MANAGING WORKPLACE BULLYING:
A BASELINE ASSESSMENT OF NURSES' KNOWLEDGE

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Abstract

Workplace bullying is a phenomenon that occurs in the nursing workforce. Nurses who are affected by workplace bullying suffer physically and psychologically (Sellers, Millenbach, Ward, Scribani, 2012). Because of this, hospital retention rates suffer and patient care is compromised (Chipps & McRury, 2012). Due to the prevalence of workplace bullying and the inability to eradicate the behavior, it is predictable that nurses will be exposed. For these reasons, it is necessary to provide nurses with the tools to manage bullying in the workplace.

The aim of this doctoral capstone project was to assess nurses' baseline knowledge about workplace bullying and use the results, along with evidence from literature, to develop a workplace bullying management learning tool. A systematic review of literature was done to develop the self-assessment. The self-assessment was administered through SurveyMonkey to 125 nurses on medical surgical and medical telemetry nursing units in a large Midwestern hospital.

Sixty nurses participated in the self-assessment, giving a response rate of 48%. Data were collected and the results were analyzed showing none (0%) of the nurses were able to describe the differences between workplace bullying, horizontal/lateral violence and incivility. One (4%) nurse was able to list the two types of bullying, 9% were able to correctly describe the behaviors seen in each type of bullying, and 84% described correct ways to prevent workplace bullying. Sixty-eight percent described correct ways to control bullying situations, 82% described correct ways to intervene on behalf of their co-workers, 78% know who to report workplace bullying to and 6% know the exact information to report.

Based on the results from the self-assessment and evidence from literature, a learning tool was developed and distributed to the two nursing units. It is imperative for all nurses (not just some or most) to know how to manage bullying in the workplace.

Key words: workplace bullying, horizontal violence, incivility, nursing, education, training and management

Table of Contents

Managing Workplace Bullying: A Baseline Assessment of Nurses' Knowledge

Workplace bullying is a relatively new topic receiving a considerable amount of attention in the nursing workforce (Hutton & Gates, 2008; Khadjehturian, 2012; Moayed, Daraiseh, Shell, & Salem, 2006). This issue is known to have significant effects on nurses, patients and organizations such as burnout, clinical errors and high turn-over rates (Berry, Gillespie, Gates & Schafer, 2011; Chipps & McRury, 2012; Hutton & Gates, 2008; Khadjehturian, 2012; McNamara, 2012). Workplace bullying is described as prolonged and repeated hostile behaviors conducted by at least one person towards one or more individuals when they are unable to resolve their workplace conflicts in non-hostile manners and can cause health problems for victims and affect their performance (Moayed et al., 2006). This project was designed to synthesize and generate evidence to provide nurses with the tools to needed to manage bullying in the workplace. This paper will discuss the problem, review the literature on workplace bullying management, describe the methods used, analyze the results, discuss the results, describe the learning tool and identify future implications and the limitations of the study.

Statement of the Problem

Workplace bullying is an issue that occurs in almost all occupations and work settings (Stagg & Sheridan, 2010). However, studies show that healthcare occupations have been identified as having higher rates of workplace bullying, and one of those healthcare occupations/professions is nursing (Johnson & Rea, 2009; Spence Laschinger, Leiter, Day, Gilin, 2009; Spence Laschinger, Wong & Grau, 2012; Wilson et al., 2011; Yildirim, 2009). Nurses who experience workplace bullying are affected in many ways, most commonly in the form of psychological and physiological effects (Chipps & McRury, 2012; Demir & Rodwell, 2012; Fujishiro, Gee & de Castro, 2011; McNamara, 2012). Unfortunately, not only are nurses affected, but the behavior also disrupts the integrity of the nursing profession (Joint Commission,

2008) because of this, some nurses have left the profession, and others do not want to enter into it (Becher & Visovsky, 2012; Embree & White, 2010; Kelly & Ahern, 2008; Purpora & Blegen, 2012; Smith, Andrusyszyn, & Spence Laschinger, 2010). Furthermore, workplace bullying reduces retention rates and the availability of qualified staff (Berry et al., 2011; Embree & White, 2010; Khadjehturian, 2012; McNamara, 2012; Smith et al., 2010). In addition to the effects on nurses and the nursing profession, workplace bullying has negative effects on the quality of care provided to patients by the nursing staff (Becher & Visovsky, 2012; Khadjehturian, 2012; Spence Laschinger et al., 2012). For these reasons, nurses need to be prepared to manage bullying in the workplace.

As discussed, workplace bullying is a problem for nurses. Therefore, it will also be a problem for new graduates as they enter into the clinical setting (Clark, Ahten & Marcy, 2013). While knowledge of the full effects of workplace bullying on new graduates is still unfolding, the full influence of the behavior may never be known unless nurses are empowered to acknowledge and report incidents (Thomas, 2010). As victims of workplace bullying, new graduates and experienced nurses often remain silent because they are confused about what is actually happening to them. In addition, they are fearful and too embarrassed to report the behavior (Thomas, 2010). Numerous studies have revealed that new graduates are underprepared to manage conflict in the workplace (Pines et al., 2011), and for this reason, they, along with experienced nurses need to be taught that workplace bullying is not acceptable and will not be tolerated.

Because nursing is seen as a caring profession, nurses must be mindful to embrace the caring aspect of the profession and realize that caring is not just for patients (Thomas, 2010). The recognized concept of "nurses eat their young" needs to be put to rest, and nurses should accept

nothing less than respect and teamwork to deliver quality care to patients. One way to start is by ensuring nurses are able to manage the behaviors associated with workplace bullying, and in order for them to do so, they need to know: the definition of workplace bullying, how to identify the different types of workplace bullying, prevention methods, how to control/deescalate bullying situations and how to report the behavior. The issue of workplace bullying, and the need for education and training has also caught the attention of professional organizations and regulatory agencies.

The World Health Organization (WHO) (2013) identifies the worldwide increase in workplace bullying as a serious threat to nurses' health and wellbeing. They also recognize the need to eliminate workplace bullying as a high priority (WHO, 2013). The American Nurses Association *Code of Ethics for Nurses* also speaks to "improving health care environments and conditions of employment conducive to the provision of quality health care" (Ditmer, 2010). The Joint Commission (TJC) acknowledges that unresolved conflict and disruptive behavior can adversely affect safety and quality of care for patients (Ditmer, 2010). As a result of the TJC report, the Institute of Medicine (IOM) (2005, 2006), acknowledged the need for increased collaboration among healthcare professionals to prevent errors leading to adverse patient outcomes. The Center for American Nurses (2008) stated that the complexity of the healthcare environment requires stress resilient and psychologically empowered nurses. Such nurses can employ effective communication, identify the behavior, understand preventive measures, respond in a professional manner, coach their peers, and report the behavior.

The Occupational Health and Safety Administration (OSHA) states that bullying in the workplace is an example of workplace violence. OSHA reports that 54 million Americans report being bullied at work (OSHA, n. d.). Because of this data, OSHA recommends providing

education for employees so they are aware that the behavior is not acceptable, what to do if they witness or are subjected to workplace violence, and how to protect themselves (OSHA, 2002). Furthermore, the American Association of Colleges and Nursing (AACN) Position Statement recommends that all faculty prepare nurses to recognize and prevent all forms of violence in the workplace (Hinchberger, 2009). Additionally, the National League for Nursing (NLN) mentioned bullying as one of the ethical issues encountered in nursing education programs (NLN, 2012). Because of this concern, the NLN (2012) developed "The National League for Nursing Ethical Principles for Nursing Education." These principles aid in fostering environments that promote academic and professional integrity, ultimately enhancing patient care and positive outcomes (NLN, 2012). As shown, professional organizations recognize the need to prepare nurses to manage bullying in the workplace.

Rationale

The issue of workplace bullying and the need to prepare nurses to manage the behavior are important to nursing in many ways. First, to achieve optimal patient outcomes, teamwork is a critical element and to have teamwork a positive work environment is needed (Barrett, Piatek, Korber & Padula, 2009; Becher & Visovsky, 2012; Grainger, 2010; Vessey, Demarco, Gaffney & Budin, 2009). If bullying exists on a nursing unit for one or more nurses, it is difficult for them to view their work environment as positive. Consequently, a negative work environment can disrupt team performance, and in the end, the patient suffers (Ditmer, 2010; Gaffney, DeMarco, Hofmeyer, Vessey & Budin, 2012). Second, workplace bullying has serious consequences for the future of the nursing profession. Workplace bullying causes nurses to resign from the organization or transfer to other departments (Purpora & Blegen, 2012). This results in a negative impact on retention rates and the availability of qualified staff (Embree & White, 2010).

Furthermore, high rates of burnout and turnover among nurses (new and experienced) puts additional strain on limited financial resources in healthcare organizations (Spence Laschinger et al., 2012). Globally, health care services are experiencing a serious shortage of nurses (Kelly & Ahern, 2008). Declining numbers suggests there is a need to assess how well nurses are prepared for the nursing workforce (Kelly & Ahern, 2008). If an assessment is done to determine what nurses know about workplace bullying, the appropriate learning tools can be developed to give them what they need to help manage the behavior.

Project Purpose Statement

The purpose of this project was to synthesize the evidence on workplace bullying to create and administer a self-assessment for nurses about workplace bullying, and use the results to develop a workplace bullying management quick reference card. The concepts and processes that are a part of workplace bullying management include: definition of workplace bullying, types of workplace bullying, prevention methods, controlling/deescalating bullying situations and reporting workplace bullying.

Clearly Named Concepts of Interest

As noted, the five concepts of interest for this project were: definition of workplace bullying and types of workplace bullying. In addition to these concepts, the following processes were addressed: workplace bullying prevention methods, controlling/deescalating bullying situations, and reporting workplace bullying. For the purposes of this paper and project, all were classified as concepts.

Definitions of Concepts

Various terms have been used to describe the hostile behavior that occurs in the nursing workforce including: horizontal violence, lateral violence and workplace aggression (Barrett et al., 2009; Magnavita & Heponiemi, 2011; Simons & Mawn, 2010; Stanley, Martin, Nemeth,

Michel & Welton, 2007). The exact term and definition remains a contested concept (Hinchberger, 2009), and despite the lack of conceptual clarity, bullying generally is used as an umbrella term both in the literature and by nurses to describe (Vessey et al., 2009) the disruptive behaviors experienced in their workplace. For these reasons, the term workplace bullying was used for this project. Workplace bullying is described as prolonged and repeated hostile behaviors conducted by at least one person towards one or more individuals when they are unable to resolve their workplace conflicts in non-hostile manners and can cause health problems for victims and affect their performance (Moayed et al., 2006).

When distinguishing between the types of workplace bullying, the behaviors can be placed in two categories: direct or indirect behaviors. Direct behaviors are overt and observable such as: belittling statement, controlling or preventing an act, hostile behavior, interrupting conversation, power play, pressuring/threatening/coercing a person, roughness/striking a person, rude statement, throwing/slamming an object, uncooperative behavior, and yelling (Thomas, 2010). Indirect behaviors are covert in nature such as: ignoring someone, gossiping, ostracizing someone from activities or conversation, rolling the eyes, sabotaging someone, sighing/groaning, using someone as a scapegoat and withholding information (Thomas, 2010).

Workplace bullying prevention is described at the individual, co-worker and leadership/organizational levels, focusing on policy development, awareness and enforcement. It is also described as staff supporting one another, and leaders holding perpetrators accountable (American Academy of Medical-Surgical Nurses, n. d.; Felblinger, 2008; Safe Work Australia, 2013). Controlling/deescalating bullying situations can be described as ways of identifying the behavior and resolving the issue when encountered. Reporting workplace bullying can be described as notifying the appropriate individuals when experiencing or witnessing the behavior.

In addition, reporting can also be described as victims and witnesses having a voice in efforts to eradicate the behavior (Simons & Mawn, 2010).

Evaluation of Concepts

The concepts of interest were evaluated using a created self-assessment supported by evidence in the literature. As noted, the self-assessment focused on five concepts: the definition of workplace bullying, types of workplace bullying, prevention methods, controlling/deescalating bullying situations and reporting workplace bullying.

