivotal role in addressing this critical issue within NEIs.

The framework's validation involved the use of the Delphi method, which is a tool employed to gather judgments from multiple experts in various fields to aid decision-making (Fathullah et al. 2023:1). This validation process engaged 10 expert panel members who individually and anonymously validated the framework. A five-point Likert scale was used to validate the framework's understandability, credibility, feasibility and quality.

In addition, the framework for managing nurse educator bullying in NEIs was validated using Chinn et al.'s (2022:160-180) validation strategy. This method was specifically employed to assess the framework's clarity, simplicity, generality, accessibility, and importance. The validation process involved participation from academic scholars and managers. The outcome of the validation confirmed the framework's feasibility, its contribution to new knowledge, and its practical applicability.

The framework's clarity was a focal point of validation. This encompassed the framework's transparency, including how easily it could be understood and its coherence. To assess clarity, the researcher considered semantic clarity, semantic consistency, structural clarity, and structural consistency (Chinn et al. 2022:171).

The simplicity of the framework was another key aspect under scrutiny. Simplicity was observed in the number of concepts being presented in the framework and their structural organisation. Efforts were made to minimise complex relationships between various concepts and include only essential information, resulting in a straightforward and uncluttered framework.

The framework's generality entailed determining how the framework could be applied to various bullying situations. A more general framework is versatile and valuable. In this case, the framework was thoughtfully designed to effectively address bullying concerns in NEIs while aligning with international standards, quality norms, and regulations, with the ultimate goal of enhancing and sustaining positive working environments worldwide.

Accessibility focused on how well the concepts within the framework were grounded in empirically identified phenomena and the feasibility of achieving the anticipated



outcomes. This was achieved through a thorough examination and description of the research findings, relationship testing, and purposeful implementation, enhancing the framework's empirical accessibility.

Lastly, the importance of the framework was determined by its relevance and practical value. The assessment considered how the framework would support NEIs and inform actual practices. It was important to evaluate its potential impact on managing bullying in NEIs through real-world applications (Chinn et al. 2022:177). This assessment was therefore vital to understand the framework's value in addressing a critical concern in nursing education.

The framework's validation is discussed in depth in Chapter 7 of the study.

### **3.4 TRUSTWORTHINESS**

According to Oshodi et al. (2019:4), trustworthiness refers to the level of confidence that the researcher has in their qualitative method and in the data they have assessed and analysed. The aim is to strengthen the argument that the investigation's findings carry significance. Trustworthiness measures, as outlined by Lincoln and Guba (1985:289-331), have been established and detailed. These measures include credibility, transferability, dependability, confirmability, and authenticity (Lincoln & Guba 1985:289). It is the researcher's responsibility to provide an in-depth description of trustworthiness; however, the actual construction of trustworthiness lies with prospective researchers aiming to replicate the study (Lincoln & Guba 1985:289).

#### **3.4.1 Credibility**

Credibility serves as a method to evaluate researchers' degree of confidence in the authenticity of their data; in this study, reflecting the results of the examined experiences of nurse educators and stakeholders concerning bullying in NEIs as a genuine and truthful representation (Lincoln & Guba 1985:301). Credibility was attained through prolonged engagement, persistent observation, triangulation, member checking, peer briefing, structural coherence, and the researcher's expertise, all aimed at enhancing the findings' trustworthiness.

### **3.4.1.1 Prolonged engagement**

The researcher immersed herself in the collected data by listening to audio recordings and reading transcripts repeatedly immediately after data collection and after verbatim transcription (Lincoln & Guba 1985:301).

#### **a) Persistent observation**

The researcher dedicated ample time to carefully observe, recognise, and document the distinctive and significant attributes and factors that were relevant to the study, subsequently delving deeper into them. All interviews took place in settings of the participants' choosing, primarily in their own offices and homes, to ensure their comfort. Various communication techniques were applied during data collection to gain comprehensive insights from participants. Additionally, the researcher maintained field notes to record verbal and non-verbal communication dynamics throughout the interviews (Lincoln & Guba 1985: 301).

#### **b) Triangulation**

Triangulation ensures the faithful representation of reality and substantiates findings through diverse and multiple sources (Lincoln & Guba 1985:305). Empirical data were gathered using individual interviews, ensuring accuracy through in-depth, semi-structured questioning. The researcher maintained handwritten field notes and employed various communication techniques. The collected data were purposefully analysed and coded by the researcher and an independent coder using Colaizzi's approach to data analysis. Final themes derived from the data were also verified with participants. Throughout this process, a thorough review of relevant literature was conducted to contextualise and interpret the findings, integrating them into existing appropriate sources.

#### **c) Member checking**

Member checking was implemented during the data collection phase. The researcher consistently used paraphrasing and reflection as communication techniques during

interviews to validate the accuracy of her interpretation of the collected data based on participants' responses. Verbatim quotations were employed to faithfully represent participants' clear and precise experiences regarding bullying in NEIs. This was done to confirm whether the conclusions drawn from the final themes accurately reflected the participants' genuine experiences. Subsequently, the collected data were verified through follow-up in-depth interviews with 20 nurse educators and stakeholders. Member checking also ensured the researcher's impartiality in assessing and understanding the research findings (Lincoln & Guba 1985:314).

#### **d) Peer briefing**

Peer briefing is when one provides information or shares insights and knowledge with a peer or colleague. It is a way for peers to exchange knowledge or offer guidance on a particular topic, project, or issue. Peer briefing can occur in various contexts, such as educational settings, the workplace, or informal social settings. It is a form of informal communication and knowledge sharing among peers (Lincoln & Guba 1985:308).

In this study, the researcher shared the knowledge gained from the study with other researchers during conferences. In 2020, the researcher presented the proposal for the study in London during the 4th Common World Health Conference. Additionally, the researcher presented phase one's findings at Unisa's Research Day in September 2022.

#### **e) Structural coherence**

Structural coherence ensures alignment between the collected data and its interpretation, thereby enhancing the credibility of the arguments. This is important because ambiguities may arise during data collection, and if these are addressed during data interpretation, the study's credibility is strengthened. The researcher collaborated with the independent coder to ensure comprehensive data interpretation and improved clarity.

The researcher maintained consistency among the research questions, design, and methods. Grammatical coherence was also upheld by carefully editing the language used in the study.

### **3.4.2 Transferability**

Transferability pertains to the extent to which the findings or results of qualitative research can be extended or used in different settings or contexts. The ability to transfer findings hinges on the prospective users of the reported results rather than the initial researcher. In this study, the researcher secured transferability by providing comprehensive and detailed descriptions of the data, along with the careful selection of the sample.

#### **3.4.2.1 Detailed description**

Detailed description means providing a comprehensive and in-depth account of the study's context and methodology. This enables prospective researchers to thoroughly understand and replicate the study. To facilitate replication, the researcher extensively documented the detailed experiences nurse educators and stakeholders shared concerning bullying in NEIs. The researcher offered detailed explanations of the literature review phase, the framework development phase, and the validation phase.

#### **3.4.2.2 Nominated sample**

The nominated sample for this study was a purposive one, since purposive sampling was deemed the most fitting method for gathering data in this context. The purposive sampling strategy was chosen for its ability to select participants with profound insight and a thorough understanding of the research phenomenon. Data collection continued until saturation was achieved.

### **3.4.3 Dependability**

Dependability relates to the research findings being deemed consistent and trustworthy, resulting from a systematic and logical investigative process that can be

thoroughly documented. The study maintained consistency across its qualitative methods. The research methodology was exhaustively detailed, offering in-depth contextual and essential information for potential replication. A comprehensive exploration of the research design and methodology was conducted. The study's dependability was also supported by a step-by-step replication process and an inquiry audit.

#### **3.4.3.1 Stepwise replication**

Stepwise replication means future researchers can recreate the study's findings, following a systematic process to compare their results with the original data. Hence, the entire research process was thoroughly described to facilitate replication. In the data collection phase, the researcher posed identical questions to all participants. A comprehensive description of the research methodology was provided, encompassing details about the population, sample, sampling technique, data collection and analysis approach, trustworthiness, and ethical considerations. Verbatim quotations were included based on the outcomes of exploring and describing nurse educators' and stakeholders' experiences of bullying in NEIs. The framework development steps were also accurately outlined.

#### **3.4.3.2 Inquiry audit**

An inquiry audit is validated when an impartial specialist or an external researcher who was not part of the study evaluates the data collection and analysis strategies, and all pertinent supporting materials to affirm the study's findings or results (Lincoln & Guba 1985:317). In this study, an independent coder collaborated in the data analysis process, employing Colaizzi's data analysis method. A consensus meeting was conducted between the researcher and the independent coder, leading to an agreement on the final themes.

#### **3.4.4 Confirmability**

Confirmability is characterised by the validation of data findings as being realistic, accurate, relevant, and meaningful when assessed by two or more independent

researchers in comparison to the originally collected data (Lincoln & Guba 1985:299). It is essential that the researcher's biases do not influence the findings; instead, the focus should be on the study's explorative nature. To this end, the researcher maintained records that included raw data, data analysis notes, data collection notes, personal notes, and initial development notes. Achieving neutral results is important, particularly when future researchers are involved in the same study, with the same participants and in a similar context, yielding results congruent with the original findings. This underscores that neutral results promote other researchers' acceptance of the findings and depict them as authentic and credible. Confirmability was assured through a confirmability audit and reflexivity.

#### **3.4.4.1 Confirmability audit**

A confirmability audit was established through a comprehensive and detailed description of several key aspects, including nurse educators' and stakeholders' experiences concerning bullying in NEIs, the empirical data collection strategy, and Colaizzi's data analysis method. Additionally, the description encompassed the literature control process and the development of conclusive statements using deductive analysis. A thorough description of the research process was provided to facilitate the development of the framework for managing nurse educator bullying in NEIs, employing Chinn et al.'s (2022:190-220) criteria.

The researcher compiled a range of materials, such as a research proposal, recorded interviews, data collection notes, field notes, and notes related to data analysis and coding, all to ensure the confirmability audit's integrity. Oversight was provided and the confirmability audit was conducted by the research supervisor and an independent coder across the various phases of the study.

#### **3.4.4.2 Reflexivity**

Reflexivity involves a vital self-reflective procedure in which the researcher evaluates their own background, motivations, personal experiences, perspectives, preconceptions, and apprehensions in the context of qualitative research, as noted by Lincoln and Guba (1985:299). In this study, the researcher employed an audio

recorder and diligently took handwritten field notes to document all verbal and non-verbal communication cues as they arose. Throughout the data collection process, the researcher consciously distanced herself from any expectations associated with the participants, emphasising observation and attentive listening. During the data analysis phase, the researcher remained mindful and primarily focused on the perspectives and emotions expressed by the participants.

### **3.4.5 Authenticity**

Authenticity is a critical measure of trustworthiness in research, reflecting the extent to which the researcher embodies qualities of genuineness, impartiality, truthfulness, and fidelity (Polit & Beck 2020:590). This multi-faceted concept encompasses various dimensions, such as fairness, ontological authenticity, educational authenticity, catalytic authenticity, and tactical authenticity (Polit & Beck 2020:590).

In the present study, fairness was meticulously upheld by inviting nurse educators and stakeholders who were 28 or older and had accrued more than two years of experience in NEIs to participate in the study. Importantly, participation was restricted to those who had personally experienced workplace bullying and voluntarily chose to engage in the study. Before conducting interviews, the researcher explained the study's aims to each participant, addressed any queries, and furnished them with formal invitation letters and consent forms (refer to Annexures D & E). This commitment to fairness was further manifested through the researcher's cordial engagement with each participant and expression of gratitude during the interview process.

By maintaining strict standards of authenticity, the study not only expanded individual perspectives but also cultivated an understanding and respect for the participants' varied viewpoints and interpretations. This approach ultimately stimulated action, most notably the development of a framework to manage workplace bullying in NEIs.

### **3.5 SUMMARY**

This chapter encompassed an overview of the research design and methodology, which unfolded over three distinct phases. The researcher adopted a qualitative approach, characterised by its exploratory, descriptive, and contextual nature. Phase one involved delving into an exploration and description of nurse educators' and stakeholders' experiences with bullying in NEIs, comprising data collection and analysis. Phase two focused on clarifying and assessing the framework's development, and phase three focused on validating the framework using Chinn et al.'s (2022:160-180) method. Experts were selected, and the Delphi technique was applied to evaluate the framework. Measures to ensure the study's trustworthiness were instituted using Lincoln and Guba's (1985) five criteria of credibility, dependability, authenticity, transferability, and confirmability.

Chapter 4 offers a detailed presentation of the study's results.



## CHAPTER 4

### DESCRIPTION OF FINDINGS

#### 4.1 INTRODUCTION

Chapter 3 outlined the research design and methods in detail. This chapter presents the findings reflecting nurse educators' and other stakeholders' bullying experiences. The stakeholders included heads of departments, vice principals and principals.

#### 4.2 THE BIOGRAPHICAL DATA OF PARTICIPANTS

In-depth individual interviews were conducted. The study participants (P) comprised 17 female and three male participants (n=20). There were more females (n=17) than males (n=3). The tables below reflect the biographic data of participants as follows: vice principals and principals (n=4), heads of departments (n=4), and nurse educators (n=12) who consented to participate in the study.

##### 4.2.1 Vice principals and principals

Some participants were vice principals and principals, referred to as the executive management of the NEI. The total population of vice principals and principals for the six NEI campuses was six, and for this study four (n=4) consented to participate. Participants' profiles were grouped according to their experience as an executive, qualifications, race, gender, age and years of service, as indicated in Table 4.1.

**Table 4.1: Biographical data of vice principals and principals**

Number of participants	Experience as an executive	Qualifications	Race	Gender	Age	Years of service
4 (n=4)	5-15	Master's = 2 Bcur = 2	African = 4	Female = 3 Male = 1	52-64 years	5-10

The vice principals (**P2 & P14**) and principals (**P16 & P17**) who participated were Africans (n=4), of whom three were females and one was male. They had 5-15 years

of experience as executives of the NEIs. Their ages ranged from 52 to 64 years; two had a master's degree, and two had a bachelor's degree.

#### 4.2.2 Biographical data of heads of departments

All the participants were female (n=4) (P4, 5, 11 & 19); unfortunately, males in this position did not volunteer to participate in the study. Participants' profiles were grouped according to their managerial experience, qualification, race, gender, age and years of service, as indicated in Table 4.2.

**Table 4.2: Biographical data of heads of departments**

Number of participants	Managerial experience	Qualifications	Race	Gender	Age	Years of service
4 (n=4)	4–20	Master's = 2 Bcur = 2	African = 4	Female = 4	50–64	10–29

This population's demographic data reflected the heads of departments who participated were four female Africans. They had 4–20 years of managerial experience in the NEIs. Their ages ranged from 50 to 64, and two had a master's degree, while two had a bachelor's degree.

#### 4.2.3 Nurse educators

More participants were female than male based on the NEI's staffing profile. Participants' profiles were grouped according to participants' teaching experience, qualification, race, gender, age and years of service, as indicated in Table 4.3.

**Table 4.3: Biographical data of nurse educators**

Number of participants	Teaching experience	Qualifications	Race	Gender	Age	Years of service
12 (n=12)	3-29	Master's = 5 Bcur = 6 Doctoral = 1	African = 11 Asian = 1	Female = 10 Male = 2	30–64	3–29

Twelve nurse educators participated (**P1, 3, 6, 7, 8, 9, 10, 12, 13, 15, 18 & 20**). Eleven were African, and one was Asian. Ten participants were female, and two were male. This is unsurprising since the nursing profession is female-dominated (Mwetulundila & Indongo 2022:1). Whites in this position did not volunteer to participate in the study, and there were only two in the NEI (most of the NEIs are situated within black-dominated residential areas). Participants had 3–29 years teaching experience, and their ages ranged from 30 to 64. One had a doctoral degree, five had a master's degree, and six had a bachelor's degree.

### **4.3 THE ESSENCE OF THE LIVED EXPERIENCE**

According to those working within NEIs, symbolic violence acted as a hidden form of power, creating an environment of coercion and threat. This was further complicated by the doxa of the field, a behavioural expression that made the negative emotional impact of bullying evident, such as feelings of bitterness and anxiety. These dynamics contributed to a specific habitus for bullies, characterised by unprofessional conduct and signs of inferiority, often stemming from their own insecurities. Despite these challenges, there was a consensus on the need for a safe and healthy workplace, supported by effective management and group cohesion.

### **4.4 DESCRIPTION OF FINDINGS**

During the interviews, nurse educators and stakeholders shared their experiences and described what a framework for the management of bullying in NEIs should consist of. From these interviews, themes and categories emerged, as shown in Table 4.4. A detailed discussion of the themes and categories is presented and supported by verbatim participant quotations.

**Table 4.4: Overview of themes, categories, and codes**

Themes	Categories	Codes
<b>4.4.1 Symbolic violence emerged as a form of concealed power</b>	4.4.1.1 Locus of struggle	a) Requests with threats, demands, coercion, intimidation
		b) Threatening staff with insubordination
		c) Hoarding information and poor support
		d) Communication is severe
		e) Communication channels not followed
		f) No feedback was provided by HoD after evaluations
		g) Information not well escalated to others or among staff
		h) Insults from managers or senior nurse educators
		i) Using fear as a form of coercive power
		j) Abuse of power
		k) Insensitive and negative attitude towards others
		l) Passive aggression is displayed toward others
		m) Unfair treatment and domination
		n) Position status/seniority
		o) Long services
		p) Condescending behaviour in front of students
		q) Emotional invalidation
		r) Autocratic & egoistic/selfish attitude
		s) Working overtime without pay
	t) Unfair workload distribution	
u) PMDS is used as a punitive measure.		
v) Unconducive work environment		
	4.4.1.2 Relational essence	a) Infrequent meetings
	4.4.1.3 Symbolic power	a) Race
		b) Age
		c) Gender
	4.4.1.4 Reproduction of negative attitudes	a) Manipulation
		b) Undermining colleagues/sabotage
		c) Not appreciative and not recognised

Themes	Categories	Codes
<b>4.4.2 Doxa, as behavioural expression, makes the effects on those being bullied explicit</b>	4.4.2.1 Bullied individuals' emotional effects	a) Resentment/Bitterness
		b) Regrets
		c) Humiliation
	4.4.2.2 Bullied individuals' psychological effects	a) Anxious
		b) Traumatized
		c) Depressed
	4.4.2.3 Positive effects of bullying	a) Activation of survival and resilience mode
		b) Increase in growth, creativity and collaboration
	4.4.2.4 Signs of personal inferiority	a) Displays an inferiority complex
		b) Display insecurity and rage
<b>4.4.3 The habitus of the bully matches the field with acts of unprofessional conduct</b>	4.4.3.1 Staff turnover	a) Increased number of resignations
	4.4.3.2 Material resources	a) No working resources
<b>4.4.4 Safe and healthy workplace</b>	4.4.4.1 Positive work environment	a) Well-defined job description with a specific performance contract
		b) Identification of bullying actions/behaviour
		c) Management of bullying includes bullying policy, rules, regulations
		d) Reporting structure of bullying
		e) Availability of resources
	4.4.4.2 Psychological support	a) One-on-one interview
		b) Psychotherapy
		c) Counselling for staff
		d) Debriefing sessions
		e) Wellness programme
	4.4.4.3 Effective management	a) Emotional intelligence
		b) Good interpersonal skills
		c) Management skills training
	4.4.4.4 Group cohesiveness	a) Team building
		b) Empowerment
		c) Collaboration with other stakeholders
d) Conduct mini survey/research about bullying within NEIs		

#### **4.4.1 Theme 1: Symbolic violence emerged as a form of concealed power**

The first theme that emerged during data analysis was symbolic violence as a form of concealed power. All participants acknowledged that symbolic violence has dominated the NEIs due to hidden power. Symbolic violence was reflected by the categories of locus of struggle, relational essence, symbolic power, the reproduction of negative attitudes, and staff turnover rates. Each are discussed in the sections that follow, along with the identified codes.

##### **4.4.1.1 Category 1: Locus of struggle**

Nurse educators' lived experiences within NEIs, as described in this study, can be seen as a locus of struggle where agents vie for capital, recognition, and power within the structured and structuring space of the nursing education field. This struggle is characterised by both overt and covert forms of symbolic power and violence, shaping the individuals' experiences and practices within the educational landscape. Each locus of struggle is described next.

##### **a) Requests with threats, demands, coercion and intimidation**

Participants stated that most managers and senior nurse educators used threats when requesting work to be done. The performance management and development system (PMDS) was used as a threat and punitive measure when requests were sent.

*"...a manager told me to make sure that I complete those documents before the end of the business day otherwise my PMDS score will be very low" (P3, nurse educator)*

*"...the manager said if I do not attend the meetings as expected I will be rated two on Performance Management Development System (PMDS)" (P7, nurse educator)*

Participants indicated that management disregarded tasks with which they were already busy when demanding work from them; they were harsh, and their requests were impolite and disrespectful. Some managers bullied and threatened them because they were in positions of authority.

*“...most of the time, managers are being harsh, throwing demands in a very degrading way” (P1, nurse educator)*

*“...if input is required on a certain document or policy it will be thrown to you just like that, disregarding all your activities, and the message will be I want these inputs by the end of the day, and not in a decent or requesting manner, in a demanding fashion.” (P2, nurse educator)*

*“...there’s a lot of bullying from those in authority. You are always subjected to pressure and the manager will be saying make sure you work faster and submit the work before the end of business day” (P5, nurse educator)*

#### **b) Threatening staff with insubordination**

Participants felt threatened and unimpressed that managers were inconsiderate and pressured them to perform duties outside their abilities and scope of work.

*“...the manager will be talking to you as if you have never been to school, you are an illiterate, and following that will be threats if you don’t do this and that, be aware this is insubordination. A manager will be quite aware of the amount of work they give you and it is ridiculous for you to accomplish in a certain time, and they tell you that if you don’t deliver at a particular time, remember it will be insubordination. What kind of human beings are those?” (Sounding negative) (P7, nurse educator).*

*“...we are being threatened like juniors. My manager after harassing you, and intimidating you to do the work under duress, will tell you that if you don’t submit on time it’s insubordination. It cannot be used at that level if an order was given to you by a colleague, but because it’s given to you by somebody in authority,*

*hence they threaten you with insubordination, saying that if you refuse to do this you are defying my orders in the position of power or authority” (P2, manager).*

**c) Hoarding information and poor support**

Some participants entered their nursing education career with high expectations and hope for support. These expectations were often not met. Most participants indicated that some senior nurse educators hid or hoarded information that could assist them in preparing for teaching and learning. This left nurse educators feeling disappointed and alone.

*“...senior lecturers were hiding information I needed to use to facilitate teaching and learning to the student I must survive on my own, lyoo... they hide their lesson plans” (P4, nurse educator)*

*“...senior nurse educators were hiding their lesson plans instead of sharing with me as a new employee in their department” (P6, nurse educator)*

*“...imagine people who are supposed to take your hand and assist you are hiding their information and other relevant equipment’s for me.” (teary eyes and sounding disappointed) (P14, manager).*

*“...we worked on the same curriculum document I think six times or more than six times, and, when you invite other managers to be involved, they are reluctant, so we cannot work and have progress on this curriculum document. Management is not part of the process most of the time, they throw work onto the subordinates, and they don’t offer support” (Sounding annoyed) (P16, manager).*

**d) Communication is severe**

Participants felt communication from their managers was harsh, unpleasant and more severe than necessary, which left them feeling uneasy and hurt.



*“...my manager used to walk very fast like a soldier and shout or scream your name and other rude and harsh words in the corridors very early in the morning. You can't be speaking with colleagues like you are talking to your kids or somebody in the streets and shouting.” (P2, manager).*

*“...my HOD would take a walk and come to our offices and check on what we are doing. Speaking loudly and going on and on with words like you don't know what you are doing, you too slow and she just never stops shouting as she was talking” (P20, nurse educator).*

**e) Communication channels not followed**

Communication breakdowns within NEIs are a significant source of dissatisfaction among staff. Educators reported a lack of timely and clear communication, with some campus heads bypassing vice principals and department heads to speak directly to subordinates. Additionally, management was often perceived as dismissive, particularly when complaints were raised against senior staff members or mentors.

*“...in some instances, the campus head does not communicate either with the Vice Principal or the HOD and then she will come straight down to the subordinates. I have realised that communication is a problem, a serious problem that makes people so unhappy. In this NEI it's like they don't understand the lines of communication. Communication is not happening on time” (P7, nurse educator)*

*“...that there is poor communication, both from the seniors and also from the management. And then with the management, you'll find that they are not willing to pay attention to most complaints, especially if you complain about your seniors or your mentor” (Sounding disappointed) (P12, nurse educator).*

**f) No feedback was provided by the HOD after evaluations**

Nurse educators needed constructive feedback on their teaching effectiveness, beyond compliance with lesson plans and learning outcomes. They sought

confirmation on whether their instructional methods resonated with students. However, feedback was often delayed and only provided during formal performance reviews, where it tended to focus on shortcomings rather than timely guidance on teaching and learning practices.

*“...the facilitation and teaching part, that’s where I needed to be given feedback, or I needed to be evaluated to check if I am on the right track. Because other than me having the lesson plan, having the learning outcomes, what I want to know is whether I was able to reach the students or not” (P18, nurse educator).*

*“...I wasn’t getting any feedback about how I was performing in my work and getting the feedback immediately. The only time I received feedback is when we were sitting for PMDS and by then you’ll find the manager will be saying you didn’t do this, you didn’t do that, instead of telling us in time on how teaching and learning activities should be conducted” (P3, nurse educator).*

#### **g) Information not well escalated to others or among staff**

Participants felt there was poor communication between nurse educators and managers due to their inconsideration of communication platforms. Urgent deadlines were missed, and important gatherings were not prepared for in advance.

*“Poor escalation of information is a challenge, I don’t understand if there is a bigger platform, a WhatsApp group for the college that’s been created why can’t it be used... and it’s labelled work-related, and there’s an academic platform as well. If there is something urgent that needed attention, messages can be sent through even to that WhatsApp group” (Nodding her head). (P2, manager)*

*“...information is not well-cascaded to you, so you learn of things when they’ve already passed or when they are needed immediately, or you learn of things happening within the institution and they were not communicated to you, and you are expected to participate and give your all in that while... you received the information late, it leaves little room for you to prepare.” (P12, nurse educator).*

## **h)     Insults from managers or senior nurse educators**

Most participants indicated that senior nurse educators and some managers used scornful words as coercive power to offend and ridicule them. This left them feeling hurt and belittled.

*“...a senior nurse educator said you cannot tell me about this subject or anything about teaching I’ve been in this NEI for more than 20 years and you arrived yesterday with your qualifications you think you are better” (Sounding emotional) (P1, nurse educator).*

*“...a senior nurse educator said I have not been a registered nurse long enough to be a nurse educator. There isn’t much quality that I’m bringing, or experiences, including knowledge to the NEI. What am I teaching the students with such little knowledge or no knowledge, according to her...” (P10, nurse educator).*

## **i)     Using fear as a form of coercive power**

Participants concurred that senior nurse educators and managers often used fear as a form of coercive power to enforce compliance, leaving nurse educators feeling intimidated. Participants felt their superiors could not be approached when coercive power was at play.

*“...I was scared, oh, my God, I wonder what my manager is going to say today, what mistakes is she now going to pick up from my submitted documents that I have done up to so far” (P4, manager)*

*“...our manager was the type of person you cannot approach, I felt scared, I was even scared to go to her office, and whenever we have to come and meet for a test flow my heart will be beating very fast” (P11, manager)*

*“...my head of department will be calling your name on the corridor and by the time I approach her iyooo...I will be shaking already and her facial appearance will be very unapproachable” (P18, nurse educator)*

**j) Abuse of power**

Participants indicated that their superiors overruled certain decisions and misused power emerged. The management participants felt hurt and embarrassed because they were set up for failure and regarded as incompetent.

*“... my manager was expected to attend an important student ceremony and she arrived 3 hours later, all students, families and other stakeholder were waiting for her. Unfortunately, she never apologised or showed remorse nor communicated reasons for her late coming. She was arrogant and we were so ashamed as campus heads” (Sounding embarrassed) (P14, manager)*

*“...I will never forget the day we signed student certificates as campus heads and our manager refused to attached her signature instead she only wanted her signature to appear on those certificates yet she is never been in contact with any student. Sadly, New certificates were supposed to be purchased and the process of new signatures delayed student’s certifications and registrations with the regulatory body.” (P16, manager)*

*“...my manager expected us as campus heads to organise meetings, yet she refused to sign budget for catering but when she call us to meetings she organises high standard catering for us and other stakeholders. I feel that my manager was setting us for failure because she wants us to look like incompetent managers who cannot organise meetings. This is abuse of power because we had to spend our unplanned budget to fund meetings” (Teary eyes and shaking her head) (P17, manager)*

**k) Insensitive and negative attitude towards others**

Nurse educators reported managerial intrusions and coercion, with unannounced office entries and forced academic commitments. The consequence was a workplace

culture where bullying is not only prevalent but also, disturbingly, a source of pride for some managers, leading to widespread discontent.

*"...my manager will just barge into the office and then she will look at me. I will be seated at my desk, and she will come and stand in front of me and look at me. If I'm not seated and carrying my bag, she is already at the door waiting for me, looking at me, asking me for work. I felt that I was harassed when she barges into my office, she will not greet me and she will not care if I'm eating or busy"* (P13, nurse educator).

*"...I was forced by my manager to go on study leave and start my master's degree, which I honestly was not ready to study because my kids were still small, I wasn't ready, but we were forced to do it"* (Sounding frustrated) (Frowning and shaky voice). (P20, nurse educator).

*"...some managers are aware that they bully us, and they like it, they love it, because you cannot boast in a function to say everyone here knows that I'm like this, things will be done my way, everyone knows that I will get things done my way, and my way is about pushing people around and ignoring their sad feelings. Hence there's nobody in the institution who is happy...if there is anybody happy, it will be a minority"* (frowning and looking serious). (P12, nurse educator).

#### **I) Passive aggression displayed toward others**

Participants stated that some nurse educators and managers displayed uncontrolled nonphysical anger and tantrums, which left them feeling agitated, terrified, and disrespected.

*"...a senior was yelling at me and hitting the table, and she shouted so much that another colleague witnessed the passive aggression...the door was open, there was a colleague that was passing by the passage, she even came and closed the door because of the way that she was yelling. And the way that she*

*looked at me, it was as if she was angry. So, I felt very disrespected because she was not talking to me in a respectful manner” (P10, nurse educator).*

*“...my colleague stood up from her chair, grabbed my documents, and threw them on the floor after we had disagreements” (voice shaking) (P20, nurse educator).*

#### **m) Unfair treatment and dominating**

Nurse educators experienced a culture of oppression and were overworked. They claimed senior staff imposed additional duties on them under the guise of orientation, leading to an unequal workload distribution. This imbalance is exacerbated by the inconsistent enforcement of rules, with junior staff being questioned for privileges routinely granted to others, fostering an environment where those in power can bully without consequence.

*“...a senior nurse educator started shouting at me, saying I'm being uncooperative, I'm refusing to work. And I don't see how uncooperative I was being when I did my work and did another colleague's work. So, she just felt she wants to dominate and oppress me to make me work more than others just because she's the subject coordinator. And when she feels she's not able to make decisions, she wants to pass the buck to the HOD when initially she felt she's in power enough to ask me to do the extra work, which I agreed to” (P10, nurse educator).*

*“...senior lecturers, think that new lecturers don't know their job description, they will shift their duties to us the junior lecturers because they know we cannot complain, thinking they are orientating us on knowing the job. Even when you know that this is not your duty, for peace sake you just do her duties, which is not right because we end up being overworked.” (Sounding disappointed) (P18, nurse educator).*

*“...there were specific two days in the week where I realised that on those days there were few academics on site, and it was my very first time when I took the*

*same privilege I was questioned. So, that made me feel and realise that for them it's okay if I'm here on site daily, despite having the contract, and yet when the other people are not here, I did not hear them being asked and it continued for a very long time as a norm. Most bullies are people in high positions unfortunately they treat us badly, and we cannot do much about it otherwise we will be discriminated against or be ill-treated” (P3, nurse educator).*

#### **n) Position status/seniority**

Participants emphasised that position, status or seniority was used by managers and some senior nurse educators to promote irresponsible behaviour and gaslighting.

*“...what was disheartening from our engagement was I could pick up the elements of power due to position status being used, by both the HOD and senior nurse educator (**shaking voice**). This senior nurse educator (**long pause**), because she is been in the profession as an academic longer than I was, clearly she had powers to convince and manipulate the HOD to delegate me to clean after her irresponsible behaviour of not accompanying students in the clinical area.” (**Shaking his head**) (P5, nurse educator).*

*“...I felt that our manager was using her status incorrectly. She gaslighted and ignored us after we gave our vice Principal the information requested while she was absent at work, we have the right to respond to our superiors if they request something without her permission. Managers feel they are entitled to treat us bad because of their position, and if you question them then they feel like you affront them now” (P1, nurse educator)*

#### **o) Long services**

Participants stated that most senior nurse educators and managers used their employment history at the NEI as symbolic power to undermine others' capabilities, knowledge and skills, leaving nurse educators feeling worthless.

*“...I’ve observed in the world of academia that there are different levels at which power can be used as an element of bullying. One, it could be the number of years a person would have spent in academia and therefore they feel that people possess more appropriate academic skills than you, and as a result, they will use that element of power over the years of experience in bullying a person” (nodding and pouting) (P5, nurse educator).*

*“...because senior nurse educators and some managers have been in one institution for long, they've even adopted bad mannerisms of the institution. When new people come in they will tell them about seniors and juniors. They use such words to categorise people, you are a junior because you just arrived in this NEI. They categorise themselves as seniors because they've been in this institution for more than ten to fifteen years. According to seniors everybody should uphold you because you a better person in the educational institution, which is bad because experience means I could have been exposed into another institution, I could have been exposed into another country and learned some things than her who is been in one institution” (frowning) (P9, nurse educator).*

**p)     Condescending behaviour in front of students**

Managers and senior nurse educators often publicly belittled their colleagues’ qualifications and capabilities. Disparaging remarks about report writing and document formatting skills were made to demean nurse educators, while overt confrontations in front of students challenged and dismissed fellow educators’ teaching methods.

*“...my manager once told me that is useless to say you have a Master's degree yet your style of report writing is substandard according to my view” (P1, manager).*

*“...you cannot align a word document, yet you claim that you have a master’s degree. These are the words my manager always says to me.” (Sounding disappointed) (P13, nurse educator).*



*“My senior nurse educator shouted at me in front of students in class and indicated she didn’t want the module to be facilitated our way” (Sounding annoyed) (P15, nurse educator).*

**q) Emotional invalidation**

Most participants indicated that some senior nurse educators and heads of departments continuously disregarded their opinions and never considered other people’s input or feelings. Participants were not reassured and felt discouraged about the symbolic violence they endured.

*“... senior nurse educators and heads of departments think they are always right, you can never come with inputs. It's just like that, like I mentioned when I was told that I was supposed to go and work at these clinics that I did not even know, I could not even state my feelings or my concerns that I've never been to those clinics. They said you came to this NEI, you said you wanted to work here, so you need to find your way around. Can you imagine?” (Sounding emotional) (P1, nurse educator).*

*“When I went to the HOD, we had a meeting together with the senior lecturer who bullied and shouted at me in our office. Then afterward, the HOD told me not to take the matter to heart. I felt as if she didn't take me seriously, she disregarded my feelings and what I said, but I just thought I will see as the days go past how things are going. So, I felt not so reassured, but I didn’t have a choice but to continue sharing a space with her”. (P10, nurse educator).*

**r) Autocratic and egoistic/selfish attitude**

Managers in the institutions were perceived as authoritarian, often compared to despotic leaders for their rigid and top-down commands. They exhibited egotism, expecting their decisions to be final and their ideas to be superior, often relying on others to execute their directives. Additionally, there was frustration over the inconsistent enforcement of rules, with expectations of strict adherence to office hours not uniformly being applied.

*“...my manager used to call us and say stop everything you are doing immediately as if we are in the military, her orders were the only orders and there was no other order that can be followed except hers. Some managers were called iron lady Margaret Thatcher, others are the dictators such as Fidel Castros, and others are Idi Amin because this is how people are associating their Authoritarian leadership with” (P2, manager).*

*“...most managers in this NEI are egotistic I mean they disregard other people's presence, their decisions, and only their suggestions should be the ones accepted (closing their eyes and blinking and lot). They feel that their word is final, their decisions are always the best, they are better than others, and they are smarter than others, and no one can supersede their decision or their idea or whatever they have in their mind better than themselves (pouting). And most of the time, they don't want to work alone. They want two or three other people who will do their spadework for them” (clapping both hands with a sound of disbelief). (P6, nurse educator).*

*“...my Head of department is always in dispute (Shaking her head), and I also picked up the inconsistent enforcement of rules, these rules are being enforced harshly. Because, if you're saying we must all be in the office eight to four, let's all be in the office eight to four” (sounding irritated) (P1, nurse educator).*

#### **s) Working overtime without pay**

Participants expressed their unhappiness at being expected to work extra hours. Nurse educators felt unappreciated, unhappy and unsafe because managers were not complying with basic employment and labour laws in certain situations.

