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Peers Erecting Barriers to Another Peer's Success in the Healthcare Setting

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Walden University
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Abstract

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Abstract

In the healthcare workplace, bullying is shown to negatively impact patient care and safety, workflows, outcomes, interpersonal relationships, performance, mental and physical health, and cause a plethora of other secondary effects. The purpose of this qualitative phenomenological study was to explore the lived experiences of high performers or subject matter experts working in the healthcare field and had encountered peer-to-peer interference. The research questions focused on understanding the behaviors and outcomes of peer interference. Maslow's hierarchy of needs was used as the conceptual framework. Data collection was achieved by interviewing 10 participants from a variety of healthcare backgrounds. Participants self-identified to be subject matter experts in their area of specialization or considered themselves to be high performers. Data were recorded, transcribed, consolidated into a data corpus, coded, and categorized. The result was an emergence of 7 themes that were further analyzed to understand the participants' experiences with peer-to-peer interference and how it impacted their professional and personal lives. The findings from this study revealed that participants perceived their treatment as negative, undermining, hindering to accomplishing their job, harmful to their mental and emotional health, and that it interfered with their life outside of work. The findings of this study could be an impetus to significant positive social change in the workplace through a heightened awareness and focus on the issue of peer-to-peer interference and the negative effects it has on high performers and subject matter experts in the healthcare setting.

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Dedication

This dissertation is dedicated to the memory of my mother, Mrs. Lorraine Allen. You are forever the wind beneath my wings.

I also dedicate this work to the brave participants from the healthcare field who came forward to share their stories so others could have a voice.

Finally, this study is dedicated to those in the healthcare field who struggle every day to give and sustain their personal best in their work, especially those who responded to the coronavirus disease 2019 (COVID-19) worldwide pandemic. May God richly bless you all and reward you for your sacrifice and selfless service at such a crucial time.

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To my family: This is our accomplishment. You all have helped me see this through in countless and unique ways. I am so blessed to have such a loving, fun, intellectually stimulating, creative, and faith-filled family. Mechelle, you are a one in a million wife and forever my endless love. Marcus, Alexander, and Lauren Chanel, you make me want to be the best that I can be. I am proud to be your father. Finally, to my siblings, grandparents, aunts, uncles, in-laws, grandchildren, cousins, nieces, and nephews from coast-to-coast; to my neighbors and all my friends and military family from around the world who have encouraged me over the years—thank you for sowing into my life, believing in me, and inspiring me to reach high. This is for all of you.

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Chapter 1: Introduction to the Study

The workplace is wrought with complexities of all sorts. Navigating technology, global interoperability, financial and economic impacts, internal and external cultural norms, stakeholder expectations, and a host of other activities that demand a worker's attention and focus, and requires workers to be fully present for the task at hand. Interruption of a worker's ability to fully engage in tasks, and with one another, at an optimal level can result in a degradation of intended or expected outcomes (McKibben, 2017). In the healthcare workplace, bullying is shown to negatively impact patient care and safety, workflows, outcomes, interpersonal relationships, performance, mental and physical health, and cause a plethora of other secondary effects (Felblinger, 2009).

Workplace bullying is described as the singling out of someone by a perpetrator to harass and mistreat (Ramely, 2017). Although the exact rate is hard to find agreement within the literature, as many as 27% of all workers in the United States were victims of bullying and occurred in every industry, profession, and field (Branch, 2015). In healthcare, it affects 53% of workers, with the highest occurrence being in the nursing field at 77% (Granstra, 2015). Bullying results in loss of productivity, poor interpersonal relationships, health problems, and employee turnover (Duffy & Yamada, 2018). The associated cost of bullying has been reported to be high as $576B annually (Duffy & Yamada, 2018; Stagg, Sheridan, Jones, & Speroni, 2013). Many studies have examined this workplace problem from different perspectives and methodologies, all improving our understanding of this phenomenon and the ability to address its impact on the worker and the workplace.

This study furthered the knowledge surrounding workplace bullying and focused on the subcomponents of workplace bullying and related constructs. A review of the literature revealed an opportunity to hone in on a specific, and what appeared to be an ambiguous and insufficiently studied area related to workplace bullying, peer-to-peer interference. More specific, peers erecting barriers to another peers' success in the workplace. This study provided greater insight into the impact peer interference has on the worker and the workplace. Results from this study could have significant positive social implications if peer interference is determined to be a substantial problem distinct from the overarching category of bullying. Improving workers' ability to work at their highest potential without fear of interference has significant positive social implications for the individual, workplace, and workforce (Strandmark, Rahm, Rystedt, Nordstom, & Wilde-Larsson, 2019).

In this chapter, details are provided about the evolution of bullying in the workplace, the problems associated with the existence of bullying in any form in the workplace, and why it is crucial to discover more information related to the impact of bullying behaviors between peers in the workplace.

Background of the Study

Although the concept of workplace bullying came into prominence in the early 1990s, bullying research can be traced back to as early as 1976 when Carol M. Brodsky published the seminal book, "The Harassed Worker" (Einarsen, 2000, 2003; Hoel, Rayner, & Cooper, 1999). More recently, Carden and Boyd (2010) and Yildirim, Yildirim, and Timucin (2007) found that workplace bullying is a growing problem in

general and, more specifically, in the healthcare workforce. They also began a conversation regarding organizations needing to acknowledge that there is a need to examine the extent there is a bullying problem, and that is costing them to lose high performing employees. Although their framing of bullying was similar to other researchers, of interest to this study was their focus on distinguishing what is bullying and what is not, as well as seeking ways to retain good employees rather than letting bullying-like activities in the workplace run them off.

Nielsen and Einarsen (2018), in a metanalysis of the historical developments of workplace bullying, found that researchers agree that it remains a global workforce issue impacting employees at every level of the organization. Nevertheless, still, there remains a need for clarification of terms, definitions, and behaviors classified as and associated with bullying. Further, workplace bullying costs money. Stagg et al. (2013) not only addressed the cost but went further by highlighting the ultimate impact of workplace bullying. Workplace bullying and disruptive behaviors are such a problem that it has become a focus of the Joint Commission for Healthcare Accreditation. As a result, Tubbs and Hart (2011) specifically targeted their discussion to focus on the prevalence and impact of bullying in the healthcare industry by connecting it to the Joint Commission for Healthcare Accreditation's concerns regarding the negative consequences of bullying type behaviors in healthcare organizations. For example, in their research, they found bullying behaviors caused once high performing workers to lose work time, reduce organizational commitment, exhibit declining performance, avoid interacting with peers,

decrease work quality and productivity, and avoid being at the workplace when not working.

Workplace bullying and peer-to-peer interference seem to share similar concepts but likely have different core factors that were addressed in this study. Giorgi (2010) referred to researchers' conflicting use of the term bullying as a targeted and persistent negative interaction involving two parties and how it can escalate into an unbearable situation. Askew et al. (2012) transitioned the bullying definition towards undermining behaviors and the impact they have on a healthcare professional's confidence, self-esteem, and desire to leave the organization. Hershcovis (2011) articulated a position similar to Askew et al. (2012) by including social undermining as one of the various constructs that fell under the broad category of workplace aggression, yet falling short of launching into a study to discover the depth of the problem and its impact. Randle (2011), more than other researchers, advanced the conversation by addressing the impact of bullying in a healthcare setting. However, the study does not consistently apply generally accepted definitions or criteria in addressing the impact of bullying but also appears to be describing what could be classified as peer interference. In Randle's attempt to describe bullying activity, the researcher vacillated between the use of the term bullying, negative acts, and harassment. This information is crucial because it contributes to the disagreement about what is or is not bullying. Giorgi (2010), Hershcovis (2011), and Nielson and Einarsen (2018) all clearly articulated a similar position regarding researchers' disagreement on the definition of bullying and its application. Giorgi (2010), however, provided a salient argument that disassembles the idea that all negative

exchanges or interactions involving two parties that escalate into an unbearable situation results in a bullying episode. This idea in particular is further explored in this study because it serves as another example that reveals there is a gap in the literature. Further, it provides an opportunity to cross-examine bullying terms to see if a lesser form of bullying, but potentially as harmful, can be carved out in the form of peer-to-peer interference.

In the literature, peer interference has received minimal targeted attention. This study aimed to fill that gap. Askew et al. (2012) discovered there was a lack of interest in a peer's intentions related to their interfering actions or activities. Additionally, a similar gap in the literature exists regarding how to identify critical indicators and methods to prevent or resolve negative peer-to-peer behaviors. Mikkelsen, Hogh, and Puggard (2011) highlighted their research on effective interventions to address interpersonal conflicts in the workplace. Essential to the social change intentions and advocacy nature of this study, offering options to create a better workplace that proactively supports an environment that allows all persons the opportunity to self-actualize are recommendations as an outcome of this research.

Meloni and Austin (2011) used a case study to demonstrate the implementation of a focused intervention program to address negative acts, from a practitioner and leadership perspective. An intention of this study was to provide tools for the individual and organization to recognize and prevent peer interference.

According to Maslow's hierarchy of needs theory, achieving self-actualization is the ultimate goal for someone to attain, even above other needs like belongingness and

esteem (Maslow, 1943). The opportunity to reach that level of personal satisfaction at work may be interrupted when a peer hinders a peer through harassing behavior, in the form of erecting barriers or interfering with their progress or opportunity to achieve success in the workplace. Attracting and retaining a talent pool of high achieving, well trained, and self-motivated workforce is a cornerstone in the building of a balanced and productive staff (Martin & Otterman, 2015). In the healthcare setting, a negative peer-to-peer environment can be felt beyond interpersonal relationships and can spill over into the patient care setting (McNamara, 2012). An individual having a sense of success in their work is vital to the overall functioning of the healthcare industry. However, according to Tubbs and Hart (2011), barriers to peer success can lead to long-term problems in workforce retention, development, and ultimately can negatively impact the delivery of quality healthcare.

A review of the literature resulted in the discovery of an insufficiently researched area of inquiry regarding peers interfering with another peer's work (e.g., withholding of resources, work products, or critical information), thereby limiting or denying the opportunity to succeed in the current position, and ultimately in one's career. Further, there may be a gap in the literature or research that explores the impact those dynamics have on the success or failure of affected peers. Exploring this perceived gap through the lens of Maslow's hierarchy of needs, with a focus on the person's innate desire to reach the point of self-actualization in their life and career, provides an opportunity to potentially make an original contribution to current literature as it relates to peer-to-peer challenges in the healthcare workforce.

Problem Statement

During the review of the literature, it was discovered that peer interference had received minimal targeted attention, thereby leaving a research gap regarding the examination of the experiences of workers who have been mistreated by a peer. The specific problem examined in this study was peer-to-peer interference, the adverse treatment of a person by another person in the workplace at the same organizational level. The problem stems from the broad usage of the term "bullying" to describe a plethora of negative workplace interpersonal incidents, making it difficult to distinguish from lesser forms of workplace mistreatment, thereby causing other forms of workplace aggression to go unnoticed or under-researched; in this case, peer-to-peer interference.

Research has revealed that bullying in the workplace is not a new problem (Einarsen, 2000, 2003; Hoel et al., 1999). However, there is no clarity or agreement on the meaning and use of the term "workplace bullying" (Giorgi, 2010; Hershcovis, 2011; Nielson & Einarsen, 2018), and the potential it has to leave categories of workers outside of the parameters of research into related experiences, definitions, and exposure to unexamined mistreatment in the workplace. For example, Giorgi (2010) referred to researchers' conflicting use of the term bullying as a targeted and persistent negative interaction involving two parties and how it can escalate into an unbearable situation. Askew et al.'s (2012) definition has the same tenants as bullying but labels it as undermining behaviors. Hershcovis (2011) articulated a position similar to Askew et al. (2012) by including social undermining and horizontal bullying as constructs that fell under the broad category of workplace aggression, yet fell short of launching into a study

to discover the depth of the problem and its impact. Randle (2011) attempted to describe bullying activity in a healthcare setting; however, it vacillated between the use of the term bullying, negative acts, and harassment. However, Randle came close to describing behaviors associated with peer-to-peer interference, but that appeared to be unintentional. The confusion related to bullying definitions, related constructs, term usage, and its application continues despite current knowledge about the problem of bullying, thereby causing continued disagreement about what is or is not bullying (Giorgi, 2010; Hershcovis, 2011; Nielson & Einarsen, 2018).

In 2011, Hershcovis researched the concepts of horizontal bullying and social undermining. Both constructs focused on coworkers in general, but not interfering behaviors perpetrated by peers in particular. In a study by Askew et al. (2012), the authors also discovered there was a lack of interest in a peer's intentions related to their interfering actions or activities. They also recommended that more research be conducted to understand the phenomenon better.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of persons who have encountered peer-to-peer interference in the workplace. The ultimate goal of the study was to discover the victim's perception of the problem and the extent that peer interference impacted their professional and personal life, and their ability to reach, or continue in, a state of self-actualization (Maslow, 1943) in their work in the healthcare setting. This study's focus was on individuals who have encountered peer interference while working in a healthcare setting, who are considered to be subject

matter experts in their area of specialization, and who are thought to be high performers. An essential function of this study was to determine if participants' experience descriptions align with any of the traditional bullying definitions or constructs. Gaining an increased understanding of this problem has the potential of making a significant contribution to the body of knowledge on bullying and related constructs while simultaneously spurring positive social change through education about and prevention of peer-to-peer interference in the healthcare setting.

For this study, the definition of peers is two or more persons functioning at the same level in the organization and are competitors for increased opportunities or rewards based upon specific organizationally defined or implied criteria (Cornelissen, Dustmann, & Schonberg, 2017). Literature that further defines and delves into peer dynamics is sparse. Using various versions of key term search criteria for peer relationships in the workplace and definitions rarely yielded conclusive results that delineated which key elements establish a peer relationship. However, Fritz (1997) conducted a study regarding peer relationships based upon gender but fell short in defining the term "peer." That notwithstanding, Fritz (1997) and Gordon and Hartman (2009) both conducted studies that provided valuable insight into peer relationships in the workplace and inform the basis for elevating the importance of focusing on this area of workplace interpersonal relationships. These studies are covered in more detail in Chapter 2.

Research Questions

Exploring the phenomenon of peer-to-peer interference requires probing into the actual lived experiences, perceptions, and effects endured by a person who has lived

through such interference first-hand. This study focused on individuals who have encountered peer interference while working in a healthcare setting.

The following overarching research questions were formulated to develop an understanding of the nuances of peer-to-peer interference. They allowed me the ability to compare the lived experiences of participants with workplace mistreatment constructs presented in the literature and Maslow's hierarchy of needs framework.

RQ1: What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work?

RQ2: How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize?

Conceptual Framework

Approaching this phenomenon of peer-to-peer interference in the workplace from a motivational theory framework allowed for a different lens to look at the problem as it relates to a person's need to reach their full potential. The conceptual framework used in this study was Maslow's hierarchy of needs. According to Maslow (1943), every person has five basic needs that must be satisfied before advancing to the next level need. The five levels of needs are: (a) physiological (shelter/comfort), (b) safety, (c) social (belonging), (d) esteem (respect/self-confidence), and finally, (e) self-actualization (reaching one's full potential). Maslow established through research that once a person's need for physiological, safety, social, and esteem are satisfied, they would then have an innate need to succeed at higher levels. In the healthcare workforce where there is a large contingent of highly skilled and trained individuals, who have likely advanced through

the lower tiers of Maslow's hierarchy of needs and are focusing on their need to self-actualize or reach their full potential (Wahba & Bridwell, 1973).

It was the aim of this study to discover if the concepts and definitions of bullying encompass what could be a distinctly more substantial and complex problem of peer placement of barriers in another peer's pathway, thereby interring with their ability to self-actualize (if that is the goal of the individual), and achieve workplace, and perhaps career success. Only through conducting interviews can lived experiences be determined and sufficiently understanding the phenomenon of peer-to-peer interference be achieved.

Nature of the Study

To fully explore this phenomenon of peer-to-peer interference, a qualitative research method was used to guide this research. The study was conducted using a phenomenological approach to capture participant stories of lived experiences involving peer-to-peer interference. According to Creswell and Poth (2018), a phenomenological study is appropriate when a researcher is attempting to gather stories of research participants' lived experiences with a particular phenomenon. The goal of this type of study is to gather those experiences and assess what commonalities can be drawn from the stories to discover the essence of what occurred from a participant's perspective. This approach would then be an effective approach to examine this idea of peers erecting barriers and interfering with another peer's success and how it is related to bullying and harassment in the workplace. D'Cruz and Noronha (2013) conducted a phenomenological study to learn through participants' lived experiences regarding the depersonalization of bullying actions. Examining how the study was conducted and reviewing its findings

helped me to determine that a phenomenological approach was best suited to explore the phenomenon of peer-to-peer interference. As for my study, direct engagement with participants through interviews was the primary method used to learn about their experiences with peer behaviors or activities that affect a person's performance, wellbeing, success, and longevity in a unit, department, or organization, and ability to be motivated through Maslow's hierarchy of needs.

Definitions

This section contains definitions of key terms used throughout this study.

Bullying: Singling out someone to harass and mistreat (Elewa & El Banan, 2019). Namie (2017) further defines bullying as "repeated mistreatment of an employee by one or more employees" (para. 1). It is abusive behavior considered to be threatening, interferes with work getting accomplished, and is intimidating.

Mistreatment: According to Merriam-Webster's Collegiate Dictionary (2005), mistreatment is defined as follows: to treat badly or abusively (see Bullying).

Peer: A person on the same level as another person in the same section or career group in an organization or field (Cornelissen et al., 2017). For this study, peers are further defined as two or more persons functioning at the same level in the organization. They are competitors for increased opportunities or rewards based upon specific organizationally defined or implied criteria.

Peer type: Three peer types differing in level of closeness. There is (a) the information peer (lowest level, most common, low levels of self-disclosure and trust), (b) the collegial peer (moderate level of trust and self-disclosure), and (c) the special peer

(highest level, least common, high levels of self-disclosure and self-expression; Gordon & Hartman, 2009).

