Healthy Workforce Initiative Workshop Evaluation

Social Research Lab at the University of Northern Colorado

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The *Social Research Lab* (SRL) of the *University of Northern Colorado* prepared this report at the request of *Renee Thompson-Healthy Workforce Initiative*. All identifying information has been removed and identified data is stored securely at the SRL only. The SRL is dedicated to assisting individuals and organizations in all stages of data collection and analysis.

Any questions about this report and/or inquiries about specific data should be directed to Executive Director Josh Packard at *josh.packard@unco.edu* or *970-351-3385*.

Executive Summary

Overview

The following report provides a summary of the findings from the Healthy Workforce Initiative Workshop evaluation, which includes a review of literature concerning bullying in the nursing field, a validation of Renee's scale items, and a qualitative analysis of 15 interviews from participants of the Healthy Workforce Initiative (HWI) workshops. The literature review provides empirical support for the HWI scale. The scale validation of the pre and post-tests prompted clarification of the tool and recommendations for future questions. The interviews assess the effectiveness of the workshops. The qualitative analysis also highlights participants' perceptions as well as helps provide future recommendations.

This report is broken down into five primary sections: Executive Summary, Literature Review, Factor Analysis, Findings, and Appendices. The Findings section of this report is divided into six sub-sections organized thematically. Appendices are divided into three sub-sections. The Appendices include suggestions for a modified survey tool based on scientific literature addressing nurse bullying in the workplace, Factor Analysis tables for the HWI assessment tool, and works cited for the literature review.

How to Read this Report

The Findings section of this report summarizes all of the qualitative data collected from the interviews. Findings are organized thematically, based on the objectives defined by the client. The qualitative responses section includes content from the semi-structured interviews.

Interviews were 30 minutes long, on average, and were transcribed through a transcription software system. Transcripts were exported to Excel for coding. Themes were determined through a coding system that identified the most frequent responses. Based off of the structured codebook that was produced, research analysts highlighted quotes that were illustrative of the themes found. Quotes are included to provide rich examples of the themes. All data is aggregated in a separate set of documents. Roles, identifying information, and indicators of status were removed from quotes to protect participants' anonymity. Quotes are lightly edited for grammar and punctuation.

Objectives

The following objectives were defined by the Healthy Workforce Initiative and sent to the *Social Research Lab* during the development of the project scope. The literature review gives an empirical background to strengthen Renee Thompson's objectives, and a scale validation was performed to assess the dependability of the variables from HWI's assessment on bullying behavior to support the objectives. The interview guide was created to address the objectives that HWI and the SRL created. The interview guide contained multiple questions to assess each objective. The recommendations and highlights, as well as the findings section, are organized by the objectives.

Obj. 1	Assess participants' ability to define different forms of bullying behavior in the workplace post workshops.
Obj. 2	Assess major skills learned from the workshops.
Obj. 3	Assess participants' ability to maintain skills after the workshops.
Obj. 4	Identify challenges during and after HWI's workshops.
Obj. 5	Identify recommendations for HWI's workshops.
Obj. 6	Assess participant perceptions of HWI's workshops rapport.

Literature Review

Introduction

The Social Research Lab validated Renee Thompson's core principles by examining literature about scientific research conducted on workplace bullying in the nursing practice and by utilizing the existing data provided by Renee Thompson from the Healthy Workforce Initiative. A thorough review of the literature helps to situate Thompson's knowledge and validate it within the current research.

HWI has created an assessment addressing specific bullying behavior, which are:

- Being yelled at, criticized, or cursed at in front of others
- Being mocked or having a nurse roll his/her eyes
- Receiving an uneven workload assignment, seemingly based on favoritism
- Having a co-worker break confidence by sharing private or embarrassing information
- Having a co-worker withhold information, leading to a negative impact on performance
- Being excluded by certain nurses from routine lunches, celebratory, or social events
- Having accomplishments downplayed, such as awards, advance degrees
- Being ignored or given the silent treatment by certain nurses
- Seeing nurses treated nicely to their faces but mocked or insulted behind their backs
- Hearing nurses name calling, making ethnic slurs, jokes, or inappropriate sexual comments
- Being micromanaged and repeatedly reminded of your mistakes
- Being the target of gossip or false rumors
- Receiving threats of physical violence
- Being retaliated against for speaking up or not following the crowd
- Being made to feel stupid or incompetent

The categories defined in the HWI assessment have been highlighted throughout the current literature about bullying in the nursing practice. There is an extensive amount of scientific research that has analyzed bullying in the nursing practice for the past twenty years, with many experts concerned with the long-term effects that may arise. The literature below scientifically validates HWI's assessment of the 15 bullying behaviors outlined above and also provides an analysis of the consequences of bullying to the nursing practice.

The current literature on bullying in the nursing practice aims to define workplace bullying. A general definition of workplace bullying identifies that it is generally "humiliating, intimidating, threatening, or demeaning" to an individual or group and is repeated behavior (Cleary, Hunt, and Horsfall 2010). All fifteen of the HWI bullying behavior categories fall under the general workplace bullying definition. In addition to repeated negative actions towards a person or group, bullying tends to escalate over time and the person

being targeted is not able to protect or defend themselves against the behavior due to larger structures in place (Cleary et al. 2010; Johnson 2019).

