



# Bullying: From the Schoolyard to the Workplace Lessons Learned

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# Disclosures

The author, Judith A. Vessey:

- has nothing to disclose..she has not received any sponsorship or commercial support for this presentation.
- has no conflicts of interest.

# Objectives

- At the conclusion of this presentation, the participants will be able to:
  - Describe the impact of bullying on an individual's well-being
  - Identify opportunities for nurses to intervene, breaking the cycle of bullying

# Children, Chronicity, and Concepts of the Body Interior

NIH NCNR R15 NR003089

## Study Aims

- Describe how healthy children and children with 3 different chronic conditions conceptualize their internal bodies
- Describe the relationship between healthy and affected children's concepts of their internal bodies on:
  - developmental level
  - condition attributes
  - past experiences
- Describe the relationship among children's concepts of their internal bodies and their self-concept

# Children, Chronicity, and Concepts of the Body Interior

## Concept

## Sub-concepts

## Measurement

Developmental level

Age

Parent report

Cognition

K-BIT

*Condition*

*Visibility*

*PARTS*

Severity

Physical Impairment Evaluation

Past experiences

Chart review

Parent report

Body interior

Inside the Body Test

Self-concept

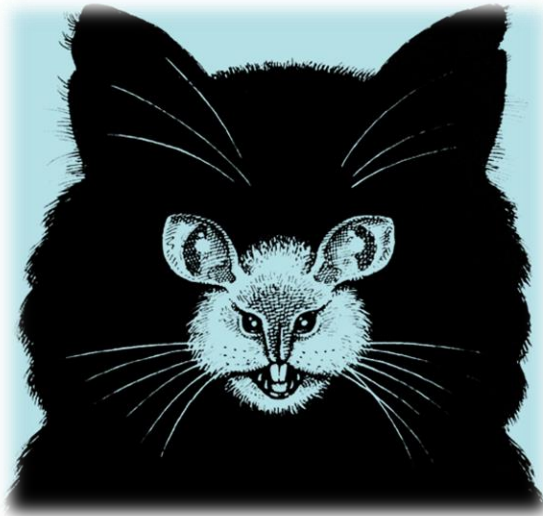
Piers-Harris Self-concept Scale

# Children, Chronicity, and Concepts of the Body Interior

## Results

- *Aim 1:* The four groups did not differ significantly in their knowledge of the internal body
- *Aim 2:* Developmental level (age and IQ) were significant co-variates in all 4 groups but there was no differences among groups
- *Aim 3:* There were no meaningful differences between children's self-concepts and knowledge of their internal bodies
- ***Other:* Contrast subjects reported significantly more teasing**

# On Serendipitous Findings



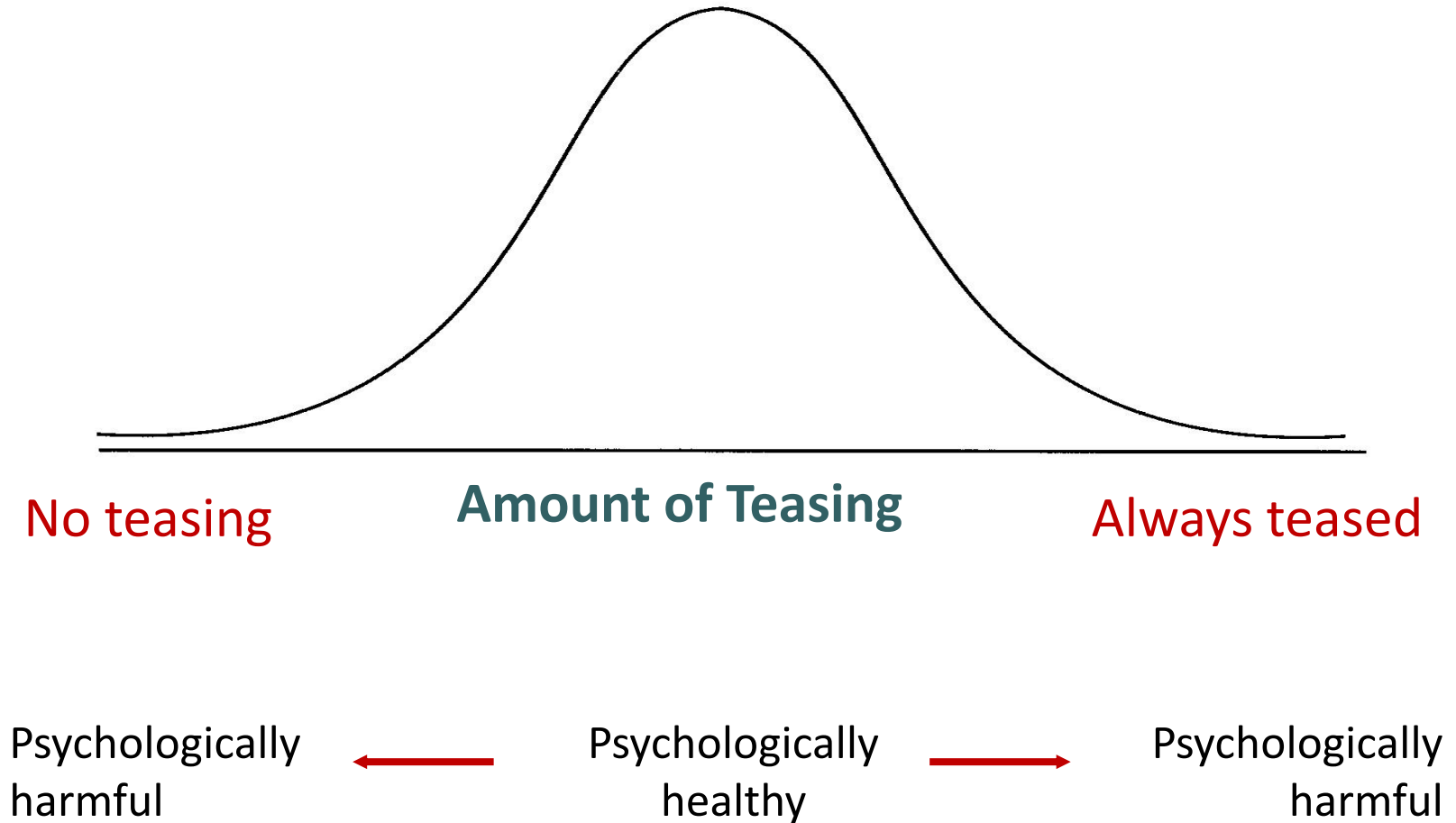
# Lesson Learned

*Sometimes the most interesting findings of a study are those that are completely unexpected!*