Author's Assumptions

Comprehensive workplace bullying management is not being taught to nurses. Because of this, nurses lack understanding of the definition of workplace bullying, ways to identify the different types of workplace bullying, ways to prevent workplace bullying, ways to control/deescalate bullying situations, and ways to report workplace bullying. As a result of the deficiency in workplace bullying education and training, nurses suffer physically and psychologically (Demir & Rodwell, 2012; Fujishiro, Gee, & de Castro, 2011), recruitment and retention rates are affected, and patient care is compromised (Becher & Visovsky, 2012; Embree & White, 2010; Spence Laschinger, et al., 2012). To rectify this issue, nurses need to be given the tools to manage bullying in the workplace. Hopefully, the tools will help diminish the behavior, reduce the number of call-ins due to physical and psychological illness, improve recruitment and retention rates, and therefore provide patients quality care.

Theoretical Framework

Frameworks are abstractions of reality and represent real situations in nursing (Bonnel & Smith, 2014). Therefore, in order to provide a solid foundation, two theoretical

frameworks were used to guide this project. The first framework is Knowles Adult Learning Theory (Knowles, Holton & Swanson, 2005). This theory was chosen to be the primary guide of the project due to its principles. As discussed, the purpose of this project was to synthesize the evidence on workplace bullying management to create and administer a self-assessment to nurses, and use the results to develop a workplace bullying management quick reference card. In order to create the self-assessment and develop the appropriate learning tool, it was necessary to understand how adults learn best.

Andragogy (adult learning) is a theory that holds a set of assumptions about how adults learn (Candela, 2012). Knowles (1980) described andragogy as "the art and science of helping adults learn" (p. 43). Andragogy emphasizes the value of the process of learning. According to Knowles et al., (2005), adult learners are self-directed, experienced, oriented and motivated to learn. The Knowles approach to adult learning is experimental, using problem solving with a focus on topics of immediate value to the needs of the learner (Gatti-Petito et al., 2013). With this in mind, evidence in the literature shows how nurses are affected by workplace bullying and identifies education on workplace bullying management as an immediate need.

Knowles' Adult Learning Theory bases its andragogical model on six principles (Kuchinke, 1999). In order for optimal learning to occur, the following are essential: (1) a need to know, (2) responsibility for one's own learning, (3) the role of experience as a resource on one's learning, (4) readiness or applicability of the information to one's life situation, (5) motivation to learn and (6) problem-centered learning with real-life problems (Kuchinke, 1999; Mitchell & Courtney, 2005). Each element was used to guide the development of the self-assessment/questionnaire and the learning tool.

The second framework used was the Oppressed Group Model theory (Roberts, 1983). This theory provides a conceptual framework for understanding workplace bullying in nursing. The theory suggests that nurses are an oppressed and powerless group dominated by others (DeMarco & Roberts, 2003). The reasoning behind the theory is that the nursing profession is predominately comprised of women who report to mostly male physicians and administrators (Farrell, 1997). Literature supports this view, affirming that nurses lack autonomy, control over their work, and self-esteem (Freshwater, 2000). Rather than fighting the oppressor, nurses behave aggressively towards one another (Roberts, 1983). Consequently, until the cycle of oppressed group behavior is broken, nurses will continue to feel powerless to bring about significant change in their working relationships and work environment (Stanley, Martin, Michel, Welton & Nemeth, 2007).

The Oppressed Group Model theory has been a prevailing explanation for the disruptive behavior between nurses for over 30 years, but cannot solely explain the phenomena occurring in the nursing workforce (Mendez, 2011). Other environmental factors must be considered (Mendez, 2011) such as staffing, equipment, reporting mechanisms and teamwork, all of which contribute to nurses' frustrations. Because of this, organizations have made considerable advances in ensuring nurses are empowered by implementing strategies for more optimal working conditions for nursing practice (Sanders, Krugman & Schloffman, 2013). These include, but are not limited to: strategies to better manage increased patient volumes, best practices for facility design, enhancing physician-nurse relations, standardizing a culture of uninterrupted meal breaks, and hospital wellness programs (Sanders, et al., 2013). These strategies assist with creating an environment for excellence in nursing care. Excellence in nursing care has been associated with positive outcomes for both patients and nurses (Witkoski Stimpfel, Rosen &

McHugh, 2014). The American Nurses Credentialing Center (ANCC) (2014) recognizes excellence in nursing and quality patient care as important factors in achieving Magnet status. To achieve Magnet status, organizations must create ideal working conditions. Ideal working conditions for nurses are key to better patient outcomes (Carter, 2013). For this reason, organizations should make efforts to help reduce nurses' frustrations by creating a supportive and healthy work environment, where nurses are less likely to take their frustrations out on one another.

In summary, the nursing workforce has made significant advances; however, workplace bullying continues to exist. Educating nurses about how to manage bullying in the workplace will assist in breaking the cycle, and advance the profession even further. The five concepts will assist nurses in being able to understand what workplace bullying is and is not, and how to identify, prevent, control/deescalate situations, and report the behavior.

Literature Review

To combat workplace bullying, Stevenson, Randle and Grayling (2006) suggest education and training as ways to increase nurse's ability to address the behavior. The following is a literature review on the five concepts used to develop the self-assessment and learning tool. This review provides an overview of what the literature says about the definition of workplace bullying, types of workplace bullying, prevention methods, controlling/deescalating bullying situations and reporting the behavior.

Definition of Workplace Bullying

There are many terms used to describe workplace bullying: workplace aggression, indirect aggression, social or relational aggression, horizontal violence, lateral violence, workplace violence, harassment, horizontal hostility, and workplace violence (Barrett, Piatek,

Korber & Padula, 2009; Ditmer, 2010; Gaffney et al., 2012; Magnavita & Heponiemi, 2011; Simons & Mawn, 2010; Stanley, Martin, Nemeth, Michel & Welton, 2007). In addition to the many terms, there are many definitions to go along with the terms. The Bullying Statistics website defines workplace bullying as when a person or group of people in a workplace single out another person for unreasonable, embarrassing, or intimidating treatment (Bullying Statistics, 2009). Cowan (2011) uses the following definition "an extreme, negative, and persistent form of emotional workplace abuse achieved primarily through verbal and nonverbal communication" (p. 307). Ditmer (2010) uses the term horizontal violence to describe workplace bullying and defines it as "psychological harassment that creates hostility in the workplace between two nurses or a nurse and another health-care professional" (p. 9).

Workplace incivility is another term used to describe the disruptive behavior occurring in the nursing work force (Clark, Olender, Kenski & Cardoni, 2013; Hutton & Gates, 2008; Khadjehturian, 2012; McNamara, 2012; Smith et al., 2010). Although workplace bullying and workplace incivility have some of the same characteristics in common, there are distinct differences between the two. For example, to describe incivility McNamara (2012) stated, "Webster's dictionary describes incivility as the quality or condition of being uncivil; discourteous or treatment, and uncivil act" (p. 535). Clark et al., (2013) define incivility as rude or disruptive behaviors that often result in psychological or physiological distress. Finally, Anderson and Pearson (1999) describe incivility as low-intensity, deviant behavior.

The key differences between incivility and bullying are that bullying is a repeated, intentional, severe act over a period of time, whereas incivility refers to low grade forms of bad behavior, and may or may not be intended to harm (Bar-David, 2012; Lachman, 2014). However, some of the same behaviors may be seen in both such as, eye rolling, belittling

statements, social exclusion and withholding information (Bar-David, 2012; Thomas, 2010). Because workplace bullying is more intense and a more commonly used term to describe the disruptive behavior occurring in the nursing work force (Vesssey et al., 2009), it was chosen to be the focus for this project. This is not to exclude or devalue incivility as an issue. Incivility is recognized as an ongoing problem, and will be addressed in future projects.

In summary, bullying in the workplace has been described as a situation where someone is subjected to social isolation or exclusion, their work and efforts are devalued, they are threatened, derogatory comments are made behind their back, in addition to other negative behavior aimed to torment, wear down, or frustrate the victim (Spence Laschinger et al., 2012). In order for nurses to be aware of what is happening to them, nurses must first be able to correctly label and describe the behavior in context before it can be addressed (Stevenson, Randle, & Grayling, 2006).

Identifying the Types of Workplace Bullying

In addition to the numerous terms and definitions of workplace bullying, the behavior also comes in two types, and with many forms. Workplace bullying can be can be indirect (covert behaviors) or direct (overt behaviors) (Thomas, 2010). As discussed, there may be non-verbal innuendos, verbal affronts, undermining activities, withholding information, sabotage, infighting, scape-goating, backstabbing, failure to respect privacy and broken confidences (Dilek & Yildrium, 2008; Embree & White, 2010; Hutchinson, Jackson, Vickers & Wilkes, 2008; Thomas, 2010). According to Lutgen-Sandvik, Tracy and Alberts (2007), workers may not be able to recognize acts of bullying. Consequently, if they are unable to identify the behavior, they are not able to label and communicate what they are experiencing.

Preventing Workplace Bullying

Prevention methods for workplace bullying behaviors are needed at the individual, coworker and leadership/organization levels (American Academy of Medical-Surgical Nurses, n. d.; Felblinger, 2008; Safe Work Australia, 2013). Workplace bullying not only affects the victim, but it also affects the entire organization. For this reason, prevention methods should not only be the responsibility of the victim, but for everyone who is employed in the organization (American Academy of Medical-Surgical Nurses, n. d.; Felblinger, 2008; Safe Work Australia, 2013). Thus, there needs to be adequate education and training on employee rights, policies and procedures related to bullying, documentation of the situation, support for one another and a call for help (American Academy of Medical-Surgical Nurses, n. d.; Hutchinson, 2009). If nurses are aware of ways they can support one another in a bullying environment, this could perhaps help with reducing the behavior.

Lastly, leaders need to be aware that there is an issue of bullying inside the organization. To discover the issue, leaders need to talk with staff (American Academy of Medical-Surgical Nurses, n. d.; Government of Australia, 2005; Safe Work Australia, 2013). Once leaders recognize there is an issue, they can begin taking action to prevent subsequent occurrences (Ditmer, 2010; Hutchinson, 2009; Spence Laschinger et al., 2012). As noted, there are prevention methods at every level (individual, coworker, and leader/organization). For the purposes of this project, the focus was on prevention methods for nurses (individual and coworker).

Controlling/Deescalating Bullying Situations

Nurses need to be prepared to control/deescalate bullying situations if or when encountered (Hutchinson, 2009). Some literature suggests that individual remedial strategies

such as mediation, training on how to deescalate aggression (Grenyner et al., 2004; Griffin, 2004) and educational programs (Longo & Sherman, 2007) should be made available to reduce the possibilities of bullying (Hutchinson, 2009). For example, Griffin (2004) taught newly graduated nurses techniques on how to deal with a bully when approached. One year after the intervention, the new nurses indicated that they felt empowered to confront the perpetrator (Griffin, 2004). As a result, the retention rate improved. Beyond these recommendations, however, literature identifying how to control or deescalate bullying situations is limited. For this reason, it is necessary to generate more evidence.

Reporting Workplace Bullying

When nurses realize they are experiencing workplace bullying, they are in the perfect position to get assistance to stop it. They can do this by immediately reporting the incident. However, many are reluctant to do so because they are embarrassed (Ferns & Meerabeau, 2009) or afraid of retaliation. Unfortunately, due to underreporting, the behavior continues to fester. For this reason, nurses need to know: to whom to report the behavior, what to report, when to report it and what to expect afterwards (American Academy of Medical-Surgical Nurses, n. d.; SHARP, 2011). Literature on reporting workplace bullying is also limited, and another reason more evidence needs to be generated.

Methods

Project Methods for Literature Synthesis

A systematic review of literature was conducted to develop the self-assessment survey. CINAHL, Pub Med, Google Scholar and the Cochrane Databases were searched for articles using the key words: workplace bullying, horizontal violence, incivility, nursing, education, training and management. Primary and secondary sources were included such as original research articles, review articles, and text books. Other sources such as descriptive, theoretical,

and opinion articles were also included. Because workplace bullying is a relatively new concept, articles within the last 10 years were used as references. Textbooks were used as supportive information for theories and to develop the self-assessment; for this reason there was no limit on the publication date for textbooks.

After collecting and reviewing the literature, a literature summary table was developed. The table displays each of the five concepts with identified questions to determine what nurses know about managing workplace bullying. The table demonstrates how literature supports each concept and question (see Appendix A).

