

Victoria Bihler, BSN, RN, CCRN  
 Principle Investigator: Dr. Judith Barberio, PhD, APN-BC  
 Team Member: Dr. Jeanette Manchester, DNP, RN

## Introduction

Approximately one third of newly-licensed Registered Nurses (NLRN), defined as having less than one year of experience, encounter acts of workplace bullying and harassment against them in their roles. 63% of these NLRN's report that acts of bullying are performed by their own senior nursing colleagues. Nurse-on-nurse bullying and hostility may be attributed to the fast-pace, high-stress environment in which they work, however, it creates a negative workplace environment and can even affect an NLRN's ability to optimally perform and succeed within their new roles (Al-Ghabeesh & Qattom, 2019).

## Background and Significance

Workplace bullying amongst Registered Nurses include acts of both **overt and covert** bullying, which both create hostile work environments.

- **Overt Bullying:** outward and deliberate acts such as verbal and physical attacks, threats, defamation
- **Covert bullying:** gossiping, creating unfair assignments, withholding information and support (Thompson & George, 2016).

Hostile work environment for NLRN's due to bullying

Lack of confidence in their abilities as a Nurse

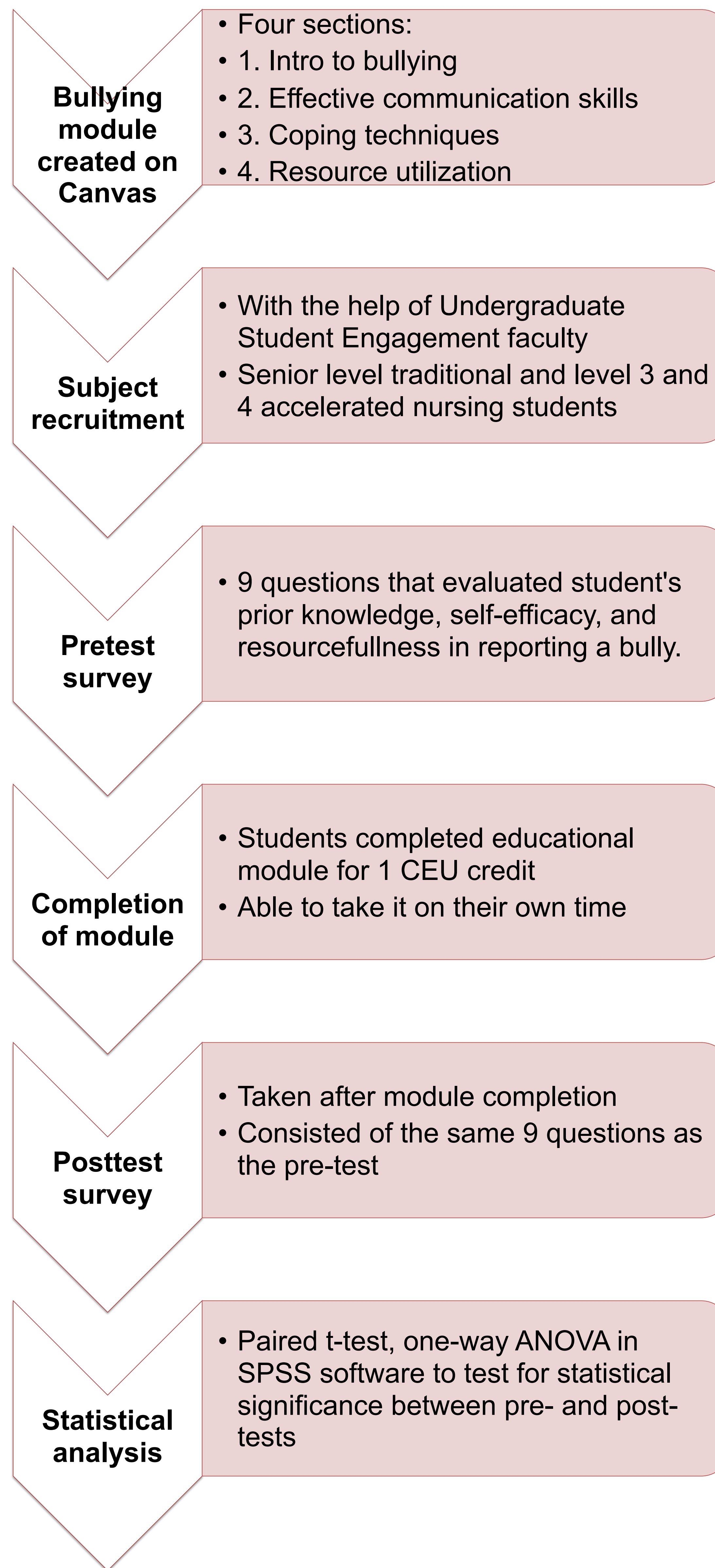
High RN turnover rates

Financial burden to medical center

Need for NLRN education on workplace bullying to minimize its negative affects

(Vogelphohl, Rice, Edwards & Bork, 2013).

