CONTEMPORARY CHALLENGES TO CARING LABOUR AND TIME-HONOURED TRANSFORMATIVE TOOLS: WORKPLACE BULLYING AND THEATRE OF THE OPPRESSED

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ABSTRACT

One manifestation of the 'new managerialism' in the Canadian health care system is the increase in workplace bullying. An occupational group especially susceptible to workplace bullying is Continuing Care Assistants (CCAs) who provide personal care to long-term care home residents and individuals in their own homes in Saskatchewan. These foot soldiers of end-of-life care have no professional society or regulatory agency to advocate for their occupational status and the social value of the work they perform. The paper argues that workplace bullying cannot be understood unless it is related to the social structure from which it derives. One underlying cause of bullying among CCAs is the reorganization of their work under current health care reforms. Potential solutions to workplace bullying must start with transformative processes rooted in an understanding of these larger contextual forces.

I s it possible to outsource an enema? How can a stroke victim be fed from afar, a dementia patient dressed offshore? Caring for the sick and elderly is unlike the jobs in the manufacturing sectors, or even in other service sectors. It cannot be re-located to other countries where labour costs might be lower. Cost efficiencies, under these circumstances, are achieved by restructuring and re-engineering the work. As a result, workloads and job demands have increased with attendant high levels of burnout, decreases in morale, and declines in the physical health of health care workers (Grunfeld *et al.* 2005; Lovgren *et al.* 2002; Sherwin *et al.* 1997; Shirom *et al.* 2006). The restructured workplaces have also amplified conflict between workers. In the words of one health care worker featured in this article, "in those moments of high stress, it is

difficult to remain sensitive to your co-workers" (RWP #6, field notes, July 29 2010).

This paper draws on a study of workplace bullying among Continuing Care Assistants (CCAs) in two Saskatchewan health regions, one urban and one rural. The paper argues that inter-personal aggression is an effect of the way the work is being reorganized and not of individuals' personalities. As such, solutions to workplace bullying must start with transformative processes rooted in an understanding of larger social and political forces. The paper describes Boal's Theatre of the Oppressed (TO) as one such transformative process and draws on the study with the CCAs as an illustrative example of its potential in addressing workplace bullying among these health care workers. The paper begins with a discussion of the literature on caring labour and workplace bullying before describing the study and its participants and discussing its use of TO.

CARING LABOUR

Caregiving is an activity that combines instrumental tasks and affective relations (England 2005). As emotional labourers, caregivers comfort and console their patients while managing their own emotions (Hochschild 1984). Feminist scholarship on the growing female "emotional proletariat" has been fueled by the expansion of the service sector and the associated increase in women's participation in the labour market (MacDonald and Sirianni 1996). Emotional or caring labour is conceptualized within the broad frame of social reproductive labour and the socially constructed self-identity of women.

Early feminist writers of the late 19th and early 20th centuries called for greater recognition of caring labour within the context of the then-fashionable social Darwinism. Gilman (1898) elevated caring labour by pointing to its necessity for the improvement of the human race through developments in hygiene, education, and nutrition and by advocating appropriate training and compensation for those performing the specialized care functions. More recently, feminist scholarship locates emotional work within an "ethic of care" framework (Gilligan 1982; Noddings 2003, 2010; Tronto 1993). Care is understood to be relational. Interdependency and human relationships are the centre of moral agency. The normative primacy of relational responsibilities in caregiving contexts denotes a need to create space and time for valuing personal relationships within professional settings (Nortvedt *et al.* 2011).

Despite the arguments put forth by the early and contemporary feminists, caring labour is still highly gendered and devalued. The burden of informal, family care continues to fall disproportionately on women in their roles as wives, daughters, and daughters-in-laws. Women continue to be disproportionately represented in caring occupations in the paid labour market. Differentiations of types of work along the lines of skill are inextricably bound up with gender

identities, and caring, nurturing and communicating are conveniently mythologized as 'natural' processes for women (Cockburn 1988; Jenson 1989; Wajcman 1991). As a consequence, much of caring labour remains invisible. Both inside and out of the workplace, the meaningfulness of the emotional labour performed by these workers and the relationships they establish and maintain with their patients is seldom acknowledged. Caregivers, especially on the front-line, experience the contradiction between their experience that confirms the value of their work and the prevailing discourse that tells them it is not valued (Ducey 2008).

