Preparing New Nurses to Address Bullying: The Effect of an Online Educational Module on Learner Self-Efficacy

Renee Thompson
Lynn E. George

The transition from academic to the professional practice environment can be challenging for newly licensed nurses. Complexities of the healthcare environment coupled with higher acuity patient care can cause stress and anxiety among nurses who are new to the profession. Researchers have found newly licensed nurses exposed to direct or indirect hostility from their colleagues are more likely to leave their current employers or the nursing profession (Laschinger, Grau, Finegan, & Wilk, 2010; Lavoie-Tremblay, Paquet, Marchionni, & Drevniok, 2011; Weaver, 2013). Newly licensed nurses who start their careers in supportive, nurturing environments are more likely to overcome the challenges and successfully transition into professional practice (Spiva et al., 2013).

Experts agree a behavior needs to be repeated and involve a perceived power gradient to be considered bullying (U.S. Department of Health & Human Services [DHHS], n.d.). Bullying behavior can be categorized further as overt or covert. Overt behaviors are easier to observe and can be described by others as name calling, yelling, bickering, and physical threats. Openly criticizing someone in front of others can be considered overt bullying if repeated over time (DHHS, n.d.). Covert bullying is subtler, not as easy to recognize, and may include making unfair assignments, being unapproachable, withholding information, excluding others, and sabotaging another’s efforts (Bartholomew, 2013). Authors of this manuscript define nurse bullying as a repeated pattern of destructive behavior with the conscious or unconscious attempt to do harm.

Significance of Research

Many pre-licensure nursing students began their exposure to bullying during clinical rotations and discovered the disrespectful, sometimes harsh ways in which nurses treat each other. Clarke, Kane, Rajacich, and Lafreniere (2012) found more than 88% of nursing students (n=674) reported experiencing bullying behaviors in the clinical environment. While nurse residency programs can help bridge the gap between academia and the practice environment, they may not address nurse bullying adequately. Berry, Gillespie, Gates, and Schafer (2012) found an alarming 73% of newly licensed nurses (n=174) reported being bullied. Academic institutions may be in the best position to introduce the topic to pre-licensure students and prepare them with strategies to address bad behavior in the work environment. In an academic-service partnership, nurse leaders within healthcare organizations then can build on this foundation and help newly licensed nurses continue to develop skills required to address bullying behaviors.

Purpose

The first purpose of this study was to examine use of an online educational module to introduce pre-licensure nursing students to the topic of bullying in the work environment. The second purpose was to examine the effect of the module on their self-efficacy related to bullying behavior as they transitioned from the academic setting to the professional practice environment.

Newly licensed nurses who start their careers in supportive, nurturing environments are more likely to overcome challenges and successfully transition into professional practice (Spiva et al., 2013). Introduction of content about bullying in the workplace via an online educational module can be an effective strategy for the academic preparation of pre-licensure nursing students.

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Literature Review

A review of the literature was completed in CINAHL and Medline for 2011-2015 using the search terms nurse bullying, horizontal violence, incivility, nursing oppression, student bullying, and self-efficacy. The term bullying has been used synonymously in the literature with terms such as horizontal or lateral violence, incivility, oppression, hostility, and relational aggression. A summary of the relevant research articles follows.

Newly licensed nurses are more susceptible to the effects of nurse bullying than experienced nurses. In a study of 135 newly licensed nurses, 29.5% of respondents (n=40) considered leaving the nursing profession due to bullying behaviors in the workplace (Vogelpohl, Rice, Edwards, & Bork, 2013). In a survey of over 2,000 nursing graduates from the class of 2014, 48% (n=960) said they were concerned about being victims of workplace bullying or working in a hostile working environment (Kaplan, 2014). The survey also found 39% (n=780) of newly licensed nurses reported they were victims of workplace bullying or a hostile working environment. While estimates of the prevalence of disruptive behavior in the workplace are variable, data support the existence of bullying behavior in health care.

Victims of bullying may suffer physical, emotional, and psychological distress. Bennett and Sawarzky (2013) found increased reports of psychosomatic complaints, such as headaches, gastrointestinal disorders, sleep disturbances, eating disorders, and fatigue, among persons who experienced bullying. They also found psychological manifestations (e.g., depression, anxiety, feelings of isolation) and ineffective coping skills occurred, and could lead to impaired social skills. In a separate cross-sectional descriptive study of 309 nurses, of 82% (n=253) who reported experiencing bullying in the workplace, 40% (n=124) suffered depression symptoms (Ekici & Beder, 2014).

