Mental health and workplace bullying: The role of power, professions and ‘on the job’ training*

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Abstract

Study of the professions, and the process of professionalisation as an occupational strategy, has mainly concentrated on investigating structures of power, rather than individual and deliberate use of power. This chapter provides a microanalysis of power relations by examining professional power and hierarchy in interpersonal relations within the workplace. It makes links across the spectrum of workplaces in which bullying occurs – from those where physical intimidation and threat of violence is experienced, to the professions and quasi-professions where legitimate power becomes the vehicle for invisible bullying practices. Arguably, it is within the professions that bullying occurs in its most rarefied form and, to understand the phenomenon, I argue that we should closely examine instances of workplace bullying where there is no one tangible or definable act but clearly an ongoing threat to an individual worker’s health and safety. In particular, I explore the positionality of the traditional professions within new organisational structures. The paper concludes with recommendations for the promotion of mental health at work that focus on both environmental and individual strategies.

Keywords

workplace bullying, professions, professional power, managerialism, workplace culture

Introduction

Workplace bullying is fundamentally a health and safety issue and can be defined as a practice separate from, but related to, other forms of bullying. In this chapter I challenge the primary focus on individual victims and perpetrators as sites for change through processes of mediation and instead analyse power relationships and workplace structure and non-structure. In particular, I examine the professions – where workplace bullying reportedly occurs more frequently. Insights are drawn both from participant observational work within the health and human services sectors and from an in-progress study involving in-depth interviews with people who have experienced workplace bullying. Examples are used to make broad links across the spectrum of workplaces within which bullying occurs – from those where physical intimidation and threat of violence is experienced, to the professions and quasi-
professions where legitimate power can be the vehicle for invisible bullying practices.

Defining workplace bullying

In the last decade, workplace bullying has been identified as a significant occupational health and safety issue both in Australia and internationally. The Australian literature reveals considerable problems with definition and the categorisation of bullying behaviours, with the result that definitions are generally broad and inclusive of a range of behaviours (e.g. Ellis, 1997; Queensland Workplace Bullying Taskforce, 2001; The Wallis Group, 2001; Victorian WorkCover Authority, 2001). An all-encompassing approach though is problematic because, as Einarsen and Mattieson (2002) note, if everything is defined as bullying then nothing constitutes bullying – that is, by being all inclusive, the term loses its meaning and its usage instead serves to trivialise and negate the serious impacts of workplace bullying on the mental health of workers, on worker output and on the health and safety of the workplace itself. Workplace bullying is sufficiently different from schoolyard bullying and other bullying behaviours, exemplified in sport (The Wallis Group, 2001) to be considered a separate and actionable practice because, in its most severe form, ongoing exposure to it can cause severe psychological trauma similar to that experienced by victims of torture and domestic violence (Einarsen, 1999; Field, E. 2002). Workers so exposed report feeling angry, helpless, stressed and depressed and sometimes are unable to return to work (Richards & Freeman, 2002).

Workplace bullying can be defined as inappropriate interpersonal behaviours that workers are subjected to by virtue of their employment. It includes such things as persistent and unjustified criticism, constant scrutiny of work or unfair allegations of incompetence or insubordination (Bernardi, 2001), or ongoing criticism, threats or behaviour towards a person that intimidate, humiliate and/or undermine their capacity to do their work (Victorian WorkCover Authority, 2001). The consequence of bullying is that it undermines the dignity and self-worth of individuals who become less productive, may suffer trauma-related illnesses, be at greater risk of self-harming behaviours and who may be dismissed, miss out on promotion opportunities or quit their jobs without having a new job to go to (Bernardi, 2001; Strawbridge, 2001). For employers, workplace bullying can lead to absenteeism, high staff turnover, decreased morale, loss in productivity and payment of legal costs to defend claims of unfair or constructive dismissal. In Australia, the financial cost to industry has been estimated to be between A$3 and A$36 billion per year (Richards & Freeman, 2002). Tim Field, an anti-workplace bullying campaigner, sums up the workplace effects of bullying in this way.