## Methodology

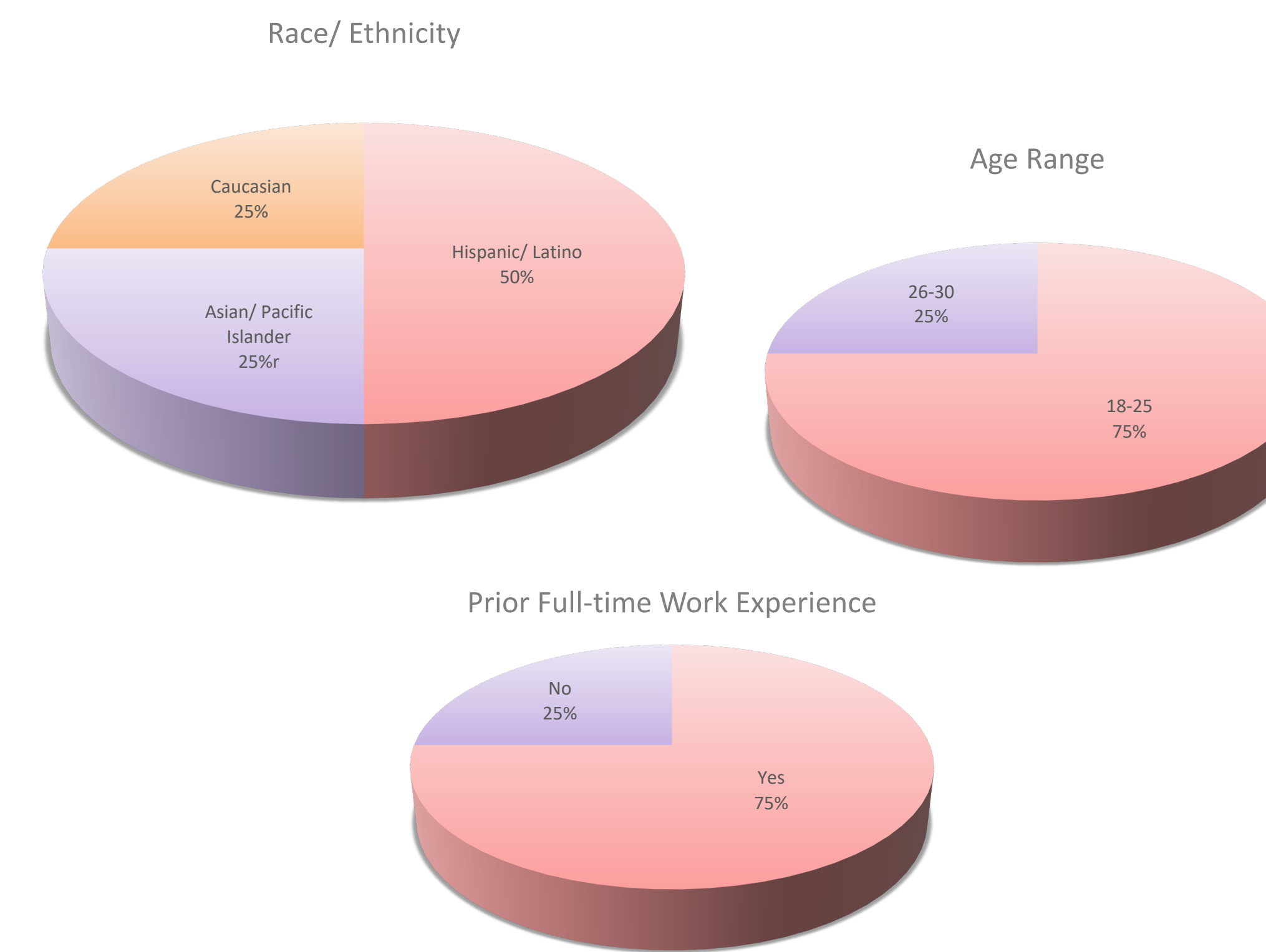


## Anticipated Results

Anticipated findings include increased levels of knowledge, self-efficacy and resourcefulness in managing instances of workplace bullying amongst undergraduate nursing students prior to beginning their careers as NLRN's.

## Results

### Participant Demographics:



### Survey Results:

	Survey Score Sums	
	Pre-test	Post-test
Student 1	30	43
Student 2	27	30
Student 3	31	34
Student 4	37	35

**n=4.** The mean pretest score in the sample was 31.25 and the mean posttest score increased to 35.500. A paired t-test showed that this difference was not statistically significant at an alpha of 0.05 ( $t = 1.351$ ;  $p = 0.270$ ). When analyzing results using one-way ANOVA, there was no statistically significant difference in mean pretest scores ( $F = 0.965$ ;  $p = 0.584$ ) or post-test scores ( $F = 88.5$ ;  $p = 0.075$ ) at an alpha of 0.05 when analyzing the sample by race. The highest mean pre-test score came from the Hispanic race (mean score 34). The largest difference in pre versus post test scores was noted in the participant with no prior full-time work experience. There was no difference in pre versus post test scores when evaluating age.

## Discussion

Pre-test results were higher than expected, creating a narrower margin between pre-tests and post-test. This contributed to a lack of statistical significance when comparing pre- and post-test scores. However, overall, mean scores on post tests were higher than mean scores on the pretest, indicating that students had increases in knowledge, self-efficacy and resourcefulness in reporting acts of workplace bullying in comparison to prior to taking the educational workshop. As