The failure to transition a newly licensed nurse successfully into the clinical practice environment is costly for the individual and the organization. The cost of recruiting and orienting a new nurse is variable but significant for healthcare organizations (Smokler Lewis & Malecha, 2011). One study found bullying in the workplace was a major contributor to employee absenteeism, workplace dissatisfaction, lost productivity, and work-related injuries (Bennet & Sawarzky, 2013). In their meta-analysis, Nielsen and Einarsen (2012) found workplace bullying had a negative effect on employees’ intention to leave, commitment to the organization, and absenteeism. More recent findings indicated each percentage point increase in nurse turnover costs healthcare systems $373,200 annually (Nursing Solutions, Inc., 2016). Outcomes related to bullying, such as turnover, lost productivity, and dissatisfaction, have substantial financial impact for organizations.

While detrimental to employees and organizations, bullying also has a negative impact on patient outcomes. In a study of 4,530 healthcare employees, 67% (n=3,035) of respondents agreed disruptive behaviors were linked to adverse events, medical errors, and patient mortality (Rosenstein & Daniel, 2008). Citing increased medical errors and poor patient outcomes when bullying was ignored, the Joint Commission (2008) urged leaders of healthcare organizations to identify and eliminate disruptive behavior in the workplace because it undermines a culture of safety.

Newly licensed nurses may be motivated to end bullying, but evidence suggests they are not well prepared with information about how to do so. In a study of new nurse graduates, less than a quarter of participants reported bullying information was included in their undergraduate education, but 82.8% (n=112) indicated this information should be included. When these participants entered the workplace, only 36.3% (n=49) reported information about bullying had been included in the orientation to their healthcare organizations (Vogelpohl et al., 2013). In a study of Magnet® and non-Magnet® healthcare systems, Hickson (2013) found similar rates of bullying for newly licensed nurses in both environments. Based on study outcomes, the author recommended information about bullying and appropriate responses should begin in academic environments and be reinforced in practice environments. An emerging body of evidence thus suggests transition to nursing practice could be enhanced by the inclusion of early, ongoing education about bullying in the workplace.

Methodology

Both quantitative and qualitative data were collected from a convenience sample of students enrolled in a pre-licensure baccalaureate nursing program. The study used a pre-post intervention evaluation method, without comparison control group, and a seven-item post-evaluation survey. Demographic information also was collected. The construct of self-efficacy was measured using the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), which was adapted with permission to include essential content and concepts relevant to this study. The seven-item post-evaluation survey included quantitative items and open-ended questions. Following Institutional Review Board approval from the university where the study was conducted, educational modules were uploaded into the university’s learning management system for online completion.

Bullying Modules

Each of the four modules began with learning components that addressed the objectives and ended with an activity to validate participants’ knowledge. Module 1 emphasized the importance of recognizing behaviors as bullying. Interactive activities included completing a self-assessment to determine exposure to bullying behavior and quizzes to assess participants’ ability to discriminate overt and covert bullying behaviors. Communica-
tion styles were addressed in Module 2, with an emphasis on assertive communication. Participants were asked to read scenarios and identify appropriate responses using four different communication styles. In Module 3, participants completed an activity to determine if they learned how bullies choose their targets and what specific behaviors they could use to decrease their chances of becoming targets. The final module provided specific actions participants could take to address bullying behavior if they became targets.

Setting and Sample
The study site was a small private university in southwestern Pennsylvania. The Department of Nursing offered two options for undergraduate baccalaureate pre-licensure nursing programs: a traditional track for high school graduates without a previous college degree, and a second-degree track designed for students who hold a baccalaureate degree in another discipline. Participants were senior students from the traditional track. The study occurred during participants’ final semester of the nursing program.

Students who met inclusion criteria were introduced to the intent of the study, invited to participate, and informed participation was optional. To be included, participants needed to be enrolled in the final semester of the traditional track of the pre-licensure baccalaureate nursing program with access to online learning modules. Of 50 students who met the inclusion criteria, 40 completed all components of the study (80% response rate). Four students completed the pretest only and were not included in the study analysis; six students chose not to participate. Those who chose to participate were given 2 weeks to complete the pre- and post-surveys, online modules, and demographic information.