Social undermining: "Behavior intended to hinder, over time, the ability to establish and maintain positive interpersonal relationships, work-related success, and favorable reputation" (Duffy, Ganster, & Pagon, 2002, p. 332). "…differs from other constructs in the field in that it is concerned with how perpetrators can harm the relationships and success of its victims" (Hershcovis, 2011, p. 503).

Assumptions

A fundamental assumption in this study was that a sufficient number of participants could be recruited who have experienced job accomplishment interference or bullying perpetrated by a peer in the workplace, in a healthcare setting, specifically. According to Creswell and Poth (2018), a small sample size is sufficient to capture the essence and intent of a study's purpose. The research literature is heavily weighted with examples from nursing or other clinical areas but rarely from administrative or ancillary functions in a healthcare facility or system. To obtain viewpoints from multiple functional areas in the healthcare spectrum, I selected and interviewed participants from a variety of settings. Another critical assumption was that participants appropriately self-selected as high performers or subject matter experts in the roles where they encountered career-hindering adverse treatment from a person they considered to be their peer.

Interviews were conducted virtually through video or audio-only, depending upon the preference of the participant. Written responses to interview questions were not used in place of in the place of a real-time interview. Written responses, though not preferred,

were a necessary alternative if a participant was uncomfortable with a live interview for a variety of reasons. Written responses were also accepted if their experience was of such a substantial nature that not having a written response would have been a disservice to the intent of this study and the collective magnitude of the peer-to-peer interference phenomenon.

These assumptions were critical to the meaningfulness of the study. They focused on conditions that are not typically found in existing studies and were a basis for discovering if the participants' experiences substantiated the idea that there is a gap in bullying literature, revealing peer-to-peer interference as an uncharted or under-researched phenomenon.

Scope and Delimitations

The scope and focus of this study were to examine the extent that bullying encompasses the experiences of persons who have encountered acts of negative aggression, undermining, or job interference explicitly perpetrated by a peer. Existing studies intermingle components of various types and definitions of bullying. The drawback of the lack of clarity is the potential for understating the prevalence and impact of peer-to-peer interference in the workplace. This study was framed around the experiences of 10 participants who work in the healthcare field. The sample size of the study is typical for examining a phenomenon that explores the experiences of persons who have experienced the phenomenon (Creswell, 2018). In this study, participants must have experienced negative interactions with peers that resulted in or had the potential to interfere with their success in the healthcare workplace or setting. Participant selection

was further refined to persons who are considered to be high performers or subject matter experts in their profession or roles. The element of high performer was critical to this study to determine what impact, if any, peer-to-peer interference has on a person who appears to have reached the top of Maslow's hierarchy of needs (Maslow, 1943). Although age, race, education, type of organization, position in the organization were captured and analyzed (coded), the main focus remained upon the single factor of high performance relative to the participant's ability to succeed in the workplace without interference from peers. Other studies on bullying have used conceptual frameworks surrounding personality (Podsiadly & Gamian-Wilk, 2017), social information processing (Crick & Dodge, 1996), political skill (Treadway, Shaughnessy, Breland, Yang, & Reeves, 2013), and other frameworks. Consistently, these frameworks portrayed the victim as powerless and without the skill to navigate complicated interpersonal relationships. In my search of the literature, no studies were discovered that used self-actualization (Maslow, 1943) as a lens to examine peer-to-peer relationships of high performers and how social undermining or negative acts impacted this group of people in the workplace.

I conducted recruitment for the study through LinkedIn's social media platform. This method of recruitment was one of many suggested by scholars in the field of qualitative inquiry, such a Creswell and Poth (2018). Over time, my LinkedIn connections reached above 1,700 people. They consisted mainly of healthcare professionals at various levels, healthcare careers, professions, locations, ages, races, locations, and other demographics. The call for participants was made to the entire

network and not to any specific individual. Recruitment relied upon professional benevolence and the thought of potentially being instrumental in causing a positive social change in the workplace in general, and in the healthcare field in particular. Results from this study are used to describe the elements of peer-to-peer interference and identify differences between its known factors related to bullying. Even though this study focused on the healthcare field, it seems logical that it would be generalizable to other industries, professions, and workplaces.

Limitations

With this study's design having a focus on high performing individuals and self-actualization as a conceptual framework, it was highly reliant on participant self-identification as qualified as having those characteristics and have experienced the phenomenon of bullying or peer-to-peer interference. Self-identification and self-selection both have inherent limitations or weaknesses that could potentially influence the results of this study (see Sharma, 2017). Concerns about participant honesty about their experience, performance characterization, and classification as a subject matter expert in their field or role are limitations that could have a potential impact on the results. These limiting factors were included in the interview process to validate the participants' responses to the recruitment questionnaire.

Additionally, during the interview review stage, there was another opportunity to assess the dependability of the participants' self-characterization and account of their experiences through triangulating the collected information with that of other participant interviews, questionnaires, and other sources. Triangulation, and conducting member

checks, according to Maxwell (2013), serve as mechanisms to prevent or limit researcher bias while translating the respondents' experiences during the development of study findings. It was desired that findings from this study be used to assess the existence of peer-to-peer interference as compared to the act of bullying persons who are considered to be high performers or subject matter experts in their position or field. To that end, I utilized detailed and thick descriptions of respondents' accounts of their experiences. According to Creswell and Poth (2018), this enables readers to assess whether results apply to other settings. Finally, my firsthand experience with being bullied by a supervisor provided insight and sensitivity to the nature of this study, thereby revealing an inherent researcher's bias and also a potential limitation in this study. Controlling the bias was most needed during the interview stage of the study. Bias was controlled by guarding against guiding or influencing a participant's recollection of their own lived experience with mistreatment in the workplace.

Significance of the Study

The study is significant because workplace bullying affects everyone involved, especially coworkers (see Felblinger, 2008). Although research literature exists regarding workplace bullying, thus far, it has not been found to address the phenomenon of peers, intentionally or not, interfering with another peer's work and their ability to reach or maintain a level of self-actualization in their work in the healthcare setting. By discovering peer interference activities as a more significant and relevant issue, distinct from bullying, the findings of this study could be an impetus to social change in the workplace through a heightened focus on the issue of interference and development of

measures for leaders and manager to recognize, remedy, and prevent, thereby making the workplace a level playing field.

Significance to Practice and Theory

Finding that peer-to-peer interference differs from that of traditional bullying constructs, the results of this signify the need to research this phenomenon further using different methodologies that control every part of the study. This study has the potential to advance the study of workplace aggression by honing in on the dynamics that allow this phenomenon to exist without discovery, remediation, prevention, or perpetrator correction. Perhaps a new theoretical and conceptual framework, policies, and training can be developed and implemented to guide researchers, leaders, managers, staff, and other parties in researching, identifying, reporting, correcting, and preventing peer interference situations in the workplace.

Significance to Social Change

During the literature review phase of this study, as discussed in Chapter 2, at several junctures, the disconcerting characterization of the victim as a powerless person struggling to exist in the workplace appeared to be without support. The question then became, “Is this the case for high performing individuals who are at the top of their intellectual or career development?” It seemed their stories were absent. If their stories and experiences are absent in the literature, then it could be assumed that their pain and suffering have also gone unresearched. Utilizing the results of this study, leaders and managers in the healthcare sector could learn from the stories of actual victims of mistreatment by peers, research on how to recognize and prevent peer-to-peer

interference, and understand how it impacts a person's ability to perform at their best. Bringing this phenomenon of peer-to-peer interference to the surface could be a significant opportunity to spur social change in the workplace by helping this subset of the worker to enjoy their work and workplace without fear, stress, and career progression interference. Participants of this study, as well as leaders, managers, and subject matter experts in healthcare organizations, may serve as the first benefactors and ambassadors for social change concerning peer-to-peer interference. This study could become a tool for leaders to begin to implement organizational changes that could prevent employees from being negatively treated by a peer. If that occurs, social change could be achieved and pave the way for an even greater reach to even more workers and patients.

Summary

In this chapter, the inconsistent definition of the term and parameters of workplace bullying was found to open an opportunity to investigate whether or not the focus on traditional workplace bullying left a segment of the workplace unexplored in terms of peer interference. As discussed in this chapter, this study was exclusively structured to examine the experiences of high performing individuals and subject matter experts in the healthcare field who encountered bullying explicitly perpetrated by their peers. In Chapter 2, I examine the literature that formed the basis for exploring the phenomenon of peer interference. I discuss the research design and methodology in Chapter 3, report the results of the study in Chapter 4, and conclude in Chapter 5 with an interpretation of the findings, draw conclusions, and offer recommendations for utilizing

the results of the study and thoughts regarding further research in the area of peer-to-peer interference in the healthcare field workplace.

Chapter 2: Literature Review

Workplace bullying is known to have multiple meanings, share similar concepts, and in some cases, have different core factors or constructs (Nielsen & Einarsen, 2018). Branch, Ramsay, and Barker (2013) referred to researchers conflicting use of the term bullying geographically and in content, regardless of country of origin. Nielsen & Einarsen (2018) conducted a meta-analysis. They concluded that most researchers agree that bullying is considered to be a targeted and persistent negative interaction involving two parties and how it can escalate into an unbearable situation. Randle (2011) advanced the conversation by addressing the impact of bullying in a healthcare setting. However, the study also does not consistently apply traditional definitions or criteria addressing the impact of bullying but appears to be describing what could be classified as peer interference. Randle's (2011) attempt to describe bullying activity vacillates between the use of the term bullying, negative acts, and harassment, contributing to the disagreement about what is or is not bullying. In searching the literature, the topic of peer interference was found to have received minimal targeted attention. Therefore, the focus of this qualitative phenomenological study was to explore the lived experiences of healthcare professionals who are either high performing or subject matter experts, or both and were victims of mistreatment in the workplace perpetrated by peers specifically. The ultimate goal of the study was to discover their perception of the harm or impact, extent that peer interference affected their work, personal and professional wellbeing, and their ability to maintain a state of self-actualization (see Maslow, 1943). For this study, peers are defined as two or more persons functioning at the same level in the organization and who are

competitors for increased opportunities or rewards based upon specific organizationally defined or implied criteria (see Cornelissen et al., 2017).

A review of the literature revealed disagreement about bullying definitions, actions, or an organization's ability to discover, respond to, and remedy bullying behaviors (Nielsen & Einarsen, 2018). Further, as demonstrated by Hershcovis (2011), regarding five constructs that categorize types of aggressive behaviors, there is a clear potential to overlook a segment of the workforce that treated adversely, and it goes undetected by the organization. Also, there is the generalized notion that somehow, a victimized person is a weak and politically powerless person even though they are high performing and are willing to be flexible for a higher purpose (Treadway et al., 2013). In this chapter, I challenge that notion through an in-depth examination of the literature, the lens of Maslow's hierarchy of needs, and then in a later chapter, share the stories of the lived experiences of high performing persons in the healthcare field. The potential social change implications for this study are rather significant. Ultimately, the findings of this study could contribute to an expansion of concepts and constructs available in the literature regarding workplace mistreatment experienced by high performing persons or subject matter experts.

Towards that goal, I exhaustively review in this chapter the historical aspects and nuances of bullying and related constructs. I discuss related concepts such as political skill, social information processing, and organizational politics. Finally, the chapter culminates with a summary and final thoughts before moving on to Chapter 3 for a

discussion of the study's design, methodology, and process used for conducting interviews.

Literature Search Strategy

Accessing peer-reviewed literature, dissertations, theses, books, and other academic and social science related resources was primarily accomplished through accessible databases hosted through the Walden University Library's Thoreau online services. ProQuest and EBSCO host were the principal databases used to conduct the literature search. Google Search was the preliminary search tool used to get a sense of articles published related to the study and the number of times cited in other studies.

The focus of this study required the discovery of research related to workplace aggression perpetrated or experienced by and between peers. Initially, efforts to discover literature using key terms combining variations of *workplace, bullying, peers*, and *conflict* yielded few articles that were deemed useful to this study. However, the following keyword combinations yielded an extensive and diverse number and quality of articles*: workplace bullying, bullying in healthcare, workplace aggression, incivility, harassment, interpersonal conflict, lateral violence, horizontal bullying*, and *mobbing*.

In the process of discovering literature on bullying research, it became apparent that beyond seminal research, subsequent foundational research revealed studies published between 1990 and 2012. More important, the studies remain highly cited and are focal references even in the literature recently authored by prominent researchers in the field of workplace bullying (i.e., Nielsen, Einarsen, Hershcovis, Duffy, Namie, Leymann, Matthiesen, Zapf, Salin, Treadway, Ferris, and others; Nielsen & Einarsen,

2018). I took considerable effort to discover, evaluate, synthesize, and introduce research literature to provide a full-spectrum view of the phenomenon of peer-to-peer interference.

Conceptual Framework

Maslow's hierarchy of needs (Maslow, 1943) is the lens through which this study is to be viewed and was also the framework through which to determine what level of need, per Maslow's hierarchy, is the focus of a high performing, assumedly self-actualized individual who encounters peer-to-peer interference in the workplace.

Research details the adverse effects of bullying on a person's health, ability to perform at work, and the high cost of bullying through lost work time, position vacancies due to workers quitting or resigning, and the related cost of recruiting and rehiring (Askew et al., 2012; Berry & Gillespie, 2012; Nielsen & Einarsen, 2018; Rusbult, Farrell, Rogers, & Mainous, 1988).

Although researchers are grappling with methodologies and theories aimed at creating a unified framework to apply in research studies across all types of workplace aggression, including bullying (Branch et al., 2013; Nielsen & Einarsen, 2018), very little research had been conducted applying Maslow's hierarchy of needs (Maslow, 1943) as a framework to examine the effects of workplace aggression. However, no research studies were discovered that assessed the impact that bullying-like events, such as peer-to-peer interference, have on high performing workers or subject matter experts who have reached, according to Maslow, their highest level of need, self-actualization.

Some know Maslow's seminal work, known as Maslow's hierarchy of needs (Poston, 2009), or Maslow's motivation hierarchy (Taormina & Gao, 2013), Maslow's

hierarchy of inborn needs (Paris & Terhaar, 2010), among others. However, all authors agree that Maslow's hierarchy of needs is an encapsulation of five basic needs of human motivation that Abraham Maslow introduced in the seminal work "A Theory of Human Motivation" (Maslow, 1943). Maslow (1943) believed that every person is driven by five basic needs that must be satisfied in order for them to evolve into wholeness as an individual. According to the needs pyramid, the most basic need is a person's physiological needs, such as food, oxygen, sleep, and other factors. The next level of need, according to Maslow, is the need for safety. Safety needs include factors that make a person feel secure such as a place to live, work, having adequate income, freedom from fear, injustice, unfairness, and several other indicators. After the safety needs are satisfied, the next need is the need for love. More specifically, the need for love, affection, belongingness, relationships with people, and several other concerns. Once the need for love is satisfied, a person would seek to satisfy the need for esteem. The need for esteem includes the desire for self-respect, high evaluation of themselves, achievement, recognition, reputation, and a sense of self-esteem. Finally, the highest of all needs, according to Maslow's theory, is the need for self-actualization. As with all levels of need, a person becomes restless in the former need, and then an appetite for a higher-level need becomes the focus. Maslow calls this a need for self-actualization. Maslow believed most people would want to become actualized in their ultimate potential and ability. Maslow warns, however, that what is actualization to one person, might be different for another. Nevertheless, it is being the best at what a person chooses to become the best. Maslow's writings in this area seemed to indicate that because this

level of satisfaction is usually an outlier for society, when someone is recognized to have actualized in their chosen area, that person is (a) singled out in some manner, (b) ordained with a level of expected success and a higher level of contribution, and (c) thought to possess the superior skill set. Above that, perhaps as someone who is satisfied at the level of need for esteem (Maslow, 1943).

Although this application of Maslow's five basic needs is new regarding framing the experience of a high performing individuals' episode(s) of peer-to-peer interference in the workplace, similar use of Maslow's work was applied in Paris and Terhaar's (2010) study examining nursing quality, work environment, and retention. Their use of Maslow's hierarchy of needs framework was to identify through the five needs, opportunities, and strategies for improving nurses' work environment in general. Similar to their study, this study applied Maslow's model of the five basic needs to frame the impact that workplace aggression has on a high performing person's motivation level. Further, the findings from this study could serve as supporting evidence that, if found to be the case, the cost of allowing the phenomenon of peer-to-peer interference to go unaddressed, could be higher than found in the literature on bullying's impact in general.

Literature Review

Workplace bullying is known to have multiple meanings, share similar concepts, and in some cases, have different core factors or constructs (Nielsen & Einarsen, 2018). Hershcovis (2011) conducted a study that evaluated five constructs of several found to occur frequently in research published on bullying over twenty years (1990-2000). The five constructs are social undermining, incivility, bullying, abusive supervision, and

interpersonal conflict. She brought the five constructs under one umbrella category labeled as workplace aggression.

Social undermining is defined as actions that hinder a person's ability to have quality relationships in the workplace and can hinder work progress and may even negatively impact their reputation (Hershcovis, 2011).

Incivility has become a popular construct in research. Incivility covers those insipient negative acts that escape classification under other constructs, especially bullying. Act of incivility covers behaviors such as being rude, making negative comments about others, and having a discourteous disposition toward co-workers, and perhaps even patients (Hershcovis, 2011).

Bullying has a few key factors that are consistent among researchers. A person could become a victim of bullying from a variety of sources, supervisors, other employees, patients, vendors, and more. In order for a victim to have been bullied, the negative acts must have occurred repetitiously and over an extended period, usually six months or more (Hershcovis, 2011; Nielsen & Einarsen, 2018).

Abusive supervision is a type of mistreatment directed at an individual who is in a lesser position of power, and the source of the negative behavior is from the person(s) who directly or indirectly supervises the victim (Hershcovis, 2011).

Interpersonal conflict involves workers at any level in the organization. Conflict can emanate from misunderstanding, disagreement, organizational policies, or even personality differences (Hershcovis, 2011).