Forms of bullying in the nursing practice

Renee Thompson has both defined the characteristics of bullying in nursing and defined the difference between bullying and hazing in Dr. Renee Thompson's *Series on Nursing Bullying Vol. 2*. Similarly, some of the current literature has also defined the difference between hazing and bullying. One-time initiations into the nursing profession are not seen as bullying, but rather hazing, because of the lack of patterned behavior (Cleary et al. 2010).

Similar to Renee's findings, Cleary et al. (2010) defined both hazing and bullying as separate entities to better understand bullying patterns. **Bullying is not an exclusive act like hazing, and while hazing aims at including new nurses into the new workplace, bullying aims at excluding new nurses through patterned actions and behavior** (Clearly et al. 2010; Ion, Smith, Nimmo, Rice, and McMillan 2015). The current literature creates clear lines between what is and is not considered bullying behavior, equipping professionals to analyze the behavior and create and implement solutions for the nursing industry.

The literature also indicated that workplace bullying may occur as horizontal violence, which means between nursing peers in similar or same position types, or between different hierarchical levels (Cleary et al. 2010, Granstra 2015, Wallace and Tucker 2019). **The 15 categories identify either horizontal nursing violence, like being excluded and being ignored, or hierarchal violence, like unfair workload, being micromanaged, or being afraid of retaliation for speaking out.** Horizontal violence in the nursing practice is a relevant and highly discussed topic for concern in higher education with nursing practices as well as a concern for the industry as a whole.

Specifically, current literature analyzes the difference between horizontal bullying and behaviors and structural systems in place that are viewed as not bullying. Some examples of normal workplace behavior would include staff training, constructive feedback, performance management issues, and safe workplace practices (Ganstra 2015). None of the fifteen bullying behaviors assessed through HWI indicate normal workplace practice and highlight either horizontal bullying or hierarchal bullying (Johnson 2019). Another prominent concern in the current literature is using performance review as an excuse to bully other nurses in the field. Research indicates that many individuals do not self-define as a bully or as someone who has bullying behavior (Johnson 2018). **Being able to identify the negative behavior is the first step to targeting and eradicating the phenomenon of bullying within the nursing practice.**

Although workplace bullying differs from normal work behavior, some researchers heavily encourage educators and staff to teach those in the nursing field the difference between healthy behavior and bullying behavior. Johnson found through a qualitative study that bullying behavior may be masked underneath normal behavior practices (2019). Through qualitative and quantitative findings, nurses have suggested that biased behavior manifests through workplace behavior, workplace bullying has become immersive in the nursing field, and bullying tactics are disguised as constructive feedback from coworkers and supervisors (Johnson 2019; Hutchinson, Vickers, Jackson, and Wilkes 2006). The research indicates

that defining workplace bullying and strategically deconstructing bullying behavior is necessary to combat workplace bullying. Some literature proposes that the hierarchal system of the nursing field has created the common phenomenon of bullying behavior (Ganstra 2015; Cleary et al. 2010; Castronovo, Pullizzi, and Evans 2016). **The literature recommends to first define as a profession what constitutes as workplace bullying, categorize it under horizontal bullying or hierarchal bullying, and then create long-term sustainable solutions** (Birks, Budden, Biedermann, Park, and Chapman 2018).

Defining bullying behavior

The literature gives a general definition of workplace bullying, as discussed previously, yet many researchers expand on the different forms of workplace bullying. Some traits of workplace bullying that are both signs of hierarchical and horizontal are: being given an unmanageable workload, being ignored or excluded, having rumors spread about a specific individual, being assigned work below your ability, having your professional insights ignored, have information necessary for your position withheld, being given impossible deadlines, and being humiliated about your work (Cleary et al. 2010; Ganz, Levy, Khalaila, Arad, Bennarich, Kolpack, Drori, Benbinishty, Raanan 2015). **Many similar workplace bullying traits that have been defined in multiple literature sources parallel the fifteen categories of the behavior assessment given by HWI.**

Similarly, Spence et al. (2010) define bullying behaviors such as: being subjected to social isolation, exclusion, their work being devalued or criticized, being threatened, being the victim of derogatory remarks, being talked about behind their back, as well as other negative behavior aimed at tearing down or wearing out the person it is targeting. The bullying can manifest from a person or a group and aims at ostracizing and humiliating the person (Spence et al. 2010). Although framed in different language, bullying behavior has been defined in similar terms to HWI's bullying behavior assessment.

Other research has also found that bullying behavior such as being belittled or deprived of resources, has prevented those being bullied from claiming their rights (Yildirim 2009). The inability to claim rights may over time effect the nurse's willingness to report the type of behavior, causing low reporting rates (Allen, Holland, and Reynolds 2015). In Renee's *Series of Nursing Bullying,* the act of naming the behavior, documenting, and speaking up, is imperative to ending the cycle of bullying. Based off of previous research, bullying is underreported in the nursing field (Keller, Krainovich-Miller, Budin, and Djukic 2018). **Renee's strategy for naming the behavior and documenting are imperative to the reporting process, and as research has found, it is necessary to report bullying in the nursing field** (Cleary 2010).