Project Methods

The project design was a combination of evidence-synthesizing and evidence-generating methods (Bonnel & Smith, 2014). A systematic review and synthesis of literature was conducted to gather information about workplace bullying, and was used to develop the self-assessment for nurses. The self-assessment was reviewed by two committee members and a content expert. After feedback from the reviewers was incorporated, the self-assessment survey was piloted with three nurses outside of the sample nursing units to ensure the questions were clear. The feedback from the nurses indicated that the self-assessment was clear, easy to read and took 15 minutes to complete. These three nurses were excluded from the final sample.

The combination of the two designs (evidence synthesizing and generating) assisted in identifying what nurses know about workplace bullying, and what they need to know in order to successfully manage the behavior in the nursing workforce. Additionally, the two designs assisted in developing a quick reference card. This was done by analyzing the results of the self-assessment to determine what the nurses need to know. These data, coupled with evidence from

literature, provides nurses with quick tips on how to manage workplace bullying. A more detailed description about the development of the learning tool will come later in the paper.

Project Sample

Permission from the Chief Nursing Officer (CNO) at a large Midwestern hospital was obtained before the director of each unit was approached for this project. The self-assessment was distributed to a convenience sample of registered nurses working on medical surgical and medical telemetry units. Choosing two units instead of one helped with protecting the identity of the participants, as demographic data was collected. The benefits of choosing a convenience sample were that the subjects were readily available, and the opinions of this group could provide the data needed (Leedy & Ormrod, 2013). One of the challenges of using a convenience sample is that the sample is not representative of the entire population (Gordis, 2009; Melnyk & Fineout-Overholt, 2011). In this case, the sample came from two nursing units in one hospital setting, and for this reason the results may be considered on similar nursing units, but are not statistically generalizable. Demographic data such as: age, gender, race, years of practice/experience, level of education, and previous experience with workplace bullying was obtained.

Selection Process for Sample

As noted, a convenience sample of registered nurses working on two nursing units (medical surgical and medical telemetry) at a large Midwestern hospital was chosen for this project. Nurses in the hospital setting were chosen because of the widespread issue (Becher & Visovsky, 2012; Lachman, 2014) of bullying among nurses. Because of the widespread issues, it was likely that these nurses have experienced or witnessed the behavior, and would be able to provide the information needed.

Data Collection Methods/Instrument

A self-assessment survey was used to collect the data. The self-assessment was developed by performing a literature review on workplace bullying. This was a systematic review of literature which involved searching, sorting, selecting, evaluating and synthesizing relevant findings (Bonnel & Smith, 2014). In addition to the literature review, Knowles' six principles of Adult Learning Theory (Kuchinke, 1999; Mitchell & Courtney, 2005) and the Oppressed Group Model theory (Roberts, 1983) were also used to guide the development of the self-assessment questions.

After the self-assessment was developed, it was reviewed by a panel to provide constructive feedback (Rubio, Berg-Weger, Tebb, Lee, & Rauch, 2003). The panel consisted of the capstone committee – Dr. Lisa Ogawa and Dr. Debbie Ford and a content expert – Dr. Cynthia M. Thomas from Ball State University in Muncie, IN. This was done to evaluate the self-assessment for face validity (Polit &Beck, 2012).

The self-assessment assessed nurses' baseline knowledge about workplace bullying, and identified gaps in what nurses know and what they need to know. Beginning with a self-assessment established a documented need (Bonnel & Smith, 2014), and helped determine if issues exist. The self-assessment also guided the development of the educational tool (quick reference card); and could also be used as a learning tool to identify needs for further research (Bonnel & Smith, 2014).

The self-assessment was comprised of a mix of open-ended and closed-ended questions (see Appendix B). Open-ended questions help produce a true understanding (Bonnel & Smith, 2014) from the nurse's perspective and requires them to think about the concepts (Assist Beginning Teachers, n. d.). For example, if asked to write their definition of workplace bullying, it can be determined if they truly know and understand what workplace bullying *is* and *is not*. On

the contrary, if given a true/false or yes/no question such as, *workplace bullying is defined as unwanted abuse or hostility within the workplace between nurses,* there is a 50/50 chance of the nurse getting the answer right or wrong. He or she may choose the answer to be *true* when in fact, the answer is *false,* and is a definition of lateral/horizontal violence. The use of open-ended questions produced patterns in the data among the subject's responses, and assisted in gaining a broad view of their understanding.

Closed-ended questions such as yes/no were also used on the self-assessment. For example, closed-ended questions requiring a yes/no helped determine if the subject has experienced or witnessed workplace bullying, and if the subject is comfortable with controlling/deescalating a bullying situation. The format of using both open-ended and closed-ended questions assured a comprehensive assessment (McDonald, 2014) of nurses' knowledge of workplace bullying.

Six demographic questions such as, race, gender, age, level of education, years of practice, and exposure were asked at the beginning of the self-assessment. There were 14 questions on the questionnaire which comprehensively covered the five concept areas of: definition of workplace bullying, types of workplace bullying, prevention methods, controlling/deescalating bullying situations and reporting workplace bullying. There were at least two questions per concept, with the last two concepts (controlling/deescalating and reporting) having three-four questions each. Four of the questions were closed-ended, and ten were open-ended. The questions were brief, clear, and easily administered (Rubio et al., 2003) through SurveyMonkey (2014) (see Appendix B).

Data Collection Methods/Procedure

The protocol, Human Subjects exempt form, recruitment flyer, study information sheet (see Appendix C), self-assessment, TMC HIPAA Privacy form, and letter of support from the

CNO of TMC were submitted to Institutional Review Board (IRB) at The University of Kansas Medical Center (KUMC), and the project was approved. The KUMC IRB study ID number for the project is: STUDY00001200.

After the project was approved by the IRB at KUMC (see Appendix D), the co-investigator (Co-I) scheduled and attended staff meetings and huddles on the two nursing units, providing information about the study and how the study could possibly benefit the participants and future nurses. Attending the unit staff meetings and huddles helped to motivate the nurses to participate in the survey and allowed them to ask questions.

The self-assessment was created in SurveyMonkey (2014) by the principal investigator (PI) and the Co-I. A notification email was developed and sent to the unit directors, who forwarded the email to all full-time, part-time and PRN registered nurses. The email provided a brief overview of the survey, the dates the survey would be open and emphasized that the survey was anonymous. The email also included a direct link to the survey, the study information sheet and recruitment flier which included the KUMC IRB study number. The survey began with a description of the study and instructions for answering questions. Four reminder emails were sent to the nurses with the previous stated information. The survey was open for a period of two weeks to increase the response rate by allowing nurses time to decide whether or not they wanted to participate. The nurses were able to complete the survey at work or in the privacy of their home.

Data Analysis

Descriptive statistics were calculated to identify the participants' demographics and compute the results of the closed-ended questions (Miles & Huberman, 1994). A content analysis was conducted on the open-ended questions. This was done by placing each participant's

response on an excel spreadsheet and looking at the raw data. A priori coding for the open-ended questions was used to score the respondent's answers as correct, partially correct or incorrect. Finally, patterns and themes in the qualitative data were sought by reviewing, organizing, examining, classifying and synthesizing the data.

Sample Characteristics

Sixty-one individuals accessed the survey and 60 completed demographics. The sample included 58 females (98%) and one male (2%). One participant left gender unanswered. The racial breakdown for this sample was 62% White, 13% Black, 8% Hispanic, 12% Asian and 5% other. The majority of the participants were between the ages of 20 – 39 (59%). Most (60%) of the participants were educated at the baccalaureate level; 28% held associate degrees and 5% were master's prepared. In terms of years practiced, 19% had been practicing between seven months to one year, and 36% between two to five years. See Table 1 for a more detailed description of the demographic characteristics of the sample.

Experience/Witness Workplace Bullying

The self-assessment began with question six (Q6) asking the participants if they have experienced or witness bullying in the last six months. Forty of the participants answered this question and 20 left it blank. Of the 40 participants who answered, twelve (30%) stated that they had experienced or witness workplace bullying and 28 (70%) stated that they had not (see Table 2). Those who stated that they had experienced or witnessed described what they saw, heard or experienced. The following are some of the participant's comments verbatim:

- "Multiple incidents of clinic/ER/other floor nurses belittling my floors nurses over getting patients. Refusing to take report, or yelling at the nurses when they question the appropriateness of a patient,"

- “A nurse was in a bad mood all day, we were staying clear, and then she yelled @ me in front of everyone and I started crying,”
- “Nurse A needed to do vitals on patient going to OR. Only one vital signs machine on unit and Nurse B had the tech hold it for her. Nurse A explained that she needed quick vitals before patient was to go to OR and tech very reluctantly gave up the machine. Nurse A was almost to patient's room when Nurse B started screeching down the hall, Oh no you don't! That's my VS machine! Nurse A explained that she just needed a quick set of vitals before patient went to OR and Nurse B again refused to allow,”
- “I have seen residents speak to nurses in a rude way and patients verbally abusive to staff,”
- “Individuals being rude and giving unfair assignments on [my unit]. The CTM's [Clinical Team Manager] make assignments that are high accuirty and not being fair among staff. Therefore, if requested to change they refuse which causes tension among staff. For example, one nurse will have 4 discharged planned patients and then she/he will recieve 3 new patients.

  Then another nurse will hvae 2 Total patients, one patient in restaints with a sitter and this can be very overwhelming.”

Defining Workplace Bullying

The first concept a part of workplace bullying management is defining workplace bullying. To assess whether or not nurses have a clear understanding of what workplace bullying is and is not, question eight (Q8) asked the participants to describe the differences between workplace bullying, horizontal/lateral violence and incivility. Results indicate that 28 of the participants answered this question and 32 left the question blank. Of the 28 who answered the

question, none (0%) of the participants answered correctly, 12 (43%) answered partially correct, and 16 (57%) answered the question incorrectly (Table 3). The following are some descriptions of workplace bullying, horizontal/lateral violence and incivility as described by the participants verbatim:

- “Bullying is being mean. lateral/horizontal violence is hitting someone. Do not know incivility,”
- “Workplace bullying is amongst healthcare workers, lateral/horizontal violence is amongst workers on the same level like RN to RN. Incivility I believe is bullying towards the patient,”
- "Incivility is being impolite or rude. Horizontal violence is being rude/hostile to coworkers. Bullying can be anything from physical violence to exclusion form the group, teasing, hazing etc.,”
- from physical violence to exclusion from the group, teasing, hazing etc.,"
- "Not sure what the difference is, but I think that bullying escalates into horizontal/lateral violence which (in my opinion) is worse than bullying,"
- "Workplace bullying is placing undue tasks or aiming hostile behaviors at a particular individual, later violence is intentionally placing a co-worker in a potentially dangerous situation, incivility is treating someone disrespectfully and purposefully being rude,"
- “I believe that workplace bullying and lateral/horizontal violence and incivility are the same thing.”

Types of Workplace Bullying

The second concept apart of workplace bullying management is being able to identify the types of bullying. To assess whether or not nurses know the two different types of workplace

bullying and if they were able to identify a behavior seen in each, the participants were asked two questions. Question nine (Q9) asked the participants to list the two types of bullying and question ten (Q10) asked them to describe a behavior seen in each. For the first question (Q9 – list the two types of bullying) 27 participants answered the question and 33 left it blank. Of the 27 who provided an answer, one (4%) answered the question correctly, one (4%) answered the question partially correct, and 25 (93%) answered the question incorrectly (see Table 3). The second (Q10) part of the question asked the participants to describe a behavior seen in each type bullying. Twenty-three participants answered this question and 37 left it blank. Of the 23 who provided an answer, two (9%) answered the question correctly, 14 (61%) answered the question partially correct and seven (30%) answered the question incorrectly (see Table 3). The following are some of the types of workplace bully that the participants provided verbatim:

- “lateral and horizontal,”
- “Verbal and physical,”
- “I don't know exactly what the two types are...are you meaning direct and indirect bullying,”
- “Pressure bullying and serial bullying,”
- “Patient and supervisor.”

The following is a list of some of the behaviors seen in each of the type of workplace bullying as described by the participants verbatim:

- “Name calling (verbal), making faces or avoiding the person (non verbal),”
- “Talking about an individual behind their back to another employee (kind of like making fun of another),”
- “Verbal abuse and physical harm,”

- “Retaliation - giving a nurse all isolation patients because she voiced concern over patient assignement. Direct bullying - giving a nurse an incontinent patient and intentionally leaving the patient dirty and telling others not to help change the patient and/or refusing to help yourself,”
- “Verbal abuse or verabl threats, sabotage making it impossible to complete a job correctly.”