Bullying is not tough management. Its purpose is to hide inadequacy and [it is] a form of thuggery which prevents people from doing their job. Where bullying exists [you will] find disenchantment, demotivation, demoralisation, disenfranchisement, disempowerment, disloyalty, disaffection, dysfunction, inefficiency, cynicism, alienation and an ‘us-and-them’ culture, constant conflict, an unpleasant atmosphere, misery, unhappy staff, a climate of fear, high staff turnover, high sickness absence, low productivity, impaired performance, stifled creativity, low morale, zero team spirit, poor customer service, and mistakes in delivery of products and services. The cost of these is rarely accounted (Field, April 29th, 2002).

The mental health effects of workplace bullying

The effect of workplace bullying thus clearly manifests as an injury sustained in the process of doing one’s job; a central and, in many ways, a captive activity in the life of most people. It is the centrality of work to an individual’s life and sense of self that is at the core of the harm workplace bullying does to those who are targeted. Continual criticism, unmanageable workloads, and the uncertainty afforded by ongoing lack of security and support in the workplace undermine self-esteem and the ability to perform everyday work tasks. This then affects mental health and ultimately the ability to do the job. One lawyer reported saying ‘he was so browbeaten by a bully that he could not compose a basic letter without fear of reprisal; he felt that he had lost the capacity to complete a basic task’ (Toop, cited in Richards & Freeman, 2002, p233). If workplace bullying has been experienced by 50% of Australian workers as
reported by Morgan and Banks (1998), then loss of productive time, both in the workplace and in dealing with and recovery from trauma related injury, is a substantial social cost. In most people’s lives work itself is mandatory, essential for survival and not always where individuals would choose to spend most of their time. So when a worker experiences the traumatic effects of bullying, financial constraints often make it difficult to speak up in self-defense or to escape the workplace (Einarsen, 1999).

Workplace bullying and violence

Bullying in the workplace first came to notice in what could be described as apprentice bullying through high profile case studies, presented in the media (e.g. South Australian Employees Bullied Out of Work, 2001). In cases that have been litigated, it has been the associated physical violence that has been highlighted and prosecuted rather than the trauma associated with loss of self-esteem and employment. In fact, violence or its threat is a key feature of both schoolyard and apprentice bullying, while it is usually absent in professional organisations. And, although it would seem the workplace cultures in trade and professional organisations are qualitatively different, I will make some links that promise to be elucidatory. Rayner and Hoel (1997) outline several categories of intimidating behaviour at work, unrelated to violence but directly relevant to job specific threats: threats to professional standing; threats to professional status; isolation; overwork; and destabilisation. Examples they provide include: belittling comments, public professional humiliation, shifting goalposts and undue pressure to produce work. When these and similar activities are ongoing they constitute workplace bullying and are likely to have deleterious effects on the mental health of the person who is subjected to such treatment.

So, in order to understand and address the phenomenon of workplace bullying, there is a need to closely examine instances of workplace bullying where there is no one tangible or definable act but where there is clearly an ongoing threat to individual workers’ health and safety. Workplace bullying always occurs within a power relationship and, in professional and semi-professional contexts, it is rarely connected with physical violence and is only sometimes related to harassment. Arguably, it is within the professions that workplace bullying occurs in its most rarefied form and a focus on the professions, particularly medicine, provides the possibility of a unique window into bullying practice.

The professions, professional power and workplace bullying

The study of the professions has mainly concentrated on investigating structures of power, rather than individual and deliberate use of power. The power of the professions is seen as structural and organisational, having been achieved through systematic and strategic manoeuvres to gain monopolistic and prestigious market positions (Freidson, 1986; Turner, 1987; Willis, 1989b; Daniel, 1990; Daniel, 1998) In this view, individuals within the professions are seen as inheriting prestige and power by virtue of their occupational choice rather than individually seeking or exercising it. To date there has been no critical investigation of the micro interaction of professionals nor their interaction with subordinates. Yet it is clear that hierarchy exists in any interaction with professionals in the work context. What has been investigated within the profession of medicine is the doctor-patient relationship (e.g. Katz, 1986; Barbour, 1998) and these studies have identified two main issues. The first is a clear imbalance of power and professional distance manifest in what is commonly referred to as the ‘empathy gap’ or fundamental lack of understanding of the lived experience of ‘the other’ – what anthropologist Clifford Geertz (1993), in referring to the relationship between himself and the native subjects of his research, terms as being ‘profoundly other to each other’. The second and related concept is that the professional and the lay person inhabit different worlds and do not even share the same understandings of common sense terms (Boyle, 1970) – what educational researcher Bernstein (1974) refers to as having differing linguistic codes. These analyses provide insights relevant to professional power in its interface with the patient, but it is what happens in the shared world of work within the professions and with
their subordinates that has largely gone uninvestigated.