Although bullying in the nursing field is a prevalent point of discussion within the practice, the unhealthy behaviors that are ongoing within hospitals and places of practice emphasize that more action is necessary to create long term solutions. The research indicates that a main area of concern is the underreporting that occurs with nurses in regard to bullying (Cleary 2010). In a large national quantitative study, a majority of nurses indicated that they have experienced or witnessed bullying, but the data does not reflect the number of nurses that make official reports (Randle 2003).

It is possible that the inconsistencies lie within the ways bullying is measured, the inconsistent research methods, and absence of longitudinal studies (Cleary 2010). **Because of potential concerns about research collection on bullying in the nursing practice, it is important to stay consistent with defining bullying and maintaining an assessment format**. It is also apparent that more action-based planning for long term solutions is necessary to combat the amount of bullying within the nursing field (Johnson 2019; Allen et al. 2015).

Institutional factors

Current literature not only defines workplace bullying but discusses the negative consequences that emerge from it. There are both physical and psychological effects that occur for the individual nurse being bullied (Allen et al. 2015). Data has shown that the consequences of bullying can range from stress, headaches, anxiety, post-traumatic stress disorder, fatigue and burnout (Laschinger, Spence, Grau, Finegan, and Wilk 2010). The negative psychological and physical effects on individual nurses can lead to negative effects for the greater workplace. Due to the adverse effects of bullying, nurses are more likely to quit their positions, have higher rates of absenteeism, create decreased staff morale, and lose productivity (Cleary 2010, Laschinger et al. 2010). **The individual consequences of bullying ultimately cost the place of practice financially due to loss of productivity and high turnover rates** (Ganz, Levy, Khalaila, Arad, Bennaroch, Kolpak, Drori, Benbinishty, and Raanan 2015).

The individual and institutional cost of bullying in the nursing practice indicates that employers should be concerned with bullying behavior and strategically deter the bullying behavior. The current literature parallel's Renee's findings in *Series on Nursing Bullying*, where the adverse effects of bullying are described. Another area for concern as a consequence of bullying in the nursing practice is the influence it may have on the quality of care for patients (Wolf, Perhats, Clark, Moon, and Evanovich Zavotsky 2018). If the workplace environment is a place where a worker's vital role is to provide safe and effective care for patients, they must themselves be able to work in a safe environment. **In the nursing field, research indicates that bullying "is a significant factor in the dynamics of patient care, nursing work culture, and nursing retention"** (Wolf et al. 2018). This highlights that a bullying culture in the nursing practice ultimately harms the patient's quality of care.

Researchers are concerned with why bullying occurs in the nursing field at a high rate in relation to other fields. A study on workplace violence found four main factors that contribute to bullying behavior and normalize it at the institutional level (Cleary 2010). The study found that insufficiencies in the work design, deficient behavior of leaders, the exposed target based off of position, and overall low morale all contribute and act as permissible enforcement for bullying behavior (Cleary 2010).

Although bullying is an issue in the nursing field, the study indicated that the hierarchal setting in hospitals and private practices help foster bullying behavior, regardless if it comes from a leader in the field. Even though bullying may seem like an individual problem, much of the literature argues that bullying behavior persists at a higher rate in the nursing field because of institutional reinforcement (Randle 2003). The beginning of nursing bullying behavior generally begins before most nurses enter the workforce, where

nursing students were influenced by behavior of senior nurses (Randle 2003). **To help prevent bullying behavior before it occurs in the field, it may be useful for nurse educators to implement courses to deter the "practice and the context in which bullying occurs"** (Randle 2003; Hutchinson, Vickers, and Wilkes 2006). It is apparent that bullying in nursing is not an individual issue, but harmful to the whole institution of nursing.

Who is being targeted?

Not all nurses are targets of bullying at the same rate. A study by Professor Susan L. Johnson, discusses how people with marginalized identities tend to be victims of bullying at a higher rate (2018). Johnson highlights that nurses indicated that bullying overlapped with the bully's personal biases (2018). **Although many stated any form of visible difference created outward bullying behavior from coworkers and other staff, the majority of the negative treatment stemmed from marginalized racial identity.** One participant described the phenomenon as "basic bullying with a racist slant", indicating the preconceived biases paralleled with bullying behavior (Johnson 2018). Within the context of marginalized identity, the component of gender has been examined at a lower rate within the context of bullying behavior in the nursing field (Ganz, Levy, Khalaila, Arad, Bennaroch, Kolpak, Drori, Benbinishty, and Raanan 2015).

Reducing bullying in the nursing field

HWI offers support to nursing staff to help prevent and reduce bullying in the nursing practice. As mentioned above, some of the strategies HWI suggests are defining bullying behavior, speaking out, and documenting. Along the same lines, the current literature suggests that reporting bad behavior, as a bystander or as the nurse being targeted, is imperative to making strides to reducing bullying (Ion et al. 2015; Beckmann, Cannella, Wantland 2013). While it is necessary to report bullying behavior, many nurses struggle with doing so. **The literature described the phenomenon of underreporting as a critical issue that leads to the prevalence of bullying** (Ion et al. 2015).

Studies suggest that the fear of consequences or retaliation is the main reason why many do not come forward to reported bullying (Ion et al. 2015; Cleary et al. 2010). A strong anti-bullying curriculum in the workplace can reduce the amount of bullying that occurs (Beckman et al. 2013). **Researchers suggest redefining healthy work behavior and implementing healthy work practices through instructors and mentors, as well as systematically on the large scale by deconstructing troublesome practices in the nursing field** (Beckman et al. 2013.)