noted, Hispanic/ Latino women reported higher levels of knowledge on the topic, which could indicate that they have prior experience with workplace bullying. The differences found when comparing surveys by race may call for future targeted studies that evaluates responses to workplace bullying educational intervention as it pertains to specific racial groups. This study lacks statistical power due to a small sample size of 4. Results from the study only reflect the participants, not undergraduate nursing students.

## Implications

Workplace bullying educational programs for undergraduate/ new nurses may be implemented in both academic course curriculums and medical center orientation programs for new-hire RN's. Providing NLRN's with higher levels of knowledge, self-efficacy and resourcefulness in managing instances of workplace bully against them may have positive impacts on the nurse, the patient, and healthcare system as whole by increasing their confidence as a provider and potentially minimizing new RN turnover rates.

## References

Al-Ghabeesh, S., & Qattom, H. (2019). Workplace bullying and its preventive measures and productivity among emergency department nurses. (Report). BMC Health Services Research, 19(1), 1-9. <https://doi.org/10.1186/s12913-019-4268-x>

Thompson, R., & George, L. E. (2016). Preparing new nurses to address bullying: The effect of an online educational module on learner self-efficacy. MEDSURG Nursing, 25(6), 412-416, 432.

Vogelphohl, D., Rice, S., Edwards, M., & Bork, C. (2013). New graduate nurses' perception of the workplace: Have they experienced bullying? Journal of Professional Nursing, 29(6), 414-422. Retrieved from <http://search.proquest.com/docview/1476263990?pq-origsite=primo>