# Children's Experiences



# INSTIGATOR

Good-natured Intent

*Good-natured  
Teasing*

*Subjective  
Bullying*

# RECIPIENT

Well-  
received

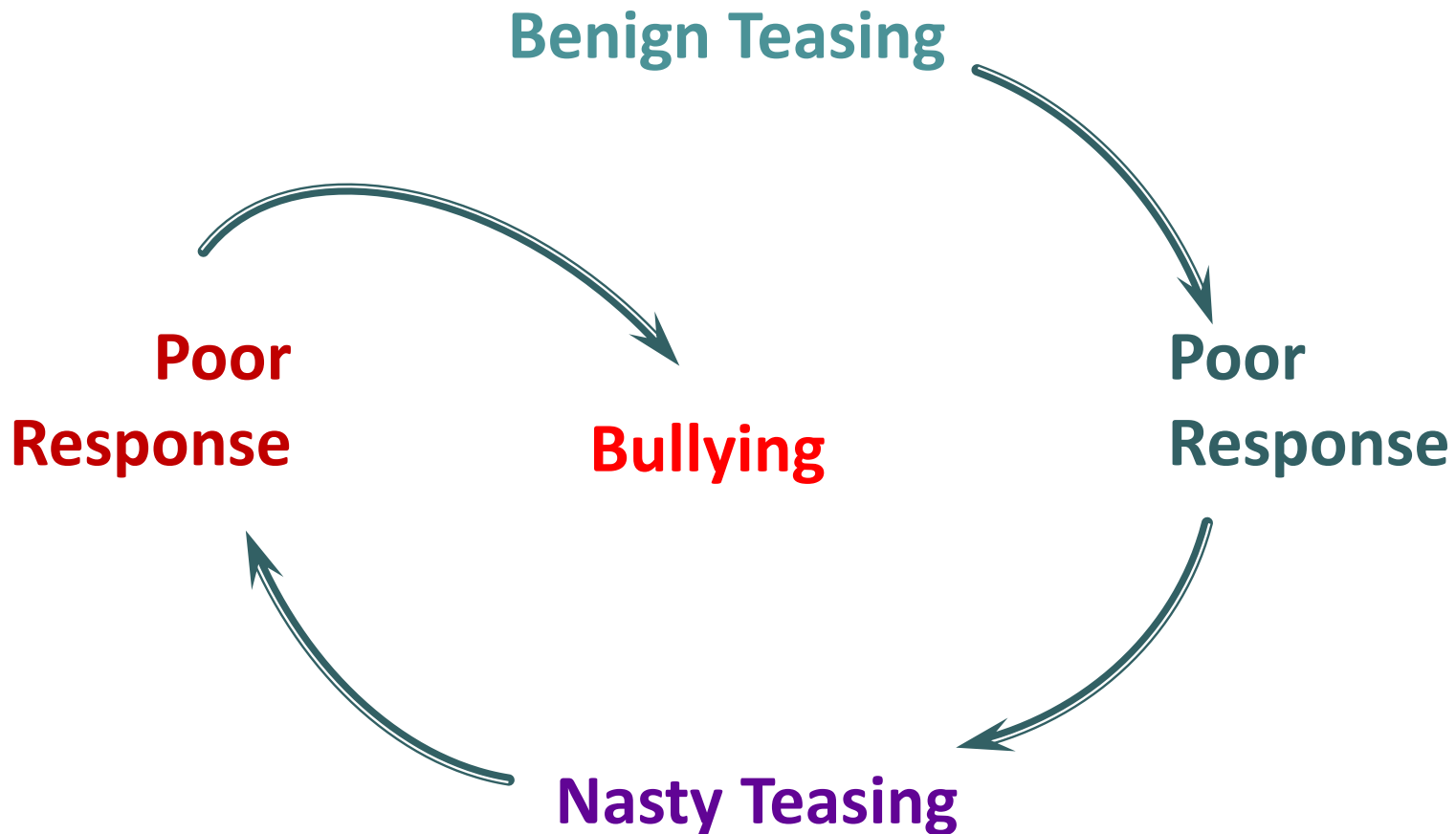
*Resiliency to  
Bullying Attempts*

Poorly  
received

*Bullying*

Mean-spirited  
Intent

# Downward Spiral of Teasing to Bullying



## **Bullying:**

Repetitive persistent patterns of conduct by one or more children that deliberately inflict physical, verbal, or emotional abuse on another child and where a power differential is in place.

## Bullying:

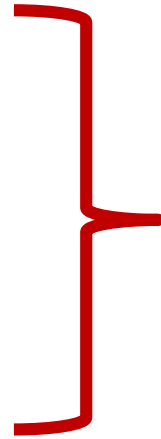
Repetitive persistent patterns of conduct by one or more children that deliberately inflict physical, verbal, or emotional abuse on another child and where a power differential is in place.

# Bullying in the Schoolyard: Significance

- Incidence
  - ~20% are bullied in the U.S.
  - 7-55% internationally
- Negative psychological and physical sequelae
- Behavior persists into adulthood
- Early identification of risk provides opportunity for intervention



**First branch:**  
The need for  
quality  
Measures!





# The Development of the CATS: Child-Adolescent Teasing Scale

NIH NINR R01 NR0438



## Major Study Aims

- Identify significant factors that constitute teasing/bullying experiences of children
- Construct and test the CATS psychometrics

- Vessey, J. A., Horowitz, J. A., Duffy, M., & Carlson, K. L. (2008). Psychometric evaluation of the CATS: Child-Adolescent Teasing Scale. *Journal of School Health, 78*, 344-350.
- Horowitz, J. A., Vessey, J. A., Carlson, K. L., Bradley, J. F., Montoya, C. McCullough, B., & David, J. (2004). Teasing and bullying experiences of middle school students. *Journal of the American Psychiatric Nurses Association, 10*, 165-172.

# Methods

- Phase I:
  - 7 focus groups of youths aged 11-14 from across the U.S.
- Phase II:
  - Psychometric validation
    - Sample: 684 completers
    - Instruments: Piers-Harris Children's Self-Concept Scale and the Pediatric Symptom Checklist



# Sample CATS Items

**I am teased about:**

**How much it happens**

**How much it bothers me**

---

My body shape

0 1 2 3 4

0 1 2 3 4

My parents

0 1 2 3 4

0 1 2 3 4

Not being popular

0 1 2 3 4

0 1 2 3 4

Being a dork

0 1 2 3 4

0 1 2 3 4

Acting weird

0 1 2 3 4

0 1 2 3 4

My grades

0 1 2 3 4

0 1 2 3 4

Acting “gay”

