

Gardner-Webb University

## Digital Commons @ Gardner-Webb University

---

Master of Science in Nursing Theses and  
Projects

Hunt School of Nursing

---

Spring 2021

### Bullying in Nursing

Amanda Vargas

Follow this and additional works at: <https://digitalcommons.gardner-webb.edu/nursing-msn>



Part of the [Nursing Commons](#)

---

#### Recommended Citation

Vargas, Amanda, "Bullying in Nursing" (2021). *Master of Science in Nursing Theses and Projects*. 20.  
<https://digitalcommons.gardner-webb.edu/nursing-msn/20>

This Project is brought to you for free and open access by the Hunt School of Nursing at Digital Commons @ Gardner-Webb University. It has been accepted for inclusion in Master of Science in Nursing Theses and Projects by an authorized administrator of Digital Commons @ Gardner-Webb University. For more information, please see [Copyright and Publishing Info](#).

## **Bullying in Nursing**

by

Amanda Vargas

A project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2021

Submitted by:

Approved by:

---

Amanda Vargas

---

Cindy Miller, PhD, RN

---

5/6/21

Date

---

5/6/21

Date

## Acknowledgments

I want to thank my husband for believing in me and all his positive words of encouragement to help me during this time in our lives because God knows this affected both of us not just myself in this journey.

I want to thank Dr. Cindy Miller for her inspiration and encouragement during this process every time we spoke.

*“But as for you, be strong and do not give up, for your work will be rewarded.”*

*2 Chronicles 15:7*

## Table of Contents

### CHAPTER I: INTRODUCTION

Introduction.....	6
Significance .....	7
Problem Statement.....	8
Purpose.....	8
Theoretical Framework.....	9
Definition of Terms.....	10

### CHAPTER II: LITERATURE REVIEW

Literature Review.....	11
Literature Related to Statement of Purpose .....	11
Strengths and Limitations of the Literature .....	25

### CHAPTER III: NEEDS ASSESSMENT

Target Population .....	28
Target Setting .....	28
Stakeholders .....	28
SWOT Analysis .....	29
Available Resources .....	30
Expected Outcomes .....	31
Team Members .....	31
Cost/Benefit Analysis .....	32

### CHAPTER IV: PROJECT DESIGN

Goal and Objectives .....	34
---------------------------	----

Plan and Material Development.....	34
Timeline .....	36
Budget.....	36
Evaluation Plan .....	37
CHAPTER V: DISSEMINATION	
Dissemination .....	38
Limitations and Recommendations.....	39
Implications for Nursing .....	40
Conclusion .....	40
REFERENCES .....	41
APPENDICES	
A: Demographic Characteristics: Intensive Care Unit.....	45
B: PowerPoint Presentation .....	46
C: Role Play Bullying Scenarios.....	53
D: Evaluation Tool for Antibullying Education .....	56

## List of Figures

Figure 1: SWOT Analysis.....	29
------------------------------	----

## **CHAPTER I**

### **Introduction**

When it comes to bullying in health care, the reality is that it is present nationwide. Bullying is more widespread than ever; it can occur directly in the workplace, indirectly in the workplace, or even through social media. One may feel that bullying only happens in school-aged children or teenagers and does not take into consideration that it happens in adulthood and in the workplace as well. In health care, bullying can happen to a new graduate, an experienced nurse, or a nurse that has recently transferred to another unit. Most nurses have experienced, witnessed, or heard of teammates being bullied throughout their nursing careers. It is important to recognize the significance of bullying because it can lead to a toxic work environment that can result in a variety of emotions such as fear, paranoia, uncertainty, or even physical and/or mental issues such as sleep loss, depression, or decrease in self-confidence or self-worth. All of these can affect patient care and overall work performance, and can lead to an increase in work call-ins or nurse turnover and decreased patient satisfaction scores.

Some examples of bullying include withholding important information from a nurse on purpose, verbal denigration or name-calling, intimidation, or placing blame on someone. However, when it comes to implementing or changing a policy related to bullying, the process can be difficult. In addition, one's perception of bullying and being able to prove that the bullying occurred is also important.

The goal of this project was to implement effective bullying prevention initiatives and education that will promote the functioning of a positive, productive, and

professional healthy work environment. Nurses need to recognize signs of bullying and know their resources when it occurs.

### **Significance**

Sixty percent of nurse managers, directors, and executives in one study stated that they experienced bullying in the workplace, and 26% believed the bullying to be “severe” (Hampton et al., 2019). It has been estimated that up to 34% of nurses consider leaving or leave their job because of bullying (Hampton et al., 2019). According to Sauer et al. (2016), one study discussed companies that were sued for workplace bullying-related offenses, and only about 50% either had a code of conduct in place or a workplace bullying policy in place. In addition, the study discussed that some companies that did have workplace policies in place failed to enforce them. Another study found that in 62% of cases, the employer either did nothing or even made the nurse’s situation worse who had reported that they had been bullied (Sauer et al., 2016).

Bullying is unacceptable and can ruin one’s self-esteem and impact career goals. Bullying not only affects the individual, but it can also cause a chain reaction that can affect job satisfaction and nurse retention. According to Handzel (2017), bullying is not only found in the United States but is found all over the world, and it is reported that approximately 37% of nurses experience some type of bullying in their nursing careers. Handzel (2017) discussed the impact of bullying on nurses, both new and experienced, and how it is slowly increasing. Bullying in the workplace is one of the main contributing elements in nurse turnover and nurse burnout, which also can lead to increased expenses for healthcare systems related to absenteeism, staff replacement, and intervention (Handzel, 2017). Early recognition of education deficits on bullying, development of



educational materials including resources, and implementation of methods to decrease bullying may play a role in positive nurse satisfaction scores and decreased nurse turnover.

### **Problem Statement**

The incidence of bullying is increasing, and unresolved bullying can result in job dissatisfaction, nurse turnover, compromised patient care, patient dissatisfaction, and increased cost to the facility. Lack of reporting may result from lack of education and not knowing the facility's resources, chain of command, or even the policy for bullying. Lack of reporting may also occur because of fear of retaliation or lack of confidence in follow-up by the facility. Bullying can negatively influence the health of nurses as well as job performance (Sauer et al., 2016). Nurses that are bullied at work may experience a feeling of inability to deliver safe, effective patient care because of their emotional state of mind, whether it be doubting their critical thinking skills or fearing someone they are working with will look for something to find wrong with how they provide patient care. Healthcare facilities need effective bullying prevention initiatives that will promote the functioning of a positive, productive, and professional staff in a healthy work environment. Nurses need to recognize signs of bullying and know their resources when it occurs.

### **Purpose**

It is important for nurses to understand how bullying affects nurses, patients, and the organization. The purpose of this project was to develop a program to prevent or decrease the incidence of bullying behaviors in the workplace. Evidence-based strategies will be examined to develop the program. The program will enable nurses to be able to

identify, clarify, and appropriately address any bullying issues or concerns. The setting for this project currently does not have an education program in place. Nurses will be given tools to help decrease bullying in the workplace.

### **Theoretical Framework**

Jean Watson's Human Caring Theory helps enhance nursing practice, education, research, and management, and is what nursing is about. Watson's theory is the guide to antibullying concepts and fulfilling antibullying educational needs. Watson's Human Caring Theory is apparent in a positive manner in nurse and patient outcomes (Wei & Watson, 2018). Literature validates that Watson's Human Caring Theory is commonly used to influence nursing practice, research, and education worldwide (Wei & Watson, 2018). Watson's Human Caring Theory includes what she calls the Ten Caritas Processes which incorporate: applying loving-kindness to others and self, facilitating a positive hope and faith atmosphere with one's self and others, displaying empathy toward others, establishing a healing and caring environment for all, and appreciating humankind (Wei & Watson, 2018). If one is not at peace with themselves, coworkers, and environment, this can affect patient care.

Watson created the education of the Theory of Human Caring/Caring Science greater than 35 years ago (Clark, 2016). Over time the theory has advanced, but nevertheless, the idea of the creation of a transpersonal caring-healing process remains essential to the heart of theory in nursing practice (Clark, 2016). Watson's human caring moment was constructed based on transpersonal psychology which provides nurses and educators with a foundation to build their understanding of the transpersonal nature of human caring awareness to be applied to patients and teammates (Clark, 2016).