Preventing Workplace Bullying

The third concept a part of workplace bullying management is prevention. To assess the nurses’ baseline knowledge about prevention methods, the participants were asked another two-part question. Question 11 (Q11) asked if the participants believe workplace bullying could be prevented. The results show that 40 participants answered this question and 20 left the question blank. Of the 40 who answered, 32 (80%) said yes, three (8%) said no, and five (13%) were unsure (see Table 2). Question 12 (Q12) asked the participants to describe two ways workplace bullying could be prevented, 31 participants answered the question and 29 left the question blank. Of the 31 who answered, 26 (84%) answered the question correctly, five (16%) answered the question partially correct and none (0%) answered the question incorrectly (see Table 3). The following are some prevention methods as described by the participants verbatim:

- “Provide education on bullying, protect employees by standing up for their rights,”
- “Speak up if you see it occurring. Do not participate in workplace bullying,”
- “I don't feel that we can initially prevent it…we need to teach our staffwhat it is and how to report it so we can prevent it from happening again, sometiem the other person doesn't realize they are doing it,”
- “Teaching during orientation and yearrly review,”

- "Learning to identfy these behaviors and what actions to take and who to report these kinds of behavior."

Controlling/Deescalating Bullying Situations

The fourth concept apart of workplace bullying management is controlling/deescalating a bullying situation. To assess nurses' baseline knowledge about controlling bullying situations from an individual perspective and from a co-worker perspective, the participants were asked two sets of questions. The first set of questions focused on the individual. Question 13 (Q13) asked the participant if he/she was faced with a bullying situation, would he/she know how to control/deescalate the situation. The results show that 40 participants answered the question and 20 left it blank. Of the 40 who answered the question, 25 (63%) answered yes, four (10%) answered no, and 11 (28%) were unsure (see Table 2). Question 14 (Q14) asked the participants to describe how they would control/deescalate the situation. Twenty-five participants answered the question and 35 left it blank. Of the 25 who answered the question, 17 (68%) answered the question correctly, five (20%) answered partially correct, and three (12%) answered the question incorrectly (Table 3). The following are some of the ways to control/deescalate a bullying situation as described by the participants verbatim:

- "Walk away in certain situations. Try to talk it out,"
- "Put myself in a safe place. Do not speak in a way that would encourage verbal or physicial abuse or intimidation. Tell my supervisor,"
- "I will let the person know that is not acceptable and immediately establish boundary, If it is repeated then I will take/report to Manager/Director,"

- “You can state in a nice way that you do not appreciate being spoken to in that way. You should politely explain this issue and why it is not appropriate to treat someone in that way. If it continues to become an issue report this to your manager or director,”
- “I don't usually let things bother me so I would just ignore it or straight up ask why they have a problem with me.”

The second set of questions for controlling/deescalating focused on nurses intervening for their peers in a bullying situation. The participants were asked a two-part question. Question 15 (Q15) asked the participant if they witnessed their co-worker being bullied would it be their responsibility to intervene. The results show that 39 participants answered this question and 21 left it blank. Of the 39 who answered the question, 30 (70%) answered yes, five (13%) answered no and four (10%) were unsure (see Table 2). Question 16 (Q16) asked them to describe what they would do to intervene. The results show that 28 participants answered the question, and 32 left the question blank. Of the 28 who answered, 23 (82%) answered the question correctly, 4 (14%) answered the question partially correct, and one (4%) answered the question incorrectly (see Table 3). The following are some of the ways the participants would intervene in a bullying situation as described by the participants verbatim:

- “I would try to calm both nurses down,”
- “I feel like those things need to be firstly addressed by management. i would encourage that employee to speak with their supervisor. I would also speak up to make sure we are working together as a team rather than against each other,”
- “Remove the coworker fromt the situation,”
- “I would let the nurse bullying to know it is not nice to treat the other nurrse that way.i would ask her if it was her/him would she/he like to be treated the same way,”

- “Yep. already done that once. told the PCT she can't talk to the nurse like that, we are all here team players ...etc.”

Reporting Workplace Bullying

The fifth concept apart of workplace bullying management is reporting. To assess nurses’ comfort level with reporting, and baseline knowledge about to whom they would report and what they would report, the participants were asked a three-part question. Question 17 (Q17) asked the participants if they would feel comfortable reporting workplace bullying. The results show that 39 participants answered this question and 21 left it blank. Of the 39 who answered, 29 (74%) answered yes, 4 (10%) answered no, and 6 (15%) were unsure (see Table 2).

Question 18 (Q18) asked the participants to whom they would report an incident of workplace bullying. The results show that 36 answered this question, and 24 left it blank. Of the 36 who answered 28 (78%) answered the question correctly, 7 (19%) answered the question partially correct, and 1 (3%) answered the question incorrectly (see Table 3). The following describes verbatim to whom nurses would report an incident of workplace bullying:

- “CTM/Director,”
- “Direct supervisor,”
- “Management. I dont' feel comfortable reporting bullying though. I feel like it's blown off by some management as someones personality or that it's easily pushed under the rug”
- “I dont think theres anyone to report it to if the bullying is coming from your colleges or immediate manager,”
- “Possibly CTM??? Maybe EEO [Equal Employment Opportunity].”

Question 19 (Q19) asked the participants to describe what they needed to state/write when reporting workplace bullying. The results show that 33 participants answered this question

and 27 left it blank. Of the 33 who answered this question, two (6%) answered correctly, 28 (85%) answered partially correct, and three (9%) answered incorrectly (see Table 3). The following are some of the respondent's responses (verbatim) describing what they would report:

- "Who, how, when, where, witnesses and what was done,"
- "All the facts,"
- "Exactly what I witnessed,"
- "Who is invloved, where it occurred, when it occurred, what was witnessed/heard, any other potential witnesses,"
- "What you witnessed. The facts only."

Additional Comments about Workplace Bullying

To assess whether or not the participants wanted to provide additional information about workplace bullying, question 20 (Q20) asked the participants if there was anything else they would like to tell us. The results show that 20 participants answered this question and 40 left the question blank. The following are some of the participant's responses verbatim:

- "Policy must be instituted in all workpalce to prevent and for the perpetrator to bear any consequences it it ever occurs,"
- "It happens too often with dayshift and nightshift reporting off and with assignments. if a nurse doesn't get all of their patients back from previous day, they will start yelling at who did assignments. also some nurses only want to give report to one nurse, so that is what they are upset over. many times it's with new people starting on the unit as new grads or transfering nurses from another unit,"
- "As health care professionals, it is a huge pity that this is even a factor in our professional life!"

- "There will always be some level of workplace bullying, it is part of human nature and will never be totally stopped, but it can be managed if people speak up,"
- "Unfortunately sometimes the person bullying you has power over your job, then you can feel really helpless, or you report and nothing is done,"
- "It does happen more offered that most nurse think,"
- "I have discussed with the director unfair assignments but she/he has agreed with other staff and not intervened. There have been times where nurses have been in tears because their pateint loads are to heavy. IF we had the appropriate staff at [my hospital] it would decrease RRT [Rapid Response Team], Code Blues and improve,"
- "Most nurses are afraid to speak up, they tuck their tale in and hide when they hear it or witness it, sad…"

Discussion

The findings of this study support that bullying continues to be a problem in nursing and education is needed to address the issue. The results indicate that 30% of the nurses have either been a victim of or witnessed some type of disruptive behavior in the workplace in the past six months. This percentage is consistent with studies showing that 17% –76% of hospital nurses identify as victims or witnesses to bullying (Berry et al., 2012; Farrell, Bobrowski & Bobrowski, 2006; Gunnarsdottir, Sveinsdottir, Bernburg, Fridriksdottir, & Tomasson, 2006).

Although the participants acknowledged experiencing some form of disruptive behavior, it is questionable whether or not the participants understand what they've e been exposed to. The pattern of behaviors that constitutes bullying varies, in part according to people's ideas, perceptions (Vessey et al., 2009) and awareness of what bullying is. For example, overall, the participants in the study did not have a clear understanding of what workplace bullying is and is

not, and often were unable to distinguish between workplace bullying, horizontal/lateral violence and incivility. Some of the nurses stated that the terms were all the same. Indeed, some of the behaviors associated with workplace bullying, horizontal/lateral violence and incivility may be seen in each; however, the concepts are different.

Workplace bullying is described as prolonged and repeated hostile behaviors conducted by at least one person towards one or more individuals when they are unable to resolve their workplace conflicts in non-hostile manners and can cause health problems for victims and affect their performance (Moayed et al., 2006). Workplace bullying is different from horizontal/lateral violence and incivility because with bullying there is a *repeated* behavior which happens over a *period of time* aimed at a *target*. Additionally, with bullying, a real or perceived power gradient is present between the victim and perpetrator (Vessey et al., 2009). Horizontal/lateral violence is unkind, discourteous behaviors between co-workers at the same level (Alspach, 2008). Incivility is classified as low-intensity or rude behaviors (Andersson, Pearson, & Wagner, 2001; Felblinger, 2009; Read & Laschinger, 2013). Both horizontal/lateral violence and incivility can occur one time and can occur with different people (not a target). Nurses must first be able to understand and describe the behavior in context (Stevenson, Randle, & Grayling, 2006) in order for them to be able to prevent, control and report the behavior.

It is concerning that almost all (93%) of the nurses were unable to list the two types of workplace bullying. Two major themes noted among the answers to this question were lateral and horizontal and verbal and physical as the two types, which unfortunately are incorrect. Lateral and horizontal are essentially the same and are used with the word violence when describing another category of disruptive behaviors in the workplace. The two types of bullying are direct (overt or obvious) and indirect (covert or concealed) (Thomas, 2010). Verbal and

physical (as listed by several of the nurses) would fall in the category of direct types of bullying (Thomas, 2010).

While the majority of the nurses were not able to list the two types of bullying, they were however, able to describe behaviors seen in each. Most (61%) answered this question correctly. For example, nurses listed behaviors such as gossiping (Vessey et al., 2009), name calling and yelling, and a few described incidences that occurred in their work environment related to patient assignments and workload. It should be noted that 30% provided answers that were incorrect or unrelated to the question. Although many of the nurses were unable to provide the correct definition of workplace bullying, many of them were familiar with behaviors, which is also important in being able to identify what is happening to them and/or their co-workers.

It is encouraging that the majority (80%) of the nurses believed that workplace bullying could be prevented and 84% also described appropriate ways to prevent workplace bullying. Running themes among the answers to prevention included education and training and policies (Becher & Visovsky, 2012; Berry et al., 2012; Vessey et al., 2009). Others mentioned prevention strategies such as not participating in or accepting the behavior. This is a positive sign indicating most nurses believe that victims, witnesses and leadership can take action in preventing workplace bullying.

The majority (63%) of nurses stated that they know how to control or deescalate a bullying situation, and 68% provided acceptable answers as to what they would do. Two running themes among the answers were talking (calmly) to the bully and walking away. This indicates nurses are aware that communication, and *how* one communicates are important when faced with a bullying situation. Berry and colleagues (2012) asserted that healthy communication is needed

in order to be successful in stressful work environments. The nurses also understand that it is important to remove them self from the situation when encountering a bullying situation.

In addition, many (70%) feel that it is their responsibility to intervene if they witness their co-worker being bullied. Themes in the responses as to how they would intervene were: calm the situation (mediate), get the victim to a safe place and tell the perpetrator that their behavior is unacceptable. Exhibiting assertive behavior such as this at the time of the event is considered an acceptable response (Becher & Visovsky, 2012) to workplace bullying. The responses from the nurses indicate that they recognize how important it is to communicate and remove the individual from the environment. This is encouraging because witnesses may lack the necessary skills to intervene, even if they detest bullying (Vessey et al., 2009); however, this is not the case with the majority of the participants in this study.

Most (74%) of the participants feel comfortable reporting workplace bullying; however, 25% stated they do not feel comfortable, or are unsure. This is concerning because in order for leadership to intervene, they must be aware of the fact that the behavior is occurring. Another disturbing point is that the 25% who do not feel comfortable or are unsure could possibly be the victims of workplace bullying, and suffering from the psychological and physical effects (Chipps & McRury, 2012; Demir & Rodwell, 2012). Under-reporting of workplace bullying has been an issue, and is one of the reasons why the behavior continues (McKenna et al., 2003). Nurses need to understand how important it is and feel comfortable with reporting workplace bullying. Nurse leaders can take an active role in ensuring staff feel comfortable reporting workplace bullying by having an open door policy, ensuring confidentiality, addressing the issue, supporting staff, providing feedback (Randle, Stevenson, & Grayling, 2007) and modeling acceptable behaviors

(Becher & Visovsky, 2012). As shown, leaders are in a unique position to prevent and eliminate workplace bullying (Becher & Visovsky, 2012).