Direct, bed-side care is not amenable to routinization. It relies on an elaborate communicative infrastructure supportive of the constituent social relations between and among caregivers and their patients. Care decisions are made in 'real' time and cannot easily be abstracted away from the particular needs of each individual patient. Moreover, the work entails a complex set of functions with a high degree of the unexpected and unpredictable. In some institutional contexts where an "ethic of care" is reflected in the formalized practices, rules, and procedures, caregivers have the space and time necessary to build and sustain deeply meaningful relationships with their charges (Lopez 2006). In these settings, front-line caregivers report greater levels of job satisfaction (Rakovski and Price-Glynn 2010). In contexts where the standardization logic prevails, the discursive processes necessary to secure trust and mutual understanding between and among patients and providers are pre-empted. The result is inappropriate aggression among those caught in the contradictions between the demands of their work and managerial efforts to Taylorize it.

REORGANIZING CARING LABOUR IN SASKATCHEWAN

Privatization of health care is underway, even in Saskatchewan, a province noted for its history of progressive health care initiatives. Saskatchewan was the first jurisdiction in North America to introduce publicly-funded hospital insurance in 1947 and, in 1962, a provincially-funded medical care insurance program. In the early 1990s, the goal to democratize health care policy decision-making was nowhere more evident than in Saskatchewan: its newly established regional health boards were the only wholly elected boards in the country with members that had the greatest degree of autonomy and financial, governance, and delivery responsibilities (Lomas *et al.* 1997). Yet in the early 2000s, as in other Canadian jurisdictions, neoliberalism took hold in Saskatchewan. Patients became 'consumers', health services were reduced to commodities, and caring labourers became "economically efficient service providers" (Saskatchewan Health 2002). Outcome measures, performance indicators, and practice guidelines, quality-improvement goals, and the accompanying institutional transformations dominated the reform agenda (Quinlan 2009).

The new 'managerialism' in health care limits the autonomy of care providers to apply the full extent of their professional and practical knowledge and develop deep and meaningful caring relationships with patients (Harrison 1998; Hunter 1996; Mitchell 1999; Lopez 2006). The factory-style 'processing' of the sick and dying has given rise to organizational irrationalities which undermine the capacity to provide accessible, high-quality care (Panitch and Leys 2009). In the new cost-efficient workplaces, caregivers have to "dip into the well of their own humanity" to compensate for the structural deficiencies in the health care system (Ducey 2008:50).

Saskatchewan's 'reforms' have produced marked staff shortages, especially in the sparsely populated rural areas. One occupational group with especially high turnover rates and shortages are Saskatchewan's CCAs (Haiven and Quinlan 2003). Working short-staffed is a regular occurrence and scheduling dilemmas are recurring themes in the study's workshops with the rural CCAs. In their restructured, downsized, 'anemic' workplaces, the work is intensified and the destabilizing of social relations an insidious consequence, as discussed in a subsequent section.

As the foot soldiers of end-of-life and dementia care, CCAs provide the most direct personal care to individuals in their own homes and others in the province's long-term care (LTC) homes. Across the province, close to 95 percent of CCAs are women and almost half work part-time or casual hours (SEIU 2010; Haiven and Quinlan 2003). Unlike Registered Nurses (RNs) and Licenced Practical Nurses (LPNs), CCAs are unlicensed. They are at the bottom of the health care occupational hierarchy. In its present form, the occupation has a history of approximately twenty–five years.

CCAs perform personal care tasks of the most intimate kind. They feed meals to those who are unable or not inclined to eat on their own volition. They toilet the mobile and change bedpans and diapers for the bed-ridden. They provide emotional comfort to both patients and their family members. Most of the work is unmediated by mechanical or technological aids, apart from the lifts used to help their charges in and out of beds, wheelchairs, and baths (Haiven and Quinlan 2003).

Despite the high levels of bullying experienced by CCAs, the job is better than most other secondary labour market jobs. For women with limited formal education and interrupted paid-work histories, working as a CCA is preferable to a store clerk, waitress, or hotel cleaner. In the division of nursing labour, the primary labour market consists of the limited credentialed, professionalized, and relatively well-paid administrators, RNs, and LPNs. The large majority of workers are relegated to occupations with lower levels of training, responsibility and compensation such as CCAs. As in other sectors, the primary labour market jobs, which offer security, promotion, high wages and benefits in exchange for experience, education, and loyalty to the employer, are rationed for both women

and men (Ghilarducci and Lee 2005). Women's prevalence in the secondary labour market is exacerbated by patriarchy's assignment of gender to capitalism's occupational structure (Fagan and Rubery 1999; Hartmann 1976, 1981). The localized aspect of labour markets imposes further restrictions on women substituting their jobs as CCAs for others (Peck 1989). In the rural areas of Saskatchewan, family-farm incomes are withering and farm wives are increasingly being pushed to obtain off-farm employment. But jobs in the small towns are few, even in retail, hospitality, and other secondary labour market sectors.