0 1 2 3 4

0 1 2 3 4



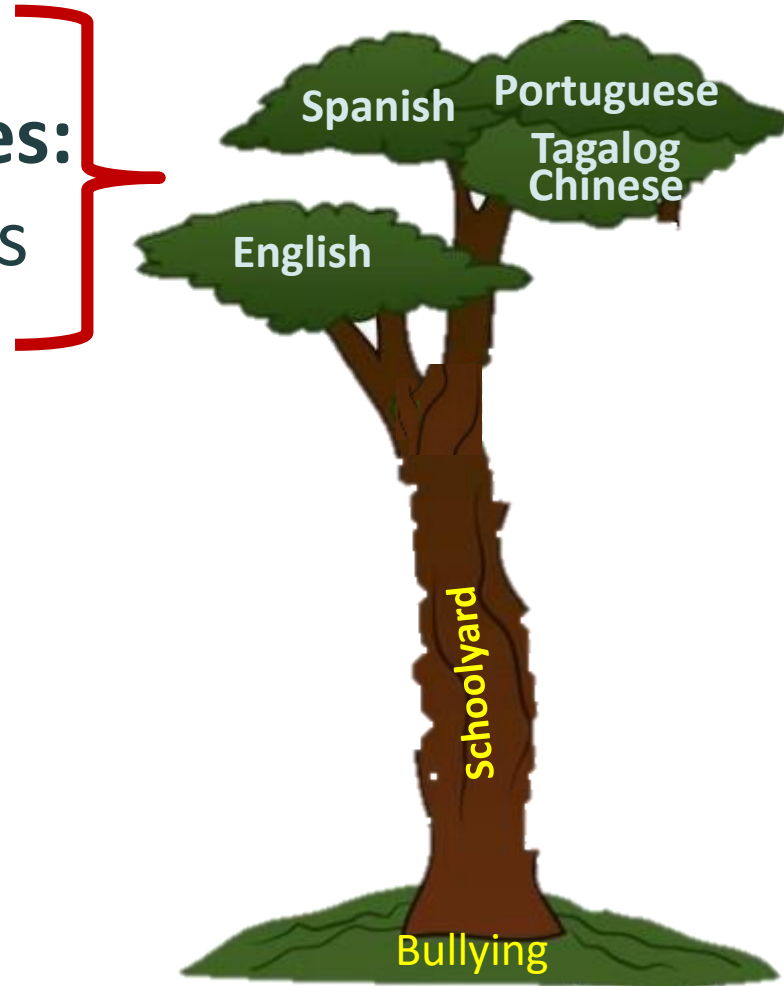
# Study Summary

- The CATS & its 4 PCA-derived subscales demonstrated substantive coherence & psychometric adequacy for use in research and practice
  - Accounted for 49.1% of the extracted variance
    - #1 Personality & Behavior Teasing: 14.2%
    - #2 Family & Environment Teasing 13.6%
    - #3 School-Related Teasing 10.8%
    - #4 Physical Size Teasing 10.5%
  - Cronbach's alpha .94 and ranged from .83 to .90 for the subscales
  - Criterion validity was supported



## Second branches: CATS outcomes

- CATS translations
  - 4 languages
- Used in research in multiple countries



# Lessons Learned

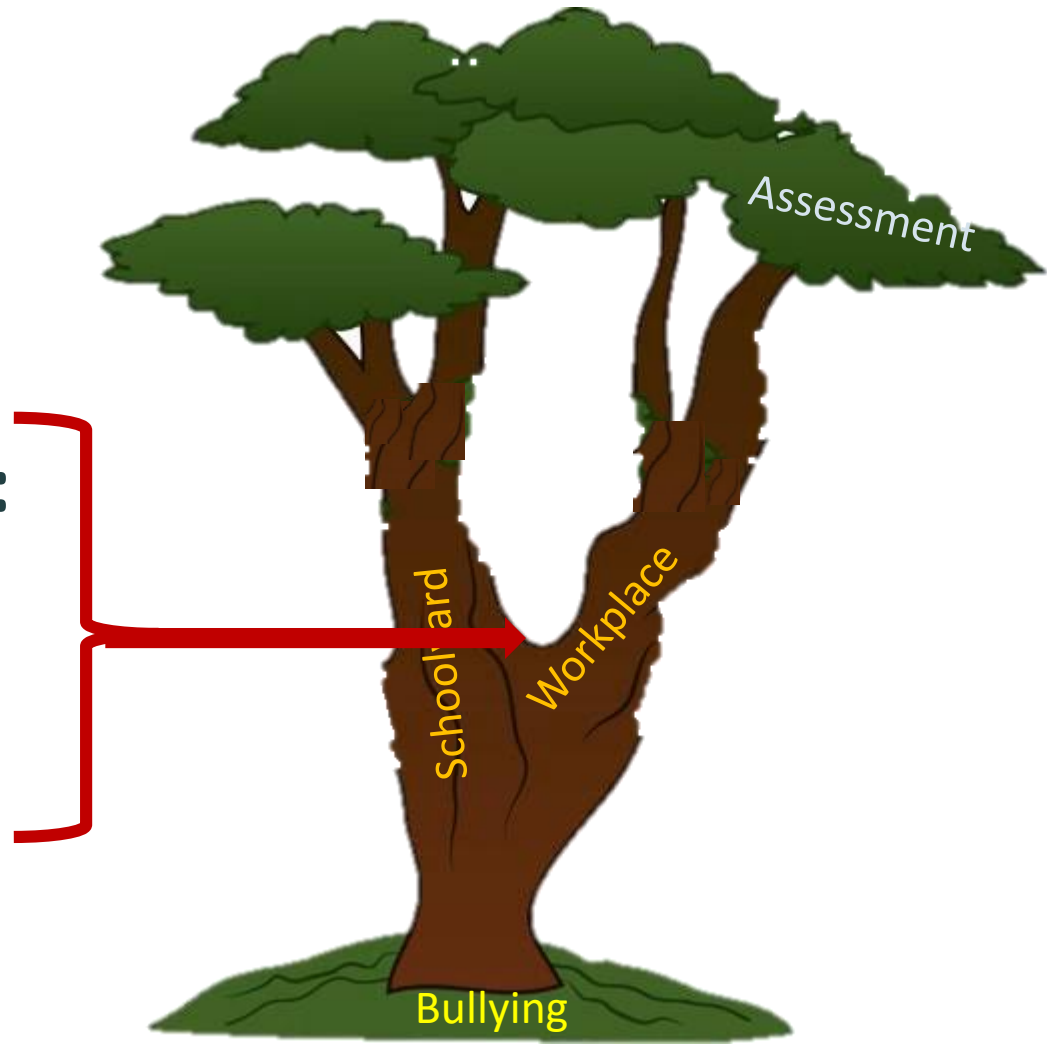
- Negotiating with multiple school districts
  - Gaining acceptance and access
    - Obtaining informed consent/assent
  - Maintaining confidentiality
  - “Paying it forward”
- Matching approach with regional cultural values
- Instrument construction
  - Layout and graphics
  - Length
  - Issues around generalizability—language, reading level
- The influence of federal legislation and political will



**REJECTED**

*Study politically incorrect!*

**Third branch:**  
Expansion to  
the  
workplace





# *Caring to Confront: Bullying in the Workplace*

Personal &  
Organizational  
Strategies for  
Transformation



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Rosanna DeMarco, APRN, BC, PhD, FAAN

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# Background

- Long recognized internationally
  - Prevalence: 17-76% of RNs
  - Physician to nurse, patient/family to nurse, and nurse to nurse
- Little work done in US
  - Structure of the healthcare system
  - Fear of liability
  - Professional attitudes
- Has resulted in a “culture of silence”
  - Fears of retaliation
  - Perceptions that nothing will change



# Bullying and Lateral Violence



## Behaviors

- Withholding information
- Excessive criticism
- Insults
- Shunning
- Unreasonable assignments
- Denied opportunities

Frequently “low grade”