In a later study, a meta-analysis with a broader scope, Nielsen and Einarsen (2018) expanded the list of constructs but placed them under the broad heading of psychological aggression. The list includes nine constructs: abusive supervision, incivility, bullying, mobbing, harassment, victimization, interpersonal deviance, emotional abuse, ostracism, and social undermining. As expected, some are similar to Hershcovis' (2011) five constructs. However, there are differences, as well.

Social Undermining, as defined by Hershcovis (2011), on the surface, seems to cover key factors related to interfering with a worker's ability to succeed and maintain relationships in the workplace. However, Hershcovis (2011) points out that while there is research on the social undermining construct, the focus was on exploring outcomes such as job satisfaction, whether or not a person would continue on the job and negative behaviors that can be construed to interfere with a worker's progress. According to Hershcovis (2011), what is missing from the research is an exploration of how social undermining acts impact a person's ability to succeed and maintain relationships in the workplace. Branch et al. (2013) agree with Hershcovis' observation that although a significant amount of research is on abusive supervision and other types of workplace mistreatment, very little has been done to examine negative acts between co-workers. Also noticed was there were no parameters assigned to the level or status of an undermined the worker. For example, it would be of interest to know if the impact of social undermining is the same for all workers, or is it different depending on the skill level, organizational position, and job classification. This study's focus was on

discovering how interfering behaviors perpetrated between peers equal in position and power impacts a person's career and ability to function at their highest potential.

There are several other terms used to describe various types or levels of the overarching concept of bullying. The following are most prevalent in the literature and addressed individually or comparatively.

Mobbing is a term most closely related to bullying than any of the others and considered by a preponderance of researchers to be interchangeable (Askew et al., 2012). Whereas in the same research, they classify harassment as having the same meaning as bullying, even with Matthisen, Einarsen, and Mykletun (2011) suggesting they agree, that appears to be the case in researching the literature conducted over the last five years. Other variations of the bullying label are victimization, interpersonal deviance, emotional abuse, ostracism, and more (Branch et al., 2013; Chirila & Constantin, 2013; Hershcovis, 2011; Nielsen & Einarsen, 2018).

However, the most commonly used term for workplace mistreatment is bullying (Branch et al., 2013; Hershcovis, 2011; Nielsen & Einarsen, 2018). Not surprising is the widespread disagreement over the application of the bullying label and the other constructs as well (Askew et al., 2012; Branch et al., 2013; Hershcovis, 2011; Nielsen & Einarsen, 2018). Most researchers agree that bullying is considered to be persistent, negative, and abusive behaviors targeted at an individual and escalate into an unbearable situation for the targeted person (Askew et al., 2012; Branch et al., 2013; Hershcovis, 2011; Nielsen & Einarsen, 2018).

Up to this point, there is one construct that is not included in Herchovis' (2011) or Nielsen and Einarsen's (2018) lists of constructs that they selected to focus on their studies upon, horizontal bullying. It is a bullying concept that surrounds people who are on the same level, yet they bully one another (Branch et al., 2013; Granstra, 2015; Karabulut, 2016). Branch et al. (2013) agreed with Hershcovis' (2011) observation that although a significant amount of research focuses on abusive supervision and other types of workplace mistreatment, very little has been done to examine negative acts between co-workers. Horizontal bullying is a concept that is relative to this study due to the nature of those involved, co-workers, more specifically, peers in the workplace.

Of the many researchers studying the phenomenon of bullying, each has helped to provide clarity or reveal nuances through their various approaches taken to breakdown definitions and align behaviors with constructs and settings. For example, Randle (2011) advanced the conversation by addressing the impact of bullying in a healthcare setting. However, revealing a weakness, the study does not consistently apply traditional definitions or criteria in addressing the impact of bullying. However, it appears to be describing what could be classified as peer interference. In Randle's attempt to describe bullying activity, it vacillated between the use of the term bullying, negative acts, and harassment, contributing to the disagreement about what is or is not bullying, and could be why peer interference appears to have received minimal targeted attention in the literature.

The focus of this qualitative phenomenological study was to explore the lived experiences of healthcare professionals who are either high performing or subject matter

experts, or both and were victims of mistreatment in the workplace perpetrated by peers specifically. The ultimate goal of the study was to discover their perception of the harm or impact, extent that peer interference affected their work, personal and professional wellbeing, and their ability to maintain a state of self-actualization (Maslow, 1943).

A review of the literature revealed there continue to be disagreement surrounding definitions, and actions that signify a person was bullied, or an organization's ability to discover, respond to and remedy bullying behaviors (Branch et al., 2013; Nielsen & Einarsen, 2018). Further, as demonstrated by Hershcovis' (2011) discussion on the five constructs that categorize types of aggressive behaviors, there is a clear potential to overlook a segment of the workforce who could become a target, and it goes undetected by the organization. Also, somewhat disturbing, there is the generalized notion that somehow a victimized person is a weak and powerless person, based upon their ability to defend themselves, even though they may be a high performing worker and willing to be flexible for a higher purpose (Branch et al., 2013; Karabulut, 2016; Treadway et al., 2013).

Rather than a power imbalance being weighed heavily as a reason that a perpetrator of workplace mistreatment can bully a person of equal standing, such as a peer, as suggested by researchers like Chirila and Constantin (2013), several studies found in the literature allude to perhaps an alternative explanation to what might be the issue. Karabulut (2016) discussed this extensively in the research surrounding the reasons that a person might become mistreated. Among the reasons listed were a bully's and victim's personality traits, psychological issues, social competencies, behavioral skills,

ability to manage conflict, organization culture, and environment, all can be an antecedent for why someone can become a target, rather than merely a power imbalance. Treadway et al. (2013) research into political skill and job performance is an example of an alternative perspective. They found an imbalance between a bully and a victim's social competence. This imbalance recognized as the bully having the superior capability in using social and political skills to use the organizational environment to their benefit and the detriment of the victim. Ferris (2007) framed the same idea in another way, strategic bullying as a result of a personality defect within the perpetrator. In an earlier study on perception of organizational politics, Ferris and Kacmar (1992) discussed how perceptions of what an organization values can lead to organizational politics**.** Further, they found that professional organizations tend to be more political than other types. That being the case, it is implied, at least for this study, that a healthcare organization, being a professional organization, would have a certain level of organizational politics that could become the impetus for interpersonal conflict between peers in the healthcare setting.

There is an agreement in the field of bullying research that these and other social, political, and psychological factors impacting the workplace and workers should be researched in the future to develop a more succinct theory that specifically builds a central framework from which the phenomenon of workplace mistreatment can be studied (Branch et al., 2013; Ferris, 2007, 1992; Hershcovis, 2011; Nielsen & Einarsen, 2018; Treadway et al., 2013).

That notwithstanding, to this point, three key constructs were identified from the literature that is most closely related to this study that examines the phenomenon of peer-

to-peer interference. They are bullying, horizontal bullying, and social undermining. The research confirmed that these constructs exist; however, they do not go far enough to be characterized as research into the phenomenon of peer-to-peer interference. This limitation was most evident when attempting to drill down into the literature using "peer" as a key part of any of the types of bullying or mistreatment terms. Even in the literature that addresses explicitly peer relationships in the workplace, they generally fell short of succinctly defining the key elements of what a peer at work consists of, i.e., position, job assignment, knowledge specialty, and other factors. Sanner-Stiehr and Ward-Smith (2016) define peers as individuals working at the same professional level. Purpora, Blegen, and Stotts (2015), describe peers as persons of equal status. However, Cornelissen et al.'s (2017) definition was found to be the most descriptive. According to the authors, peers are persons on the same level and in the same section or career group in an organization or field. Other references found in the literature provided similar definitions but also helped characterize the dynamics within a peer relationship. For example, Fritz's (1997) research examined the nuances of organizational relationships between genders. Gordon and Hartman (2009) provided three relational levels that exist between peers. Together, they are essential to the ideas being put forward in this research relative to the phenomenon of peer interference in the success of another peer in the workplace. The three peer levels presented in Gordon and Hartman's (2009) research are information, collegial, and special. Although they do not define positional peer relationships, they do provide valuable insight into contextual dynamics within peer relationships that may have detrimental impacts if not recognized, and perhaps even

adhered to in some manner, and could potentially elevate into any of the forms of bullying, especially between peers.

For this study, the definition is that peers are two or more persons functioning at the same level in the organization and are competitors for increased opportunities or rewards based upon specific organizationally defined or implied criteria. To explore the phenomenon of peer interference deeper, the definition is additionally refined to specifically examine a peer subset that includes workers who are nearly equivalent in professional field and training, perceived personal or political power, performance level or characterization, career aspirations, interpersonal relationships, social status, and personal needs.

These peer characteristics were intentionally chosen to focus on a small peer group upon which to focus the study. Examining these characteristics in the context of Maslow's (1943) hierarchy of human needs helps to explore the idea that a person's innate desire is to reach their highest level of fulfillment, or self-actualization, according to the five basic needs theory of motivation**.** Although it might be clear that there is a human motivation cost to be paid when someone moves from a lower-level need in the hierarchy of needs to the next higher level, this study intends to discover the implications when a high performing worker or subject matter expert, through a series of events or actions, has been negatively mistreated by a peer and is forced downward in the hierarchy to a lesser need than that which was once satisfied. It is for this reason that the five basic needs conceptual framework is the chosen lens into which to view the impact of peers interfering with another peer's success in the workplace.

As a refresher, Maslow (1943) believed that every person is driven by five basic needs that crucial in order for them to evolve into wholeness as an individual. According to the needs pyramid, the most basic need is a person's physiological needs, such as food, oxygen, sleep, and other needs. The next level of need, according to Maslow, is the need for safety. Safety needs include factors that make a person feel secure such as a place to live, work, having adequate income, freedom from fear, injustice, and unfairness. After the safety needs, the next need is the need for love, more specifically, the need for love, affection, belongingness, and relationships with people. Once the need for love is satisfied, a person would seek to satisfy the need for esteem. The need for esteem includes the desire for self-respect, high evaluation of themselves, achievement, recognition, reputation, and a sense of self-esteem. Finally, the highest of all needs, according to Maslow's theory, is the need for self-actualization. As with all levels of need, there becomes a restlessness in the former need, and an appetite for a higher-level need becomes the focus for the person. Maslow calls this a need for self-actualization. Maslow believes most people would want to become actualized in their ultimate potential and ability. As mentioned before, the selection of high performers and subject matter experts as participants in this study follows the assumption that particular group of workers could be implied to have moved into Maslow's fifth and highest level, the need for self-actualization. The importance of settling on the definition of what constitutes a peer is that it allows me to explore the cumulative effect of disparate events that perhaps culminate into a level of mistreatment that moves an individual from the point of career

success to perhaps being dissatisfied with their work, job, feeling insecure, fearful, and demonstrating a noticeable decline in work quality and interpersonal relationships.

Branch et al. (2013) explored this idea of how perhaps mistreatment in isolation does not rise to the level of attention of leaders and managers within an organization, and, when taken together, the impact of events can tell a different story. Using Weiss and Cropanzano's (1996) work on affective events theory (AET), Branch et al. (2013) shed important light on the importance of considering the totality of adverse incidents experienced by an individual. AET examines a person's emotional response to a workplace conflict or mistreatment events. Whereas, as with bullying's impact assessment alone, peer interference would not qualify as meeting the traditional frequency and intensity to be classified as bullying incidents. However, by including a person's emotional response to what are seemingly low-level incidents of mistreatment, as in peer interfering behaviors, applying AET to the equation, it becomes possible to recognize those layered adverse emotional reactions.

Additionally, when viewed through the lens of Maslow's (1943) hierarchy of needs pyramid, it can be better estimated at what level of intervention would be prudent based upon the exhibited behaviors or reported state of the mistreated person, and how those behaviors align with the five levels of human needs. For example, if a once high performing (self-actualized) individual is now expressing concern about their role in the organization or ability to have a place in the organization, as a result of peer interference with their work or interpersonal relationships, a leader or manager would compare those observations to the hierarchy of human needs and find that those behaviors are not only

not aligned with the fifth, and highest level need- self-actualization, but they are also dealing a high-value person grappling with concerns found three levels down the hierarchy in the area of safety and security. The organizational costs, personal consequences, and measures needed to correct this slide is covered later in this study.

Reflecting back on the power imbalance discussion raised by Karabulut (2016), Treadway et al. (2013), Branch et al. (2013), the question becomes, "If there is such a thing as power equilibrium between high performing peers, how is it then that still one peer successfully asserts an ability to mistreat their peer in a manner that culminates in their becoming unsure of themselves, questioning their expertise, or passed over for greater responsibilities?" More succinct, what are some things that perhaps make one high performing, self-actualized peer susceptible to another peer's harmful interference, undermining, or other adverse actions? There are multiple theories found in the literature that could account for the leverage, rather than the sheer wielding of power by one peer over the other. Organizational politics could be at work. It has been found that highly professional organizations are more susceptible to being an incubator for that type of culture, and it could be possible that one peer or the other could have a better ability to maneuver in such an environment (Ferris & Kacmar, 1992). In an earlier study, Ferris & Judge (1990) explored the idea that political influence may account for the perpetrator's ability to take advantage of organically created opportunities to mistreat or misrepresent a coworker or their work. Several years later, Treadway et al. (2013) conducted a study asserting that rather than it being a political influence as the differing element, it is the superior political skill that one peer has a better grasp upon than the other. Although this

might seem to be a nuanced difference, reflect upon the study regarding the three relational levels that exist between peers: information, collegial, and special. Informational peers share organizational information with the coworkers. Collegial peer relationships extend beyond work requirements and involve assisting with job-related needs as well. Although special peer relationship includes informational and collegial elements, it also has emotional support aspects too that would be more likely to characterize the special peer as a friend (Gordon & Hartman, 2009). One could reasonably conclude that unsuccessfully navigating these necessary, but crucial, levels of peer relationships would likely have detrimental impacts if not recognized, and perhaps even adhered to in some manner, and could potentially elevate into any of the forms of bullying. Further, applying Treadway et al.'s (2013) perspectives on political skill, a peer capable of manipulating these levels of relationships for their benefit, using higher-level political skills, could be an opening for a peer to be mistreated and ultimately interfered upon. Considering previous research, alternative theories, and combining them with a non-traditional lens (Maslow's hierarchy of needs), in which to view the phenomenon of peers interfering with one another's success in the workplace, conducting this study has the potential to address this interpersonal and organizational problem formally.

After an exhaustive review of the literature, it has been established that persons of equal power who are involved in a conflict in the workplace, even though their actions exhibit behaviors that traditionally aligns with bullying and other similar constructs, it does not qualify as bullying and are not captured or addressed explicitly in most studies (Branch et al., 2013). Hence, the phenomenon of peers erecting barriers to another peer's

success in the healthcare setting is found to be an unaddressed gap in the field of bullying and could have significant social change implications, at least for this group of highly trained and high performing workers in healthcare. There are two main questions this study desires to answer. First, from participants' stories, what are the dynamics involved in encounters where they have been negatively interfered with by a peer (as defined in this study)? Second, what impact does peer-to-peer interference have on a victim, their career, and their ability to function at their high potential, or according to Maslow (1943), in a state of self-actualization? Ultimately, this study could contribute to an expansion of concepts and constructs available in the literature regarding workplace mistreatment experienced by high performing persons or subject matter experts.

Summary and Conclusion

In this chapter, I challenged the notion that the traditionally accepted definition of bullying adequately captured the phenomenon of peers interfering with another peer's success in the workplace. Through an in-depth examination of the literature, it was discovered that because of the equivalent power base of high performing peers, this group of workers is not bullied when conflict arises that has the look and feel of being bullied. However, when viewed the through the lens of Maslow's hierarchy of needs, not addressing the adverse treatment of workers considered to be at the self-actualization level, the highest level of the five basic needs (Maslow, 1943), the fallout could be catastrophic for an organization that relies on a highly skilled and high performing workforce, such as the healthcare field. Maslow (1943) revealed that it is at the safety and security level where an individual expects knowledge and information to transfer freely.

Therefore, when a self-actualized performer feels they are being undermined, through the restricting of their ability to access and using information, then there is a good chance they would leave the highest level of the hierarchy by reverting to a level to regain or protect their safety and security. On the surface, it may not seem significant. However, looked at closer, what could have occurred is the departure of the high performing talent that focused on being a fully contributing resource involved with ensuring the safety and high-quality experience of patients in the healthcare setting, as well as the high reliability of healthcare organizations overall.

In the next chapter, I share the stories of the lived experiences of high performing persons in the healthcare field. My goal was to capture from their stories the dynamics involved in encounters where they have been negatively interfered with by a peer. Further, I aimed to discover the impact the interference had on the victim, their career, and their ability to function at their highest potential, or according to Maslow (1943), in a state of self-actualization.

Chapter 3: Research Method

Introduction

In Chapter 1, I discussed how, in the healthcare workplace, bullying is shown to negatively impact patient care and safety, workflows, outcomes, interpersonal relationships, performance, mental and physical health, and cause a plethora of other secondary effects (Felblinger, 2009). Workplace bullying, as defined in Chapter 1, is the singling out of someone by a perpetrator to harass and mistreat (Ramel, 2017). However, as described in Chapter 2, workplace bullying is known to have multiple meanings, share similar concepts, and in some cases, have different core factors or constructs (Nielsen & Einarsen, 2018). Branch et al. (2013) discovered that due to researchers' conflicting use of the term bullying, geographically and in content, there remained a gap in the research that examines what the real impact of horizontal mistreatment in the workplace that does not qualify as bullying, in the traditional sense is. In 2011, Herschcovis' research had the same conclusion, as did Nielsen and Einarnsen in 2018. The authors agreed that more research was needed to understand better the phenomenon of mistreatment by peers that fall outside the confines of traditional bullying concepts and constructs.

The purpose of this qualitative phenomenological study was to explore the lived experiences of victims of mistreatment in the workplace perpetrated specifically by peers. The ultimate goal of the study was to discover their perception of the harm, impact, and the extent the interference has on their work and the victim's ability to reach or continue in a state of self-actualization (Maslow, 1943) in their work in the healthcare setting. For this study, peers are defined as two or more persons functioning at the same level in the

organization and are competitors for increased opportunities or rewards based upon specific organizationally defined or implied criteria (see Cornelissen et al., 2017).