HWI aims to help reduce the amount of bullying in the nursing field. HWI assesses and teaches about bullying behavior as a way to try to reduce bullying. Scientific research from the past twenty years, both nationally and internationally, have indicated concern for the nursing practice and the amount of bullying that is perpetuated in the field. Qualitative, quantitative, and longitudinal studies have been conducted to define bullying, define the consequence of bullying, discuss why it persists in the nursing field, and ultimately aim at trying to reduce the amount of bullying in the nursing field that occurs.

The existing literature helps situate HWI's current work to stop bullying in the nursing practice, and validates the bullying behavior assessment, as well as how HWI instructs nurses to report the behavior. The work HWI is doing helps to move the nursing field one step closer to a heathier environment that does not condone bullying behavior. The work Renee Thompson is conducting currently is heavily supported by the large amount of scientific research that has been conducted on bullying in the nursing practice.

Factor Analysis and Scale Validation

Process

HWI's behavioral assessment tool captures nurses' experiences and/or witnessing of 15 bullying behaviors (30 total questions when separated into "experienced" and "witnessed"), both pre and post the workshops. The following report highlights the findings from the scale validation that the Social Research Lab utilized to assess the tool's questions for dependability and analyze how the factors were interrelated. We used a six-step validation method as follows.

Step 1: Establish Face Validity
We reviewed the content of the assessment tool by using the literature review to verify that the questions captured the topic. We then used social science best practices to ensure that the questions were expertly constructed.

Step 2: Run a Pilot Test
The assessment tool had already been used to collect data from workshop participants. We had an adequate sample size to reliably weed out irrelevant or weak questions.

Step 3: Clean Collected Data
We aggregated and compiled all of the collected responses, cleaning for missing data and ensuring that the scale was consistent across all of the data sets (answer choices remained the same for all data analyzed).

Step 4: Use Principle Component Analysis (PCA)
We used a Principal Components Analysis, or PCA to identify underlying components that are being measured by HWI's assessment questions. These are known as factor loadings, and questions that point back to the same elements should load into the same factors. A factor loading scale runs between -1.0 and 1.0. The loading indicates how factors group themselves. The overall goal at this stage is to determine what the factors represent by seeking out common themes in questions that load onto the same factors. The number of factor-themes that we identify indicates the number of elements the assessment tool is measuring. This step validates what the assessment tool is actually measuring. For instance, several questions may end up measuring the underlying component of violence, a factor not expressly asked about in the assessment tool, but one uncovered by PCA.

Step 5: Check Internal Consistency
We reviewed the internal consistency of questions that loaded onto the same factors. We checked the correlation between questions that load on the same factor to measure question reliability by ensuring the assessment tool answers are consistent. We reviewed the internal consistency with a standard test known as Cronbach's Alpha (CA). Test values range from 0 to 1.0, and values should generally be at least 0.6 to 0.7

or higher to indicate internal consistency. For a value lower than 0.6, we removed the question from the test to see if it improved the consistency of the assessment tool.

Step 6: Revise the Assessment Tool

The final stage of the validation process is to revise the assessment tool based on the information gathered from your Principal Components Analysis and Cronbach's Alpha.

Results

Steps 1-3 of the validation process required a scientific review of literature and question structure evaluation, followed by aggregating, cleaning and analyzing the existing data set. Once we had established that we had enough usable data to run a PCA, we performed that analysis with the following findings. After running a scale validation for HWI's 30 variable data set, two underlying components emerged, signaling that a dichotomous relationship existed amongst the questions. When we evaluated the content of the questions in each factor grouping, the themes that emerged amongst the variables were passive and aggressive bullying behaviors. Tables 1 and 2 in the Appendix demonstrate how the variables loaded together in these two categories. Additionally, we checked for internal consistency of the questions that loaded onto the same factors. All of the questions within a factor, as well as within the entire assessment tool, had internal consistency as they were highly correlated and were above the desired Cronbach's Alpha coefficient of 0.6. In the case of this assessment tool, removal of any one question did not improve consistency. We did not need to revise the tool in its current state to make it more valid. Below, we offer a brief summary of the two underlying components that emerged, based on the literature and factor loadings from the PCA.

Passive Variables (Covert)

In the PCA, questions about passive behaviors factored together with a loading of .70 or above. Whether experienced or witnessed, passive or covert behaviors were reported at a higher rate and more regularly than aggressive or overt behaviors. Current literature does discuss the underreporting of bullying in the nursing practice, with factors measuring causes for reporting. (Johnson 2019). One factor found from the study indicates that personal moral or ethical values may surpass fear of retaliation from reporting, which rises the rate of reporting on bullying behavior (Johnson 2019).

Aggressive Behavior (Overt)

Questions that indicated aggressive, or overt, behaviors factored together with loading under .70 in comparison to the variables that indicated passive, or covert, behaviors. All of these variables indicated forms of bullying that are visible and easily identifiable as bullying behavior. Many of the overt variables also cannot be misunderstood as constructive or positive behaviors and are blatant acts that go against many laws and policies in place about workplace behavior (Cleary et al. 2010). The two variables that

loaded lower were both about receiving threats of physical violence, whether experienced or witnessed. They likely loaded lower because there were less reported instances of these behaviors overall.