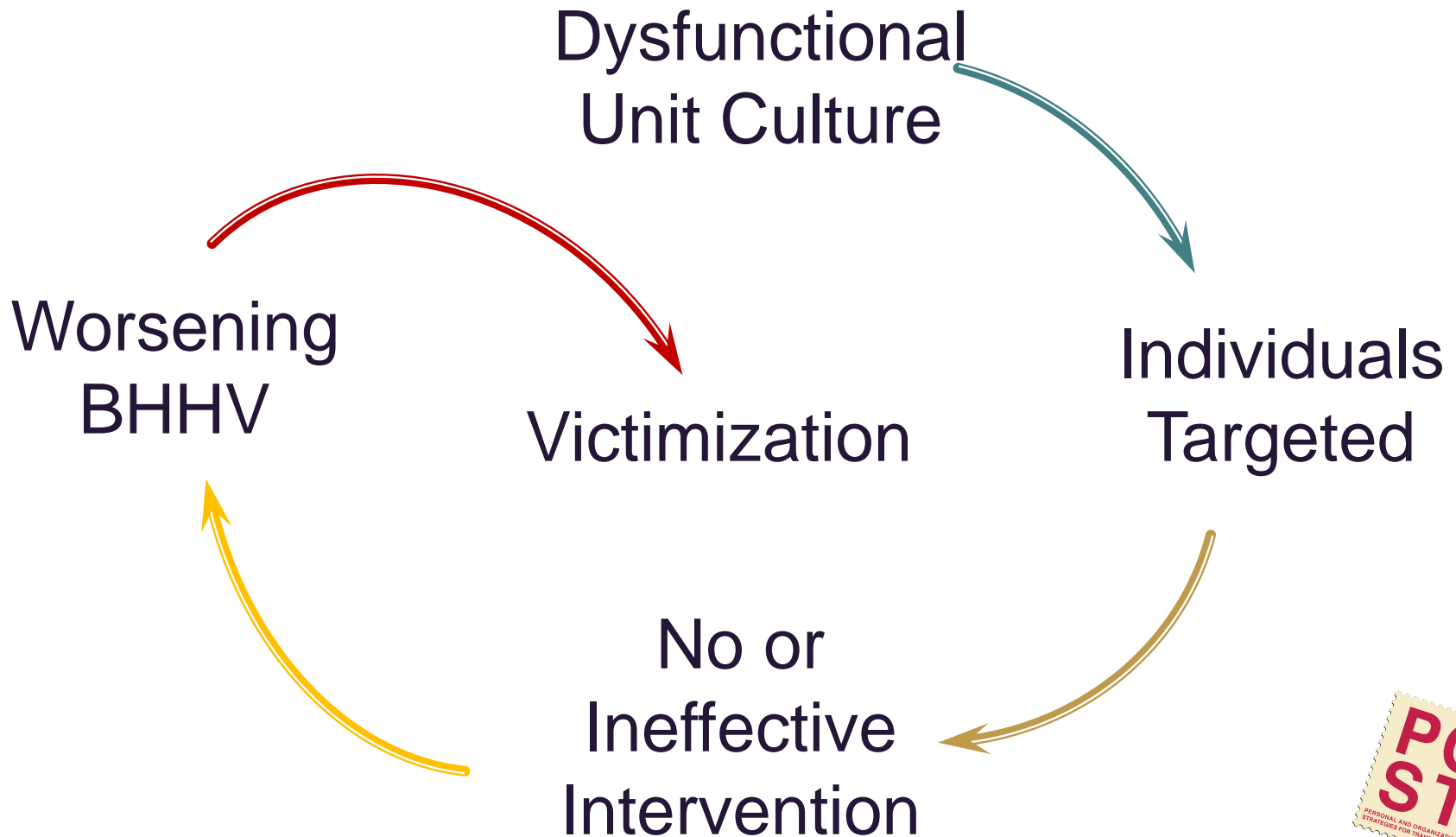
# Targets for BHHV

Anyone that differs from the group norm on any major characteristic

Gender  
Race/ethnicity,  
Personality traits  
Educational preparation  
Experience  
Professionalism



# Spiraling Downward



# Personal Impact of Bullying

## Psychological Symptoms

- Anxiety, irritability, panic attacks
- Tearfulness
- Depression, mood swings, and irritability
- Loss of confidence
- Diminished self-esteem
- Avoidance and withdrawal behaviors
- Increased use of tobacco, alcohol, and other substances

## Physical Symptoms

- Disturbed sleep
- Headaches
- Increased blood pressure
- Anorexia
- Gastro-intestinal upsets
- Loss of libido