*“One thing that I've picked up in the world of academia is that we operate as robots. You can work long ungodly hours without someone showing some form of appreciation. Instead, they would make you feel that it is a given (looking sad with teary eyes). This is what is expected of you even though the hours of work might extend beyond the eight hours, yet the basic rules of employment*

*and the labour laws have stipulated in our policies that govern us as a country. All of us must comply with those laws” (P5, manager)*

*“...according to my understanding, every institution should have an overtime policy which is formal, and which is communicated, or which is available to all members of the institution, according to my understanding as well a person should be asked and told in time if he or she is going to be expected to work overtime. In this institution, I found myself being forced to work overtime and what I did not like or what saddened me the most is that nobody took into consideration the distance that I had to travel, commuting from work to my area of residence. I had to pass through the dangerous residential locations. On other days there would be service protests, it will be dark, roads will be closed, we will be directed to unsafe routes which I was never exposed to” (Nodding her head)” (P13, nurse educator)*

*“You are being pushed beyond limits. I don't know how to explain this. And you end up experiencing physical symptoms because you work ridiculous hours, you workday and night because you are being pushed to deliver beyond limits. Work that is done without rest is of poor quality because no person can work eighteen out of twenty-four hours and produce good work. After all, you didn't have enough time to rest and proofread the work repeatedly”. (P1, nurse educator).*

#### **t) Unfair workload distribution**

A notable imbalance in the distribution of work was reported. Managers acknowledged that some understaffed departments face a higher workload compared to those with more staff, yet management often overlooks this disparity. Additionally, new lecturers are sometimes exploited under the guise of induction, being burdened with excessive duties while more experienced colleagues are given lighter workloads; this realisation only dawns as they gain familiarity with the academic environment.

*“...remember, in our NEI, there's no fair or equal distribution of work. Why? Because there are those departments that have a single lecturer, there are*

*those departments that have got two or three lecturers and other departments have got four lecturers. So, if there is work to be done in a department with four lecturers, at least they can share the work and divide the work amongst themselves, but in a department whereby a lecturer is alone it's like management seems to turn a blind eye or sometimes they have temporary amnesia and forget that you are alone as a lecturer and as an manager, and you are expected to tackle the same amount of work that is equally to the same as people who are four, three, and two” (Sounding annoyed and nodding her head). (P2, manager).*

*“A person may be assigned more duties than you, even though you are at the same level. The difference being that you are still a novice in the position, and they have more experience, in terms of academia. They will assign more duties towards you, and they will have fewer duties (emphasising). But because, when you are still a novice, you become unaware of such instances, and you assume that it is part of you being inducted. And as you become well-orientated in the world of academia, that's only when you realise that these people were using you instead of inducting you so that you become well-orientated in the world of academia” (P12, manager).*

**u) PMDS is used as a punitive measure**

In the context of performance evaluations within the NEI, the PMDS is perceived as a tool for bullying rather than a fair assessment of work. Educators and managers reported that PMDS scores are often capped at an average level, regardless of actual performance, with claims that only doing what is expected is not enough to attain a higher rating. This approach is seen as punitive and subjective, with the implication that most staff cannot excel. This phenomenon was particularly evident when the majority of participants were denied higher PMDS scores under the pretext of reduced activity during the COVID-19 pandemic, despite their efforts prior to the outbreak.

*“...I can see that you are doing your work, but you are not doing more. You will only hear during the PMDS that whatever maybe we were doing wasn't enough. And then it's like a form of punishment. So, I think that's how we are bullied by*

*our seniors. Every time, even during the PMDS, you'll always get three because your manager will be saying you only did what was expected from you. The acting HOD even says I'm going to give you zero for PMDS because you are not cooperative". (Pouting and nodding her head). (P1, nurse educator).*

*"PMDS is used as a punitive measure and, according to my observation, I find that it is more subjective than objective where you just came in for a PMDS evaluation, and the manager will just say all of you, you are scoring three because you have never performed excellently. This is intimidation because even if you know that you are working up to this level, whatever that you are going to present it will never be accepted because the mind is conditioned that you are performing at level three. It happened in our institution last year and it was only two people who were rated more than three and received PMDS rewards, ninety-point-something percent of us didn't get it because we were being told that, because of COVID, people were not actively working therefore, we don't deserve a four, forgetting the work that you have done before COVID" (Nodding her head). (P4, manager).*

**v) Unconducive work environment**

Participants expressed their dissatisfaction with managers' ignorance and insensitivity towards symbolic violence in NEIs, including the poor application and implementation of legislation in NEIs. This left nurse educators feeling helpless.

*"In this NEI there is nothing that is being done about the bullying incidences. People are afraid of being victimised if they address such instances. People have lied dormant, they have sat there in their corners without voicing out their unhappiness even if they feel bullied because they think that is the order of the day and that is how NEIs operate, and as a result, nothing is going to be done about it, irrespective of the basic rules of employment that stipulate such instances such as harassment and bullying that needs to be dealt with" (sounding troubled) (P5, manager).*

*“The labour laws have been disregarded; the Code of Conduct has been disregarded. People are not being given the platforms to identify such so that people become aware when they are bullied that they need to deal with the bullying element to make the academic environment in the public nursing institution a conducive environment. Some don't even stay for three months. They leave within a month. And if maybe the person has stayed, you'll find that a year is enough. That's how bad this bullying is.” (P12, nurse educator).*

#### **4.4.1.2 Category 2: Relational essence**

Due to the use of coercive power, participants felt there was a poor relationship between nurse educators, senior nurse educators, and some managers. Without regular meetings, informal communication strategies, such as ‘grapevine’ communication, emerged.

##### **a) Infrequent meetings**

There was a notable absence of regular meetings, with gaps of two to three months without formal gatherings. This lack of communication led to an environment where important directives and updates were informally relayed through corridor talk, creating a sense of disorganisation and concern among staff about the ad-hoc dissemination of information and tasks.

*“...there were no meetings for plus or minus three to two months in our NEI (Sounded concerned), for two months with no meeting happening, I did not find it okay because there were so many things that you will just hear in the corridors or in the passages that you must do this and this, this and this must be done” (P9, nurse educator)*

*“...meetings in this NEI are held after a very long time, not as weekly or monthly as expected” (P19, manager).*

#### 4.4.1.3 Category 3: Symbolic power

Most participants expressed that senior nurse educators and managers used nonphysical violence in the form of symbolic power, where race, age and gender were used as harmful tools against nurse educators.

##### a) Race

There were allegations of racial bias influencing some individuals' exercise of power and the allocation of resources. One manager perceived that their race was a factor in a conflict, noting that Caucasian individuals seemed to receive preferential treatment. This sentiment was echoed by another manager who observed that Caucasians were prioritised for resources like transportation. Additionally, a nurse educator reported experiencing delays in receiving assistance from the IT department, attributing the tardiness to racial preferences favouring Caucasian staff, resulting in their class starting later than planned.

*"...not only are people using symbolic power, in this instance I felt that the person was not only using their power, but they were also using their race as a privilege because this person that I was having this altercation with was someone who happens to be of a different race than myself. They were Caucasian" (P5, manager).*

*"...I am aware that Caucasians in this NEI are given priority compared to other races. When they request assistance such as transport for clinical areas, they are allocated better cars and their requests are attended to immediately as compared to other races" (P11, manager).*

*"My class didn't start on time as required though I requested assistance 4 days prior from Information Technology (IT) department. Due to a different race priority is given to Caucasians in this NEI and my class started later than expected" (P6, nurse educator).*

## b) Age

Age dynamics reportedly contributed to a culture of bullying. The use of coercive power meant participants noticed age differences and older nurse educators' dominance in the NEI promoted symbolic violence. This left nurse educators feeling irritated and sad.

*"...there isn't an adequate balance of lecturers' age. There's a huge gap between the younger ones and the elderly ones. I think that's where the elderly ones feel like they can bully the younger ones they think they've been around the block for too long, they know everything, and maybe they can push their weight around the younger ones."* **(P9, nurse educator).**

*"Ageism is also another element that is being used as a form of bullying or to enforce symbolic violence. That's why, I'm against addressing people such as a sister or "Ma" when you are at work because I feel that when we are at work, we need to be able to address one another professionally by using gender pronouns and professional pronouns **(placing emphasis)**. You are Dr So-and-so, you are Miss So-and-so, you are Mr. So-and-so, irrespective of age."* **(P5, manager).**

*"...an older senior lecturer shouted and instructed me to be quiet about her unacceptable actions of aggressive behaviour, because she is older than me I should never talk back...imagine being bullied like this at work"* **(Sounding annoyed and hurt) (P10, nurse educator).**

## c) Gender

Participants indicated that male managers felt entitled to control and micro-manage nurse educators. Male managers also displayed apathetic behaviour because they wanted to be feared instead of respected.

*"Our manager is a dominating male and a very aggressive person. During the meeting, he will talk so aggressively, and sometimes he bangs the table to show*



*that he is in control and doesn't want anyone to correct him. When you try to correct him, he will be so aggressive, to the point where it feels as if he can hit you because he's a male and doesn't want a female to say anything when he is talking" (Looking annoyed). (P4, manager).*

*"Even some males we were working with, they're sort of afraid of our manager, and I think that is the worst bullying because everybody must succumb to what he says. And the last thing regarding the same male managers is that as a male he also interferes with our femininity as women like our dress code. He dictated on how we should dress, the type of earrings we should wear, we should have short hair with small earrings, and the nail polish should not be too bright because lecturing is a noble profession." (P6, nurse educator).*

#### **4.4.1.4 Category 4: Reproduction of negative attitude**

Participants indicated that negative attitudes were replicated in unacceptable approaches where staff were manipulated, colleagues were undermined/sabotaged and felt unappreciative and unrecognised.

##### **a) Manipulation**

Some participants stated that managers convinced them to ignore the bully and accept their actions as normal behaviour.

*"If a colleague is being bullied, management doesn't even try to resolve the issue. Instead, they allow the bully to continue bullying us by saying to the victim, this bully is like this, you must get used to her, don't worry, this is how she always does things but just forgive her and continue as if nothing has happened" (Pouting) (P7, nurse educator).*

*"... just accompany the student on behalf of your absent colleague and do not share this information with anyone. My absent colleague would absent herself for many days without any sick note and our manager would protect her then*

*we were persuaded to work for her and keep this as a secret” (nodding her head in disbelief) (P10, nurse educator).*

**b) Undermining colleagues/sabotage**

Most participants stated that managers undermined and undervalued their reasoning capacity, leaving them feeling underestimated and belittled.

*“My manager indicated that my reasoning capacity is not that of an educator, she was talking to me in a demeaning way. She looked down at me and it didn’t happen once or twice, and it’s ongoing.” (P2, manager)*

*“At times senior nurse educators’ gossip and laugh at our dress codes or our hairstyles. I remember a senior nurse educator once destroyed the information that I was expected to submit and pretend as if she knew nothing of it. I felt so demoralised, and I felt like I’m not fit to be a lecturer when I saw the way senior nurse educators and managers treated us”. (P18, nurse educator)*

*“Whatever decision or whatever inputs that I come up with, my acting head of the department didn’t take it to cognisance according to her experience I am young and lacked knowledge” (P9, nurse educator)*

**c) Not appreciative and not recognised**

Nurse educators experienced a lack of recognition and appreciation for their extra efforts, with managers taking credit for their work and failing to acknowledge their contributions. This disregard extended to interactions with colleagues, where assistance and engagement were often withheld, leaving some feeling undervalued and isolated.

*“I was never appreciated or recognised though I would work more hours including taking work home. I would design and create documents and my manager would never mention that I designed them instead she would take credit for my hard work. We attended meetings with my manager and I took*

*meeting minutes though am not employed as a secretary she never appreciated or recognised my efforts” (teary eyes with shaky voice). (P12, nurse educator)*

*“I was not recognised my presence never mattered, because the person who I thought I was going to work with already had a lot of work and did not bother to interact with me at all... The person didn’t even offer to assist me” (Sounding disappointed) (P6, nurse educator).*

#### **4.4.2 Theme 2: Doxa, as behavioural expression, makes the effects on those being bullied explicit**

All the participants acknowledged that symbolic violence had more negative effects than positive ones. In this study, all the participants confirmed that they experienced detrimental or/and constructive bullying effects in the NEI. The following effects were described by participants: emotional effects, psychological effects, positive effects of bullying and signs of personal inferiority. Each is discussed along with the codes that were identified in the sections that follow.

##### **4.4.2.1 Category 1: Bullied individuals’ emotional effects**

All participants indicated they had experienced various emotions in the NEI attributed to symbolic violence. Some participants stated that they experienced resentment, bitterness, regret, embarrassment and humiliation.

##### **a) Resentment/Bitterness**

Nurse educators in the NEI mentioned their resentment, exploitation and disillusionment, with some feeling compelled to produce work of lesser quality to avoid being burdened with managerial tasks. The lack of collegiality and support from academic peers leads to a sense of isolation and doubt about their place within the institution, driving them to seek camaraderie among administrative staff.

*“I feel used because most of the time the work that I am doing is management duties. I feel like not putting effort instead I will produce quantity work so that I am excluded in her duties, anyway I don’t care anymore... I feel very angry. I am unhappy, I am displeased by all means” (Sounding disappointed). (P6, nurse educator)*

*“I asked myself am I in the right place? Because I expected to be treated like an academic and yet the treatment I was getting was not of an academic. I ended up befriending the administrative staff because I felt they were more open, more welcoming than the academics. I felt cold, I felt alone, I felt isolated, and I started doubting my choice of being in the NEI” (Sounding sad). (P8, nurse educator)*

## **b) Regrets**

Deep regrets and emotional distress over the transition from clinical practice to nursing education were experienced, with participants citing a toxic work environment that undermined the joy of teaching and failed to yield positive outcomes. Participants emphasised the dehumanising nature of academia, where colleagues interacted mechanically, disregarding emotions and the human aspect of decision-making, leading to a questioning of their career choice.

*“I was at times very depressed and regretted why did I leave my profession at the clinical site and went to join the nursing education fraternity. I love nursing education but I would rather go back to the clinical area and give my best to the patients whom I know will appreciate where I’m coming from. I think the patients will appreciate me better than what I’m experiencing here. Yes, I’m getting joy from doing what I love doing, which is nursing education, lecturers and students appreciate that, but that is not enough. This environment is not healthy, it is not producing good fruits” (P14, manager)*

*“In some instances, I felt like I made a wrong decision by coming into academia if this is how academics treat one another without being human (Shaking his head and sounding annoyed). Because I felt that people were just operating*

*as though they were matter, they were like robots, they did not operate with feelings, it was just working and work that needs to be done, and feelings are to be disregarded, and that is how people feel about how decisions are made and why decisions are made was irrelevant” (P6, nurse educator).*

### **c) Humiliation**

Some participants experienced constant criticism and belittlement from a manager who questioned the value of the educator’s master’s degree and disparaged their performance. An educator also described being publicly humiliated by their manager during meetings, where they were blamed for errors in front of senior management, leading to feelings of embarrassment and emotional distress.

*“I was constantly told how bad I am, how the manager was wondering what is it that I’m doing with my master’s if I cannot perform according to her standards. My manager would constantly be telling me that, in her days, they were taught how to type, all those nasty comments she will say to me”. (P13, nurse educator).*

*“My manager will be presenting a report I compiled and then she will say I did not do this and that and I typed certain information incorrectly. Meanwhile, she will spell out my name while I’m in attendance at the same meeting. Unfortunately, she will be behaving like that while her managers will be in attendance at the meeting. I will be blamed and embarrassed throughout the meeting.” (Sounding emotional with teary eyes) (P13, nurse educator).*

#### **4.4.2.2 Category 2: Bullied individuals’ psychological effects**

Participants corroborated that bullying affected them psychologically. Most participants expressed their views regarding the psychological effects of bullying included being anxious, traumatised, and depressed.

## a) Anxious

A participant spoke of the severe anxiety and insomnia they faced due to the stressful work environment, indicating a direct correlation between these health issues and workplace bullying. Another manager echoed this sentiment, noting that many colleagues suffered from chronic conditions because of their high stress levels, exacerbated by the lack of support and the pervasively toxic atmosphere within the institution.

*“When I woke up in the morning my heart started beating fast, can you imagine? After having worked for so many years and then at this age when I must wake up in the morning, I would be very anxious, I asked myself., my God will I survive or not, I started counting down towards my pensionable age so that I can go. I was even telling someone that I even have insomnia and, when I told them, I was not aware that this insomnia is related to this bullying” (P10, nurse educator).*

*“... a lot of our colleagues are experiencing chronic conditions because of the stress levels that we are experiencing. If at least there was some form of support, it would have been better. But now there’s no support. Instead, the environment is threatening and toxic...in fact, people are saying it’s a toxic environment” (Frowning looking hurt). (P14, manager).*

## b) Traumatized

A few participants indicated that some nurse educators contributed to others’ ill behaviour, and they negatively influenced students to go against management’s decisions.

*“Presently it is very, very tough here in this NEI we are expected to excel in our jobs and be productive, yet the environment is extremely toxic and disturbing. As managers we work even at home and on weekends, we attend virtual meetings until ungodly hours and we are still expected to report on duty the following day. Some nurse educators are defiant towards managers, and they*

*negatively influence student to boycott classes. It is very, very tough. I don't know everyone is frustrated"* (**Staggering words to emphasise hurt and frustration**) (P19, manager).

*"One day nurse educators decided to boycott marking examination scripts and expected all management to take over. We were forced to abandon the management duties and apply contingency measures by marking scripts so that we can be able to publicise the results according to the examination pathway. Nurse educators decided to lock the examination centres doors and management were rescued by NEI securities"* (**Sounding disappointed and voice shaking**) (P17, manager).

### c) **Depressed**

Some participants were unable to apply relevant leadership skills in their departments and expected executives to intervene. Managers felt that their coping mechanisms were not effective, and their productivity was affected. These outcomes left managers feeling powerless and discouraged.

*"I felt oppressed (**Nodding her head**). It's like someone is trying to pull me down, what you call the pulling-down syndrome. Someone was trying to discourage me and to make sure that I don't prosper in this management post, to make sure that I feel stupid and my self-esteem was affected. Some managers cannot reprimand their staff instead all their challenges are expected to be resolved by the Principal"* (**P14, manager**).

*"When I had to wake up in the morning and go to work, I felt that I cannot do it any longer because I felt that my manager is there to destroy me, personally, I needed to consult with a psychologist, maybe just to talk about it. Because I felt that I'm overwhelmed. It's overwhelming. It's very, very, very depressing and, we don't even know if we will survive for the next five years?"* (**Teary eyes and quirky voice**). (P11, manager).

#### 4.4.2.3 Category 3: Positive effects of bullying

Some participants experienced positive effects while being bullied, and they were encouraged to continue being excellent nurse educators. Very few participants communicated that bullying had positive effects on them because it stimulated their survival mode and resilience, and it increased their growth, creativity and collaboration.

##### a) Activation of survival and resilience mode

Some participants felt assured and proud because they displayed assertiveness and resilience when confronting their bullies in a professional manner. These nurse educators felt delighted and had a sense of pride.

*“And I nicely said to the senior nurse educator this is my teaching and learning slot and, if you are not going to address me professionally like an adult, as an academic, then I will have to request you to stop whatever session that you are having with the students because this is my timeslot” (sounding confident) (P5, manager).*

*“Some senior nurse educators were offensively questioning the working hours I signed with the Human Resource department on my contract, I had to confront and show them that I'm an assertive individual and that I comply with the policies and protocols of the institutions, and with this incident, I didn't leave it lying down I took them to task” (Shaking his head) (P6, nurse educator).*

*“All I did was, I called all the nurse educators that were involved in bullying me and requested a mediator. And in such an instance then, I had to just take it up with my union because I felt that, in this instance, people have internalised this negative element of becoming bullies that, even when you try and make them aware that they are bullying you, they are finding it so difficult to comprehend, because it has become part of their normal (lifting shoulder and pouting), everyday activity that they do not find anything wrong with it” (P11, manager).*



## **b) Increase in growth, creativity and collaboration**

Some participants stated that development, transitioning and networking are crucial concepts when working in an NEI where support is limited during facilitation. Nurse educators felt that joining the NEI encouraged them to mature and become independent.

*“I must survive on my own I meant I had to do my research and come up with my innovative way of doing things so that I can be able to teach, using all accessible resources I have on what they already provided. I thought if I made it this far I will survive, It wasn't my plan to reproduce what they've given me as it is. I was going to use what they have as a reference and as a guide, because they've already been in that field for longer periods than myself” (Pouting) (P10, nurse educator).*

*“...bullying teaches you to stand on your own two feet, it teaches you to learn and grow quickly and to do a lot of research on your own. And when you have people that you look upon and they are not assisting you, then you also learn to contact people outside of your environment. You call other people that you know, maybe that you have studied with or that you know are lecturing at some other institutions, and then you seek their input, and then you tell yourself that these people will see a different person in me... It also helps you to work hard and tell yourself these people think I'll fail, I will show them what I'm made of” (Sounding confident). (P12, nurse educator).*

### **4.4.2.4 Category 4: Signs of personal inferiority**

Most participants indicated that senior nurse educators and some managers displayed feelings of inadequacy and insecurity. They showed a lack of confidence by displaying signs of an inferiority complex, insecurity and rage.

**a) Displays of an inferiority complex**

Participants indicated that senior nurse educators and managers displayed signs of a low self-esteem, inadequacy and self-doubt after discovering that new nurse educators were more experienced and knowledgeable.

*“...senior nurse educators and some managers were not comfortable and unhappy listening to me because they look at me as a young nurse educator with only five years’ experience, meanwhile they don’t know my experience, yes my experience... does count as I have exposure to different companies, they’ve been working in one facility for many years without exposure to the outside world and now they are used to this NEI norm. They don’t know other institutions or specific policies because they don’t research, or benchmark with other institutions, then it becomes a problem because they feel threatened. They display low self-esteem through harassing people, shouting and yelling then justify their rude behaviour and expect us to accept that it is their nature to be mean to others. When you talk, you become polite to people and you respect people’s opinions, and they don’t respect people’s opinions. That is how it leads to their low self-esteem and inferiority complex” (P11, nurse educator).*

*“...my manager’s yelling and rude attitude towards me was like an emotional attack. Then I realised that the challenge was fear due to lack of knowledge, as young as I am I travelled national and international working as a nurse educator. Yes, she is older than me and she didn’t know my background properly and my years of experience been in academia. Then when she found out about my work history, she felt threatened and insecure. She later realised that I have more years of academic experience compared to her, and it’s even worse, I have international experience” (Nodding her head with disbelief)” (P9, nurse educator).*

## **b) Display insecurity and rage**

Participants stated that some managers did not trust their judgement and were dismissive when confronted with departmental challenges. Nurse educators felt discouraged and distrusted their managers.

*“My manager will call a meeting and refuse to answer questions when clarity was requested. She avoided departmental conflicts and confrontations because she was incompetent and insecure. Some managers emotionally manipulated the other nurse educators because they do not trust their judgement and they are insecure” (P1, nurse educator).*

*“Managers would give instructions yet, they don’t want someone to ask questions or even give suggestions or opinions, ... Instead, they just want their word to be final. When they see someone has capabilities, for them it is their weakness or short coming because they realise that this person has potential and will bring new proposal and new innovations then insecurities emerge.” (P5, nurse educator).*

### **4.4.3 Theme 3: The habitus of the bully matches the field with acts of unprofessional conduct**

Participants indicated that some managers displayed harmful relations in the social space or NEI. Harmful behaviour results in high staff turnover rates and poor availability of material resources. Each is discussed along with the codes identified.

#### **4.4.3.1 Category 1: Staff turnover**

Due to others’ unprofessional conduct, participants felt they could not execute their duties as expected.

#### a) **Increased number of resignations**

Participants mentioned that most nurse educators were job hunting due to a harmful working environment and a growing bullying culture.

*“Every person that you come across, I’m talking from the nursing educator’s point of view, everyone is looking for a job. Why? Because the environment is not conducive. No one wants to see themselves there with this growing bullying culture around. There is a high exodus because people are leaving, others are transferring to other nursing colleges, and when you ask them they tell you that the environment here it’s not favourable” (Sounded frustrated and annoyed). (P20, nurse educator).*

*“...bullying can make someone leave their workplace to find another job somewhere because somebody else is making their life at work unbearable. People are moving out of the college, resigning, and not citing reasons for exiting. People are not going somewhere to say I have received a better offer. They are leaving because the environment is harmful and is not what they thought it is or was.” (P1, nurse educator).*

#### 4.4.3.2 **Category 2: Material resources**

Most participants stated that they were expected to execute their duties without working material resources being allocated to them and they lamented unavailable material resources. A lack of material resources exacerbates resignations.

#### a) **No working resources**

Most participants felt unhappy because they did not receive working tools timeously. The lack of material resources prevented nurse educators from being as proactive and productive as expected.

*“...for you to be able to do one, two, and three, you need resources moreover when you are a new employee in the NEI. You need a phone; you need a laptop*

*to ensure that you execute your duties as expected. You don't have to ask can I have a laptop? Can I have a phone? Because I cannot deliver my work.”* **(Sounding annoyed) (P6, nurse educator).**

*“...I was expected to attend meetings and prepare presentations, yet I was not allocated a laptop or a cell phone. My manager was surprised when I was absent from a meeting because my reports were not submitted, and I was not invited due to lack of resources.”* **(P14, manager).**

*“...when I arrived in that office, I expected to be provided with the resources to be able to start planning the lessons for the following week, to start getting those messages from the e-mails to find out about the meetings, to be able to make and receive calls, and yet I had to ask and nothing was allocated”* **(P18, nurse educator).**

#### **4.4.4 Theme 4: Safe and healthy workplace**

All participants emphasised that NEIs should be safe and healthy workplaces. They mentioned a positive work environment, psychological support, effective management and group cohesiveness should be the cornerstone of the work environment. Each is discussed along with the identified codes in the sections that follow.

##### **4.4.4.1 Category 1: Positive work environment**

There was a strong feeling among all participants that the NEI should be a healthy working environment, and the following information should be included during induction: a well-defined job description with a specific performance contract; the management of bullying, including the bullying policy, rules and regulations; identifying bullying actions/behaviour; the reporting structures of bullying; and the availability of resources.

**a) Well-defined job description with a specific performance contract**

Participants expected a precise job description inclusive of clear key performance areas, expected activities to be executed and the results thereof.

*“...I suggest the framework should consist of a well-defined job description for each employee and a job description should have a specific workplan that is well integrated to the job description by the key performance areas” (P1, nurse educator)*

*“...a well-defined job description, should entail key performance areas with specific activities that must be observed and there should be key performance measures. It should be clear that a nurse educator will be contracted every year to say this is what is going to happen within this specific year, the deliverables that I’m expecting from you, are like these deliverables” (P2, manager).*

**b) Identification of bullying actions/behaviour**

Participants felt that the framework should simplify methods to identify bullies and victims.

*“I feel that management must be able to identify bullying earlier. For example, if someone records that they have been bullied, management should act fast so that it doesn’t happen repeatedly” (P6, nurse educator)*

*“I think, for starters, this framework should unpack the concept of bullying in the workplace. It should be clear enough to explain what is bullying in the workplace. And then this framework should obviously highlight those characteristics that define bullying and, it must lead both the victim and the perpetrator.” (P5, manager)*

**c) Management of bullying includes bullying policy, rules, regulations**

According to participants, most managers and senior nurse educators should apply the NEI's policies, rules or regulations when disciplining bullies. Bullying policies should be accessible and as visible as possible.

*“Managers should follow policies and regulations as well as procedures when they are dealing with a bully or when they deal with bullying. Procedures should be followed because most of the time the bullies just apologise, or the bully will just say sorry and pretend as if all is normal, and the behaviour will be repeated as bullying was not dealt with according to the policy or bullies know that our management will just say sorry, then that’s it. Policies should also be displayed all over so that the colleagues, or anyone, can be able to know that in this college they do not tolerate bullying” (P7, nurse educator).*

*“And I think that there should also be disciplinary measures that should be clearly stated that, if you bully someone, this will be the end and measures should be followed with regulations been applied consistently. In addition, policies/disciplinary measures should be discussed with the new [incumbent? or the new candidate. Management should also establish a clear code of behaviour” (P11, manager).*

**d) Reporting structures of bullying**

Participants expressed that reporting structures of bullying should be presented to and user-friendly for all staff members.

*“When managing bullying the victim must be referred to appropriate structures for reporting bullying incidents. The victims should know where or how to deal with the bully and with being bullied. There should be an anonymously helpline for reporting bullying. We should have processes in place, on how to report bullying complaints, part of bullying complaints processes is that they should be prioritised” (P15, nurse educator).*

*“Complaints can be labelled and prioritised into three categories: the low priority, maybe it will be a low complaint; and then medium priority; and high priority. Then those can be discussed in management meetings or in staff meetings” (P17, manager).*

**e) Availability of resources**

Participants said the framework should address the allocation and replacement of resources like servicing of laptops or computer updates.

*“Resources must always be readily available for new staff, and with resources there should also be an update of the resources, checking up on the resources to make sure that those that are obsolete, that need to be updated are serviced timeously” (P4, nurse educator).*

*“As soon as your laptop is due for updating, it should be able to make a note and then you get a replacement one while this one is being updating...and that is going to ensure that you deliver work on time as expected. And for all the activities that are happening in the NEI, each person should be able to rotate in different departments, whether you are new or old” (P6, manager).*

**4.4.4.2 Category 2: Psychological support**

Participants indicated that support for nurse educators is critical. They recommended one-on-one interview sessions with an immediate supervisor as the foundation step, followed by psychotherapy, counselling, debriefing sessions and wellness programmes to be included within the bullying framework.

**a) One-on-one interview**

Participants indicated that a one-on-one interview with the immediate supervisor is imperative to create a supportive work environment. Privacy should be maintained during and throughout the interview.



*“Managers should have a one-on-one with a bully or a victim and listen attentively to all complaints and support the victim or perpetrator until they complete therapy” (P7, nurse educator).*

*“Managers need to call nurse educators into their offices and address concerns professionally and in a respectful manner as a sign of support from your immediate supervisor” (P11, manager).*

## **b) Psychotherapy**

Participants clarified there is a need to refer bullies, victims and witnesses of bullying for psychotherapy or a specialist for psychological support, particularly when harmful behaviour emerges.

*“Bullies should consult a psychologist and deal with personal traumas to avoid projecting hurt to innocent nurse educators” (P20, nurse educator).*

*“I think nurse educators and managers that are being bullied, should be offered psychological support. Because this is affecting them, automatically it also affects the NEI, students and even their families. They should be able to deal with bullying personally and face to face”. (P14, manager)*

## **c) Counselling for staff**

Participants shared their experiences of workplace bullying and indicated that management and nurse educators deserve continuous counselling, especially after witnessing disturbing events.

*“As staff, as much as we have a counselling department for our students, we should have something like that for nurse educators, so that if we are burdened with our issues emotionally, we don’t take it out on students instead we attend counselling....” (P18, nurse educator).*

*“All staff members should be counselled post any traumatic event experiences, whether you were bullied or witnessed bullying counselling should be available”*  
**(P19, manager).**

#### **d) Debriefing sessions**

Participants felt unimpressed that debriefing sessions were not offered at all in the institution to help them establish a recovery process, yet they were dealing with challenging matters.

*“In NEI’s debriefing sessions should happen frequently and for new staff members it should be part of induction programme to promote a healthy positive work environment moreover when dealing with students”* **(P10, nurse educator).**

*“It should be compulsory to conduct debriefing session to victims, perpetrators and witnesses of bullying to assist with emotional healing. Including all staff members with any traumatic experiences that hinders work productivity. Managers should observe and identify their staff members and refer them accordingly”* **(P12, manager).**

#### **e) Wellness programme**

Participants suggested the inclusion of a wellness department and employee wellness programmes in the NEI framework, emphasising the importance of a conducive environment to promote emotional well-being. Moreover, they proposed regular discussions on workplace bullying to raise awareness and promote a healthier work culture.

*“I think this framework should consist of, firstly, your wellness department because if your environment is not conducive, it will affect you emotionally and, once you become emotionally distressed, that will manifest itself physically, and as a result it will make you physically sick”* **(looks confident and informed).**  
**(P8, nurse educator)**

*“There should be in the framework, employee wellness programmes where it will be allowing people to come together, discuss issues on roundtables for example, symposiums, workshops in the workplace where we will be discussing these types of topics to say...for this year, in our NEI or for these three months, let’s talk about bullying in workplace, and let’s conscientise ourselves” (P15, manager)*

#### **4.4.4.3 Category 3: Effective management**

Participants confirmed that the framework should include effective management and leadership skills, where emotional intelligence is applied, good interpersonal skills are practised, and managers are trained to improve their management skills.

##### **a) Emotional intelligence**

Participants expressed their views that the NEI should promote and enhance the development of emotional intelligence among nurse educators and managers. According to Furukawa and Kashiwagi (2021:2056), management that practices emotional intelligence displays matured and reasonable behaviours that lessen symbolic violence and burnout among nurse educators.

*“...the institution should assist nurse educators and managers to attain emotional intelligence skills because, once you are emotionally matured, it is not easy for you to react when people are screaming, raving and shouting and making all this noise” (P15, nurse educator)*

*“Management should arrange workshops in regular trainings on emotional intelligence so that we can create a culture of productivity and success in the NEI. Remember, our productivity is dependent on our common objective” (P5, manager).*

## **b) Good interpersonal skills**

Most participants indicated that senior nurse educators and managers should communicate effectively and be decisive and empathetic towards each other.

*“...when managers are making decisions, those decisions should be objective decisions which are not influenced by either the type of relationship that they might have with the subordinates, or some form of favouritism. Communication should be clear and there should be a well-defined communication process in the organisation, like top-down, down-top communication, like one would know that there are parameters where a certain level of a manager cannot just do as he or she pleases, because the other characteristics of bullies is dominance, as managers are feared and they do as they please with nurse educators” (P9, nurse educator).*

*“As part of empathy and good management skills, as professionals and managers we must uphold the image of the NEI. We also must be cautiously aware of our emotions so that we are able to contain ourselves, even in such instances where we must react as human beings”. (P14, manager).*

## **c) Management skills training**

Participants recommended that managers should receive in-service training to learn various managerial skills suitable for different situations, with a focus on understanding the nuances of bullying. They suggested that the Skills Development and Labour Departments conduct frequent workshops on bullying, and that awareness training be incorporated at new staff members' induction and as ongoing in-service education to enhance staff retention.

*“So, managers need to attend in-service training whereby, they will be taught about different types of managerial skills. The need to use different managerial skills when you face different situation. Skills Development Department together with the Labour Department needs to conduct frequent workshops on bullying” (P10, nurse educator).*

*“Training on awareness of bullying, it can also be done on entry for new incumbents, again as a continuous in-service. Managers should know about the advantages and disadvantage of each managerial style to assist in improving staff retainment.” (P16, manager).*

#### **4.4.4.4 Category 4: Group cohesiveness**

Participants confirmed there should be a sense of unity and belonging among nurse educators in the NEI. Harmony should be promoted within the NEI, provided nurse educators experience a sense of safety and freedom of expression.

##### **a) Team building**

Participants emphasised the importance of team building in promoting cohesiveness and closeness in NEIs. This was viewed as a safe, conducive space for nurse educators to freely express their unhappiness and uncertainties.

*“...in a working environment teambuilding should be a norm. Because in teambuilding, we can create cohesiveness amongst staff members in an institution, and part of that is getting orientated to one another in terms of who we are as people and how we can work harmoniously as a group” (sounding informed) (P19, manager).*

*“...we also need to have teambuilding gatherings where we create closeness of staff members so that we become free with one another without elements of fear, because once we are free with one another then we can give constructive criticism which entails both negative and positive elements. And if negative elements were to be identified, then we know how to deal with it appropriately if it is not in line with the policies and the Code of Conducts that are at hand”. (Seemingly pleased) (P3, nurse educator).*

## **b) Empowerment**

Participants said nurse educators and management should continuously be empowered to manage workplace bullying. There should be educative sessions and awareness programmes regarding bullying within NEIs.

*“Nurse educators and management should continuously be empowered about bullying as it can be overt or covert” (P2, nurse educator).*

*“Proper workshops, awareness programmes, inhouse trainings and surveys should be conducted addressing workplace bullying. that will talk about bullying and learn how to manage a bully” (P19, manager)*

## **c) Collaboration with other stakeholders**

Participants stated that the framework should emphasise the importance of involving other stakeholders to assist with strategies to combat bullying.

*“I think the relevant bodies in our public nursing education institution that is HR, Counselling and Skills Development Department and the Labour Department should come together and create a platform where the term bullying is explained on continuous basis and, using the labour laws in terms of your basic rules of employment and your labour law and your Code of Conduct” (P4, nurse educator).*

*“...as managers we should firstly encourage the person that’s being bullied to lay a grievance and then there should be a disciplinary process that should be followed, also involve Labour Relations because, according to the labour law, bullying is part of harassment” (P9, manager).*

#### **d) Conduct mini survey/research about bullying within NEIs**

Most participants agreed there is a need to appoint bullying specialists within the NEI. Their roles and responsibilities should include enquiry and analysis, and should benefit the victims.

*“NEIs should appoint a specific officer or advisor/officer to be responsible in handling bullying matters or cases. This officer should investigate regarding all bullying cases” (P4, nurse educator).*

*“Management or an antibullying advisor/officer should conduct mini research or a mini survey to assess if there is any bullying in the institution? And if people are stating that, yes, we have been bullied, then they should do proper research to see what is causing the bullying and who is causing the bullying and take proper disciplinary measures on those type of people.” (P7, nurse educator).*

#### **4.5 SUMMARY**

The chapter provided an overview, description, and presentation of the findings from phase one. These findings were explained using participant quotes to illustrate the researcher’s insights. The findings indicated symbolic violence emerged as a form of concealed power; doxa, as a behavioural expression, makes the effects on those being bullied explicit; the habitus of the bully matches the field with acts of unprofessional conduct; and a safe and healthy workplace. Chapter 5 conceptualises the study’s phenomenon in order to comprehend it on a conceptual level. In this process, it outlines the framework designed for the management of nurse educator bullying within NEIs.

# CHAPTER 5

## DISCUSSION OF FINDINGS

### 5.1 INTRODUCTION

Chapter 4 described and presented findings from the in-depth individual one-on-one interviews conducted with nurse educators and other stakeholders in NEIs. This chapter discusses the findings from the interviews, situating these within the relevant and existing literature. The purpose of the study was to develop a framework for the management of nurse educator bullying in NEIs.