The variable difference between passive and aggressive behavior

Out of all of the variables for both witnessed and experienced behavior of bullying, physical violence is the most extreme and visible form of bullying off of HWI's bullying behavior assessment, even in comparison to the other overt variables of bullying. The variance in the loading as well as the scientific literature suggest that acts of physical violence have been reported through the assessment at a lower rate. These variables have the highest variance from other variables because they are measuring a more extreme and aggressive form of bullying than all of the other variables. In comparison, the variables with the highest loadings and are both forms of covert behavior. Although the two covert variables do not vary as significantly from other forms of overt behavior, they do indicate the significant difference between covert bullying behavior and the most extreme, overt behavior captured by the bullying behavior assessment. Similar to the scientific literature on bullying behaviors in the nursing industry, the loadings from the PCA findings suggest that overt behavior variables are not being reported as much as covert behavior variables.

Conclusion

The HWI assessment tool is valid. The face value was established by experts, the assessment tool was tested, and the data was used to analyze it using PCA and CA methodology. The scale factor loaded into two underlying components and all of the questions correlated to each other in the scale. However, we offer recommendations for revisions of the assessment tool based on the objectives as identified by Renee Thompson, the literature review, and the findings of both the qualitative interviews and the scale validation. Our recommendations for minor scale adjustments are in the Appendix.

Findings

Objective 1: Assess participants' ability to define forms of bullying behavior in the workplace post workshop.

Interviews with past participants from Renee Thompson's workshops provided insights that allowed us to see if they could identify and define specific forms of bullying behavior.

A theme of bullying behavior that emerged from participants' interviews was exclusion. Participants indicated that being excluded was one of the most prevalent forms of bullying behaviors. In addition, unfair work assignments due to favoritism was commonly brought up as a form of bullying. The quotes provided below highlight respondents defining exclusion and favoritism as forms of bullying behavior.

"Our [department's] kind of bullying behaviors are anything from withholding information and sabotaging. So, with withholding information but not really setting that person up for success and helping them be successful."

"Talking about each other behind their back, the exclusion. [In one area in particular], we've had to work with them, and we've seen some changes."

Participants were able to define exclusion and favoritism as forms of bullying during interviews, which highlights that HWI's objective of teaching those in the nursing field how to identify bullying behavior had an impact on respondents post workshop.

Similarly, participants were able to define other forms of bullying behavior that are discussed in HWI's workshop. Specifically, differential treatment due to education level or age was brought up by participants as a structural aspect of bullying. The quote below provides perspective on structural causes of bullying.

"I think that we need to remember is that not everybody wanted to go to a doctorate level to do whatever, but just because you didn't, doesn't mean you have to be belittled before you arrive for your education level."

One of HWI's main objectives is to help the culture in the nursing practice by defining and combating bullying. While HWI provides workshops to help individuals define and understand bullying behavior, the workshops also provide ways to shift structural aspects of bullying behavior. Participants that defined differential treatment due to education level or age helps highlight that participants recognize structural aspects of bullying post HWI workshop.

During interviews, participants also noted how bullying behavior shifted after the HWI workshop. Participants that mentioned structural causes for bullying provided quotes about the shift in bullying behavior post workshop. For example:

"The whole "eat your young" thing; I've been in nursing since I was 18 years old and it happens. You were little literally thrown into nursing, either sink or swim.

And now I feel like there's that "here, I'm here to support you."

Participants that noted how bullying behavior shifted after taking the HWI workshops highlighted how defining bullying in the nursing practice can be beneficial to changing behavior in the nursing field. HWI's workshops aim at helping participants define bullying behavior. Interviews that were conducted post workshop help show that a majority of participants were able to define and identify bullying behavior.

Overall, participants that were interviewed after taking HWI's workshop on bullying behavior were able to identify forms of bullying behavior, define it in their own words, and identify how behaviors have changed.

Objective 2: Assess major skills learned from the workshops.

Participants indicated that scripting, listening, and awareness were major skills learned from the workshops. Similarly, participants were given the tools to identify subtle forms of bullying behavior. Specifically, participants learned concepts such as; exclusion, passive and aggressive behavior, and the difference between bullying and incivility. HWI's mission, which is validated through current literature on nursing bullying, is to identify the types of behavior. Additionally, participants noted that on top of learning how to identify subtle forms of behavior, they now have specific skills from the workshop to combat bullying behavior.

One major skill learned from the workshops that many participants discussed during interviews was how to use scripting as a way to combat bullying behavior. The quote below reflects many participants' perceptions on the script HWI provided through workshops.

"I think that the scripting that Renee provides in giving somebody like myself who historically would not have spoken up and just stood back in the shadows but giving some scripting to be able to respond if you were placed in a situation is really helpful."

Participants also noted that another major skill they learned from the workshops is understanding and adopting best practices for listening. HWI provides techniques during their workshops about reflective listening when it comes to identifying bullying behavior in the workplace. Similar to what current literature suggests about bullying behavior in the nursing field, HWI understand that many bullying behaviors are subtle and hard to identify. By providing thorough techniques regarding reflective listening, participants have gained a useful skill in being able to better identify subtle forms of bullying behavior. The quote below reflects many participants' perception on HWI's reflective listening strategies.