# Bullying & Workplace Impact

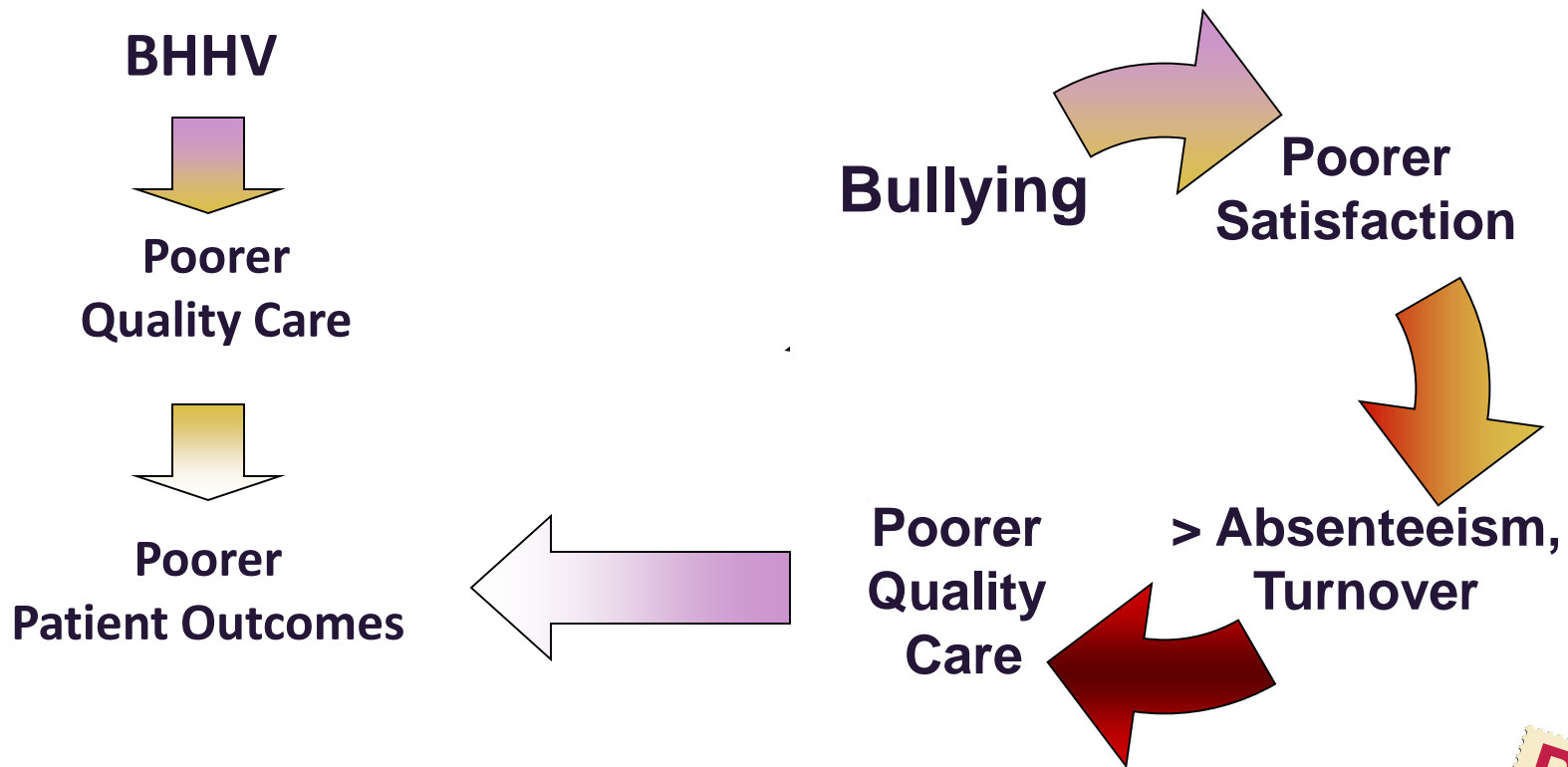
## BHHV Behaviors

- Withholding information
- Excessive criticism
- Insults
- Shunning
- Unreasonable assignments
- Denied opportunities

## Workplace Impact

- Impaired:
  - Communication
  - Collaboration
  - Decision making
- Poorer performance
- Greater absenteeism
- Professional disengagement
- Poorer retention

# Relationship to Quality of Care





# Internet Survey

**Primary purpose:** To validate the occurrence of bullying among nurses across the U.S. and describe outcomes related to bullying experienced of nurses

**Of specific interest:**

- Nurses working in inpatient settings

**Design:** 30 item anonymous survey with 1 open-ended question

**Linked** to *Nursing Spectrum* article

**Components:**

- Demographic information
- Perpetrators of bullying
- Frequency & type of bullying
- Personal & professional consequences

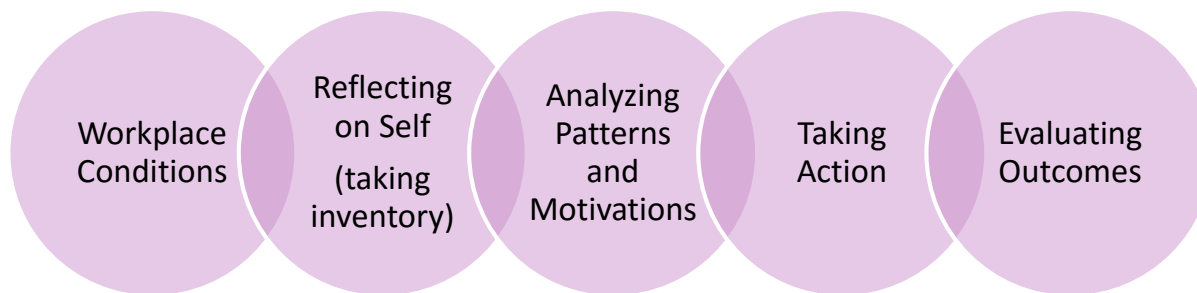
Vessey, J. A., DeMarco, R. F., Gaffney, D. A., & Budin, W. C. (2009). Bullying of nurses in the workplace: A preliminary study of developing personal and organizational strategies for the transformation of hostile to health workplace environments. *Journal of Professional Nursing*, 12, 299-306.

Gaffney, D. A., DeMarco, R., Hofmeyer, A., Vessey, J. A., & Budin, W. (2012). Making things right—Nurses' experiences with workplace bullying: A grounded theory. *Nursing, Research, and Practice*, Article ID 243210, 1-10.



# “Making things right”

- The findings shape a grounded theory of how nurses *make things right* when confronted with bullying events in their professional lives
- The essential parts of *making things right* are
  - *placing* bullying events in a context,
  - *assessing* the situation,
  - *taking action* and
  - *judging outcomes*



# Lessons Learned

- Bullying cuts across generations, situations
- The effects can be long-lasting—endangering self and others
- Evidence-based strategies are desperately needed across settings

# Preventing Bullying— In Schools, In the Workplace

A hand is shown holding a red heart-shaped eraser over the word "BULLYING" written in black, bold, uppercase letters on a white surface. The eraser is positioned over the end of the word, and there are some red eraser shavings visible below the word, suggesting the word is being removed or softened.

**BULLYING**

# Prevention Models

**Primary prevention:** helps prevent the a condition from developing

- Requires the identification of those personal, interpersonal, and environmental factors that contribute to bullying

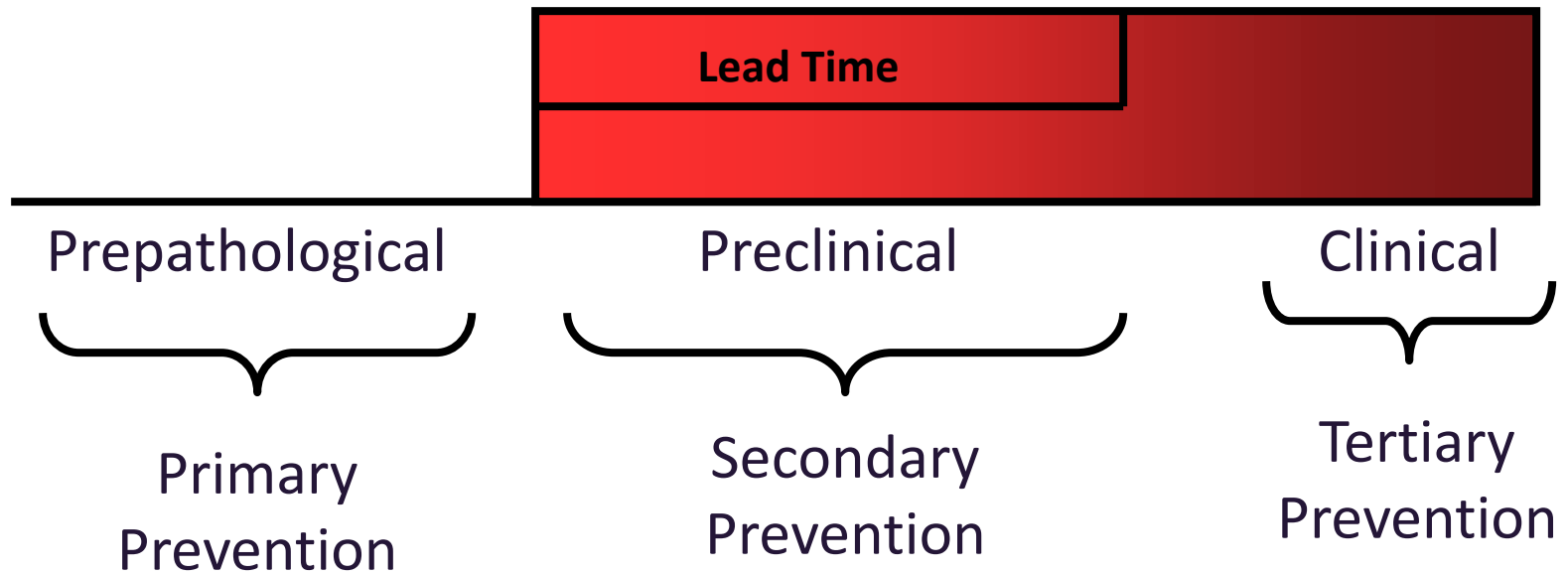
**Secondary prevention:** activities aimed at early problem detection