In this chapter, I discuss the process by which the phenomenon of peer interference would undergo investigation. First , I describe the design of the study and then discuss the role of the researcher, followed by a review of the methodology. I conclude with how issues of trustworthiness of the research procedures and resulting data were handled.

Research Design and Rationale

Two research questions (RQ) are central to discovering more about the phenomenon of peer-to-peer interference:

RQ1: What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work?

RQ2: How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize?

The central concept of this phenomenological study is to discover the meaning of peers interfering with another peer's ability to succeed in the workplace. Previous literature approached this phenomenon through bullying constructs and concepts such as horizontal bullying, social undermining, and interpersonal conflict (Chirila & Constantin, 2013; Herschcovis, 2011; Nielsen & Einarnsen, 2018). However, they fall short of addressing mistreatment between peers who do not fit the differentiating factors of intensity, frequency, the position of power, outcomes, and intent (Hershcovis, 2011). In this study, my intention was to explore that gap to discover issues of peer interference

that may not have been revealed or not undertaken by other researchers. Further, as a conceptual framework in which to view this phenomenon, Maslow's hierarchy of needs (Maslow, 1943) was used to categorize the resulting impact that mistreatment has on high performing persons working in healthcare settings.

According to Creswell and Poth (2018), the most appropriate research tradition to conduct a study of this nature would be qualitative using a phenomenological design. They listed four other possible approaches, such as narrative research, grounded theory, ethnography, and case study. However, upon close review of the five approaches, only the phenomenological approach had a core purpose of interviewing participants, seeking to capture persons lived experience with a phenomenon.

Role of the Researcher

The primary method used to gather information to investigate the phenomenon of peer interference was the unstructured interview approach, as described by Maxwell (2013). I was the sole interviewer who interviewed each participant and recorded the participant's experience while observing any audible or visual cues that might add to the depth of what was spoken by the interviewee. Current students and work colleagues were not participants in this study, which eliminated researcher biases or power relationships in terms of positional influence.

In terms of ethical issues, the main conduit through which participants were recruited was LinkedIn. Although many connections were personally known to me, most were connections based upon similar networks, professions, or interests. None of my connections created a conflict of interest in approaching them through a general call for

study participants. Although it is common to offer a gift, payment, or other tangible incentives for participation in a study, none were offered. Participants were verbally thanked after the interview, and the results of the study were shared with the participants.

Methodology

Participant Selection Logic

Crucial to this study on peer-to-peer interference and participant selection was the definition of a peer. For this study, peers are defined as two or more persons functioning at the same level in the organization and are competitors for increased opportunities or rewards based upon specific organizationally defined or implied criteria. The definition was expanded to include workers who are similar in professional training, perceived personal or political power, career aspirations, interpersonal relationships, and personal needs.

Participants were purposefully selected to ensure that only persons who have firsthand encountered peer-to-peer interference were chosen as participants in the study. Further, because the conceptual framework was focused on Maslow's (1943) hierarchy of needs, specifically the need for self-actualization, it was crucial that participants self-identify as a high performer or subject matter expert in their field or job as a healthcare professional, whether or not formally recognized as such. Respondents who met the above criteria were invited to participate in the study through an invitation broadcast on the LinkedIn social network.

Approximately 1,700 LinkedIn connections were invited to participate in the study. Applying standard marketing respondent criteria yielded approximately 120

recipients of the invitation to participate were expected to respond and that at least 20 would qualify as participants. However, only 12 responded, and 10 qualified as participants. Researchers such as Maxwell (2013) and Creswell and Poth (2018) agreed that sample sizes with as few as eight to 10 participants are sufficient to gather sufficient data to discover emerging themes or commonalities in participant lived experiences. It was difficult to predetermine how many of the selected sample size it would take to achieve saturation.

Instrumentation

All instruments were researcher-developed and based upon criteria provided by Maxwell's (2013) and Creswell and Poth's (2018) work on qualitative research design. The primary instrument, besides the researcher, was a list of open-ended questions (see Appendix B) that were asked of each participant and were capable of answering the research questions once the data was collected, coded, and analyzed. The questions in the interview protocol were developed through the use of thought experiments, as described by Maxwell (2013). The thought experiments consisted of reflecting on my own experience with mistreatment in the workplace and thinking through the type and relevancy of questions needed to explore the phenomenon of peer-to-peer interference and how potential participant responses would compare with Maslow's concepts on people's five needs, with a primary focus on the need to achieve their highest potential or self-actualize. The process also included thinking about how participants would comprehend the questions about their own experiences and anticipate how they might answer the question. Interview questions were tested on three colleagues, not in the

healthcare field, to determine if they yielded responses that could provide information relative to the research questions. Several questions were eliminated, and some were adjusted for clarity, as a result of their responses. Table 1 lists the research and sub-questions, along with framework details necessary to understanding peer-to-peer inference and its effect on a person.

Table 1

Research Questions Matrix

Research questions (RQ) /Interview questions (IQ) number	Research question /Interview question	Why do I need to know this?	What is the relationship to the framework?
RQ1	What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work?	Existing research has limited information regarding peer-to-peer interference	Applying this knowledge to Maslow's Hierarchy of Needs (MHONs) will help to understand what it means to achieve and maintain the ability to work at an individual's personal best (self-actualization). Unfavorable circumstances have the potential to shift a person into any level on the hierarchy, thereby moving the person from a higher level to a subordinate level. This study will attempt to identify that movement relative to MHONs.
IQ1	When you read the title of the study, “Peers Erecting Barriers to Another Peer’s Success in the Healthcare Setting,” what did it mean to you?	Serve as an interview opener and to ascertain participants understanding of the study	
IQ1A	What are you currently doing professionally?	Determine any similarities or distinguishing factors between participants	
IQ1B	How long have you been, or were in, the healthcare field?	Determine any similarities or distinguishing factors between participants	
IQ2	How would you describe your experience(s) where you felt you encountered peer-to-peer interference, and what where some obstacles or barriers you felt your peer placed in your path, and how long did it go on?	Literature is unclear on the behaviors associated with, and definition of, peer-level mistreatment. Also, the length of time a person is victimized is currently used as a critical metric in determining if a person has been bullied.	Respondent's response could align with one or more of the five needs as a precursor to interfering with a person reaching self-actualization. Barriers can be catalysts to transitions between levels of needs

(*continued*)

Research questions (RQ) /Interview questions (IQ) number	Research question /Interview question	Why do I need to know this?	What is the relationship to the framework?
IQ3	At what point(s) in your career did it occur, and what was the peer's position/role relative to yours?	Determine any similarities between participants' experiences relative to when it occurred and the position of the peer perpetrator.	
IQ4	How would you characterize your level of performance or knowledge in general and relative to your peers considered to be in direct competition for similar professional goals or opportunities?	To understand the participant's perspective regarding what constitutes a high performance. It also will provide secondary validation that the participant meets the established self-selection criteria.	Ensures the focus remains on the highest-level need-self-actualization.
IQ5	How would you describe the politics and balance of power between you and the peer you felt interfered with your work or plans for success?	Lack of political skill is used in the literature as a determinant of someone becoming a victim of bullying. Discovering a participant's perception of their political skill is essential in assessing how it relates to peer-to-peer interference.	
IQ6	What are some of the ways you tried to stop the adverse treatment, and how successful were those actions taken?	It is not clear if actions taken by a person in response to peer mistreatment are similar to those in other bullying constructs.	Maslow lists behaviors that are aligned with particular needs. The hierarchy of needs will help align an action to resolve an issue to one or more needs on the hierarchy.
IQ7	Who came to your aid when peer interference was experienced, and how did they help?	Organizational involvement is essential in preventing and addressing bullying. It is unclear what support a victim of peer-to-peer interference receives from those in authority or are aware of the mistreatment.	Safety, security, and belonging are lower-level needs on the hierarchy. Feeling at risk in any of those areas could mean a once self-actualized person's focus may shift, perhaps to a lower level need for purposes of resilience and recovery.
IQ8	What organizational policies, procedures, training, programs, etc. were in place to assist you in preventing and/or resolving peer or other types of mistreatment?	Although policies exist for bullying, workplace civility, and other types of mistreatment, it is unclear what written organizational protections or assistance are in place that specifically addresses peer-to-peer interference. Knowing this will aid in understanding tools available to prevent or resolve peer-related mistreatment.	
IQ9	If you could label peer-to-peer interference as a particular type of mistreatment that you are aware of or may have learned about through any number of ways/means, what would it (they) be labeled as or called?	Literature is unclear on the behaviors associated with, and definition of, peer-level mistreatment. This provides another opportunity to learn directly from a person who experienced peer-to-peer mistreatment, what they believe is the type of mistreatment that they encountered.	

(*continued*)

Research questions (RQ) /Interview questions (IQ) number	Research question /Interview question	Why do I need to know this?	What is the relationship to the framework?
RQ2	How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize?	Existing research has limited information regarding this area of peer-to-peer interference.	Applying this knowledge to Maslow's Hierarchy of Needs (MHONs) will help to understand what it means to achieve and maintain the ability to function at an individual's personal best (self-actualization). Any adverse treatment has the potential to shift a person to any level on the hierarchy, thereby moving the person from the highest level to a subordinate level. This study will attempt to identify those impacts relative to MHONs.
IQ10	What impact did the situation of peer interference have on your professional career goals or plans?	Existing research has limited information regarding this area of peer-to-peer interference.	This area has multiple motivations and determinates within MHONs. All of which have the potential to negatively impact a person's desire to reach or sustain self-actualization.
IQ11	Regarding your work, how did it suffer, and what measures did you have to take to sustain a high level of quality in your work?	Existing research has limited information regarding this area of peer-to-peer interference.	This area has multiple ramifications within MHONs. All of which have the potential to negatively impact a person's desire to reach or sustain self-actualization.
IQ12	In terms of your personal best, how did this situation of peer interference impact your ability to achieve or sustain your personal best both professionally and personally?	Existing research has limited information regarding this area of peer-to-peer interference.	This area has multiple ramifications within MHONs. All of which have the potential to negatively impact a person's desire to reach or sustain self-actualization.
IQ13	How did the situation of peer interference impact your life in general? For example, personal relationships, how you feel/felt about your achievement in your career and personal life, your ability to provide for yourself or others, your job security, and your ability to venture into things you did for fun?	Existing research has limited information regarding this area of peer-to-peer interference.	This area has multiple ramifications within MHONs. All of which have the potential to negatively impact a person's desire to reach or sustain self-actualization.
IQ14	When going through the period(s) of peer interference, and in the aftermath, how did you feel mentally, emotionally, and physically?	Existing research has limited information regarding this area of peer-to-peer interference.	This area has multiple ramifications within MHONs. All of which have the potential to negatively impact a person's desire to reach or sustain self-actualization.
IQ15	What did you do, and how long did it take to recover in your personal and professional life, and if appropriate, feel restored?	Impacts are known for bullying incidents. However, the effects of peer-to-peer interference are not known and can be useful in educating individuals and organizations about the costs of this type of mistreatment.	Safety, security, and belonging are lower-level needs on the hierarchy. Feeling at risk in any of those areas could mean a once self-actualized person's focus may shift, perhaps to a lower level need for purposes of resilience and recovery.

Additional testing occurred at the start of the data collection phase of the study. According to Maxwell (2013), getting feedback from people similar to actual interviewees can also be useful to ensure the researcher's questions are the right questions that yield data useful to the purpose of the study. The focus of the first three interview participants, besides data collection, was on the testing of interview questions. Adjustments were made to the questions (adding IQ1A and IQ1B- see Table 1) and the interview protocol based upon the results of the testing. The remainder of the study proceeded as outlined in the methods sections of the study. Finally, to establish content validity, because of the existence of bullying constructs and research to use as benchmarks, this enabled me to compare the results of collected data with previous findings found in bullying research.

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited utilizing a purposeful selection strategy. They self-identified as meeting the following criteria: current or former healthcare professional; had been evaluated as, or considered to be, a high performer or subject matter expert in their job or field; and had been a victim of peer-to-peer mistreatment while working in a healthcare setting. Validation that participants met the required criteria was achieved through the interview protocol and as a result of the participants' responses to research questions related to their job, position, performance, and experience with peer interference.

I conducted the recruitment process using social media. Participants were invited to participate in this study through an invitation broadcast on LinkedIn social network

(see Appendix A). Respondents who did not meet the above criteria were excluded from further consideration.

Researchers such as Maxwell (2013) and Creswell and Poth (2018) agree that sample sizes with as few as eight to 10 participants are sufficient to gather sufficient data to discover emerging themes or commonalities in participant lived experiences. This study consisted of 10 participants. Participant drop-out did not occur; therefore, ample participants were interviewed. Saturation was achieved by the 10th interview.

Information and data were collected through a structured interview approach using an interview protocol composed of open-ended questions (see Maxwell, 2013). The open-ended interview questions (see Appendix B) made it possible to discover participants' experiences with peer-to-peer interference while attempting to learn a job, accomplish a task, lead a group, performance at their highest potential, and other ways the interference may have impacted the participant and reach their highest potential.

Data collection was achieved through the use of the researcher-developed instrument mentioned in the preceding paragraph. The preferred collection method was through a virtual interview conducted on a platform such as Skype, Facetime, or Facebook Live. Although limited in capturing full-body non-verbal responses to information outside of the verbal exchange, the virtual interviews were much less cumbersome and better controlled than in-person interviews would have been. Additionally, each participant was afforded full freedom to choose the best location that provided the most privacy on their end and bypassed any travel costs and logistics. Virtual interviews were conducted at my home office. In outlier instances, if a virtual

interview could not be conducted from home, an alternate location would have been selected, ensuring it had met expected privacy features necessary to prevent unintentional disclosure of the participant's identity or information from being inadvertently shared.

Telephone interviews were the primary method utilized for virtual interviews. Written responses to interview questions in place of a live interview was not required. The interviews took no more than one hour and were guided by the use of an interview script (see Appendix B). Interviews were captured using an audio recording device (revealed to the participant before the interview and allowed the participant to opt-out of the interview if they were uncomfortable with that method of data collecting) and transcribed after the session.

Being that reliving the experience of mistreatment in the workplace could be stressful when the interview or debriefing was completed, I checked in with the participant to ascertain their emotional state and to determine if a referral for assistance was needed. My pastoral training and credentials (MDiv) enabled me, through experience, to recognize when further help was needed and what resources to offer if someone needed support.

Data Analysis Plan

Following the guidance of Maxwell (2013) and Saldana (2016), data analysis started with reviewing field notes and transcripts after each interview, or as soon as practical, dependent upon the interview schedule for that particular day During the review process, a semi-analysis was ongoing through the writing of notes, memos, and documenting what I discover during the review of participant responses. Through the use

of open coding paired with my knowledge relative to mistreatment in the workplace, the results chronicled during the review stage were categorized under similar themes, concepts, and connections discovered in other participant responses. After completing the categorization phase of the initial analysis, the data was further fractured and analyzed (Maxwell, 2013; Saldana, 2016).

Additionally, as suggested by Maxwell (2013), before and during the data collection and analysis phases, attention was given to interviewer and participant bias, nonverbal behavioral cues, and displayed personality traits as of means of having more than one source to validate and triangulate the data. The use of qualitative analysis software was not needed. Similar to Saldana (2016), I preferred to interact with the data from start to finish manually. Computer-assisted qualitative data analysis software (CAQDAS) did not become necessary; therefore, the analysis process was not transitioned over to NVivo. NVivo was the CAQDAS that was most familiar to me through prior use as a data analyst.

Interviews were the predominant method used to develop an understanding of peer interactions when hired, promoted, or assigned into positions that required the provision of service, support, information, or cooperation for a successful immersion or transition into a given position in the organization. Analyzing this information and comparing it to findings in the literature regarding bullying and harassment was the basis for determining if this specific type of problem was adequately identified, researched, and appropriately classified. Further, existing measures found in the literature to be effective in preventing or remedying perceived negative conditions were studied to determine what

solutions are being utilized or can be applied to improve peer-to-peer interactions in the healthcare sector.

Issues of Trustworthiness

Credibility

A key strategy in establishing study credibility rests in the choice of using purposeful selection to develop a pool of participants from a variety of positions, professions, and backgrounds within the healthcare field. Each participant's unique perspective on the meaning of their lived experience of the phenomenon under review provides a source to cross-check for credibility. Another credibility test can be found in the use of several sources of information to establish triangulation. Comparing this study's assertions against the literature, dialogue from intensive interviews, Maslow's (1943) hierarchy of needs premises, and notes from my observations, all are valuable sources to establish the credibility of this study's findings. Additionally, being personally accountable to the research community and the expectation that the research will be peer-reviewed provided another potential source of implied credibility and trustworthiness.

The following account is provided to provide a level of transparency into my experience with the nature of this study, thereby revealing an inherent researcher's bias. I initially entered the bullying topic out of interest because of my own experience with it, as a victim. In telling my story of being bullied by a supervisor, I began to hear stories of experiences with similar treatment, except by a peer. Curious to find out more about the difference in my experience and theirs, I dived into the literature and became surprised to find contradictions, similarities, and gaps. Further, whenever I felt I came close to finding

"their" stories under bullying constructs such as horizontal bullying, social undermining, and interpersonal conflict, I only ended up finding each concept fell short of thoroughly describing the experiences I was being told. Another peculiar aspect of the people with peer to peer interference experiences; the stories were from people who could be considered high performers and subject matter experts. Listening to their stories and feeling the pain in their voices from unresolved conflict made this a research opportunity that must be undertaken to formally evaluate if the phenomenon of peer to peer interference is sufficiently studied and at minimum, provides an opportunity to turn the spotlight on an understudied phenomenon that has implications for real social change.

To allow the phenomenon of peer to peer interference to be assessed as a separate experience from my personal experience of being bullied by a supervisor, and to avoid researcher bias, bracketing was used. According to Creswell and Poth (2018), this state of reflexivity can play an essential part in building rapport with participants and, because of my own experience with mistreatment in the healthcare workplace, allowed me to be more sensitive to notice nuanced vocal tone and cadence, body movements, and vital descriptive pathways to potentially more profound revelations of their experience. This hypersensitivity did not result in asking the participant leading questions that could have appeared to steer the participants' comments in a direction towards a particular direction favorable to my own experience. As the researcher and interviewer, my goal was to get "their" stories, free and clear of my own.