### 5.2 DISCUSSION OF FINDINGS

This discussion dissects the intricacies of the findings and explores potential pathways towards a more equitable and nurturing academic milieu for nurse educators.

#### 5.2.1 Theme 1: Symbolic violence emerged as a form of concealed power

During data analysis, symbolic violence emerged as a form of concealed power. All participants acknowledged that symbolic violence had dominated the field due to hidden power. Symbolic violence was illustrated by a locus of struggle, relational essence, symbolic power, and reproduction of negative attitudes. Four categories emerged from theme 1, as indicated in Table 5.1.

**Table 5.1: Theme 1: Symbolic violence emerged as a form of concealed power**

Theme 1	Categories
Symbolic violence emerged as a form of concealed power	Locus of struggle Relational essence Symbolic power Reproduction of negative attitude

The participants believed symbolic violence existed in the field and was a masked form of power or control. In this study, symbolic violence refers to bullying, according to Bourdieu's adopted concepts. Barber (2021:300) confirmed that symbolic violence



entails the abuse of power or position, undermining someone's capability and leaving victims hurt, anxious, outraged, or defenceless. Therefore, symbolic violence results from power, control, and dominance in a social field. The following categories were identified by participants: locus of struggle, relational essence, symbolic power, and reproduction of negative attitudes.

#### **5.2.1.1 Category 1: Locus of struggle**

Participants experienced struggles as internal or intrapersonal harshness. Managers reported their struggles included requests with threats attached, staff being threatened with insubordination, hoarding of information, and poor support. Communication was severely lacking, as established communication channels were not used. The head of the department failed to provide feedback after evaluations, and pertinent information was not adequately disseminated among staff members. Instances of verbal abuse from managers and senior nurse educators were reported, and fear was wielded as a form of coercive power. Additionally, there were frequent displays of abuses of power, insensitive behaviour, negative attitudes towards colleagues, and manifestations of passive aggression.

Unfair treatment was pervasive, influenced by factors such as position, status, seniority, and service duration. Communication was often marked by condescension, and incidents of shouting in the presence of students were observed. Emotional invalidation was common, accompanied by autocratic and egocentric behaviours. Employees were also required to work overtime without additional compensation. Finally, the PMDS was employed as a punitive measure, contributing to an unsupportive work environment.

There was a strong feeling among participants that management and senior nurse educators struggled in the field, leading to symbolic violence (Bourdieu 1998:118). According to Jung, Pargament, Joyntc, De Kockd and Cowden (2022:305), struggles refer to managers' intrapersonal rigidities, tensions, and disputes or aggressive outbursts when facing difficulties. Kurtulmuş (2020:5) agrees with the findings that both management and senior nurse educators experienced intrapersonal struggles, such as a lack of discipline, resistance to change, and poor self-confidence, leading

to toxic leadership and symbolic violence within the field. Tauber, Loreleigh, Moss, Swann, Hollis, Pooya and Mahmoudi (2022:1) further argue that leadership often struggles to balance fairness and injustice; for instance, when leaders face legal charges due to symbolic violence, the workplace funds their lawsuits while the victims are responsible for financing their own legal matters.

Similarly, whether individuals are in a position of leadership, a young person, or in the broader scope of life, they may struggle to deal with hardships, leading to feelings of being unable to exert control or influence. In the same way, intra or interpersonal struggles are present in every individual's life experiences (Chang, To, Chan & Fong 2021:1). In some instances, it is an individual's choice, such as opting not to keep an open mind or choosing not to face your fears; this leads to intrapersonal turmoil resulting to symbolic violence. Therefore, struggles can occur at any time and affect everyone; they can be attributed to acting or behaving immaturely, poor self-awareness, poor mental health, or a nervous breakdown, leading to symbolic violence (Picton, Greenfeld & Parry 2022:2).

Symbolic violence has dominated the NEI field because managers struggle to deal with power challenges ethically and professionally. Barber (2021:300) confirms that with symbolic violence, power is abused, or positions and individuals' capabilities are undermined, leaving victims hurt, anxious, outraged, or defencelessness. Likewise, symbolic violence increases as managers face power struggles to maintain unity between senior and junior nurse educators. Thus, a progressive cycle of symbolic violence is perpetuated, leading to nurse educators experiencing symbolic suffering.

According to Bourdieu (1989:23), symbolic suffering refers to human torture related to social causes or experiences resulting in poor well-being. Human suffering is an undesirable natural experience for all human beings. Cowden, Seidman, Duffee, Białowolska, McNeely and Van der Weele (2022:2) support this study's findings that participants suffered from symbolic violence, as evidenced by reports of prolonged dissatisfaction and unhappiness within the field.

On the contrary, the absence of suffering can impede personal development, and not every person's hardship is a result of symbolic aggression projected by others or false

pretences (Kaftanski & Hanson 2022:1). Kaur, Thakur and Dayal (2021:217) argue that struggling forces individuals to use their opinions and power of thinking, and it is the reality of daily life as human beings. This shows that struggling is part of life, depending on one's thinking capabilities and thought process. Facing challenges in the field could enhance a manager's leadership skills and critical thinking abilities, leading to a potential shift in power dynamics.

Kang (2022:1) asserts that power struggles are real disputes from within and from a position that creates hostility, poor communication, and relational tensions in the field, where nurse educators' innovative and information-sharing ideas diminish. The findings reflected that senior nurse educators and managers struggle with power imbalances while leading and managing others. This lack of balance and self-awareness cause leaders and managers to project negative behaviours and reactions onto others, and they have unacceptable demeanours, resulting in symbolic violence.

Participants further reiterated that communication was severely lacking, communication channels were not followed, no feedback was provided by heads of departments after evaluations, and information was not sufficiently escalated among staff. Doleman, Twigg, Bayes and Chivers (2021:377) confirm that communication is a significant tool; when management fails to share or withholds information, dysfunctional communication channels and gossip emerge within the field, leading to symbolic violence. Unfortunately, poor communication demoralised nurse educators, causing conflicts, a lack of interest, and symbolic violence (Tolyat, Vagharseyyedin & Nakhaei 2021:161).

Bourdieu (1989:23) asserts that communication serves as a demonstration of power through the lens of symbolic capital. Symbolic capital refers to an individual's valuable assets (such as linguistic proficiency or educational attainment), which can lead to the acquisition of status, acknowledgement, or societal influence (Bourdieu 1986:241). Camgoz, Karapinar, Ekmekci, Orta and Ozbilgin (2023:1) similarly emphasise that withholding communication or silence is a control tactic, and it is a form of emotional abuse and workplace mistreatment. Also, this type of abuse can be witnessed within intimate relationships, church relations or family relations, including friendships (De Clercq, Jahanzeb & Fatima 2021:1297). Therefore, formal discussions such as

meetings or gatherings cannot occur as expected. Poor communication results in poor staff performance, poor teamwork, and increased absenteeism, leading to attrition (Doleman et al. 2021:377). This shows that a lack of interaction and unhealthy relationships between nurse educators and managers can result in toxic work relations.

Managers and senior nurse educators faced various challenges and difficulties, resulting in tension and aggression. However, in this study, everyone experienced struggles, even those who were not managers or leaders; some were merely unaware of their struggles. Unfortunately, a lack of self-awareness creates conflict or disagreements, resulting in disorganisation, toxicity, and symbolic violence. Moreover, a lack of communication due to symbolic violence increases self-doubt and job insecurity, resulting in emotional instability and decreased self-worth.

#### **5.2.1.2 Category 2: Relational essence**

According to participants, meetings were not held as expected, and gossip in corridors confused nurse educators. Additionally, working relationships were compromised between staff members in the field. According to Xu, Kunaviktikul, Akkadechanunt, Nantsupawat and Turale (2021:372), working relations are relational networks, also known as workplace social capital, and these relations are built through interactions with each other in the field. Furthermore, Alpino and Mehlum (2021:255) and Hanafin, Cosgrove, Hanafin, Lynch and Brady (2022:394) affirm that relationships have a critical impact throughout an individual's life span and are crucial components of success in the field.

Bourdieu (1986:249) alluded that relational networks or social capital depend on an individual's preferences, such as high-status achievement, association, and recognition, increasing a specific group's standard in a particular society. Wang, Rafferty, Sanders and Kim (2022:2564) corroborate that some managers prefer relationships with persons who share similar power, and they disregard those lacking the same power or status. Individuals who acquire a higher qualification, such as a doctorate, network with doctors or other highly qualified individuals with power in high positions and ignore those without similar qualifications. Individual preferences and

associations can compromise relations and aggravate conflict, leading to symbolic violence.

Rauman (2023:230) also affirms that poor work relations are often attributed to escalating and perpetuating conflict that is inadmissible and harmful within the field, preventing meetings or social gatherings. This shows that the causal factors of a negative, harmful work environment, among others, include unhealthy relations progressing into poor working relationships and disharmony. A field with poor working relations exacerbates discomfort and ill health, leading to increased staff turnover.

### **5.2.1.3 Category 3: Symbolic power**

Most participants expressed that senior nurse educators and managers used nonphysical violence as symbolic power. Constantinou (2022:108) agrees that symbolic power is a silent, not definite nor specific type of power, such as physical violence or discipline. The concept of symbolic power, as discussed by Bourdieu (1990:91) in the “Logic of Practice”, highlights the presence of unseen violence that often goes unrecognised and is accepted as legitimate in a field. Symbolic power operates through various means: trust, obligation, personal loyalty, hospitality, gifts, debts, and piety. This form of power is essentially invisible, as it is not commonly perceived as real power (Hoffmann 2023:3). Consequently, nurse educators subjected to symbolic power tend to view it as legitimate rather than a social construct.

Bourdieu (1989:14) confirms that symbolic power includes misrecognised power, domination, discriminatory words and actions against race, gender, age and positions within the hierarchy of the field. Furthermore, symbolic power affects language and communication in the field, permitting those in positions of power to shape perceptions, define social categories, and reinforce existing hierarchies (Piroddi 2021:6). Unfortunately, derogatory words reinforce dominant beliefs and thoughts, marginalising victims and resulting in symbolic violence. Similarly, discriminatory words and expressions can create hostile environments, perpetuate systemic inequalities, and contribute to the subordination of marginalised nurse educators. Therefore, the power of language lies in its ability to construct and disseminate meaning, influencing how nurse educators perceive themselves and others.

In the same way, managers' words or insults toward nurse educators were more powerful than weapons and negatively affected their self-esteem. Hoffmann (2023:2) agrees that offensive words hold tremendous power, surpassing even the influence of physical weapons, as they can construct or dismantle an individual's sense of self and environment. Also, words used with injurious intent in the field can potentially create a harmful and oppressive work environment. This control over meaning and interpretation allows those in power to maintain and perpetuate existing systems of privilege and oppression.

Bourdieu (1989:23) conveys symbolic power as "performative discourse", where power bestows authority upon managers to define and control the fundamental aspects of the core business, specifically the teaching and learning activities overseen by nurse educators who may be mistreated. Therefore, the dynamics of symbolic power appear to create symbolic violence through the reproduction of dominance. Bourdieu's theory suggests that when individuals who have been subjected to domination and oppression encounter various forms of symbolic violence, it can trigger emotions like humiliation, anger, despair, and resentment (Bourdieu & Passeron 1990:4). The authors argue that such behaviours are fundamental to producing further symbolic power, and later life fragmentation can emerge as a result.

Piroddi (2021:6) agrees symbolic power grants those in power, such as managers, the ability to shape meanings and perceptions within the field. Managers can influence how nurse educators interpret and understand the field by controlling communication and opinions and constructing social reality and procedures. When managers control communication, they can manipulate messages' interpretation and dissemination to align with their interests and perspectives. By shaping the meaning of symbolic power, they can shape nurse educators' discourse, beliefs, and attitudes. However, symbolic power benefits the field when years of experience and seniority are used to assist new employees during mentoring sessions (Sage 2019:np).

In conclusion, race, age, and gender dominance within a field perpetuate symbolic power dynamics, leading to greater advantages for managers while leaving nurse educators disadvantaged. Symbolic power operates in subtle and covert ways, influencing individuals' behaviours, perceptions, and opportunities within a field.

Accepting symbolic power as a legitimate authority perpetuates existing social hierarchies and inequalities. Harmful words create a destructive environment, promoting inequalities within the field. Symbolic power also allows managers to operate through language, enabling those in positions of power to outline insights, support hierarchies, and discriminate against nurse educators.

#### **5.2.1.4 Category 4: Reproduction of negative attitudes**

Participants indicated that negative attitudes were replicated in unacceptable ways; staff were manipulated, undermined, sabotaged, and felt unappreciated and unrecognised. Freire and Pinto (2022:498), following Bandura's theory of social learning (1977), agree that individuals can develop negative attitudes through social learning. In this instance, nurse educators observed and imitated management's negative behaviours. Bandura's theory thus emphasises the role of observational learning in attitude formation. Similarly, Verplanken and Orbell (2022:329) acknowledge that individuals can imitate behaviours they observe in others during social interactions. This imitation can then lead to the adoption of negative attitudes.

Brundin, Liu and Cyron (2022:4) affirm that negative attitudes are characterised by hostility, pessimism, and obnoxious behaviour. Individuals with low self-esteem or envy and jealousy toward others display these attitudes. Furthermore, Phage, Molato and Matsipane (2023:400) mention the reproduction of a negative attitude is a perpetuation of symbolic violence, which suggests that negative attitudes have broader social implications within the field.

Participants claimed they were coerced to perform managerial duties due to their extensive knowledge, but they were not recognised or appreciated for these tasks. Cama, Brener, Broady, Hopwood and Treloar (2021:435) attest that managers who lack sufficient knowledge and confidence tend to display negative attitudes and a sense of entitlement. Nurse educators experienced "*a sense of the place of others*" instead of having "*a sense of one's place*" (Bourdieu 1989:19). In this study, the findings confirmed that nurse educators were treated unfairly, their voices were not heard, and their dissatisfactions were not a priority in the field.

Participants asserted that managers criticised and ridiculed their clothes and displayed intimidating behaviour towards them. Chen, Wang, Li and Liu (2022:1) corroborate that managers displaying negative attitudes, such as hostility and criticism, experience increased stress and decreased psychological well-being. Bandura's theory concurs, emphasising the impact of negative role modelling on nurse educators' mental well-being and job satisfaction. Consequently, the reproduction of negative attitudes meant nurse educators' stress levels increased, and psychological well-being decreased, resulting in job dissatisfaction, poor performance, and a high resignation rate. Moreover, Tang and Hu (2022:2) and Khaw, Alnoor, and AL-Abrow (2023:19137) attest that even when constructive criticism is delivered with a negative attitude, it defeats the purpose; participants thus lacked trust and displayed frustrations due to their managers' negative attitudes.

Participants stated that managers displayed anger and frustration when impossible deadlines were not met. Managers' negative attitudes consequently influenced nurse educators' work performance and productivity. Zhenjing, Chupradit, Kuo, Abdelmohsen, Nassani, and Haffar (2022:2) discuss the negative impact of managers' negative attitudes, including rage and resentment, on nurse educators' motivation and work commitment. Their view aligns with Bandura's theory, demonstrating how negative behaviours observed in others can lead to decreased motivation and performance. In contrast, Tian, Tang, Akram, Khan and Chuadhry (2022:1) alluded that negative attitudes can also motivate individuals or organisations to identify problems and work towards solutions.

In conclusion, nurse educators' reproduction of managers' negative attitudes set a standard for accepting harmful behaviour and poor communication methods within the field (Curado, Henriques, Jerónimo & Azevedo 2022:1). This can promote a harmful work environment, illustrated by poor trust, low morale, and a lack of teamwork, deterring efficiency and innovation in the field. Nurse educators are inefficient when managers promote ill-treatment, causing an unhealthy working environment.



**5.2.2 Theme 2: Doxa, as behavioural expression, makes the effects on those being bullied explicit**

All participants acknowledged that symbolic violence had more negative consequences than positive ones. In this study, participants confirmed they experienced detrimental or constructive bullying effects in the field. The following effects were described by participants: emotional, psychological, and positive effects of bullying and signs of personal inferiority. Four subthemes thus emerged from theme 2, as indicated in Table 5.2.

**Table 5.2: Theme 2: Doxa, as behavioural expression, makes the effects on those being bullied explicit**

Theme 2	Categories
Doxa, as behavioural expression, makes the effects on those being bullied explicit.	Bullied individual’s emotional effects Bullied individual’s psychological effects Positive effects of bullying Signs of personal inferiority

According to Kallestad (2021:15), doxa is a concept created in the field of sociology and popularised by Pierre Bourdieu, the French sociologist. It means unquestionable, ignored beliefs, norms, and values are acknowledged as common sense or public opinions taken for granted in the field. Therefore, doxa signifies the deeply rooted beliefs, practices, and habits nurse educators follow without interrogating their legality and background or critically examining their validity.

The study’s findings confirm that a majority of nurse educators experienced detrimental effects as a result of doxa, yet few experienced beneficial outcomes. According to Bourdieu (2002:1019), allodoxa (‘learned from ignorance’) becomes misrecognised and disregarded, representing continual symbolic violence from managers. Therefore, doxa was evident, influential, and experienced within the field, but individuals outside the field cannot attest to these experiences because they often go unnoticed. The belief and practice of symbolic violence were thus taken for granted. Ultimately, the unquestionable beliefs related to symbolic violence led to emotional, psychological, and positive effects.

### **5.2.2.1 Category 1: Bullied individuals' emotional effects**

All participants indicated that they experienced emotions such as resentment, bitterness, regret, and humiliation in the field because of symbolic violence. Dong, Peng and Jiang (2022:10) define 'emotions' as a conscious mental state that impacts everyday activities, including communication, learning, and decision-making. Emotions are crucial components in the human experience, impacting thoughts, guidance, conduct, and social interactions.

Nurse educators said they were bitter because management undermined and ignored them when they reported acts of symbolic violence. According to Pace, D'Urso and Zappulla (2021:604), the absence of functional and supportive leadership leads to anger, bitterness, resentment, regret, and hatred. Soubra, Tamworth, Kamal, Brook, Langdon and Billings (2023:22) agree that a lack of psychological support, communication, and teamwork within the field exacerbate bitterness, leading to anger, resentment and symbolic violence. Therefore, nurse educators often face emotional turmoil or bitterness due to being continuously exposed to persecution, threats, regrets and embarrassment (Homayuni, Hosseini, Aghamolaei & Shahini 2021:7). In contrast, when some people feel stagnant or unappreciated in their current positions, they actively seek out new avenues for growth and fulfilment, potentially leading to positive changes in their lives (Homayuni et al. 2021:7). Such individuals become more sensitive to the feelings and struggles of others who face similar challenges, fostering greater understanding and compassion. In this study, being ignored or undermined also encouraged some nurse educators to become more assertive and advocate for themselves.

Participants further emphasised their regrets about being nurse educators within the field. Regrets are ingrained feelings of unhappiness, sorrow, and disappointment individuals experience when reflecting on their past treatment in a field (Falon, Hoare, Kangas & Crane 2022:903). Furthermore, individuals with regrets often experience emotional, social, and behavioural difficulties, leading to humiliation (Matarazzo, Abbamonte, Greco, Pizzini & Nigro 2021:1).

Fernández, Gaviria, Halperin, Agudo, José, Puerto and Chas-Villar (2022:1) claim humiliation is an intense, undesirable, and stressful emotional experience; “*a nuclear bomb of emotion*”. It is a feeling of degradation, shame, and disrespect that happens in front of other people. These actions or remarks occur repeatedly and are deliberately made by some individuals to degrade, disgrace, and depreciate someone’s actions or words. In this study, nurse educators’ self-esteem and self-worth were brutally destroyed by managers, as they were shouted at and disrespected in front of others, leading to social withdrawal and avoidance of individuals or situations that further triggered humiliation. It led to a loss of dignity and respect, leading to shame, rage, and hatred towards those who caused their humiliation (Husum, Thorvarsdottir, Aasland & Pedersen 2020:1).

Bethany, Aidan and Teresa (2021:1) emphasise that some people experience a sense of regret because of the harmful behaviour of symbolic violence continuously replaying in their minds and affecting their thought processes. When individuals’ minds are preoccupied with harmful scenarios, nervousness, and tension, emotional distress emerge as regrets (Matarazzo et al. 2021:2). The researcher is of the view that regrets affect interpersonal relations, especially when there is a lack of forgiveness and poor decision-making, evidenced by a reproduction of negative behaviour towards others, poor communication, and lack of trust.

In conclusion, regrets are intense emotions experienced due to past occurrences or unfavourable decisions. Therefore, it is imperative to understand regret’s complications and impact on human relations and mental health. Regret is emotionally detrimental and can produce feelings of being a failure or loss of self, leading to humiliation. Humiliation is ultimately a more destructive and undesirable emotional experience stemming from intentional and continuous degradation and disrespect from others.

#### **5.2.2.2 Category 2: Bullied individuals’ psychological effects**

Participants described the psychological effects of bullying as feelings of anxiety, stress, trauma, and depression. Nurse educators appeared to experience anxiety, stress, and trauma due to their unstable social position within the field, referred to as

'habitus'. Soubra et al. (2023:22) corroborate this view by suggesting that unclear guidance on addressing symbolic violence in the workplace intensifies anxiety among nurse educators. Participants also shared that reporting to work daily heightened their anxiety, and some nurse educators presented with physical symptoms; some were diagnosed with chronic health conditions that disrupted their daily lives, including sleep patterns.

Richardson (2023:1) confirms that individuals experience anxiety when the mind and body's functioning respond to recognised stressors or fears. Individuals with anxiety present with restlessness, fear, and apprehension regarding upcoming gatherings, circumstances, and doubts, which can affect their performance and productivity (Jones & Todd 2023:1). Richardson (2023:2) claims that although anxiety is a natural physical reaction preparing individuals to manage possible risks, it poses a concern when anxiety is persistent and affects nurse educators' daily functioning. Nurse educators continuously exposed to symbolic violence may regularly experience distress and fear of potential discrimination, leading to isolation.

Nurse educators verbalised that prolonged symbolic violence triggered persistent fear, leading to intensified anxiety. Kurth and Pihkala (2022:3) reiterate that experiencing persistent fear due to being a victim of symbolic violence forces individuals to be hyper-vigilant because they are continuously on guard for any attacks; therefore, anxiety increases, while avoidance and alienation dominate. Hypervigilance is an intense state where nurse educators are extremely aware or increasingly attentive to danger or potential threats in their environment. These threats may be specific to a certain setting and negatively impact individuals' mental well-being, presenting with social withdrawal (Riggle, Folberg, Richardson & Rostosky 2021:1). One participant added that feelings of social withdrawal dominated and resulted in increased avoidance, confrontation, and disgrace. Nurse educators ultimately feared making mistakes and being criticised for incompetency, affecting their work performance and sleep, and exacerbating anxiety.

Sleep is a natural human need for rest and acts as a cell-functioning rebooting agent. However, participants indicated that they could not sleep peacefully due to anxiety about being victimised. Richardson (2023:3) agrees that anxiety and trauma lead to

sleep disturbances, including changes in appetite leading to weight gain or loss. While (2023:268) concurs that a lack of or poor sleep due to symbolic violence results in individuals experiencing physical or psychosomatic symptoms such as chronic fatigue, body aches, and pains, leading to poor coping with work demands. Unfortunately, nurse educators' job performance is affected by sleep disturbances, leading to a lack of energy, poor focus and daytime irritability (Wong, Martinez, Aguila, Pal, Aysola, Henderson et al. 2021:1). This shows that anxiety should never be underestimated as it can be emotionally, psychological, and financially costly.

Some participants indicated they were traumatised by exposure to ill behaviour and yelling from management. Van Ditschuijzen, De Munter, Verhofstad, Lansink, Den Hartog, Van Lieshout and De Jongh (2023:871) claim trauma is a mental reaction in responding to disturbing occurrences that surpass individuals' capacity and coping capabilities in managing these situations. It is an intense feeling of stress and nervousness, leading to constant terror and panic. Delhalle and Blavier (2023:1) assert that yelling and shouting at someone is traumatic and considered verbal and emotional abuse. Hence, nurse educators experienced continuous terror and panic in the field, leading to paranoia due to the yelling and symbolic violence that was directed at them. Consequently, these experiences led to trauma and fear of losing their job, regarded as intense, sensitive, and traumatic life events.

Trauma caused nurse educators to experience flashbacks and disturbing thoughts due to maltreatment, interfering with their daily lives and resulting in poor coping strategies, depression, and post-traumatic stress disorder (Neuner 2023:2). The repetitive cycle of symbolic violence over time led to accumulative trauma and depression that had severe negative effects on nurse educators' mental health. It follows that trauma affected nurse educators' mental well-being, thought processes and work productivity (Hébert, Jean-Thorn & Fortin 2022:4).

Nurse educators indicated that they felt powerless and ambushed by management because they were forced to perform management and other colleagues' duties. Employees often feel helpless when coerced by management to perform other people's duties (Manderius, Clintstahl, Sjöström & Örmon 2023:3). Failure to perform duties as expected is referred to as coercion that exacerbates traumatic feelings due

to power imbalances between nurse educators and field management. Lazenby, Sundstrom, Momplaisir, Badell, Rahangdale, Nissim, Tarleton and Dempsey (2022:3) add that coercion is a subtle form of symbolic violence, exposing nurse educators to more trauma. Consequently, according to Cohen-Almagor (2021:386), coercion limits someone's freedom of movement or action, minimising their power and control, and threats are used as a control and manipulation tactic. Therefore, nurse educators were coerced and not free or autonomous in exercising their right to refuse to perform someone else's duties, leading to sadness and misery.

Some participants attested that they experienced feelings of sadness, loneliness, worthlessness, misery, hopelessness, and intense emotional pain due to symbolic violence, which resulted in them being diagnosed with depression and requiring chronic treatment. Roberts, Gallagher, Daro, Iruka and Sarver (2019:5) attest that depression is a mood disorder distinguished by sadness and hopelessness, decreased self-esteem and a loss of interest in activities one used to enjoy. Depression can interfere with nurse educators' normal functioning (Piantella, Dragano, McDonald & Wright 2021:2). Furthermore, depression affects behaviour, feelings, thought processes, and emotional and physical symptoms, causing a lack of concentration, poor decision-making and paying attention to details. Feelings of depression disarmed nurse educators' power, prompting them to feel hopeless and defenceless, resulting in prolonged sick leave (Long Khanh-Dao, Yong Yi, Lidia, Anita & Mihalopoulos 2021:2). This shows that symbolic violence affected nurse educators' daily functioning, leading to chronic conditions and altered moods.

### **5.2.2.3 Category 3: Positive effects of bullying**

Some participants experienced positive effects while being bullied. They indicated that symbolic violence stimulated their survival and resilience mode. Therefore, growth and creativity increased, including collaboration. Resilience results from mental health, maintaining recovery or functionality during or after post-traumatic psychological risks and increasing survival chances (Falon et al. 2022:902).

The negative effect of symbolic violence outweighs the positive effects. However, participants expressed how the resulting personal growth, such as resilience,

contributed to improvements in the field. Symbolic violence promoted their development of resilience and coping capabilities, their survival mode was triggered, and employment was sustained (Kaya, İşler & Dalgiç 2022:1925). Cao, Zhang, Li and Yang (2022:2) agree that resilient individuals bounce back and survive difficult or dangerous situations such as symbolic violence. According to Kearney and Lanius (2022:2), in survival mode, individuals may draw upon their inner resilience for perseverance during challenging circumstances. Therefore, confronting and dealing with symbolic violence increased some nurse educators' abilities to handle future challenges effectively.

According to Matshaka (2021:1), nurse educators who were victims of symbolic violence developed a sense of self-reflection and introspection, leading to personal development and self-enrichment. Self-reflection is when nurse educators introspect or examine their thoughts, behaviour, and attitudes. In this study, some individuals ignored and identified bullies at a distance and walked away from the situation, indicating their personal development and maturity.

Some participants stated that development, transitioning, and networking are crucial processes in the field where support is limited. Participants felt that being employees in the field promoted growth, maturity, and independence. According to Maurer, Maurer, Hoff and Daukantaitė (2023:1), growth refers to nurse educators' continuous development in size, progress, and advancement in the field. It encompasses acquiring new knowledge, skills, and capabilities through experience and learning. Individuals became creative, accepted setbacks as learning opportunities, and learning progressed (Maurer et al. 2023:1). Symbolic violence encouraged participants to develop a sense of personal strength, such as self-awareness and emotional intelligence, adopting a growth mindset (Brewer & Devnew 2022:2).

On the contrary, it has been determined that nurse educators can develop resistance to change due to fear of failure, uncertainty, and embarrassment (Goyal, Venkatesh & Shi 2022:1). Nurse educators might therefore be hesitant to leave their comfort zones when changes are implemented (Van Gelderen 2023:4). Furthermore, group dynamics and group clashes might emerge during collaboration and when sharing ideas, leading to conflict.

#### **5.2.2.4 Category 4: Signs of personal inferiority**

Most participants indicated that senior nurse educators and some managers lacked confidence by displaying signs of an inferiority complex, insecurity, and rage. Participants perceived senior nurse educators and managers as bullies in the field because they conducted themselves unprofessionally and displayed an inferiority complex that led to symbolic violence. Professionalism and well-being are important elements needed in the field (Thurston & Hammer 2022:391).

Dos Santos and Pereira (2021:2) assert that an inferiority complex encompasses intense knowledge of psychological phenomena or feelings of inadequacy, unworthiness, or incompetency compared to others. Furthermore, managers with an inferiority complex and insecurities seek approval and persistent validation to boost their self-esteem and depend on external feedback to affirm their own value, resulting in dependency on others' opinions (Forest, Sigler, Bain, O'Brien & Wood 2023:1).

An inferiority complex results in self-doubt and imposter syndrome. Hence, leaders who had doubts and struggled to form healthy and meaningful relations with nurse educators feared that their (managers) flaws would be exposed, resulting in bruised egos or low self-esteem (Forest et al. 2023:1). Gill (2020:2) concurs that individuals with self-doubt present with imposter syndrome. It is a self-destructive personal reaction, attributed to internal or external stimuli such as insecurity resulting from comparison and overwhelming experiences of symbolic violence.

Participants indicated that senior nurse educators and managers displayed signs of insecurity, low self-esteem, inadequacy, and self-doubt after discovering that the new nurse educators were more experienced and knowledgeable. Wen, Ye, Zuo, Han, Zhu, Ke and He (2022:497) agree that managers compared themselves with newly appointed nurse educators who they believed were incapable, not knowledgeable, and inexperienced; hence, managers' negative self-image and self-doubt increased, leading to symbolic violence (Wen et al. 2022:497).

Unfortunately, self-doubt compelled managers to undergo constant comparisons, measuring themselves against nurse educators and identifying themselves as lacking.



They paid too much attention to nurse educators' strengths and achievements while disregarding their accomplishments, resulting in an inferiority complex and decreased self-worth. Managers thus overcompensate or become defensive to prove their self-worth by overworking or displaying perfectionist tendencies (Isheqlou, Soltanlou, Zarean, Saeedi & Heysieattalab 2023:1).

Participants stated that some managers displayed rage when communicating with nurse educators, often attributed to their insecurities, feeling threatened and invalidated. One participant described how the manager would open the nurse educator's office door without knocking and start banging the door aggressively. Ryu, Kim, Kim, Lee and Lee (2022:1) reiterate that rage is extreme uncontrollable anger with an aggressive or hostile expression. Also, it is an intense emotional response triggered by frustrations, threats, and feeling powerless.

Furthermore, Sicilia, Caro-Jiménez, and Fernández-Sabiote (2021:394) postulate that rage encompasses various negative emotions, including aggression, fury, wrath, hatred, disrespect, disparagement, and resentment, and it can be expressed by banging objects or uttering hurtful words. In contrast, rage can also be used as a defence mechanism to protect a delicate self-esteem (Gagnon, Quansah & McNicoll 2022). However, rage may cause managers to experience guilt and shame, resulting in greater insecurity, which can be displayed by passive aggression, angry outbursts, or physical violence such as banging doors and name-calling. Therefore, poor management of angry outbursts may result in rage and an unhealthy working environment.

It may be deduced that managers, in their quest for recognition and respect, are inclined to adopt a defensive or reactive posture when confronted, particularly if they perceive that their leadership competencies are being questioned.

### **5.2.3 Theme 3: The habitus of the bully matches the field with acts of unprofessional conduct**

Participants indicated some managers displayed harmful relations and unacceptable habitus in the field. According to Bourdieu (2003:21), habitus is the set of actions,

habits, tendencies, thoughts, and preferences that become deeply rooted in a person because of how they were raised, what they have gone through, and the society they are a part of. Habitus is an inner compass that shapes how individuals view the world, make choices, and behave, often without awareness. This idea helped clarify why nurse educators from diverse backgrounds had distinct approaches to thinking and behaving. Participants further reiterated that bullies' unacceptable habits and dispositions represented the field's treatment and culture. Unfortunately, only employees within the field witnessed and attested to the detrimental habitus observed and experienced. The bullies' unprofessional conduct resulted in participants' inability to execute duties as expected, high staff turnover, and poor availability of material resources.

**Table 5.3: Theme 3: The habitus of the bully matches the field with acts of unprofessional conduct**

Theme 3	Category
The habitus of the bully matches the field with acts of unprofessional conduct	<ul style="list-style-type: none"> <li>• Staff turnover</li> <li>• Poor material resources</li> </ul>

### 5.2.3.1 Category 1: Staff turnover

Some participants stated there was cumulative staff turnover because of various concerns such as a harmful working environment, a growing culture of symbolic violence, poor mentoring, threats, and insubordination. Participants further emphasised that most nurse educators were job hunting due to the detrimental work environment. Elazzazy (2023:531) confirms staff turnover rates have increased, leading to a staff shortage because most nurse educators resigned or left the field and were not replaced by new ones. Staff turnover can be voluntary when nurse educators resign of their own accord or are involuntarily dismissed or laid off by the employer. In this study, nurse educators stated that they voluntarily resigned due to being abused, mishandled and ill-treated. Maltreatment harms employee morale creates disruptions in team interactions, and potentially results in legal liabilities (Karatepe Rezapouraghdam & Hassannia 2020:1).

Freire and Pinto (2022:498) concur that increased staff turnover is often attributed to challenges, such as individuals' dissatisfaction, toxic and harmful working conditions, poor management practices, and unethical leadership. Furthermore, Bryant, Yazejian, Jang, Kuhn, Hirschstein, Soliday, Hong, Stein and Bingham (2023:160) state that staff turnover negatively impacts the field, leading to the loss of significant knowledge and expertise, while knowledgeable subject experts are lacking, based on the inadequacy of nurse specialists in the country. This shows that, in the future, the field might operate with inexperienced nurse educators if most competent and skilled nurse educators resign, leading to compromised quality teaching, learning and symbolic violence. Additionally, recurrent turnover may destabilise workload and workflow, destroy the field's reputation, and it may be challenging to attract and retain prominent, talented nurse educators. Thus, staff turnover causes low team morale, increases expenditure on recruitment and training, and promotes possible workflow disruption; however, it can also lead to fresh talent, new perspectives, and opportunities for innovation (Haddad, Annamaraju & Toney-Butler 2023; Jakobsson, Jangland, Engström, Malmström & Drott 2023:2611).

Jakobsson et al. (2023:2611) reiterate that staff turnover can negatively affect nurse educators' workload. Since there was an increased workload for the remaining nurse educators, disruption in continuity of teaching and learning or disruption of content delivery as nurse educators resigned during facilitation periods led to increased feelings of uncertainty and anxiety. Consequently, a perception of instability within the field developed and affected nurse educators' commitment and job satisfaction, resulting in symbolic violence as stress levels increased (Karatepe et al. 2020:1).

### **5.2.3.2 Category 2: Material resources**

Most participants stated that they were expected to execute their duties, yet no working material resources were allocated to them, and the working environment was not conducive and toxic. Participants were unhappy about not receiving working tools timeously. The lack of material resources prevented nurse educators from being as hands-on and productive as expected. Nurse educators reiterated that they were not given laptops and office telephones timeously, yet they were expected to attend meetings and submit reports. Gause, Mokgaola and Rakhudu (2022:1) confirm a

crucial working tool for nurse educators is information technology (IT), such as laptops, tablets, or iPads, as they are the key role players in teaching and learning. Additionally, IT is used for managing and processing information, facilitation and communication; hence, it entails the use of computers, software and other technologies (Malika, Ybyraimzhanov, Gaukhar, Nurdaulet & Ainur 2022:165).

Furthermore, IT encompasses the utilisation of computers and digital tools for storing, retrieving, transmitting, and manipulating data in several ways to simplify tasks and increase efficiency in the field (DiMattio & Hudacek 2020:1). IT operates extensively in our everyday lives, from accessing the internet using smartphones, to employing computers at work or in educational settings to perform projects and solve problems (Gause et al. 2022:1). Therefore, since IT is highly recognised as an important asset for nurse educators, it serves as social, financial, symbolic, and objectified capital in the field of academia (Bourdieu 1986:242). According to Yu, Peng and Hu (2021:1) and Bourdieu (1986:242), social capital refers to the relations, networks, and contacts nurse educators retain with others when utilising IT in the field. Thus, IT is a supportive and helpful platform nurse educators use to access valuable information (Subedi, Nayaju, Subedi, Shah & Shah 2020:70). Social capital plays a significant role by aiding nurse educators in fostering collaboration, exchanging knowledge and gaining access to opportunities that would otherwise be inaccessible to them.

Ciftci, Karadag and Ergin-Kocaturk (2023:2) emphasise financial capital refers to monetary assets, and field possessions such as furniture, computers, and other equipment. Moreover, financial capital assists in the field, helping in the achievement of teaching and learning objectives (Chang & Lai 2021:1). Computers and laptops simplify content delivery in class and increase effective communication between nurse educators, students, and field management.