According to Wei and Watson (2018), engaging in trusting relationships assists individuals in handling stressful situations and is a serious aspect of promoting resistance and overcoming difficulties. Confidence occurs within trusting and having the courage to be truthful with one another (Garrett, 2019).

### **Definition of Terms**

Bullying is a directed and negative behavior. In order to address and eliminate the issue, one must be able to recognize its characteristics. Understanding bullying in nursing needs to be on the list of priorities during new hire orientation and annual competencies to ensure effectiveness and employee accountability. According to Ulusoy et al. (2016), positive work environments ensure teammate safety and support.

The American Nurses Association (2015) describes nurse bullying as “repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient,” that can have not only “a serious effect on the wellbeing of the nurse in question, but also their ability to care for their patients.” There are different types of bullying. Overt bullying is easily recognized and includes practices such as name-calling, direct threats, insults, and micromanaging. Another type of bullying is covert bullying, which is passive-aggressive and/or implied behavior, and includes such things as rumors and gossip, intentionally withholding information, unfair assignment, or tasks as punishment (American Nurses Association, 2015).

## **CHAPTER II**

### **Literature Review**

#### **Literature Related to Statement of Purpose**

An extensive literature search was conducted to identify best practices for preventing and eliminating bullying in nursing. Databases searched include CINAHL, EBSCO, and ProQuest. The inclusion criteria included peer-reviewed, full-text scholarly articles. Many articles related to workplace bullying were found, but the search provided a limited number of studies related to the purpose of this project. The keywords used in the search included: nursing incivility, nursing and bullying, bullying, incivility, workplace bullying, bullying and interventions, and cognitive rehearsal.

Sauer and McCoy (2016) conducted a descriptive exploratory study investigating the impact of resilience with bullying in nursing. This study concentrated on how bullying affects a nurse's mental and physical health. An online survey was used to gather information from nurses who worked in different healthcare settings across one state in the southeastern United States. The names of the registered nurses (RNs) who were currently licensed at the time of the survey were obtained from the State Board of Nursing. Surveys were sent to known email addresses of 2,250 randomly chosen nurses. In addition, the work setting was also evaluated to determine whether bullying was more prevalent in a specific work environment. Sixty-one percent of participants in the study worked in the hospital setting, while 38% worked for facilities that had Magnet status. The average age was 46 years, 84% were Caucasian, and 89% were female.

The results of the study indicated that approximately 40% of nurses experienced bullying in the past 6 months, while close to 23% experienced severe bullying, and

approximately 68% witnessed their coworkers being bullied. The results also revealed that nurses that were bullied had lower resilience compared to those who were not bullied. Also, mental health scores were significantly lower in those that were bullied and stress levels were higher compared to those that had not been bullied (Sauer & McCoy, 2016).

Allen et al. (2015) discussed the association between bullying and burnout. Utilizing the Conservation of Resources (COR) theory, it was postulated that bullying reduces one's resources and leads to higher levels of burnout. Allen et al. (2015) also explained that in their review of workplace bullying across many businesses, it was determined that health care has some of the highest incidences of bullying.

Allen et al. (2015) conducted a study to look at the relationship between bullying and burnout. The study used anonymous questionnaires, which nurses completed online. Participants were nurses working in Australia, with a total of 762 nurses participating in the research. Participants were recruited via the Australian Nursing and Midwifery (ANMF) website. Nurses who viewed the website were advised of the survey through an announcement requesting their participation and included a hyperlink to the survey.

Bullying was measured using a scale developed by Quine in 1999 that recognized 20 types of bullying behavior. The response scale for the questionnaire asked participants if they had experienced any of the 20 behaviors by a colleague, supervisor, or another person in the workplace in the last 12 months. Sixty-one percent of those that responded to the questionnaire experienced at least two occasions of bullying in the last 12 months. The outcome of the research revealed higher levels of burnout are happening more with those that experience workplace bullying. The negative impact of both in the workplace

indicates that there is a need for ensuring there are policies, education, and procedures in place to prevent both from occurring.

Gaffney et al. (2012) discussed the aggressive, repeated, and purposeful bullying behaviors having a psychological effect on nurses as well as interfering with patient care. There is a lot of literature that concentrates on types of bullying behavior and responses from nurses, rather than researching what the nurse undergoes when confronting bullying. Two qualitative studies were conducted with the first one being part of a larger survey to confirm bullying incidences and if there were any patterns, while the second study evaluated how nurses handled bullying situations they encountered.

A constructivist method was utilized to assess how nurses' social reality was constructed as well as assessing its elements. The researchers sought to identify the foundation of that reality which was based on constructivist grounded theory methods. The reasoning for this was to find out the nurse's social reality of workplace bullying, and the foundation and composition of their reality made it possible to understand the nurse's bullying experience. After receiving permission from the institutional review board (IRB) at a large university in the state of Massachusetts to perform a study, a web link was generated and attached to an article regarding workplace bullying in nursing that included an informed consent and asked open-ended questions. Participants remained anonymous.

When collecting data, the researchers had a total of 99 stories that were completed through the online survey, with 11 being removed due to presented personal interpretations and/or opinions. Six more stories had to be removed due to meeting the US Equal Employment Opportunity Commission definitions of harassment, while

another story had to be taken out because it was not written by a nurse, with a grand total of 81 narratives evaluated. Results were divided into categories with the first one being the discovery of the core category referred to as the “making things right” category. Four related categories were labeled “placing bullying events,” “assessing the situation,” “taking action,” and “judging outcomes”. There was supportive evidence of nurses suffering a psychological and physiological effect of workplace bullying which impacted their sick call-outs as well as wellness. They did not note any supportive evidence of bullying affecting patient safety.

Serafin and Czarkowska-Pączek (2019) conducted a study with nurses working in Polish healthcare facilities, with at least 6 months of nursing experience. The study utilized the 22-item Negative Acts Questionnaire-Revised (NAQ-R) to assess the frequency of the occurrence of bullying. This is a Likert scale with three subscales: person-related bullying (12 items), work-related bullying (7 items), and intimidation bullying (3 items).

The survey was completed by 404 nurses. The results indicated that bullying was experienced by 65.84% of participants. During the last 6 months, 46.78% of the participants had not been bullied at work, while 25.99% answered rarely, 19.06% replied occasionally, 8.17% responded several times a week, and no one indicated they were bullied every day. Having to work below someone’s level of competency was the most common form of work-related bullying experienced.

Etienne (2014) conducted a study to determine the extent of workplace bullying. According to Etienne (2014), bullying of nurses has contributed to occupational stress, nurse turnover, and poor patient outcomes. A descriptive assessment project was used to

obtain information about the degree to which nurses in a Pacific Northwest state-recognized if they were facing workplace bullying. Roughly 10,000 registered nurses from the state's professional nurses' association were asked to take part in an online workplace bullying survey that was attached to the association's online newsletter and included informed consent as well as being voluntary and confidential.

Information was collected through the use of the Negative Acts Questionnaire-Revised (NAQ-R). Participants were asked on the questionnaire to specify the frequency of the 22 negative acts within the previous 6 months. The definition of bullying was provided and participants were asked to specify if they had been bullied at work. Those that acknowledged going through two or more negative acts on a daily or weekly basis were noted as experiencing workplace bullying.

Ninety-five percent of the surveys were completed and submitted online. Forty-eight percent of the participants had experienced workplace bullying while 24% noted being rarely bullied, 20% noted bullying now and then, 12% noted bullying several times within a week, and 4% noted bullying daily. Etienne (2014) expressed that this study generated comparable outcomes to former studies, which implies that workplace bullying among nurses continues.