Most (78%) of the participants are aware of whom to report workplace bullying to. A theme in these responses was reporting to the CTM and the Director. Those who answered the question incorrectly mentioned the EEO and director of human resources. Reporting workplace bullying through the proper channels is important (Becher & Visovsky, 2012), therefore, reporting to individuals at this level should occur after reporting the incident to the direct supervisor (manager or director) and no feedback was received, or if the behavior continues.

Knowing what to report is also important when reporting workplace bullying. Most (85%) of the participants answered this question partially correct. Two themes in the responses to this question were: state exactly what happened and just the facts. Although these two statements are true, it is necessary to provide a detailed statement about what occurred including the date, time, place and who was involved (American Academy of Medical-Surgical Nurses, n. d.; SHARP, 2011).

A few of the participants provided additional comments about workplace bullying. The comments highlighted workplace bullying being a problem in their work environment, the problem not going away, workload/patient assignments being part of the issue, and management is contributing to the issue by siding with staff or avoiding the issue. Unfortunately evidence suggests that this perspective may be true as staff lack confidence that sufficient institutional response would be forthcoming (Vessey et al., 2009) to address the behavior and improve the work environment (Becher & Visovsky, 2012; Ditmer, 2010).

When analyzing the responses to each question to identify trends in demographics related to level of education and number of years practiced, no trends stood out. However, the majority

of the answers came from BSN nurses and those who had been in practice for seven months – ten years. Both can be attributed to the fact that the majority (60%) of those who participated in the self-assessment were BSN-prepared and the units were medical surgical and medical telemetry units, which are acute care settings (Vessey et al., 2009) where many new nurses begin their career, hence, the young age range.

Learning Tool

Education and training has been suggested as a way to increase nurses' ability to manage bullying in the workplace by giving them the tools they need to change and combat the situation (Berry et al., 2012; Stevenson et al., 2006; Vessey et al., 2009). By the nature of their work environment, nurses are extremely busy providing patient care, documenting care, and collaborating with other health care professionals. Because of the nature of their work, nurses need a concise learning tool such as a quick reference card (see Appendix E). As noted, the five concepts a part of workplace bullying management are: definition of workplace bullying, types of workplace bullying, prevention methods, controlling/deescalating bullying situations and reporting workplace bullying. Evidence from literature and results of the self-assessment were used to develop the content for each concept.

The acronym, I – CPR was chosen to link to the concepts and to summarize key learning points for the nurses. The concepts of definition and identifying the types of bullying were combined to form the first letter *I,* which represents *identify.* For identify, nurses are provided brief definitions of workplace bullying, horizontal/lateral violence and incivility. Also with *identify,* nurses are provided with the two types of bullying and a list of identified bullying behaviors (Chipps & McRury, 2012) seen in each.

The second letter, *C* was chosen to represent *control* for the control/deescalate bullying situations concept. Nurses (victims and witnesses) are provided quick tips on how to confront the bully during or immediately following the event (Becher & Visovsky, 2012). Recommendations include mediating, calling for help, communicating to the bully in a calm tone and walking away.

The third letter, *P* was chosen to represent *prevent* for the concept of preventions methods for workplace bullying. Nurses are provided with ways they can prevent workplace bullying (Felblinger, 2008) as victims and as co-workers such as ensuring they have received adequate training to do their job, reviewing policies (Becher & Visovsky, 2012; Christmas, 2007; Ditmer, 2010) on disruptive behaviors, not participating in workplace bullying, and supporting co-workers.

The forth letter, *R* was chosen to represent *report* for the reporting workplace bullying concept. Nurses are provided information about whom to report workplace bullying, exactly what they need to report and what their next steps should be if nothing is done or if the bully happens to be the manager (Becher & Visovsky, 2012).

With a quick reference learning card, nurses have the tools they need to be able to manage the disruptive behavior of bullying in the workplace. The tool can also assist perpetrators, who are aware or unaware of the fact that they are exhibiting the behavior, to recognize what they are doing, and possibly cause them to discontinue the behavior. Organizations who take the initiative to manage the behavior by providing education could see a positive change in retention rates and patient outcomes.

Implications

The findings of this study have particular implications for practice, education and further research. In regards to practice, when considering the evidence about how workplace bullying

effects nurses physically and psychologically, and how it negatively impacts patient outcomes, it is necessary to prepare nurses by educating them to be able to manage the disruptive behavior (Berry et al., 2012; Vessey et al., 2009). Preparation will help improve the practice setting for nurses and patients. Furthermore, bullying is not limited to intraprofessional (between nurses) conflict (Vessey et al., 200), therefore, although this self-assessment survey was developed specifically for nurses, the tool could be further developed to assist other disciplines/professions (Medicine, Physical Therapy, Human Resources, etc.) to assess baseline knowledge about workplace bullying and assist with education and training. Also, a few of the nurses in the study complained about workload and the management team. Organizational leaders could use this information to improve the work environment for all staff, learn appropriate ways to address workplace bullying, develop policies specifically addressing workplace bullying and improve overall effectiveness of the organization (Vessey et al., 2009).

For education, identifying the gap in what nurses know and what they need to about workplace bullying will assist in making recommendations to schools of nursing to develop a comprehensive workplace bullying education (Center for American Nurses, 2008) and training program to prepare student nurses before they enter into the nursing workforce (Vessey et al., 2009). Numerous studies have revealed that nursing students and new graduates are underprepared to manage conflict in the workplace (Pines et al., 2011). Student nurses and new graduates need to be taught that workplace bullying is not acceptable and will not be tolerated.

Further studies examining whether or not nurses are better able to manage workplace bullying after education and training, compared to those who did not receive education and training, will identify if the intervention (quick reference card) was effective. This could also

lead to further studies on whether preparation affects recruitment, retention, teamwork, performance, and attitude.

Limitations

One limitation to the study is the relatively small sample size ($N = 60$). In addition, several of the participants left questions blank. This could be interpreted as the participant not knowing the answer, however, that is difficult to assess. Another limitation is that the self-assessment was distributed via SurveyMonkey, and the participants were allowed to take the survey anytime during a two week time period on the work computer or home computer. Because the participants were not monitored, they could have possible searched for answers on the internet. Additionally, the participants may have over- or underreported their experience with bullying as a victim or a witness. Furthermore, the sample weighted heavily with a somewhat younger (20 – 39 age group), and predominately White female participants. Finally, the study was conducted on two nursing units in one hospital, for this reason the results of the study are not statistically generalizable.

Conclusion

The current study indicates that nurses in this organization are not familiar with the terms, definitions and types of workplace bullying; however, the majority of the nurses are aware of ways to control and prevent workplace bullying. In addition, most are aware of whom they should report an incident of workplace bullying to, and some understand exactly what it is they need to report. Although some of the results were positive, there were some nurses who feel workplace bullying cannot be controlled and are not comfortable reporting the behavior. Additionally, most were not able to define the behaviors, nor were they able to identify the types. It is imperative for all nurses, not just the majority (including new and experienced), to

understand how to manage bullying in the workplace. As stated, workplace bullying is a problem in the nursing workforce that impacts both nurses and patient care. Because of this, it is necessary to provide nurses with the tools to combat the behavior in their work environment, should they encounter it. Being equipped to manage workplace bullying may help prevent some of the psychological and physiological effects that nurses' experience, and could possibly improve retention rates and patient outcomes. Until every nurse receives education and training on workplace bullying and are deemed competent, organizations continue to fail in empowering nurses to advocate for themselves and their peers.

References

Alspach, G. (2008). Lateral hostility between critical nurses. *Critical Care Nurse, 28*(2), 13–19.

American Academy of Medical-Surgical Nurses. (n. d.). Healthy work environment advocacy guide: Workplace bullying and lateral violence among nurses. Retrieved from http://www.amsn.org/sites/default/files/documents/practice-resources/healthy-work-environment/AMSN-Staffing-Issues.pdf

American Nurses Credentialing Center (AACN) (2014). *ANCC Magnet Recognition Program.* Retrieved from http://www.nursecredentialing.org/magnet.aspx

Andersson, L. M. & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review, 24*(3), 452 – 471.

Andersson, L. M., Pearson, C. M., & Wagner, C. W. (2001). When workers flout convention: A study of workplace incivility. *Human Relations, 54*, 1387–1419.

Assist Beginning Teachers. (n. d.). Tool: Open-ended questions that reveal student thinking. Retrieved from http://assist.educ.msu.edu/ASSIST/temphome.htm

Bar-David, S. (2012). *Incivility, harassment, and bullying: The business case*. Bar-David Consulting: Real Solutions for Respectful Workplaces. Retrieved from http://www.sharonebardavid.com/wp-content/uploads/2012/01/Business-Case-Respect-Website-Version-Dec-2011-2.pdf

Barrett, A., Piatek, C., Korber, s., & Padula, C. (2009). Lessons learned from lateral violence and team-building intervention. *Nursing Administration Quarterly, 33*(4), 342–351.

Becher, J., & Visovsky, C. (2012). Horizontal violence in nursing. *MEDSURG Nursing, 21*(4), 210–232.

Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2011). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44*(1), 80–87. doi: 10.1111/j.1547-5069.2011.01426.x

Bonnel, W. & Smith, K. V. (2014). *Proposal writing for nursing capstones and clinical projects.* New York, NY: Springer.

Bullying Statistics. (2009). *Workplace bullying.* Retrieved from http://www.bullyingstatistics.org/content/workplace-bullying.html

Bullying Statistics. (2010). *Bullying and suicide*. Retrieved from http://www.bullyingstatistics.org/content/bullying-and-suicide.html

Candela, L. (2012). From teaching to learning: Theoretical foundations. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing* (4th ed.). (pp. 202–243). St. Louis, MO: Elsevier.

Carter, D. (2013). Follow-up study links magnet status to better outcomes. *American Journal Of Nursing*, *113*(2), 17.

Center for American Nurses. (2008). Lateral violence and bullying in the workplace. Retrieved from http://www.mc.vanderbilt.edu/root/pdfs/nursing/center_lateral_violence_and_bullying_position_statement_from_center_for_american_nurses.pdf

Chipps, E. M., & McRury, M. (2012). The development of an educational intervention to address workplace bullying. *Journal for Nurses in Staff Development, 28*(3), 94–98.

Christmas, K. (2007). Workplace abuse: Finding solutions. *Nursing Economic$,* *25*(6), 365–367.

Cowan, R. L. (2011). "Yes, we have an anti-bullying policy, but…:" HR professionals understandings and experiences with workplace bullying policy. *Communication Studies, 62*(3), 307–327.

Clark, C. M., Ahten, S. M., & Marcy, R. (2013). Using problem-based learning scenarios to prepare nursing students to address incivility. *Clinical Simulation Nursing, 9*(3), E75–E83. doi: 10.1016/j.ecns.2011.10.003.

Clark, C. M., Olender, L., Kenski, D., & Cardoni, C. (2013). Exploring and addressing faculty to faculty incivility: A national perspective and literature review. *Journal of Nursing Education, 52*(4), 211–218.

DeMarco, R., & Roberts, S. (2003). Negative behaviors in nursing. *American Journal of Nursing, 103*(3), 113 –116.

Demir, D., & Rodwell, J. (2012). Psychosocial antecedents and consequences of workplace aggression for hospital nurses. *Journal of Nursing Scholarship, 44*(4), 376–384. doi: 10.1111/j.1547-5069.2012.01472.x.

Dilek, Y., & Yildrium, A. (2008). Development and psychometric evaluation of workplace psychologically violent behaviors instrument. *Journal of Clinical Nursing, 17,* 1361– 1370.

Ditmer, D. (2010). A safe environment for nurses and patients: Halting horizontal violence. *Journal of Nursing Regulation, 1*(3), 9–14.

Embree, J. L. & White, A. H. (2010). Concept analysis: Nurse-to-nurse lateral violence. *Nursing Forum, 45*(3), 166–173.

Farrell, G. A. (1997). Aggression in clinical settings: Nurses views. *Journal of Advanced Nursing, 25*(3), 501–508.