Nurse educators experienced difficulties due to their limited access to social and financial capital, prohibiting them from fully exploring the benefits of technology (DiMattio & Hudacek 2020:1). Consequently, they were prone to be discriminated against and victimised as being incompetent, leading to a form of symbolic violence.

IT is a form of symbolic capital nurse educators need as key role players in the field. Symbolic capital is the worthiness and recognition other nurse educators perceive from someone within the field (Juran & Joonheui 2023:561). A lack of IT can result in nurse educators being disrespected or taken for granted in this era where technology is the cornerstone of academics (Malika et al. 2022:166). Unfortunately, symbolic capital depends not on monetary value or physical possessions but reputation, status, and relationships. Accordingly, symbolic capital can influence nurse educators' level of power and respect in the field.

IT is a form of objectified capital, and nurse educators are expected to effectively perform their responsibilities with or without relevant assets. Therefore, objectified capital refers to quantifiable and authentic, valuable assets or movables that one can possess, control, or utilise (Ciftci et al. 2023:2). It encompasses material assets such as currency, gadgets, devices, and appliances that can be used to achieve or develop tasks, or improve nurse educators' competences (DiMattio & Hudacek 2020:1).

The researcher believes that the lack of material resources, particularly IT, is concerning for nursing education and future nurses. Failure to access social, financial, symbolic, and objectified capital reduces nurse educators' power to operationalise the field. Thus, it exposes nurse educators to judgments and inequity, a certain type of symbolic violence. The lack of material resources experienced by nurse educators also signified suffering, which Bourdieu (1999:viii) implies is "la petite misère". This means nurse educators experienced all forms of suffering as they were expected to be productive while resources or technology were unavailable or inaccessible.

In this contemporary education landscape, technology plays a crucial role in improving teaching and learning strategies and student engagement (Subedi et al. 2020:69). However, most nurse educators may be challenged in accessing the latest updated technology such as computers, laptops, tablets, and software, which are crucial for effecting interactive classes, online learning, and distance learning programmes (Subedi et al. 2020:69). Ultimately, a lack of sufficient IT can affect the quality of instruction and limit students' exposure to diverse learning opportunities. This phenomenon may lead to outdated or limited instructional materials, reduced access to current teaching advancements, and restricted opportunities for students to engage

in innovative learning methods (Gause et al. 2022:1). Nurse educators may also face an increased workload when compensating for a lack of IT and time constraints while preparing content without technology (Malika et al. 2022:166). Therefore, this led to nurse educators experiencing burnout, resulting in poor-quality teaching.

#### 5.2.4 Theme 4: Safe and healthy workplace

All participants emphasised that the field should be a safe and healthy workplace where a positive work environment, psychological support, effective management, and group cohesiveness are cornerstones. According to Mabona, van Rooyen and Ten Ham-Baloyi (2022:1), a safe and healthy workplace is an employment milieu that promotes a positive physical, emotional, and psychological environment and ensures that nurse educators' health is protected against any hazards or potential risks. A safe and healthy working environment provides unconditional support by promoting effective management relations, communication, and group cohesion.

Four categories emerged from theme 4, as indicated in Table 5.4.

**Table 5.4: Theme 4: Safe and healthy workplace**

Theme 4	Category
Safe and healthy workplace	<ul style="list-style-type: none"> <li>• Positive work environment</li> <li>• Psychological support</li> <li>• Effective management</li> <li>• Group cohesiveness</li> </ul>

##### 5.2.4.1 Category 1: Positive work environment

There was a strong feeling among all participants that the field should be a positive work environment. Zhenjing et al. (2022:2) concur that a positive work environment promotes support, involves all employees, and has an inspiring atmosphere where nurse educators feel appreciated, recognised, respected, and engaged. Mabona et al. (2022:1) confirm that a positive work environment reinforces transparent and open communication, provides valuable and constructive feedback, promotes a sense of

gratitude, increases job satisfaction and productivity, and improves nurse educators' overall well-being.

Maassen, Van Oostveen, Vermeulen and Weggelaar (2021:2) agree that a positive work environment attracts and retains staff and promotes freedom of expression. Rozani and Kagan (2023:2) postulate that a positive workplace atmosphere is established through leadership that offers support, engages employees in decision-making, and offers opportunities for career growth. Nonetheless, if leadership is unaware or neglectful, there is a risk that a sense of complacency may creep into this positive work environment. Thus, a positive work environment should not be misunderstood as a lack of accountability and responsibility. Rather, it should serve as a basis for motivating nurse educators to communicate openly, strive for excellence, and be empowered to achieve their full capacity (Benson-Goldberg, Geist & Erickson 2022:1).

Participants lamented that management should be proactive about symbolic violence. Smith et al. (2020:2) agree that future-focused and change-orientated leaders apply solutions in advance. Similarly, Kim, Lynn, Baernholdt, Kitzmiller and Jones (2023:13) confirm that managers make things happen and are self-initiated even when others do not support them. Therefore, management should be vigilant and a step ahead when planning for contingencies and emergencies.

Participants expressed that reporting structures for symbolic violence should be accessible, flexible, user-friendly, and approachable. Participants further reiterated that job descriptions should be well-defined. Lingard and Turner (2023:1) indicate that an immediate manager should provide employees with a detailed document outlining the functions, duties, and prerequisites for a particular job position within the field. Kaya and İşler Dalgiç (2022:1926) agree that employees must understand their roles and responsibilities, expectations, job titles, and reporting structures, especially in an environment dominated by symbolic violence.

Participants emphasised that management should apply flexibility while adhering to established policies, regulations, and procedures when dealing with symbolic violence to promote safety and prevent potential risks. Lingard and Turner (2023:2) claim that

safety and security remain management's responsibility, along with compliance with policies, regulations and procedures. Flexibility includes working hours and the adoption of a hybrid work ethic in these modern times. Hybrid working conditions entail a combination of on-site work and remote work (Iqbal, Khalid & Barykin 2021:28). Consequently, prioritising nurse educators' security and welfare improves loyalty and self-confidence in the field (Van Dyk, van Rensburg & van Rensburg 2021:2). Management should ultimately be adaptative as the world evolves post Covid-19 challenges.

In conclusion, a positive work environment benefits nurse educators and the field. However, it can be complex to maintain and sustain such settings. It requires committed, adaptable, and effective leadership to overcome obstacles and encourage a positive culture, loyalty, and cooperation. Despite inadequacies, a field that invests in a positive work environment tends to take pleasure in improved nurse educator assurance, production, efficiency, and field achievement.

#### **5.2.4.2 Category 2: Psychological support**

Participants indicated that support was critical. One-on-one sessions with an immediate supervisor, referral for psychotherapy and counselling, debriefing sessions, and wellness programmes should be considered critical strategies toward a safe and healthy workplace. According to Phage et al. (2023:400), psychological support promotes beneficial behaviour that prioritises nurse educators' encouragement and allay anxiety. It includes assistance, support, and care being provided to nurse educators who have experienced or faced serious and harmful psychological and emotional challenges. Elazzazy (2023:531) confirms that psychological support is significant for individuals facing intense distress, trauma, or mental health emergencies or crises.

Participants stated that one-on-one sessions with the immediate supervisor were crucial because they are a form of emotional support. Gill (2020:245) emphasises that emotional support requires managers to reflect empathy, compassion, and understanding, and the feelings of victims should be validated. In addition, emotional support assists with feelings of being heard and understood. It reinforces a sense of



self-worth and reduces feelings of isolation after being a victim of symbolic violence (Elazzazy 2023:533).

Participants suggested that debriefing sessions should be encouraged because they promote empowerment and encouragement. Decker, Alinier, Crawford, Gordon and Wilson (2021:28) concur debriefing sessions are considered a short-term intervention where nurse educators can manage challenges, build resilience and develop a sense of control and effective problem-solving mechanisms. Furthermore, management plays a crucial role in encouraging access to mental health resources such as counselling services, support groups, and continuous psychotherapy conducted by specialised professionals (Long Khanh-Dao et al. 2021:2). According to Ngai and Lam (2023:2), psychotherapy is a healing process facilitated by qualified professionals addressing psychological and emotional issues and behavioural patterns that could benefit nurse educators. In support, Lingard and Turner (2023:3) also confirm that victims of symbolic violence function better during and after several psychotherapy sessions. On the contrary, some nurse educators may develop resistance to psychological support to avoid stigma within the field, and they might prefer to handle challenges privately (Ngai & Lam 2023:2).

In conclusion, psychological support emphasises the significance of being empathetic, actively listening, and being supportive when helping nurse educators experiencing emotional and psychological pain. It includes counselling, psychotherapy, debriefing sessions, and wellness programmes.

#### **5.2.4.3 Category 3: Effective management**

Participants confirmed that management and leadership should display emotional intelligence, practice good interpersonal skills, and be trained to improve their management skills. Smith et al. (2020:3) commented that an effective leader models ethical behaviour and confronts bullies even when they feel scared. Siyal (2023:1) added that effective management entails being skilful, able to lead and motivate a team toward successful goal achievement, healthy decision-making, clear communication, support and empowerment to promote a positive, healthy working environment. Therefore, a competent and good manager or leader understands the

needs of nurse educators, gives well-established instructions, and encourages collaboration and teamwork, eventually unleashing the potential of both the nurse educators and the entire field (Kahila, Kuutti, Heikka & Sajaniemi 2023:1).

Kouzes and Posner (2023:1) postulated that effective management and leadership provide a clear vision and mission for the field to succeed. In the same way, a well-defined vision motivates nurse educators to align their strengths towards a common objective and nurture their purpose and shared responsibilities (Kahila et al. 2023:1). According to Furukawa and Kashiwagi (2021:2056), management that practices emotional intelligence reduce symbolic violence and work burnout among nurse educators. Furthermore, effective management promotes resilience within the field. Competent managers or leaders can therefore predict potential challenges, make informed decisions in time, and manage and lead the field during stressful situations (Siyal 2023:3). This may indicate that managers promote an adaptable culture of continuous development and growth, with a periodic evaluation of programmes, curricula, and institutional policies to remain effective and relevant. Thus, the role of effective management and leadership in the academic field is to nurture a productive and prosperous educational environment.

Participants added that management should display knowledge of financial accountability. The effective management of finances and resources is critical to the field for growth maintenance and stability (Siyal, Saeed, Pahi, Solangi & Xin 2021a:401). Therefore, managers and leaders must master the act of balancing budgetary constraints while optimising the allocation of resources for teaching, learning, student support and communication (Kelly & Hearld 2020:1; Siyal et al. 2021b:401).

Effective management and leadership promote open communication and collaboration within the field. Open communication build trust among nurse educators and encourages a collaborative free flow of information, resulting in improved problem-solving (Kahila et al. 2023:1). A cooperative setting increases the field's growth, opportunities, and innovative ideas (Wang et al. 2023:1).

In conclusion, effective management and leadership are critical qualities for the field; they are necessary for the field's existence and accomplishment. A proficient management team, directed by knowledgeable leaders, therefore guides the field toward a path of success by presenting a clear vision, empowering nurse educators, promoting a culture of positive work, and preserving adaptability. Through effective management and leadership, the field can manage and survive distress, attract opportunities, and build a resilient and thriving future. Therefore, the field should invest in developing effective management and leadership skills as a priority to attain progress, development, and success.

#### **5.2.4.4 Category 4: Group cohesiveness**

Participants confirmed there should be a sense of unity and belonging among nurse educators within the field. Participants lamented unity and the freedom to express uncertainties were crucial when managing symbolic violence. Suprpto and Verdyana (2020:16) agree that group cohesiveness involves considering the intensity of unity, solidarity, camaraderie, and shared value among nurse educators. Forsyth (2021:213) also affirms that group cohesiveness entails emotional strength and the closeness that brings nurse educators together and prompts them to be stable, productive and efficient. Positive interpersonal relations and emotional connections build group cohesiveness among nurse educators, since it entails a sense of hope, support, and continuous friendship that promotes intense associations among nurse educators (Ganotice, Chan & Shen 2022).

Nurse educators, as a cohesive group, developed team spirit and harmony. Thus, they developed a willingness to support each other, celebrate achievements, and face trials collectively. Cohesive groups work together and constructively resolve conflicts. In light of this, each member's contribution is welcomed, respected, and valued (Riisla, Wendt, Babalola & Euwema 2021:1).

Participants indicated other stakeholders' involvement is crucial in curbing symbolic violence. Additionally, Suprpto and Verdyana (2020:16) emphasise that a cohesive group promotes effective collaboration because members are comfortable collectively solving problems. Hou, Song, Zheng and Lyu (2021:1) attest that a cohesive group

shares common values, identifies with the group's objectives, and works as a team toward goal achievement.

Effective communication within a cohesive group promotes better understanding, reduces misunderstandings, and improves the process of decision-making (Ganotice et al. 2022:2). Nurse educators expressed different ideas, concerns, and challenges; therefore, cohesive groups positively impacted their performance.

On the contrary, the closeness of a cohesive group can unintentionally disregard ideas from new members, limiting new ideas and fresh viewpoints. Group thinking might emerge, and critical thinking might be suppressed due to conformity (Riisla et al. 2021:2). Hence, some group members might feel comfortable, develop a sense of safety, and resist change or new suggestions.

In conclusion, group cohesiveness encompasses emotional connections, shared objectives, and effective communication in promoting unity. Cohesive groups are dedicated, valuable, productive, and satisfied with their goals.

### **5.3 SUMMARY**

Based on the study's findings, the discussion illuminated the multifaceted struggles that permeate the professional landscape, irrespective of individuals' managerial or leadership roles. A lack of self-awareness and communication exacerbates conflicts, leading to disorganisation, toxicity, and symbolic violence. These dynamics are further complicated by race, age, and gender, which perpetuate existing power hierarchies and social inequalities. Symbolic power, operating through language, reinforces these inequalities, particularly disadvantaging nurse educators. The emotional toll of these dynamics manifests in feelings of regret and humiliation, underscoring the urgent need for psychological support mechanisms like counselling and wellness programmes. Ultimately, the study advocates group cohesiveness, characterised by emotional connections and shared objectives, as a countermeasure to the detrimental effects of symbolic violence and power imbalances. This calls for a concerted effort to address the systemic issues contributing to professionals' emotional instability and decreased self-worth.

Building upon these insights, Chapter 6 introduces the developed framework to mitigate the adverse effects of symbolic power and foster a more equitable and emotionally supportive professional environment.

## **CHAPTER 6**

### **DEVELOPMENT OF THE FRAMEWORK**

#### **6.1 INTRODUCTION**

Chapter 5 provided an in-depth discussion of the findings derived from individual one-on-one interviews with nurse educators and stakeholders. This chapter delineates the structural process of developing a framework for the management of nurse educator bullying in NEIs, as the overarching purpose of this study. To achieve this outcome, the study was divided into three distinct phases.

The objective of the first phase was to explore and describe nurse educators' and stakeholders' lived experiences regarding bullying in NEIs. This phase involved conducting in-depth individual interviews to better understand their experiences. The insights garnered from this phase served as the foundation for the subsequent phases of the study. The second phase entailed developing a framework for managing nurse educator bullying in NEIs, guided by Dickoff et al.'s (1968a:422) six practice theory elements: context, agent, recipient, dynamic, process or procedure, and outcomes. The third phase was a validation of the framework for the management of nurse educator bullying in the NEI.

Based on phase one's findings, a descriptive phenomenological approach was employed to develop a theoretical framework that explains a particular phenomenon. The primary function of the descriptive phenomenological approach is to systematically explore and understand the essence of a phenomenon as experienced by individuals, focusing on their subjective descriptions and interpretations without imposing preconceived theories or assumptions on the data (Emiliussen et al. 2021:1). The framework developed in this study is supported by the collected data, based on rigorous coding and analysis (Polit & Beck 2020:15).

#### **6.2 CONCEPTUALISATION OF FINDINGS**

Conceptualisation is a process that involves analysing and clarifying fundamental terms, shaping ideas into coherent concepts, and integrating research findings into

existing frameworks (Broom 2021:1767). This process enables researchers to situate their empirical findings within the extant literature and interpret data to enrich their findings with additional meaning and new knowledge. In this study, participants' experiences concerning bullying within NEIs were conceptualised within the existing and pertinent literature, guided by the thinking map of Dickoff et al.'s (1968a:422) six elements, namely the context, agent, recipient, dynamic, process or procedure, and outcome. This study's framework was informed by the six guiding questions posited by Dickoff et al. (1968a:422), thereby providing a structured approach to understanding the complexities of the issue at hand.

**Table 6.1: The practice theory concerning the management of bullying within the context of nursing education**

Six questions	Component of practice theory	Management of bullying
In what context is the activity performed?	Context/Field	Nursing Education Institution (NEI)
Who or what performs the activity?	Agents	Primary Agents - Departments of Health (DoH) - South African Nursing Council (SANC) - Council for Higher Education (CHE) Secondary Agents - Nursing Education Institution Management (NEIM)
Who or what is the recipient of the activity?	Recipients	Nurse educators
What is the energy source for the activity?	Dynamics	Ethical leadership
What is the guiding process or procedure of the activity?	Process and Procedures	Awareness and Education Establish Clear Policies and Procedures Promote Transparency and Accountability Support System and Resources
What is the endpoint of the activity?	Outcomes or Terminus	Transformed habitus and doxa of nurse educators and field doxa

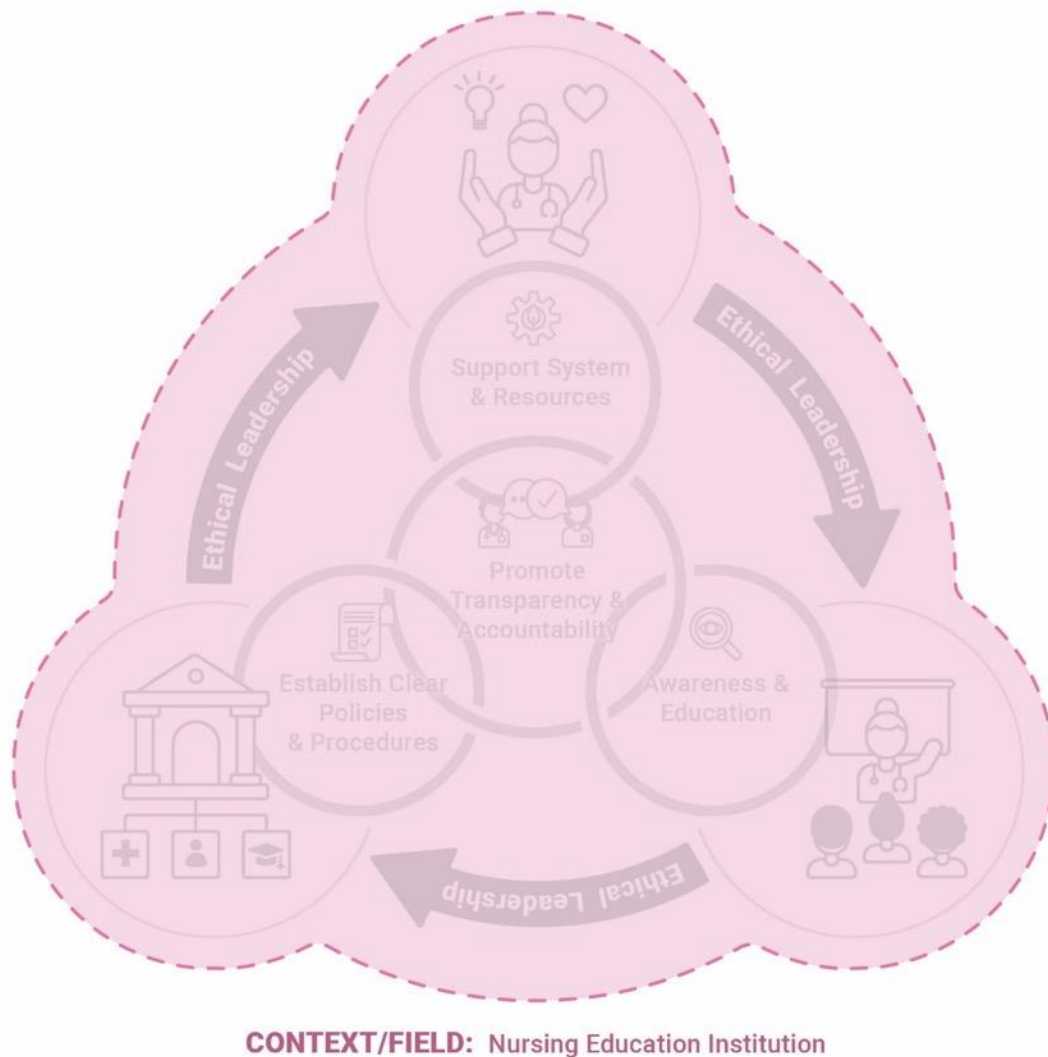
A schematic presentation will facilitate this understanding, offering a coherent, consistent, and integrated structure that encapsulates all the fundamental concepts and their interrelated conceptual relationships. Within this visual presentation, different colours and arrows are used to distinguish the framework's various components visually.

The context within which symbolic violence occurs is explained first, followed by the agent, the recipients, the dynamic, the process or procedure, and the outcome.

### **6.2.1 The context/field**

This section answers the first question related to the context in which all the framework's activities are performed. Dickoff et al. (1968a: 428) define the 'context' as an environment, location, structure, or setting comprising various components. In this study, the concept of a 'context' is aligned with Bourdieu's notion of the 'field', which serves as the guiding framework for the study. According to Bourdieu, the 'field' is a distinct space where positions and interactions vary, and power dynamics are displayed and enacted. In this study, it is the milieu in which nurse educators and other stakeholders manifest their evolving 'habitus', thereby altering the 'doxa' of the field. Importantly, the context extends beyond mere physical settings to encompass dynamics, collaborations, and interactions among roles and relationships at multiple levels (Motswasele 2020:209). Figure 6.1 elucidates the specific context of this study.





**Figure 6.1: The context**

This framework and its components are circular, indicating infinity or an ongoing process. The visual representation separates the context or field from the rest of the framework by dashed lines, suggesting a less rigid boundary than one indicated by a solid line. Dashed lines may suggest that a boundary or route is not fixed and could be subject to change. The pink colour outside the borders symbolises respect, kindness, calmness, love, and the nature of the field (Colour Psychology 2022).

In this study, the context or field refers to a government NEI accredited by the SANC. This field provides educational and instructional services to student nurses, regulated by the Nursing Act No 33 of 2005 (R.173 of 2013). The field can offer specific nursing curricula, provided they meet the accreditation prerequisites, criteria, and standards

set by the SANC (Act No. 33 of 2005). SANC aims to provide a healthy and safe learning environment for all involved in this field.

The WHO and the ICN provide comprehensive guidelines to ensure the health, safety, and well-being of healthcare workers, including nurses. According to the WHO (2023), the field (in this study, the context) should improve working conditions to create a safer, more resilient environment that fosters a healthy habitus and positive working relations, thereby protecting nurse educators and managers against workplace bullying. Similarly, the ICN Code of Ethics (2021:17) outlines a multi-faceted approach to workplace safety and ethics. It calls for guidelines addressing workplace bullying, violence, and sexual harassment. The Code also emphasises the importance of participating in studies on ethics and workplace issues, teaching individuals to identify unhealthy work environments and develop skills that promote resilient and healthy workplace communities. Furthermore, it advocates for fair and decent working conditions, urging national nurses' associations to influence, pressure, and negotiate for these conditions.

The guidelines from both organisations converge on the need for improved working conditions, ethical practices, and the overall well-being of healthcare workers. They advocate for a multi-layered approach that includes policy development, education, and advocacy to create a safer and more ethical work environment. These international influences had to be considered in the framework's development for managing nurse educator bullying.

Symbolic violence (in this case, workplace bullying) does not occur in isolation; it requires a negative and unhealthy environment to manifest. Such an environment has considerable adverse effects on individuals' well-being, job satisfaction, and overall productivity. According to the empirical data, workplace bullying originates from management and cascades down to affect nurse educators in the field. Therefore, effective management strategies are essential to counteract bullying within the context of NEIs.

The philosophy and values of the field play a pivotal role in shaping its culture (Yosep, Hikmat & Mardhiyah 2023:12). A positive workplace culture can assist with nurse

educator retention (Masimula, van der Wath & Coetzee-Prinsloo 2023:1). Moreover, the organisational culture influences individuals' decisions, values, and actions within the field (Curado et al. 2022:1). A culture of open communication and zero tolerance for bullying is therefore essential (Krut, Laing, Moules & Estefan 2021:1).

Masimula et al. (2023:1) reiterate that the field should embrace a positive workplace culture, as it shapes interactions among educators and staff and may assist with nurse educator retention. Curado et al. (2022:1) introduced the concept of 'organisational culture' and its influence on individuals, emphasising the importance of a supportive field culture, which can mitigate the effects of negative attitudes. Consequently, different values serve as a motivating factor for different individuals within the field. Curado et al. (2022) and Masimula et al. (2023:1) concur on organisational culture's significance in influencing decisions, values, and actions within the field.

Motswasele-Sikwane (2020:168) describes a positive work environment as a healthy, stress-free and productive environment, encouraging employees to perform at their best and strive for excellence. Such environments enhance nurse educators' and stakeholders' concerns about harmful behaviours while mitigating detrimental actions and increasing kindness and gratification (Kester, Pena, Shuford & Hansen 2021:427).

Furthermore, factors like socioeconomic status, job position, and age can influence positive work environments by creating power differences between nurse educators and management. This can lead to unequal power dynamics due to established norms and hierarchies in the NEI (Kaaristo 2022:744). The field should address and monitor power imbalances as a preventative measure in managing workplace bullying.

### **6.2.2 Primary and secondary agents**

The primary agents are depicted in blue (see Figure 6.2). The building icon represents government offices and official institutions, conveying their role in offering information related to policy development and regulatory functions. Meanwhile, the cross symbolises the provision of healthcare services, signifying associations with the Department of Health (DoH) or government agency guideline developers. The person icon, depicted as a human figure, signifies its connection to the SANC, which serves

as the regulatory body for nurses. Lastly, the graduation cap icon represents quality education and academic achievement, representing the Council on Higher Education (CHE) and NEIM, indicating the successful conclusion of an educational programme within collaborative platforms designed for researchers and academics. Blue symbolises trust, power, stability, and reliability in leadership and management (Colour Psychology 2022).

An agent is any person who performs and stimulates an activity, whose actions lead to achieving an objective and producing active results (Dickoff et al. 1968a:426). An agent is a person who holds significance by influencing situations or serves as a triggering origin of actions. Moreover, they are individuals who specialise in aiding the change process, promoting the adoption of fresh values, attitudes, and behaviours (Mutshatshi 2021:136). The findings in this study revealed that the DoH, SANC, CHE, and NEIM are agents whose activities and efforts should be directed towards achieving a positive outcome for the workplace environment. Since the primary agents have the authority, responsibility, and capacity to take action to address workplace bullying, they are assigned to improve, promote, and enhance a healthy and productive workplace to ensure nurse educators' retainment (Ayu Eka, Rumerung & Tahulinding, 2023:2). Figure 6.2 shows the primary and secondary agents in this study.



**Figure 6.2: Primary agents**

According to Kawalec (2020:295), primary agents are responsible for intentionally establishing accountable relations with recipients, and they are key influencers

responsible for initiating or driving a specific process, action, or change. They play a significant role in shaping decision-making related to major educational outcomes for the field.

Therefore, the primary agent oversees the educational institution's environment, organisational culture, policies, and legal considerations. The DoH, SANC, and CHE operate within this context to influence nursing education and practice.

➤ The Department of Health (DoH)

The DoH is the government agency responsible for regulating, supervising, and overseeing healthcare delivery, public health initiatives, policies, and guideline development for the education and training of nurses (Department of Health's Strategic Plan 2020/21-2024/25). It does so by establishing guidelines, policies, and rules that encourage an educational environment for nursing students and educators that is both secure and respectful (DoH 2023). These policies outline the standards, curriculum, and educational requirements for nursing programmes in South Africa. They also address student nurse admissions, faculty qualifications, and clinical training (DoH 2023).

The DoH outlines South African nursing education programmes' requirements, policies and guidelines. For instance, the Strategic Plan (2020/21-2024/25) emphasises that specific challenges within nursing education, such as workplace bullying, in this case, should be addressed. Furthermore, the WHO (2020) emphasises the need to prevent workplace bullying by training more nurse specialists, improving working conditions and enabling professional development. It is ultimately vital to retain competent, indispensable nurses (Ayu Eka et al. 2023:2).

Since the DoH develops policies, it summarises standards, curriculum, and other educational requirements (DoH 2023). Furthermore, the DoH may collaborate with various fields to develop policies and guidelines that explicitly address workplace bullying, harassment, and other forms of mistreatment. This collaboration could involve regular assessments, feedback, and policy updates based on emerging research and trends, for example, workplace bullying (DoH 2023).

In addition, these policies should outline what constitutes workplace bullying, the consequences for such behaviour, the steps to investigate and report incidents of workplace bullying, and prevention and management strategies. They should ensure the field has a fair and thorough process for investigating complaints, complying with legislation, and taking appropriate action against those found responsible (DoH 2023). Accordingly, agents should encourage fields to comply with other relevant South African legislations and legal regulations such as the Labour Relations Act, the Basic Conditions of Employment Act, or the Employment Equity Act Section 6(1) and Section 6(2), and ethical norms (DoH 2023) as preventative measures against workplace bullying. These legal regulations play an imperative role in the management of workplace bullying, and the field should clearly understand all legal responsibilities when addressing this phenomenon so that appropriate interventions can be applied. The department should thus collect data on workplace bullying within the field to better understand the prevalence, causes, and effects of bullying. This data can inform policy decisions and effective interventions (DoH 2023).

Therefore, the DoH is responsible for conducting evaluations in the field to ensure standards are maintained and anti-bullying measures are complied with (DoH 2023). This entails site visits, audits, and assessments to verify that educational programmes meet the established criteria (DoH 2023). Additionally, the DoH should develop and enforce policies that promote a safe and respectful learning environment, ensuring that bullying incidents are effectively addressed (DoH 2023).

In conclusion, the DoH's role in addressing workplace bullying should include setting expectations, providing guidance, and monitoring compliance to ensure a safe, healthy and respectful work environment.

➤ The South African Nursing Council (SANC)

SANC is the regulatory body responsible for nursing and has authority over nursing education and practice, as stipulated in the (SANC 2005 s 3). Thus, SANC focuses on ensuring the highest standards in nursing education and professional conduct are maintained (SANC 2005 s3). It also oversees NEIs' accreditation, reaccreditation and de-accreditation (SANC 2005 s 4). Therefore, SANC has a greater role in addressing workplace bullying within the nursing profession than the CHE. Additionally, SANC is

responsible for developing and upholding professional standards for nurse educators' conduct (SANC 2005 s3) and ensuring adherence to ethical guidelines such as setting realistic expectations, maintaining professionalism, promoting considerate interactions, and preventing bullying behaviours (SANC 2005 s 3).

In future, SANC's regulatory framework should integrate workplace bullying prevention and management strategies through continuous updates of its code of conduct and ethical guidelines to address bullying behaviour overtly. SANC should ultimately promote nurses' awareness of this phenomenon by providing information through educational initiatives and collaborating with and involving workplace institutions. Joint efforts with NEIs and clinical practice can lead to a more comprehensive approach to preventing and managing workplace bullying (SANC 2008:np).

SANC should guarantee that the accredited field promotes a positive learning environment by encouraging respectful communication, collaboration, and a supportive environment that discourages bullying. Its quality assurance checklists and processes should include institutional determination in preventing and managing workplace bullying (SANC 2008:np).

SANC should also create secured, anonymous, and accessible reporting mechanisms for nurses to report workplace bullying (SANC 2008:np). Participants emphasised that there should be a sense of security and safety when reporting such actions and behaviours, including whistleblowing protection. Workplace bullying complaints should be investigated promptly, and appropriate disciplinary actions should be applied to individuals found responsible.

In conclusion, SANC protects nurses' well-being and professionalism and promotes a healthy and respectful working environment. Workplace bullying can be addressed through policy development and educational enforcement of ethical standards.

➤ The Council on Higher Education (CHE)

The CHE is a statutory body established by the Higher Education Act of 1997 (CHE 2022). It is an independent authority under the Department of Higher Education and Training. It is responsible for overseeing and ensuring the quality of higher education

institutions, and it delegated this task to its sub-committee, the Higher Education Quality Committee (HEQC) (CHE 2022). It oversees nursing education programmes and adherence to national standards of quality in the country, in the same way as SANC (CHE 2022). The HEQC's primary role is to promote and monitor the quality of higher education to enhance the credibility and effectiveness of South Africa's higher education system and contribute to developing a knowledgeable, skilled, and competitive workforce (CHE 2022).

The HEQC should incorporate workplace bullying prevention and management strategies in its quality assurance framework for higher education institutions, like SANC (CHE 2022). This entails assessing how institutions address workplace bullying and promoting a positive and respectful work environment. Furthermore, HEQC should monitor compliance with the guidelines and standards of anti-bullying measures during accreditation reviews. This may involve regular evaluations and assessments of institutional policies and practices (CHE 2022).

The CHE is also responsible for reviewing and approving the nursing curriculum offered by educational institutions (CHE 2022). According to Saidi (2019:1), the CHE assesses the curriculum's alignment with the most recent industry standards, best practices in nursing education, and relevant regulations. Additionally, the CHE grants licenses and recognition to the field, authorises their operation and offers nursing programmes in the same way SANC operates (CHE 2022). Therefore, the CHE should support the field in its efforts to prevent and address workplace bullying by providing resources, guidance, and best practices to help institutions develop effective coping strategies.

In summary, the DoH, SANC, and CHE are responsible for setting standards, developing policies, and overseeing the quality of nursing education. Their roles encompass guidance, monitoring, advocacy, and collaboration to prevent and address workplace bullying, creating a safer and more respectful learning environment for NEIM, nurse educators, and students. Collaboration among the DoH, SANC and CHE is imperative. They should collaborate in creating a coordinated approach to address nurse educator bullying, sharing resources, best practices, and insights to ensure a comprehensive and effective response.



## **Secondary Agents**

Figure 6.2 also illustrates the secondary agents in this study. The secondary agents refer to the NEIM. Kawalec (2020:295) suggests that secondary agents sustain and activate relations with recipients. They are also responsible for persons working collaboratively with the primary agents to achieve a specific objective. In this instance, the specific objective is to address and manage workplace bullying incidents and implement changes in the workplace as change agents (Ndawo 2022:2). They play a critical role in the implementation and enforcement of anti-bullying policies within the field by ensuring the policies and guidelines developed by primary agents are well communicated and implemented. Hence, NEIM should be well-informed and maintain a strong nursing education background with a deep understanding of nursing education principles, practices, and the latest developments in the field, including workplace bullying.

According to Bordignon and Monteiro (2019:342), the NEIM should promote a professional and respectful culture to prevent workplace bullying. Since the field should be a safe, healthy and positive environment, it all depends on NEIM leadership. Therefore, NEIM is responsible for providing training and educating nurse educators through collaborative efforts with the primary agents, emphasising the importance of respectful behaviour, conflict resolution, the consequences of workplace bullying, and strategies to prevent and manage workplace bullying (Santos, Rabiais, Sales & Henriques 2022:2).

NEIM must communicate the institution's explicit zero-tolerance policy for workplace bullying. The policy should be clear on the field's stance against this behaviour and the consequences for bullies (Waasdorp, Fu, Perepezko & Bradshaw 2021:882). Hence, NEIM should support and maintain privacy and confidentiality when nurse educators report incidents of workplace bullying. The reporting mechanism should protect those reporting incidents from discrimination and retaliation. The field's workplace bullying reports should also be thoroughly investigated, and fairness, respect and transparency should be applied (Radebe & Kyobe 2021:4).

NEIM should continuously offer victims of workplace bullying support and refer them for counselling, depending on the severity of the damage. The victims should feel

valued, understood, and supported in the healing process (Burger, Strohmeier & Kollerová, 2022:2314). Therefore, immediate supervisors within the NEIM should mediate, resolve conflicts, and implement corrective measures between the victim and perpetrator in workplace bullying incidents. Hence, constructive dialogue should be facilitated in working towards obtaining resolutions in restoring supportive, healthy and positive working relationships (Sigursteinsdottir & Karlsdottir 2022:1).

Chai, Ismail and Khan (2021:54) state that corrective measures and disciplinary actions based on policies are instituted when workplace bullying is promptly and effectively managed, depending on the event's intensity. Disciplinary actions ensure that staff members conduct themselves professionally (Mokgolo & Dikotla 2021:1). This shows that, since NEIM are the leaders within the field, they should promote a positive work culture, leading by example, such as valuing respect, promoting teamwork and open communication. Ultimately, an environment where workplace bullying is not tolerated will dominate and be embraced.

Management and human resource departments should collaborate and continuously monitor the work environment for signs of bullying and evaluate the effectiveness of anti-bullying measures. These measures' effectiveness reflects the practical applicability of the findings in real-world scenarios (Abd Elhakam, Elshabory & Shehata 2022:34). The human resource department should always be involved when addressing and managing workplace bullying according to the field's policies and procedures. In addition, NEIM should be skilful and apply emotional intelligence when organising and planning nursing education activities. These include developing strategic plans, managing the budget, and efficiently allocating resources to meet educational objectives and goals for managing workplace bullying (Jun & Noh 2023:2)

In summary, NEIM is imperative in preventing workplace bullying within the field. They are responsible for promoting a culture of professionalism, empathy, and respect, supporting perpetrators and victims, and taking a bold stance against workplace bullying. In a field dominated by symbolic violence, NEIM requires various communication and problem-solving skills, including educational expertise, leadership abilities, and commitment to continuous improvement. By acquiring these qualities,

NEIM will significantly contribute to preventing workplace bullying and producing competent and empathetic leaders within nursing education.