Flateau-Lux and Gravel (2014) conducted a study to identify the types and occurrence of bullying behaviors toward nurses. The population for this study included registered nurses who had little work experience, were newly graduated, and new to the field of nursing. From a literature review, it was noted that this population was the most at risk for bullying. The Negative Acts Questionnaire-Revised (NAQ-R) was administered in an acute care setting to explore bullying in newly licensed nurses and the



effect it played on one's intention to leave the workplace. The NAQ-R is a 22-item questionnaire that defines different types of bullying behaviors and measures exposure to bullying in the workplace, with the goal of being able to identify the types and occurrence of bullying behaviors toward nurses. The NAQ-R contains three subscales with the first one being seven items consisting of work-related bullying. The second category consists of 12 items that are person-related bullying; for example, being excluded or purposefully ignored. The last category has to do with physically intimidating bullying that contains three items; for example, being targeted by an angry teammate and being yelled at.

It was found that out of 511 nurses that were surveyed, 78% were categorized into the novice category which was considered those that had their license 36 months or less. Thirty-one percent of those that responded to the survey indicated that they experienced bullying on a weekly or daily basis over the last 6 months. The NAQ-R demonstrated good internal consistency as measured by Cronbach's alpha.

A limitation to the research is that there were no percentages provided for participants that were provided themes in addition to the questionnaire consisting of structural bullying, nurses eating their young, leaving their job, and feeling out of the group, only noting that most comments or stories were consistent with the four themes provided such as the intention of leaving their job and/or the profession as a result of bullying. The researchers discovered that bullying played a factor as the reason to leave the job (Fplateau-Lux & Gravel, 2014).

Johnson (2019) conducted a study to investigate the communication staff nurses use to discuss workplace bullying. The purpose of the study was to find out why workplace bullying exists in nursing as well as find ways of changing the pattern of

bullying. The study was approved by the ethical review board of the University of Washington. Participants were chosen by means of goal-directed and random sampling and potential participants were made aware of the study by word of mouth and advertisement.

Those interested in participating in the study notified those conducting the study and were screened for eligibility. To be eligible to participate in the study one had to be an experienced staff nurse who was not in management, as well as be aware of workplace bullying whether it be in their current or former work environment. A semi-structured interview guide was used to conduct the interviews that were about 60 minutes in length and conducted in a place selected by the person being interviewed. According to Johnson (2019), this process resulted in theoretical saturation after 10 interviews were completed. Results in this study indicated workplace bullying was prevalent and stemmed from how nurses are disciplined (Johnson, 2019). Limitations included the study was not localized to one hospital or one unit. It was conducted in one geographic region with few participants.

Kim et al. (2019) conducted a study on workplace bullying experienced by clinical nurses and its association with burnout, turnover intention, and ProQoL. Kim et al. (2019) describes ProQoL stands for professional quality of life perceived by professional workers and includes positive and negative views. Study participants were direct patient care nurses, formerly employed in general hospitals in Seoul, Gyeonggi, and Chungnam located in Korea. Those excluded from the study were newly hired nurses assigned to one of the three hospitals but still not on their own yet taking independent patient assignments.

A structured questionnaire was used in the study that contained a total of 84 questions: 22 on workplace bullying, 22 on burnout, 30 on ProQoL, four on turnover intention, and six on general characteristics. The characteristics of the participants included position, work schedule, gender, years of experience, and job satisfaction. A Korean version of the NAQ-R with verified reliability and validity was used. The NAQ-R consisted of 22 questions: seven on work-related bullying, three on intimidation-related bullying, and 12 on personal bullying. Each item was evaluated on a five-point scale according to the respondent's frequency of bullying experiences within the last 6 months with the scores ranging from 22-110, with higher scores indicating a higher level of experience.

The results of the study indicated that workplace bullying differed significantly according to years of experience, type of employment, and job satisfaction. The work-related, personal, and intimidation-related bullying all fluctuated considerably based on the category of employment such as full-time or part-time as well as work satisfaction. Work-related and personal bullying also varied depending on years of experience. When compared alongside nurses with 10 or more years of experience, those with less than five years of experience had a higher score on personal and work-related bullying (Kim et al., 2019). The study showed that workplace bullying among nurses was the greatest influence affecting their turnover rates, which was shown to result in emotional, occupational, and physical distress among the individuals.

Evans (2017) describes work impoliteness as being demoralizing behaviors such as persistent rudeness, raising your voice to someone, purposefully ignoring someone, purposefully spreading rumors, or even purposefully being mean to someone. According

to Evans (2017), studies indicate that unfriendly behavior impacts nurse turnover, making a difference in employee satisfaction, and one's confidence.

Evans (2017) conducted a study using an exploratory, cross-sectional survey research design divided in phases to collect data to examine the incidence and occurrence of rude behaviors based upon the assessment of registered nurses, imaging professionals, and respiratory therapists. The study was conducted in a healthcare facility in southeastern North Carolina. During the first phase of the research, several tools were examined to explore bullying. These included the Organizational Civility Scale, Nursing Incivility Scale, the Workplace Incivility Scale, and the Negative Acts Questionnaire-Revised (NAQ-R). The NAQ-R was selected for phase one. It asks about bullying exposure that occurred within the past 6 months with the choice selection of (a) being never bullied, (b) every now and then, (c) monthly, (d) weekly, and lastly (e) daily. Another part of phase one was the intention to leave the establishment assessment. This was based on Price and Mueller's causal model of turnover with participant response from one (strongly disagree) to five (strongly agree) based on the statements of: "I plan to leave the organization as soon as possible"; "I would be reluctant to leave the organization"; "I plan to stay with the organization as long as possible"; and "Under no circumstance will I voluntarily leave the organization". Phase two included delegates from radiology, respiratory, and nursing to deliberate the method content and provide feedback for any needed changes. Very little feedback was given and no changes were warranted. Phase three consisted of a trial run of the method to evaluate legitimacy and length of time required for completion, as well as determining the practicality of the study.

Following pilot testing, the study was conducted. A survey was sent via corporate internet to members of imaging, respiratory therapy, and nursing. The response rate was 13%, with 170 surveys returned. Worker participation was low and geographic location was limited to one organization in southeastern North Carolina. Despite the limitations, study results showed that exposure to bullying impacted one's decision to stay with an organization and those with an education level greater than an associate's degree were able to identify bullying behaviors more accurately (Evan, 2017).

Education serves as a first line of protection for cultivating a healthy work environment. Managers and directors must be competent in lateral violence education to attain a positive work environment (Dimarino, 2011). Evidenced-based research was utilized to assess and educate on lateral violence in the workplace at an ambulatory surgical center in Maryland (Dimarino, 2011). The interventions included the development of a workplace code of conduct focusing on caring, respect, expectations, and communication reviewed with employees. Employees were asked to pledge their devotion and sign the code of conduct.

Another part of the intervention included managers encouraging an open-door policy where staff are supported in reporting workplace bullying in confidence. The manager is responsible for investigating incivility, and if there is positive evidence, those involved are held accountable for their action or behavior (Dimarino, 2011). Another element provided is annual lateral violence education that includes recaps of what effects negative behavior has on the organization, patients, and staff as well as reviewing the code of conduct. The interventions resulted in no staff turnover and no stated incivility within the organization in 2010. The limitations of the study included there was no

baseline of what the incivility incidence was prior to the educational intervention, nor was there information regarding staff turnover rate.

Howard and Embree (2020) conducted a study at an educational medical center located in the midwestern United States to examine whether an educational intervention can raise responsiveness and understanding of impoliteness and bullying and improve interaction skills. A survey was used to assess one's sense of politeness and raise awareness to one's purpose and actions. The study focused on nurses that had undergone nursing orientation within the past year and nurses that were in nursing orientation. The Workplace Civility Index (WCI) was administered before and after an educational intervention. Out of 168 that were invited to participate, only 49 participated, with a 29% response rate. Incivility intervention awareness education scores were higher following the educational intervention compared to scores prior to education.

Kile et al. (2018) conducted a study to research how education and cognitive behavior practices affect one's capability to identify and handle bullying behavior and impact job satisfaction among registered nurses working in a Post-Anesthesia Care Unit (PACU) that had reported bullying and job dissatisfaction in the workplace. Two instruments were used in this study. The first was the Nursing Incivility Scale (NIS) containing items divided into categories of bullying with each having subscales: general, nursing, supervisor, physician, and patient. The second instrument was The Nurse Interaction subscale of the NDNQI-Adapted Index of Work Satisfaction to assesses professional conduct and job satisfaction. Two open-ended questions asked how one handled in-person bullying and how bullying impacts job satisfaction.