Transferability

Creswell and Poth (2018) recommend utilizing thick descriptions to ensure a study's findings are transferable between participants and researchers. For this study to be meaningful, detailed descriptions were vital to distinguish nuanced differences in existing definitions of workplace mistreatment and the lived experiences of the participants selected for this study.

Dependability

During the data analysis phase, memoing was used primarily to journal thoughts about the data, ideas about organizing the data, and developing themes. However, memoing also served an audit trail that can be used to support the validity and dependability of the study's results and conclusions, according to Creswell and Poth (2018).

Confirmability

Maxwell (2013) emphasized the impossibility of eliminating the influence a researcher has on settings or participants, also called reactivity or reflexivity. However, the takeaway from Maxwell's recommendation is to be mindful of this influence and develop strategies to establish confirmability. For this study, two reflexivity strategies were utilized throughout the interview process. First, as the sole interviewer, I used presence as a reassuring and empathizing partner in the conversation. The intent was to use my posture as a means to make the participant feel safe in sharing the details of their experience. Second, I exhibited restraint as a means to ensure the participant's responses are wholly their own and not swayed by the insertion of leading questions or some other

form of interviewer influence to steer the participants' responses in a particular direction. Both of these measures were used as strategies to establish confirmability and simultaneously serve as another method to avoid researcher bias. As mentioned earlier, member checking was an essential part of the process to determine the reliability and confirmability of the data and coding. As the sole coder, member checking was used rather than an intercoder.

Ethical Procedures

Maxwell (2013) reminds researchers that even though the purposes of a qualitative study that involves interviewing or interacting with participants may be to discover details about a phenomenon, we are intruding into their lives and are asking them to trust us with their deeply personal stories and their privacy. The following ethical procedures were used to ensure that both of those concerns are appropriately protected.

Agreements to gain access to participants consisted primarily of the participant consent form. There were no participant interviews conducted at participants' workplaces, thereby not requiring institutional agreements or permissions beyond the required Walden University Institutional Review Board (IRB) approval. Walden University IRB authorization to conduct the study was received on February 14, 2020 (approval #02-14-20-0149392).

Ethical concerns related to recruitment materials and processes were confined to the platform being utilized to conduct recruitment. LinkedIn was the principal avenue that recruitment was conducted. All connections listed in my LinkedIn account received an identical solicitation to participate in the study. Only those who responded to the

inquiry received a consent form delineating detailed participation criteria and a clear statement regarding opting in and unconditional ability to withdraw from the study at any time. There was no other method of collecting data outside of participant interviews. At no point in the study was a participant be asked to reveal the identity of anyone involved in their personal experience or story or produce or surrender documents of any type. If any identities provided at a participant's own volition, an extreme effort was undertaken to protect the privacy of the participant, and the identity of anyone revealed in the disclosure. Although no adverse events were anticipated related to collecting the stories of participant lived experiences, no participant exhibit signs of stress arising from the telling of their story or reliving the experience. If it had occurred, all attention would have turned to help the participant regain their composure and offering sources to help them work through the elevated state. My university obtained training in divinity was used to recognize shifts in composure and how to make referrals to professional sources to offer assistance.

Data management, confidentiality, and protection were all weaved into the study from the beginning and throughout. At no point in the study did anyone other than me handle data. Hardcopies are stored only in my home office. Electronic data are stored on a password-protected computer (with backups stored on removable media and with cloud storage).

No personally identifiable information was revealed in the study and provided to anyone at any time. Further, careful attention was given to avoiding a person's identity being unintentionally revealed through the inclusion of certain demographic or location

information. Replacement identities were developed for all participants to ensure anonymity or confidentiality, and all potentially identifying data and actual names were stored separately from the study to prevent accidental disclosure. Additionally, redaction of individual demographic and location information was used where appropriate. Data will be destroyed after five years, however, since the data has been coded and analyzed, and the member checking process has been completed, all participant names and contact information were eliminated.

Other ethical issues were considered in this study of peer-to-peer interference in the healthcare workplace. This study is closely related to bullying and, therefore, by university IRB requirements, is declared a specialized area. Before addressing specific concerns, the following areas have been considered and addressed accordingly. This study was not conducted within my workplace nor that of any participant, and no participant was selected if a conflict of interest or power differential was known or discovered to exist. Providing incentives was not used as a show of appreciation for participating in the study. However, each participant was thanked for their participation. It was not expected that vulnerable adults would be recruited for this study, primarily due to participant requirements necessary to be included in the study (e.g., high performing or subject matter experts in the healthcare field).

This study solicited participants who had encountered mistreatment by a peer. Experiences of this nature should not have elevated to an acute psychological state or criminal level. No participant revealed psychological distress, a violation of the law, or other criminal activity. If they were disclosed or discovered, I would have taken

appropriate steps to refer the participant for help or report the violation. Regarding obtaining informed consent, the university approved informed consent forms, and the process was utilized and followed.

Summary

In this chapter, I discussed the process by which the phenomenon of peer interference was investigated. I reviewed how the study was designed and discussed the role of the researcher, followed by a review of the methodology. Finally, I concluded with an explanation of how issues of trustworthiness of the research procedures and resulting data were handled. In the next chapter, I describe the participant interview process, data collection, and analysis, and discuss the results of the study.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experiences of persons who have encountered peer-to-peer interference in the workplace. The ultimate goal of the study was to discover the victim's perception of the problem and extent that peer interference impacted their professional and personal life, and their ability to reach, or continue in, a state of self-actualization (Maslow, 1943) in their work in the healthcare setting. According to Creswell and Poth (2018), a phenomenological study was most appropriate when a researcher is attempting to gather stories of research participants' lived experiences with a particular phenomenon.

Two research questions were central to discovering more about the phenomenon of peer-to-peer interference:

RQ1: What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work?

RQ2: How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize?

This study consisted of 10 participants who encountered peer interference while working in a healthcare setting and considered to be subject matter experts in their area of specialization or thought to be high performers. For this study, the definition of peers is two or more persons functioning at the same level in the organization and are competitors for increased opportunities or rewards based upon certain organizationally defined or implied criteria (Cornelissen et al., 2017).

An important function of this study was to determine if participants' experience descriptions aligned with any of the traditional bullying definitions or constructs. Gaining an increased understanding of this problem has the potential of making a significant contribution to the body of knowledge on bullying and related constructs while simultaneously spurring positive social change through education about and prevention of peer-to-peer interference in the healthcare setting.

In this chapter, I discuss the setting for the study, as well as details related to how the interviews were conducted. I also provide participant demographics, and describe the data collection, analysis, and conclude with the study's results.

Research Setting

The setting for the study was entirely virtual. All interviews were conducted by phone or through the use of Facetime, a live video format. I held all interviews from my home-based office, thereby assuring privacy and control over the environment. To ensure conditions were identical from one interview to the next, I followed the exact procedures as delineated in the interview protocol (see Appendix B) and in the physical set-up of the room where I held each virtual interview. I conducted interviews predominantly by phone. Only two participants opted to use FaceTime (live video format). There were no recognizable differences in participant engagement between the two platforms. The two participants who opted to use FaceTime did not display behaviors that contributed to nor detracted from the interview any more than those who opted for audio-only interviews. Only in one interview (by phone) did a participant seem to need to warm up before becoming unguarded in their responses. In that case, I reassured the participant that their

participation was confidential, and all measures outlined in the consent form would be adhered to in order to protect their privacy. Doing that proved to be effective and resulted in a relaxed and free-flowing conversation. No participants withdrew from the study, and there were no incidences that required IRB notification or assistance.

Demographics

Participant demographic information collected included the number of years in the healthcare field, position, and occupation. Participant's gender, race, or ethnicity were not directly collected but were made known during virtual face-to-face interviews and through participants' comments in response to interview questions. Participants were located throughout the United States, although specific locations were not captured nor relevant as a part of the study. Actual names were replaced with researcher-generated pseudonyms in the following format: Participant is represented as either "Participant" or "P" and combined with a unique numerical identifier numbered between one -10. Together they would be seen as P1– P10 or Participant 1- Participant 10.

Participant Information

P1: Saw participating in this study as an opportunity because there is so much going on in the world, so things like this are important, especially in a corporate setting. She had been in the healthcare field for 20 years and was a market manager for a health plan. Peer interference experience occurred later in her career and lasted for about four months before resigning from her job. The peers involved were fellow team members and the manager.

P2: Understood the study as being focused on horizontal interactions. She was a practicing anesthesiologist working at a university hospital. She is responsible for a staff of nurse anesthetists and is considered an expert in the anesthesiology field. She had been in the field for more than 27 years. The experience with peer interference occurred later in her career. The peer involved was a peer anesthesiologist and fellow faculty member.

P3: Initially, thought the study was about the dynamics of clinical and administrative counterparts, adding that for some, success comes at the cost of affecting relationships with others. She was an Electronic Health Record (EHR) team leader supervising a small team and had been working in the field for six years. The experience with peer interference occurred at the mid-point of her career and lasted for approximately six months. The peer was another EHR team member who later became a direct report.

P4: Understood this study to be about toxic workplaces. He had been in the healthcare field for 17 years and was a former army medic and former training and development specialist working for a federal agency. P4 shared two different experiences where his career and work were interfered with by peers. In both cases, peers interfered with his career and work, aided by managers. The interference was perpetual. P4 resigned from the job.

P5: Decided to participate in the study because it sounded like what she went through with peers and supervisors. The most significant experience with peer interference occurred at the hands of a nurse preceptor when P5 first became a nurse and went on for six or seven months before the participant moved into another position. She

was a nurse manager at the Veterans Health Administration and had been in the healthcare field for 10 years.

P6: Believed the study was about how people try to stop you from moving forward or growing. She was a clinical health services manager at a healthcare organization and had been in the healthcare field for 20 years. The peers involved were other mangers and the senior manager. The peer interference lasted four months before she was laid off due to organizational financial constraints.

P7: Said she first had to be sure if it applied to her or not and had to reflect to consider if a peer ever affected the way she functioned as a registered nurse assigned to the stepdown unit at a large hospital. The experience with peer interference had been continuous. The peers involved were other nurses and the manager. She had been in the healthcare field for 22 years and has remained in the same position despite the peer interference that continued.

P8: Explained that the study brought to light a problem that he experienced firsthand as a family practice physician at a community hospital. He had been in the healthcare field for more than 30 years. P8's experience with peer interference started three years ago and has remained a problem. The peer involved in this case was a surgeon at the same hospital. P8 remained at the facility where the peer interference occurred but is considering retiring as a result of the peer-to-peer interference.

P9: participated in the study because it reflected the experience that she had personally regarding another peer who was erecting barriers to her performance. She was in the healthcare field for more than 30 years. She was a former military officer and

healthcare executive at a private sector healthcare consulting firm. The peer who interfered had an equivalent corporate-suite role. The peer interference went on for 18 months before she resigned.

P10: Understood the study to be about somebody who affected a person's job performance and prevented them from doing the best job that she possibly can and from moving up in the company. She was an expert billing professional and reviewer at a not-for-profit hospital. She had a combined healthcare field experience totaling about 19 years. The experience with peer interference had been continuous. The peers involved were other billing staff and the manager. She remained at the facility where the peer interference occurred but considered resigning and not working again in the healthcare field.

Data Collection

Upon receiving Walden University's IRB authorization, the study was immediately launched by posting a recruitment invitation on LinkedIn (see Appendix A). Twelve prospective participants contacted me to express their interest in participating in the study or learning more about the study. Two of those referred a personal contact for possible inclusion in the study. They were directed to have the individual to contact me directly via email. The referring connections were never made aware of the referred person's involvement, or lack of, in the study. Twelve prospective participants received the consent form by email. However, once the consent form was reviewed, two respondents realized they did not meet the inclusion criteria (one was a current student in the program where I teach, while the other was not in the healthcare field. Ten

respondents qualified for the study and consented to participate by indicating their consent in the return email and verbally at the start of the interview. In addition to their consent, they provided their preferred contact telephone number, date and time they preferred to participate in the interview, and the format they desired for the interview (visual plus audio or audio-only). There were no conflicts in scheduling the interviews. Although two participants required the interview to be rescheduled due to the participant's needs, both were rescheduled and conducted as secondarily agreed upon. All 10 participants preferred that I contact them at the prescribed time. Each interview originated from my home-based office and lasted approximately one hour with varied frequency in the number of interviews each day. It took 20 days to complete all ten interviews.

I used an interview protocol (Appendix B) to guide the interview dialogue and questions. The first three participant interviews were used to refine the interview questions (IQ). Only slight adjustments were needed to provide better clarity in some interview questions. Additionally, the process resulted in adding two additional questions to consistently capture how long a participant was in the healthcare field (IQ1A) and their current position and (IQ1B). Participants were asked the same 17 open-ended interview questions, including the two additional questions.

The interviews were audio-recorded, with participant consent, and notes were taken during the interviews to annotate important comments or relevant thoughts that occurred during the interview. The data collection process followed the approved plan described in Chapter 3, and no unusual circumstances were encountered.

Interviews were manually transcribed and sent to each participant for member checking to ensure the transcription correctly reflected the content of the interview. All ten participants responded to the member check validating the transcripts fully and accurately represented their comments during the interview. Two participants also stated there were some typographical errors in their transcript but indicated they did not impact the accuracy of the content. After transcription, each interview was transferred into a single excel spreadsheet and organized in a manner that allowed seamless viewing of the entire data corpus (Saldana, 2016) aligned with each interview question. This consolidating method made it possible to insert coding, categories, and themes into columns within the same worksheet. Tabs were used to split the data further to allow for greater visibility and further analysis. A significant benefit to using an electronic format rather than the traditional hardcopy process of cutting, sorting, and reporting was the ability to access the data corpus, and move inductively from codes to categories, themes, and catalog participant quotations from a single source and location, as well as being able to return to the data corpus to pull in any data that did not emerge in earlier coding cycles.

Data Analysis

During the transcription process, memos were written to record thoughts about the data and any preliminary codes, categories, themes, or participant quotes that emerged from the data. Although a manual coding process was used throughout the coding process, NVivo 12 was available and preliminarily formatted for use if the manual coding process had become unmanageable.

As suggested by Saldana (2016), the data analysis process began with carefully reading the data corpus, including notes and memos, to refamiliarize me with the nuances within each participant's interview, followed by the use of the appropriate type of coding to understand and interpret the data. Descriptive, emotion, and affective coding, as defined by Saldana (2016), were used throughout the coding process.

The initial coding cycle resulted in the first splitting of the data from the data corpus, thereby producing notable quotes and codes that represented significant experiences voiced by participants. A second coding cycle followed, which began to reveal similarities and patterns between participants and led to the development of categories. In the third and final coding cycle, themes emerged. After the final cycle of coding, I compared the resulting data with the data corpus to ensure the participant's views were properly reflected. Although there were no discrepant cases, unexpectedly, however similar to Saldana's (2016) experience, a significant amount of data was found to be beyond the scope of the questions, however useful in the overall reporting of the study.

Themes

High performers and subject matter experts who encountered peer interference were subjected to a variety of forms of mistreatment. Participants were transparent during the interview process and openly shared their experiences with peer inflicted mistreatment in the workplace. They expressed surprise that they still had unhealed wounds and fragile emotions, as well as a deep dissatisfaction regarding the lack of support or intervention from leadership. Nevertheless, they still expressed hope for a

better future, usually in a different workplace from where peer interference was encountered.

Four themes (T) evolved from the coded data related to the first research question.

RQ1: What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work?

T1. Experienced negative behaviors, obstacles, and barriers. Participants experienced varied types of negative behaviors, obstacles, and barriers. Participants were thrust into assignments in which they were minimally prepared and expected to figure it out but without all of the information or materials needed to be successful. Undermining was a common occurrence. P9 stated, “I always felt as though there was undermining because that individual also spent a lot more time with the boss.” Meetings were scheduled around participants, there was a lack of transparency, and certain peers were favored and promoted over more qualified and knowledgeable performers. When assigned to new positions or roles, they did not receive proper orientation or levels of access to systems or equipment.

In some cases, the participant would have to go to other departments to learn tasks that should have been taught within their assigned department or division. Participants reported that peers would befriend them only to report their private conversations to managers and supervisors and then being labeled as not being a team player. At least three participants (P4, P7, and P9) felt the negative behaviors, obstacles, and barriers were racially and culturally motivated. P9 stated, “Am I being treated this way because I'm a woman or African American?”

Some participants experienced situations where anything they said would not be received or acted upon, even if it is constructive and could improve the work or the organization.

T2. Organizational politics and personal power. P1 stated, "If leadership knows you, likes you, they will vouch for you." Some participants reported they were pitted against their peers by leadership. Some participants reported that they were at a political disadvantage and had an imbalance of power that favored the interfering peer. However, the majority of participants reported either both parties had personal and political power, even if in different ways, or the peer had no power advantage of them. P4 said, "I do not agree that all victims of peer interference are powerless." Participants were unanimous in their belief that there was much politicking going on in their organization. P10 said, "There definitely is politics. I was told that it is the culture, the Southern culture of the building. I'm doing more than them, and they are getting the recognition."