**Vertical workplace bullying and the professions**

There have been several recent reports of bullying in medical settings that provide rare insights into the closed world of health professionals (Quine, 1999; Editorial, 2000; [anon.] 2001; Dyer, 2001; Strawbridge, 2001; Sunderland & Hunt, 2001). The practices discussed can usefully be divided into two main analytical categories: horizontal workplace bullying and hierarchical workplace bullying. The former has been written about in a number of nursing related publications (Duffy, 1995; Lee, 2001; Strawbridge, 2001; Hockley, 2002) and refers to workplace bullying that occurs between workers or professionals on the same level, in the same occupation. Whilst a full discussion of this type of workplace bullying is beyond the scope of this chapter, it is worth noting that it is a practice engendered within a broader culture of bullying. The main focus of this analysis is the bullying that occurs within hierarchy and by virtue of an individual’s structural location both within a specific workplace and within the broader world of work.

It is within the professions that interpersonal hierarchy is arguably most obvious and where power disparity is greatest. A recent study of 5000 Australian employees reported the legal profession to be the worst bully with 33% of respondents in the sector saying they had experienced regular intimidation at work (TMP Worldwide, 2002; The Age, 2002). In Britain, a study of the public hospital sector, an NHS Community Trust, reported 38% of health sector employees experienced workplace bullying in the previous year (Quine, 1999). The same study reported specifically on junior doctors, 37% of 594 who identified as having been bullied in the past year (Quine, 2002). In the United States several studies have shown medical students suffer high levels of job related bullying during training that escalates with progression through training (Daugherty, Baldwin & Rowley, 1998; Kassebaum & Cutler, 1998). The only available report in Australia identifies high levels of bullying during medical training but names it as sexual harassment (White, 2000). In fact, it seems socialisation into the professions through training frequently incorporates and fosters behaviours that easily translate into workplace bullying practices. However, because they are intricately entwined with the process of training, they are particularly resistant to identification and intervention.

**Learning power and hierarchy – professional training and practice**

In examining the process of professional training, I use two case studies to illustrate my analysis. The first was an interview with a young man who, after six months, had quit his job in a very eagerly awaited apprenticeship as a chef in a top regional restaurant. The second is an anonymous account of the experience of a young woman trainee surgeon published as a commentary in the British Medical Journal. Both experienced ongoing unfair and unreasonable criticism undermining their work and their abilities from a single person who held a formal position of power over them.

Although, at first glance, we might see these cases as completely different, there are similarities that are explanatory in understanding the structure of power that enables its individual and deliberate use. In both these cases the young people were undertaking practical, on-the-job training – a hands-on approach in the form of ‘learning from the master’.  

**CASE STUDY 1 – the apprentice chef**

The apprentice explained that the head chef would constantly find fault with his work, tell him that he would never make a proper chef, often throw the dish he was working on in the bin in a flight of rage, continually criticise and, on several occasions, ‘clipped him round the ears’ (read: hit him across the head). At the same time, the chef refused to sign the apprentice’s indenture papers over the six-month period, ensuring that the apprentice was not in a position to stand up for himself and affirming that he was dependant on the good will of the chef. Episodes of bullying were, however, frequently followed by an invitation to join the chef in a drink after work, at which time he would apologise and say he did not mean the things he said – he was just trying to make a good chef out of him. The apprentice finally resigned from this position. When asked why he resigned – was it the physical violence or the criticism – without hesitation, he answered that it was definitely and unequivocally the latter.
CASE STUDY 2 - the trainee surgeon
The tears ran down my face, hidden by my surgical mask. My consultant continued relentlessly, ‘Why can’t you do this? It really isn’t hard. Are you stupid? Can’t you see how to help me?’ … The criticism continued, if not with words, then with sighs and angry tutting. The atmosphere in the operating theatre was tense. The staff had all seen this happen many times before – hard working, pleasant trainees reduced to non-functioning wrecks in the space of an operation. I looked helplessly at the scrub nurse, another trainee. She saw my distress immediately and gave me a supporting glance. But she too was suffering. ‘No, not that one. Why do we have to have trainees in my operations? Not like that,’ she lashed out at the scrub nurse. Another hard working, competent trainee, now shaking and anxious, her self-confidence fast diminishing. … I felt uncomfortable continuing in such distress. … I wondered what would happen if I asked to leave and decided that it would probably just make things worse for me. I stayed. Three hours of hostility and criticism. … Her behaviour was always the same – on the ward rounds, in clinics, and in theatre. She was hostile, critical, and discouraging. I continued in this post for the complete six months, becoming increasingly anxious and depressed. I left my post feeling suicidal. … The bullying I endured has left me traumatised. Despite being told that she treated everyone this way, I believed it was all my fault … I couldn't believe that this was the basis of basic surgical training (anon.] 2001, p1314).