"Reflective listening is one of them [strategies]. I think just being more aware, you know, reflective listening is important, it's just kind of looking at things differently."

A major skill that most participants discussed that they learned through the HWI workshop was how to identify subtle and passive forms of bullying. One of HWI's key objectives is to help those in the nursing field learn different forms of bullying, especially behavior that is hard to

identify. The quote below reflects many participants' perception about subtle types of bullying behavior they learned from the HWI workshop.

"When someone would come up and, you know, give the charge nurse Starbucks or always, you know, give little treats or whatever to the boss or whoever's in power. I thought that was interesting. Um, never thought of bullying in that form, but these are people that were trying to bribe their way or trying to be mean by excluding others."

The above quote reflects feelings of exclusion as a form of bullying behavior. Many participants gave similar comments to the one above, suggesting that HWI has helped provide insight to subtle forms of bullying behavior that occurs in the nursing field but would otherwise go unidentified as bullying behavior.

Another major skill that participants learned through the HWI workshops was how to identify the difference between passive and aggressive forms of bullying behavior. Similar to information gathered in the literature review and factor analysis in this report, participants also indicated in their interviews ways to identify the differences between passive and aggressive forms of bullying. Below is a quote that discusses how HWI helped with identifying the difference between passive and aggressive bullying behavior.

"Identifying the different forms of communication, the aggressive, the passive, the passive aggressive. So just being able to identify that and utilizing the information in that workshop and applying it to different situations in the workplace."

Many participants also discussed how they are now able to identify the difference between bullying behavior and incivility because of the HWI workshops. HWI's workshops focus heavily on being able to identify the difference between bullying behavior and incivility. Current literature on bullying in the nursing practice suggests that it is difficult to fully capture the amount of bullying that occurs in the nursing field due to the misunderstanding of bullying and underreporting of bullying behavior. The quotes below highlight participants' understanding of the difference between bullying and incivility.

"A lot of those things that we identified of which behaviors were incivility, what was bullying. I think that was helpful."

"What we're learning is what's the difference between the incivility and bullying."

Participants also noted how leaders in the nursing field have gained skills when it comes to identifying bullying behavior. The current literature regarding bullying in the nursing practice discusses the issue as a structural concern. HWI's workshops give skills to leaders in the nursing practice to help the structural concern of bullying in the nursing field, which is highlighted in participant interviews. The quote below captures some participants' perceptions of the skills leaders in the nursing field have gained after taking HWI's workshop.

"But certainly, the leaders are more informed about what those behaviors look like and how to handle them and spot them. Awareness is important."

Overall, participants discussed how HWI's workshop has provided major skills like scripting, identifying the difference between bullying and incivility, and providing skills to leaders.

Objective 3: Assess participants' ability to maintain skills after the workshops.

Participants indicated that there were positive changes in the work culture after the HWI workshops. Participants noted general improvements and improvements for communication, leadership, and with accountability. The quotes below help highlight HWI's objective to maintain valuable skills after the workshop.

Participants expressed that keeping contact with leaders and providing them with extra materials after the workshop was extremely helpful in maintaining their newly learned skills. The quotes below highlight that participants maintained skills after the HWI workshop.

"And I think that's why her workshops were so valuable is, you know…that keeping up with these skills is really important to the culture that we create so that we can keep employees who are there for the right reasons."

"We also started doing these manage our healthy workforce huddle."

Similarly, many participants said that the workshops helped improve communication between leaders and staff. The quotes below highlight how participants perceived a shift in communication with leadership post workshop.

"Now I was able to go to my director and go, 'Hey, I screwed up. This is what I did.' And she just, you know, said, 'Hey, let's talk about it.' And we just worked through it. So, um, I think that is a huge deal. Like I'm not panicking about making mistakes anymore."

"We have very candid conversations and I think that helps break down some barriers."

The current literature regarding bullying behavior in the nursing field discusses the importance of shifting structural aspects to help reduce the negative behavior. Participants' comments regarding the positive shift in communication in leadership suggest that HWI's workshops help combat bullying behavior individually as well as structurally.

The interviews also identified how leaders gained necessary tools that help with combating bullying behavior. Participants expressed that leadership's new tools and increased presence helped them support their team in implementing workshop skills. Participants' quotes below show that leadership-based initiatives and educating other staff members to identify bullying behavior have emerged post workshop.

"I felt like she has really helped leaders and she does, with the deeper dive

initiative, she does things for me as a leader."

"I think leadership is on the job of educating other staff members, so they can also identify some of those issues when they arise, how we need to respond appropriately."

Many participants also noted how people in leadership have become more supportive after taking the workshops. The quote below provides insight on participants' perception of leadership support post workshop.

"I will say there are leaders, there are informal leaders or nurses on the floor, people who just don't stand for it anymore, who will stand up and say it's not the way a huge advocate was. Our chief nursing officer stood up for that."

A shift in leadership's procedures with bullying behavior post workshop aligns with current literature regarding bullying behavior in the nursing field. Participants that discussed how communication and leadership teams have shifted after the workshops, aligning with HWI's objective of helping those in the nursing practice gain long term skills.