T3. Lack of organizational support, protection, or policies. Reporting peer mistreatment became counterproductive. P1 said, "My VP was not helpful. His initial thoughts were just go work it out." P1 stated, "It just became like bickering. The manager would say you're a professional, just deal with it. Our one-on-ones were terrible." Nearly all participants mentioned to their boss or someone in leadership they were having problems with peer interference but did not think they did anything actively about it. P3 stated, "I tried to escalate it through my chain of command. Since things were going well, and technically things were getting done, nothing was really done." P7 said, "I went to the charge nurse. The charge nurse and she have been friends for 20 years, so nothing

was done, nothing.” P4 stated, “I voiced it, but was told, "you are intimidating or forceful" just for voicing that you don't like the way something was handled.” P8 stated, “We've tried, you know, it's one of those things, you just don't poke the bear.” P10 said, “I did try to go through the proper channels. I think it's just deeply ingrained there, it was not successful, in some ways that made it worse." Only in one of the ten participant experiences did someone in management assist them. P5 stated, “There was one nurse who saw what was happening, and she reached out to me.” How did they help? “She took me under her wing and protected me from them. She was the one who coached me on how to go about reporting to HR and take the next steps; It helped me move forward.” That experience proved to be an outlier intervention. The other nine participants reported not only did leaders not help, neither did HR. P7 stated, “I have gone to HR, and I wish I had not even done that.” P6 stated, “I went to HR about the bullying and mistreatment. She mitigated it up to the next level, but they turned around to report it to my direct supervisor, who came down on me about the bullying.” (P2) stated it this way: “…standard issue HR stuff but things like this are so subtle that they really are not HRable.” In terms of policies to prevent or resolve bullying types of mistreatment, participants were either not aware of them or said they did not exist. P10 stated, “There's not any policies in place to help. There should be, but there is not.”

T4. Classification of the type of mistreatment. Undermining was mentioned by most of the participants. Other labels given to the mistreatment they experienced was manipulation, horizontal sabotage, roadblocks, unfair work practices, toxicity among peers, racial, undervaluing one’s contribution. Only one of ten participants labeled the

mistreatment discrepantly as bullying (P5). Two participants (P2 and P9) stated outright that what they experienced was not bullying. However, both listed peer undermining as a label. This variance is discussed further in Chapter 5. Finally, P10 described the mistreatment by peers as: “I feel like it is prison gangs.”

Two themes emanated from the coded data related to the second research question.

RQ2: How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize?

T5. Resilience and self-determination. Although some felt the peer interference negatively impacted their career plans, most were resilient and discovered a level of self-determination by choosing how they would resolve the mistreatment. In most cases, it was consciously decided to remain in the position (P2,3,7) resign (P1,4,9), create a new opportunity on their own (P5), or position themselves to retire, or leave the field, even though early than planned (P8 and 10). P10 stated, “It has had a big impact on me. I do not think I want to stay in the healthcare field. I'm afraid to try this again.” Only one participant was forced out of their job (P6). She stated, “I was laid off for no reason. When I used the word ‘no reason,’ they came up with this excuse that they were in a financial crisis and dealing with downsizing.” She was the only person released. P2 stated, “[It had] no effect on my professional career goals or plans other than it made me feel uncomfortable.” P3 said, “It made me more creative in finding things to do.” P4 said, “It caused me to quit my job.” P5 stated,

> It made me more determined to get out of there. It also made me more determined to prove to them whatever they said to me in the sense of not having a brain or intelligence I just wanted to prove to myself that whatever they said was wrong.

Regarding the quality of their work while amid peer-to-peer interference, the findings are contrary to what is found in traditional bullying situations. Most participants doubled-downed on their efforts. P7 stated, “You try as much as possible not to let it interfere with your progress.” P2 said, “I don't think that it affected my work or my ability to do my work. Nevertheless, it certainly affected my ability to enjoy what I was doing, and it threw up some general frustrations.” P5 stated, “Work-wise, I wouldn't say it suffered. I became very cautious and very vigilant at work at all times; I think it created a lack of trust for others.” P6 said, “I just continued to do what was expected and pushed to turn out great work.” P7 stated, “I just arise above it; Stayed on top of things, doing what I can do better, ignore the pettiness and rise above it, and hang on.” P10 said,

> I had to spend a lot of time learning on my own, going to different departments and asking, and sometimes people help you sometimes they don't. A lot of it has been trial and error. I take a lot of notes.

T6. Professional and personal impact. P1 stated it this way:

> It impacted me financially and mentally. I took a job that paid me a little less; Then, I took a job where I was 100% remote. At first, I was really excited, but it was a change. It was a big change.

P2 said, “I didn't have any concerns about my job security. P1 stated, “Professionally, it made me question the things I would do.” P1 also stated, “I held on to

it. My circle was getting a little upset with me." P10 said, "I don't take more chances because I know what the repercussions are." P6 stated, "My husband didn't know this was going on until the whole thing blew up in my face." P8 said, "Everybody has got a breaking point, and I was well past it. It made me second guess, you know, is this something I want to be or continue?" P5 stated, "At home, it has definitely put a damper." P10 said, "It was so bad there were times I was thinking of suicide." P5 said,

> I had a lot of social withdrawal when I was going through that. I was just complaining and crying. I wasn't happy. I was never happy. I was always physically and emotionally drained. I didn't want to do anything. I didn't want to socialize with other people; I just wanted to come home and sleep.

P6 stated, "I was really exhausted. I pushed myself. I was almost pushing myself to a point where I thought I was the problem." P9 said, "Drained, very drained. It affects you. You come home extremely drained and tired because of always fighting battles." P8 stated, "[I was] physically fine. Emotionally, my wife would probably tell you differently. I internalize a lot. I ruminate a lot. I mull things over." P10 said, "Mentally, it was scary; upset stomach, headaches, migraines, depression is a big one too." P8 stated, "I did some reading; I believe I came out on top as a better person, chief medical officer, and a better administrator." P9 said,

> I now have seniors in my new job who empowered me like before, so I was able to rebound pretty quickly; I began like reading more books. I started going for more walks, running, things to get my physical mind in a positive way; I just found ways to deal with it.

P10 stated, “I feel like every day I am still dealing with it. It is a hard thing to describe to people. It's the feeling that they make sure that you don't belong. They don't want you there.”

The last theme, a seventh and overarching theme, resulted from asking all participants at the end of the interview if they had any concluding comments or recommendations.

T7. Lack of awareness. Participants all had similar sentiments in regard to a seeming lack of awareness about peer-to-peer interference in the healthcare field and the need to do something to correct it. P6 stated,

> The public needs to know that this is a natural thing in healthcare that needs to be addressed, reaching the right people, there needs to be policies and accountabilities, and people should be held responsible when people go through this kind of problem.

Another participant, P4 said, “Peer to peer interference is the ghost that people refuse to see. It's the elephant in the room that people just won't face.”

Evidence of Trustworthiness

Credibility

Having had all of the necessary parts of the study prepared for executing the study helped to immediately launch the study the following day after receiving IRB approval. A key to collecting credible data was during the study was reviewing and implementing the creditability strategies stated in Chapter 3.

The choice of using purposeful selection to develop the pool of participants resulted in capturing a variety of positions, professions, and backgrounds within the healthcare field. Participants included a health plan manager, anesthesiologist, EHR team leader, training and development specialist, nurse manager, clinical health services manager, registered nurse, family practice physician, senior executive consultant, and a billing specialist. Each participant's unique perspective on the meaning of their lived experience of the phenomenon under review provided a source to cross-check for credibility through their varied backgrounds. However, each participant experienced similar peer-to-peer interference dilemmas.

Another credibility test was the use of several sources of information to establish triangulation. Sources included data collected from the extensive interviews, findings compared to the literature research discussed in Chapter 2, participant experiences contrasted with Maslow's (1943) hierarchy of needs premises, notes, and memos developed during interviews, transcription, and data analysis. All were valuable sources used to establish the credibility of this study's findings. Throughout the study, I remained cognizant of my responsibility to conduct an ethical study and maintain unquestionable integrity, paired with the expectation that the research will be peer-reviewed, all provided additional sources of credibility and trustworthiness.

To allow the phenomenon of peer to peer interference to be assessed as a separate experience from my personal experience of being bullied by a supervisor, and to avoid researcher bias, bracketing was used. As posited by Creswell and Poth (2018), that state of reflexivity played an essential part in building rapport with participants. Additionally, I

found that because of my own experience with mistreatment in the healthcare workplace, it allowed me to be sensitive to the participants telling of their story and be able to notice nuanced vocal tone and cadence, and vital descriptive pathways that resulted in the discovery of deeper revelations of their experience. That level of hypersensitivity did not result in asking participants leading questions intended to steer the participants' comments in a direction towards a particular direction favorable to my own experience. As the researcher and interviewer, my goal was to get "their" stories, free and clear of my own.

Member checking and real-time clarification of misunderstood comments proved to serve as an additional method that ensured accuracy, credibility, and trustworthiness. Finally, I provide the complete interview transcript to each participant for review and editing, if needed. All participants reviewed and returned their transcripts, affirming the transcript represented their comments accurately during the interview.

Transferability

Transferability was of utmost importance from the onset of the study. Ensuring the data collected authentically reflected participant accounts of their experience while at the same time seeking information and similarities that could be used in the development of findings, remained of critical importance. As suggested by Creswell and Poth (2018), I utilized thick descriptions in the analysis to ensure a study's findings were transferable. Because such detailed accounts of each participant's experience with peer interference were collected, transcribing the recorded interview resulted in an eight-page transcription, on average, for each interview. The detailed descriptions representing participant stories

were vital in distinguishing nuanced differences in the lived experiences of the participants selected for this study and the capturing and contributed significantly to the transferability of this study findings.

Dependability

As described in Chapter 3, as an important step in establishing dependability, memoing was used during the data analysis phase to journal thoughts about the data, ideas about organizing the data, and developing themes. Memoing also served as an audit trail to support the validity and dependability of the study's results and conclusions. Additionally, the use of the interview protocol, following identical interviewing steps, care taken in the transcribing of interview audio recordings, the creation of a data corpus, the three-cycle coding process, use of quotes from participants during analysis and interpretation of findings, and a focus on study replication, all were used to ensure the dependability of the study.

Confirmability

Maxwell (2013) emphasized the impossibility of eliminating the influence a researcher has on settings or participants, also called reactivity or reflexivity. Being mindful of this influence, I developed strategies to establish confirmability. For this study, two reflexivity strategies were utilized throughout the interview process. First, as the sole interviewer, I used my presence to serve as a reassuring and empathizing partner in the conversation. I used that posture to make the participant feel safe in sharing the details of their experience. Second, I used restraint as a means to ensure the participant's responses were wholly their own and not swayed by the insertion of leading questions or

some other form of interviewer influence known to steer the participants' responses in a particular direction. Both of these measures were used as strategies to establish confirmability and simultaneously served as another method to avoid researcher bias. As mentioned earlier, member checking was an essential part of the process that resulted in the reliability and confirmability of the data and coding. As the sole coder, member checking was used rather than an intercoder.

Summary

The purpose of this qualitative phenomenological study was to explore the lived experiences of persons who have encountered peer-to-peer interference in the workplace. The ultimate goal of the study was to discover the victim's perception of the problem and extent that peer interference impacted their professional and personal life, and their ability to reach, or continue in, a state of self-actualization (Maslow, 1943) in their work in the healthcare setting. In this chapter, I described the research setting, participant demographics, and explained the process used to collect and analyze the data that resulted from participant interviews. Participants for the study were purposefully selected to ensure that only persons who have encountered peer-to-peer interference firsthand were chosen as participants in the study. Once the IRB approved the study, individuals were invited to participate in the study through an announcement published on LinkedIn that resulted in a purposeful selection of 10 participants who consented to be interviewed for the study. The study focused on two research questions that were answered through participants responding to 17 interview questions listed in the interview protocol used to guide each interview. Research question 1 focused on understanding what the participant

has experienced when faced with peer-to-peer interference. The predominant conclusion for this research question was that participants felt they were being undermined by their peers to hinder their progress and growth, cause management to question their ability, and left the participant to fix the peer interference problem themselves. Research question 2 centered around discovering how the mistreatment impacted the victim and their ability to function at their highest potential. The primary impact that the peer-to-peer interference had on participants in the study was many chose to, or contemplated, quitting their job. For various reasons, four participants made a conscious decision to remain in their job but remain resilient despite the unfair treatment or qualify for a different position to escape the persistent mistreatment by their peers. In Chapter 5, these findings are further examined and interpreted through the lens of Maslow's hierarchy of needs (Maslow, 1943), and are contrasted with previous research findings to determine if participants' experience aligned with any traditional bullying definitions or constructs or provide a basis for alternative pathways to make a significant contribution to the body of knowledge on bullying and related constructs while simultaneously spurring positive social change through education about and prevention of peer-to-peer interference in the healthcare setting.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to understand the lived experiences of participants who were high performers or subject matter experts in the healthcare field and have encountered peer-to-peer interference in the workplace. The ultimate goal of the study was to discover the victim's perception of the problem and the extent that peer interference, a form of bullying, impacted their professional and personal life, and their ability to reach, or continue in, a state of self-actualization (Maslow, 1943) in their work in the healthcare setting.

In the healthcare workplace, bullying is shown to negatively impact patient care and safety, workflows, outcomes, interpersonal relationships, performance, mental and physical health, and cause a plethora of other secondary effects (Felblinger, 2009). A review of the literature revealed an opportunity to hone in on a specific, and what appeared to be an ambiguous and insufficiently researched area related to workplace bullying, peer-to-peer interference. More specifically, peers erecting barriers to another peer's success in the workplace. This study provided greater insight into the impact peer interference has on the worker and the workplace.

The study utilized a phenomenological approach to capture participant stories of lived experiences involving peer-to-peer interference. According to Creswell and Poth (2018), a phenomenological study is appropriate when a researcher is attempting to gather stories of research participants' lived experiences with a particular phenomenon. That approach proved to be an effective method to examine the phenomenon of peers

erecting barriers to another peer's success and how it is related to bullying and other negative treatment constructs in the workplace. Data collection was achieved by directly engaging with the ten participants through virtual interviews. Seventeen interview questions were asked of each participant in order to answer the following two research questions:

RQ1: What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work?

RQ2: How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize?

In addition to providing data to examine the research questions, the interview questions gave me the ability to learn details about participant experiences with peer behaviors or activities that had an impact on their performance, wellbeing, success, and longevity in their unit, department, or organization. Further, the resulting data made it possible to compare participant lived experiences with workplace mistreatment constructs presented in the literature and further examined in relationship to Maslow's hierarchy of needs framework (Maslow, 1943).

This study utilized virtual interviews with 12 participants who had encountered peer interference while working in a healthcare setting. Participants self-identified as subject matter experts in their area of specialization or considered themselves to be high performers.

Exploring the phenomenon of peer-to-peer interference required probing into the actual lived experiences, perceptions, and the effect that a person who had encountered

living through the issue first-hand endured. This exploration was accomplished by thoroughly analyzing the data collected during the interviews. Through the analysis, I developed an understanding of the participant's experiences with peer-to-peer interference and the extent it impacted their professional career and personal lives. It was clear from the dialogue during the interviews that the participants held unwavering thoughts and perceptions about what they experienced regarding peer-to-peer interference. In all cases, the findings revealed that participants perceived their treatment as negative, undermining, a hindrance to accomplishing their job, and had a significantly negative impact on their mental and emotional health. However, unexpectedly, and contrary to the literature, a majority of the participants felt the experience made them more resilient and able to sustain their personal power, even in the face of being immersed in an untenable undermining and political environment at work that was not beneficial to their professional or personal goals. There was a generalized notion in the literature that somehow, a victimized person is a weak, personally, and politically powerless person, even though they are high performing and are willing to be flexible for a higher purpose (Treadway et al., 2013). Results from participant interviews challenged that notion, and others, as demonstrated in the analyses of the findings discussed in this chapter.

In this chapter, I interpret the findings that were discovered as a result of analyzing participant experiences that were documented from responses to interview questions. I also interpret the findings relative to peer-reviewed literature on bullying and the conceptual framework chosen to serve as a lens in which to view the interpreted

findings, as described in Chapter 2. Finally, I discuss the limitations of the study, provide recommendations, discuss implications, and present conclusions.

Interpretation of Findings

The findings of this study both confirmed and disconfirmed previously held assumptions about participants' experiences with peer interference as compared to the literature reviewed in Chapter 2 and discovered from the data analysis. Participant perceptions confirmed that leaders and managers were aware of peers interfering with another peer's success. That interference generally resulted in participants resigning from their job where the mistreatment occurred. However, the findings disconfirmed the belief of some researchers (Branch et al., 2013; Karabulut, 2016; Treadway et al., 2013), that the mistreatment or interfering behaviors occurred because the targeted individual was powerless and lacked political skill. Participants in this study overwhelmingly posited that they did not feel weak or powerless during the periods of peer interference. Reference to weakness was found to be disconfirmed even though the abusive environments weighed in favor of perpetrators. As a result of the inaction of leaders, lack of policies to prevent or resolve negative peer interfering activities, and ineffective or nonexistent human resource department remedies, peer interference would go unabated.

Seven themes were developed from participant responses to the interview questions designed to answer the two research questions that guided this study.

The first research question asked, "What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work?" Four themes (T) emerged that addressed research question one:

T1. Experienced negative behaviors, obstacles, and barriers. As mentioned above, several key mistreatment constructs were identified from the literature that is most closely related to this study that examines the phenomenon of peer-to-peer interference. They are bullying, horizontal bullying, and social undermining. Bullying has a few key factors that are consistent among researchers. A person could become a victim of bullying from a variety of sources, supervisors, other employees, patients, vendors, and more. In order for a victim to have been bullied, the negative acts must have occurred repetitiously and over an extended period, usually six months or more (see Hershcovis, 2011; Nielsen & Einarsen, 2018).

Horizontal bullying focused on co-workers at the same general level. It included behaviors such as piling on work, short-fused deadlines, micromanaging their work, and sabotage (Granstra, 2015), in addition to behaviors associated with social undermining. This study sought to understand the experiences of a worker who was mistreated by someone considered to be a peer equivalent as defined in this study, what the perpetrating peer specifically did to interfere with the targeted peer's desire to perform at their best, and how it impacted the worker. Worthy of note is Granstra's (2015) horizontal behavioral markers. Granstra's study did not apply parameters similar to those Hershcovis (2011) used (intensity, frequency, perpetrator power/position, outcomes to be affected, and intent) to differentiate between various negative behaviors and their impact. Therefore, it gave the false impression that horizontal bullying behaviors had the same meaning and impact regardless of the relationship and work performance characterization of the perpetrator and victim.