Over a 3-week period, five sessions were conducted to include all shifts. Each session included bullying definition, examples, and role-playing techniques. Pre-education surveys indicated the experienced bullying percentage to be higher than on the follow-up survey, supporting that education was a success. Percentages were similar pre and post-education, indicating bullying had a negative effect on job satisfaction (Kile et al., 2018).

Razzi and Bianchi (2019) conducted a study using educational modules and cognitive rehearsal to increase knowledge of workplace bullying and educate nurses to respond appropriately to bullying. Education effectiveness was measured by conducting a survey prior to education, immediately after education, and 1 month following education.

A convenience sample was used to assess current workplace bullying among nurses at a community hospital in the northeastern United States with approximately 200 registered nurses. The survey used had two parts. The first part was divided into categories consisting of direct supervisors, patients, doctors, and coworkers, with subcategories consisting of gossip, rumors, abusive supervision, hostile environment, discourteous behavior, and inappropriate jokes measured using a five-point Likert scale. The second part consisted of the Nursing Incivility Scale (NIS), with nine questions pertaining to communication with all persons at work; 10 questions pertaining to family, patient, visitor communication; seven direct supervisor communication questions; seven physician communication questions; and 10 nurse-to-nurse communication questions.

Several education sessions were conducted lasting approximately 1 hour and included incivility definition, types, and influence in nursing followed by role-playing exercises. There were 24 participants. The survey was completed prior to education,

immediately after education, and 1 month after education with a considerable decrease in nursing incivility noted, resulting in decrease in workplace bullying. Over 50% of participants were pleased with the education provided and would recommend it. A limitation noted was the small sample size (Razzi & Bianchi, 2019).

Clark and Gorton (2019) conducted a study with 188 nursing students ready to graduate at a school of nursing in the western United States to validate the importance of including evidence-based educational tactics to address bullying and resistance. Over 50% of the students had experience in health care and all students participated in the study using the Concerned, Uncomfortable, and Safety (CUS) model that involves roleplaying when conflict or bullying occurs and patient safety is of concern. Another intervention that was included was HeartMath, a tool to assist with personal strength such as breathing techniques. Cognitive rehearsal of roleplaying techniques to handle bullying situations was included (Clark & Gorton, 2019).

Data was collected immediately after the educational intervention and 6 months afterward. The students were asked to complete a free writing activity composing a bullying scenario and were asked if their scenario was invented or valid. Of the situations, 78.3% were valid bullying situations that they had experienced in the healthcare setting while 16.2% were invented scenarios where bullying had not been experienced. A survey was resubmitted 6 months after the educational intervention with students having had the opportunity to have hands-on patient care. Students were questioned if they were able to apply what they had learned to their careers. Of the 67 of 188 responding, 69 % applied what they had learned, and 17 of the 67 that responded



included narratives of their experience and how they applied what they learned (Clark & Gorton, 2019).

Hampton et al. (2019) conducted a study with nursing leaders such as directors, executives, and managers who were members of a nursing leadership organization that consisted of approximately 9,700 members. An announcement was posted on the organization's webpage with an attached link to the survey that included the 22-item Negative Acts Questionnaire-Revised (NAQ-R), open-ended questions on bullying encounters, and successful approaches to address bullying behaviors.

One hundred seventy-five nurses participated in the survey. The average score on the NAQ-R was 39. Forty percent of the participants scoring 23-32, showing evidence of little bullying; 34% scored 33-45 indicating some level of bullying; and 26% suffered from severe workplace bullying, scoring greater than 45. When assessing how bullying situations were addressed, 21% preferred confrontation, 20% serious conversation with the bully, 16% left the job, 8% ignored the issue, 5% participated in self-reflection measures, and 5% reported bullying to human resources. Sixty percent of participants had experienced some form of bullying which shows that bullying occurs at all levels of nursing, and education is needed on how to handle bullying situations effectively (Hampton et al., 2019).

A hospital in New York began a Bullying Task Force (BTF). The task force had a mission statement to address any reports of bullying and encourage a healthy work atmosphere. The first goal of the BTF was to assess nurses' opinions of bullying at their facility. Of those responding to a survey, 66% admitted to witnessing or suffering

workplace bullying, with 58% being by nursing, 38% by physicians, 34% by nurse managers, and 34% by healthcare technicians (Keller et al., 2019).

Intervention consisted of the development of Bullying Elimination: Nursing in a Caring Environment (BE NICE). Training for this campaign involved education on identifying bullying, being a support person, and following through with the 4S's (Stand by, Support, Speak up, Sequester) in addition to performing role-playing tasks with bullying scenarios to apply the 4S's (Keller et al., 2019). The study revealed that nurses were able to remember the 4S intervention and gave positive feedback on the campaign (Keller et al., 2019).

Stagg et al. (2013) conducted a study to assess how a cognitive rehearsal antibullying education program affected workplace bullying. Fifteen medical-surgical nurses were invited to participate in a 2-hour cognitive rehearsal program. Prior to the program, 50% of the nurses admitted to witnessing workplace bullying with 100% admitting to bullying being directed toward coworkers with actions such as negative comments or gossiping about another coworker behind their back, while 90% admitted to not responding or knowing how to respond to bullying behavior. Six months after program completion, 10 of the 15 nurses responded to the post-education survey, with 70% stating the program changed personal behaviors and 40% stating bullying had decreased in their work environment since the program (Stagg et al., 2013).

### **Strengths and Limitations of the Literature**

Nurses are at risk for experiencing workplace bullying. While there is literature focusing on bullying in the nursing profession, one's perception of bullying needs to be assessed. An assessment of what is known about bullying is important for understanding

the effect bullying has on nurses. There have been several studies that assessed bullying in the workplace and many evidence-based studies that recommend using mentoring programs as well as establishing groups of interdisciplinary teams to investigate staff regarding work behaviors of their teammates to be able to help enforce a zero-tolerance of bullying policy. It is important to provide education on what bullying is, different types of bullying, and being able to identify one's perception of bullying so that one does not mistake constructive criticism with bullying.

According to Roberts (2015), an organized evaluation of past experiences and effective measures pertaining to nursing is essential to be able to develop influential educational material, guide prevention, as well as intervention planning. Anti-bullying programs are usually based on whether they decrease the normal rate of bullying. There is very little literature regarding specific types of anti-bullying programs within the healthcare setting other than providing education on what bullying is, one's chain of command for reporting any issues or concerns, and role-playing during the organization's orientation process. There is little information regarding specific types of educational programs used in the hospital setting outside of orientation as well as when they are conducted and re-evaluated. The NAQ-R survey was used in several studies to assess bullying behaviors and changes following intervention and demonstrated a high internal consistency.

Overall, the literature review identified interventions aimed at addressing workplace bullying behaviors in nursing. The studies focused on different approaches that include policy development, education, and cognitive rehearsal training. These strategies were utilized to promote a zero-tolerance policy, facilitate learning to increase

knowledge of bullying, and develop skills to handle difficult situations concerning bullying behaviors. The literature provided evidence that educational methods and cognitive rehearsal can increase nurses' recognition of bullying and prepare nurses to effectively address bullying behavior as it occurs.

## **CHAPTER III**

### **Needs Assessment**

#### **Target Population**

The target population for this quality improvement project consists of 64 registered nurses and four nursing assistants working full-time, part-time, and on an as-needed basis. The educational level of the nurses varies from associate's to master's degrees. There is a wide range of ages and experience.

#### **Target Setting**

The setting for this project is an 18-bed Intensive Care Unit within a 250-bed facility that is part of a 42-hospital healthcare organization in the southern United States.