### 6.2.3 The recipient

The purple circle represents the nurse educator, who serves as the recipient in facilitating teaching and learning. In this framework, nurse educators are the targets of workplace bullying perpetrated by the agents. Purple symbolises wisdom, independence, peace, and creative teaching (Colour Psychology 2022).

A recipient refers to an individual or group who receives the action conducted by the agent to bring about a desired outcome. In this study, the recipient is a nurse educator who is a professional nurse qualified in nursing education, registered with the SANC, and employed in an NEI. However, recipients are not solely passive entities, as the actions performed by agents consistently trigger responses, as indicated by Dickoff et al. (1968a:426). In this study, the recipients are nurse educators who encountered workplace bullying from the nursing education management stakeholders, serving as agents. Therefore, recipients can be considered as persons who benefit from planned activities by an agent, namely support and empowerment, resulting in a positive, healthy work environment and reaching the desired outcome of transformation. Figure 6.3 illustrates the recipients in this study.



**Figure 6.3: The recipient**

In the field, a nurse educator is an important person responsible for core functions such as the facilitation of teaching and learning (Gcawu & van Rooyen 2022:1). The recipient must have crucial qualities necessary for managing bullying among nurse educators, particularly in teaching and learning. The framework developed in this study addresses the management of workplace bullying as experienced by nurse educators in the field. In the context of this study, the recipients will benefit from the framework where their habitus and field doxa will be transformed (Van Dyk, van Rensburg & Janse van Rensburg 2022:5). Thus, the recipient should have the following qualities/competencies:

➤ *Resilience and self-care*

Nurse educators should demonstrate resilience and self-care in the face of workplace bullying. Lin, Chen, Peng, Zhang, Liao and Chen (2023:4014) indicate that resilience refers to the capacity, result, or ongoing process of effectively adjusting to trauma or important sources of stress. This means nurse educators should be able to survive, bounce back from difficulties, maintain emotional well-being, and continue to perform teaching and learning duties effectively (Othman Radwan & Mohammed Khalil 2023:29). Therefore, despite their challenges, nurse educators' well-being and commitment to their students' growth should provide a sense of purpose and fulfilment. Since self-care is a personal, purposefully developed activity employed to manage growth and functioning, nurse educators should continuously practice and apply it (Martínez, Connelly, Pérez & Calero 2021:420). Therefore, nurse educators should demonstrate resilience and practice self-care to manage the emotional effects of workplace bullying and maintain holistic health. Prioritising self-care is important when managing the emotional effects of workplace bullying. It shows that engaging in exercise (walking, yoga, meditation and journaling) that promotes physical and emotional well-being can help nurse educators cope with stress, maintain mental health, and promote resistance. These skills will help nurse educators cope in a harmful environment (Sigursteinsdottir & Karlsdottir 2022:1).

➤ *Professionalism and maintaining integrity*

Ayu Eka et al. (2023:2) emphasise nurse educators should continue upholding the highest standards of professionalism, even in challenging situations. According to Cooper-Moss, Hooper, Choong and Chauhan (2022:7), nurse educators are advised

to demonstrate professionalism as a combination of values, behaviour, and interpersonal connections that establish the basis of trust, especially when workplace bullying is prevalent. This includes maintaining a positive attitude and calm demeanour, adhering to ethical standards, fulfilling their facilitation duties as expected, and treating colleagues and students with respect.

Nurse educators should maintain their truthfulness, reliability and ethical principles throughout the workplace bullying process. This entails being true to their values, taking a stand against workplace bullying, and maintaining integrity in their principles (Van Dyk et al. 2022:2). Consequently, upholding integrity assists nurse educators in navigating difficult situations while maintaining their personal and professional standards. Moreover, if workplace bullying continues and impacts the nurse educator's well-being, it is important to be assertive and seek legal advice to understand one's rights and possible courses of action (De Groot, De Veer, Munster, Francke & Paans 2022:2).

➤ *Assertiveness and advocate for change*

Addressing workplace bullying requires an assertive and self-confident person willing to advocate for change that will benefit themselves and others. Assertiveness entails nurse educators being able to express their feelings and needs openly and directly while showing respect for others even though they are victims or bullies (Karen, Ferguson & Russo 2023:263). A nurse educator should be assertive and firm when communicating and self-advocating their dissatisfactions to the relevant stakeholders while negotiating for a positive, healthy, and respectful work setting (Chiu, Cummings, Thorne & Schick-Makaroff 2021:276). Self-advocacy is significant for nurse educators, involving seeking assistance from colleagues, human resources, or professional organisations offering employee support programmes. It also involves effectively expressing one's rights within the field (Chiu et al. 2021:276). Hence, sharing concerns and experiences with management and colleagues can emphasise the need for a respectful and peaceful work environment.

➤ *Effective communicator*

Nurse educators should communicate openly, clearly, effectively, and constructively to promote long-lasting relations. Bourdieu (1986:249) asserts that relational networks

produce long-lasting friendships, respect, and appreciation among nurse educators and managers because they function as short- or long-term investment strategies. Hence, nurse educators should communicate respectfully and humbly when expressing concerns to management. Similarly, it will benefit the field if nurse educators express their feelings in a non-confrontational or professional manner to better understand the situation. A private meeting for nurse educators and management can thus be requested to discuss challenges openly.

➤ *Empowered and continuous development (Lifelong learner)*

Continuously improving professional skills and knowledge can assist nurse educators in feeling empowered and confident when they face power imbalances and adversity (Hedding, Greve, Breetzke, Nel & Jansen van Vuuren 2020:1). Nurse educators should accept workplace bullying experiences as opportunities for growth and an enhancement of their strengths (Ndawo 2022:2). Hence, they should engage in continuous learning and develop strategies to assist them in managing complicated situations and promoting positive relationships.

Consequently, standing up against workplace bullying can positively change the field. This shows that nurse educators should have a deeper understanding and awareness regarding power dynamics in the field as the contributor to workplace bullying. This understanding can assist them in navigating situations where power imbalances might influence negative behaviours. The field of nursing education is continuously evolving. Therefore, nurse educators must be flexible, innovative, adaptative to change, and embrace new facilitation methodologies, the latest teaching strategies, and technology to maintain relevancy and effectiveness within the field. These strategies could assist them in balancing workplace relations and reducing their workload, resulting in a positive, healthy work environment (Froneman, du Plessis & van Graan 2022:2).

➤ *Constructive problem solver and conflict management*

Nurse educators' engagement in constructive problem-solving is imperative because problem-solving skills enable them to apply their knowledge, analyse and organise information, and effectively address the needs of complicated and unpredictable situations (Jo & Hwang 2022:1). Therefore, nurse educators should be intentional towards finding solutions that address workplace bullying based on their experiences

while promoting a positive, healthy work environment. They should be proactive and understand their rights and options for addressing workplace bullying and documenting incidents. Record-keeping of incidents is thus crucial, such as documenting dates, times, persons involved, and descriptions of the events and the nature of the behaviour; it can serve as formal evidence if further action needs to be taken (De Groot et al. 2022:2).

Nurse educators can actively explore resolutions along with management by establishing an organised and unbiased environment. Additionally, nurse educators can engage in open discussions with management, human resource representatives, or higher authorities to address workplace bullying behaviour and find solutions through mediation and negotiation. In severe cases, it is imperative to consult a legal advisor or a labour law officer who can effectively intervene. In conclusion, for nurse educators to be good problem-solvers and critical thinkers, emotional intelligence should be applied (Ndawo 2021:1).

➤ *Emotional intelligence and support*

Emotional intelligence assists during complex conversations and when addressing detrimental concerns such as workplace bullying (University of New Mexico 2020). Nurse educators should regulate, control their emotions, and apply emotional intelligence when interacting with others. Emotional intelligence refers to the ability to be aware of, control, understand and manage one's own emotions positively. It also includes communicating effectively and empathising with others, especially during challenging times (Ballantyne 2020:134). Emotional intelligence assists nurse educators in not allowing workplace bullying to define their self-esteem. Therefore, they should be aware of their emotional boundaries and separate their professional identity from the situation to maintain healthy relations.

Nurse educators must channel their experiences into positive change (Ndawo 2021:1). When they face workplace bullying from management, they should prioritise their emotional and psychological well-being by standing up for their rights while seeking support and consulting with others to obtain positive solutions, or they should consider new job opportunities (Alsufyani, Baker & Alsufyani 2020:83). Consequently, the nurse educator can use their negative experiences as self-reflection exercises for personal

growth and development. This self-reflection exercise can empower and encourage nurse educators. It can be viewed as lessons learned and can be applied to future challenges (Grech 2021:89).

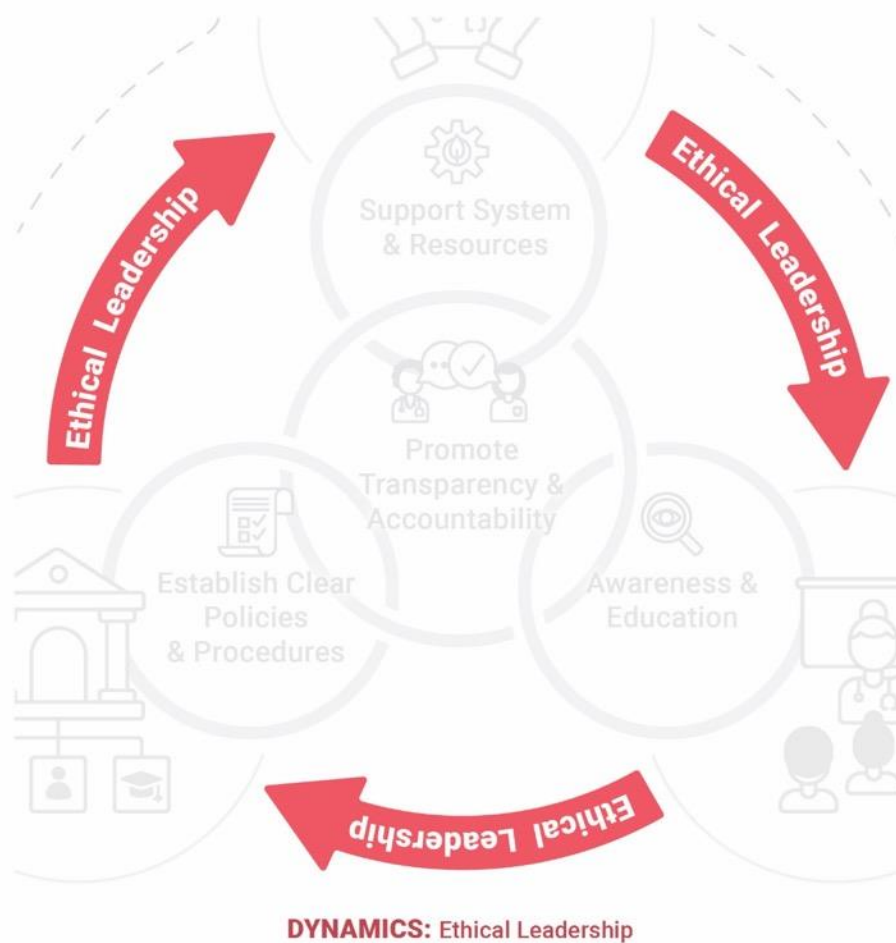
In conclusion, it is critical for nurse educators to be supportive of others and offer support networks because workplace bullying can result in isolation and prolonged health complications. Nurse educators should also receive sufficient emotional support and advice from colleagues, family, friends, mentors and managers during challenging times. They should invest in being open and transparent about workplace bullying to navigate the situation. Networking outside the nursing field can also benefit nurse educators' well-being since outsiders can offer various support measures.

#### **6.2.4 The dynamic**

The circular red arrows represent the dynamic of ethical leadership, serving as the driving force or power that stimulates action within the framework. The arrows' circular movement signifies that ethical leadership should be continuous, ongoing, and pervasive. Red is symbolic, denoting attributes such as energy, strength, power, courage, and action-oriented leadership (Colour Psychology 2022). Figure 6.4 illustrates the dynamic in this study.

According to Dickoff et al. (1968a:431), the dynamic represents the energy forces of activities within an individual's actions, serving as the internal motivating factors that drive the promotion of success. Dynamic includes the power sources for an activity. These energy sources also motivate, guide, and direct the agents towards change and development. Dynamics inspire the agents to carry out the process and procedures required for achieving a positive, healthy work environment, creating collaborative unity between the agent, recipient, and the context.





**Figure 6.4: The dynamic**

The dynamic should happen among the agents, recipients, and within the context for processes to be implemented and the outcome to be achieved. The empirical findings from this study revealed the specific tasks that the primary and secondary agents should undertake to address nurse educators' concerns; these tasks cannot materialise if the dynamics between agents and recipients within the context are absent. Therefore, ethical leadership is the study's power source or energy force that motivates agents toward achieving a positive work environment.

#### **6.2.4.1 Ethical leadership**

According to Freire and Pinto (2022:498), ethical leadership is a leadership style where one leads and influences others, guided by a strong sense of accepted norms, morals, principles, integrity, and a commitment to doing right. Ethical leaders should

be fair, morally grounded, and prioritise the well-being of nurse educators and other stakeholders. They should reflect openness and fairness, and be considerate during decision-making. Ethical leaders should also be competitive and apply constructive criticism to shape NEIs in a positive direction (MacNeil, Dwyer & Matear 2021:21).

Ethical leaders play a crucial role in addressing, preventing, and managing workplace bullying within the field. An ethical leader is honest and builds trust among nurse educators and other staff members. A consistent leader demonstrates ethical behaviour and upholds high ethical standards, earning trust, honesty, respect, and confidence from subordinates (Leppard 2021:10).

According to Miron, Wilson, Freeman and Sears (2022:2), ethical leaders actively display honesty and transparency in all their actions to alleviate unethical behaviour and reduce the risks of misconduct or workplace bullying. In this way, they fulfil promises and commitments that ensure actions are consistent with declared principles (Lovric, Milutinovic & Zvanut 2020:433). Since ethical leadership is closely associated with integrity and trust, nurse educators feel secure when their leaders have their best interests at heart and make the best decisions based on integrity and ethical considerations. Therefore, trust in leadership promotes nurse educators' engagement, loyalty, respect, psychological safety and sense of belonging within the field, thus reducing the aggravating factors for symbolic violence.

Ethical leaders should demonstrate respect and equality to nurse educators and stakeholders, regardless of rank or status. They also prioritise diversity and inclusivity in the field by encouraging settings where nurse educators' worth, culture and opinions are appreciated and acknowledged (Arar & Saiti 2022:127). Ethical leaders apply ubuntu principles, putting people first and ensuring nurse educators' needs are their priority. Again, ethical leaders prioritise the needs of nurse educators and the field above their own interests. They are dedicated to serving nurse educators and making contributions that promote their welfare, development and collaboration (Arar 2021:1).

Ethical leaders promote collaboration and effective communication within the field. According to Li, Pöysä-Tarhonen and Häkkinen (2023:1), collaboration is a process of teams working together, where nurse educators and other individuals with diverse

organisational skills and expertise work together to achieve common objectives to prevent and manage workplace bullying. It includes effective communication, mutual respect, and collective decision-making. Collaborative environments encourage free-flow dialogue, active listening, exchanging of ideas, and the creation of a healthy and supportive setting where nurse educators and managers are empowered and display organisational skills, and their opinions and ideas are valued (Kahila, Kuutti, Heikka & Sajaniemi 2023:2).

Bratu and Cioca (2021:2) describe organisational skill as a comprehensive competence managers acquire to facilitate the institution's effective goal achievement and leadership. A surplus of organisational skills among leaders assists in organisational progress, decision-making, successful project plans, and the management of workplace bullying, leading to organisational growth (Somerville, Cinite & Largacha-Martínez 2021:895).

Ethical leaders apply fairness in decision-making processes. Hence, they affirm that incentives, recognition, and discipline are reasonably maintained when bullies display improved and changed behaviour. They also involve other relevant stakeholders in decisions related to addressing workplace bullying. Ethical leaders are responsible for their actions and are accountable for their decisions within the field (Abd Elhakam et al. 2022:35). They acknowledge and learn from their mistakes and commit to rectifying any ethical shortcomings. Ethical leaders also create a culture of accountability within the field, encouraging nurse educators to take ownership of their actions and behaviour, upholding ethical principles (Dirani, Abadi, Alizadeh, Barhate, Garza, Gunasekara & Majzun, 2020:5).

Ethical leaders are role models, promoting a culture of ethics within the field. The way they articulate disagreements, use words, actions, and decisions establish an ethical behavioural milieu (Dirani et al. 2020:4). The researcher is of the view that ethical leaders enhance an inclusive, well-mannered, and transparent climate where nurse educators feel comfortable to voice concerns and report any misconducts and workplace bullying. Therefore, this promotes self-leadership, ethical standards and behaviours while discouraging unethical conduct or a toxic work environment.

According to Jo and Hwang (2022:1), ethical leaders should encourage self-leadership. This means individuals should independently and autonomously practice problem-solving, creativity, and critical skills to set goals effectively and identify the best strategies. Fields led by ethical leaders tend to have stronger employee morale, higher employee retention rates, and better relationships with stakeholders and the wider community. Ethical leaders prioritise the long-term interests of the field over short-term gains, making decisions that align with the field's values and goals. This long-term focus promotes sustainability, resilience, and the field's growth (Liao 2022:2). Therefore, fields guided by ethical leaders naturally experience increased employee creativity and morale, improved retention statistics, and enhanced connections with stakeholders.

Creativity entails creating or producing innovative ideas, solutions, and problem-solving techniques. It involves applying critical thinking skills and thinking outside the box, connecting discrete concepts during collaborations, and accepting uncertainty (Wang, Wang, Miao, Yan, Shi, Yuan, Wang & Wang 2023:1). When nurse educators have permission to share innovative ideas, they feel valued and appreciated, resulting in job satisfaction.

In conclusion, ethical leadership emphasises integrity, trust, ethical decision-making, responsibility, and accountability. Ethical leaders set positive examples by role modelling, promoting ethical behaviour, and nurturing a culture that values and practices ethics. By embracing ethical leadership, the field can build trust, enhance nurse educator engagement, and drive positive field outcomes. Ethical leadership is a foundation for creating ethical workplace cultures and contributes to the overall well-being and success of the field and its stakeholders.

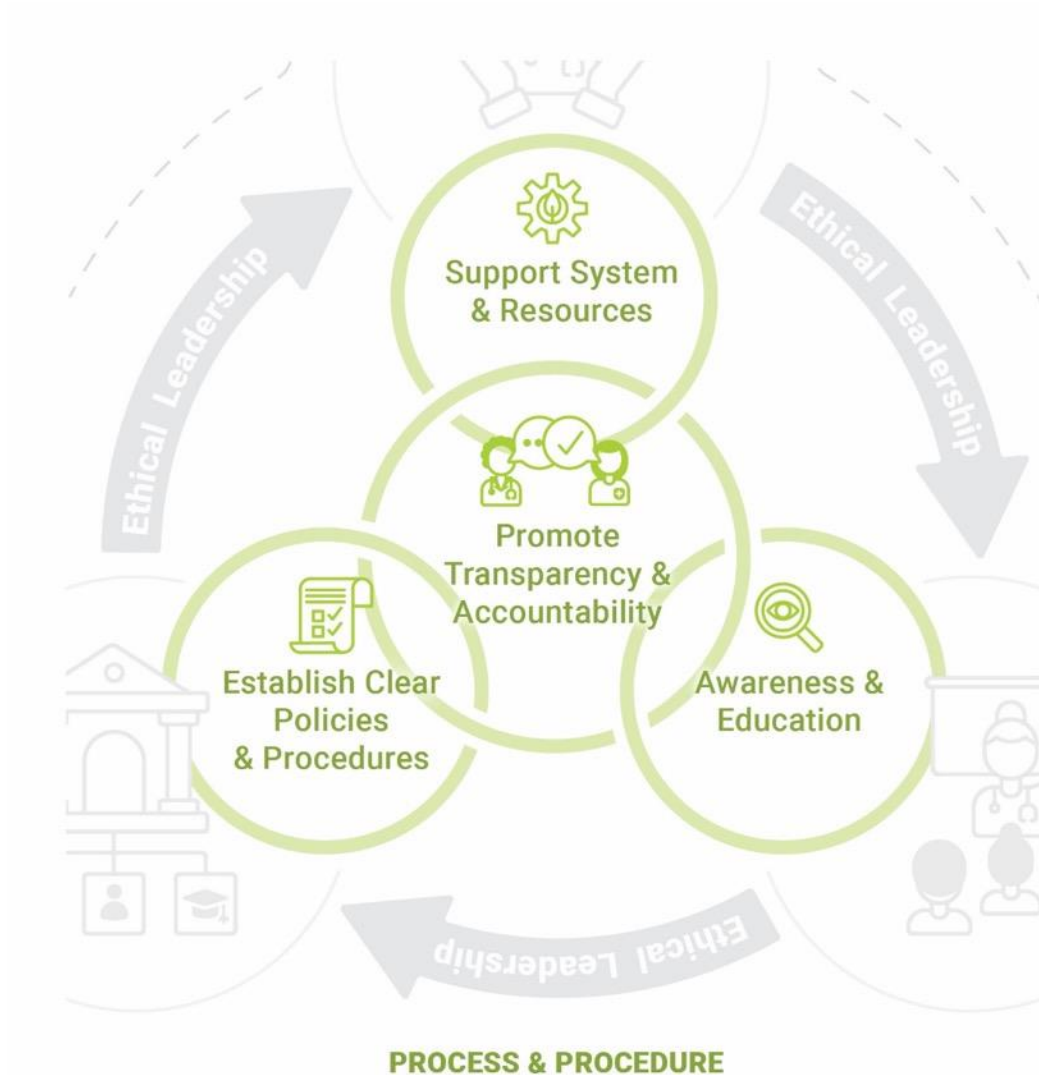
### **6.2.5 The process or procedures**

The process and procedures feature four green circles (see Figure 4.5), each representing a specific process or procedure designed to mitigate symbolic violence within the field.

The first icon, depicted as a looking glass with an eye, symbolises the process of awareness and education. It represents searching for information and critically examining insights, leading to heightened awareness. The second icon is a document, serving as a symbol for establishing clear policies and procedures. It signifies the formalisation of written guidelines that govern behaviour within the field. The third icon features two individuals engaged in communication or consultation. This promotes transparency and accountability, symbolising openness, support, and responsibility within the field. The fourth icon is a cog, representing support and resources. Inside the cog is the flame of Nightingale's lamp, symbolising the systems and structures that support critical functions. This icon is closest to the outcome and represents a nurse's journey within the field. These processes or procedures are activities to be implemented by the agents to achieve the desired outcome.

Green symbolises health, hope, prosperity, positive energy, harmony, and life (Colour Psychology 2022) within the field. According to Dickoff et al. (1968a:430), processes and procedures are orderly steps to achieve an outcome. The procedure is the path and stages required to achieve an objective. The procedure's ultimate objective is to provide adequate information to facilitate the activity's execution (Dickoff et al. 1968a:430). In this study, the processes are interconnected activities used to manage nurse educator bullying in NEIs.

These activities guide the agent in managing workplace bullying within the field. The procedure safeguards the agents, recipient, and field by providing intense education for acquiring knowledge and support (Dickoff et al. 1968a:422).



**Figure 6.5: The process or procedure**

This study revealed that the agents' activities to manage nurse educator bullying within the field included awareness and education, establishing clear policies and procedures, promoting transparency and accountability, and improving support systems and resources.

### **6.2.5.1 Awareness and education**

According to Bambi, Guazzini, Piredda, Lucchini, De Marinis and Rasero (2019:750), awareness and education are defined as a strategy aimed to enlighten, empower and inform nurse educators and stakeholders within the field about the existing, effective, and efficient approaches to be used to prevent and manage workplace bullying. Nurse

educators should be equipped with the knowledge, skills, and relevant tools to enhance a respectful, positive work environment. Similarly, Tauber, Loreleigh, Moss, Swann, Hollis, Crockett, Pooya and Mahmoudi (2022:1) claim awareness can be promoted by content creation or leveraging technology (using online platforms and social media, blogs, posts, videos and podcasts) to bring attention to the existence of workplace bullying among nurse educators. During awareness promotion, videos, podcasts, and digital content should be displayed throughout the field, emphasising the importance of respect, support and healthy working relations among staff and other stakeholders.

Furthermore, the field should organise ongoing mandatory workshops and capacity or team-building sessions focusing on the prevention and management of workplace bullying (Smith et al. 2020:2). Effective team-building activities promote the sharing of ideas and encourage a culture of knowledge, resulting in a sense of solidarity within the field (Suprpto & Verdyana 2020:16). These training sessions can include topics like recognising workplace bullying, the effects of workplace bullying on nurse educators and the field, and management's strategies to address this phenomenon (Santos et al. 2022:2). At the same time, the sessions should be offered regularly to ensure all nurse educators and stakeholders are well-informed.

Additionally, the field should invest in ongoing platforms, like hosting interactive webinars where case studies, scenarios, and collaborative discussions about workplace bullying are presented. This includes inviting guest speakers who are experts in the field of mental health to explain the impact of workplace bullying on the emotional and psychological well-being of nurse educators; for example, counsellors and psychologists (Mukasa, Mukona, Joseph, Kanissery, James, Tabay, Abdulla & Al Amoor 2023:2). These platforms should cover topics such as acceptable workplace behaviour and problem-solving, conflict management, identifying signs and symptoms of workplace bullying, and keeping records or a trail of evidence for the attendees and those who could not attend. This can serve as a future reference if matters escalate and legal involvement is required.

Agents should create safe settings for open dialogue, the sharing of experiences and concerns, encourage realistic case scenario presentations relating to workplace

bullying, and promote active participation in practising effective strategies to manage workplace bullying (Gardner & Cooper-Thomas 2021:88). The field should identify reliable online library resources containing articles, videos and other materials related to workplace bullying; these platforms could contribute to the development of solutions and offer support. Furthermore, this platform could be a self-paced learning portal for those seeking more intense information. The field is also primarily responsible for designating a segment of its budget to improve awareness and offer education regarding workplace bullying. These funds can be sourced from their general operational budget.

Additionally, external funding from government agencies, foundations, or healthcare organisations focusing on healthcare education, nursing, and workplace safety can be secured. Collaborations and partnerships between the field and healthcare institutions, professional organisations, as well as unions that share the same sentiment to combat workplace bullying offer opportunities for financial backing and resource support (Gardner et al. 2021:89; Mukasa et al. 2023:4).

In summary, creating awareness and providing education on the management of workplace bullying in a field requires a multi-faceted approach. By combining interactive platforms, interactive learning, expert insights and open dialogue, institutions can promote a culture of respect, empathy, and collaboration while addressing and preventing workplace bullying.

#### **6.2.5.2 Establish clear policies and procedures**

Establishing well-defined, fair and clear policies and procedures through stakeholders' involvement (by forming a policy committee) is a crucial strategy for managing workplace bullying (Mukherjee, Coban & Bali 2021:244; Gardner & Cooper-Thomas 2021:85). By creating a clear and organised plan that defines what constitutes workplace bullying, how to report and handle such incidents, the consequences for breaking the established rules, steps to prevent bullying, and fostering a culture of accountability, transparency, and respect, we can ensure the well-being and productivity of nurse educators and stakeholders (Radebe & Kyobe 2021:4). Hence,



communication on policies and procedures should be clear to all stakeholders using official channels, such as orientation sessions, handbooks, websites, and meetings.

Smith et al. (2020:2) claim clear policies and procedures promote a zero-tolerance stance, enhance a culture of responsibility, and ensure consistent incident response patterns. Similarly, when nurse educators and stakeholders understand the policies and procedures, they will be more likely to take workplace bullying seriously and can actively participate in creating a safe and healthy working environment (Mukherjee et al. 2021:244). Everyone within the field, regardless of their status or position, thus adheres to the same standards. This consistency builds trust and confidence in the field's commitment to managing workplace bullying behaviour. It establishes confidential channels for reporting workplace bullying incidents, removing victims' fear of retaliation and discrimination (Bullock, Lavis, Wilson, Mulvale & Miatello 2021:2). Clear policies and procedures also provide nurse educators with a variety of reporting options, such as online forms, designated officers, and anonymous hotlines accommodating various preferences (Rutledge & Gustin 2021:1).

The procedures outline the investigative processes for reported incidents, such as responsible persons, steps to be followed when writing or documenting a report, timeframe for resolutions, and steps to ensure objectivity. The procedures also outline disciplinary measures to be implemented, and suspension or termination criteria depending on the severity of the offence and availability of support for victims (Maeda, Suzuki, Asada, Yamamoto, Shimpo & Kawahira 2022:1). Clear policies serve as warnings to potential bullies. Understanding that their actions might result in legal or disciplinary measures encourages bullies to think twice before engaging in harmful behaviour, thus contributing to a decrease in incidents (Bullock et al. 2021:2).

Fields are subjected to legal and regulatory rules and standards. Therefore, the field should establish clear policies and procedures that guarantee laws and regulations will be complied with concerning harassment and discrimination in the workplace (Fox, Bump, Butler, Chen & Buchert 2021: e374). Failure to manage workplace bullying can lead to legal consequences, damaging the field's reputation and resources.

In conclusion, clear policies are imperative for managing workplace bullying effectively. These policies promote awareness, prevent incidents, provide a framework for reporting and intervention, support victims, ensure legal compliance, and mitigate risks. The field can encourage employee well-being, increase productivity, and cultivate a positive work culture by promoting a safe and inclusive work environment. Clear policies and procedures serve as a foundation for building a workplace where respect, professionalism, and collaboration thrive, ultimately benefiting nurse educators, stakeholders and the NEI as a whole.

### **6.2.5.3 Promote transparency and accountability**

Transparency and accountability are fundamental elements of a healthy and productive work environment. To promote transparency, Guo (2022:2) advises the field should create an environment of openness, trust, accessibility and clear communication by identifying bullying behaviours, reporting, and addressing them promptly. Therefore, healing and recovery from workplace bullying should be promoted.

To rebuild trust within the field, transparency should be combined with accountability. Nurse educators should thus take responsibility for bullying actions, and reporting processes should be fair, objective, and honest (Schnackenberg, Tomlinson & Coen 2021:1628). This shows that transparency and accountability could improve employee engagement and decision-making, contributing to a stronger field culture.

Hofmann and Strobel (2020:714) concur that transparency is important in identifying workplace bullying by freely allowing nurse educators to speak about incidents; thus, it is easy to identify instances of misconduct. Transparency reassures nurse educators that their confidentiality will be maintained and protected when reporting workplace incidents, and bullies will be held accountable. Wu (2021:2) agrees that the field should be transparent about aggregate and anonymised incident data that are available to employees, thus providing insight into the latest statistics, trends and areas of concern.

Furthermore, Wu (2021:2) emphasises that there should be transparency about personnel or the officer responsible for addressing reports. The field should clarify and implement an external review audit mechanism to ensure efforts in addressing and preventing workplace bullying align with the latest prescribed practices. Whistle-blowers' protection should also be clearly stipulated.

Clear and open communication is established by regularly updating relevant stakeholders about the progress of investigations and steps taken to address workplace bullying. This means making sure that those who reported the incidents, as well as witnesses, are promptly informed of what is happening and the results of the investigation (Schnackenberg et al. 2021:1628).

In conclusion, transparency and accountability are crucial for effectively managing workplace bullying. To create a safe and positive work environment, the field should establish open communication channels, encourage reports, hold perpetrators accountable, prevent retaliation, and foster a culture of respect. Transparent reporting mechanisms and accountability processes enable individuals to come forward, ensuring that bullying incidents are identified and managed promptly. By prioritising transparency and accountability, the field demonstrates its commitment to eradicating workplace bullying and creating a supportive environment where all employees can thrive.

#### **6.2.5.4 Support system and resources**

A support system and resources refer to a wide range of assistance, guidance, and tools recognised within the field for effectively preventing, addressing, and alleviating workplace bullying. This involves robust support systems such as support networks, counselling services, wellness programmes, mentoring and professional development programmes (Mlambo, Silén & McGrath 2021:2). Other resources should be aimed at acknowledging victims' emotional and psychological well-being, facilitating a safe and healthy working environment, and offering a healing, resilient and empowering strategy.

Support systems and resources include counselling and psychological support, providing the victim with access to professional counsellors or psychologists who can offer confidential assistance to those affected by workplace bullying (Lisiecka, Chimicz, & Lewicka-Zelent 2023:1). Wellness workshops can be organised as support systems focusing on topics such as stress management and various coping mechanisms to empower nurse educators dealing with the effects of workplace bullying. Furthermore, Employee Assistance Programmes (EAPs) or wellness programmes should be emphasised, and contact details should be displayed on all notice boards in the field as they provide confidential counselling services and support to nurse educators facing personal or professional challenges (Rodríguez-Rey, Garrido-Hernansaiz & Collado 2020:2). EAPs offer a protected and confidential space for staff seeking guidance and assistance to address stress, mental health concerns, work-life balance, and relationship problems. By providing access to EAPs, the field indicates its commitment to nurse educators' well-being, helping them overcome challenges that may affect their work performance and overall satisfaction.

Additionally, there should be dedicated 24/7-hour hotline services or online reporting systems allowing victims to report workplace bullying at any time privately. Moreover, the hotline services should be handled by trained personnel who display professionalism, empathy, patience and compassion when handling the incidents (CR231 Mental health of higher education students report 2021:45).

The NEI should also invest in mentor-mentee or peer-mentoring programmes where senior nurse educators offer newly appointed employees support, guidance, mentorship and training. According to Ntho, Pienaar and Sehularo (2020:1), mentoring is a beneficial strategy to offer professional and emotional support, and entails a relationship between inexperienced and experienced nurse educators. These programmes promote a culture of collaboration and sharing, enhancing a sense of belonging as a community and team cohesion. Again, the field should invest in continuous professional development to nurture mentors' and mentees' professional skills (Mlambo et al. 2021:2).

The field should create support groups or forums where nurse educators or victims can meet and share their concerns, learn about remedial strategies and conflict

management, undergo cognitive rehearsal training, and share stories for mutual encouragement (Rauman 2023:231). A neutral third-party mediator or ombudsman should facilitate discussions between parties involved in workplace bullying incidents. Referrals for legal advice or legal support for victims of workplace bullying should also be encouraged (Van Gils, Colpin, Verschueren, Demol, Ten Bokkel, Menesini & Palladino 2022:3).

Flexibility in work arrangements, such as remote work options, flexible working hours, and condensed workweeks, can significantly enhance the well-being and work-life balance of nurse educators (Krajčák, Schmidt & Baráth 2023:2). These flexible arrangements can simplify their lives, enabling them to have greater control over their work schedules, meet deadlines effectively, and perform at their best. When the field embraces flexibility, it reduces stress levels, increases job satisfaction, and ultimately enhances productivity and employee loyalty (Yosep et al. 2023:2).

In conclusion, establishing a robust support system and providing adequate resources within the field is imperative for fostering nurse educator well-being and success. EAPs, mentoring and coaching programmes, wellness initiatives, and flexible work arrangements create a supportive work environment. By prioritising these resources, the field demonstrates its commitment to employee growth, satisfaction, and overall success, resulting in higher engagement, productivity, and retention. Investing in support systems and resources leads to a more positive work culture, positions the field for long-term success, and eradicates workplace bullying.

#### **6.2.6 The outcomes**

The outcome or terminus is the final stage of the process or finishing point. Therefore, the framework's outcome is the transformed habitus of nurse educators and doxa of the field. The yellow circle, adorned with symbols of hands, light, and a heart, represents the outcome of the framework. This stage signifies the achievement of the end goal: the transformation of nurse educators' habitus and the field's doxa. Specifically, nurse educators experience a positive shift in their habits, tendencies, and behaviours, while the field's prevailing beliefs and attitudes evolve into more

positive and acceptable forms. Yellow symbolises positivity, clarity, brightness, and vibrancy (Colour Psychology 2022).

Transformation fosters an atmosphere of cheerfulness and optimism among all nurse educators and stakeholders. This positive energy radiates throughout the field, resulting in a healthy working environment with increased productivity and retention. Consequently, nurse educators become more confident and productive, and are optimistic about a bright and promising future. Figure 6.6 presents the outcomes as a confirmation of the goal.



**Figure 6.6: The outcome**

### **6.2.6.1 Transformed habitus of nurse educators and field doxa**

The transformed habitus of nurse educators and field doxa involves an anticipated substantial alteration in their thinking, principles, and behaviours, particularly concerning the prevention and management of workplace bullying among nurse educators.

#### **a) Transformed habitus of nurse educators**

A transformed habitus is a personal journey of growth and self-realisation (Bourdieu 1990:40b). Transformed habitus refers to a change or reform of deep-rooted habits, dispositions (Bourdieu 1990:52), tendencies, values and attitudes that shape nurse

educators' behaviours and relations within the field (Bourdieu 1977:86). Thus, it involves altering nurse educators' behaviours and actions that might have triggered, stimulated, confirmed or tolerated workplace bullying, and actively rejected its prevention. A transformed habitus can provide a stable sense of belonging, effective conflict resolution and effective communication when constructively handling workplace bullying, leading to increased personal growth. By transforming deeply ingrained behaviours and attitudes, nurse educators can embrace new perspectives, break free from limiting patterns, and contribute to positive societal change (De Beer & Du Rand 2021:6).

Similarly, according to Krotofil, Piela, Górak-Sosnowska and Abdallah-Krzepkowska (2021:259), nurse educators' habitus is transformed when they adopt and apply the principles of respect, empathy, teamwork, and professionalism. This alteration in habitus reflects efforts to create a culture of inclusion, support, and emotional and psychological safety.

Raj (2023:1) agrees that a transformed behaviour requires nurse educators to be advocates for change by encouraging institutional policies and practices that manage workplace bullying and promote a supportive and respectful culture. Transformation becomes clear when nurse educators account for and accept responsibility for their unacceptable and harmful behaviour.