Hershcovis (2011) applied those parameters to social undermining and bullying constructs and discovered similar behaviors and outcomes overlapped, including those reported by participants in this study. Social undermining is defined as actions that hinder a person's ability to have quality relationships in the workplace and can hinder work progress and may even negatively impact their reputation (Hershcovis, 2011). Social undermining, as defined by Hershcovis (2011), on the surface, seems to cover key factors related to interfering with a worker's ability to succeed and maintain relationships in the workplace. However, Hershcovis (2011) pointed out that while there is research on the social undermining construct, the focus was on exploring outcomes such as job satisfaction, whether or not a person continued on the job, and negative behaviors that can be construed to interfere with a worker's progress. According to Hershcovis (2011), what is missing from the research is an exploration of how social undermining acts impacted employee success and social relationships in the workplace. Also was noticed that there were no parameters assigned to the level or status of an undermined worker. For example, it would be of interest to know if the impact of social undermining is the same for all workers, or is it different depending on the skill level, organizational position, and job classification. This study's focus was on discovering how interfering behaviors perpetrated between peers equal in position and power impacts a person's career and ability to function at their highest potential.

Participants in this study reported they encountered significant peer interfering behaviors such as being thrust into assignments in which they were minimally prepared, information withheld, not provided all of the necessary resources, and experienced

significant undermining. According to participants, the mistreatment lasted between 4 and 18 months, with some lasting several years. P9 “I always felt as though there was undermining because that individual also spent a lot more time with the boss.” At least three participants felt the negative behaviors, obstacles, and barriers were racially and culturally motivated and negatively impacted their success. P4 said,

> I was told it happened to me because I was coming off as intimidating. I wore a suit on a regular basis, and I was clean shaved. So, the only thing about me that could have been intimidating was the color of my skin.

P7 said,

> You’re doing more than them, and they are getting the recognition, but you do not get anything, but you're doing the same thing. I've gotten used to it, so I don't expect anything, I just keep working, but race is part of it.

P9 said, “When you face challenges, you begin to question yourself. Am I being treated this way because I'm a woman or African American?”

These types of activities taken together and applying Hershcovis’ (2011) moderating parameters raised the threshold that would normally qualify the placement of the mistreatment my peers into the category of traditional bullying (see definition) and social undermining. The result is that interfering behavior then becomes incipient or a seemingly lower-level form of mistreatment and raises the possibility of being ignored, as confirmed by what was reported by all of the participants in this study, and suggests another construct be recognized that addresses peer-to-peer interference, separately from bullying, horizontal bullying, and social undermining. P3 said, “I tried to escalate it

through my chain of command. Since things were going well, and technically things were getting done, nothing was really done."

Participants averaged 20 years in the healthcare field overall. However, based upon their responses in this study, it appears that the negative behaviors, obstacles, and barriers were experienced later in their careers, except for 3 of the 10 participants. They experienced peer mistreatment very early in their career, within the 1-3 years. Three African-American participants, based on their self-identification of their race, attributed the mistreat additionally to race dynamics in the workplace. Although many of the behaviors associated with peer interference can also be aligned to other mistreatment constructs, the distinguishing factor rests in how it is perceived by the participants in this study. It could be argued that the true impact is likely determined by the in other parameters, like organizational politics and personal power, which is discussed in the next theme.

T2. Organizational politics and personal power. In an earlier study on perception of organizational politics, Ferris and Kacmar (1992) discussed how perceptions of what an organization's values can lead to organizational politics. Further, they, and other researchers such as Granstra (2015), found that professional organizations tend to be more political than other types. That being the case, it is implied, at least for this study, that a healthcare organization, being a professional organization, would have a certain level of organizational politics that could become the impetus for interpersonal conflict between peers in the healthcare setting. Participants in this study affirmed that position. P10 said, "There definitely is politics. I was told that it is the culture, the

Southern culture. I'm doing more than them, and they are getting the recognition." P1 stated, "If leadership knows you, likes you, they will vouch for you." However, all participants acknowledged some level of existence of organizational and peer politics but felt the greater problem was the fact that leadership and management at their organizations did nothing to prevent or stop it. P7 said, "You're doing more than them, and they are getting the recognition, but you don't get anything, but you're doing the same thing; I've gotten used to it, so I don't expect anything, I just keep working."

Reflecting back on the power imbalance discussion raised by Karabulut (2016), Treadway et al. (2013), Branch et al. (2013), the questions becomes if there is such a thing as power equilibrium between high performing peers, how is it then that still one peer successfully asserts an ability to mistreat their peer in a manner that culminates in their becoming unsure of themselves, questioning their expertise, or passed over for greater responsibilities? More succinct, what are some things that perhaps make one high performing, self-actualized peer susceptible to another peer's harmful interference, undermining, or other adverse actions? There are multiple theories found in the literature that could account for the leverage, rather than the sheer wielding of power by one peer over the other. Organizational politics could be at work. It has been found that highly professional organizations are more susceptible to being an incubator for that type of culture, and it could be possible that one peer or the other could have a better ability to maneuver in such an environment (Ferris & Kacmar, 1992; Granstra, 2015). In an earlier study, Ferris & Judge (1990) explored the idea that political influence may account for the perpetrator's ability to take advantage of organically created opportunities to mistreat

or misrepresent a coworker or their work. Several years later, Treadway et al. (2013) conducted a study asserting that rather than it being a political influence as the differing element, it is the superior political skill that one peer has a better grasp upon than the other.

Treadway et al. (2013) described victimized person as weak and politically powerless, even though they were high performing and willing to be flexible for a higher purpose. The stories of the lived experiences of high performing persons in the healthcare field represented in this study opposed those views. They believed that although they were subjected to interring behaviors by their peers, the peer did not have power over them. This statement of retaining power as a victim is certainly contrary to Treadwell et al. (2013) but was supported by Branch et al. (2013), who suggested that parties involved in negative interactions who have equal power cannot be considered to have been bullied. P2 stated, “We both had power and political power but in very different areas. So, I think if you look at both of them together, they would probably be pretty equal. I don't feel like she has a power advantage over me. Although there may be no difference in power, there may be different advantages over each other in certain situations.” P4 said, “I don't agree that all victims of peer interference are powerless.”

The level of personal power retained by a high performing victim of peer interference cannot be underestimated, as interpreted from the content of participant interviews. It appears to be analogous to awakening a sleeping giant. In each of the cases of mistreatment discovered through participants in this study, each of them actively resisted in their own way of being brought down by their peer perpetrator. This could be

a significant takeaway from this study. Although organizational politics was demonstrated to have its own moderating effect that had to be managed, usually by leaving the organization, according to participant responses, it only built up to a frustration point that signaled a new course of action is needed. It would be incorrect to believe they were defeated by their peer who was mistreating them. The more serious damage may have resulted from a lack of organizational intervention to disengage or disempower the peer utilizing organizational politics or perceived power to erect barriers to their peer's success in the workplace, as described in the next theme.

T3. Lack of organizational support, protection, or policies. All 10 participants' experiences revealed a consistent theme of a lack of organizational support to help them resolve the interfering peer problems the participant faced at work. Even when the participants notified the leaders in charge of their work, the unanimous impressions from the interviews was that their voices were not heard. In fact, in one case, when the participant notified their manager of the mistreatment, things got worse. P1 stated, "I would also express my frustration by saying I'm not ready yet for this. Can we give it to someone else? It was not successful at all." P2 said, "I talked to our boss a little bit, but I don't think he did anything about it." P3 stated, "I tried to escalate it through my chain of command. Since things were going well, and technically things were getting done, nothing was really done." P4, upon reflection, said,

> But when you are being told you are intimidating or forceful just for voicing that you don't like the way something was handled. It can become confusing and that when you realize, is this the kind of place I want to grow?

P6 said, “I had the backing of one of the main people in leadership, but they (the perpetrators) could get away with things because they played right.” P7 said, “I went to the charge nurse. The charge nurse and she have been friends for 20 years, so nothing was done, nothing.” P4 stated, “I voiced it but was told, ‘you are intimidating or forceful’ just for voicing that you don't like the way something was handled.” P8 said, “We've tried, you know, it's one of those things, you just don't poke the bear.” P10 stated, “I did try to go through the proper channels. I think it's just deeply ingrained there, it was not successful, in some ways that made it worse." Only in one of the ten participant experiences did someone in management provide assistance. The other nine participants reported not only did leaders not help, neither did HR.

In terms of policies to prevent or resolve bullying types of mistreatment, participants were either not aware of them or said they did not exist. P10 stated, “There's not any policies in place to help. There should be, but there is not.” P2, concerning human resource (HR) assistance, stated it this way: “…standard issue HR stuff but things like this are so subtle that they really are not HRable.” P7 said, “I have gone to HR, and I wish I hadn't even done that.” P6 shared, “I went to HR about the bullying and mistreatment. She mitigated it up to the next level, but they turned around to report it to my direct supervisor, who came down on me about the bullying.”

It was found that in all cases except one, organizational leaders were either consciously passive, an active participant, or completely unaware of the mistreatment being faced by their best performers and subject matter experts at the hands of a peer. As described in chapter 2, there is a high cost to the organization that allows a culture of

employee mistreatment to exist. The most obvious is the departure of exceptional talent who decides to leave the organization.

A key focus of this study was on distinguishing between bullying and peer interference. Bullying is a widely known and researched regarding mistreatment and aggression in the workplace. Although bullying too has been found exist in the workplace unabated, however, due to the incipient nature of peer interference, it can be missed through a lack of proper classification of the type of mistreatment, and a lack of knowledge about it signs and effects, which are discussed in the next theme.

T4. Classification of the type of mistreatment. The most commonly used term for workplace mistreatment is bullying (Branch et al., 2013; Hershcovis, 2011; Nielsen & Einarsen, 2018). Not surprising is the widespread disagreement over the application of the bullying label and the other constructs as well (Askew et al., 2012; Branch et al., 2013; Hershcovis, 2011; Nielsen & Einarsen, 2018). As mentioned earlier in this study, there has not been clarity or agreement on the meaning and use of the term "workplace bullying" (Giorgi, 2010; Hershcovis, 2011; Nielson & Einarsen, 2018), and the potential it has to leave categories of workers outside of the parameters of research into related experiences, definitions, and exposure to unexamined mistreatment in the workplace.

I wanted to find out the participant's perceptions regarding their mistreatment. Without providing participants with definitions of any type of workplace aggression, participants were asked to provide a label to describe the negative peer-to-peer experience based upon any knowledge they already had regarding being mistreated in the workplace. Undermining was mentioned more than any other type of mistreatment,

followed by manipulation. Other labels included racial, lack of loyalty to each other, peer disrespect, undervaluing one's contributions, roadblocks, unfair work practices, horizontal sabotage, toxicity among peers, and prison gangs. Only one participant classified their mistreatment as bullying. This discovery confirms, according to participants labeling of their mistreatment, that the reason their plight does not receive adequate attention is that there is not a construct currently in the literature that uses peer-to-peer interference as its organizing focus. I was surprised to find at least two participants specifically excluded bullying as the form of mistreatment that they experienced.

P4's response encapsulated in the premise of this study and the sentiments of the participants interviewed for this study. He said, "peer to peer interference is the ghost that people refuse to see. It's the elephant in the room that people just won't face."

Up until this point, the focus has been on behaviors, politics, and power, organizational support, and classifying the type of mistreatment participants experienced. Themes related to research question two advanced the discussion towards understanding the impact of peer-to-peer interference had on participants in this study.

The second research question asked, "How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize?" Two themes emerged that addressed research question two:

T5. Resilience and self-determination. Although some felt the peer interference negatively impacted their career plans, most were resilient and discovered a level of self-determination by choosing how they would resolve the mistreatment. In most cases,

participants consciously decided to remain in the position (P2,3,7), resign (P1,4,9), create a new opportunity on their own (P5), position themselves to retire, or leave the field, even though earlier than planned (P8 and 10). Only one participant was forced out of the job held (P6). She said, “I was laid off for no reason. When I used the word ‘no reason,’ they came up with this excuse that they were in a financial crisis and dealing with downsizing.”

Displaying resilience in maintaining the plans for their career while facing peer-to-peer interference, P2 “[It had] no effect on my professional career goals or plans other than it made me feel uncomfortable.” P3 said, “It actually made me more creative in finding things to do.” P5 stated,

> It made me more determined to get out of there. It also made me more determined to prove to them whatever they said to me in the sense of not having a brain or intelligence I just wanted to prove to myself that whatever they said was wrong.

Regarding the quality of their work while amid peer-to-peer interference, the findings are contrary to what is found in traditional bullying situations. Most participants doubled-downed on their efforts. P7 said, “You try as much as possible not to let it interfere with your progress.” P2 stated, “I don't think that it affected my work or my ability to do my work. Nevertheless, it certainly affected my ability to enjoy what I was doing, and it threw up some general frustrations.” P5 said, “Work-wise, I wouldn't say it suffered. I became very cautious and very vigilant at work at all times; I think it created a lack of trust for others.” P6 said, “I just continued to do what was expected and pushed to

turn out great work." P7 "I just rise above it; Stayed on top of things, doing what I can do better, ignore the pettiness and rise above it and hang on." P10 said,

> I had to spend a lot of time learning on my own, going to different departments and asking, and sometimes people help you sometimes they don't. A lot of it has been trial and error. I take a lot of notes.

Resilience and self-determination were the most appropriate description of this theme. Alternatively, it could be claimed that this very trait caused peer-to-peer interference to fly under the radar in regard to those participants interviewed for this study who were able to increase their efforts while being mistreated by their peers. Getting the job done and maintaining their known performance character likely contributed to an already oblivious leadership team, to notice their best performers and subject matter experts were on the fringe of departing of headed to a reduced capacity due to the residual impacts that peer-to-peer interference has on their employees. The next theme will discuss those impacts.

T6. Professional and personal impact. In their research, Duffy & Yamada (2018) found that bullying resulted in a loss of productivity, poor interpersonal relationships, health problems, and employee turnover (Duffy & Yamada, 2018). However, according to the experiences of a majority of participants interviewed for this study, loss of productivity was not allowed to occur because of their code of commitment to their work. P2 said, "I don't think that it affected my work or my ability to do my work. Nevertheless, it certainly affected my ability to enjoy what I was doing, and it threw up some general frustrations." P5 "Work-wise, I wouldn't say it suffered. I became

very cautious and very vigilant at work at all times. I think it created a lack of trust for others." P7 said, "I just rise above it. I stayed on top of things, doing what I can do better, ignore the pettiness, and rise above it and hang on."

As for interpersonal relationships, health, and staying in the job where the mistreatment occurred: P5 said, "I had a lot of social withdrawal when I was going through that. I was just complaining and crying. I wasn't happy. I was never happy. I was always physically and emotionally drained. I didn't want to do anything. I didn't want to socialize with other people; I just wanted to come home and sleep."P1 stated it this way, "It impacted me financially and mentally. I took a job that paid me a little less." P6 "My husband didn't know this was going on until the whole thing blew up in my face." P8 said, "Everybody has got a breaking point, and I was well past it. It made me second guess, you know, is this something I want to be or continue?"

P10 said, "It was so bad there had been times I was thinking of suicide." P6 stated, "I was really exhausted. I pushed myself. I was almost pushing myself to a point where I thought I was the problem." P9 said she was, "Drained, very drained. It affects you. You come home extremely drained and tired because of always fighting battles." P8 confided, "[I was] physically fine. Emotionally, my wife would probably tell you; differently, I internalize a lot, I ruminate a lot. I mull things over." P10: "Mentally, it was scary; upset stomach, headaches, migraines, depression is a big one too."

The most consistent outcome related to participants handling the peer-to-peer interference mistreatment was deciding to get out of the situation. P4 said, "It caused me to quit my job and look for new opportunities." P6 disclosed, "I was laid off, for no

reason," P9 said, "Well, what it did to me is I decided that I didn't want to be planted in an environment where there was so much politics, so much lack of trust." P10: I don't think I want to stay in the healthcare field. I'm afraid to try this again.

Similar to the latter theme, here is where doubling down and performing wounded likely attributed to the lack of awareness, covered next, of organizational leadership that a high performer or subject matter expert were having a problem with their peer. Participants in this study reported having always consistently performed above the call of duty, yet went home and fell apart, basically. Once the mistreatment of their family member at work became apparent, according to participants' responses, some relatives understood the seriousness of the mistreatment, while others were not as sympathetic or responsive. Regardless, the negative personal impact was the most profound, aside from those who ended up leaving their loved jobs for an uncertain future, not in all cases, however. Some left to another opportunity that was available with only a slight break. Later in the chapter, Maslow's hierarchy of needs is discussed in the conceptual framework section, to illustrate the impact that peer-to-peer interference might have on a high performer or subject matter.

The core finding in this theme was that even when a participant was able to limit the negative professional impact of being mistreated by a peer, in none of the participant responses demonstrate a lack of personal impact. In fact, the personal impact significant and consistently found. It was also clear that one mitigating factor could reverse everything discussed thus far in regard to the damaging effects of peer-to-peer interference. The next and final theme addresses an overarching perception that emanated

from the participants and then conclude with a truth related to the existence of peer-to-peer interference in the healthcare setting.

T7. Lack of awareness. This final theme became an overarching theme for both research questions. After the interview, all participants were asked if they had any concluding comments or recommendations. That theme became: lack of awareness about peer-to-peer interference in the healthcare field, and the need to do something to correct it. The most poignant responses that seemed to encapsulate the sentiments of the majority of participants came from participants P6 and P4. P6 stated, “The public needs to know that this is a natural thing in healthcare that needs to be addressed, reaching the right people, there needs to be policies and accountabilities, and people should be held responsible when people go through this kind of problem.” P4’s response provided a strong statement about how the participants felt about how their experience with being mistreated by a peer, and nothing was done about it. He said, “Peer to peer interference is the ghost that people refuse to see. It's the elephant in the room that people just won't face.”