Farrell, G. A., Bobrowski, C., & Bobrowski, P. (2006). Scoping workplace aggression in nursing: Findings from an Australian study. *Journal of Advanced Nursing, 55,* 778–787.

Felblinger, D. M. (2008). Incivility and bullying in the workplace and nurses' same responses. *JOGNN, 37,* 234–242. doi: 10.1111/j.1552-6909.2008.00227.x

Felblinger, D. M. (2009). Bullying incivility, and disruptive behaviors in the healthcare setting: Identification, impact and intervention. *Frontiers of Health Services Management, 25*(4), 13–23.

Ferns, T., & Meerabeau, E. (2009). Reporting behaviours of nursing students who have experienced verbal abuse. *Journal of Advanced Nursing, 65*(12), 2678 – 2688.

Freshwater, D. (2000). Crosscurrents: Against cultural narration in nursing. *Journal of Advanced Nursing, 32*(2), 481–484.

Fujishiro K., Gee, G. C., & de Castro, A. B. (2011). Association of workplace aggression with work-related well-being among nurses in the Philippines. *American Journal of Public Health, 101*(5), 861–867.

Gaffney, D. A., DeMarco, R. F., Hofmeyer, A. Vessey, J. A., & Budin, W. C. (2012). Making things right: Nurses' experiences with workplace bullying – A grounded theory. *Nursing Research and Practice.* doi: 10.1155/2012/243210

Gatti-Petito, J., Lakatos, B. E., Bradley, H. B., Cook, L., Haight, I. E., & Karl, C. A. (2013). Clinical scholarship and adult learning theory: A role for the DNP in nursing education. *Nursing Education Perspectives, 34*(4), 273 –276.

Gordis, L. (2009). *Epidemiology* (4th ed.). Philadelphia, PA: Saunders

Government of Australia. (2005). Preventing workplace bullying: A practical guide for employers. Retrieved from http://www.stopbullyingsa.com.au/documents/bullying_employers.pdf

Grainger, D. (2010). What if…? Reflective practice: The importance of teamwork. *British Journal of Healthcare Assistants, 4*(7), 328–330.

Grenyer, B., Ilkiw-Lavalle, O., Diro, P., Middleby-Clements, J., Comninos, A., & Coleman, M. (2004). Safer at work: Development and evaluation of an aggression and violence minimization program. *Australian and New Zealand Journal of Psychiatry, 38*, 804 – 810.

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing, 35*, 257 – 263.

Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (7th ed.). St. Louis, MO: Elsevier.

Gunnarsdottir, H. K., Sveinsdottir, H., Bernburg, J. G., Fridriksdottir, H., & Tomasson, K. (2006). Lifestyle, harassment at work and self-assessed health of female flight attendants, nurses and teachers. *Work, 27*, 165–172.

Hinchberger, P. A. (2009). Violence against female student nurses in the workplace. *Nursing Forum, 44*(1), 37–46.

Hutchinson, M. (2009). Restorative approached to workplace bullying: Educating nurses towards shared responsibility. *Contemporary Nurse, 32*(1-2), 147–155.

Hutchinson, M., Jackson, D., Wilkes, L., & Vickers, M. H. (2009). A new model of bullying in nursing workplace: Organisational characteristics as critical antecedents. *Advances in Nursing Science, 31*, E6-E71.

Hutton, S., & Gates, D. (2008). Workplace incivility and productivity losses among direct care staff. *American Association of Occupational Health Nurses, 56*(4), 168–175.

Institute of Medicine (IOM). (2005). *Quality chasm series: Preventing medication errors.* Washington, DC: National Academies Press.

Johnson, S. L. & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. *The Journal of Nursing Administration, 39*(2), 84–90.

Joint Commission (2008). *Sentinel event alert: Behaviors that undermine a culture of safety.* Retrieved from http://www.jointcommission.org/assets/1/18/SEA_40.PDF

Kelly, J., & Ahern, K. (2008). Preparing nurses for practice: A phenomenological study of the new graduate in Australia. *Journal of Clinical Nursing, 18,* 910–918. doi: 10: 111/j.1365-2702.2008.02308.x.

Khadjehturian, R. E. (2012). Stopping the culture of workplace incivility in nursing. *Clinical Journal of Oncology Nursing, 16*(6), 638–639.

Knowles, M. S. (1980). *The modern practice of adult education.* Chicago, IL: Follett.

Knowles, M. S., Holton, E. F., & Swanson, R. A. (2005). *The adult learner: The definitive classic in adult education and human resource development* (6th ed.). Burlington, MA: Elsevier.

Kuchinke, K. P. (1999). Adult development towards what end? A philosophical analysis of the concept as reflected in the research, theory, and practice of human resources development. *Adult Education Quarterly, 49,* 148–162.

Lachman, V. D. (2014). Ethical issues in the disruptive behaviors of incivility, bullying, and horizontal/lateral violence. *MedSurg Nursing, 23*(1), 56 – 60.

Leedy, P. D. & Ormrod, J. E. (2013). *Practical research: Planning and design* (10th ed.) Upper Saddle, NJ: Pearson.

Longo, J., & Sherman, R. (2007). Levelling horizontal violence. Nursing Management, 38, 34–37.

Lutgen-Sandvik, P., Tracy, S. J., & Alberts, J. K. (2007). Burned by bullying in the American workplace: Prevalence, perception, degree and impact. *Journal of Management Studies, 44*, 837–862.

Magnavita, N., & Heponiemi, T. (2011). Workplace violence against nursing student and nurses: An Italian experience. *Journal of Nursing Scholarship, 43*(2), 203 –200.

McDonald, M. E. (2014). *The nurse educator's guide to assessing learning outcomes* (3rd ed.). Jones & Bartlett: Burlington, MA.

McKenna, B. G., Smith, N. A., Poole, S. J., & Coverdale, J. H. (2003). Horizontal violence: Experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing, 42*(1), 90–96.

McNamara, S. A. (2012). Incivility in nursing: Unsafe nurse, unsafe patients. *American Association of Perioperative Nurses, 95*(4), 535–540. doi: 10.1016/j.aorn.2012.01.020

Melnyk, B. M. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing and healthcare: A Guide to best practice* (2nd ed.). Philadelphia, PA: Wolters Kluwer Health and Lippincott Williams & Wilkins.

Mendez, T. M. (2011). *Horizontal violence in the nursing work environment: Beyond oppressed group behavior.* (Doctoral dissertation, University of New Orleans). Retrieved from http://scholarworks.uno.edu/cgi/viewcontent.cgi?article=2378&context=td

Miles, M. B., & Huberman, M. A. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Mitchell, M. L., & Courtney, M. (2005). Improving transfer from the intensive care unit: The development, implementation and evaluation of a brochure based on Knowles' adult learning theory. *International Journal of Nursing Practice, 11,* 257 – 268.

Moayed, F. A., Daraiseh, N., Shell, R., & Salem, S. (2006). Workplace bullying: A systematic review of risk factors and outcomes. *Theoretical Issues in Ergonomics Science, 7*(3), 311–327.

National League for Nursing. (2012). NLN ethical principles for nursing education. *Nursing Education Perspectives, 33*(1), 65.

Occupational Safety and Health Administration (OSHA). (2002). Workplace violence: OSHA fact sheet. Retrieved from https://www.osha.gov/OshDoc/data_General_Facts/factsheet-workplace-violence.pdf

Occupational Safety and Health Administration (OSHA). (n. d.) Workplace violence. Retrieved from http://search.usa.gov/search?affiliate=usdoloshapublicwebsite&query=workplace+bullying

Oracle. (2012). Best practices for improving survey participation. Retrieved from http://www.oracle.com/us/products/applications/best-practices-improve-survey-1583708.pdf

Pines, E. W., Rauschhuber, M. L., Norgan, G. H., Cook, J. D., Canchola, L., Richardson, C., & Jones, M. E. (2011). Stress resiliency, psychological empowerment and conflict management styles among baccalaureate nursing students. *Journal of Advanced Nursing,* 1482–1493.

Polit, D. F. & Beck, C.T (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia, PA: Wolters Kluwer Lippincott Williams & Wilkins.

Purpora, C., & Blegen, M. A. (2012). Horizontal violence and the quality and safety of patient care: A conceptual model. *Nursing Research and Practice.* Retrieved from http://www.hindawi.com/journals/nrp/2012/306948/

Randle, J., Stevenson, K., & Grayling, I. (2007). Reducing workplace bullying in healthcare organizations. *Nursing Standard, 21*(22), 49–56.

Read, E., & Laschinger, H. K. S. (2013). Correlates of new graduate nurses' experiences of workplace mistreatment. *Journal of Nursing Administration, 43*(4), 221–228.

Roberts, S. J. (1983). Oppressed group behavior: Implications for nursing. *Advances in Nursing Science, 5*(4), 21–30.

Rubio, D. M., Berg-Weger, M., Tebb, S. S., Lee, E. S., & Rauch, S. (2003). Objectifying content validity: Conducting a content validity study in social work research. *Social Work Research, 27*(2), 94–104.

Safe Work Australia. (2013). Preventing and responding to workplace bullying. Retrieved from http://www.safeworkaustralia.gov.au/sites/swa/model-whs-laws/public-comment/pages/whs-cop-bullying-comment

Sanders, C. L., Krugman, M., & Schloffman, D. H. (2013). Leading change to create a healthy and satisfying work environment. *Nursing Administration Quarterly, 37*(4), 346–355.

Sellers, K. F., Millenbach, L., Ward, K., & Scribani, M. (2012). The degree of horizontal violence in RNs practicing in New York State. *The Journal of Nursing Administration, 42*(10), 486–487.

SHARP Program. (2011). Workplace bullying and disruptive behavior: What everyone needs to know. Retrieved from http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf

Sheridan-Leos, N. (2008). Understanding lateral violence in nursing. *Clinical Journal of Oncology Nursing, 12*(3), 399–403.

Simons, S. R., & Mawn, B. (2010). Bullying in the workplace –A qualitative study of newly licensed registered nurses. *American Association of Occupational Health Nurses, 58*(7) 305–311.

Smith, L. M., Andrusyszyn, M. A., & Spence Laschinger, H. K. (2010). Effects of workplace incivility and empowerment on newly graduated nurses' organizational commitment. *Journal of Nursing Management, 18*, 1004–1015.

Spence Laschinger, H. K., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management, 17*, 302–311. doi: 10.1111/j.1365-2834.2009.00999.x

Spence Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduate nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies, 49*, 1266–1276.

Stagg, S. J., Sheridan, D., Jones, R. A., & Speroni, K. G. (2011). Evaluation of a workplace bullying cognitive rehearsal program in a hospital setting. *The Journal of Continuing Education in Nursing, 42*(9), 395–403.

Stanley, K. M., Martin, M. M., Michel, Y., Welton, J. M., & Nemeth, L. S. (2007). Examining lateral violence in the nursing workforce. *Issues in Metal Health Nursing, 28,* 1247 – 1265. doi: 10.1080/01612840701651470

Stevenson, K.., Randle, J., & Grayling, I. (2006). Inter-group conflict in health care: UK student's experiences of bullying and the need for organisational solutions. *Online Journal Issues in Nursing, 11*(2).

Studer, Q. (2009). *Straight A leadership: Alignment action accountability*. Gulf Breeze, FL: Fire Starter Publishing.

SurveyMonkey (2014). *Create surveys. Get answers*. Retrieved from https://www.surveymonkey.com/

Thomas, C. M. (2010). Teaching nursing students and newly registered nurses strategies to deal with violent behaviors in the professional practice environment. *The Journal of Continuing Education in Nursing, 14* (7), 299– 308. doi: 10.3928/00220124-20100401-09

Thomas, C. M., Bertram, E., & Allen, R. L. (2012). The transition from student to new registered nurse in professional practice. *Journal for Nurses in Staff Development, 28*(5), 243–249.

Vessey, J. A, Demarco, R. F., Gaffney, D. A., & Budin, W. C. (2009). Bullying of staff registered nurses in the workplace: A preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *Journal of Professional Nursing, 25*(5), 299–306.

Wilson, B. L., Diedrich, A., Phelps, C. L., & Choi, M. (2011). Bullies at work. *The Journal of Nursing Administration, 41*(11), 453–458.