- Requires screening and intervention when bullying has begun, but is still “under the radar” and/or long-term sequelae can be prevented or ameliorated

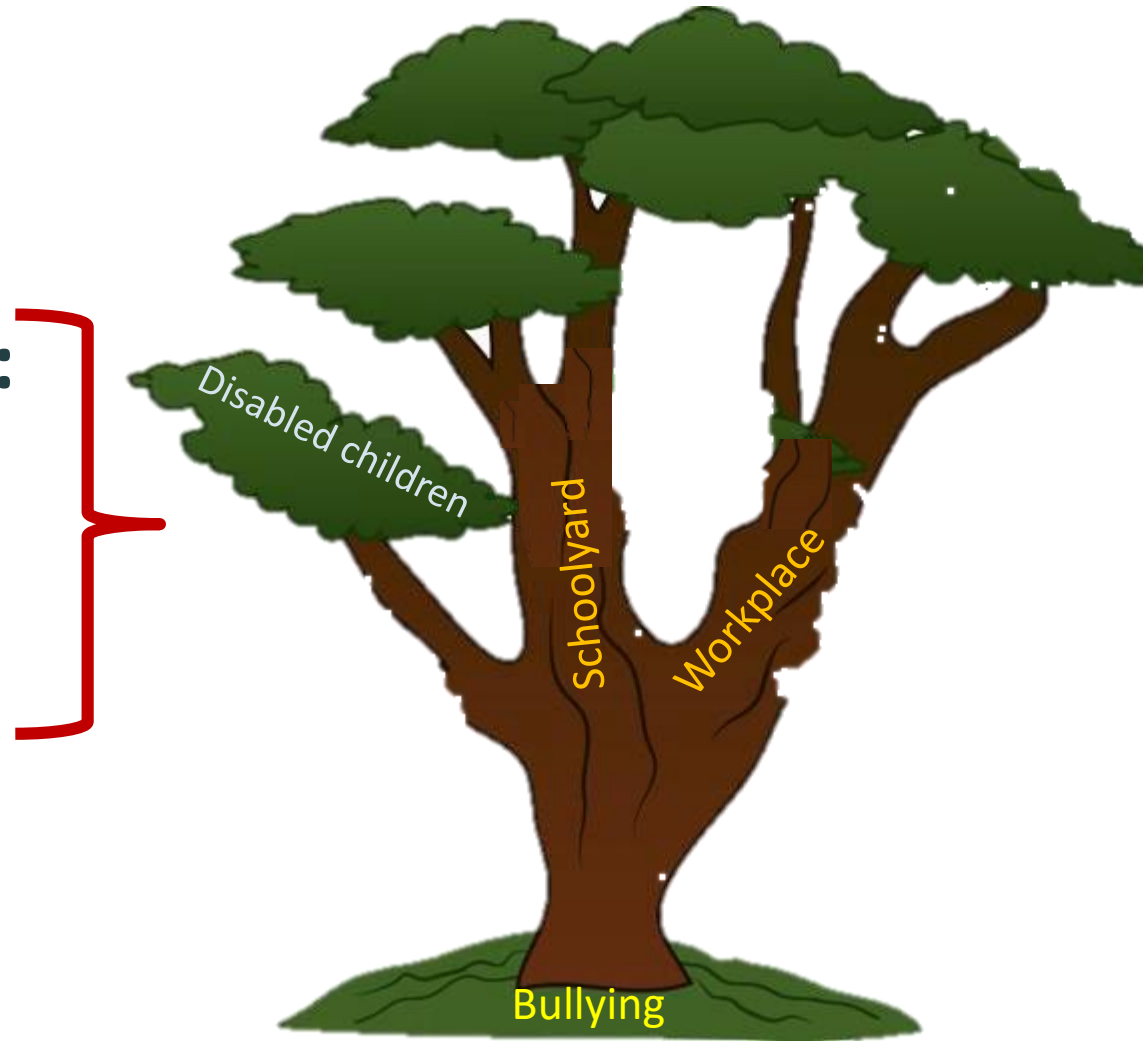
**Tertiary prevention:** prevention of progression and attendant suffering after bullying is clinically obvious

- Often palliative in nature

# Prevention Model

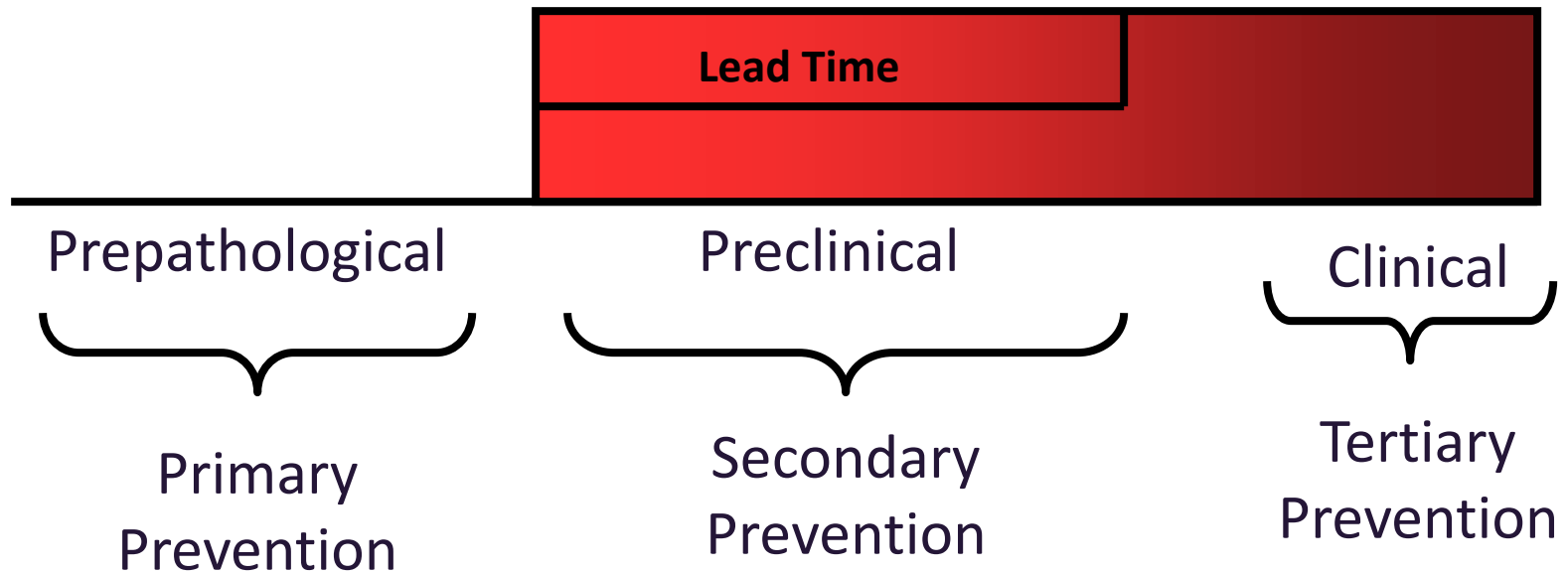


**Fourth branch:**  
Child & Youth  
Intervention  
Research



# Prevention Model: The Schoolyard

*Stop Bullying Now*





# Helping Students with Special Health Care Needs to Build Resiliency

Deborah Munroe Noonan Foundation



## Specific Aim:

To explore whether a school nurse led support group could help students with disabilities become more resilient to handling teasing and bullying situations

## Methodology:

Intervention, pretest, post-test design

# Establishing a Practice-based Research Network

## Massachusetts School Nurse Research Network:

Conducts research and uses translational research to support and improve student health outcomes and the efficacy and efficiency of school nursing care.