Therefore, nurse educators' transformed habitus makes these individuals proactive activists against workplace bullying. They role model positive work relations, interfere when witnessing or being involved in workplace bullying, support victims, and positively contribute to a positive educational climate.

## **b) Transformed field doxa**

Transformed field doxa refers to a change in belief systems taken for granted (Bourdieu 1977:81), commonly accepted or dominating beliefs, norms, and attitudes. Standing against cultures or practices discouraging good interactions promotes workplace bullying within the field. It involves challenging the accepted status quo

intending to destabilise or disrupt detrimental behaviours, thinking, actions and diversity (Sumpter, Blodgett, Beard & Howard 2022:21).

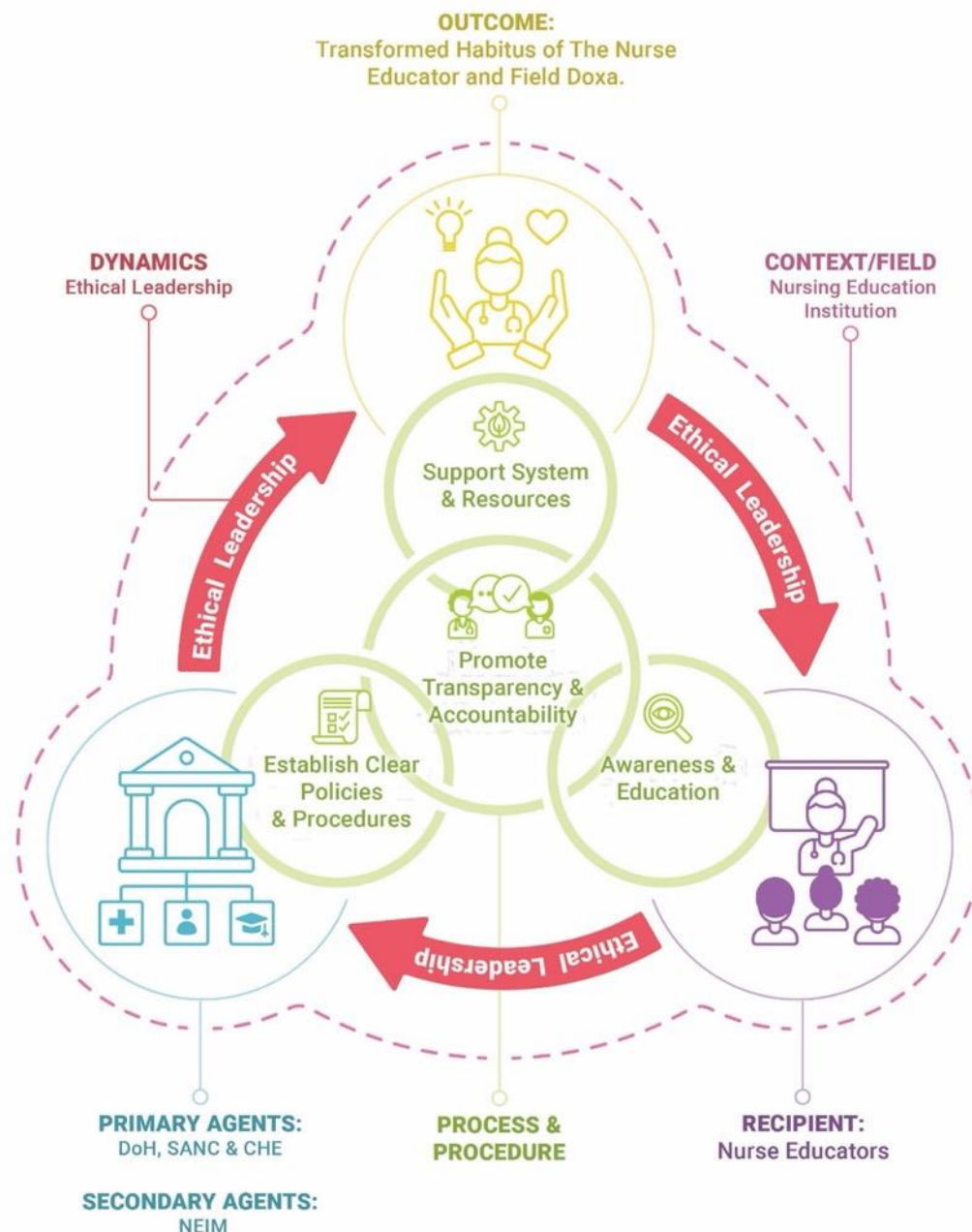
In this context, transformed field doxa entails going against nurse educators' dominating beliefs, attitudes and behaviours that allowed workplace bullying to persist or dominate due to fear, lack of awareness, silence and normalising harassment and mistreatment (Campaign for Action, 2021). Therefore, transformed doxa includes challenging and reshaping the beliefs and norms perpetuating workplace bullying. Hence, communication, shared commitment and respect are imperative. There should be a shift and yearning to change the perception of workplace bullying, such as moving from acceptable norms to unacceptable norms in behaviour and actions (Leppard 2021:9). Policies should clearly support zero-tolerance behaviour, and the field should evolve through support and education.

When nurse educators work together to change their habits and tendencies, the field's common beliefs will be affected. This collective effort will lead to shared responsibilities in preventing and managing workplace bullying in the field (Hassmiller 2021:7). This collaboration strengthens the field's participatory approach to addressing workplace bullying.

Power dynamics within the field should also be re-evaluated when doxa is transformed by reassessing the hierarchical structures and dismantling power imbalances, challenging and restructuring these power dynamics (Roy 2020:np). Therefore, the field should create a more egalitarian leadership and democratic culture by encouraging collaborative decision-making and promoting transformational leadership where flexibility, inspiration and motivation are enhanced, and leaders are confronted when they display negative behaviours (MacNeil et al. 2021:21). Transformational leadership inspires and motivates individuals, while autocratic leadership is rigid and remains untransformed (Bunjak, Bruch & Černe 2022:1). Managers should commit to actively supporting and leading the transformation process by creating an environment that respects and values new ideas so that the field breaks free from routines allowing creative and innovative thinking (Ndawo 2022:2).



In conclusion, the concept of a 'transformed habitus for nurse educators' and the associated 'field doxa' establish a dynamic framework for managing workplace bullying. This framework empowers nurse educators to adopt values that oppose workplace bullying and challenge the existing norms perpetuating it. In alignment with the practice theory principles, it fosters a transformative atmosphere where workplace bullying is actively discouraged, support is provided to victims, and a culture of respect and professionalism prevails. The final framework is presented in Figure 6.7.



**Figure 6.7: The framework for the management of nurse educator bullying in NEIs**

### **6.3 SUMMARY**

This chapter is a pivotal juncture in the research, presenting the developed framework for the management of nurse educator bullying in NEIs. This framework is not merely a theoretical construct; it is empirically grounded, derived from a rigorous analysis of the study's findings. The framework is a comprehensive guide for nurse educators, administrators, and other stakeholders, encouraging them to assume accountability for their actions and behaviours. It offers actionable strategies and protocols to mitigate the prevalence of bullying, fostering a more supportive and respectful work environment within NEIs. The next chapter validates the framework for managing nurse educator bullying within NEIs.

## **CHAPTER 7**

### **VALIDATION OF THE CONCEPTUAL FRAMEWORK**

#### **7.1 INTRODUCTION**

Chapter 6 presented the conceptual framework for the management of nurse educator bullying in NEIs. Phase 3 of the study involved a detailed validation process using the Delphi technique, as described by Fathullah et al. (2023:1). The process was further strengthened by incorporating the Chinn et al.'s (2022:160-180) validation criteria.

The framework underwent a comprehensive assessment by a panel of experts to ensure its clarity, simplicity, generality, accessibility, and significance. This scrutiny was conducted by both academic and managerial professionals, ensuring a balanced and thorough critique. The validation process confirmed the framework's semantic precision, contribution to new knowledge in the field, and practical applicability within the NEI context.

#### **7.2 DELPHI METHOD OF FRAMEWORK VALIDATION**

The Delphi technique was chosen as a suitable validation approach because the goal was to gather expert opinions and establish agreement to facilitate decision-making based on diverse perspectives. Fathullah et al. (2023:1) define the Delphi method as a tool used to assess the judgments of multiple experts in different fields to inform decision-making. It is an anonymous survey technique. Additionally, Niederberger and Spanger (2020:2) describe the Delphi method as a structured group of communication processes wherein experts discuss complex issues characterised by uncertainty or incomplete knowledge through an iterative evaluation process.

Numerous authors affirmed that the Delphi method involves a geographically dispersed panel of experts who, despite their locations, converge on shared sentiments regarding a particular issue, ultimately reaching a consensus when faced with divergent views (Schmalz, Spinler & Ringbeck 2021:1). Furthermore, Vogel, Zwolinsky, Griffiths, Hobbs, Henderson and Wilkins (2019:2575) attest to the reliability

of the Delphi method as a valuable tool in advancing future-oriented research or gaining a deeper understanding of specific issues.

The primary objective of the Delphi technique was to elicit dependable views and gain consensus from a group of experts through a collaborative process featuring controlled feedback (Nasa, Jain & Juneja 2021:117).

### **7.2.1 Characteristics of the Delphi technique**

Schmalz et al. (2021:2) identified the following key characteristics of the Delphi technique: confidentiality, anonymity, iteration, controlled feedback, and statistical group response, which are elaborated on below.

#### **7.2.1.1 Confidentiality**

A confidentiality agreement protects experts' anonymity and is a cornerstone of the Delphi method. It also ensures that the data collected will be used solely for the purposes outlined in the study.

#### **7.2.1.2 Anonymity**

The primary feature of anonymity is crucial because it allows participants to freely express their thoughts and opinions without feeling pressured by other group members, as noted by Smarandache, Ricardo, Caballero, Vazquez and Hernandez (2020:206). Anonymity prevents embarrassment, inhibitions, and intimidation in face-to-face discussions or information sharing. In this study, the researcher ensured that documents were individually emailed to participants, with all personal details treated as confidential.

#### **7.2.1.3 Iteration**

The process of iteration served as a mechanism that assisted the panel members in providing more insightful opinions, enabling the researcher to analyse and reflect on their views for the framework's potential maintenance or modification (Smarandache

et al. 2020:206). Additionally, Lecours (2020:4) explains that the iterative process aids experts in reviewing and reconsidering thoughts to reach a consensus.

#### **7.2.1.4 Controlled feedback**

Controlled feedback empowered participants to deliberate on their thoughts before responding. The researcher acted as the facilitator, offered feedback on panel members' opinions, and allowed opinions to be reviewed. Responses to the viewpoints expressed by others were also considered until a consensus was achieved, as Schmalz et al. (2021:2) described.

#### **7.2.1.5 Statistical analysis**

Statistical analysis ensured that the opinions and responses of each expert were effectively presented, even when some disagreements among panel members remained (Fathullah et al. 2023:1). Statistical procedures were employed to analyse the data derived from the second round of the Delphi process (Fathullah et al. 2023:1).

This phase involved an interactive process to elicit a wide range of opinions and perspectives from a group of experts. The researcher took on the role of facilitator to ensure objectivity, as emphasised by Shang (2023:5). In this study, experts in management, leadership, and research contributed their insights, which played a vital role in validating the framework for the management of nurse educator bullying in NEIs. This approach allowed participants to reflect, re-evaluate, or adjust their thoughts and provide valuable input without feeling pressured by their peers.

In the context of the Delphi technique, the researcher was seen as a planner and, subsequently, a facilitator. This role is distinct from being considered a research instrument, as is the case in other qualitative strategies (Shang 2023:5). Shang (2023:5) further highlights that the facilitator's most critical role is to steer the discussion and maintain a non-judgmental stance while consolidating panel members' views. The Delphi technique was conducted over three rounds until all panel members reached a consensus or agreement.

### **7.2.2 Purpose of the Delphi technique**

The researcher chose the Delphi technique as it promotes knowledge exchange among experts and offers cost-effectiveness, simplicity, and flexibility. It also ensured that each participant had the freedom to express their views, and participants were from various geographic locations and settings, as recommended by Schmalz et al. (2021:2). It focuses on current topics or challenges, and it supports policymakers (Fathullah et al. 2020:1). The Delphi technique is used to develop validation tools/instruments and metrics, as well as generate actionable recommendations and establish priorities to implement suggested actions/measures (Nasa et al. 2021:117). Through an iterative process, participants validated the findings that were used in the framework's development.

### **7.2.3 Role of the researcher**

In this phase, the researcher's responsibilities included:

- Facilitating the Delphi process.
- Establishing criteria for the selection of expert participants.
- Sending invitations along with information leaflets and consent forms to prospective participants.
- Formulating and creating a checklist or a validation instrument based on the empirical findings.
- Distributing the framework for managing nurse educator bullying in NEIs, along with the validation instrument and a brief description of the framework to participants and consolidating their feedback upon their return.
- Refining the framework until a consensus was achieved.

### **7.2.4 The role of the expert participant**

- Reading the information leaflet and providing consent indicating their willingness to participate in the Delphi rounds.
- Validating the framework, reviewing its description, and assessing the validation instrument by rating the framework and returning comments to the researcher.

- Receiving the refined framework for further review, allowing participants to amend or retain their decisions until a consensus is reached.

### **7.3 RESEARCH METHODOLOGY**

The methodology centred on aspects such as the population, participant selection, sample and sampling method, data collection procedures, and the process of collecting data during the Delphi rounds.

#### **7.3.1 Population**

In this research, the designated population satisfied the following criteria:

- A nurse educator with official certification and registration as a certified nurse educator according to Regulation 118 of 1987 by the SANC and possessing over five years of teaching experience.
- A nurse educator holding a master's or PhD degree in nursing education or a nursing speciality and working within an NEI.
- A nurse educator who has occupied a managerial or leadership role for an extended period exceeding five years.

In this study, the following individuals were excluded:

- Nurse educators who did not possess a master's or PhD degree in nursing education or a related speciality.
- Nurse educators not employed within an NEI and with less than five years of teaching experience.
- Nurse educators with less than five years of experience in a managerial or leadership role.

#### **7.3.2 Sample size**

Several studies have indicated that there is no standard size for a Delphi panel, and the number may range from 10 to 100 members, depending on the nature of the topic

(Nasa, Jain & Juneja 2021:118). Vogel et al. (2019:2576) assert that a minimum of 12 participants is considered sufficient to achieve consensus, while larger sample sizes may provide diminishing returns regarding the validity of findings. In contrast, Smarandache et al. (2020:206) suggest that a sample of 15-30 participants is deemed adequate. The Delphi technique ultimately relies on group dynamics to reach a consensus.

All participants received an information leaflet and consent in an email format, indicating their willingness to partake in the Delphi process. Stakeholders (principals, vice principals and heads of departments) were also involved in the recruitment process through the snowball sampling technique to expand the sample size (Lecours 2020:5). Feedback from the panel of experts who participated in the framework's validation assisted the researcher in refining the framework (Graham-Clarke, Rushton & Marriott 2021:5).

### **7.3.3 Framework validation**

The framework for the management of nurse educator bullying in NEIs was validated according to Chinn et al.'s guidelines (2022:170). Framework validation has the following five questions:

- **How clear is the framework?**

The clarity of the framework includes its understandability and consistency (Chinn et al. 2022:171). The researcher's conceptual map supplied predefined questions to gather empirical data through in-depth individual interviews with nurse educators and stakeholders. The framework's conceptualisation within the existing literature enhanced its structural and semantic clarity. The framework was developed based on concepts derived from empirical data, answering the research question: "What should a framework to manage nurse educator bullying in NEIs consist of?" The identification of fundamental and related concepts contributed to the framework's structure. Consequently, the criteria for evaluating clarity, which encompasses semantic consistency, semantic clarity, structural clarity, and structural consistency, were all addressed and met.



- **How simple is the framework?**

The framework's simplicity is noted in the limited number of concepts and their structural organisation (Chinn et al. 2022:174). This simplicity is achieved by minimising the number of connections and associations between various concepts and incorporating only essential information. Frameworks maintain simplicity by focusing solely on fundamental concepts, intentionally avoiding introducing inappropriate concepts and relationships. This deliberate approach aims to eliminate unnecessary complexity from the framework.

- **How general is the framework?**

Generality pertains to the framework's breadth of scope, implying that a general framework can be used in various situations (Chinn et al. 2022:174). Consequently, a more general framework holds greater utility. The framework was well-suited to address bullying issues within the field while aligning with international norms, quality standards, and the goal of enhancing and sustaining positive working environments on a global scale.

- **How accessible is the framework?**

The framework's accessibility focuses on the degree to which the framework's concepts align with empirically identified phenomena and the feasibility of achieving the intended outcomes (Chinn et al. 2022:175). By delving into and describing the research findings, assessing relationships, and intentionally implementing the framework, the themes can enhance its empirical accessibility.

- **How important is the framework?**

The importance of the framework was linked to its applicability and practical value, as it is intended to assist in various fields and their operations. The importance of the framework was validated by considering its potential to influence the handling of bullying within the field through its actual use. The framework derived from the conceptualisation of comprehensive literature will assist managers, human resource departments, and other relevant stakeholders to address and manage workplace bullying. Consequently, the framework can impact education, research, policymaking, and nursing practice at both local and global levels.

### 7.3.4 Data collection

Data were collected following the Delphi method.

#### Step 1: Delphi round 1

The researcher sent emails containing an invitation, an information leaflet that outlined the study's title, objectives, a summary of findings, a brief framework description, and consent forms indicating prospective participants' willingness to partake in the Delphi rounds. This email also included a deadline, participant expectations, the framework, and a validation instrument with space for comments. Participants were required to consent via email and complete the provided descriptive information, which was sent back to the researcher via email.

**Table 7.1: Demographic profile of the panel of experts who validated the conceptual framework**

NO	QUALIFICATION	POSITION	EMPLOYER	YEARS OF EXPERIENCE
1.	PhD in Nursing	Senior Lecturer	University of Pretoria	18 years
2.	PhD in Nursing	Senior Lecturer	Sefako Makgatho University	12 years
3.	PhD in Nursing	Senior Lecturer	Durban University of Technology	10 years
4.	PhD in Nursing	Senior Lecturer	University of Free State	5 years
5.	Master's in Nursing	Senior Lecturer & Manager Simulation Department	University of Northwest	8 years
6.	Master's in Nursing	Senior lecturer	University of Stellenbosch	7 years
7.	Master's in Nursing	College Manager	Netcare Education	13 years
8.	Master's in Nursing	College Manager	Netcare Education	17 years
9.	Master's in Nursing	College Manager	Limpopo College of Nursing	19 years
10.	Master's in Mental Health	Senior clinical facilitator/Educator	West Berkshire Community Hospital, United Kingdom	6 years

Participants had two weeks to validate the framework and return their feedback to the researcher. A five-point Likert scale was used to validate the framework's understandability, credibility, feasibility and quality, and offer comments in the designated space (see Figure 7.1).

#### Rating 1-5

- Excellent – 5 (100%)
- Very Good – 4 (80%)
- Good – 3 (60%)
- Average – 2 (40%)
- Needs Improvement – 1 (20%)

Total Evaluators = 10

**Table 7.2: Validation framework instrument**

Framework validation checklist	Nurse experts		Rating	No.	Total %
	Yes	No	5	10	100
<b>Clarity</b>					
Are concepts well-defined?	√				
Does the framework bring new knowledge?	√				
Is the framework understandable?	√				
Are concepts well-defined for applicability to the context?	√				
Is the structural description of the framework consistent with the description of the framework?	√				
Do diagrams and visual structures provide support?	√				
	Nurse experts		Rating 1-5	No.	Total %
	Yes	No	5	10	90
<b>Simplicity</b>					
Is the framework specific?	√				
Is the framework simple?	√				
Does the framework have positive implications?	√				
Does the framework use simple terms?	√				
Are the framework's concepts and outcomes clear?	√				
	Yes	No	4	10	100
<b>Generality</b>					
Is the framework applicable to research?	√				
Is the framework applicable in other disciplines?	√				
Are the framework objectives clearly stated?	√				
Is the framework applicable in many different situations?	√				

Is the framework useful and appropriate for meeting the outcomes of the study?	√				
	<b>Nurse experts</b>		<b>Rating 1-5</b>	<b>No.</b>	<b>Total %</b>
	<b>Yes</b>	<b>No</b>	<b>5</b>	<b>10</b>	<b>100</b>
<b>Accessibility</b>					
Is the framework testable?	√				
Are the framework concepts specific?	√				
Is the framework operationally defined?	√				
Is the framework accessible to the public?	√				
Is the framework available to all disciplines?	√				
	<b>Nurse experts</b>		<b>Rating 1-5</b>	<b>No.</b>	<b>Total %</b>
	<b>Yes</b>	<b>No</b>	<b>5</b>	<b>10</b>	<b>100%</b>
<b>Importance</b>					
Is the framework based on research and theory?	√				
Does the framework bring positive changes in practice?	√				
Does the framework address challenges?	√				
Does the framework have a potential influence on education, practice and research?	√				

**Overall Rating of the framework: 4 (90%)**

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### 7.3.5 Initial findings

The framework introduced new insight into the research phenomenon by addressing nurse educators' reluctance to openly discuss the negative impacts and their personal experiences with workplace bullying. Participants found the framework intuitive and straightforward, with all respondents (100%) affirming that its concepts were clear, comprehensible, and contributed to new knowledge.

The framework's design was marked by clarity, unambiguous language use, and received unanimously positive feedback from participants, who praised its user-friendliness and relevance to their professional needs. The relationships between the framework's elements were evident, and the intended results were clearly articulated. The framework was deemed effective for application across various workplace settings involving employees, management, leaders, and human resource departments to bolster staff retention and promote a positive and healthy work environment. Most participants (90%) agreed that the framework is appropriate for research and applicable across different sectors. It was noted that the framework's utility extends beyond health-related issues and can be adapted to various contexts.

Every participant (100%) verified the framework's credibility and highlighted its broad accessibility to various stakeholders, including departments of health, education, research bodies, and non-governmental organisations. Its reach extends across multiple disciplines, such as nursing and education, and it is set to be disseminated to the wider public through accredited journals, workshops, seminars, summits, conferences, and presentations.

The framework can potentially effectuate constructive transformations in both educational and practical domains. Its value stems from its targeted approach to addressing the issue of nurse educator bullying. All respondents (100%) validated the framework and recognised its significance, grounded in established theoretical and research foundations.

The results and framework's validation – by experts using a Likert scale and Chinn et al.'s (2022:170) guidelines – follows:

Overall rating for the framework: 4 = 90%

Total evaluators = 10

Nursing experts = 10

### **Recommendations provided by experts:**

The experts recommended the following:

- a) The acronyms must be expanded in their full forms, particularly Nursing Education Management (NEM), since it is not a common abbreviation in nursing academia or use the common abbreviation NEIM. The acronym is explicitly explained within the chapter.
- b) Include Nursing Education Management (NEIM) as an additional component when discussing the outcomes.
- c) The role of the CHE as a primary agent in bullying should be clarified.
- d) Utilise the term “bullying” in conjunction with “symbolic violence” to prevent reader confusion.

### **Step 2: Framework adjustments and modifications by the researcher**

After gathering all the experts' comments, the researcher modified the framework based on their feedback and suggestions. Subsequently, the feedback was emailed to the experts for their additional assessment and comments. During this step, panel experts reached a consensus, and the researcher finalised and adopted the framework.

## **7.4 SUMMARY**

This chapter described the process that was used to validate the conceptual framework for managing nurse educator bullying within NEIs. Utilising the Delphi method, the framework was validated by a panel of experts in the field. The chapter outlines the methodology employed, detailing the characteristics of the Delphi technique and the roles of the researcher and the expert panel. It also presented the results of the validation process, including the experts' recommendations. The next chapter discusses the study's limitations, recommendations and conclusion.

# **CHAPTER 8**

## **SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION**

### **8.1 INTRODUCTION**

This study was conducted to develop a framework for the management of nurse educator bullying in NEIs. The study used a qualitative, explorative, descriptive phenomenological research method and a contextual design. The study was guided by the concepts of Pierre Bourdieu (habitus, field and capital), which originated from his sociology theory as he is a structuralist constructivist sociologist or social philosopher. During the first phase, data were collected from nurse educators and stakeholders (principals, vice principals, heads of departments) using in-depth individual interviews. Data were collected from 20 participants in their preferred settings, such as their homes or personal offices in Gauteng Province, and analysed using Colaizzi's data analysis method.

The second phase integrated data from different sources to develop the conceptual framework. This approach and design enabled the researcher to explore the phenomenon of the study from different angles. The practice theory survey list of Dickoff et al. (1968) was used as a thinking tool to develop a framework for the management of nurse educator bullying in NEIs. The third phase of the study validated the framework using the Delphi method and Chinn et al.'s (2022:160-180) guidelines. This chapter concludes the study by summarising the key findings, limitations, conclusions, recommendations and lessons learned.

### **8.2 SUMMARY OF THE FINDINGS**

The main findings are synthesised and discussed per the study's objectives.

#### **8.2.1 Phase one: Situational analysis**

Phase one involved conducting a situational analysis.



### **8.2.1.1 Objective one: Explore and describe nurse educators' and stakeholders' (NEIs' heads of departments, vice principals, principals and managers) lived experiences regarding bullying in NEIs**

This objective was met in Chapter 5. Four themes emerged from the findings, and these were subsequently grouped as categories and codes. The themes included: Symbolic violence emerged as a form of concealed power; Doxa, as a behavioural expression, makes the effects on those being bullied explicit; The habitus of the bully matches the field with acts of unprofessional conduct; and a Safe and healthy workplace. The study's findings pointed to challenges in managing the power imbalance that exacerbated bullying in NEIs. These challenges were observed among management and other individuals, regardless of their roles or positions, suggesting that many people struggle with feelings of powerlessness. Both management and senior nurse educators struggled with intrapersonal issues such as a lack of discipline, resistance to change, and low self-confidence, ultimately leading to toxic leadership behaviours in the field.

The findings indicated that intra or interpersonal struggles were common in every individual's life. Managers who had more significant struggles in the NEI often lacked leadership competencies, compromising their ability to reason and think critically, thus contributing to power imbalances. As power and positions were abused, nurse educators' capabilities were undermined, leading to unhappiness, anxiety, outrage, or defenselessness. Bullying also increased as managers encountered power struggles while attempting to maintain unity between senior and junior nurse educators. Additionally, heads of departments failed to provide nurse educators with feedback after evaluations, and pertinent information was not adequately communicated among staff members. Managers often employed verbal abuse and fear tactics, further contributing to bullying. These findings highlighted that struggles could occur at any point in a person's life, often due to immature behaviour, poor self-awareness, mental health issues, or a nervous breakdown, ultimately leading to symbolic violence.

The findings further showed that leaders and managers projected negative behaviour due to a lack of balance and self-awareness. This included displays of power abuse,

insensitive behaviour, negative attitudes toward colleagues, and signs of passive aggression and poor communication. Unfair treatment was pervasive, influenced by factors such as position, status, seniority, and length of service.

There was poor communication in the NEI, as established communication channels were underutilised and often marked by condescension. Instances of shouting in the presence of students were also observed. The study indicated that effective communication is crucial, and when management failed to share information, dysfunctional communication channels and gossip emerged in the NEI, leading to symbolic violence. This lack of communication demoralised nurse educators, causing conflicts, decreased interest, and further incidents of symbolic violence. The findings revealed that withholding information or remaining silent was a control tactic and a form of emotional abuse in the workplace.

Emotional invalidation was common, accompanied by autocratic and egocentric behaviours. Some nurse educators were expected to work overtime without additional compensation, and the PMDS was used punitively, contributing to an unsupportive work environment. The lack of support and communication resulted in poor staff performance, ineffective teamwork, and increased absenteeism, ultimately leading to attrition. These findings emphasised that a lack of interaction and unhealthy relationships between nurse educators and managers contributed to toxic working conditions.

There were relational issues between management and nurse educators, as expected meetings were not held, and rumours in the corridors created confusion. Working relationships between staff members in the NEI were compromised as some managers preferred relationships with individuals who held similar power, while disregarding those who lacked the same power or status. The study's findings indicated that unhealthy relations, progressing into poor working relationships and disharmony, were among the causal factors of a negative working environment in the NEI. Such an environment exacerbated discomfort and ill health, increasing staff turnover. Individual preferences and associations could compromise relations, resulting in conflicts and contributing to symbolic violence.

Senior nurse educators and managers were found to use non-physical violence as symbolic power against nurse educators. This form of symbolic power involved unrecognised power, domination, discriminatory words and actions related to race, gender, age, and hierarchical positions within the field. Discriminatory language and expressions created hostile environments, perpetuated systemic inequalities, and led to the subordination of marginalised nurse educators. The study's findings revealed that managers used insults against nurse educators that, for the educators, were more powerful than weapons, negatively affecting their self-esteem. As a result, nurse educators were subjected to domination and oppression, triggering emotions like humiliation, anger, despair, and resentment.

Nurse educators were often coerced into performing management duties due to their extensive knowledge, yet they were unrecognised, unappreciated, and often criticised and ridiculed for minor aspects such as their clothing. Managers displayed negative attitudes, including hostility and criticism. When delivered with an unwelcoming demeanour, these negative attitudes led to a lack of trust and increased frustration among nurse educators. These negative attitudes motivated some nurse educators to identify problems and work toward solutions.

The study's findings emphasised the detrimental impact of doxa, where many nurse educators experienced negative effects, such as resentment, bitterness, regret, and humiliation. These negative effects resulted from unquestionable beliefs and practices surrounding bullying, leading to emotional and psychological harm and regret. The lack of psychological support and teamwork in the field exacerbated bitterness, leading to increased feelings of anger.

Some nurse educators felt regret due to their continuous mental fixation on the bullying they experienced. These recurring thoughts and memories led to emotional distress and humiliation. Nurse educators who regretted their employment within the NEI exhibited poor interpersonal relations and decision-making, often resulting in the reproduction of negative behaviours and a lack of trust.

Reporting to work daily heightened anxiety among nurse educators. Some experienced physical symptoms due to bullying and were even diagnosed with chronic

health conditions that disrupted their daily lives, including sleep patterns. The study's findings confirmed that nurse educators with anxiety presented feelings of restlessness, fear, and apprehension regarding upcoming gatherings and circumstances, affecting their performance and productivity. Nurse educators continuously exposed to bullying often experience distress, fear of potential discrimination, and a sense of isolation. Prolonged exposure to symbolic violence triggered persistent fear, leading to intensified anxiety.

Nurse educators developed a fear of making mistakes and being criticised for incompetence, which, in turn, affected their work performance and sleep patterns. The findings showed that anxiety could be emotionally, psychologically, and financially costly, leading to trauma and fears of job loss, intense stress, insomnia, decreased psychological well-being, and negative impacts on performance. Enduring ongoing fear made nurse educators hypervigilant, as they remained in a constant state of alertness, anticipating potential threats. This heightened state of vigilance resulted in increased anxiety, avoidance behaviours, and feelings of isolation. The research findings indicated that anxiety and trauma were linked to sleep disruptions, eating habit alterations, and body weight fluctuations.

Consequently, inadequate or disturbed sleep patterns resulted in physical and psychosomatic symptoms, including chronic fatigue and bodily discomfort, which hindered their ability to effectively cope with work demands, ultimately leading to increased absenteeism. Poor sleep was further associated with diminished energy levels, reduced concentration, and heightened irritability during daytime activities. Nurse educators were traumatised by management's ill behaviour. The study's findings confirmed that yelling and shouting at someone is traumatic and is verbal and emotional abuse. Hence, nurse educators experienced continuous terror and panic in the field, leading to paranoia, flashbacks and disturbing thoughts, resulting in post-traumatic stress disorder and depression.

However, some nurse educators experienced positive effects because of bullying. They claimed bullying stimulates survival and resilience, leading to growth, creativity, and collaboration. Nurse educators who were victims of symbolic violence developed self-reflection and introspection, ultimately leading to personal development and self-

enrichment. This resulted from the resilience and adaptability that emerged when they faced difficult situations like bullying. Confronting and dealing with symbolic violence increased some nurse educators' abilities to handle future challenges and conflicts. Other nurse educators applied self-reflection during bullying, enabling them to ignore and distance themselves from bullies, fostering personal development and maturity. This led to increased creativity, acceptance of setbacks as learning opportunities, personal growth, and self-awareness and emotional intelligence development.

Senior nurse educators and some managers lacked confidence, exhibiting signs of inferiority, insecurity, and rage. These insecurities and doubts contributed to unprofessional behaviour and symbolic violence. Insecure managers often sought constant approval and validation to boost their self-esteem, depending on external feedback to affirm their self-worth, ultimately leading to dependency on others' opinions. An inferiority complex, characterised by feelings of inadequacy and unworthiness compared to others, played a significant role. Managers who compared themselves to newly appointed nurse educators believed they were incapable and inexperienced, further impacting their self-esteem.

Managers displayed rage due to feeling insecure, threatened, and invalidated. This rage resulted in guilt and shame, leading to increased insecurity. It was often expressed through passive aggression, outbursts of anger, and physical violence, such as door slamming and name-calling, contributing to an unhealthy work environment.

The cumulative staff turnover among nurse educators resulted from various concerns, including a harmful working environment, a growing culture of symbolic violence, inadequate mentoring, threats, and insubordination. Most nurse educators were seeking other employment opportunities due to the detrimental working environment, which led to disruptions in team interactions, increased recruitment and training expenses, and possible workflow disruptions. On the one hand, nurse educator turnover may promote fresh talent, new perspectives, and opportunities for innovation, but it could also lead to inexperienced educators being hired, ultimately compromising the quality of teaching and learning, while increasing workloads for those who remain. Additionally, recurrent turnover destabilises the NEI, damages its reputation, and

makes attracting and retaining prominent and talented nurse educators challenging. This increased workload led to feelings of uncertainty and anxiety among the remaining nurse educators.

Nurse educators were not promptly provided with laptops and office telephones, despite the expectations that they would attend meetings and submit reports. The study's findings confirmed that IT is a crucial tool for nurse educators, as it plays a significant role in teaching, learning, and managing information. The lack of IT subjected nurse educators to judgments and inequities, representing a form of bullying. IT is essential, and its absence impacted the quality of instruction, reduced access to current teaching advancements, and restricted opportunities for innovative teaching methods.

Nurse educators expected the NEI to be a safe and healthy workplace with a positive work environment, psychological support, effective management, and group cohesiveness. Leadership should support employees, involve them in decision-making, and offer opportunities for career growth, which would help attract and retain staff, promote freedom of expression, and foster unity. This environment should also incorporate psychological support, which includes one-on-one sessions with supervisors, psychotherapy referrals, counselling, debriefing sessions, and wellness programmes to ensure employees' well-being.

Management should demonstrate emotional intelligence, employ strong interpersonal abilities, and engage in training opportunities to enhance managerial skills. The research outcomes indicated that effective management involves exemplary leaders who set a positive ethical example and address bullying issues, even when the perpetrators are respected. Proficient leaders should possess the skill to inspire their teams to achieve goals. A clearly defined vision and mission is pivotal for effective leadership. Competent management fosters resilience and incorporates emotional intelligence into their leadership practices. The field should thus invest in effective management and leadership to manage distress and build a resilient future. Group cohesiveness, marked by emotional connections, shared objectives, and effective communication, promotes unity and belonging among nurse educators, resulting in stability and efficiency.

The findings suggest that NEIs experienced various concerns, including power imbalances, poor communication, bullying, and a lack of psychological support, leading to increased staff turnover and workplace conflicts. While some nurse educators experienced personal growth and resilience due to bullying, others faced anxiety, fear, and decreased well-being. It is essential to address these issues to create a safe and healthy working environment in the NEI.

## **8.2.2 Phase two: Framework development**

Phase two of the study involved the framework's development.

### **8.2.2.1 Objective two: Develop a framework for managing nurse educator bullying in NEIs**

This objective was achieved in Chapter 6 of the research. The researcher used Dickoff et al.'s (1968) practice theory as a thinking tool to formulate concepts for developing the framework. This approach provided essential principles and guidelines to generate deeper insights and new ideas for addressing nurse educator bullying in NEIs. The conceptual framework employed Dickoff et al.'s (1968) six activity elements: the agent, recipient, context, process or procedure, dynamic, and outcome. A visual presentation of the framework's foundational components and a comprehensive diagram of the framework were presented and described.

## **8.2.3 Phase three: Framework validation**

Phase three involved the framework's validation.

### **8.2.3.1 Objective three: Validate the framework for managing nurse educator bullying in NEIs, in terms of its applicability, effectiveness, and comprehensiveness**

Chapter 7 successfully fulfilled this objective. The research applied Chinn et al.'s (2022:160-180) method, with the specific aim of validating the framework in relation to

its clarity, simplicity, generality, accessibility, and significance. The framework demonstrated its effectiveness as a theory generator, contributing to the expansion of knowledge within the field of nursing education. It is a well-structured framework for understanding and managing the research phenomenon effectively. This theory will play a pivotal role as a guiding principle in future research processes and practical applications.

The researcher also employed the Delphi method to validate the framework, following the principles outlined by Fathullah et al. (2023:1). This approach focused on key characteristics such as safeguarding confidentiality, ensuring anonymity, incorporating iterative feedback, and utilising statistical group responses, in line with the six essential steps of the Delphi process. Ten experts were selected using a snowball sampling technique to validate the framework. The framework demonstrated specificity, measurability, and achievability. The experts indicated that the framework would be highly beneficial and valuable in managing nurse educator bullying within NEIs. The validation instrument, including the use of a Likert scale for rating, was presented as part of the research methodology.

