Bullying in Nursing: Implementing Solutions for Practice

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Background

- Incivility and bullying is increasing
  
  (Al-Hamdan, Manojlovich, & Tanim, 2017; Attell, Brown, & Treiber, 2017; Butler, Prentiss, & Benaamor, 2018; Chang, Carter, Ng, Flynn, & Tan, 2017; Edmonson, Bolick, & Lee, 2017; Hoguh et al., 2016; Manton, 2017; Meires, 2018; Salin & Notelaers, 2017)

- Interpersonal hostility, bullying, toxic work environments are documented in nursing
  
Background

- Define the problem
- Multiple names – multiple meanings
Background

- Frequently examined within the literature
- Recognized epidemic
- Still continues

(Castronovo, Pullizzi & Evans, 2016; Coile, 2016; Edmonson et al., 2017; Fleming, 2016; Giorgi et al., 2016; Granstra, 2015; Manton, 2017; Wilson, 2016; WolfPerhats, Clark, Moon, & Zavotsky, 2017)
Background

- Turnover as a result of bullying
- Incivility and bullying becoming more rampant

(Bruyneel, Thoelen, Adriaenssens, & Sermeus, 2017; Blackstock, Harlos, Macleod, & Hardy, 2015; Fitzpatrick, Campo, & Lavandero, 2011; Flinkman & Salanterä, 2015; Flinkman, Isopahkala-Bouret, & Salanterä, 2013; Oyeleye, Hanson, O'Connor, & Dunn, 2013; Tarcan, Hikmet, Schooley, Top, & Yorgancioğlu, Tarcan, 2017).
Background

- Incivility, interpersonal hostility, lateral and horizontal violence, and toxic work environments are issues many nurses deal with daily

(Adriaenssens et al., 2015; Christie & Jones, 2014; Dellasega et al., 2014; Elmblad et al., 2014; Park et al., 2015)
Background

Negative outcomes as a result of bullying behaviors have been identified to increase:

- Intent to leave the profession
- Department turnover
- Health issues
- Mental health issues (depression)

(Al-Hamdane et al., 2017; Arnold & Walsh, 2015)
Evidence

Descriptive study:
- Survey using six validated tools
- RNs in southeastern US
- N = 345

Findings:
- 40% victims of bullying behavior within the previous six months
- 68% witnessed co-workers being bullied

(Sauer & McCoy, 2018)
Evidence

- Descriptive study:
  - Survey using four tools
  - RNs at western Canadian hospital
  - N = 103
- Findings:
  - Found positive association between bullying acts and intent to leave the organization

(Blackstock et al., 2015)
Descriptive cross-sectional design study:
- Survey using two tools
- RNs in tertiary hospitals in South Korea
- N = 508

Findings:
- Direct relationship between job satisfaction (due to bullying behaviors) and intent to leave (Oh, Uh, & Yoon, 2016)
Evidence

Among workers who have been on the receiving end of incivility:

- 48% intentionally decreased their work effort.
- 38% intentionally decreased the quality of their work.
- 63% lost work time avoiding the offender.
- 80% lost work time worrying about the incident.
- 66% said that their performance declined.
- 78% said that their commitment to the organization declined.
- 12% said that they left their job because of the uncivil treatment.

(Porath & Pearson, 2010, p.64 - 65)
Evidence

Among workers who have been on the receiving end of incivility:

- 94% of targets, get even with bullies
- 88% of targets, get even with their organization

(Porath & Pearson, 2010, p.64 - 65)
Workplace bullying and incivility cost facilities on average of $11,581 per nurse, per year.

If only 10% of nurses at the facility experienced incivility or bullying in the workplace, the cost would be > $1.3M per year in lost productivity.