Unlike most secondary labour market jobs, CCAs require specialized training. The 30-week program is delivered by a few private trainers and the province's publically funded vocational training institutions: Saskatchewan Institute of Applied Sciences and Technology (SIAST), Saskatchewan Indian Institute of Technology (SIIT), and regional colleges servicing the rural areas. The on-the-job and distance-delivered aspects of the CCA training allows students, including those in remote areas, to enrol part-time in the program and work towards certification while employed in the field.

Union representation has brought improvements for CCAs, as it has for many others of the "sheltered proletariat" (Finkel 2008). Although they have no professional society or regulatory agency to advocate for their occupational status and the social value of the work they perform, CCAs are represented by one of three labour unions, depending on the health region within which they work: Service Employees International Union (SEIU – West), Canadian Union of Public Employees (CUPE), or Saskatchewan Government and General Employees Union (SGEU).

Global bidding rights within health districts were established through collective bargaining, so workers can bid opportunistically into the jobs with the best conditions. Until 1999, home care CCAs were paid $5 per hour lower than those working in the long-term care homes. This inequity was rectified in that year's collective bargaining round. Now, all CCAs in Saskatchewan make between $19.38 and $20.75 per hour (SEIU-SAHO 2008). The wage rate is approximately double the provincial minimum wage and makes the job more attractive than others in the secondary labour market.

WORKPLACE BULLYING AND CARING LABOUR

There are many different definitions and terms for workplace bullying, but it is generally understood to be repeated, sustained aggressive behaviour toward another within an interpersonal relationship characterized by a differential in power (Cowie *et al.* 2002; Einarsen 2000; Hansen *et al.* 2005; Leymann 1996; Rayner and Hoel 1997; Salin 2003; Vega *et al.* 2005). Forty-five behaviours have been identified in the literature (Leymann 1990). Saskatchewan's recently

introduced anti-bullying legislation defines 'personal harassment' as "behaviour which adversely affects a worker's psychological or physical well-being and that the perpetrator knows or ought to reasonably know would cause the worker to be humiliated or intimidated" (Saskatchewan Ministry of Advanced Education, Employment and Labour 2007).

Workplace bullying is considered distinct from sexual harassment (Field 1996; Jones 2006). However, bullying contributes to the preservation of the gendered order of workplaces. Leymann (1990) finds that women tend to be bullied by groups of other women and men by individual men. Examination of the written complaints filed at the Commission of the Standards of Work in Quebec in the first nine months following the introduction of legislation protecting targets of bullying reveals that of the 236 cases analyzed cases, 63 percent of plaintiffs are women (Brun 2006). Other large-scale studies of bullying have reported fairly equal rates of victimization across the sexes. However, a closer examination of how sex, gender, and bullying combine into complex patterns suggests interactive effects with position in the occupational hierarchy: for example, bullies of men tend to be male supervisors, whereas bullies of women span the occupational hierarchy and are both men and women (Salin 2005).

Research has determined that bullied employees spend between 10-52 percent of their time defending themselves, networking for support, thinking about the situation, and taking sick leave due to stress-related illnesses (Canada Safety Council 2002). Bullying has been linked to a range of behaviours, such as psychotropic drug use (Niedhammer *et al.* 2010) and direct physical and mental health outcomes including anxiety, sleep disturbances and depression (Ayoko *et al.* 2003; Hoel *et al.* 2004; Kivimaki *et al.* 2003; McAvory and Murtagh, 2003; Schat and Kelloway 2003; Soares 2004; Vega and Comer 2005). A review of the literature on bullying undertaken in conjunction with the study reveals that prevalence rates of workplace bullying range from 8 percent to 39 percent (see Figure 1). The variation in rates is accounted for, at least in part, by the different types of measures used: some are self-reports while others are operationally defined (Mikkelsen and Einarsen 2001; Olafsson 2004; Salin 2005; Simpson and Cohen 2004; Soares 2004).

Taken together, the findings show that no occupation or industrial sector is immune and that there is no singular profile of a target or perpetrator. Yet, with few exceptions, the literature is preoccupied with proposed typologies of personalities of perpetrators and targets and associated therapeutic interventions. When bullying is analyzed at an organizational level, it is clear that workplace cultures and structures are implicated in its perpetuation (Einarsen 2000, 2005; Hearn and Parkin, 2001; Hutchinson *et al.* 2005; Hutchinson *et al.* 2008; Lewis 2004; Vickers 2007; Yagil 2006). Legislative instruments and

organizational policies and procedures are the proposed corrective measure (Koonin and Green 2004; Zapf *et al.* 1996).