Witkoski Stimpfel, A., Rosen, J. E., & McHugh, M. D. (2014). Understanding the role of the professional practice environment on quality of care in magnet and non-magnet hospitals. *Journal of Nursing Administration, 44*(1), 10–16.

World Health Organization (WHO). (2013). *Workplace violence.* Retrieved from http://www.who.int/violence_injury_prevention/injury/work9/en/

Yildirim, D. (2009). Bullying among nurses and its effects. *International Nursing Review, 56,* 504–511.

Appendix A

Literature Summary Table

Concept	Question	Reference
N/A	In the past 6 months, have you experienced or witnessed bullying in the workplace? If yes, please describe what you experienced or witnessed	N/A
Defining workplace bullying	What is your definition of workplace bullying? In your own words, describe the differences between workplace bullying, lateral/horizontal violence and incivility.	Barrett, A., Piatek, C., Korber, s., & Padula, C. (2009). Lessons learned from lateral violence and team-building intervention. *Nursing Administration Quarterly, 33*(4), 342–351. Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2011). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44*(1), 80–87. doi: 10.1111/j.1547-5069.2011.01426.x Bullying Statistics. (2009). *Workplace bullying*. Retrieved from http://www.bullyingstatistics.org/content/workplace-bullying.html Chipps, E. M., & McRury, M. (2012). The development of an educational intervention to address workplace bullying. *Journal for Nurses in Staff Development, 28*(3), 94–98. Clark, C. M., Olender, L., Kenski, D., & Cardoni, C. (2013). Exploring and addressing faculty to faculty incivility: A national perspective and literature review. *Journal of Nursing Education, 52*(4), 211–218.

		Cowan, R. L. (2011). "Yes, we have an anti-bullying policy, but…:" HR professionals understandings and experiences with workplace bullying policy. *Communication Studies, 62*(3), 307–327. Ditmer, D. (2010). A safe environment for nurses and patients: Halting horizontal violence. *Journal of Nursing Regulation, 1*(3), 9–14. Gaffney, D. A., DeMarco, R. F., Hofmeyer, A. Vessey, J. A., & Budin, W. C. (2012). Making things right: Nurses' experiences with workplace bullying – A grounded theory. *Nursing Research and Practice*. doi: 10.1155/2012/243210 Hutton, S., & Gates, D. (2008). Workplace incivility and productivity losses among direct care staff. *American Association of Occupational Health Nurses, 56*(4), 168–175. Lachman, V. D. (2014). Ethical issues in the disruptive behaviors of incivility, bullying, and horizontal/lateral violence. *MEDSURG Nursing, 23*(1), 56 – 60. Magnavita, N., & Heponiemi, T. (2011). Workplace violence against nursing student and nurses: An Italian experience. *Journal of Nursing Scholarship, 43*(2), 203 –200. McNamara, S. A. (2012). Incivility in nursing: Unsafe nurse, unsafe patients. *American Association of Perioperative Nurses, 95*(4), 535–540. doi: 10.1016/j.aorn.2012.01.020 Simons, S. R., & Mawn, B. (2010). Bullying in the workplace –A qualitative study of newly licensed registered nurses. *American Association of Occupational Health Nurses, 58*(7) 305–311. Smith, L. M., Andrusyszyn, M. A., & Spence Laschinger, H. K. (2010). Effects of workplace incivility and empowerment on newly graduated nurses' organizational commitment. *Journal of Nursing Management, 18,* 1004–1015.

		Spence Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduate nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies, 49*, 1266–1276. Stanley, K. M., Martin, M. M., Michel, Y., Welton, J. M., & Nemeth, L. S. (2007). Examining lateral violence in the nursing workforce. *Issues in Metal Health Nursing*, 28, 1247 – 1265. doi: 10.1080/01612840701651470 Stevenson, K.., Randle, J., & Grayling, I. (2006). Inter-group conflict health care: UK student's experiences of bullying and the need for organisational solutions. *Online Journal Issues in Nursing, 11* (2).
Identifying the types of workplace bullying	There are two types of workplace bullying. Please list the two types. Of the two types of workplace bullying you listed above, please describe one behavior seen in each.	Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2011). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44*(1), 80–87. doi: 10.1111/j.1547-5069.2011.01426.x Chipps, E. M., & McRury, M. (2012). The development of an educational intervention to address workplace bullying. *Journal for Nurses in Staff Development, 28*(3), 94–98. Christmas, K. (2007). Workplace abuse: Finding solutions. *Nursing Economic$, 25*(6), 365–367. Dilek, Y., & Yildrium, A. (2008). Development and psychometric evaluation of workplace psychologically violent behaviors instrument. *Journal of Clinical Nursing,* 17, 1361– 1370. Embree, J. L. & White, A. H. (2010). Concept analysis: Nurse-to-nurse lateral violence. *Nursing Forum, 45*(3), 166–173. Hutchinson, M., Jackson, D., Wilkes, L., & Vickers, M. H. (2008). A new model of bullying in nursing workplace: Organisational characteristics as critical antecedents. *Advances in Nursing Science,* 31, E6-E71. Khadjehturian, R. E. (2012). Stopping the culture of workplace incivility in nursing. *Clinical Journal of Oncology Nursing, 16*(6), 638–639.

		Lachman, V. D. (2014). Ethical issues in the disruptive behaviors of incivility, bullying, and horizontal/lateral violence. *MedSurg Nursing, 23*(1), 56 – 60. Lutgen-Sandvik, P., Tracy, S. J., & Alberts, J. K. (2007). Burned by bullying in the American workplace: Prevalence, perception, degree and impact. *Journal of Management Studies, 44*, 837–862. McNamara, S. A. (2012). Incivility in nursing: Unsafe nurse, unsafe patients. *American Association of Perioperative Nurses, 95*(4), 535–540. doi: 10.1016/j.aorn.2012.01.020 Thomas, C. M. (2010). Teaching nursing students and newly registered nurses' strategies to deal with violent behaviors in the professional practice environment. *The Journal of Continuing in Nursing, 14* (7), 299– 08. doi: 10.3928/00220124-20100401-09
Preventing workplace bullying	Do you believe that workplace bullying can be prevented? If yes, please describe two ways you can help prevent workplace bullying.	American Academy of Medical-Surgical Nurses. (n. d.). Healthy work environment advocacy guide: Workplace bullying and lateral violence among nurses. Retrieved from http://www.amsn.org/sites/default/files/documents/practice-resources/healthy-work-environment/AMSN-Staffing-Issues.pdf Becher, J., & Visovsky, C. (2012). Horizontal violence in nursing. *MedSurg Nursing, 21*(4), 210–232. Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2011). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44*(1), 80–87. doi: 10.1111/j.1547-5069.2011.01426.x Ditmer, D. (2010). A safe environment for nurses and patients: Halting horizontal violence. *Journal of Nursing Regulation, 1*(3), 9–14. Felblinger, D. M. (2008). Incivility and bullying in the workplace and nurses' same responses. *JOGNN*, 37, 234–242. doi: 10.1111/j.1552-6909.2008.00227.x

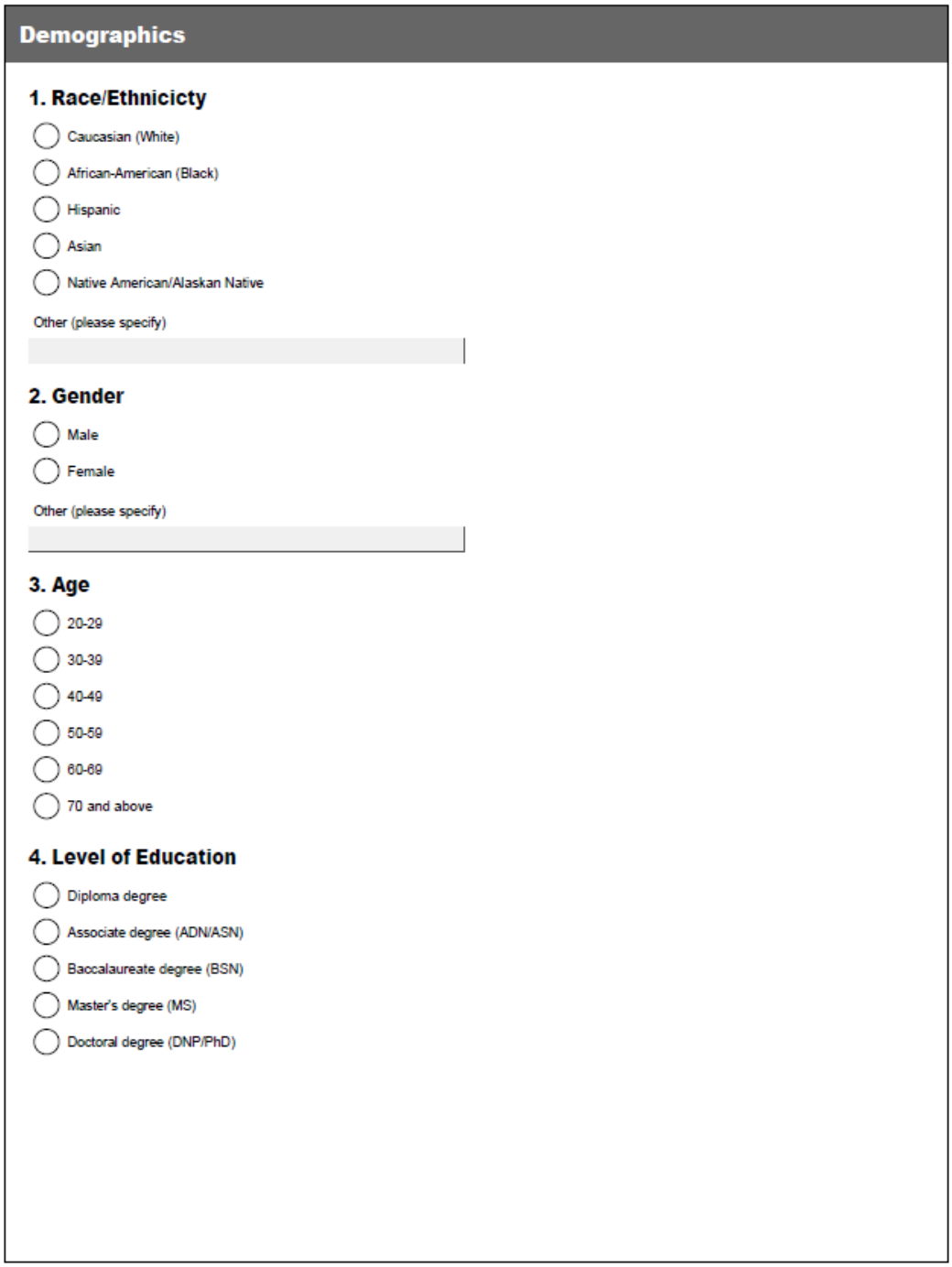
		Government of Australia. (2005). Preventing workplace bullying: A practical guide for employers. Retrieved from http://www.stopbullyingsa.com.au/documents/bullying_employers.pdf Hutchinson, M. (2009). Restorative approached to workplace bullying: Educating nurses towards shared responsibility. *Contemporary Nurse, 32*(1-2), 147–155. Khadjehturian, R. E. (2012). Stopping the culture of workplace incivility in nursing. *Clinical Journal of Oncology Nursing, 16*(6), 638–639. McNamara, S. A. (2012). Incivility in nursing: Unsafe nurse, unsafe patients. *American Association of Perioperative Nurses, 95*(4), 535–540. doi: 10.1016/j.aorn.2012.01.020 Safe Work Australia. (2013)/ Preventing and responding to workplace bullying. Retrieved from http://www.safeworkaustralia.gov.au/sites/swa/model-whs-laws/public-comment/pages/whs-cop-bullying-comment Smith, L. M., Andrusyszyn, M. A., & Spence Laschinger, H. K. (2010). Effects of workplace incivility and empowerment on newly graduated nurses' organizational commitment. *Journal of Nursing Management, 18,* 1004–1015. Spence Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduate nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies, 49,* 1266–1276.
Controlling/deescalating workplace bullying situations	If faced with a bullying situation in your workplace, would you know how to control/deesca	Becher, J., & Visovsky, C. (2012). Horizontal violence in nursing. *MedSurg Nursing, 21*(4), 210–232. Grenyer, B., Ilkiw-Lavalle, O., Diro, P., Middleby-Clements, J., Comninos, A., & Coleman, M. (2004). Safer at work: Development and evaluation of an aggression and violence minimization program. *Australian and New Zealand Journal of Psychiatry, 38,* 804 – 810.