#### **Stakeholders**

Stakeholders for the project include the educator for the department involved as well as the facility educator that is responsible for the organization's education. Other stakeholders for this project include the nurses, nursing assistants, and members of the medical staff. Administrative staff include the chief executive officer and the vice president of nursing. These stakeholders have a wealth of knowledge and can provide valuable input to support project goals and objectives. These individuals will also be able to identify project issues and can contribute to mitigating problems. It is hoped that nurse turnover may be decreased, which would impact the finances of the organization. All organizational employees may benefit if this project contributes to a healthy work environment and increased worker satisfaction. Other stakeholders include patients as they may benefit from improvement in quality of patient care. Patient satisfaction scores may be affected due to a positive work environment that impacts patient care.

### SWOT Analysis

A SWOT analysis was conducted to assess strengths, weaknesses, opportunities, and threats of the organization. The analysis provided an insightful review of internal and external factors (Figure 1).

**Figure 1**

*SWOT Analysis*

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Support from nursing staff</li> <li>• Support from administration</li> <li>• Good rapport with education staff</li> <li>• Educational resources available</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Lack of participation with new education</li> <li>• Lack of new education awareness</li> <li>• Lack of educational funds</li> <li>• Potential increase in work hours and overtime due to required education</li> <li>• Pushback from nurses regarding additional required education</li> <li>• Staff shortage with mandatory overtime</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Availability of education</li> <li>• Growing knowledge among the healthcare organization</li> <li>• Increase awareness outside of the organization into the community</li> <li>• Education can improve retention and development of a healthier work environment</li> <li>• Improved patient and community perception of organization</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Other organizations in the area have vacancies</li> <li>• Staff may go elsewhere to work</li> </ul>

The analysis identifies many valuable organizational strengths. The strengths are key elements that drive the organization for success. The organization has established capabilities for new education presentation so that no new equipment will be needed to present the project. The organization has supportive administration and educators who support continued education and are on board with any education that will benefit their organization. As far as weaknesses, due to mandatory overtime with staff having to report to work for their on-call shift due to staff shortage, there is the risk of pushback from nurses regarding additional time required for education. However, staff will only need to attend the educational sessions one time, with refresher education provided along with annual competencies. Funds would need to be made available for staff members to participate in the education. An opportunity related to this project is the hope that it will expand throughout the entire organization if it is successful within the ICU. There is the opportunity for development of a healthier work environment that can improve patient and community perception of the organization. There is always the threat of competitors and someone else having a better more cost-efficient solution when a project is being rolled out or even affecting the department's budget for those that are in overtime attending required education. Other organizations in the area have vacancies for nurses, and staff may elect to work elsewhere.

### **Available Resources**

Resources needed for the project include physical space accommodating any restrictions as well as enough space for grouping participants to conduct role-playing exercises. The space needs to allow for social distancing due to the current COVID-19 pandemic. Space would be needed for approximately 3 days with different time slots

available each day to better accommodate work schedules. Time slots would need to be 2 hours in length. Access to computer equipment for the PowerPoint presentation to the group is essential. Access to a copy machine and paper supplies is needed to make copies of the NAQ-R as well as the course evaluation that will be provided at the end of each presentation. The facility and/or department educator would need to be involved as well to be able to assist with coordination of the best time and place to conduct education. In addition, the educators could assist with educational reminders for the class through work email, morning shift starters, and/or flyers in the employee breakroom or work area. These resources are available within the facility.

### **Expected Outcomes**

The expected outcome of this project is to establish and maintain a culture of civility in the workplace. The 2-hour training will enhance participants' knowledge and recognition of bullying behaviors, provide resources to handle bullying situations, and promote awareness of the issue throughout the organization. Participants will become aware of their own behavior and recognize behaviors that may be interpreted as bullying. Decreasing bullying in the workplace will result in a positive work environment, decreased nurse turnover, decreased nurse call-outs, and improved patient experience and quality of care.

### **Team Members**

Selecting the right team is imperative to the success of this project. Individuals will be chosen based on their knowledge, decision-making skills, and involvement with the project. The project leader will be responsible for the development and implementation of the project. The organization's facility educator, as well as the unit



educator, are knowledgeable about the educational process and the organization's resources. They also have experience using the simulation process, as well as knowing the International Nursing Association for Clinical Simulation and Learning (INACSL) standards. Others that would be included would be the unit manager and clinical supervisors on the unit. The clinical supervisors report to the unit manager who reports directly to the hospital administrator. Their support is needed for the success of the project.

Volunteers from the Intensive Care Unit will be selected to discuss the educational project prior to implementation. There will be two nurses from the weekday day shift, two nurses from the weekday night shift and one day shift nursing assistant as they do not have a night shift nursing assistant during the week or weekend. There would be two weekend day shift and two weekend night shift nurses selected as well. The antibullying educational project will be reviewed with them to obtain feedback for any potential changes needed and their feelings about the project.

### **Cost/Benefit Analysis**

A cost-benefit analysis was completed to evaluate all potential costs and revenue that could be saved related to this project. The costs of the antibullying project over 1 year will mainly be the time spent on the course by those attending and the one teaching. The average registered nurse pay in North Carolina is approximately \$30 per hour. For 64 nurses to attend 2 hours of class the cost would be approximately \$3,840. The average nursing assistant salary is approximately \$15 per hour. For four nursing assistants to attend 2 hours of class the cost would be approximately \$120. Rutherford et al. (2019) noted that when organizations have staff members who experience bullying, 20% out of

25% who have experienced bullying leave their job. Replacing an experienced nurse can cost in excess of \$60,000 in expenses associated with filling the temporary vacancy and hiring and training new staff.

There is no financial obligation for education space; there is only a need for ensuring reservations for the time slots needed for available space. There is no financial obligation for supplies as there is access to computer equipment to display the PowerPoint presentation. There is access to a copier that belongs to the organization's education department for survey and post-presentation education evaluation copies as needed.

Once the initial project presentation is conducted, the refresher education can be added to the department's online education link that has attached required education which can be done annually. Taking financial responsibility for the needed education will benefit the organization long term with a decrease in nurse turnover, positive work environment, as well as positive patient experiences and quality of care.

## **CHAPTER IV**

### **Project Design**

#### **Goal and Objectives**

The purpose of this project was to develop a program to prevent or decrease the incidence of bullying behaviors in the workplace. The goal was raising awareness of what bullying is, ensuring nurses have the tools they need to handle a bullying situation, and knowing their resources if their intervention did not work in order to decrease the incidence of bullying. After staff complete the PowerPoint training module and cognitive rehearsal exercises, staff will be able to recognize bullying behavior. Communication will improve and staff will be prepared to respond confidently and appropriately to inappropriate bullying behaviors. If nurses have a positive work environment and experience support and teamwork, this, in turn, decreases nurse turnover and contributes to a positive patient experience.

#### **Plan and Material Development**

Permission will be obtained from the facility to implement the quality improvement project for the staff in the ICU. Simultaneously, permission will be sought to utilize the Negative Acts Questionnaire-Revised (NAQ-R). The NAQ-R appears to be effective with being able to obtain data and pinpoint areas of concern in order to be able to educate and act where needed. The questionnaire is used internationally to measure exposure to workplace bullying (Purpora, 2019).

The questionnaire will need to be administered prior to the educational presentation in order to gain information on the occurrence of bullying. The project leader and the unit educator will collaborate on a date that the unit educator will receive a

copy of the questionnaire to be distributed to employees via email. The demographic data for the ICU (Appendix A) will be obtained from the unit manager to eliminate inclusion of any personal information appearing on the questionnaire. The questionnaire will include instructions to the participants not to include any personal information on the questionnaire, and once it is completed it should be printed out and placed in a provided locked box in the employee break room. Copies of the completed NAQ-R will be picked up by the project leader from the department 1 week following initial distribution.

A meeting will be held with the unit educator and the facility educator to coordinate available dates and times to conduct the education. Once these have been set, the unit educator will assist in ensuring that staff will attend by posting a sign-up sheet in the breakroom with available dates and times of education that will be provided by the project leader. The unit educator will also announce the new education and sign-up sheet in their weekly shift starter meetings.