Figure 1
Prevalence Rates of Workplace Bullying
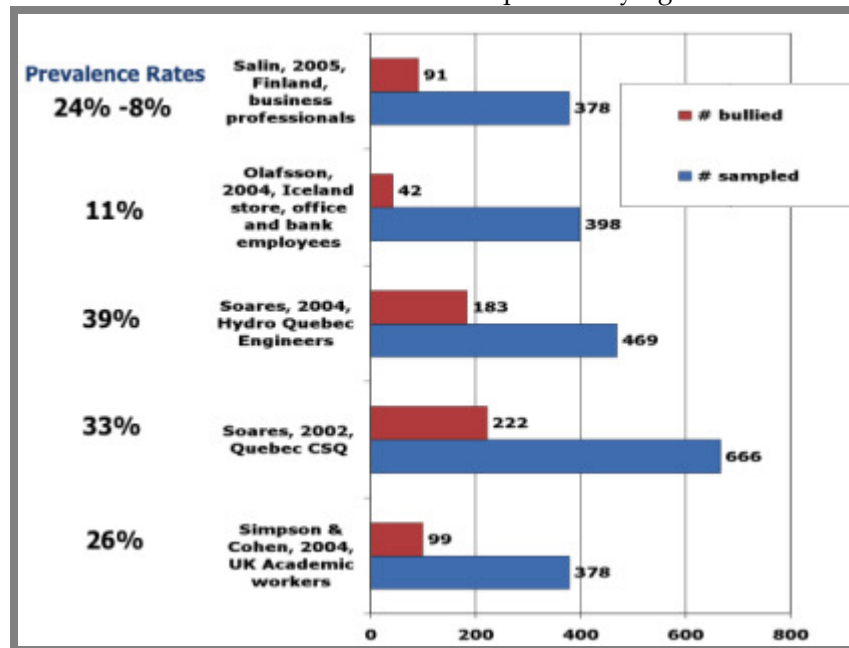
Indeed, several Canadian jurisdictions have recently introduced anti-bullying legislation. In June 2004, Quebec was the first in North America to include protection against psychological harassment of employees in their Labour Standards. Saskatchewan revised its Occupational Health and Safety (OH&S) legislation in October 2007 to establish a complaint process for targets of workplace bullying. Ontario followed suit and introduced amendments to their OH&S legislation in December 2009, precipitated by a high-profile case of a nurse killed on the job by her ex-partner physician. At the time of the introduction of OH&S legislation in Saskatchewan, the frequent request by CCAs for their training institute to address the issue of bullying at the annual CCA conference hosted by the institute, was finally heard. The antecdotal evidence provided by the CCAs to support their request was sufficiently compelling to yield the desired results and bullying was the CCA conference theme for that year.

In Saskatchewan, targets make inquiries or request investigations, which can result in employers receiving contravention notices. In 2009-2010, the first year of tracking results, 760 inquiries were made, 28 percent of which were followed by investigations (Saskatchewan Ministry of Advanced Education, Employment and

Labour 2010). Without filing Freedom of Information requests, however, it is impossible to determine what proportion of these investigations resulted in contravention notices delivered to the respective employers.

Saskatchewan's *Occupational Health and Safety Act* requires employers to have a written harassment policy and to ensure, as is reasonable, to maintain a harassment-free work environment. In response, health care organizations, among others, are speedily implementing a variety of anti-bullying training programs, conflict resolution procedures, and by distributing informational posters and pamphlets. Most are modelled on the 'risk avoidance' of the 12-step programs and place the onus for change squarely on the targets, many of whom are motivated by an 'ethic of care' and therefore find it difficult to pursue these remedies (Baines 2005; Bourbonnais *et al.* 2006; Sauter and Murphy 2004; Swan *et al.* 2004).

Bullying among nurses has been explained as oppressed group behaviour or 'horizontal violence' (Randle 2003; Roberts 1983). Nurses' domination by medicine began in the early 1900s when care for the sick became institutionalized. Prior to that, women were an autonomous healing force. Their recent pursuit of professionalization as a means of securing power can be understood as a manifestation of the internalized dominant ideology of how power is distributed. In this explanatory framework, bullying is the venting of anger and frustration of oppressed group members directed towards others of their group, a 'safe' release of tension when the actual aggression is meant for the oppressor (Freire 1971). The internalized dominant consciousness deprives oppressed groups of the capacity to envision the world they wish to live in.

In comparison to nurses, CCAs are further subordinated in the occupational hierarchy of caring labour and have even more reason to exhibit bullying behaviours. Their oppressor is not easily identifiable as a single entity. Rather it is the complex of social and economic relations manifested in the reorganization of their work. Bullying reinforces the very hierarchical structures of power that gives rise to it by depriving CCAs, like other oppressed groups, of the capacity to imagine alternatives to the status quo. Overcoming interpersonal aggression, then, starts with greater understanding of the effects of internalized oppression on the behaviours and actions, which alone is often liberating, and replacing it with a sense of pride in the group's abilities, power, and knowledge (Freire 1971). It is precisely these transformative processes that Boal (2000) seeks to achieve by igniting our creative capacities through his Theatre of the Oppressed (TO).