(Lewis & Malecha, 2011)
Background

- Communicating is often uneasy
- A positive work culture relies on effective and civil communication

Gaps

- Descriptive studies
- Solutions needed
Purpose

- Examine if an educational activity can:
  1. Increase civility
  2. Increase comfort level in holding conversations
(Ren & Kim, 2017, p. 702)
The Johns Hopkins Nursing Evidence-Based Practice Model (Dearholt & Allan, 2018, p. 36)
Logic Model

Visual tool to represent the relationships between resources and ultimate impact of the project
Project Design

- A quasi-experimental mixed methods design study

<table>
<thead>
<tr>
<th>Pre-intervention</th>
<th>Post-intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>EG 1</td>
<td>Intervention</td>
</tr>
<tr>
<td>EG 2</td>
<td></td>
</tr>
</tbody>
</table>

Non-random assignment to groups

Experimental Group

Control Group

EG 1, CG 1 = Pre-intervention data collection point
EG 2, CG 2 = Post-intervention data collection point
Project Design

○ Inclusion criteria

Sent to all nurses who meet inclusion criteria:
  - Burn
  - Critical Care (ICU)
  - Emergency Department
  - Acuity Adaptable Clinics
  - OB
  - Operating Suite
  - Psychiatry
  - Interventional Suites

- Over 250 met inclusion criteria (N = 266)

Non-random assignment to groups

Experimental Group
- ✓ Eskenazi Health RN’s
- ✓ Currently in standard nursing orientation (between April 2018 and June 2018)

Control Group
- ✓ Eskenazi Health RN’s
- ✓ Completed standard nursing orientation within the last calendar year (between April 2017 and March 2018)
Project Design

- Data collection information

Pre-intervention

Experimental Group

EG 1 → Intervention

Post-intervention

EG 2

Control Group

CG 1 → CG 2

Non-random assignment to groups

EG 1, CG 1 = Demographics, Workplace Civility Index, Negative Acts Questionnaire- Revised
EG 2, CG 2 = Workplace Civility Index
EG 2 = Intervention specific questions
Validated Data

Collection Tools Utilized

Workplace Civility Index
A validated evidence-based questionnaire constructed to assess a nurses’ personal civility and increase personal awareness related to personal actions and intentions.

Negative Acts Questionnaire - Revised
A validated 22-item instrument that was developed at a university in Bergen, Norway. This instrument measures perceived exposure to bullying and harassment while at work. The tool can identify targets of bullying who will have a larger score compared to non-targets.

(Clark, 2017; Clark, Sattler, & Barbosa-Leiker, 2018) (Einarsen, Hoel, & Notelaers, 2009)
**Project Design**

- The intervention

**Pre-intervention**

- EG 1

**Intervention**

**Post-intervention**

- EG 2

Developed by Sigma Theta Tau International Honor Society of Nursing (Sigma)

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**Bullying in the Workplace: Solutions for Nursing Practice**

- Time: ~2 hours 40 minutes
- Evidence based solutions
- Authors from around the world
- Innovative branching scenarios
Branching Scenarios

- Case studies
You are walking down the hall and pass “the mean nurses” who are congregated around the reception desk. Right after you walk by (but within ear shot), you overhear: “She is such an idiot. I mean, how is someone like her actually a nurse? She must have cheated her way through school.”

They all chuckle and nod in agreement.

1. (You spin around and walk up to the group. You get close and point your finger at them.) Excuse me, what did you say?
2. (Curious) Excuse me, what did you say?
3. You walk away and say nothing. You can’t change anyone else’s behavior.
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Author and speaker
Project Design

○ Measure of success

SMART goals to measure success

✓ More than 80% of participants will have increased their WCI score.
✓ More than 80% of participants will have implemented at least one positive conflict management strategy effectively.
Data Analysis

- Survey’s via Qualtrics
- Data analysis via Microsoft Excel

Study Participants:

<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>28</td>
</tr>
<tr>
<td>Experimental Group</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
</tr>
</tbody>
</table>