### **8.3 LIMITATIONS OF THE STUDY**

The study was geographically confined to NEIs in Gauteng, South Africa. As such, the findings primarily reflect the experiences of nurse educators and key stakeholders within this context, such as principals, vice-principals, and heads of departments. While the research offers valuable insights into the challenges these professionals face, its scope is limited to the Gauteng region, thereby restricting the generalisability of the results. However, existing literature and observations of NEI cultures suggest nurse educators' experiences may be similar in other regions.

The data collection phase coincided with Level 2 Covid-19 restrictions, which limited in-person visits to some NEIs. Fortunately, participants opted for data collection in their homes, mitigating some logistical challenges. Nevertheless, due to unforeseen complications from the pandemic, the data collection process was protracted beyond the initially anticipated timeframe. Notably, the researcher contracted Covid-19 and suffered from severe illness, significantly impacting the study's allocated time.



Given the specific research design and methodology, the findings are context-dependent and not universally applicable. Therefore, caution should be exercised when generalising these results to other settings or populations.

#### **8.4 CONTRIBUTION OF THE STUDY**

This study is crucial for advancing theory and knowledge in nursing education and related fields by introducing a comprehensive framework. This framework greatly enhances our comprehension of nurse educator bullying by methodically categorising and defining its various aspects, thereby shedding light on its origins and repercussions. The clear and distinct concepts provided by the framework promote conceptual clarity and consistency, aiding in understanding diverse forms of symbolic violence in the context of nursing education.

Moreover, the framework builds on existing theories, establishing a strong theoretical foundation that explains the reasons behind the occurrence of symbolic violence and its impact on both individuals and the educational environment. It offers a systematic approach to researching nurse educator bullying, identifying crucial relationships and potential factors that should be considered in empirical studies. This enhances the overall rigour and quality of future research in this area.

Beyond research, this study offers practical guidance for NEIs and human resource departments. It equips them with the knowledge to identify signs of bullying, implement preventative measures, and effectively respond to harmful incidents, fostering a healthier and more conducive work environment. Additionally, the framework contributes to nurse educators' professional development and training by emphasising the importance of communication skills, conflict resolution, and interpersonal dynamics, ultimately creating a positive and respectful educational atmosphere.

Lastly, this framework carries ethical significance as it established guidelines for researching sensitive topics like symbolic violence. This ensures that studies are conducted ethically and responsibly, prioritising the well-being of participants.

## **8.5 RECOMMENDATIONS**

Recommendations are presented as suggestions for nursing education, nursing practice, nursing research, and the formulation of policies.

### **8.5.1 Recommendations for nursing education**

- NEIs are strongly advised to integrate anti-bullying training modules into the educational curriculum for nursing educators and students. This will enhance awareness of the detrimental effects of bullying and equip all parties with effective strategies to counteract such behaviour.
- The proposed framework necessitates the establishment of robust, confidential reporting mechanisms for bullying incidents. These mechanisms should safeguard the well-being of reporting individuals and facilitate prompt and appropriate action.
- It is imperative to allocate resources and offer support services specifically tailored for individuals affected by bullying. This could include counselling services, peer support groups, and educational materials that guide coping strategies.
- Ongoing monitoring and evaluations of anti-bullying initiatives are crucial for their sustained effectiveness. Feedback from educators and key stakeholders should also be systematically collected and analysed to inform necessary refinements to the programme.
- Furthermore, periodic reviews of the framework's implementation should be conducted to gauge its efficacy in reducing the attrition rate among nurse educators and improving staff retention. These reviews should employ qualitative and quantitative metrics to assess the framework's impact comprehensively.

### **8.5.2 Recommendations for nursing research**

The clinical nursing practice is a fluid, complex and rapidly changing environment. It provides authentic researchable clinical problems, promoting quality, evidence-based clinical nursing education. Thus, the researcher makes the following recommendations:

- A quantitative research study with a similar topic and the same population should be conducted in NEIs globally.
- A study to determine the framework's effectiveness should be conducted, implemented and validated following appropriate research methodologies.
- An evaluation tool should be developed to test the framework globally in clinical practice context.
- An evaluation instrument of bullying should be developed to test the validity and appropriateness of the framework within the South African context.

### **8.5.3 Recommendations for policy making**

The framework has the potential to be integrated into a national training structure. It should be introduced to clinical services, the Chief Nursing Officer, and various government departments and organisations involved in nursing education to ensure they know its significance and the role of supportive policies. To facilitate this, a dedicated consultative meeting can be arranged through the education directorate, which connects the DoH and the National Department of Health within the government sector.

- Collaborate with stakeholders, including nursing educators, students, and professional organisations, to develop comprehensive anti-bullying policies for NEIs.
- Advocate for legal protections and regulations that address nurse educator bullying. Ensure that policies comply with local and national laws.
- Establish mechanisms for monitoring compliance with anti-bullying policies and hold institutions accountable for enforcing them.
- Develop protocols for reporting serious cases of bullying to relevant authorities, such as accrediting bodies or regulatory bodies.

### **8.5.4 Recommendations for nursing practice**

- Integrate anti-bullying guidelines into nursing ethics and professional standards. Promote continuous education and training for nurses to prevent and manage bullying, fostering advocacy for respectful environments.

- Disseminate the framework for managing bullying in clinical nursing education through in-service training, workshops, and consultations with key stakeholders to raise awareness and secure commitment.
- Establish peer support networks and mentorship programmes within nursing settings to help individuals affected by bullying.
- Encourage nursing practice settings to implement evidence-based strategies for addressing workplace bullying, drawing from research in nursing education.
- Present the framework jointly to human resources and the Department of Labour to emphasise the importance of collaboration in addressing workplace bullying.
- Use the framework's recommendations in training and developing staff members in NEIs and other fields.

## **8.6 CONCLUSION**

The widespread and escalating problem of nurse educator bullying within NEIs was a serious concern that required immediate attention. The evidence presented in this thesis emphasised the necessity for proactive actions to address and manage this concern effectively. The global increase in bullying cases, as exemplified in Australia, the United States, Italy, and Europe, along with the disconcerting statistics related to the duration of bullying incidents and inadequate workplace response, underscored a crisis that demanded urgent intervention.

This study aimed to investigate this problem, understand its complexities, and develop and validate a comprehensive framework for managing nurse educator bullying within NEIs. The absence of such frameworks puts the quality of nursing education at risk. By implementing a targeted framework, this research argued that NEIs could substantially improve nurse educators' retention and foster a more positive and productive educational environment.

Education and training initiatives for nurse educators were encouraged to provide them with the necessary skills to proficiently manage and reduce symbolic violence. The adoption of zero-tolerance policies concerning workplace bullying was also advised. The study aimed to shed light on nurse educator bullying, offering a clear

path for managing this critical concern, ultimately contributing to the well-being of educators, the quality of nursing education, and the future of nursing education, research, and policymakers. The research and framework developed in this study presented a potential way for NEIs to combat the insidious threat of bullying and create a more positive, supportive, and nurturing environment where nurse educators can thrive.

## **8.7 RESEARCHER'S THOUGHTS**

Reflexivity is a hallmark of qualitative and phenomenological studies. The researcher thus shares her reflections on this study and its findings.

While developing this study, the researcher underwent significant personal and academic growth by delving into extensive literature. The most challenging aspect was adapting to and comprehending Bourdieu's concepts, which guided the entire study. However, as time passed, it became exciting and encouraging as the researcher began to grasp the philosopher's terminology.

Writing proved to be a demanding task. The researcher found it consistently challenging, resulting in multiple revisions and versions of each chapter before submission to the supervisor. The conceptual chapter was the most extensive and time-consuming writing endeavour, which required consistent effort. With time, the researcher's writing skills and use of academic terminology improved. Although not considered highly accomplished, she recognised her progress in producing work with greater academic merit.

During data collection, the researcher found it inspiring to engage with nurse educators and stakeholders, and she offered them comfort by pausing interviews for debriefing when necessary. However, this experience also required the researcher to understand how such challenges are addressed in real-world settings. Despite debriefing and offering counselling services, many participants expressed emotional responses. They often described the interview as a profound, therapeutic session with a non-judgmental atmosphere.

Most participants shared a strong desire for a safe platform where they could openly discuss their experiences of abuse without any fear of repercussions. In some NEIs, participants were warned against sharing information about ongoing bullying. The researcher visited these NEIs and presented the study to ensure that participants understood its purpose and could voluntarily choose to participate. After the recruitment presentation, the researcher refrained from interacting with staff members to protect participants from potential discrimination. The researcher received phone calls from most staff members interested in participating in the study. They were allowed to select the interview date, time, and location. At this juncture, the researcher took a six-week break after data collection, attending psychotherapy to apply bracketing, especially as she was recovering from post-Covid-19 side effects.

Working through the theoretical framework, the researcher invested numerous hours identifying, describing, refining, adapting, and applying Pierre Bourdieu's concepts within the study's context. Creating the framework was exhilarating, especially when brainstorming and generating innovative ideas beforehand. However, the real moment of awe occurred during the meeting with the graphic designer when the final product was unveiled. The framework featured a teddy bear pattern with interconnected and cohesive concepts perfectly aligned with the objectives and findings, creating a profound impression. It was truly a moment of astonishment for the researcher.

This effort enabled the researcher to approach the study with deeper knowledge and insight. Looking back, the researcher felt relieved, as this study provided an opportunity to make a meaningful impact on nurse educators' lives. The researcher believes she maximised this opportunity through the data collected from participants, unveiling significant results and unique contributions that emphasise the importance of recognising emotional and psychological well-being in the workplace based on nurse educators' lived experiences.

Reflecting on the final output, the framework, the researcher viewed it as a meaningful achievement. This research study reinforced that nurse educators should work in a positive and healthy environment to prevent and manage symbolic violence. To curtail resignations and absenteeism, respect, compassion, and care should be fundamental

values practised in the workplace to support employees' emotional and psychological well-being.

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**ANNEXURE A: ETHICAL CLEARANCE CERTIFICATE FROM RESEARCH  
ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES, UNISA**

UNISA HEALTH STUDIES HIGHER DEGREES ETHICS REVIEW COMMITTEE

Date 12 May 2020

Dear Matilda Tshabalala

**Decision: Ethics Approval from  
12 May 2020 to 12 May 2023**

NHREC Registration # : REC-012714-039

ERC Reference # : HSHDC/979/2020

Name : Matilda Tshabalala

Student # : 33162263

Staff # :

**Researcher(s):** Name Matilda Tshabalala  
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E-mail address [Matildahtshabalala@gmail.com](mailto:Matildahtshabalala@gmail.com), telephone #  
0724345083

**Supervisor (s):** Name Prof JE Maritz  
E-mail address [maritje@unisa.ac.za](mailto:maritje@unisa.ac.za), telephone # 0827888703

**Working title of research:**

**A model for the management of nurse educator bullying in nursing education institutions**

**Qualification:** PhD

Thank you for the application for research ethics clearance by the Unisa Health Studies Higher Degrees Ethics Review Committee for the above mentioned research. Ethics approval is granted for three (3) years.

*The **medium risk application** was **reviewed** by a Sub-committee of URERC on 5 May 2020 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment. The decision will be tabled at the next Committee meeting on 2 June 2020 for ratification.*



Yours sincerely,

Signatures :



Chair of HSREC : Prof JM Mathibe-Neke

**E-mail:** [mathijm@unisa.ac.za](mailto:mathijm@unisa.ac.za)

**Tel:** (012) 429-6443

Executive Dean : Prof K Masemola

**E-mail:** [masemk@unisa.ac.za](mailto:masemk@unisa.ac.za)

**Tel:** (012) 429-6825





## **ANNEXURE B: PERMISSION REQUEST FROM THE DEPARTMENT OF HEALTH, GAUTENG PROVINCE**

Request letter to Department of Health

9 Nassau Street  
Witpoortjie  
Roodepoort  
1734  
28 August 2019

Department of Health  
Head office Bank of Lisbon  
101 Rissik Street  
Johannesburg  
2000  
Dear Sir / Madam

### **PERMISSION TO CONDUCT RESEARCH**

I am currently a postgraduate student at the University of South Africa, studying towards a PhD (Nursing). I hereby request permission to conduct a research study in Gauteng Nursing Education Institutions on the topic:

#### **A MODEL FOR THE MANAGEMENT OF NURSE EDUCATOR BULLYING IN NURSING EDUCATION INSTITUTION**

The study will be conducted under the supervision and guidance of Prof J Maritz at the University of South Africa, Department of Nursing. The purpose of the study is to elicit the experiences of nurse educators based on the findings, develop a model for the management of nurse educator bullying in Nursing Education institutions

The researcher will inform the participants about voluntary participation to the study and the right to withdraw at any stage without being penalised.

The purpose and method of the study will be explained to the participants and their nature of participation before obtaining an informed consent from the participants. Permission to conduct the study will also be obtained from the University of South Africa, Faculty of Health Sciences Higher Degrees and Ethics Committee and participants. To ensure anonymity, the researcher will assign codes to the participants and their institutions instead of using names. For the sake of confidentiality, data will be safely locked away and will be destroyed five years after completion of the study.

To ensure privacy only the research questions will guide data collection and no probing into participant's private life will be done. Consent will also be requested from participants to use a tape recorder for accurate collection of data. The tape recorder will be safely locked in a cupboard with only the researcher accessing it. There is no risk envisaged to participants in this study; instead, a model for the management of nurse educator bullying will be developed for Nursing Education Institutions.

Should clarity be needed on any aspect of the study please contact me using the below contact details.

I trust my request will be considered

Tel (work): 011 983 3005

Cell phone: 072 434 5083

E-mail address: [Matildahtshabala@gmail.com](mailto:Matildahtshabala@gmail.com)

Yours Sincerely,



---

MATILDA TSHABALALA

Researcher

Student Number: 33162263

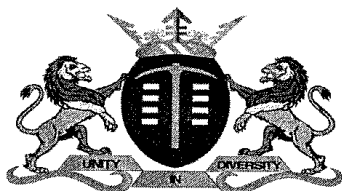
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Prof J Maritz

SUPERVISOR

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**ANNEXURE C: APPROVAL OF RESEARCH FROM THE DEPARTMENT OF HEALTH, OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE**



**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

**OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)**

Researcher's Name (PI)	Ms Matilda Tshabalala
Organization / Institution	University of South Africa
Research Title	A model for the management of nurse educator bullying in nursing education institution
Contact number	072 434 5083
Protocol number	GP202006 007
Sites	Ann Latsky, Bonalesedi, Garankuwa, Rahima Moosa and SG Lourens Nursing Campuses

Your application to conduct the abovementioned research has been reviewed by the Province and permission has been granted.

We request that you submit a report after completion of your study and present your findings to the Gauteng Health Department.

Permission granted

Permission denied

Recommended by

  
**MR LR SERONGWA**

**ACTING DIRECTOR: NURSING COMPLIANCE AND RESEARCH**

**DATE: 15-11-2021**

## **ANNEXURE D: PERMISSION REQUEST TO CONDUCT RESEARCH AT NURSING EDUCATION INSTITUTIONS AL, GAUTENG PROVINCE**

Consent letter to Nursing Education Institutions

19 Villa Della Montagna  
49 Alwyn Avenue  
Bassonia  
2190  
30 June 2021

To whom it may concern/ Campus Head  
Gauteng College of Nursing (GCON)  
Ann Latsky Campus  
37 Plunkett Avenue  
Auckland Park  
Hurst Hill  
2092

### **LETTER OF REQUEST TO CONDUCT STUDY**

I, Matilda Tshabalala, hereby request permission to conduct a study entitled "A model for the management of nurse educator bullying in nursing education institution" in fulfilment of the PhD (Nursing). The study is under the supervision of Prof J Maritz in the Faculty of Health Sciences at the University of South Africa, Department of Nursing.

The purpose of the study is to elicit the experiences of nurse educators and stakeholders (Head of Departments, Deputy Head Campuses and Head Campuses) based on the findings, develop a model for the management of nurse educator bullying in Nursing Education institutions.

The nurse educators and stakeholders will be purposively selected to take part in in-depth individual semi-structured interviews that will take approximately 45 to 60 minutes. The interview will be conducted on the date, time and venue preferred by the participant where there will be no distractions. Participation is purely voluntary. Participants will be informed about their right to withdraw from the study.

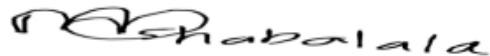
To ensure privacy, the interview session will be directed by the research questions only and no information on the private affairs of the participants will be gathered. Anonymity will be ensured by participants being referred to by codes. Names of

institutions will be replaced by codes. Consent from participants after explanation of the purpose and method of the study will be requested. Permission to conduct the study has been granted from Health Studies Research Ethics Committee, and Department of Health. Permission from participants will be requested after NEI's request is been granted and prior data collection. Information will be kept in locked cupboards for the duration of the study and will be destroyed five years after completion of the study to ensure confidentiality.

There are no envisaged risks by taking part in this study. Instead, benefits will emanate from the description of experiences to develop a model of bullying for nurse educators in Nursing Education Institutions. Should you have any questions for clarity, you may contact the researcher using the contact details provided below.

Thank you in advance

Yours Sincerely,

A handwritten signature in black ink that reads "Tshabalala". The signature is written in a cursive style with a large initial 'T'.

Matilda Tshabalala

Researcher

Student No: 33162263

Tel (work): 011 983 3005

Cell: 072 434 5083

E-mail: [Matildahtshabalala@gmail.com](mailto:Matildahtshabalala@gmail.com)

**ANNEXURE E: APPROVAL FROM NURSING EDUCATION INSTITUTIONS,  
GAUTENG PROVINCE**



Enquiries: Ms. SS Bokaba  
Tel+(27) 011 644 8944 / 079 307 3711  
Email: [Stellah.bokaba@gauteng.gov.za](mailto:Stellah.bokaba@gauteng.gov.za)

Dear Ms. M Tshabalala

Subject: **DATA COLLECTION FOR A RESEARCH STUDY AT ANN LATSKY CAMPUS**

The Researcher's interest in conducting data collection for a research study at Ann Latsky Campus is acknowledged.

The following documents were received:

- The research proposal
- Ethics Committee approval from the University of South Africa (Ethics REC-012724-039)
- Approval from the National Health Research Data Base (NHRD), Protocol No. GP202006007
- Information letter about the research study
- Consent form

Permission is hereby granted to conduct data collection for your study at Ann Latsky Campus. You are requested to contact the Campus Research Committee Chairperson to make arrangements for the information session, on the contact details provided.

The Campus requests that upon completion, to invite you to share the results of your study during the Campus Annual Research Presentation Day, on a date that will be communicated in due course.

Kind regards

Ms. SS Bokaba

Date: 13.12.2021  
Campus Research Committee Chairperson

Ms. PL Mohoaduba  
Ann Latsky Campus Head  
Date: 14.12.2021



Ann Latsky Campus  
Private Bag 40, AUCKLANDPARK, 2006 ☎ (011) 644-8900 📠 086-443-7935



## **ANNEXURE F: PERMISSION REQUEST TO CONDUCT RESEARCH AT NURSING EDUCATION INSTITUTIONS BN, GAUTENG PROVINCE**

Consent letter to Nursing Education Institutions

19 Villa Della Montagna  
49 Alwyn Avenue  
Bassonia  
2190  
1 November 2021

The Deputy/Head Campus  
Bona Lesedi Campus  
R41 Kagiso 2  
Roodepoort  
Krugerdorp

### **LETTER OF REQUEST TO CONDUCT STUDY**

I, Matilda Tshabalala, hereby request permission to conduct a study entitled "A model for the management of nurse educator bullying in nursing education institution" in fulfilment of the PhD (Nursing). The study is under the supervision of Prof J Maritz in the Faculty of Health Sciences at the University of South Africa, Department of Nursing.

The purpose of the study is to elicit the experiences of nurse educators and stakeholders (Head of Departments, Deputy Head Campuses and Head Campuses) based on the findings, develop a model for the management of nurse educator bullying in Nursing Education institutions.

The nurse educators and stakeholders will be purposively selected to take part in in-depth individual semi-structured interviews that will take approximately 45 to 60 minutes. The interview will be conducted on the date, time and venue preferred by the participant where there will be no distractions. Participation is purely voluntary. Participants will be informed about their right to withdraw from the study.

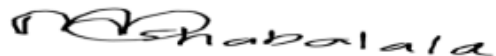
To ensure privacy, the interview session will be directed by the research questions only and no information on the private affairs of the participants will be gathered. Anonymity will be ensured by participants being referred to by codes. Names of institutions will be replaced by codes. Consent from participants after explanation of the purpose and method of the study will be requested. Permission to conduct the

study has been granted from Health Studies Research Ethics Committee, and Department of Health. Permission from participants will be requested after NEI's request is been granted and prior data collection. Information will be kept in locked cupboards for the duration of the study and will be destroyed five years after completion of the study to ensure confidentiality.

There are no envisaged risks by taking part in this study. Instead, benefits will emanate from the description of experiences to develop a model of bullying for nurse educators in Nursing Education Institutions. Should you have any questions for clarity, you may contact the researcher using the contact details provided below.

Thank you in advance

Yours Sincerely,

A handwritten signature in black ink that reads "Mtshabalala". The signature is written in a cursive style with a large, stylized initial 'M'.

Matilda Tshabalala

Researcher

Student No: 33162263

Tel no (work): 012 426 9534

Cell: 072 434 5083

E-mail: [Matildahtshabalala@gmail.com](mailto:Matildahtshabalala@gmail.com) or [mtshabalala@sanc.co.za](mailto:mtshabalala@sanc.co.za)



**ANNEXURE G: APPROVAL FROM NURSING EDUCATION INSTITUTIONS,  
GAUTENG PROVINCE**



**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA



**GAUTENG COLLEGE OF  
NURSING**

Deputy Campus Head's Office  
Enquiries: Ms. MJ Mabala  
Tel: (011) 696 8311/39  
Email: [Jaftalinah.Mabala@gauteng.gov.za](mailto:Jaftalinah.Mabala@gauteng.gov.za)

**TO: TSHABALALA M (MS.)**

**FROM: MABALA MJ (MS.)  
DEPUTY CAMPUS HEAD  
BONALESEDI CAMPUS**

**DATE: 15 DECEMBER 2021**

**SUBJECT: PERMISSION TO COLLECT DATA AT BONALESEDI CAMPUS**

This letter serves to inform you that permission for data collection at Bonalesedi Campus has been granted as all required documents has been submitted. You are further requested to provide the Campus with tentative dates for this activity.

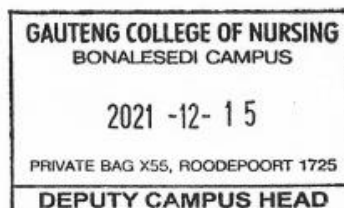
Please note that the Campus will be closing on the 17<sup>th</sup> of December 2021 and re-opening on the 10<sup>th</sup> of January 2022. The academic staff is also working on rotation basis as an arrangement to curb the spread of COVID 19 as from the 6<sup>th</sup> of December 2021 until further notice.

If you have any questions or concerns, please feel free to contact my office at this number:

(011) 696 8339

Yours sincerely

Mabala MJ (Ms.)  
Deputy Campus Head  
Bonalesedi Campus



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GCON: BONALESEDI CAMPUS

## **ANNEXURE H: PERMISSION REQUEST TO CONDUCT RESEARCH AT NURSING EDUCATION INSTITUTIONS GA, GAUTENG PROVINCE**

Consent letter to Nursing Education Institutions

19 Villa Della Montagna  
49 Alwyn Avenue  
Bassonia  
2190  
1 November 2021

Dear Mr Seabelo  
Gauteng College of Nursing (GCON)  
Ga - Rankuwa Campus  
9111 Setlogelo street  
Ga-Rankuwa Unit 2  
Ga-Rankuwa  
0208

### **LETTER OF REQUEST TO CONDUCT STUDY**

I, Matilda Tshabalala, hereby request permission to conduct a study entitled "A model for the management of nurse educator bullying in nursing education institution" in fulfilment of the PhD (Nursing). The study is under the supervision of Prof J Maritz in the Faculty of Health Sciences at the University of South Africa, Department of Nursing.

The purpose of the study is to elicit the experiences of nurse educators and stakeholders (Head of Departments, Deputy Head Campuses and Head Campuses) based on the findings, develop a model for the management of nurse educator bullying in Nursing Education institutions.

The nurse educators and stakeholders will be purposively selected to take part in in-depth individual semi-structured interviews that will take approximately 45 to 60 minutes. The interview will be conducted on the date, time and venue preferred by the participant where there will be no distractions. Participation is purely voluntary. Participants will be informed about their right to withdraw from the study.


To ensure privacy, the interview session will be directed by the research questions only and no information on the private affairs of the participants will be gathered. Anonymity will be ensured by participants being referred to by codes. Names of

institutions will be replaced by codes. Consent from participants after explanation of the purpose and method of the study will be requested. Permission to conduct the study has been granted from Health Studies Research Ethics Committee, and Department of Health. Permission from participants will be requested after NEI's request is been granted and prior data collection. Information will be kept in locked cupboards for the duration of the study and will be destroyed five years after completion of the study to ensure confidentiality.

There are no envisaged risks by taking part in this study. Instead, benefits will emanate from the description of experiences to develop a model of bullying for nurse educators in Nursing Education Institutions. Should you have any questions for clarity, you may contact the researcher using the contact details provided below.

Thank you in advance

Yours Sincerely,

A handwritten signature in black ink that reads "Tshabalala". The signature is written in a cursive, flowing style.

Matilda Tshabalala

Researcher

Student No: 33162263

Tel no (work): 012 426 9534

Cell: 072 434 5083

E-mail: [Matildahtshabalala@gmail.com](mailto:Matildahtshabalala@gmail.com) or [mtshabalala@sanc.co.za](mailto:mtshabalala@sanc.co.za)

**ANNEXURE I: APPROVAL FROM NURSING EDUCATION INSTITUTIONS,  
GAUTENG PROVINCE**



Gauteng College of Nursing  
Ga-Rankuwa Campus  
Private Bag X830  
Pretoria  
0001  
12 November 2021

Enquiries: Shakoane TB (Ms)

Reference:

Email: [Bertha.Shakoane@gauteng.gov.za](mailto:Bertha.Shakoane@gauteng.gov.za)

Matilda Tshabalala  
19 Villa Della Montagna  
49 Alwyn Avenue  
Bassonia  
2190

Madam

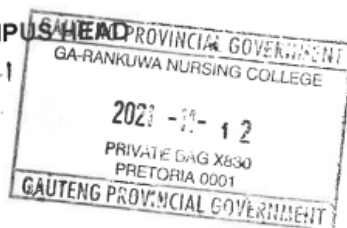
**RE: PERMISSION TO CONDUCT RESEARCH**

This communique serves to inform you that you are given a permission to conduct research at Ga-Rankuwa Campus. The documents which were requested were received. The nurse educators has been informed and the date has been secured. The date proposed is the 19<sup>th</sup> of November 2021.

Your continuous support is highly appreciated.

Regards

*B. Shakoane*  
SHAKOANE TB (Ms)  
ACTING DEPUTY CAMPUS HEAD  
DATE: 12/11/2021



## **ANNEXURE J: PERMISSION REQUEST TO CONDUCT RESEARCH AT NURSING EDUCATION INSTITUTIONS RA, GAUTENG PROVINCE**

Consent letter to Nursing Education Institutions

19 Villa Della Montagna  
49 Alwyn Avenue  
Bassonia  
2190  
30 June 2021

To whom it may concern/The Campus Head  
Rahima Moosa Campus  
Cnr Fuel and Oudtshoorn Street  
Coronationville  
Newclare  
2092

### **LETTER OF REQUEST TO CONDUCT STUDY**

I, Matilda Tshabalala, hereby request permission to conduct a study entitled "A model for the management of nurse educator bullying in nursing education institution" in fulfilment of the PhD (Nursing). The study is under the supervision of Prof J Maritz in the Faculty of Health Sciences at the University of South Africa, Department of Nursing.

The purpose of the study is to elicit the experiences of nurse educators and stakeholders (Head of Departments, Deputy Campus Head and Campus Head) based on the findings, develop a model for the management of nurse educator bullying in Nursing Education institutions.

The nurse educators and stakeholders will be purposively selected to take part in in-depth individual semi-structured interviews that will take approximately 45 to 60 minutes. The interview will be conducted on the date, time and venue preferred by the participant where there will be no distractions. Participation is purely voluntary. Participants will be informed about their right to withdraw from the study.

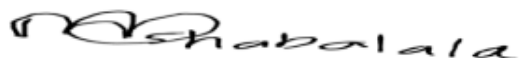
To ensure privacy, the interview session will be directed by the research questions only and no information on the private affairs of the participants will be gathered. Anonymity will be ensured by participants being referred to by codes. Names of institutions will be replaced by codes. Consent from participants after explanation of

the purpose and method of the study will be requested. Permission to conduct the study has been granted from Health Studies Research Ethics Committee, and Department of Health. Permission from participants will be requested after NEI's request is been granted and prior data collection. Information will be kept in locked cupboards for the duration of the study and will be destroyed five years after completion of the study to ensure confidentiality.

There are no envisaged risks by taking part in this study. Instead, benefits will emanate from the description of experiences to develop a model of bullying for nurse educators in Nursing Education Institutions. Should you have any questions for clarity, you may contact the researcher using the contact details provided below.

Thank you in advance

Yours Sincerely,

A handwritten signature in black ink that reads "Tshabalala". The signature is written in a cursive style with a large initial 'T'.

Matilda Tshabalala

Researcher

Student No: 33162263

Tel (work): 011 983 3005

Cell: 072 434 5083

E-mail: Matildahtshabalala@gmail.com

**ANNEXURE K: APPROVAL FROM NURSING EDUCATION INSTITUTIONS,  
GAUTENG PROVINCE**



**RAHIMA MOOSA CAMPUS**

Enquiries: Ms Molekwa PM  
Tel: 011 2473300  
Email: [Persinah.Molekwa@gauteng.gov.za](mailto:Persinah.Molekwa@gauteng.gov.za)

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4 December 2021

**SUBJECT: PERMISSION TO COLLECT DATA AT RAHIMA MOOSA CAMPUS**

**ATTENTION: Ms M Tshabalala**

The office of the Acting Campus Head of Rahima Moosa wish to inform you that permission for data collection at the Campus has been granted as all documents required has been submitted. Further, you are requested to indicate two (2) tentative dated for this activity as the Campus will be closing on the 15 December 2021 and reopening on the 10 January 2022.

N.B Please note that due to high numbers of Covid 19 (Omicron variant in Gauteng Province where Rahima Moosa Campus is located, from the 6 December 2021 until further notice, the campus academic staff are reporting to work on rotation basis.

In case of any clarity seeking question, you can call me on my mobile phone number:

082 604 0261

Yours sincerely

A handwritten signature in black ink, appearing to read "Ms Molekwa PM".

Molekwa PM (Ms)

Acting Campus Head

04/12/2021

Date

## ANNEXURE L: PARTICIPANTS' INVITATION LETTER

### INFORMED CONSENT FORM

I.....have read and understood the information entailed in this letter, requesting my consent to participate in a research project entitled "A model for the management of nurse educator bullying in nursing education institution". I therefore affix my signature as a sign of my willingness to voluntarily participate in the abovementioned study.

Signed at.....on this.....day of.....2021.

Thanking you in anticipation.

Participant's Signature.....

Researcher's Signature.....

Date.....



**ANNEXURE M: CONSENT FOR USE OF AUDIO TAPE-RECORDER FORM**

**CONSENT FOR USE OF AUDIO-TAPE RECORDER FORM**

I ..... understood the information entailed in this letter, requesting my consent for the use of audio tape recorder in a research project entitled “A model for the management of nurse educator bullying in nursing education institution”. I therefore affix my signature as a sign of my agreement to the use of the audiotape recorder in the abovementioned study.

Signed at.....on this.....day of.....2021.

Thanking you in anticipation.

Participant's Signature.....

Researcher's Signature.....

Date.....

**ANNEXURE N: A VERBATIM TRANSCRIPTION OF AN IN-DEPTH  
INDIVIDUAL INTERVIEW**

**INTERVIEW WITH PARTICIPANT 5**

---

R- Researcher

P- Participant

**Bold and bracketed-** Field notes [for example **(Shaking his head)**]

R Good morning, participant.

P Good morning, interviewee [sic].

R How are you?

P I'm fine and how are you?

R I'm good. Firstly, I would like to welcome you on this interview session and, remember, there are no personal questions that will be posed to you, and you have all the rights to stop me during the interview if you feel emotional discomfort and overwhelmed. And in these interviews, or in my study, I'm working together with a professional counsellor, it's a qualified social worker. So, if you are encountering emotional discomfort whereby you need to see a counsellor, I'm going to refer you to this counsellor at no cost, with your permission of course.

P Thank you so much for that reassurance.

R Can we start? The first question is what are your experiences regarding bullying in this nursing education institution?

P What a question. I think this has actually taken me back afar when I initially joined the nursing education institution as a novice (**sounding concerned**). I remember one incident that actually took place, which I suppose there was a person that was delegated to perform a particular task and, in this instance, it was student accompaniment. And this person had actually disregarded accompanying students at a specific area, and it came to the head of department's attention that students were not accompanied then, and it was already the fourth week and student had to move to a new clinical area. And instead of the HOD approaching the person that was delegated to go and accompany student at this specific clinical area, he had to take the side and I was the target (**Clapping hands in disbelief and opening both eyes wide open**), which was me of course because I was still a novice in the profession, and as a result I was expected to go and accompany student at the eleventh hour on their last week of clinical exposure in this specific place (**sounding disappointed and hurt**). And what was disheartening from this whole thing was that I could pick up that there were element of power that were used, both by the HOD using their power because of the position that they were occupying (**shaking voice**)...and this lecturer (**long pause**), because this lecturer has been in the profession as an academia longer than I was, and as a result had more powers to actually pursue and manipulate the HOD to rather delegate me to actually clean after her (**shaking his head**), and I think that was the taste of me having had to experience the bullying. And I know then that a follow-up question would be then: if that is how I saw how things actually transpired, why didn't I voice it out or why didn't I question it (**Frowning and placing emphasis**)? And, at times, especially if you are still a novice in the profession,

there will be elements of fear that, if I become too assertive enough, I will not be inducted appropriately for me to actually gel in with the team so that I become knowledgeable in what I do. And as a result, I just had to be submissive even though I actually felt that was a bullying tactic that was used for me to actually clean up after somebody who had actually failed to perform the duties that were expected of them (**sounded disappointed**). So, just to minimise and to create harmony, I had to just become submissive in such an instance. And it actually went further than that, come to think of it (**closing eyes, thinking about it**).

R Yes, you can tell me more. I'm listening.

P There's actually another instance, other than this one, where again it was an HOD who had decided that they were going to take up my teaching and learning slot without communicating with me directly, and what happened in this instance was that, when I was ready to go to class to deliver content to students, I was actually graced by a different department in the lecture hall whom I had no knowledge of as to why they were present at that time (**Flabbergasted**), and I think I was decent enough to actually come in and to have a seat because then my assumption was that they were just only using the first few minutes just to address the students, without me realising that there was an arrangement that was made in my absence with the HOD (**pouting**), and the session prolonged and I just had to stand up and nicely go up to this specific HOD to ask, sorry, ma'am, are you aware that this is my teaching and learning slot (**Sounding confident**)? But the reaction I got was so negative. It was just so negative because the response was, Mr ..., you are not allowed to disrupt me (**Sounding annoyed with shaking voice**). You can imagine, right in front of

students **(Placing emphasis)**. And students were very much aware that was my teaching and learning slot, but obviously I had to be civil with this person and I just nicely put the mic aside and I said to her are you aware that this is my **(pointing at himself)** teaching and learning slot **(sounding annoyed)**? And in other instances, not only are people using this power, in this instance I felt that the person was not only using their power, but they were also using their race as a privilege because this person that I was having this altercation with was someone who happens to be of a different race than myself. They were Caucasian. And at that instance, I could actually feel this bullying also has some elements of the privilege of race assigned to it. And I nicely said to her this is my teaching and learning slot and, if you are not going to address me professionally like an adult, as an academic, then I will have to request you to actually stop whatever session that you are having with the students because this is my timeslot **(sounding challenged)**. In that instance, that was my second incident that I actually felt that, in the world of academia, especially in nursing public institutions, there are a lot of bullying that actually take place and that people have actually internalised it that, even when you identify and make them aware that they are bullying you, they are finding it so difficult to comprehend it because it has become the order of the day for them to be able to function in normal instances in their lives **(Taking a deep breath, sounding disappointed)**.

R I hear you, participant. Tell me more.

P What more can I say? But obviously I had to show them that I'm an assertive individual and that I comply to policies and protocols of the institutions, and with the second incident I didn't leave it lying down **(Shaking his head)**. All I did

was I called all the participants that were actually involved and requested a mediator. And in such an instance then, I had to just take it up with my union because I felt that, in this instance, people have internalised this negative element of becoming bullies that, even when you try and make them aware that they are bullying you, they are finding it so difficult to comprehend, because it has become part of their normal **(lifting shoulder and pouting)**, everyday activity that they do not find anything wrong with it. And obviously I had to call my shop steward so that we sit and try and see how we can try and unravel this. Even though that platform that was created so that they become a mediatorship and people, both parties, me and the person that I had actually charged against, to be able to become aware that in such an incidence there was an element of bullying. I still realise that, even though they actually asked to be forgiven, that it was just for the purposes of the parties that were actually present at the time. But personally, they firstly could not identify that it was them bullying me and, secondly, that they were bullies themselves and, thirdly, that you cannot acknowledge something that you cannot identify, and as a result, if you cannot acknowledge something that you can't identify, you cannot change it and you will not be able to resolve it in your life. And as a result, you will continuously do it because it's become a daily activity in your life in terms of how you want things to be done, without people making you aware that you are actually a bully and that being a bully in the work environment goes against the basic rules of employment, including the labour law which has been stipulated in South Africa. So, I suppose even though I actually got the forgiveness...or a resolution in black and white in a written form that this person did not actually resolve their behaviour as an individual of being a bully, using both their power

as an HOD in their position and their race as being white, because of that element of feeling that somehow they are privileged and the rest of the other races will have to be submissive from them (**Sounding annoyed and angry**).