THEATRE OF THE OPPRESSED AND TRANSFORMATIVE METHODOLOGY

An outgrowth of Freirian popular education and liberation movements of the 1950s and 1960s, TO is an explicitly political formulation of theatre, designed to return the theatrical means of production to the hands of the oppressed. The goals of TO are to enable groups to imaginatively shape the world they wish to occupy and become protagonists of their own lives (Boal 2000, 2002; Freire 1970, 1994). Its emancipatory aims are rooted in the assumption that acting, poetry, and singing are not elitist forms of expert knowledge but innate human capacities. We are all experts on the subjects of our lives.

Unlike other qualitative methods, TO uses embodied games and activities to investigate social reality in order to change it (Boal 2002). A distinguishing feature of the approach is that it liberates each of us to explore and consciously reflect on our own role in the re/production of the social order. This is accomplished by creating spaces protected from real-life consequences to "rehearse" actual dilemmas with emotional authenticity. Such a method is particularly well-suited to address the problem of workplace bullying, given the internalized nature of the structural inequalities and processes which gives rise to bullying. To analyze bullying as oppressed group behavior requires a method that seeks to not merely understand the social world but change it by attending to the effects of internalized oppression.

The study used TO to explore the problem of workplace bullying with two groups of CCAs in Saskatchewan. Prior to recruitment of participants, ethics approval was secured from the author's university behavioural ethics committee and operational approval from the two participating health regions. In the rural region, participants were recruited by an initial contact with LTC home Directors of Care (DoCs) and posters placed in the two LTC homes with agreeable DoCs. In the urban region, posters placed on the union bulletin boards in the LTC homes in a staged sequence that began with the homes specifically identified by SEIU staff as having higher rates of reported bullying, then broadening out to others to ensure adequate recruitment. The workshop and forum-audience participants were fully informed on the uses to be made of the field notes and the measures taken to assure confidentiality and anonymity. The workshops are based on TO techniques, described below. The workshops were co-facilitated by the researcher and a project consultant, both with training and experience in TO techniques.

CCAs participating in the project were recruited from a rural (n=7) and an urban (n=12) health region. The rural CCAs represented two LTC homes caring for residents from the surrounding villages, hamlets, Hutterite Colonies, and First Nations reserves. The urban CCAs represented five LTC homes located in an urban area. Seven workshops were held with the rural and five with the

urban group. Following the workshops with the urban group, four participants self-selected to perform the scenarios developed in the workshops to wider audiences in two forums (n=19 and n=6, respectively). The audiences at the forums consisted of mostly CCAs, with some housekeeping and kitchen staff, a ward clerk, three RNs, and one DoC.

None of the participants had prior acting experience or training. The overwhelming majority of participants were non-racialized, young and middle-aged women: one was a white male, one a racialized woman. Only two were less than 25 years old. Job tenure ranged from three months to more than fourteen years. The majority of rural participants were farm wives with attendant child-care responsibilities: one was a single mother; another had children living independently. Both the sampling frame and sample are noticeably devoid of aboriginal CCAs, perhaps a result of discriminatory hiring practices and/or the predilection of trained aboriginal CCAs to work in home care on reserves rather than in LTC homes. Most participants were part-time and casual workers. One consciously chose casual status to avoid being penalized for refusing overtime shifts. All but two (one rural and one urban) worked in only one LTC home, even though the global job posting system permits casual shifts to be taken in any number of LTC homes within the health region.

The data presented in this paper are drawn from the field notes taken by the author during the workshops and forums, following protocols suggested by Wolfinger (2002).[1] Analysis of the field notes proceeded by reading them holistically and line-by-line to extract significant statements using established guidelines for thematic analysis (van Manen 1990). Resulting thematic categories were further collapsed into overarching themes. Coding, memoing, and analyzing was an iterative process and identified discrepancies, and contradictions in the data were used explicitly to enrich the analysis.

DISCUSSION: TRANSFORMATIVE MOMENTS IN THE WORKSHOPS

The workshops started with games. As we play, we learn about our social world. The games are social metaphors, with both discipline—clear rules that we must follow—and permitted creativity and freedom within the rules. From games, we move to creating sounds, words, and body images to represent individuals' personal experience, without being so personal as to exclude others from seeing their own experience in the representation. The embodied activities de-mechanize us and liberate the tacit knowledge contained in our bodies, making it accessible for articulation. In between each of the activities, the floor is open for collective reflection and discussion. The symbolic meanings found in the activities are related to the problem under investigation during the group's critical collective analysis.