Invited 266
Responded 70
Completed 49
Rate 18%
Data Analysis

### Educational Background

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Control</th>
<th>Experimental</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Degree</td>
<td>25.0%</td>
<td>23.8%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Baccalaureate Degree</td>
<td>60.7%</td>
<td>61.9%</td>
<td>61.2%</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>14.3%</td>
<td>9.5%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>0.0%</td>
<td>4.8%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Data Analysis

Demographics

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Experimental</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care (ICU)</td>
<td>32.1%</td>
<td>9.5%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>17.9%</td>
<td>23.8%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Acuity Adaptable</td>
<td>17.9%</td>
<td>23.8%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Clinic (any clinic)</td>
<td>17.9%</td>
<td>19.0%</td>
<td>18.4%</td>
</tr>
<tr>
<td>OB</td>
<td>7.1%</td>
<td>9.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Operating Suite</td>
<td>3.6%</td>
<td>9.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>0.0%</td>
<td>4.8%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Interventional Suites</td>
<td>3.6%</td>
<td>0.0%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Data Analysis

Demographics

<table>
<thead>
<tr>
<th></th>
<th>As Nurse Total</th>
<th>In HC Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 years</td>
<td>41%</td>
<td>8%</td>
</tr>
<tr>
<td>2-3 years</td>
<td>27%</td>
<td>22%</td>
</tr>
<tr>
<td>4-5 years</td>
<td>6%</td>
<td>24%</td>
</tr>
<tr>
<td>6-7 years</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>8-9 years</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>10-15 years</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>16-20 years</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>21-25 years</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>26-30 years</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>31-35 years</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Experimental</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946-1962</td>
<td>3.6%</td>
<td>4.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td>1963-1980</td>
<td>32.1%</td>
<td>28.6%</td>
<td>30.6%</td>
</tr>
<tr>
<td>1981-1994</td>
<td>50.0%</td>
<td>52.4%</td>
<td>51.0%</td>
</tr>
<tr>
<td>1995-2009</td>
<td>14.3%</td>
<td>14.3%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>
Validated Data
Collection Tools Utilized

Workplace Civility Index
A validated evidence - based questionnaire constructed to assess a nurses’ personal civility and increase personal awareness related to personal actions and intentions.

<table>
<thead>
<tr>
<th>Scoring the Civility Index</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very civil</td>
<td>90 - 100</td>
</tr>
<tr>
<td>Civil</td>
<td>80 - 89</td>
</tr>
<tr>
<td>Moderately civil</td>
<td>70 - 79</td>
</tr>
<tr>
<td>Minimally civil</td>
<td>60 - 69</td>
</tr>
<tr>
<td>Uncivil</td>
<td>50 - 59</td>
</tr>
<tr>
<td>Very uncivil</td>
<td>&lt;50</td>
</tr>
</tbody>
</table>

(Clark, 2017; Clark, Sattler, & Barbosa-Leiker, 2018)
## Data Analysis

### Workplace Civility Index

- Paired two sample t-test
- These changes were significantly significant

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WCI Pre Test Total</td>
<td>WCI Post Test Total</td>
</tr>
<tr>
<td>Mean</td>
<td>91.57</td>
<td>88.21</td>
</tr>
<tr>
<td>Variance</td>
<td>26.76</td>
<td>44.62</td>
</tr>
<tr>
<td>Observations</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>0.97</td>
<td>0.26</td>
</tr>
<tr>
<td>df</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>t Stat</td>
<td>-6.16</td>
<td>3.99</td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>2.54</td>
<td>0.00022</td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>1.725</td>
<td>1.703</td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td>5.09</td>
<td>0.000454</td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>2.056</td>
<td>2.052</td>
</tr>
</tbody>
</table>

\((t = -6.16, p = <0.0001)\) \((t = 3.99 \text{ and } p = .000227)\)
Data Analysis