The project will include a PowerPoint presentation (Appendix B) followed by a role-playing activity among staff (Appendix C). The PowerPoint presentation will include the definition of bullying and types of bullying, as well as methods for handling bullying situations. For the role-playing activity, cards containing specific scenarios of bullying situations will be distributed to participants. Participants will be given time to read the situation and discuss ways of handling it. The participants will then role-play the scenario for the group, followed by group discussion. The results of the questionnaire provided prior to education will also be discussed with the group. Following the educational PowerPoint and the role-playing, an evaluation tool (Appendix D) will be given to participants to complete. This will give them the opportunity to note any

questions, concerns, or recommendations that may improve knowledge and resources provided. Participants will complete the evaluation tool prior to leaving the classroom. Approximately 1 month after the education has been presented, the NAQ-R will again be administered to the ICU staff in order to compare pre and post-education results. If a decrease in bullying behaviors is demonstrated, results will be shared with administration with the recommendation made that the educational module will be incorporated into new employee orientation and will also become part of annual competencies.

### **Timeline**

Following facility approval, the demographic information and initial NAQ-R will be completed over the course of 2 weeks. All educational materials will then be presented to the unit educator and unit manager for feedback. Following approval, meetings will be scheduled with the registered nurses and nursing assistant volunteers to elicit feedback. These meetings will take place over a 2-week time period. After incorporation of feedback, the unit educator and project leader will collaborate to determine days and times for the presentation, and this information will be communicated to the nurses and nursing assistants in the ICU. Participants will sign up for an educational session, and hopefully, the sessions will be completed over a 2-week time period. The NAQ-R will be administered to all participants 1 month following the educational session.

### **Budget**

The budget noted previously is a direct cost attributed to training and potentially affecting the unit's budget if any staff are in overtime due to required education. There will not be any other facility direct costs, as the project leader will obtain needed supplies independently such as the locked box for return of completed questionnaires. The project

leader will also be responsible for providing copies of the PowerPoint presentation, as well as the post-education evaluation forms to attendees. Indirect costs for the project include use of educational space as well as the use of computer equipment for the PowerPoint presentation.

### **Evaluation plan**

The NAQ-R will be completed prior to the educational session and 1 month following the session and evaluated for improvement. The evaluation of the educational session will be reviewed and changes incorporated into future presentations. Any areas identified for additional education will be addressed and education provided. The number of reported acts of bullying will be noted. Since a healthier work environment can impact patient care, patient satisfaction scores will be evaluated and compared to scores prior to the educational sessions.

## **CHAPTER V**

### **Dissemination**

Nurses do not need to have a feeling of dread of going to work based on who they work with if they are experiencing bullying. The responsibilities of a nurse are stressful enough without the added worry of a toxic work environment. The effect that bullying has on an individual not only affects the individual, but it affects the area in which they work which in turn can affect the organization. Bullying can affect a nurse's job performance because he/she is under stress and turmoil which creates a cycle for dissatisfied patients or family members witnessing the poor quality of care being delivered.

As with all areas of nursing, nurses are expected to stay up to date with the latest evidence-based practices as well as educational and support resources that will facilitate nurses in providing the best care and safest workplace possible. It is the responsibility of all nurses to have a positive impact on patient outcomes and that cannot be done if there is a toxic work environment with bullying as a contributing factor. A review of literature supported that education modules and cognitive rehearsal along with policy enforcement were effective in decreasing workplace bullying. The project leader developed a 2-hour educational session focusing on educating ICU nurses and nursing assistants on bullying, including examples of different types of bullying. Cognitive rehearsal strategies are also incorporated into the session to provide knowledge and skills related to responding appropriately and effectively to bullying behavior. The goal is raising awareness of what bullying is, ensuring nurses have the tools they need to handle a bullying situation, and knowing their resources if their intervention did not work in order to decrease the

incidence of bullying. After staff complete the PowerPoint training module and cognitive rehearsal exercises, staff will be able to recognize bullying behavior. Communication will improve and staff will be prepared to respond confidently and appropriately to inappropriate bullying behaviors. If nurses have a positive work environment and experience support and teamwork, this in turn decreases nurse turnover and contributes to a positive patient experience.

If successful, the results of the project can be shared with administrators in other areas. This 2-hour training module can be beneficial to other departments within the organization as other departments may be having the same issue. This training module can be incorporated into the new employee orientation and can occur annually as a refresher to all employees during annual competencies.

### **Limitations and Recommendations**

A limitation to this project is that it is limited to registered nurses and nursing assistants in one department only. Non-nursing staff such as doctors, nurse practitioners, therapists, case management, or environmental services were not included. Obtaining a baseline assessment from ancillary departments, patient interdisciplinary staff, and non-clinical staff would be beneficial as they are impacted by bullying as well. Including all employees of the organization would ensure all staff are educated on bullying and bullying behaviors. Analyzing different departments could be beneficial as it could potentially uncover behaviors in other workgroups. If one unit benefits from provided education then the success of the project needs to be taken to administration in hopes that it can be provided to the entire organization to be integrated into new hire orientation, initial education for established employees, as well as included in annual competencies.



Understanding what bullying is and what anti-bullying education has to offer can contribute to a future in improving one's work environment as well as teammate satisfaction and patient satisfaction.

### **Implications for Nursing**

The effects of workplace bullying have a negative impact on the victim's emotional and physical well-being, workplace morale, job satisfaction and retention, quality of healthcare delivery, and patient safety. Nurses must be dedicated to promoting a safe, non-toxic work environment. Communication is essential for building effective working relationships. Nurses should be educated on bullying using evidence-based strategies and techniques to recognize and manage incidents. Workplace violence policies should be promoted and supported, with issues addressed as they occur.

### **Conclusion**

Bullying may not be at the top of everyone's priority list of things to be taken care of in the hospital setting; however, it does need to be acknowledged and understood. If one person can be impacted by this project and make a change, one can only hope that it can create a change in others for a positive future in health care. Bullying is a learned behavior and people tend to act like those around them. If someone notices bullying, and no one reacts or steps up to say anything, it gives the perception that it is allowed. The toxic cycle needs to be stopped and if it continues to be allowed and go unnoticed it will only get worse.

## References

- Allen, B., Holland, P., & Reynolds, R. (2015). The effect of bullying on burnout in nurses: The moderating role of psychological detachment. *Journal of Advanced Nursing*, 71(2).
- American Nurses Association. (2015). Position statement: Incivility, bullying, and workplace violence.  
[www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/Incivility-Bullying-and-Workplace-Violence.html](http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/Incivility-Bullying-and-Workplace-Violence.html)
- Clark, C. (2016). Watson's human caring theory: Pertinent transpersonal and humanities concepts for educators. *Humanities*, 5(2). <http://dx.doi.org/10.3390/h5020021>
- Clark, C., & Gorton, K. (2019). Cognitive rehearsal, HeartMath, and simulation: An intervention to build resilience and address incivility. *Journal of Nursing Education*, 58(12), 690-697.
- Dimarino, T. (2011). Eliminating lateral violence in the ambulatory setting: One center's strategies. *AORN Journal*, 93, 583-588.  
<https://doi.org/10.1016/j.aorn.2010.10.019>
- Etienne, E. (2014). Exploring workplace bullying in nursing. *Workplace Health & Safety*, 62(1), 6-11.
- Evans, D. (2017). Categorizing the magnitude and frequency of exposure to uncivil behaviors: A new approach for more meaningful interventions. *Journal of Nursing Scholarship*, 49(2), 214-222.