R I hear you, participant. Very interesting. I want to summarise what you've said, provided you still have...or you don't have more to say? But I didn't want to interrupt or summarise.... I want you to give me all those experiences, then I'll do my summary and get the clarity of some of the points that you've highlighted, if that is okay with you. So, you can continue telling me, ventilating as much as you can, regarding your experiences.

P It's fine. You can summarise so that, as you're summarising, more things actually come in terms of other instances that I've had.

R Alright. With the first question that is what are your experiences regarding bullying, you've indicated that, as you were a novice nurse educator, at some point you were disregarded, for example it was an incident at the clinical area whereby an allocated person who was supposed to accompany student [sic] didn't accompany student [sic], then eleventh hour or last minute you were forced or coerced to accompany those student [sic] and you didn't have much to say about that. Am I right?

P That's correct. Fully paraphrased and summarised well.

R Thank you. And then you indicated that you felt disheartened, and you felt that there was element of power that was displayed by the HOD and that particular lecturer who was supposed to accompany those students. And you indicated that you had fear because you were a novice nurse educator, therefore if you

are going to be assertive you might not be inducted fully or you might not be correctly inducted as expected, therefore you had to be submissive.

P Correct.

R Am I correct? Then coming to the second incident, it was with the HOD. The HOD who made an agreement with another department, and they agreed to utilise your teaching and learning slot without your permission or without making you aware of such. So, an arrangement was done, your slot was interrupted. This particular lecturer came in and continued with student [sic] even though you were in class. Then at some point, you decided to confront the very same lecturer and try to make her aware that this is your slot and she didn't approach or he didn't approach you well, and you thought it has to do with race and bullying, with race, they have something to do with each other. And her response was unpleasant to you and you had to put your foot down to say this is your slot and she doesn't have the right to talk to you that way. Therefore, you took it upon...to your HOD and try to make her aware if she is aware of such an arrangement, and apparently you were excluded and the lesson went on and you were ignored. Within. Therefore, you felt that you were bullied and race applied in this instance. Am I correct to put it that way?

P Correct. Well-articulated, I must say.

R Thank you. The last incident, which is the third incident, you said this time you had to be assertive between you and the bully. Therefore, you decided to involve a third party, that was a shop steward or your union, and you had a seating where you called a union as your mediator because you felt that this is getting out of place, you were just enough. And you had a meeting together



with the bully and she apologised but you just felt that that was not enough. Even though it was written in black and white, you felt that the person transgressed what is in the basic Employment Regulation.

P Correct.

R You were not happy with that.

P Correct.

R So, I just need some clarity, participant. If I'm taking you back to your first incident, when you said you were a target and you were disregarded, what do you mean by that?

P I felt that I was a target and that I was disregarded because, like I had said, I was a novice in the profession and the HOD, instead of using her management skills appropriately (**taking a deep breath...**), redirected something that was ought to have been made with the relevant person, but instead used me as a target. And the reason why I'm saying me as a target, it was because they knew that I was still a novice and that probably will be some form of being submissive and tolerant that will be obtained from me and that I would actually comply with the delegated task instead of questioning as to who was the initial person that was supposed to have taken up the task (**sounding emotional and hurt**).

R Well explained. It makes sense. Now, participant, tell me about this correct application of management skill. According to your understanding, how was she supposed to handle it, or which skill was the HOD supposed to apply that will say probably it is relevant and will be maybe more comfortable because you were new in this particular instance?

P I think there would be both democratic and autocratic management skills that the manager or the HOD was supposed to have implemented (**sounded serious and confident**). Democratic in what sense? In the sense that, if she actually felt that the person that was delegated for the task had too much at hand, the best that could have happened in such an instance would be that, if I was the alternative person to actually take up the task, that the three of us would actually have to sit down democratically so that I be given the opportunity whether to agree with the task or to disagree with taking over the delegation. And autocratically in what instance? Autocratic management skill in the instance that the manager or the HOD at such an instance was supposed to put their foot down and to make the person that was delegated for the task be aware that they were given a delegation which they never fulfilled and that there should actually be consequence for them for not taking up the task and that, right there and there, the HOD should actually make a decision whether to reprimand the person on failure to perform a task and request the person, if I were to agree, to take over the task I was suppose to be inducted appropriately so that, should I decide to take that decision of agreeing with the task, that I know what therefore would be expected of me when I accompany the students (**placing emphasis**). Because, after all, we need to provide quality education towards our learners as we are training them to also become professionals. So, there was an element of mismanagement from the HOD because you do not send someone who's a novice, whose skills you have not even questions that do they know what therefore would be expected of them when they accompany students in such an instance? The only thing they had in hand from their HOD position was that they just wanted to manage this situation that actually took

place using a catch-up plan which was not even appropriately thought of, before sending me to go and accompany the students (**frowning and sounding annoyed**).

R What do you mean by a catch-up plan?

P A catch-up plan in an instance that students...normally lecturers are expected to accompany students at least once or twice a week, if possible, during their clinical placement when they do their clinical exposure or what we previously used to call practical skills. And now that...because that time had been completely missed by the lecturer who was supposed to have accompanied student right up to the fourth week where students were supposed to be finalising their clinical practical in that area, that now I needed to be roped in so that I try and cap the missed-up time by the lecturer to have accompanied students right from week one up to week four. Hence I am calling it a catch-up programme where students will have to be caught [sic] up on how to be guided through during their practical stay in the clinical area.

R It makes sense. Thank you very much. And now, participant, you said you were disheartened and there were elements of power. I want you to tell me more about your feelings this time. How did that make you feel when you saw that you were disregarded as a novice nurse educator in this instance and whereby the HOD didn't stand firm and apply the correct management skill? Tell me about your feelings.

P I think the first feeling that actually came to mind was the feeling of disappointment. Disappointment in what? In an instance that we are all professionals, we were all qualified to be where we are at the present moment,

but professionalism was not implemented appropriately **(grimacing)**. I somehow also felt hurt because I felt that in this instance, I was just an invisible participant and that my existence was meaningless to them in terms of me using my skills, my thinking capabilities, my feelings at hand in terms of, if such a decision were to be made in the absence of this individual, how this individual would have felt. I felt all of that was just being disregarded **(looking sad)**. At some instance I felt like I actually made a wrong decision by coming into academia if this is how academics treats one another without being human **(Shaking his head and sounding annoyed)**. Because I felt that people were just operating as though they were matter, they were like robots, they did not operate with feelings, it is just work and work that needs to be done and feelings are to be disregarded, and that how people feel about how decisions are made and why decisions are made was irrelevant. So, I felt that it was even pointless for me to actually have some form of acknowledging how I felt because I know that my feelings would just be disregarded because people here are operating like they are just robots **(nodding his head, sounding sad with regret)**. They are just robots. They are just being sent from pillar to post without questioning things, without taking some time to say how do you feel? How are you feeling? Is the environment conducive enough for you? Do you feel that you have made an appropriate decision by joining the world of academia? Do you feel that your emotions and your feelings are being taken into consideration **(sounding negative and frustrated)**? Because, remember, when you feel disheartened, the mind has been designed in a way that somehow, if you are an unhappy person or if you have instances of not feeling happy inside, you have a way of projecting over those negative feeling over to other people, unintentionally,

unconsciously, unaware that you are doing it. But hence I'm saying people are just...one thing that I've picked up in the world of academia is that we operate as robots. People's feelings are not being catered for. we are not being treated as human beings. You can work long ungodly hours without someone showing some form of appreciation. Instead, they would make you feel that it is a given **(looking sad with teary eyes)**. That is what is expected of you even though the hours of work might actually extend beyond the eight hours that the basic rules of employment and the labour laws have stipulated in our policies that governs us as a country, because all of us have to comply to those laws.

R Participant, you've explained it thoroughly. There were terms like robot that I wanted you to clarify but, at your closing statement, you unpacked that, that people are not treated like people, you are expected to work long hours, and it looks like when you work as an academic it looks like a privilege or it looks like they've done you a favour, therefore your feelings are not regarded, you are not acknowledged at all. There isn't anyone who will ask you about the environment and this transition, if you're coping or not. So, I think you explained that in details, the robot story. So, I'm not going to ask you about that. Now, you indicated another term of power. You said power was used during bullying. Now, I want us to talk about that term power. Tell me more about it? How does power or bullying work together, or how did you bring it in, or your experiences regarding bullying? How does power come in there?

P One thing that I've actually observed in the world of academia is that there are different levels at which power can be used as an element of bullying. One, it could be the number of years a person would have spent in academia and therefore they feel that people possess more appropriate academic skills that

you as a novice, and as a result they will use that element of power over the years of experience in bullying a person who's actually a novice (**nodding and pouting**). Because remember, when you're still a novice, you still want to find your way around in academia and you still need to be inducted and to become part of the team. And in the beginning, you might take it as part of the induction programme but, as you immerse yourself and your eyes become fully opened and that you become well-orientated with the world of academia, that's only then that you'll begin to realise that other instances there were bullying tactics that were used in terms of using the number of years of experience by an individual over you (**thinking**). For instance. A person may actually be assigned more duties, even though you are in the same level, the difference being that you are still a novice in the profession and they have more experience in the profession, in terms of academia, when I say profession, and that they will assign more duties towards you and they will have less duties for them (**emphasising**). But because, when you are still a novice, you become unaware of such instances, and you actually assume that that is part of you being inducted. And as you become well-orientated in the world of academia, that's only when you actually realise that these people were actually using you instead of inducting you so that you become well-orientated in the world of academia. So, that is one instance in terms of power, when someone uses their level of experience in bullying you. And another instance, like I had indicated before, it would be position. People may use their position in bullying you by asking you to take up even more work or by delegating you unfairly on other things. An example would be, for instance, when an HOD would actually assign you tasks that are meant to be the responsibilities of an HOD simply because they want

to exercise their power and that you need to be able to share some of their responsibility with them (**nodding head with a sigh of disbelief**), which ought to have been done and are delegated to them. And as a result, they would use their position in giving you these tasks so that you complete them on their behalf. So, to me, that is also another element of bullying because why am I not being made aware, firstly, that these tasks are your responsibility as an HOD, firstly, and that, secondly, maybe your work could be too overwhelming, that I would actually request you to also participate in taking over my tasks, or it could be that the HOD is also trying to mentor you for future endeavours of becoming an HOD. But if in such an instance it should be deliberate, the HOD should make you aware, they should state it clearly that it is their responsibility, it is their task, and they should explain the purpose as to why they would actually request assistance from you so that you also become aware and you will also be put in a position where you are allowed to say you want to take up the task or not (**frowning and stressing a point**), instead of being given that task and you shall do and I will take over that task at an expected time when you have completed the task. That is some form of bullying as well, when the HOD or when people use their power in taking over their task to be done by somebody else without showing the purpose and the aim as to why they are doing it to you and without being given the option whether do you agree or do you disagree with the task?

R Participant, I hear you, and thank you for the detailed information that you are giving me. And you stated that there are three elements. So far you've mentioned two of them under power, those elements. You said one it's the years of experience, people can exercise bullying using their years of

experience, and another one you said is position, a person can use her position as an exercise of bullying. What is the third element?

P The third element is also personality. In my working experience, I've actually realised that we all operate at different levels in terms of our personalities when someone fails to demarcate their professional position from their personal position in life. Yes, at home you might be the type of parent that is strict towards to their kids, a type of parent that will not give your children the leverage of having democratic decision that you are the parent, you will make the decisions, you will make the final say. But when that type of social identity is being transitioned and taken over into the working space, that also becomes some form of bullying, when somebody uses a different personality which is supposed to be a parent in the work environment (**pouting and sounding annoyed**), including using their age. Ageism is also another element that is being used as a form of bullying. That's why, personally, I'm against addressing people such as Ma or Sister when you are at work because I feel that when we are at work we need to be able to address one another professionally by using gender pronouns and professional pronouns (**placing emphasis**). Either you are Dr So-and-so, you are Miss So-and-so, you are Mr So-and-so, irrespective of the age, which should stay at home the minute you close your door at home and you go into the work environment. I think that is also another element, which is ageism, which is being used to enforce bullyism at work.

R Interesting. Thank you very much. Let me paraphrase what you've said. The elements. Remember, we were still talking about the incident whereby the manager applied bullying inappropriately, and that led us...you explaining the elements of bullying, for example, the power part of it, power versus bullying.



So, you indicated that, with power, due to the years of experience, somebody can bully the other one; due to the position, somebody can bully the next person, like for an example HOD or a senior lecturer can bully a junior or can bully subordinates due to the position. You also indicated the personality. You said other people display their personalities. For example, if somebody is a strict parent at home, they apply the very same method being a strict parent even at work and forgetting that at the workplace you are not dealing with your family or your children but you are dealing with colleagues and staff members that are reporting to you, or you are dealing with people who have to report to you instead of your family members. Therefore, you also indicated that you do not prefer to call people sister and brother but you rather call Mr or Miss or Dr according to their credentials. And you also indicated that, due to age, age can also be another element when it comes to bullying because, when somebody is older, they use that element to bully the next person because of they are older than you. Am I correct to put it that way?

P Correct. Well-articulated.

R Thank you very much, participant. And then another clarity that I would like you to indicate to me, you said you reacted negatively or you nearly reacted negatively on that incident when it was your teaching and learning slot whereby the other lecturer was busy, yet it was not organised with you it was via the HOD. Now, please unpack the negative reaction part of it. What do you mean by that negative reaction? Please unpack it for me.

P I said negatively because the response that I got from this individual was not a response that I would expect from someone who holds such a position and a

position of being an HOD (**sounding surprised and disappointed**). It lacked a lot of emotional intelligence at that instance because the person failed to even listen to what I wanted them to hear and to be able to understand. And because we are all human beings, when somebody reacts in a manner that does not go well with you, the feedback mechanism you will give them is the same reaction that they are giving towards you. So, the negative response that I want to indicate here was that I was on the verge of showing how angry I was at that instance by even the tone of my voice (**emphasising and shaking his head**). But then I had to realise that there were students that were present and that we were both professionals and that, if I were to react in that manner where the tone of my voice would be raised, it will leave a sour taste both to myself and to her, and, more than any other thing, towards the students that we are also trying to groom professionally. So, I didn't want our students to be exposed to what I would regard as the human element of people becoming angry because we also emphasise, especially when we speak of the management skills that, as professionals, we also have to uphold and we also have to be cautiously aware of our emotional intelligence so that we are able to contain ourselves, even in such instances where we have to react as human beings. Because as human beings we are formed by emotions, we are formed by how we react, whether if an instance warrants us to be happy, we need to be happy, or where an instance warrants us to actually become angry we need to become angry (**talking with hands**). But because we are governed by the work ethics and the Code of Conduct that we need to behave in a particular manner, I had to try and hold myself back so that I do not raise my voice in a manner that it will be easily identifiable that I am becoming agitated and angry at that instance.

R I hear you. Now, if this HOD was to applying emotional intelligence, according to your understanding, what was she supposed to do for you to say she definitely applied her emotional intelligence in this incident?

P The first thing that the HOD should have done was that, when I entered the auditorium, that was supposed to be a wake-up call for them to say here is a colleague in my presence, let me rather pause my session and give my attention to them (**sounding serious**). Because there should...or there is a good reason why they decided to grace me with their presence by being in that auditorium (**giggling sarcastically**), which they failed to do. They allowed me to sit without questioning why I was there the whole time, without acknowledging my presence as a colleague. So, in summary, this is how they should have approached the whole incidence. As I entered the lecture hall (**raising his voice, using hands while explaining**), the class should have been temporarily paused and attention given to me to acknowledge my presence as a professional dealing with another professional. Thirdly, listen to why I was there to begin with. Then, fourthly, maybe we should have gone outside and allowed the students to be there so that they find out as to why I was there and where the miscommunication could have been and how this situation could be best resolved so that the both of us leave satisfied with the whole arrangement that I assume the both of us were not aware of how it actually took place instead of her reacting in the manner that they did right there and there by disregarding the presence of students.

R I hear you, participant. This time you were explaining the negative reaction that the HOD displayed when you wanted to understand or wanted them at least to be aware that you are around because it's your time for teaching and learning.

So, you indicated that the HOD didn't display the emotional intelligence in handling the whole situation and you felt that, for this emotional intelligence to be applied, at least they could have paused the class and maybe called you outside and listened to you and try to iron out this miscommunication that because you are here and they are also here, maybe apologise or give an explanation rather than disregarding you in front of student [sic] or react in the way she reacted in front of students. So, you felt that at least if you had a private conversation with them and understanding their purpose and understanding each other, finding a common ground for both parties to have a common understanding regarding your presence and their presence and the importance of doing that, at least they could have handled it much better. That is how you explained it. Am I right to put it that way?

P Correct.

R Now, participant, most of the points you explained them, and even the incident where you called your shop steward as a mediator, you unpacked it. I don't need any clarity when it comes to there. And now I want you to tell me, according to your experience, if you are to identify a bully, can you describe or give an identity of a bully, according to you, based on the experiences that you've just explained to me?

P For me, how I would identify a bully is someone who is egotistic, by egotistic I mean that they disregard other people's presence, other people's feelings and their feelings, their decisions, their suggestion should be the ones that go **(closing eyes and blinking and lot)**. The manner in which they carry themselves has some element of arrogance instead of confidence **(pouting)**.

They feel that their word goes, they always have to make the final say, and that their suggestions, their decisions is always the best, and that they are better than others, that they need to be listened to more than any other people and that they are more [sic] smarter than others, they can think better than other people, and that their decision is the best decision ever, and no-one can supersede the decision or their idea or whatever they have in their mind better than themselves **(clapping both hands with a sound of disbelief)**.

R You are saying, according to you, if you are to describe an identity of a bully, it is somebody who's egoistic, meaning this person disregard [sic] other people, other people's presence, they disregard other people's feelings, and they disregard other people's decisions and suggestions. Actually, their decisions and suggestions are final. And you see these people as people who are arrogant instead of being confident and their word is final.

P Absolutely.

R And you say they see themselves as better than others and they always want to be listened to instead of them listening to other people. They think they are smarter than other people, therefore above any other thing their thinking is better than any other person, and always and forever their decision is final.

P Absolutely. Well-articulated.

R Thank you. And then one other thing. I want you to tell me, what is the status quo of bullying in this nursing education institution, or what is the situation presently regarding bullying? How is it handled or what is the status quo when it comes to bullying in this college or in this nursing education institution?

P Is there really any status quo **(flabbergasted)**? I don't think there is really a status quo because people have internalised being bullied, that they think it's the order of the day, or that that is how the NEIs operate in normal instances **(sounding sad)**. So, in a nutshell, there is really no status quo, there is really nothing that is being done with the bullying. People have fear of being victimised if they address such instances. People have lied dormant, they have sat there in their corners without voicing out even if they feel bullied because they think that is the order of the day and that is how NEIs operate, and as a result that nothing is going to be done about it, irrespective of the basic rules of employment that clearly stipulates such instances such as harassment and bullying that needs to be dealt with **(sounding troubled)**. The labour laws have been disregarded; the Code of Conduct has been disregarded. People are not being given the platforms to identify such so that people become aware when they are bullied that they need to deal with the bullying element so as to make the academic environment in public nursing institution as a conducive environment so that everybody operates democratically, like we do in this country, where people are given basic rights **(shaking his head and frowning)**. So, the status quo is really non-existent. And I think the reason why I'm saying it is non-existent, it is because even from the basic training of our nursing cadre, that element is being infiltrated in them. In our academic institutions, we have instilled that element of fear towards our learners that we do not actually give them room to become assertive enough so that they are able to identify when they are being bullied also by lecturers and, as a result, because it is an internalised phenomenon, they take it over with...even when they graduate and they become professionals, that even in other spaces in our

profession, whether be it in the clinical setting or be it in the world of academia, people do not actually become aware that such incidents are incidents of bullying **(exclaiming and taking a long deep breath)**.

R I hear you, participant. You say when it comes to status quo, there is no status quo in this nursing education institution. Why? Because people has [sic] viewed bullying as the norm, they've normalised bullying, therefore they do not see a point of reporting it or, those who can identify it, they lie dormant, probably have fear of being victimised, and they have fear of voicing out their feelings or how they are being treated in this particular nursing education institution. Therefore, the Code of Conduct, the labour laws, they are being disregarded. Or some of the people, they are not even being aware that they are being bullied. So, there isn't [sic] no platform that is given to nurse educators or students that they can use to say this is a platform where we voice out about bullying, or we discuss about bullying. There isn't such a platform. Starting from the ground root, we're training, it is happening. So, at the end of the day, students are being trained as nurses with no platform of being assertive to be able to vent or to be able to articulate things like bullying. There is no platform for them, up until they even graduate and dominate the work environment. So, they've never had a chance or a platform to say this is how we deal with it, this is how we talk about it, this is how we can work it through. There isn't [sic] no space for bullying to be discussed. Am I correct to put it that way?

P Correct. Well-summarised.

R Now, coming to management of bullying, what do you think should be done for us to curb all this or to manage the very same problem where there is no

platform, where people are using positions, where people are using age, people are using their work experience to bully? Novice lecturers are being disregarded, feelings are being disregarded, there isn't anybody who has a platform or a chance to have that ear to listen. What do you think should be done or what management skill can be applied for us to be able to manage this bullying, according to your experience?

P I think the two relevant bodies in our public nursing education institution is that the Counselling and Skills Development Department and the Labour Department should come together and create a platform where the term itself bullying is explained on continuous basis and, using the labour laws in terms of your basic rules of employment and your labour law and your Code of Conduct, that both parties should have, on frequent basis, session where bullying in the workplace **(talking using hands and emphasising his point)**...like in schools, it is mandatory that it's being done so that learners are aware when there is a bully at the school, the same principle should actually be applied in work environments where platforms are created in terms of the defining of the term and the characteristics of a bully in the workplace and the policies and the protocols that have been put in place on how to manage such incidence when it's taking place. If it is done on a continuous basis, therefore we will make people aware on how to identify a bully and that there are systems in place in terms of laws that are put in place on how to deal with a bully. And I think as well, another thing that also needs to happen is that it is vitally important in a work environment that teambuilding should be a norm. Because in teambuilding, we are able to create cohesiveness amongst staff members in an institution, and part of that is getting orientated to one another in terms of who



we are as people and how we can work harmoniously as a group (**sounding informed**). And once that happens, therefore it gives individuals the opportunity to be fearless of one another and to be able to identify both positive and negative elements from staff members. And if further management has to be done where negative elements are identified which do not go in line with the policies and the Code of Conduct at work, then that could be dealt with. So, meaning that, in summary, the Skills Development Department together with the Labour Department needs to have frequent workshop on what a bully is, the characteristics of a bully, and the systems that are put in place in terms of the Labour Laws, such as basic rules of employment, Code of Conduct, and labour law at work if one identifies individuals with bullying tendencies and how that could be dealt with. And fourthly, we also need to have teambuilding instances where we create cohesiveness of staff members so that we become free with one another without elements of fear, because once we are free with one another then we are able to give constructive criticism which entails both negative and positive elements. And if negative elements were to be identified, then we know how to deal with it appropriately if it is not in line with the policies and the Code of Conducts that are at hand (**seemingly pleased**).

R Participant, I hear you. And I would like to summarise the management that you've given me regarding bullying. First of all, you indicated that, in managing bullying, there should be bodies...actually, there are bodies in nursing that are available, for example Counselling Skills and Labour, and you said the two departments, the Counselling and Skills Department and Labour Department, they should work together and create a platform and be able to continuously explain or give a platform regarding bullying whereby definition of bullying will

be discussed in that platform, characteristics of bullying will be discussed, policies regarding bullying will be discussed, protocols regarding bullying should also be discussed, how bullying should be managed and also be discussed, awareness of bullying should also be discussed or it should be displayed whereby everybody can access that, and there should also be teambuilding that should happen within the institution. And you said, with teambuilding, they should create cohesiveness. So, with cohesiveness, you said cohesiveness...people will be orientated to each other, which means people will be knowing each other there, and when you know each other you orientate each other around the nursing education institution so that there should be harmony when you work. And where there is harmony, people are fearless, people can be able to stand up their grounds, and people can be able to voice out their discomfort or their unhappiness. And if people are fearless, they can identify the negative and the positive things that are happening, or negative or positive elements that are happening (**emphasis**). With the negative elements, after they've been identified, because there are systems that are applied within the nursing education institution, then they can be worked out and they can ... apply the very same regulations or acts based on the negative elements identified. Am I correct to paraphrase it like that?

P Very correct.

R Now, based on what you've explained, now it takes us to the second part of the question of this interview. Remember, the topic is a framework development. I am developing a framework for management of nurse educator bullying. So, based on what you've explained, what do you think this framework should consist of so that we can be able to manage bullying? And you are allowed to

repeat some of the points that you've mentioned somewhere that you feel that they can form part of that framework that needs to be developed. You are allowed to repeat some of the answers. Now let's talk about this framework. What should it consist of?

- P I think this framework should consist of, firstly, your wellness department because why wellness? If your environment is not conducive, it will affect you emotionally and, once you become emotionally distressed, that will manifest itself physically, and as a result will make you physically sick **(looks confident and informed)**. So, that's why the wellness department should be there as part of a framework. Secondly, there should be appropriate utilisation of Skills and Development Department because what I've identify is that our Skills and Development Department in a public nursing academia only focusses on students and disregard staff personnel. So, we need to revamp that department so that we broaden its function and its mandate to say your cadre is not only towards students but also is inclusive of staff members **(nodding the head in agreement with this point)**. Thirdly, it will be your Labour Department so that people are aware of the policies and the labour laws that governs them in the working environment. Fourthly, it should actually be your managers. Managers needs to revisit their management skills so that they are able to manage appropriately, effectively, and to be able to create conducive environment for themselves, firstly, then if their environment is conducive then it can be transferred over to their subordinates, which will be your lecturers. Then once that has been established, then it will be your lecturers, which is academic staff. Then that needs to be transferred over to non-academic staff because, as an institution, we need to work collectively, both the non-academic

staff and the academic staff, so that we serve the sole purpose, which is our customer which is the student. So, that is how I am seeing this framework, if it will work in trying to identify bullying in the work environment.

R Now, in summary, you say this framework should consist of wellness department. So, with this wellness department, to identify the negative emotions and identifying these negative elements or negative emotions will assist in working on this negativism that will prevent or that will make sure that the environment becomes conducive because once a place has a lot of negativism it results to people being negative, leading to sicknesses, leading to resentment, and leading to a very toxic environment. So, with wellness, once they identify the negative elements, they work on them so that the environment becomes positive and work can be done in a positive environment whereby everybody will be productive. Am I right to put it that way?

P Correct.

R Thank you said the second thing that should be within the framework, there should be appropriate utilisation of Skills and Development Department. What you've identified is that, in those [sic] Skills and Development Department, they cater for students instead of personnel or other staff members, including the non-academic, therefore they need to broaden their scale, their function, and their mandate, and accommodate their academics and non-academic so that it shouldn't only be for student but also for all the staff members within the nursing education institution.

P Correct.

R And now, participant, if I may ask, how do you think utilisation of skills and development will assist with bullying? How is bullying and...these two departments come together? How will we manage bullying if the two come together?

P Bullying can be managed in such an instance from the Skills and Development and Counselling and Development Department. How? By creating awareness of what is bullying, and once awareness has been created on what bullying is all about, the Labour Department needs to come into the picture by indicating the laws and the policies that govern us in the workplace so that we don't fall out of those laws and the policies which have been put in place in the work environment, so that there is a clear demarcation between the work environment and the non-working environment. So, that's how these two would actually work together in trying to curb the elements of bullying in the workplace.

R Perfect. Thank you for that clarity. And then the third point that should be added within the framework, you said Labour Department, and with Labour Department, you said this one specifically, it will be awareness, strictly when it comes to the regulation. Probably the policies, the labour laws, people should know what does [sic] those regulations and the policies and the laws entails, and probably it should also be available and visible because, with awareness, people should be aware of what is happening with those documents, those policies. So, this will be managed by labour department. Am I correct to put it that way?

P That was so correct.

R Thank you. And then you said another element that should be added is the managers. Managers should be within this framework. Why? Because managements skills needs to be revisited. Managers should be able to apply their appropriate and the effective management skills.

P Correct.

R Please clarify the appropriateness and the effectiveness of management skills. What do you mean? Or you can even give examples regarding the efficiency and the effectiveness.

P By that, I am trying to say that, when managers are making decisions, those decisions should be objective decisions which are not influenced by either the type of relationship that they might have with the subordinates, or some form of favouritism. So, I know we are human. At some point in our lives is that when we occupy positions, at first we tend to use the theoretic knowledge that we have been skilled on when occupying and utilising such functions and managers. But then over time we tend to forget our functions as managers and we tend to be subjective when making decisions because of the relationships that we have formed with our subordinates. So, that's what I mean. An example therefore would be probably in an instance where we were both colleagues as lecturers and we have some form of friendship that we have formulated over time, and once one of us moves a level up by becoming a manager, we always tend to forget to differentiate friendship over professional decisions that we have to use based on the positions that we are in, and as a result sometimes we tend to make subjective decisions based on the relationship that we have

on others as to opposed to making objective decisions that are influenced by the problem at hand that needs to be resolved.

R Participant, I hear you. And thank you for clarifying this. So, you've explained the effectiveness and the efficiency of management skills, that managers need to have objective decisions that are not influenced by relationships or that are not influenced by the closeness or whatever relationship that is happening between the manager and the staff members or the colleagues. And you said, within the very same framework, from the managers, once they have worked on their environment, once their management skills and their environment is conducive, then it can flow to the academic staff, to the non-academic staff, then eventually the whole nursing education institution it has that positiveness or that positivity based on all these department: wellness, skills development, counselling, labour, and all other people that are within the nursing education. Then, at the end of the day, we have a positive working environment and bullying might not happen in those type of environment [sic]. Am I correct to summarise this framework like this?

P Correct. That's so correct. Well-summarised.

R Do you still want to add more information when it comes to the framework or you think that the information that you've given me for both the question [sic], question one and question two, you are done and you're happy? From my side I am happy and satisfied that you explained things in details, you gave examples, and it is clear what are your experiences and what this framework should consist of. Clear, straight to the point.

P I think that's just about it, ja.

R That is it. Participant, I will like to thank you and I humbly appreciate this time. I am aware we are only left with two minutes before the recording's going to cut itself. Thank you very much and may God bless you. And I will still come back and verify these points. I'll summarise everybody and the points and come and say here are the experiences of people and here is the framework. Before I finalise everything, I will still come to you for verification, if that is okay with you.

P That is fine. And my last words from me is that all the best on your future endeavours and hopefully very soon we'll be addressing you as Dr Tshabalala.

R Yes, definitely. Indeed. Your inputs are massive, and thank you, thank you very, very much. And all the best. And I'm going to send you the number of the counselor, or you will send me a message if definitely you need her services, and it is of no cost. So, please tell me, what do you prefer? And then we will communicate via WhatsApp. I will even send you those numbers, then you can consult her and you get the services of counselling and debriefing free of charge with no problems. And, once more, thank you very much. I highly appreciate, and apologies for all these disturbances that were happening.

P No problem. Thank you so much and enjoy the rest of your then.

R Thank you. And stay blessed and stay safe. Thank you, participant.

P Bye-bye.

R Bye.

**--- END OF AUDIO ---**



**ANNEXURE O: CO-CODER'S LETTER AND CONFIDENTIALITY  
AGREEMENT**

# DATA CODING SERVICES

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**Independent Coder: Professor A Makhene**

(PhD Nursing Education, MCur, BCur (Ed et Adm))

**Date: 05 October 2023**

**Subject: Qualitative Data Coding**

**RE: Matilda Tshabalala Qualitative Data Coding**

This is to confirm that I Agnes Makhene coded the qualitative data collected by Ms M Tshabalala for her doctoral thesis.

*Agnes Makhene*

## CONFIDENTIALITY AGREEMENT

The agreement dated 01 June 2022, between Agnes Makhene (co-coder) and Matilda Tshabalala (UNISA student 33162263).

Whereas, Agnes Makhene(co-coder) and Matilda Tshabalala, for their mutual benefit and pursuant to a working relationship which has been or may be established, anticipate that **Matilda Tshabalala** may disclose or deliver to a working relationship which has been or may be established, anticipate that **Matilda Tshabalala** may disclose or deliver to Recipient documents, information, drawings, data, sketches, processes, software, and other materials, both written and oral, of a secret, confidential or proprietary nature, including without limitation any and all information relating to research, and any supportive or incidental subsystems, and any and all subject matter claimed in or disclosed by **Matilda Tshabalala**, in any jurisdiction, and any amendments or supplements thereto (collectively, "Proprietary Information"); and

WHEREAS, **Matilda Tshabalala** desires to assure that the confidentiality of any Proprietary Information is maintained;

NOW, THEREFORE, in consideration of the foregoing premises, and the mutual covenants contained herein, **Matilda Tshabalala** and Recipient hereby agree as follows:

1. For the period of data analysis up and until the final outcome of the research thesis (results from UNISA) has been received by Matilda Tshabalala, Recipient shall hold in trust and confidence, and not disclose to others or use for Recipient's own benefit or for the benefit of another, any Proprietary Information which is disclosed to Recipient by at any time between the date hereof and twelve (12) months after results of the research. Recipient shall disclose Proprietary Information received under this Agreement to person within its organization only if such persons (i) have a need to know and (ii) are bound in writing to protect the confidentiality of such Proprietary Information. This paragraph 1 shall survive and continue after any expiration or termination of this Agreement and shall bind Recipient, its employees, agents, representatives, successors, heirs and assigns.

2. Title to all property received by Recipient from **Matilda Tshabalala**, including all Proprietary Information, shall remain at all times the sole property of **Matilda Tshabalala** and this Agreement shall not be construed to grant to Recipient any patents, licenses or similar rights to such property and Proprietary Information disclosed to Recipient hereunder.

3. Recipient shall, upon request of **Matilda Tshabalala**, return to **Matilda Tshabalala** all documents, drawings and other tangible materials, including all Proprietary Information and all manifestation thereof, delivered to Recipient, and all copies and reproductions thereof.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

Title

Student 33162263

Signature



Printed Name

Matilda Tshabalala

Title

Signature Co-coder



Printed Name Co-coder

Agnes Makhene

# ANNEXURE P: EXPERT CONFIDENTIALITY AGREEMENT

## CONFIDENTIALITY AGREEMENT

### Panel of Experts for Nurse Educator Bullying Framework Validation

**Purpose: Validation of a framework for Management of nurse educator Bullying in NEIs**

**Date: [30 September 2023]**

This Confidentiality Agreement (the "Agreement") is entered into by **Matilda Tshabalala student number: 33162263** and between the undersigned members of the Panel of Experts ("Experts") for the purpose of validating a framework for the management of nurse educator bullying in Nurse Education Institutions (NEIs) in relation to Matilda Tshabalala's thesis (the "Thesis").

#### **1. Confidentiality Obligations**

The Experts acknowledge that they will have access to confidential information and materials pertaining to the "Framework for Management of Nurse Educator Bullying in NEIs".

#### **2. Confidential Information**

The term "Confidential Information" includes all information and materials related to the Thesis, including research findings, documents, data, discussions, and any associated intellectual property.

#### **3. Non-Disclosure**

The Experts agree to maintain strict confidentiality regarding all Confidential Information. This means they shall not disclose, directly or indirectly, any of the Confidential Information to any third party, and they shall not use such information for their personal benefit without the express written consent of Ms Matilda Tshabalala.

#### **4. Limited Access**

Access to Confidential Information is granted solely for the purpose of validating the bullying management framework. Experts shall not share this information with anyone not directly involved in the validation process unless required by UNISA.

#### **5. Duration**

This Agreement shall remain in effect indefinitely and shall continue to apply even after the completion of the validation process or the termination of the Expert's involvement.

#### **6. Return of Materials**

Upon completion of the validation process or at any time at Matilda Tshabalala's request, the Experts shall promptly return or destroy all documents and materials containing Confidential Information.

#### **7. Legal Remedies**

In the event of a breach of this Agreement, Matilda Tshabalala shall have the right to seek legal remedies, including injunctive relief, and may be entitled to damages resulting from such breach.

#### **8. Governing Law**

This Agreement shall be governed by and construed in accordance with the UNISA policies.

#### **9. Execution**

This Agreement shall become effective upon the date of the last Expert's signature below.

By signing below, the undersigned Experts acknowledge that they have read and understood this Agreement and agree to be bound by its terms and conditions.

Expert's Name \_\_\_\_\_

Expert's Signature \_\_\_\_\_

Date \_\_\_\_\_

Researcher's Name: Matilda Tshabalala



Researcher's Signature:

Date 30 September 2023

## ANNEXURE Q: LANGUAGE EDITOR'S CERTIFICATE

# Between lines editing

Leatitia Romero  
Professional Copy Editor and Proofreader  
(BA HONS)

Cell: 083 236 4536  
leatitiaromero@gmail.com  
www.betweenlinesediting.co.za

7 December 2023

To whom it may concern:

I hereby confirm that I edited the thesis titled: "A FRAMEWORK FOR THE MANAGEMENT OF NURSE EDUCATOR BULLYING IN NURSING EDUCATION INSTITUTIONS". Any amendments introduced by the author hereafter are not covered by this confirmation. Participants' verbatim quotes were not edited. The author ultimately decided whether to accept or decline any recommendations I made, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work. The author is responsible for ensuring the accuracy of the references and its consistency based on the department's style guidelines.



Leatitia Romero

### Affiliations

PEG: Professional Editors Group (ROM001) – Accredited Text Editor  
SATI: South African Translators' Institute (1003002)  
REASA: Research Ethics Committee Association of Southern Africa (104)

## ANNEXURE R: TURNITIN REPORT



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## Final Thesis

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