For instance, the 'flocking' game is done with everyone facing the same specified direction and a volunteer leading the rest of the group in free-form repetitive movement by silent demonstration. In the group discussion following the flocking game in a workshop, one CCA offered "I got half way across the room and realized that I couldn't do that movement and so I decided to modify it. It makes me wonder why do we follow what the leader tells us to do even when we know it is not good for us." The parallels to the workplace in her comment came directly out of her embodied experience in the game. It led other group members to review their felt-sense as 'followers' in the flock and make links to their workplace. One by one, assumptions were exposed. In particular, the group questioned their shared view that they have no alternative to taking direction from supervisors who often have less knowledge of the particular circumstance than the CCAs.

Through frozen body images, definitions and impacts of bullying are generated by the group. Some CCAs offered the following interpretations upon viewing the images created by their fellow group members: "humiliated, vulnerable, P.O.ed, depressed, tearful, angry, frustrated, rage, embarrassed" (field notes, October 12, 2010). In exchange, the creators of the images described the feelings instigating the images. Often these discussions revealed the structural changes in work organization. For instance, the back-story of one CCA's description was her request for reassignment to Laundry after 14 years of being bullied as a CCA. In Laundry, "the clothes don't yell at you" (field notes, June 17, 2010). She told the group her job is "redundant" because laundering and housekeeping functions are being privatized, so she was forced to resume her CCA position. Tearfully, she spoke of being kept awake at night imagining the prospect of returning to her CCA position.

Boal's 'chairs' activity, used several times in the workshops, was especially generative of new insights about workplace culture and structures. In this activity, a stock of chairs is made available as the group's palette. Standing in a large circle, without words and without a predefined order, one by one each group member places their chair in the centre of the circle however they wish. The result is a collectively configured constellation of chairs (see Figure 2). The constellation is then used to generate discussion about power structures in the group's social world. The facilitator asks questions such as: which one is the target of bullying? What is the relationship between the target and the others? Which one has the most/least power? Why/Why not? The discussion is immediately generative because of the human impulse to anthropomorphize even inanimate objects such as chairs. As in any TO workshop discussion, differing, even contradictory answers are encouraged with facilitator's prompts: "let's hear what else others see here" or "does anyone else have a different view?" During one of the collective reflections on the chair configuration, one CCA recounted, "I wanted to bring the unusual one (the white chair) because

there is power in diversity. I notice that all the chairs were connected. No one is on its own. As a group, the unusual one is in power, but because there is another one underneath. So, power depends on another."

Figure 2
The Chair Activity

In TO workshops, short scenarios are developed to reflect the underlying stories of the group's everyday lived experience (Boal 2002). The scenarios contain an unresolved climax that seeks a resolution in a second stage of the TO process: a forum in which the dramatic action is driven by the audience. As 'spect-actors', forum audiences propose and enact courses of action, while the 'actors' face the newly created situations and respond to the possibilities they present, allowing the whole group to consider what is, but also what might be and what can be. In the critical, reflective dialogue that follows an intervention by an audience member, ideas for other potential courses of action emerge and the cycle begins again. The shared understandings developed by witnessing through the interactions are used by the group to interpret and create meanings from subsequent interactions.

In the workshops, participants are given control in developing the scenarios. Ideas for dramatic action are tested out and evaluated by the group on the basis of their concurrence with their shared experience of bullying and their dramatic effectiveness. In preparation for scenario development, stories are solicited from the group through blind-listening exercises and frozen and animated body images. A common theme in CCAs' stories was the perpetual staff shortages and their effects. CCAs are continually being asked to work additional hours and shifts. Various experiences of receiving requests for additional shifts were shared:

RWP #5: "The scheduler has been at it again. She phoned my mother's cell phone and when she told them that I don't live with her anymore and that I'm probably in the shower at home, she called right away while I was STILL in the shower."

RWP #3 (*contributing another instance*): "I've also been in Saskatoon in the dental chair when they've called asking me to come in right away. The scheduler's retort is 'well, if you don't work nobody will'. So, they make you feel really guilty if you don't come in to work."

Other stories were offered for the purpose of scenario development. In Boalian tradition, the ultimate selection of the story to dramatize was made by everyone casting a vote, based on how closely it resonated with members' experience. The one chosen by the CCA group was:

RWP #3: "I was in the middle of the curling game, throwing the best rock ever, when I got a call at the rink and the announcement came over the PA, 'it's work, they want you to come in.'" (field notes, September 7, 2010).