- Flateau-Lux, L., & Gravel, T. (2014). Put a stop to bullying new nurses. *Home Healthcare Now*, 32(4), 225–229.
- Gaffney, D., Demarco, R., Hofmeyer, A., Vessey, J., & Budin, W. (2012). Making things right: Nurses' experiences with workplace bullying-a grounded theory. *Nursing Research and Practice*. <https://doi.org/10.1155/2012/243210>
- Garrett, B. (2019), Unitary caring science: The philosophy and praxis of nursing. *Nurs Philos*, 20: e12227. <https://doi.org/10.1111/nup.12227>
- Hampton, D., Tharp-Barrie, K., & Rayens, M. (2019). Experience of nursing leaders with workplace bullying and how to best cope. *Journal of Nursing Management*, 27(3), 517-526. <https://doi.org/10.1111/jonm.12706>
- Handzel, S. (2017) Zero tolerance: Stopping nurse bullying begins with leadership. *Oncology Nursing News*, 12(2). <https://www.oncnursingnews.com/view/zero-tolerance-stopping-nurse-bullying-begins-with-leadership>
- Howard, M. S., & Embree, J. L. (2020). Educational intervention improves communication abilities of nurses encountering workplace incivility. *The Journal of Continuing Education in Nursing*, 51(3), 138-144.
- Johnson S. L. (2019). Workplace bullying, biased behaviours and performance review in the nursing profession: A qualitative study. *Journal of Clinical Nursing*, 28(9-10), 1528–1537. <https://doi.org/10.1111/jocn.14758>
- Keller, R., Allie, T., & Levine, R. (2019). An evaluation of the "BE NICE Champion" programme: A bullying intervention programme for registered nurses. *Journal of Nursing Management*, 27(4), 758–764. <https://doi.org/10.1111/jonm.12748>

- Kile, D., Eaton, M., deValpine, M., & Gilbert, R. (2018). The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study. *Journal of Nursing Management*, 27(3), 543-552.
- Kim, Y., Lee, E., & Lee, H. (2019). Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. *PloS one*, 14(12). <https://doi.org/10.1371/journal.pone.0226506>
- Purpora, C., Cooper, A., Sharifi, C., & Lieggi, M. (2019). Workplace bullying and risk of burnout in nurses: A systematic review protocol. JBI database of systematic reviews and implementation reports, 17(12), 2532–2540.  
<https://doi.org/10.11124/JBISRIR-D-19-00019>
- Razzi, C. C., & Bianchi, A. L. (2019). Incivility in nursing: Implementing a quality improvement program utilizing cognitive rehearsal training. *Nursing Forum*, 54(4), 526–536. <https://doi.org/10.1111/nuf.12366>
- Roberts S. J. (2015). Lateral violence in nursing: A review of the past three decades. *Nursing Science Quarterly*, 28(1), 36–41.  
<https://doi.org/10.1177/0894318414558614>
- Rutherford, D., Gillespie, G., & Smith, C. (2019). Interventions against bullying of prelicensure students and nursing professional: An integrative review. *Nursing Forum*, 54, 84-90. <https://doi.org/10.1111/nuf.12301>
- Serafin, L. I., & Czarkowska-Pączek, B. (2019). Prevalence of bullying in the nursing workplace and determinant factors: A nationwide cross-sectional Polish study survey. *BMJ Open*, 9(12). <https://doi.org/10.1136/bmjopen-2019-033819>

- Sauer, P. A., & McCoy, T. P. (2016). Nurse bullying: Impact on nurses' health. *Western Journal of Nursing Research*, 39(12), 1533–1546.  
<https://doi.org/10.1177/0193945916681278>
- Stagg, S. J., Sheridan, D. J., Jones, R. A., & Speroni, K. G. (2013). Workplace bullying: The effectiveness of a workplace program. *Workplace Health & Safety*, 61(8), 333–338. <https://doi.org/10.1177/216507991306100803>
- Ulusoy, N., Mölders, C., Fischer, S., Bayur, H., Deveci, S., Demiral, Y., & Rössler, W. (2016). A matter of psychological safety: Commitment and mental health in Turkish immigrant employees in Germany. *Journal of Cross-Cultural Psychology*, 47(4), 626–645. <https://doi.org/10.1177/0022022115626513>
- Wei, H., & Watson, J. (2018). Healthcare interprofessional team members' perspectives on human caring: A directed content analysis study. *International Journal of Nursing Sciences*, 6(1), 17–23. <https://doi.org/10.1016/j.ijnss.2018.12.001>

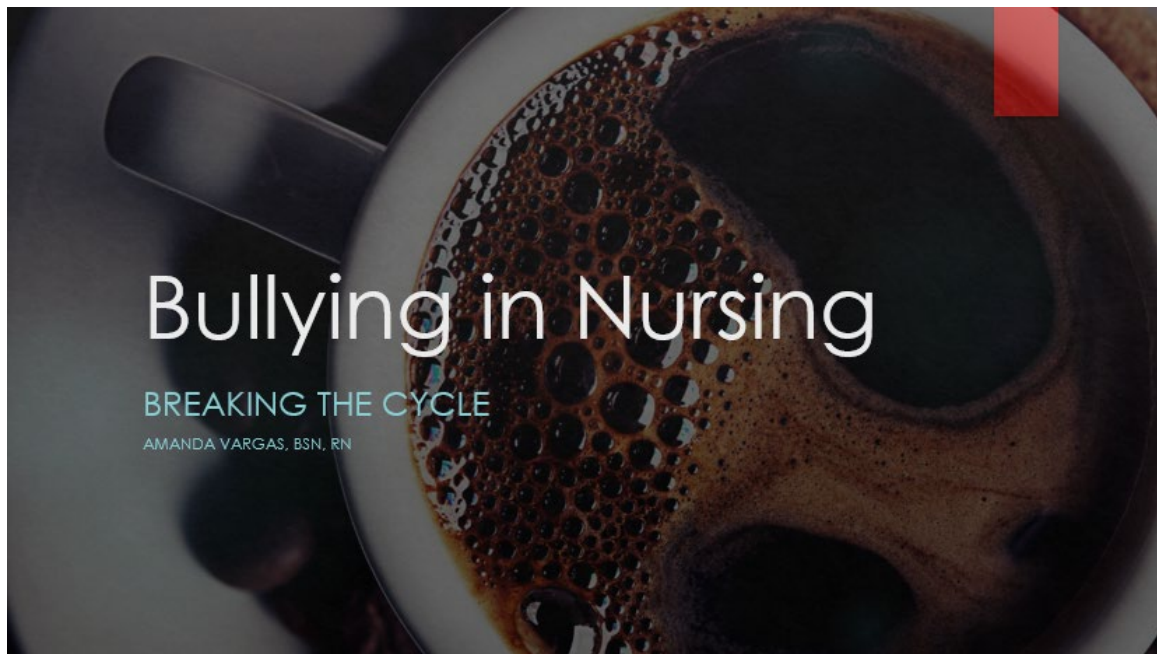
## Appendix A

### Demographic Characteristics: Intensive Care Unit

Male	
Female	
<b>Employment type</b>	<b>Results</b>
Full-time	
Part-time	
PRN	
<b>Registered Nurse Experience</b>	<b>Results</b>
0-2 years	
3-5 years	
6-10 years	
>10 years	
<b>Nursing Assistant Experience</b>	<b>Results</b>
0-2 years	
3-5 years	
6-10 years	
>10 years	

## Appendix B

### PowerPoint Presentation



## What is bullying

- ▶ Bullying is unwanted, aggressive behavior among school aged children that involves an actual or observed dominance imbalance.
- ▶ Bullying includes verbal criticisms or may be physical such as communicating threats or may be other forms of intimidation such as deliberately withholding information.

A set of small, light blue navigation icons typically found in Beamer presentations, including symbols for back, forward, search, and other navigation functions.

## Did you know?

- ▶ The American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements imposes a moral obligation for registered nurses to acknowledge and take action against behaviors such as bullying (ANA, 2015).
- ▶ Bullying in the workplace can be hard to recognize.
- ▶ Workplace bullying is not illegal unless it crosses into the realm of workplace harassment. One would need to refer to their organizations harassment policy.

## Types of Bullying

- ▶ **Overt Bullying:** One of the easiest form of bullying to recognize as it does not have restraint and often puts someone on display in front of others purposefully to cause embarrassment and emotional damage (Farrell et al. 2012)

Examples include threatening someone, name calling, or blaming someone





## Types of Bullying

- ▶ **Covert Bullying:** This type of bullying is harder to identify because one may perceive another person as being kind and/or helpful when in reality they are setting you up for failure (Farrell et al. 2012).

Examples include: Unfair patient assignment, Excluding from important information, or when someone is constantly questioning your accomplishments, ideas, or decisions.