Another improvement that participants have noted post workshop is accountability in the work environment. The quotes provided below highlight participant's perceptions about accountability after being part of the workshop.

"We see a lot more of our stronger team members calling each other out and saying, hey, you know, that's not really the right thing that we're supposed to do, or maybe we can do this differently."

"So, I'm sharing different things from scripting, so a lot of our issues focused around, they don't know how to communicate to each other. And so, I'm holding each other accountable, something that we need."

The quote below highlights participants' perception that HWI's workshops have set up a way to keep leaders in the nursing field accountable.

"Leaders should be held to a higher standard and higher accountability. And then regular staff members because when they do these things, the harm that can happen, they don't just hurt one person or two people."

Although many participants discussed how HWI's workshops have helped highlight the importance of accountability, some participants suggested that there are still barriers. The quote below highlights how for some participants, turnover in staff can create a barrier for creating accountability in the nursing field.

"So, we do have some barriers in that from a leadership perspective, in sustaining behavior. Holding people accountable to the same degree. Our turnover is a barrier."

Based off of participants' interviews, many have perceived that staff have maintained skills after participating in HWI's workshops. Although many

reported having seen improvement in leadership, communication, and accountability, some participants noted that there are barriers to achieving accountability when there are structural concerns, like high turnover.

Overall, participants reported that their workplaces have strategies on maintaining skills post workshop.

Objective 4: Identify challenges during and after HWI's workshop.

Several challenges were identified in implementing skills from the workshop. Engagement of staff, building in time to maintain skills, and high turnover rates were difficulties identified by participants as challenges they face with combating bullying. One of HWI's main objectives was to better understand where participants struggle when it comes to implementing skills learned from the workshops.

One specific challenge participants noted was the difficulty in engaging all team members. The quotes below highlight how some participants feel that a lack team engagement has been a barrier with combating bullying in the workplace.

"I think the biggest challenge is getting people to buy into it. When you're in the medical field, everything is very scientific and you work with people who are very, very black and white."

"I would have liked to have seen Renee pull those quiet folks up and say, 'Hey, let's see how you do.' Cause there are some folks that are more passive in their approach and I think that gets them in trouble."

Participants suggested that more team members need to participate fully in HWI's workshop in order for bullying behavior to shift.

Another challenge that some participants discussed was building in time to maintain skills after the workshop. The quote below highlights some participants' belief of making time to maintain skills learned post workshop.

"We've got to figure out a way to build in time. And I don't know if Renee has a solution to that or not. But you know, it's hard to do team building with the whole team when you—you have a 24-hour environment."

Similar to the quote above, some participants noted that making time to practice skills learned from the workshops can be difficult in a fast-paced work environment.

Participants also discussed turnover as a challenge to combating bullying behavior. Although many have found the skills they have gained through HWI's workshops useful when it comes to identify and combating bullying, many participants noted that one challenge in the nursing field is having high turnover rates. Some participants noted that high turnover is relatively normal in the nursing practice, making it difficult to pass on critical skills learned in HWI's workshops. Similarly, some participants noted that they have had to create turnover because of persistent bullying behavior that continued even after the workshops. The comment below highlights turnover as a challenge for participants even after the workshops.

"We have seen some turnover as a result of identifying some of those behaviors that were having a negative impact on the unit."

Overall, some participants noted engaging all team members, time management, and turnover as challenges that they face, even after participating in HWI's workshop.

Objective 5: Identify recommendations for HWI's workshops.

Only a few participants provided suggestions to improve the workshop. Most participants were pleased and did not provide additional recommendations. With the few participants that did offer recommendations, the most common suggestions were about workshop engagement and providing additional tools for staff.

Some of the participants expressed wanting more workshop engagements. Specifically, participants expressed a wish for more engagement from colleagues. The quote below highlights how some participants would like to see better engagement during the workshops.

"Maybe not a critique on Renee would be a critique on my colleagues, to be more engaged."

Some participants noted that they would like to see more education to develop trainings for new staff and "refreshers" for current staff. Participants expressed that it may be useful for Renee Thompson to provide additional curriculum for staff who have taken the HWI workshops in the past. The quote below highlights some participants' responses in regard to wanting a more holistic curriculum that they can rely on for long-term needs.

"It should be a part of almost like a work orientation or curriculum or something like that. I think everybody should have that and then maybe do a refresher after they'd been on the job after 90 days or whatever the probationary period is to remind them."

Additionally, participants expressed that Renee Thompson could provide additional tools for nurses to use. Specifically, participants in leadership roles were interested in having educational curriculum and resources about bullying in the nursing field that can be used after the workshops. The quotes below illustrate participants' interest in having resources for needs after the HWI workshops.

"I think we're going to talk to her to come back. Not just for our management leadership development, but come back for the general staff again, all staff members and do the bullying and training again. And what we're going to do with that is kind of create our own brief type of education, so when someone comes through an orientation [we can] try and get them on the same page as everyone else been who has been in the training."

"Maybe what can help on the after is a toolkit for rolling out the information to your staff."

Although most participants are satisfied with HWI's workshops, some provided recommendations in improving engagement during the workshop and wanting additional resources post workshop.

Objective 6: Assess participants' perception of HWI's workshop rapport.