# Overview

## School's Profile

- 11 highly diverse elementary or middle schools

## • Sample

- Total=65 completers
- Mean age=10 years, 5 months;
- Diverse disabilities

## Intervention

- 12-session, 24 week intervention based on HRSA's *Stop Bullying Now* campaign [www.Stopbullying.gov](http://www.Stopbullying.gov)

# Intervention

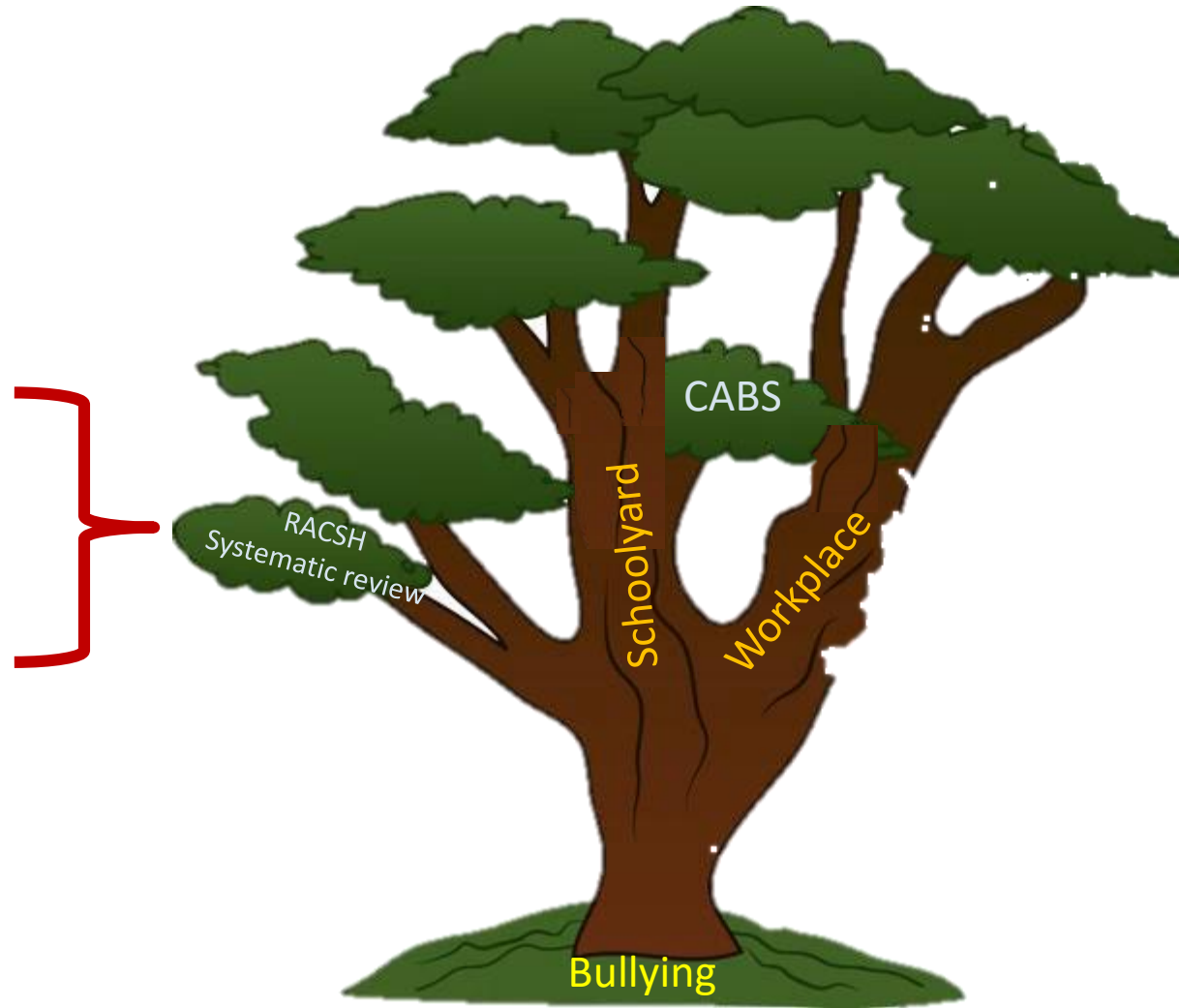
## Components:

- Support groups
  - “Webisodes”
  - Discussion
  - Supportive activities
- School milieu activities
  - Print PSAs
  - Tip sheets to parents and teachers