For the CCAs, the story epitomized how LTC homes' recruitment and retention problems invade their personal lives. In the development of the scheduler character, some of the same terms used to describe individual bullies were applied to the scheduler. But a counter view was also expressed: "the scheduler is in the same union and paid the same rate of pay as CCAs. So, maybe she's not a bully. It might be the job she is doing." Ultimately, the group identified it was scheduling, not the scheduler, that is "the biggest bully" (field notes, October 12, 2010). Through the development of the scenario, and in particular the character of the scheduler, the group recognized their subjugation shared with others in a different occupation.

Other scenarios exposed the way CCAs' empathy for their charges helps to maintain the social order. In particular, one scenario uncovered an explanation for why CCAs continue in the job despite the high levels of bullying. In a key point in the scenario's dramatic action following the bullying incident, the character of the witness comforts the target with the compliment "you are a good aide, I *know* you really care" (field notes, January 18, 2011). Although CCAs are hired to 'care for' their patients, it became clear through the performative enactments that they also 'care about' them (Baines *et al.* 1992, 1998; Thomas 1993). The commitment to those in their care keeps many CCAs from pursuing other employment and dampens their inclination to take job actions for better wages and working conditions because they might jeopardize the well-being of their charges. As Folbre and Nelson (2000) argue, the emotional bonds between caregivers and care recipients hold caregivers hostage as "prisoners of love."

CCAs' empathy for others extends to their fellow CCAs. In the discussion preceding the creation of the 'scheduling as the biggest bully' scenario, a

participant spoke of the effect on other CCAs of refusing additional shifts: "the problem is if we say no, we know that there will be negative repercussions for our co-workers, they'll have to work short" (RWP#2 field notes, October 12, 2010).

Playing various roles in the scenarios induces critical self-reflection among 'actors'. The new knowledge obtained from role-playing is grounded in immediate experience and direct experiment. In the role of the 'bully', CCAs came to understand how their own actions maintain the power relations in their everyday lives outside the workshops. For instance, during a rehearsal of a scenario prior to the forum, the actor playing the target said to the actor playing the bully: "You didn't yell at me enough (laughing). Now I'm the bully" (field notes, April 29, 2011). Another divulged: "I felt so awful last time when I went home after playing the bully. I realized that lots of the time I do the same thing or I say that same thing."

Personal revelations of anger and aggression towards one's own group, such as that offered by this CCA, can be quite unsettling for individuals. Further, it can undermine the group cohesion explicitly sought through the TO processes. To ward off deleterious potentials, ground rules of confidentiality, respect, and group 'safety' were established by both groups in the initial workshops in the study. These contributed to emergent group solidarities.

In the final workshop in each group, each participant shared their summation of the workshops' impact. Participants noted that it was very unusual to be given the opportunity to come together to reflect, support one another, and develop a 'voice'. An overwhelming theme was the support for one another and a sense of empowerment. RWP#3 offered:

> We just know what is happening; we don't even have to speak to each other. The other day, when I was bringing the laundry and realized I had to go into a room where there was the bully, RWP#4 just grabbed the basket and went into the room instead of me. We didn't even have to talk about it.

Affirming her comment, another said: "We know we have each other to turn to." According to RWP#1:

> We've heard stories here of changes; (pointing to two other group members and naming them) are both affected by what has happened in this group as a result of these workshops.

RWP#2 added her synopsis:

> We've been empowered and we've empowered others. It's been a process. That's why the lateral violence workshops don't work because they're only one day and

we're not listened to, we are talked at. Here we've had a voice. There, we don't. (field notes, September 7, 2010)

Discussion turned to the differences between the workshops and other anti-bullying initiatives. The CCAs reported that these management-led programs have limited effectiveness:

RWP#1: "None of the workshops that we go to on bullying deal with how we are personally to deal with the problem. This has nothing to do with policy. We've been to so many workshops on bullying. They are all just paperwork."

RWP#2: "The Region makes us go to a workshop on lateral violence and then they think the problem is over (as she brushes her hands together). That's it. Now we don't have a problem." (field notes, September 14, 2010).

The conflict resolution procedure instituted in their workplaces involves submitting a written complaint about a fellow worker. Most of the written logs, remarked one CCA, "go into the Bermuda Triangle". The outcomes of the 'writing it up' procedure are dependent on the particular DoC on staff at the time. In most cases, the initiator is left to wonder if there will be any redress, indeed whether the DoC has even read it. Apart from its ineffectiveness, 'writing it up' pits one employee against another. As another CCA commented, "I don't want to write people up. I don't do it easily, because I don't want to get the person into trouble, but I want the behaviour to change" (field notes, June 17, 2010). Like most management-driven conflict resolution procedures, 'writing it up' does not address the fear of reprisals that complainants might well have and pays little consideration to the significant emotional stamina required by complainants to see the protracted investigative processes to the end (Hallberg and Strandmark, 2006). Furthermore, managers themselves are common perpetrators of bullying and CCAs' 'writing it up' offers little or no protection for targets and may in fact increase their vulnerability (Hutchinson *et al.* 2008).