An important theme that emerged during interviews was Renee Thompson's nursing background. Many participants noted that the workshop felt relevant to their work experience because of Renee's background in the nursing field.

Participants felt that Thompson understood their unique struggles because of their shared background.

"[The] fact…. that Renee was an RN, she was one of them and she's just an awesome presenter. We could listen to her all day long, but I think the fact that she could relate to them, you know, I've been there, I've done this, her stories, they could relate to her stories. And I think that was the fact that she was an RN for our nurses really hit home with them."

"She's a nurse. She's worked in various different clinical departments. When she talked to the staff, they could relate to her in that she's lived where they're living."

Many participants felt comfortable and receptive during the workshop due to Renee Thompson's in depth understanding about the nursing field and the bullying behavior that occurs.

Overall, creating positive and effective rapport has helped strengthen HWI's workshops for many participants.

Recommendations and Highlights

1	The interview results indicate that the workshop was effective at defining different forms of bullying behavior in the workplace. The literature review and factor analysis of HWI's assessment tool also validates HWI's definition of different types bullying behaviors. (Addresses Objective 1)
2	Participants provided testimony to the major skills they learned through participating in HWI's workshop regarding bullying behavior. Major skills learned from the workshop include scripting, listening, defining bullying versus incivility, and general awareness. (Addresses Objective 2)
3	Interview responses suggest that participants maintained and implemented major skills post workshop. Skills learned during the workshop are also skills that are supported in the literature review to help address bullying behavior (Addressed Objective 3).
4	The interview results suggest that employee engagement and building in time to practice after the workshop were challenges to fully implementing workshop material. (Addresses Objective 4)
5	Participants provided recommendations on ways to improve HWI's workshop. Recommendations include more employee engagement in workshops and providing more long-term tools post workshop. (Addresses Objective 5)
6	Many participants noted that Renee Thompson provides a relevant rapport due to her background in nursing. Current literature suggests that bullying behavior in the nursing field is unique compared to other work environments, indicating the usefulness of Renee's position with HWI's workshops. (Addresses Objective 6)

Appendices

1. Recommendations for Revised Survey Tool – Separate document

The recommended revisions for the survey tool are based off the current literature as well as the qualitative analysis provided in the Findings section of this report. The Social Research Lab will provide an objective mapping system in a separate document. An objective mapping system organizes survey questions based off of client objectives and needs. Questions are just recommendations and are not necessary to maintain the validity of the current scale. The recommendations are for a survey tool that will serve a different purpose based on the other data we collected.

2. Factor Analysis of HWI tool

The following tables show how the factors separated between two components (Passive/Aggressive), and how they loaded in the PCA test (decimal above or below .70).

Table 1: Component analysis of bullying behavior (Experienced)

Bullying type	Behavior type (factor loading)
Being retaliated against for speaking up or not following the crowd	Passive (0.746)
Being the target of gossip or false rumors	Passive (0.744)
Seeing nurses treated nicely to their faces but mocked or insulted behind their backs	Passive (0.742)
Being micromanaged and repeatedly reminded of your mistakes	Passive (0.726)
Having a co-worker break confidence by sharing private or embarrassing information	Passive (0.715)
Being made to feel stupid or incompetent	Passive (0.712)
Being ignored or given the silent treatment by certain nurses	Passive (0.704)
Hearing nurses name calling, making ethnic slurs, jokes, or inappropriate sexual comments	Aggressive (0.695)
Being excluded by certain nurses from routine lunches, celebratory or social events	Aggressive (0.694)
Having a co-worker withhold information, leading to a negative impact on performance	Aggressive (0.685)
Being mocked or having a nurse roll his/her eyes	Aggressive (0.683)
Being yelled at, criticized, or cursed at in front of others	Aggressive (0.680)
Having accomplishments downplayed, such as awards, advance degrees	Aggressive (0.659)
Receiving an uneven workload assignment, seemingly based on favoritism	Aggressive (0.658)
Receiving threats of physical violence	Aggressive (0.507)

Table 2: Component analysis of bullying behavior (Witnessed)

Bullying type	Behavior type (factor loading)
Being made to feel stupid or incompetent	Passive (0.761)
Being the target of gossip or false rumors	Passive (0.754)
Being micromanaged and repeatedly reminded of your mistakes	Passive (0.744)
Seeing nurses treated nicely to their faces but mocked or insulted behind their backs	Passive (0.731)
Being mocked or having a nurse roll his/her eyes	Passive (0.725)
Being ignored or given the silent treatment by certain nurses	Passive (0.725)
Having a co worker break confidence by sharing private or embarrassing information	Passive (0.724)
Being retaliated against for speaking up or not following the crowd	Passive (0.717)
Being excluded by certain nurses from routine lunches, celebratory, or social events	Passive (0.707)
Hearing nurses name calling, making ethnic slurs, jokes, or inappropriate comments	Aggressive (0.695)
Being yelled at, criticized, or cursed at in front of others	Aggressive (0.692)
Having a co-worked withhold information, leading to a negative impact on performance	Aggressive (0.675)
Receiving an uneven workload assignment, seemingly based on favoritism	Aggressive (0.652)
Having accomplishments downplayed, such as awards, advance degrees	Aggressive (0.623)
Receiving threats of physical violence	Aggressive (0.474)

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