- ▶ **Power Dynamics:** When one uses their seniority or authority to control someone (Farrell et al. 2012).

Example: Withholding knowledge, controlling when one takes a break, controlling assignment or even micromanaging.



## Types of Bullying

- ▶ **Undermining Personal Values/Beliefs:** When you work with someone that condemns your beliefs, ignoring one's morals and values that are verbalized (Farrell et al. 2012).

Examples: Purposefully being assigned tasks that raise concern to one's principles and standards.

- ▶ **Withholding Help:** When someone with more experience purposefully withholds information that could help a new hire with their job (Farrell et al. 2012).

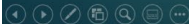
Example: A seasoned nurse purposefully not helping a new grad nurse newly on their own with a difficult patient assignment.



## What do you do if Bullying happens to you

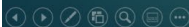


- ▶ Assess the bullying situation and decide the type of bully the individual is and determine if it is constructive criticism or is it truly bullying, Ciocco (2017).
  - ▶ Helpful tips on how to handle a bully:
    - ▶ If the bully has verbalized a comment or request to you reaffirm what the bully has stated, then repeat back what you think you have understood them to say.
    - ▶ If you work with a bully who consistently causes you problems and "killing them with kindness" does not work. Just say "no" I am sorry, but I will not \_\_\_\_\_ (do what they asked of you).
    - ▶ Another option is to not entertain the bully's demand or request and let them know you will get back to them or you will follow up on their matter.
    - ▶ You can also let them know that you would like to speak to bully in private so that they do not have an audience if the bully thrives on attention.



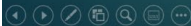
## What to do when Bullying is witnessed

- ▶ One is just as guilty doing the bullying by allowing it to happen.
- ▶ Same concepts and being the victim....if you witness bullying to one of your teammates assess the situation before you say anything to determine if it was constructive criticism versus bullying.
- ▶ If you witness someone being talked to or being told to do something in an unprofessional manner speak up and acknowledge that individual confirming what they said and your understanding of their request.
- ▶ If you witness someone being disrespected and you notice bullying behavior as noted ask to speak to that individual in private.



## When at first you don't succeed...what are your options?

- ▶ When you have tried to handle to situation on your own as mentioned and you still notice bullying behavior what are your resources?
  - ▶ Report to the charge nurse (if you don't feel comfortable talking to the charge nurse or if they are your bully, you have options)
  - ▶ Report to the clinical supervisor (they report directly to the unit manager).....no results...don't notice a change....
  - ▶ Report to the unit manager (this individual reports directly to the hospital administrator)
  - ▶ If someone is experience bullying from your manager, one can call their organizations human resource department who can give provide a contact number to speak to someone in corporate compliance which gives you the option to report anonymously.



## Theoretical Framework

- ▶ Jean Watson's caring theory
  - ▶ Watson's theory is directed toward patient care and described as providing a caring environment while accepting the one being cared for who they are.
  - ▶ Watson's theory has four important views:
    - ▶ Human being
    - ▶ Health
    - ▶ Environment and/or society
    - ▶ Nursing
- Smith et al. (2013)





## Antibullying results in.....

- ▶ Decrease in nurse turnover
- ▶ Positive work environment
- ▶ Positive patient experience



## How can Watson's theory be applied to bullying?

- ▶ **Watson's Human Caring Theory** has a goal to make sure there is a sense of balance and peace between health and illness experiences of a person.
  - ▶ Patients can see, hear, and sense tension
  - ▶ If a nurse is in a toxic work environment it affects her mentality and can potentially cause errors in care, medications, and/or documentation.
  - ▶ One's environment should be as peaceful and comfortable as possible.
  - ▶ Caring not only applies to patient care but applies to one's coworkers. One does not have to like who they work with but need to know how to respect someone for who they are.

## References

- ▶ American Nurses Association. Position Statement. Incivility, Bullying, and Workplace Violence. July 22, 2015.  
[www.nursingworld.org/MainMenuCategories/WorkplaceSafety/HealthyNurse/bullyingworkplaceviolence/Incivility-Bullying-and-Workplace-Violence.html](http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/HealthyNurse/bullyingworkplaceviolence/Incivility-Bullying-and-Workplace-Violence.html)
- ▶ Ciocco, Maggie (2017). Fast Facts on Combating Nurse Bullying, Incivility and Workplace Violence: What Nurses Need to Know in a Nutshell. [9] 89-99.
- ▶ Gerald A. Farrell & Touran Shafiei (2012). Workplace aggression, including bullying in nursing and midwifery: A descriptive survey (the SWAB study). *International Journal of Nursing Studies*, 49 (11), 1423-1431. Retrieved from: [Workplace aggression, including bullying in nursing and midwifery: A descriptive survey \(the SWAB study\) - ScienceDirect \(gardner-webb.edu\)](http://www.sciencedirect.com/science/article/pii/S0020708512001431)
- ▶ Psychology Today retrieved from:  
<https://www.psychologytoday.com/us/basics/bullying>
- ▶ Smith, M., Turkel, M., & Wolf, P. (2013). *Caring in Nursing Classics : An Essential Resource*. Springer Publishing Company.



## **Appendix C**

### **Role Play Bullying Scenarios**

Attendees will be placed in groups based on assigned numbers. The scenarios will be conducted individually so that attendees may observe and learn from each scenario.

#### **Scenario 1**

It is the beginning of the day shift and the assignment has been made and it is noticed that the unit is full, two nurses have been pulled and Nurse 2 has been assigned 3 patients and Nurse 3 has only 2. Nurse 2 has one of her three patients going to surgery and the other two are on the ventilator with one on two pressors and the other has no sedation drips. Nurse 3 has one ventilated patient on sedation and the other one is waiting transfer for a regular medical bed. What Nurse 2 does not know is Nurse 1 and Nurse 3 have been best friends for quite a while and overhears a conversation between the two about how Nurse 2 needs to sink or swim.

**Nurse 1:** Experienced Charge Nurse

**Nurse 2:** Novice Nurse

**Nurse 3:** Experienced Nurse

**What type of bullying is this?**

**How should this situation be handled?**

**Scenario 2**

Throughout the day Nurse 4 has been noticed calling Nurse 5 into a patient's room that they have been assigned for ADL tasks because they do not have a nursing assistant today and telling Nurse 5 that the patient needs more ice and assistance to the bathroom and walks out and leaves the nurse in there to address the patient's needs.

**Nurse 4: Preceptor**

**Nurse 5: New graduate nurse orienting**

**What type of bullying is this?**

**How should this situation be handled?**

**Scenario 3**

Nurse 6 has been faced with collecting supplies for a doctor that likes particular supplies for a Central Line insertion for Nurse 7's patient who has not been doing well all day and who has come to her for guidance as the nurse explains that she has never assisted with a bedside procedure before. Nurse 8 witnesses this and is trained to do charge as well and knows what the doctor needs and wants for the procedure and does nothing to help, giving no information, or support.

**Nurse 6: Novice Charge Nurse**

**Nurse 7: Novice Nurse**

**Nurse 8: Experienced Nurse**

**What type of bullying is this?**

**How should this situation be handled?**

**Scenario 4**

Nurse 9 is having a conversation with another nurse about Nurse 10's eating habits due to her religion and Nurse 10 overhears the conversation and hears Nurse 9 verbalize how that is the craziest thing she has ever heard of.

**Nurse 9: Experienced Nurse**

**Nurse 10: Experienced Nurse**

**What type of bullying is this?**

**How should this situation be handled?**



## Appendix D

### Evaluation Tool for Antibullying Education

#### Post Assessment Tool for Antibullying Education

Questions	Yes	No
<b>1. Do you feel that you received the information needed about bullying?</b>		
<b>2. Do you feel that this education was beneficial?</b>		
<b>3. Do you feel confident that you can apply what you have learned when you return to work?</b>		
<b>4. Do you feel that the education provided needs to be revised?</b>		
<b>Comments: If you answered “yes” to Question 4, please comment on what needs to be added, removed, or updated.</b>		
<b>Please share any comments, questions, or suggestions on the education.</b>		