In contrast, participant empowerment in both groups was evident within and outside the workshops at different points throughout the project. An article about the project appeared in the local newspaper before one of the forums. The participants capitalized on the opportunity to champion the project and themselves. The article became an emblem of the group and its work, autographed by each group member and posted in the staff room for all to see. In a twist of fate, two separate designated 'anti-bullying' days also occurred midway through the workshops. The participants in each group seized upon them and created colourful, informative posters, connecting the project's intent to the aims of the national campaign, and mounted them on staff room bulletin boards. A participant in the urban group reported with great pride that "most of

the staff showed up in pink", the designated colour for the day. The rural group demonstrated the same degree of agency with a similar outcome. "Everyone wore purple [the designated colour for that campaign] except the bullies". Another participant described: "We put the sign up about Anti-Bullying Week and they thought it was directed to them. It drove them crazy." A third reported "I put the sign up on the white board and one of them erased it. So, I went home and created a big, big sign from purple construction paper and put it up on the staff door. That's something that I never would have done before these workshops."

Participants' control in scenario development extended to sharing the facilitation and direction in the forums. During the discussion of an intervention, while the audience intervener was still on stage, another audience member commented from her seat, "I just wish the witness would say something right at the beginning." In typical Boalian form, the facilitator took that as an opening for a subsequent intervention and asked the audience member to come up to the stage and try it out. Also in accordance with conventional TO practice, the first intervener was thanked by the facilitator and the replaced 'actor' (UWP#4) was invited to return to her role of the target. Pointing to the first intervener, UWP#4 countered "No, let her stay and carry on being the target". The facilitator readily agreed. As the dramatic action unfolded, now played out with the two audience interveners, UWP#4 stayed in the wings smiling from ear to ear, thoroughly enjoying seeing her peers take as much a leadership role as she had. The sharing of facilitation with the 'actors' was a departure from standard TO technique, but seemed quite natural given the degree of leadership displayed by the core group members, leadership that reflected the Freirian principles of group-led goals that foster unity and pride.

At the end of the project, a rural participant approached the research team to propose "gathering 3-4 of us CCAs together so we can go through the activities that we've learned here. We can create a list of words; we can do some image work." The seeds of emergent leadership were sown for the group to continue without the aid of the researcher and project consultant. The discussion resulted in a grant application to fund the training of interested CCAs in TO facilitation. This will allow the group to take up any issue it deems pressing and thereby extending the empowering impact beyond the project.

CONCLUSION

Existing studies of caregivers are largely concerned with professional caregivers, not the emotional proletariat. CCAs are an under-studied group. Yet, they provide the most direct care to the sick, frail, and elderly in individual residences and LTC homes around the province of Saskatchewan. CCAs care for and about others in a system that doesn't care much about them. The

contradictions between the demands of their work and system-level imperatives to Taylorize it leads to perverse outcomes for both caregivers and care recipients. One such outcome is interpersonal aggression.

Prevailing solutions to workplace bullying are being developed in government policy circles and schools of management science without consultation with those on the 'shop floor' despite the fact that employee involvement has been shown to be an important prerequisite of healthy workplace cultures (Lowe 2004). These legislative reforms and organizational policies and procedures are aimed at the individual and do not attend to the underlying causes of bullying among caring labourers: the way the work is being reorganized under current health care reforms. Potential solutions to workplace bullying must start with transformative processes rooted in an understanding of these larger contextual forces. The study currently underway with CCAs uses one such process to explore workplace bullying while igniting their creative capacities and consolidating the group's communicative infrastructure: Boal's Theatre of the Oppressed.

The techniques of TO, rooted in a history and tradition of popular education and liberation movements, enable groups to become protagonists of their own lives (Boal 2000, 2002). They have been used successfully in over seventy countries. The performative enactments, created by those with 'insider' knowledge of pressing social problems, are used to investigate reality in order to change it. As in any change process, the outcomes cannot be fully prescribed in advance; however, TO's transformative techniques reveals profound personal knowings through embodied activities and motivates them to address barriers collectively. If the workplace bullying experienced by CCAs is to be understood as a manifestation of the contradictions and irrationalities of the health care system, it will require the emancipatory potential of TO.

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NOTES

1   In the field notes, short-forms of individual and collective names (e.g. RWP# for the rural and UWP# for the urban workshop participants) were used to ensure anonymity and confidentiality and other formatting conventions proposed by Silverman (1993) were followed during the note-taking.

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