Mean WCI scores by age ranges by grouping

<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control Group</strong></td>
<td>88.2</td>
<td>80.2</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>96</td>
<td>75</td>
</tr>
<tr>
<td>Generation X</td>
<td>90.6</td>
<td>84.8</td>
</tr>
<tr>
<td>Millennials</td>
<td>88</td>
<td>78.6</td>
</tr>
<tr>
<td>Post-Millennials</td>
<td>81.8</td>
<td>76.8</td>
</tr>
<tr>
<td><strong>Experimental Group</strong></td>
<td>91.6</td>
<td>95.4</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>93</td>
<td>95</td>
</tr>
<tr>
<td>Generation X</td>
<td>90.8</td>
<td>95.2</td>
</tr>
<tr>
<td>Millennials</td>
<td>91</td>
<td>95.2</td>
</tr>
<tr>
<td>Post-Millennials</td>
<td>94.7</td>
<td>97</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>89.7</td>
<td>86.7</td>
</tr>
</tbody>
</table>
Results

Differences in the pre- and post-intervention

Box and Whisker Chart

Workplace Civility Index
Validated Data
Collection Tools Utilized

Scoring the NAQ - R

Not bullied \( \leq 32 \)
Occasionally \( 33 - 45 \)
Bullied \( \geq 46 \)

Scores range from \( 22 - 110 \)

Negative Acts Questionnaire - Revised

A validated 22-item instrument that was developed at a university in Bergen, Norway. This instrument measures perceived exposure to bullying and harassment while at work. The tool can identify targets of bullying who will have a larger score compared to non-targets.

(Einarsen et al., 2009; Notelaers & Einarsen, 2013)
Results

Overall Mean = 33.59

Control Group  M = 32.54, SD = 8.88
Experimental Group  M = 35.00, SD = 21.16

Scoring the NAQ - R

<table>
<thead>
<tr>
<th>Category</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not bullied</td>
<td>≤ 32</td>
</tr>
<tr>
<td>Occasionally bullied</td>
<td>33 – 45</td>
</tr>
<tr>
<td>Bullied</td>
<td>≥ 46</td>
</tr>
</tbody>
</table>

Scores range from 22 - 110

Negative Acts Questionnaire - Revised
Results

Mean NAQ-R scores by group

The proportion in the three categories are not significantly different between the two groups.
Results

○ The P-Value is 0.714623. The result is not significant at p < 0.05.

○ The proportion in the three categories are not significantly different between the two groups.

Chi-square statistic \( \chi^2 \) 0.67204861
D.f. 2
p-value 0.714605737
Negative Acts Questionnaire - Revised
Have you been bullied at work over the last six months?

<table>
<thead>
<tr>
<th></th>
<th>Control Group</th>
<th>Experimental Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>75.0%</td>
<td>81.0%</td>
</tr>
<tr>
<td>Yes, but only rarely</td>
<td>14.3%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Yes, now and then</td>
<td>7.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Yes, several times per week</td>
<td>3.6%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Yes, almost daily</td>
<td>0.0%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>
Results – connection to framework and purpose

(Bullying Experience → Psychological Empowerment → Psychological Well-being → Depression, Self-esteem, Clinical Satisfaction) → Conflict Management Styles

(Ren & Kim, 2017, p. 702)
Recommendations

- Review measures of success:
  - More than 80% of participants will have increased their WCI score.
  - 100% experimental group increased WCI scores (pre-intervention M= 91.6, post-intervention M= 95)
    
    \[ t = -6.16, p = <00001 \]
Recommendations

- Review measures of success:
  - More than 80% of participants will have implemented at least one positive conflict management strategy effectively.

One participant noted, “I felt comfortable having a conversation that needed to happen a long time ago.”

Another participant stated, “I took the opportunity to have a conversation with a tech that has been very dismissive. The conversation went well, but time will tell.”

Another participant noted, “the course did give me the tools to speak with a physician in a positive way.”
Conclusions

The implementation of Sigma’s “Bullying in the Workplace: Solutions for Nursing Practice” provided early evidence to support that an asynchronous provider-directed, learner-paced e-Learning educational activity can effectively decrease incivility and increase perceived comfort with holding critical conversations between nurses.
References


References