They are their masters' apprentices, and the methods of formal training in the professions of medicine and law (and also, to a lesser extent, in nursing, social work and teaching) incorporate the practicum, the internship and the article-clerkship, all of which parallel trade apprenticeship training. In the professions, but also in the trades, the master controls knowledge, the work itself and has inordinate power over results and future job prospects. The master elicits perfection and precision – there is no place for the mediocre. But the trainees are high achievers, top ranking, successful and disciplined students who put long, hard and solitary hours into their achievements. This makes them extremely vulnerable. They are not in a position to jeopardise their career by speaking out about abuses of power nor to contest the mythical notion that tough discipline and cold, unemotional interpersonal relationships make them better practitioners.

In terms of workplace bullying, the main difference between the trade apprentice and the trainee professional is that the former is subjected to working-class bullying behaviours that are, in the main, overt and more likely to be accompanied by violence or its threat (and therefore more actionable); whereas professional workplace bullying occurs in the form of verbal or non-verbal criticism and intimidation that is subtle, insidious and almost impossible to detect from outside the interpersonal relationship. Both forms threaten mental health and wellbeing.

The master-apprentice relationship is sacrosanct and immune to intervention. This is particularly the case in medicine, which is an autonomous, individualistic and largely competitive practice, where there is no allowable margin for error. The master cannot be wrong. Internal regulation of individual members is integral to the maintenance of professional power. As Daniel argues in relation to the legal profession:

*Disciplinary practices are about learning and loyalty, standards, sanctions and the solidarity of the group. Whatever might threaten from outside is vigorously resisted and what might corrupt from within is to be cut out. Maintenance of identity, public face and reputation can become its paramount good (Daniel, 1998, p3).*

Daniel (1998) uses the notion of ‘scapegoating’ to explain how a lawyer was sanctioned by her profession. She refers to ‘professions as community’, as tight-knit, exclusive, collegiate and closed groups that are both self-serving and self-regulating. As a bonded group with shared beliefs and practices, doctors and lawyers have a common interest in perpetuating their considerable advantage and prestige, so they do not tolerate individual resistance and those from their ranks who transgress are punished and penalised. Hierarchy and power is learned, reinforced and reproduced within the master-apprentice relationship. It is redeployed and duplicated in other workplace relationships, such as the nurse-doctor, nurse-nurse and administrator-doctor, and professional dominance over other workers becomes a necessary occupational mode of operation. And, at a broader societal level, professional power is sustained in professional autonomy and authority (Willis, E., 1989) and protected and institutionalised within ‘sheltering institutions’ that ‘support the position of the professions in the political economy’ (Freidson, 1986).
**Professional power, ‘non-structure’ and managerialism**

