

Title:

Development and Validation of Vignettes to Explore Workplace Bullying

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Abstract Summary:

Workplace bullying poses a threat to patient safety. The psychological health is also at risk. The aim of this study is to develop and validate vignettes that will be used to examine the relationship between bullying and emotions.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
|--|---|
| 1) Describe the process for developing and validation workplace bullying vignettes | 1. Describe the process for developing and validation workplace bullying vignettes a. Background/literature review b. Development of workplace bullying vignettes from established measure c. Outline steps in process for testing content validity of workplace bullying vignettes i. Development of evaluation criteria ii. Identification of experts iii. Expert review iv. Analysis of data v. Revision of vignettes vi. Second review by experts vii. Second analysis of data viii. Finalizing vignettes |
| 2) Identify the relationship between bullying and negative emotions of nurses | a. Description of methodology for sampling, data collection, and analysis b. Report results c. Discuss results and future implications for research and practice |

Abstract Text:

Health professionals are responsible for the delivery of quality, safe care. To facilitate this mandate, a culture of safety must exist in which the values and attitudes of all workers center on identifying risks, instituting safe practices, and reporting errors without fear of retaliation (Institute of Medicine, 2004). A contributing factor to cultures of safety is the work environment (Lowe, 2008). Problems stem from threats in the work environment. One such threat is that of the behavior or behaviors of health care workers (American Nurses Association, 2016; Joint Commission, 2008). Inappropriate behaviors such as incivility and bullying jeopardize patient outcomes by interfering with the ability of workers to collaborate and communicate (Haines, Stringer, & Duku, 2007). Several studies have shown health care workers' perception of the relationship between inappropriate behaviors and patient care and outcomes such as errors, adverse events, and patient deaths (Addison & Luparell, 2014; Laschinger, 2014; Reynolds et al., 2014; Rosenstein & O'Daniel, 2008; Veltman, 2007) but no direct correlation has been made. Due to difficulties in securing error data and the ethical implications of such studies, cause and effect research is lacking. In order to conduct such a study, it would be necessary to generate a sense of being bullied which may be achieved through the use of vignettes. A vignette can be defined as "...a brief, carefully written description of a person or situation designed to simulate key features of a real world scenario" (Evans et al., 2015, p. 162). Vignette studies can be generalizable while avoiding ethical, practical, and scientific limitations offered by other designs (Evans et al., 2012). It has been demonstrated that exposure to workplace bullying may evoke negative emotions (Vie, Glasø, & Einarsen, 2012) and that psychological/behavioral responses to bullying act as a link between the behaviors and patient outcomes (Wright & Khatri, 2015). While negative affects have been shown to be associated with less accurate performance and low levels of attention and motivation (Brose et al., 2012), it is not known how negative affect due to being bullied influences cognitive performance. The purpose of this proposed pilot study is to create and validate bullying vignettes and evaluate their influence on negative affect.

Methods: This is a two phase study. In Phase 1, a set of 21 bullying vignettes were created collectively by the researchers based upon items in a researcher-developed measure on inappropriate work behaviors. Content validity of the vignettes is currently being tested using a

descriptive design including survey methodology. A panel of experts, identified by knowledge of bullying, emotional affect, nursing, or use of vignettes in research, are reviewing the vignettes for relevance, severity and realism. The content experts are also reviewing the instructions for the participants for clarity, and the anticipated participant debriefing for quality. The responses from the content experts will be compiled and analyzed to identify potential edits to the instructions, vignettes, and debriefing. It is expected that some of the vignettes will be eliminated based on the consultants' responses. Content experts' responses will be based on Likert type scales. The vignettes will be categorized based on content experts score with higher scores constituting higher perceived relevance, severity and realism. At the completion of the first review, an item content validity index (I-CVI) will be calculated for each vignette to evaluate relevance. The revised vignettes will be constructed in a manner to depict a continuous narrative of bullying as evidence suggests this may help maintain participant interest (Evans et al., 2015; Hughes & Huby, 2012; Stewart, 1999). The content experts will perform a review of the narrative composed of the revised vignettes. Again, the consultants will be asked to assess the relevance, severity and realism of each vignette within the narrative. Based on the collection of the consultants' second review, another analysis will be conducted to validate the appropriateness of the revisions to the vignettes. Phase 1 was submitted to the IRB but deemed not to be human subjects' research.

In Phase 2, the vignettes will be used to evaluate the relationship between the severity of the bullying vignettes and negative affect. Prior to beginning phase 2, IRB permission will be obtained. A sample of nurses will be recruited through an email flyer sent through a professional organization. As a measure of emotional impact, after reading each vignette, participants will complete the negative affect (NA) scale of the Positive and Negative Affect Schedule (PANAS) (Watson, Clark & Tellegen, 1988). The PANAS will be used to gauge the participant's negative affect at that present moment. The construct validity of the negative affect scale has been demonstrated by its correlation with psychological distress (Watson et al.,

1988). The Cronbach's α estimate of reliability for the scale ranges from .84 to .90 (Watson et al., 1988). Finally, participants will complete a demographic questionnaire and receive a debriefing statement. For the analysis, a total score for negative affect (NA) for each vignette will be obtained. To determine the unique contributions of vignette severity on negative affect, a linear regression will be performed.

Discussion: The aim of this pilot study is to examine the relationship between bullying and its affect on performance. By demonstrating a relationship between bullying and emotions, it can be suggested that emotions can influence performance. Future research will look at the effect of bullying on cognitive skills.