The interview process revealed this issue of peers erecting barriers to another peer’s success as an emotional issue. Participants were most disappointed by the lack of awareness and intervention displayed by the leaders and managers who were organizationally responsible for ensuring their fair treatment, safety, and the workplace’s role in the assurance of work-life balance. I heard both passion and hurt emotions in participant voices. Their commitment to the safety and well-being of their patients was

paramount to them, never waned or compromised, and fiercely protected, even when some peer (and supervisory) perpetrators put patient safety at risk by their actions.

In the next section, to reveal the true impact of allowing a subject matter expert or high performing professional to be mistreated, I discuss participants' experiences with peer interference in the context of Maslow's hierarchy of needs

Conceptual Framework

This study's focus was on discovering how interfering behaviors perpetrated by peers equal in position and power impacts a person's career and ability to function at their highest potential. Maslow's hierarchy of needs (Maslow, 1943) was the lens through which this study was viewed and is also the framework in which to determine what level of need becomes the focus of a high performing, assumedly self-actualized, individual who encounters peer-to-peer interference in the workplace.

Some know Maslow's seminal work as Maslow's hierarchy of needs (Poston, 2009), or Maslow's Motivation Hierarchy (Taormina & Gao, 2013), Maslow's Hierarchy of Inborn Needs (Paris &Terhaar, 2010), among others. However, all authors agree that Maslow's hierarchy of needs is an encapsulation of five basic needs of human motivation that Abraham Maslow introduced in the seminal work "A Theory of Human Motivation" (Maslow, 1943). Maslow (1943) believed that every person is driven by five basic needs that must be satisfied in order for them to evolve into wholeness as an individual. According to the needs pyramid, the most basic need is a person's physiological needs, such as food, oxygen, sleep, and other factors. The next level of need, according to Maslow, is the need for safety. Safety needs include factors that make a person feel

secure such as a place to live, work, having adequate income, freedom from fear, injustice, unfairness, and several other indicators. After the safety needs are satisfied, the next need is the need for love. More specifically, the need for love, affection, belongingness, relationships with people, and several other concerns. Once the need for love is satisfied, a person will seek to satisfy the need for esteem. The need for esteem includes the desire for self-respect, high evaluation of themselves, achievement, recognition, reputation, and a sense of self-esteem. Finally, the highest of all needs, according to Maslow's theory, is the need for self-actualization. As with all levels of need, there becomes a restlessness in the former need, and an appetite for a higher-level need become the focus for the person. Maslow calls this a need for self-actualization. Maslow believes most people would want to become actualized in their ultimate potential and ability. Maslow warns, however, that what is actualization to one person, might be different for another. Nevertheless, it is being the best at what a person chooses to become the best.

The findings from participants' stories demonstrated there was a negative impact on the participant when they encountered mistreat perpetrated by a peer. Until now, those experiences were not compared to a model in which to measure the impact of specific negative responses on the victim. Secondarily there was not a tangible model for an organization to determine what type of intervention would be best to remedy the problem of peer interference and the effect it had on a person. It is important to recall the inclusion criteria to participate in this study. Participants chosen for this study must have

encountered peer-to-peer interference firsthand, and self-identify as a high performer or subject matter expert in their field within the healthcare profession.

From the beginning, all participants in this study were considered, through their self-identification, to have reached the highest-level need in Maslow's hierarchy of needs, the need for self-actualization. Next, I will describe where a particular outcome potentially shifted the participant's attention from the highest need to another level, typically a lower-level need.

P1 stated, "If leadership knows you, likes you, they will vouch for you" would likely move from the self-actualization level down to the esteem level where a person is concerned about self-respect, high-evaluation of themselves, and a good reputation. Before a high performer can regain self-actualization, their esteem needs successfully would need to be restored.

Perhaps this is the situation: P9 said, "When you face challenges, you begin to question yourself. Am I being treated this way because I'm a woman or African American?" This self-actualized person's focus has now shifted downward two levels from operating at their personal best to focus on the social need of belonging. The discriminatory circumstances would need to be resolved to begin to reverse the damage done. According to Maslow, not only would the organization have to repair the damage to the person's once satisfied level of belongingness, the esteem level would need restoration as well. It is highly probable that an investment might need to be made in restoring the employee's once perfected level of subject matter expertise if it had been compromised during the period of unchecked peer interference.

Another example would be a situation where an organizational leader had been made aware of a high performer's negative treatment and knowingly to the employee allows it to continue and with recourse, leaving the employee to fend for himself. P7 said, "I went to the charge nurse. The charge nurse and she have been friends for 20 years, so nothing was done, nothing." The potential harm in this situation could ultimately be devastating and result in taking a high performer from a place of self-actualization down to the second-lowest level in the hierarchy of needs, the need for safety. Maslow (1943) said, "practically everything looks less important than safety, (even sometimes the physiological needs…" The repair needed in this case seems catastrophic because once an employee determines the organization will not provide protection or value their contributions, it would appear the only solution for the employee is to resign, which would be a major loss to the organization. Research has detailed the adverse effects of bullying on a person's health, ability to perform at work, and the high cost of bullying through lost work time, position vacancies due to workers quitting or resigning, and the related cost of recruiting and rehiring (Askew et al., 2012; Berry & Gillespie, 2012; Nielsen & Einarsen, 2018; Rusbult et al., 1988).

These results are important because they can be used by an organization to develop interventions appropriate to where the once high performing employee have descended according to the hierarchy of needs. For example, if a peer interference incident caused a person to "consider" resigning from a job. If the person entered a lower-level need such as the lowest level physiological needs, then time would be wasted investing in sending that person to a continuing education course to regain trust and self-

actualized performance level. A more appropriate response would be to remove the hindrances that made the person unsure of having the ability to provide food and shelter for themselves and anyone else they are responsible for their wellbeing. Follow that process for any employee who has been identified as a current target or needs to be restored from the destructive outcomes and impact caused by peers erecting barriers to another peer's success in the healthcare setting.

Limitations of the Study

With this study's design having a focus on high performing individuals and self-actualization as a conceptual framework, it was highly reliant on participant self-identification as having those characteristics and have had personally experienced the phenomenon of bullying or peer-to-peer interference. Although an effort was made to through the recruitment invitation, consent form review process, and a targeted interview question, it was not possible to fully and factually ascertain the participant's actual performance level or subject matter expertise and potentially impact on the results.

The second limitation was the potential for a participant to embellish their experience or to not be completely transparent in the retelling of their story. This limitation had the potential of skewing the data's results, giving it a potentially misrepresented or underrepresentation of the experience and the phenomenon under examination.

Finally, my firsthand experience with being bullied by a supervisor provided insight and sensitivity to the nature of this study, which could have been a limitation in this study. However, controlling the bias was needed and exercised during the interview

stage of the study by guarding against guiding or influencing a participant's recollection of their own lived experience with mistreatment in the workplace. Regardless, that knowledge and experience may have been a limiting factor through my ability to ask probing questions only because I had experienced in a certain area, resulting in minimizing silent spaces in the conversation for the participant to collect their thoughts or reflect deeper on their experience.

Recommendations

I conducted this study to explore the lived experiences of persons who have encountered peer-to-peer interference in the workplace and discover the victim's perception of the problem, the extent that peer interference impacted their professional and personal life, and how it impacted their ability to reach, or continue in, a state of self-actualization (Maslow, 1943). This study differentiated between the impact of peer-to-peer inference from the constructs of bullying, horizontal bullying, social undermining, and the application of moderating parameters (Hershcovis, 2011). The results from this study demonstrated that although social undermining is the most appropriate construct that peer interference can be aligned, participant experiences disconfirmed two significant factors; their work did not suffer as a result of peer interference, nor did participants consistently report there was a power imbalance. It also demonstrated that participants' experiences with peer-to-peer interference differed from that of traditional bullying constructs, thereby signifying the need to research this phenomenon further using different methodologies that control every part of the study. I recommend additional research be conducted utilizing a larger sample size, verified data attesting to

the participant's level of performance or designation as a subject matter expertise, utilizing face-to-face interviews, and data from leaders and managers of high performer and subject matter experts in the healthcare setting. Additionally, I recommend conducting further research to determine if the impact of peer-to-peer interference is the same for all workers regardless of the skill level, organizational position, and job classification.

As discussed in Chapter 2 of this study, Branch et al. (2013) explored the idea of how perhaps mistreatment in isolation does not rise to the level of attention of leaders and managers within an organization, and, when taken together, the impact of events can tell a different story. I recommend using Weiss and Cropanzano's (1996) work on AET, Branch et al. (2013) shed important light on the importance of considering the totality of adverse incidents experienced by an individual. AET examines a person's emotional response to a workplace conflict or mistreatment events. Whereas, as with bullying's impact assessment alone, peer interference would not qualify as meeting the traditional frequency and intensity thresholds to be classified as bullying incidents. However, by including a person's emotional response to what are seemingly low-level incidents of mistreatment, as in peer interfering behaviors, applying AET to the equation could potentially have a role in the development of a standalone construct that fully represents the phenomenon of peer interference.

Implications

The findings from this study provide the potential of making a significant contribution to the body of knowledge on bullying and related constructs while

simultaneously educating readers of this study about the existence of peer-to-peer interference in the healthcare setting. This study could be an impetus to social change in the workplace through the heightened focus on the issue of peer interference, establishing through the findings in this study a way for leaders and manager to recognize peer-to-peer interference that could potentially spur them to take actions to remedy, and prevent peer-to-peer interfering activities, thereby making the workplace a level playing field. It also signals to organizations the need to create a better workplace that proactively support an environment that allows all persons the opportunity to self-actualize.

Additionally, through the use of Maslow's hierarchy of needs, as applied in this study, as a model in which to measure the impact that peers interfering had on a high performer or subject matter expert, has significant social change implications for the organization and the victim by being able to use an established behavioral framework to assess the impact it had on the victim and provide definitive indicators to address in their response to help their resolve the mistreatment and develop methods, policies, and program in their organizations to prevent such negative activities.

Finally, the implications of this study could have the potential to advance the study of workplace aggression by honing in on the dynamics that allow this phenomenon to exist without discovery, remediation, prevention, or perpetrator correction. If further substantiated through future research, perhaps a new theoretical and conceptual framework, policies, and training can be developed and implemented to guide researchers, leaders, managers, staff, and other parties in researching, identifying, reporting, correcting, and preventing peer interference situations in the workplace.

Conclusions

In the healthcare setting, a negative peer-to-peer environment can be felt beyond interpersonal relationships and can spill over into the patient care setting (McNamara, 2012). An individual having a sense of success in their work is vital to the overall functioning of the healthcare industry. However, according to Tubbs and Hart (2011), barriers to peer success can lead to long-term problems in workforce retention, development, and ultimately can negatively impact the delivery of quality healthcare.

Reflecting back on the power imbalance discussion raised by Karabulut (2016), Treadway et al. (2013), Branch et al. (2013) and the experiences of the participants interviewed for this study, the questions remain: "If there is power equilibrium between high performing peers and their perpetrating peer, how is it then that still one peer successfully asserts an ability to mistreat their peer in a manner that culminates in their becoming unsure of themselves, questioning their expertise, or passed over for greater responsibilities?" More succinct, "What are some things that perhaps make one high performing, self-actualized peer susceptible to another peer's harmful interference, undermining, or other adverse actions?" It was found through this study that these types of activities taken together and applying Hershcovis' (2011) moderating parameters raised the threshold that would normally qualify the placement of the mistreatment my peers into the category of traditional bullying and social undermining. The result is that interfering behavior then became incipient or a seemingly lower-level form of mistreatment that raised the possibility of being ignored, as confirmed by what was reported by all of the participants in this study, and suggests another construct be

recognized that addresses peer-to-peer interference, separately from bullying, horizontal bullying, and social undermining.

In conclusion, the entire premise of this study, and the reason why it was conducted, can be summed up by a participant's response mentioned earlier in the study. He said, "peer to peer interference is the ghost that people refuse to see. It's the elephant in the room that people just won't face."

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Appendix A: Recruitment Invitation

Have you ever had your work or career seriously impacted by a peer's interference?

Greetings, fellow LinkedIn professionals, I am conducting a research study exploring the firsthand experiences of persons who have encountered problems with peers interfering with their work and success. I am specifically seeking to interview (virtually) healthcare professionals that have been evaluated as or considered to be a high performer or subject matter expert in their job or field within the healthcare industry. I have personally encountered problems with peers interfering with their work and success.

I believe this is an opportunity to examine more closely an area in the workplace that has received very little attention. This is an opportunity to tell your story. Your participation is voluntary and guided by the informed consent process that provides you the opportunity to understand the study before making a final decision to participate, and discusses how your participation will be kept confidential. Your time commitment will be minimal.

If you are interested in participating in my study and you meet the criteria described above, please, respond today by direct messaging me here in LinkedIn for further information.

Sincerely,

Walden University

Appendix B: Interview Protocol

Project: Peers Erecting Barriers to Another Peer's Success in the Healthcare Setting

Date:_____ Time of interview:_____

Virtual Platform (Skype, telephone, etc.): __Telephone/Audio_____

Interviewer: _____

Participant Information (Code ID#):_____

Participant's Current Position: _____

Greeting: Thank you for agreeing to participate in this study and for taking time out of your day to do the interview. Before we begin, I want to review how the study will be conducted.

Identification: Your actual identification will be replaced with a pseudonym identification number and kept separate from your interview responses.

Audio recording: With your consent, and assurance of confidentiality, the interview will be recorded to allow for reviewing and transcription of the data for analysis. Do you give permission to record the interview? [Wait for a response. If "yes," inform the participant that the recording is starting]. State: Thank you. Please wait a second so I can start the recording. START RECORDING. The recording has started. Today is: _____ The time is _____ This is participant number _____.

Second greeting: Thank you for agreeing to participate in this study and taking time out of your day to do the interview.

Consent: Please verbally confirm that you have reviewed the informed consent form and have given consent to participate in this study [wait for response].

Third greeting: Thank you for confirming your agreement to participate in this study.

The study: The title of the study is: ***"Peers Erecting Barriers to Another Peer's Success in the Healthcare Setting."***

Review the purpose of the study: The purpose of the study is to explore the experiences of high performing persons or subject matter experts working in the healthcare field who have encountered adverse treatment inflicted by a peer in the workplace. This study will also foster a better understanding of the impact that peer interference has on a person.

Format: The interview will take no more than an hour. You will be asked to respond to several questions regarding your experience of being mistreated by a peer. You may also feel free to skip any question or terminate the interview at any time for any reason, and without consequence.

Begin the study: We will now start the study. As you reflect on your experience and the details surrounding the experience, please feel free to pause where needed, and if necessary, return to previous questions to clarify a response. If at any time you want to stop the interview, please let me know. Are you ready to start [wait for response]? Let's start with the first question.

RQ1-What are the lived experiences of high performing healthcare workers who have encountered peer-to-peer interference at work*?*

IQ1- When you read the title of my study "Peers Erecting Barriers to Another Peer's Success in the Healthcare Setting," what did it mean to you?

IQ1A- What are you currently doing professionally?

IQ1B- How long have you been, or were in, the healthcare field?

IQ2- Would you describe your experience where you felt you encountered peer-to-peer interference, what where some obstacles or barriers you felt your peer placed in your path, and how long did it go on?

IQ3- At what point in your career did it occur, and what was the peer's position/role relative to yours?

IQ4- How would you characterize your level of performance or knowledge in general, and relative to your peers?

IQ5- How would you describe the politics and balance of power between you and the peer you felt interfered with your work or plans for success?

IQ6- What are some of the ways you tried to stop the adverse treatment, and how successful were those actions?

IQ7- Who came to your aid when peer interference was experienced, and how did they help?

IQ8- What organizational policies, procedures, training, and programs, that were in place to assist you in preventing or resolving peer or other types of mistreatment?

IQ9- If you could label peer-to-peer interference as a particular type of mistreatment that you are aware of or may have learned about through any number of ways/means, what would it be labeled as or called?

RQ2-How does peer-to-peer interference impact the victim and their ability to function at their highest potential or self-actualize*?*

IQ10- What impact did the situation of peer interference have on your professional career goals or plans?

IQ11- Regarding your work, how did it suffer, and what measures did you have to take to sustain a high level of quality in your work?

IQ12- In terms of your personal best, how did this situation of peer interference impact your ability to achieve or sustain your personal best both professionally and personally?

IQ13- How did the situation of peer interference impact your life in general? For example, personal relationships, how you felt about your achievement in your career and personal life, your ability to provide for yourself or others, your job security, and your ability to venture into things you did for fun?

IQ14- When going through the period of peer interference, and in the aftermath, how did you feel mentally, emotionally, and physically?

And the final question:

IQ15- What did you do to recover, and how long did it take to recover in your personal and professional life, and if appropriate, feel restored?

Pre-Closing:

That concludes my questions. Thank you for sharing your story. It meant a lot to me that you had the courage and were willing to participate in the interview. Are there any questions you would like to revisit? [wait for response]

Closing comments:

Well, again, thank you for agreeing to participate in this study and taking time out of your day to do the interview. I will transcribe the recording and email the transcription to you for a quality review. If no changes are necessary, simply reply to the email with "Transcription represents the interview, no changes are necessary."

If changes are necessary, please feel free to provide any corrective or clarifying commentary wherever you feel it is needed. Afterward, reply to the email with the following: "Transcription represents the interview; however, changes were necessary. See my comments." Do not worry; those instructions will be included in the email. Finally, when I finish the study, would you like to be contacted to learn about the results of the study? [wait for response]

Concluding remarks:

This concludes the interview. However, before we end the call, do you have any final remarks, comments, concerns, or recommendations? [wait for response]

Ending Salutation:

Thanks again for sharing. This entire interview has been phenomenal and enlightening!

STOP THE RECORDING.

I will stop the recording at this time. Please wait for a moment. [Do not close the call or turn off the virtual transmission- stop recording] THE RECORDING HAS STOPPED.

I sincerely appreciated our dialogue! I will be sending the transcript in a few days. Also, I am still in need of several more participants for the study. So, if you know of anyone else that meets the criteria for the study, please have them either contact me on LinkedIn or email me directly this week. I assure you I will NOT disclose to them that you participated in the study. Have a great day, and I wish you more happiness and success than you ever thought possible in your life! Take care! END OF INTERVIEW.

Time_____