In the last two decades it has been argued that professional power has been challenged by economic and managerialist reforms in the health sector, but analysts have, in general terms, refuted any overall decline (Willis, D. 1989; Hafferty & McKinlay, 1993; Willis, 1993; Gabe, Kellehear & Williams, 1994). Analysis at a micro-level however, reveals some outcomes of market-driven health sector reforms that, rather than undermine professional power, may actually increase the potential for its exercise in the form of workplace bullying practices. The move of the professions from ‘cottage industry’ (Willis, E., 1989; Bates & Linder-Pelz, 1990) to within formal organisational structures has not been accompanied by a breakdown in the interpersonal hierarchy endemic in professional-other interactions. Rather, power and hierarchy has become further entrenched in what has emerged as dual power systems – administrative and professional. The former is highly structured with clear lines of power formalised in bureaucratic management, and the latter a powerful and somewhat amorphous group that could be characterised as ‘threatening non-structure’ (Douglas, 1988, p123.). The threat inherent in non-structure, where there are no formal lines of authority, is in the informal power systems that emerge as dual power systems – administrative and professional. The former is highly structured with clear lines of power formalised in bureaucratic management, and the latter a powerful and somewhat amorphous group that could be characterised as ‘threatening non-structure’ (Douglas, 1988, p123.). The threat inherent in non-structure, where there are no formal lines of authority, is in the informal power systems that emerge as dual power systems – administrative and professional. The former is highly structured with clear lines of power formalised in bureaucratic management, and the latter a powerful and somewhat amorphous group that could be characterised as ‘threatening non-structure’ (Douglas, 1988, p123.). The threat inherent in non-structure, where there are no formal lines of authority, is in the informal power systems that emerge as dual power systems – administrative and professional. The former is highly structured with clear lines of power formalised in bureaucratic management, and the latter a powerful and somewhat amorphous group that could be characterised as ‘threatening non-structure’ (Douglas, 1988, p123.).

Workplace bullying is thus endemic in the culture of organisations where hierarchical relations exist within systems of non-structure, and such systems appear to be resistant to change even, and particularly when, they are brought within bureaucratic control.

**Recommendations for policy**

The above analysis of the professions and professional training should not be read as criticism of all or even most professional people. Rather, it is intended it provide an understanding of the particular frameworks, pathways and sites within some workplaces that enable individual people to misuse and abuse power. To address the issues raised here requires a tripartite
approach that targets three levels: the societal, the workplace culture and the individual.

At the societal level, there is a need to change the discourse that informs our understanding of appropriate behaviours at work to enable new discursive consciousness and practices. This is already happening in Australia with most states introducing either legislation or codes of practice around workplace bullying to ensure that workplaces implement policies and procedures to address the issue. The challenge here is to provide a clear definition that is narrowly focused on those practices directly threatening a person’s ability to do their job. This approach will, at a minimum, reduce the instances of people thoughtlessly engaging in or ‘buying into’ bullying practices, and who are unaware of the consequences of their enjoinment in such behaviours. Training within the workplace will tackle organisational culture that engenders conformity to normative behaviours and thus blindness to the activity of workplace bullying. It will require a degree of re-socialisation in some instances. But most of all, in the very process of naming workplace bullying as a serious threat to mental health and an important occupation health and safety issue, the problem will, in part, begin to be addressed.

At the workplace level, an approach is needed that lays bare workplace bullying practices occurring within hierarchical interpersonal work relationships. If a type of training encourages ‘learned helplessness’ and passive acceptance of inappropriate criticism of ones’ work, then its pedagogical value needs to be questioned. Intense forms of ‘on the job’ training need close monitoring. Those workplace relationships enshrined in the guise of mentor rather than master-apprentice form remain sacrosanct and immutable unless there is the possibility for intervention. It seems an extension of the multidisciplinary team approach and interdisciplinary interchange (implemented in various areas of diagnosis and treatment) has potential for application in training in a way that could prove beneficial for both the trainee and the mentor. There also needs to be a clear system for reporting abuses of power or experience of victimisation. Where formal structures to enable this do not exist within an organisation, or if the bully is the boss, there needs to be an independent body with power to investigate and take action. Finally, the targeted person has the fundamental right to report instances, of being heard, to be believed and not to face reprisals as a result of speaking out.

At an individual level, it is clear from the above analysis that in most circumstances where hierarchical workplace bullying occurs, that individual counseling and mediation sessions will not adequately address the issue. We need to recognise some people who bully do so in full knowledge of the power they exercise and the knowledge their actions enjoy immunity from scrutiny or reprisal because of their location within the system and because they understand and manipulate the system to their advantage. There is a need for affirmative action that privileges the account of those who have been disempowered and degraded by virtue of simply doing their job. In addition, the individual who has been targeted needs to be encouraged to delink serial episodes of workplace bullying, for to see them as cumulative inevitably leads to self-blame and recrimination (Namie, 2002).

In conclusion, it is crucial to acknowledge a person has a right to dignity at work and indeed, ‘work should not hurt’ (Namie, 2002, pers. comm.). Rather, it should provide an environment conducive to mental health as a minimum standard. An individual should not be subjected to ongoing threats to their health and safety in the closed environment of work, in the course of earning their living.

References