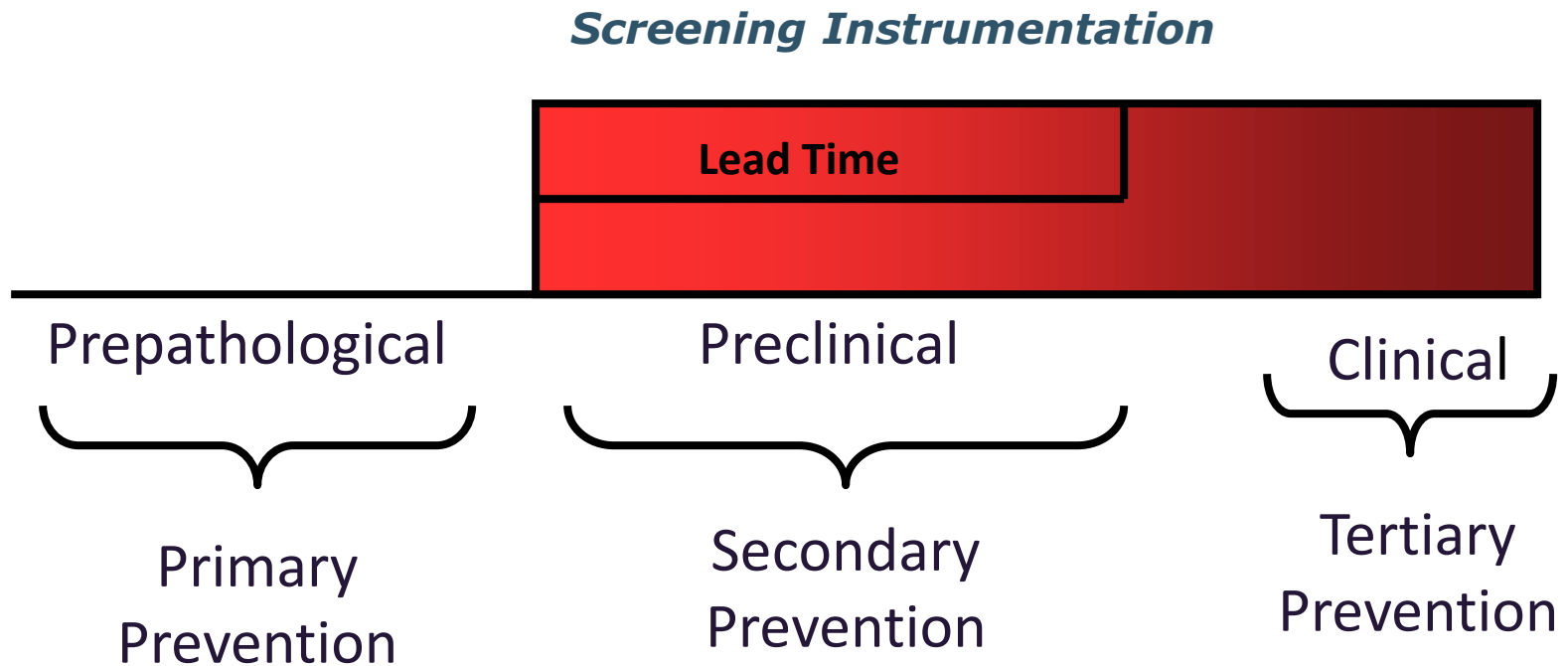
# Study Conclusion

School-nurse led support groups for students with disabilities have strong potential in helping them become more resilient in handling teasing and bullying situations.

**Fifth branches:**  
Secondary  
prevention



# Prevention Model: The Schoolyard



# Increasing Meaning in Measurement: A Rasch Analysis of the Child Adolescent Teasing Scale (CATS)

**Purpose:** to evaluate the degree to which the CATS items have been developed in accordance with the assumptions of the Rasch measurement model

**Method:** methodological, secondary data analysis

Vessey, J. A., DiFazio, R. L., & Strout, T. D. (2012). Increasing meaning in measurement: A Rasch analysis of the CATS. *Nursing Research*, 69, 159-170.





# A Systematic Review of the Psychometric Properties of Available Instruments

## **Purpose:**

- identify the published self-report measures developed to assess youth bullying
- evaluate their psychometric properties

## ▪ **Methods:**

- systematic review following PRISMA guidelines

## ▪ **Results:**

- 23 articles describing 20 self-report instruments were evaluated
- Quality assessments ranged from 18 to 91%, 5  $\geq$  quality score of 75%
- Limited evidence supporting the reliability, validity, and responsiveness of existing youth bullying measures was identified.

# Development of the Child-Adolescent Bullying Screen (CABS)

NICHD 1R21HD083988

## **Purpose:**

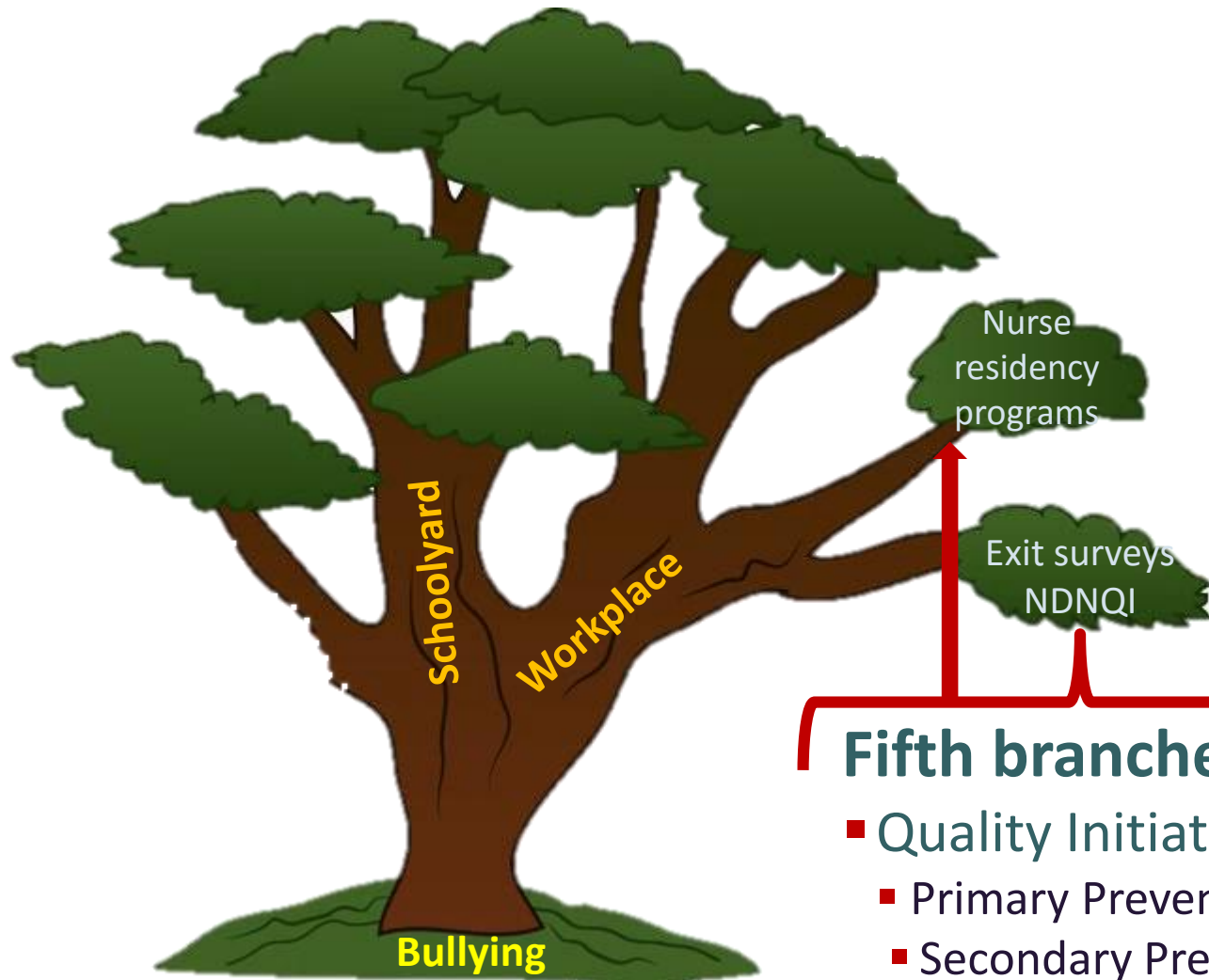
- to develop a psychometrically robust screening tool for use in healthcare environments.

## ■ **Methods:**

- mixed methods

## ■ **Results:**

- Pending



### Fifth branches:

- Quality Initiatives
  - Primary Prevention
  - Secondary Prevention

# Prevention Model: The Workplace

**Nurse Residency Programs**

**Evaluation of Existing Data**

- Exit surveys
- Patient Satisfaction
- NDNQI