	late the situation? If yes, please describe what you would do to control/deescalate the situation. If you witness your co-worker being bullied by another co-worker, would it be your responsibility to intervene? If yes, please describe what you would do to intervene.	Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing, 35*, 257 – 263. Hutchinson, M. (2009). Restorative approached to workplace bullying: Educating nurses towards shared responsibility. *Contemporary Nurse, 32*(1-2), 147–155. Khadjehturian, R. E. (2012). Stopping the culture of workplace incivility in nursing. *Clinical Journal of Oncology Nursing, 16*(6), 638–639. Longo, J., & Sherman, R. (2007). Levelling horizontal violence. *Nursing Management, 38*, 34–37. McNamara, S. A. (2012). Incivility in nursing: Unsafe nurse, unsafe patients. *American Association of Perioperative Nurses, 95*(4), 535–540. doi: 10.1016/j.aorn.2012.01.020
Reporting workplace bullying	Would you feel comfortable reporting workplace bullying? To whom would you directly report an incident of workplace bullying? Describe what you would need to state/write when reporting	American Academy of Medical-Surgical Nurses. (n. d.). Healthy work environment advocacy guide: Workplace bullying and lateral violence among nurses. Retrieved from http://www.amsn.org/sites/default/files/documents/practice-resources/healthy-work-environment/AMSN-Staffing-Issues.pdf Becher, J., & Visovsky, C. (2012). Horizontal violence in nursing. *MedSurg Nursing, 21*(4), 210–232. Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2011). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44*(1), 80–87. doi: 10.1111/j.1547-5069.2011.01426.x Christmas, K. (2007). Workplace abuse: Finding solutions. *Nursing Economic$, 25*(6), 365–367.

	workplace bullying.	Ferns, T., & Meerabeau, E. (2009). Reporting behaviours of nursing students who have experienced verbal abuse. *Journal of Advanced Nursing, 65*(12), 2678 – 2688. Khadjehturian, R. E. (2012). Stopping the culture of workplace incivility in nursing. *Clinical Journal of Oncology Nursing, 16*(6), 638–639. McNamara, S. A. (2012). Incivility in nursing: Unsafe nurse, unsafe patients. *American Association of Perioperative Nurses, 95*(4), 535–540. doi: 10.1016/j.aorn.2012.01.020 SHARP Program. (2011). Workplace bullying and disruptive behavior: What everyone needs to know. Retrieved from http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf

Appendix B

Self-Assessment Survey



Demographics

1. Race/Ethnicicty

- ◯ Caucasian (White)
- ◯ African-American (Black)
- ◯ Hispanic
- ◯ Asian
- ◯ Native American/Alaskan Native

Other (please specify)

2. Gender

- ◯ Male
- ◯ Female

Other (please specify)

3. Age

- ◯ 20-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ 60-69
- ◯ 70 and above

4. Level of Education

- ◯ Diploma degree
- ◯ Associate degree (ADN/ASN)
- ◯ Baccalaureate degree (BSN)
- ◯ Master's degree (MS)
- ◯ Doctoral degree (DNP/PhD)

5. How long have you practiced as a registered nurse?

- ◯ 0 - 6 months
- ◯ 7 months - 1 year
- ◯ 2 - 5 years
- ◯ 6 - 10 years
- ◯ 11 - 20 years
- ◯ 21 - 30 years
- ◯ 31 plus

Self-Assessment Questions About Bullying

6. In the past six months, have you experienced or witnessed bullying in your workplace?

- ◯ Yes
- ◯ No

7. If yes, please describe what you experienced or witnessed.

8. In your own words, describe the differences between workplace bullying, lateral/horizontal violence and incivility.

9. There are two types of workplace bullying. Please list the two types.

10. Of the two types of workplace bullying you listed above, please describe one behavior seen in each.

11. Do you believe workplace bullying can be prevented?

- ◯ Yes
- ◯ No
- ◯ Unsure

12. If yes, please describe two ways you can help prevent workplace bullying.

13. If faced with a bullying situation in your workplace, would you know how to control or deescalate the situation?

- ◯ Yes
- ◯ No
- ◯ Unsure

14. If yes, please describe what you would do to control or deescalate the situation.

15. If you witness your co-worker being bullied by another co-worker, would it be your responsibility to intervene?

- ◯ Yes
- ◯ No
- ◯ Unsure

16. If yes, please describe what you would do to intervene.

17. Would you feel comfortable reporting workplace bullying?

- ◯ Yes
- ◯ No
- ◯ Unsure

18. To whom would you directly report an incident of workplace bullying?

19. Describe what you would need to state/write when reporting workplace bullying.

20. Is there anything else you would like to tell us about workplace bullying?

Appendix C

Study Information Sheet

This page will provide you with information about the self-assessment before you continue to the questions.

My name is Jerrihlyn L. McGee, and I am a Doctor of Nursing Practice (DNP) student in the Organizational Leadership track at the University of Kansas School of Nursing. To complete my doctoral studies, I must conduct a doctoral capstone project. I am inviting you, as a registered nurse (RN), to participate in an anonymous online survey about workplace bullying. I would like to find out what you know about managing bullying in the workplace. Dr. Lisa M. Fink Ogawa is my capstone chair, and will be assisting me with this project.

The specific aim of this doctoral capstone project is to assess nurses' baseline knowledge about workplace bullying and use the results of the self-assessment to develop a workplace bullying management quick reference card.

This is an online questionnaire with a total of four closed-ended and ten open-ended questions through SurveyMonkey. This survey should take approximately 20 minutes of your time.

At any time, you may change your mind about participating in the study and stop the survey. There is no penalty for stopping the survey early or not answering all of the questions. There may be no direct benefit from participating in this study. Information from this study will be used to understand what you know about workplace bullying. In addition, the results of the questionnaire will be used to develop a learning tool. There is no cost or payment associated with participation in this online survey other than your time.

Only aggregate (combined) data will be displayed as educational materials for public presentations and papers that address the topics of workplace bullying. Participating in this project is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early. The survey is anonymous, and your survey answers will be kept confidential and locked in an office.

By filling out the demographics (age, gender, race, etc.) and survey questions (14), we consider this consent to participate in the project. If you decide to opt out of the survey, you may stop and exit at any time.

If you have questions you may contact me at the following address:

Jerrihlyn L. McGee, RN, MSN
Mail Stop 4043
3901 Rainbow Blvd.
Kansas City, KS 66160
jmcgee@kumc.edu

Lisa M. Fink Ogawa, PhD, RN, CNE
Mail Stop 4043
3901 Rainbow Blvd.
Kansas City, KS 66160
logawa@kumc.edu

Link to SurveyMonkey online questionnaire:

Appendix D

KUMC IRB Approval Letter

The University of Kansas Medical Center

Human Research Protection Program

APPROVAL OF PROTOCOL

June 2, 2014

Lisa Ogawa
913-588-1684
logawa@kumc.edu

Dear Lisa Ogawa:

On 6/2/2014, the IRB reviewed the following submission:

Type of Review:	Initial Study
IRB#:	STUDY00001200
Title:	Managing Workplace Bullying: A Baseline Assessment of Nurses' Knowledge
Investigator:	Lisa Ogawa
Funding:	None
Exemption Category:	(2) Tests, surveys, interviews, or observation
Documents submitted for the above review:	• Protocol • IRB Exempt Form • TMC HIPPA privacy form • Self-Assessment • Study Information Sheet • Recruitment Flyer • Scientific Merit and Administrative Certification

The IRB approved the study as of 6/2/2014. In conducting this protocol, you are required to follow the requirements and Standard Operating Procedures posted on our website at: http://www.kumc.edu/compliance/human-research-protection-program/institutional-review-board.html

Sincerely,

Karen Blackwell

Mail-Stop 1032, 3901 Rainbow Blvd., Kansas City, KS 66160
Phone: (913) 588-1240 Fax: (913) 588-5771 humansubjects@kumc.edu

Appendix E

Learning Tool

Front of card:

Managing Workplace Bullying

I – C P R

Back of card:

I (Identify)	• Workplace bullying - prolong, repeated hostile behavior towards a target • Horizontal/lateral violence – unkind, discourteous behaviors between same level co-workers (can happen one time, and to different people) • Incivility – low-intensity, rude or inconsiderate conduct (can happen one time, and to different people) o Direct (obvious) – belittling, controlling or preventing an act, hostile behavior, interrupting conversation, power play, pressuring/threatening/coercing, roughness/striking, throwing/slamming an object, uncooperative behavior, and yelling o Indirect (concealed) – ignoring, gossiping, ostracizing someone from activities or conversation, rolling eyes, sabotaging, sighing/groaning, using someone as a scapegoat and withholding information
C (Control)	Mediate immediately, call for help if needed, tell the bully calmly their behavior is not acceptable, walk away, get victim to a safe place, report
P (Prevent)	Get adequate training to ensure you're competent to provide safe effective care, review policies, do not participate, support co-workers, report
R (Report)	Report to direct supervisor immediately: date, time, place, who was involved and what happened. Keep your own log, follow-up with direct supervisor regarding next steps. If bullying continues after reporting to direct supervisor, or if nothing is done, or if the bully happens to be the manager, report to upper management and/or human resources

Table 1. Nurse Demographics

Characteristics	No.	(%)
Gender		
Male	1	2%
Female	58	98%
Age		
20 – 29	22	37%
30 – 39	13	22%
40 – 49	11	19%
50 – 59	8	14%
60 – 69	5	8%
70 plus	0	0%
Race		
Caucasian (White)	37	62%
African-American (Black)	8	13%
Hispanic	5	8%
Asian	7	12%
Native American	0	0%
Other	3	5%
Level of education		
Diploma	4	7%
Associate	16	28%
Baccalaureate	34	60%
Masters	3	5%
Doctorate	0	0%
Years of experience		
0 – 6 mos.	6	10%
7 mos. – 1 yr.	11	19%
2 – 5 yrs.	21	36%
6 – 10 yrs.	8	14%
11 – 20 yrs.	4	5%
21 – 30 yrs.	3	5%
31 plus	5	9%

Table 2. Descriptive Quantitative Results for Closed-ended Questions

Question		*n*	# Yes (%)	# No (%)	# Unsure (%)
Q6	In the past six months, have you experienced or witnessed bullying in your workplace?	40	12 (30%)	28 (70%)	0 (0%)
Q11	Do you believe workplace bullying can be prevented?	40	32 (80%)	3 (8%)	5 (13%)
Q13	If faced with a bullying situation in your workplace, would you know how to control or deescalate the situation?	40	25 (63%)	4 (10%)	11 (28%)
Q15	If you witness your coworker being bullied by another coworker, would it be your responsibility to intervene?	39	30 (70%)	5 (13%)	4 (10%)
Q17	Would you feel comfortable reporting workplace bullying?	39	29 (74%)	4 (10%)	6 (15%)

Table 3. Descriptive Qualitative Results for Open-ended Questions

Question		*n*	# Correct (%)	# Partially Correct (%)	# Incorrect (%)
Q7	If yes, please describe what you experienced or witnessed.	12	N/A	N/A	N/A
Q8	In your own words, describe the differences between workplace bullying, lateral/horizontal violence and incivility.	28	0 (0%)	12 (43%)	16 (57%)
Q9	There are two types of workplace bullying. Please list the two types.	27	1 (4%)	1 (4%)	25 (93%)
Q10	Of the two types of workplace bullying you listed above, please describe one behavior seen in each.	23	2 (9%)	14 (61%)	7 (30%)
Q12	If yes, please describe two ways you can help prevent workplace bullying.	31	26 (84%)	5 (16%)	0 (0%)
Q14	If yes, please describe what you would do to control or deescalate the situation.	25	17 (68%)	5 (20%)	3 (12%)
Q16	If yes, please describe what you would do to intervene.	28	23 (82%)	4 (14%)	1 (4%)

Table 3. Descriptive Qualitative Results for Open-ended Questions (continued)

Question		*n*	# Correct (%)	# Partially Correct (%)	# Incorrect (%)
Q18	To whom would you directly report an incident of workplace bullying?	36	28 (78%)	7 (19%)	1 (3%)
Q19	Describe what you would need to state/write when reporting workplace bullying.	36	28 (78%)	7 (19%)	1 (3%)
Q20	Is there anything else you would like to tell us about workplace bullying?	20	N/A	N/A	N/A