Instrument
The original pre- and post-surveys consisted of 15 statements adapted from the General Self-Efficacy Scale (GSES) (Schwarzer & Jerusalem, 1995). Permission was granted to use and adapt the survey. Each item in the GSES referred to successful coping and confidence in personal ability to succeed in a variety of situations. The adapted survey was pilot-tested with 60 pre-licensure students enrolled in an associate degree program at a community college in western Pennsylvania.

Review of pilot results revealed several statements were not appropriate for the study. These statements assessed core personalities, which would not be expected to change based on completion of four online educational modules. For example, the original instrument included these statements: “I feel responsible for my own life,” and “There are abundant opportunities that await me.” After an analysis of pilot results, the instrument was adapted to a 10-question survey focused more on responses to bullying behavior and belief the participant could address destructive behavior successfully in the work environment.

The final 10-statement adapted GSES used a 4-point Likert scale (1=not at all true, 4=exactly true) to invite participants to choose responses that best described their feelings. Survey items were designed to assess difference in participants’ perceptions of their confidence in their ability to overcome challenges, address conflict directly, and address bullying effectively on completion of the modules. Cronbach’s alpha for the adapted GSES was 0.70, indicating good reliability (Tavakol & Dennick, 2011).

Data Collection
The adapted GSES was administered to participants before and after they completed the educational modules (pre/post survey). They also completed a seven-item evaluation of the modules to gather data about usefulness of the materials. Four items solicited feedback about the ability of the modules to facilitate the achievement of objectives, build confidence, and reduce stress. The final item asked participants how likely they would be to recommend the online learning module to other nursing students. A 5-point Likert scale was used (1=poor, 5=excellent). The three remaining open-ended questions asked participants for recommendations for improvement.

Participant results were extracted from the learning management system without any unique identifiers and coded. The GSES scores, seven-item survey responses, and demographic data were captured and entered into an Excel spreadsheet in a password-protected file. A paired t-test was used to determine if the pre- and post-survey scores demonstrated a statistically significant difference. Descriptive statistics were used to analyze evaluation survey responses about the quality of the online modules.

Results
Quantitative data were analyzed using SPSS (IBM; Armonk, NY) and totals determined for the pre- and post-adapted GSES. A paired t-test (significance set at p<0.05) was used to assess the change in overall scores. Post-scores (mean=32.1, SD=3.7) were significantly higher than pre-scores (mean=25.6, SD=3.6), t=7.052, df=39, p<0.001). The intervention was associated with a statistically significant increase in self-efficacy scores (see Table 1).

Evaluation of the modules indicated the students rated them “very good” to “excellent” (mean 4.42) (see Table 2). Students rated their ability to “identify how bullies choose their target” the highest (mean=4.56, SD=0.58), while their ability to “recognize bullying behavior” was rated the lowest (mean 4.26, SD 0.75). Students indicated a feeling of greater confidence in their ability to avoid becoming targets of bullying (mean=4.61, SD=0.50). The majority indicated the modules decreased their stress (mean=4.26, SD=0.62) and noted they would recommend the modules to peers (mean=4.35, SD=0.71).

Feedback from the three open-ended questions provided valuable information about potential improvements. Most participants (78%, n=31) stated they would not
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<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-Test Mean Score (N=40)</th>
<th>Post-Test Mean Score (N=40)</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. It is normal to expect new nurses will be subjected to some degree of bullying in their first job.</td>
<td>2.300</td>
<td>2.175</td>
<td>0.36</td>
</tr>
<tr>
<td>Q2. There is nothing I can do to protect myself from becoming the target of a bully.*</td>
<td>3.575</td>
<td>3.750</td>
<td>0.27</td>
</tr>
<tr>
<td>Q3. I am confident I could deal effectively with bullying directed at me by a co-worker.</td>
<td>3.050</td>
<td>3.375</td>
<td>0.003</td>
</tr>
<tr>
<td>Q4. I can face most difficulties because I can rely on my coping skills.</td>
<td>3.225</td>
<td>3.275</td>
<td>0.77</td>
</tr>
<tr>
<td>Q5. The best way to protect myself from becoming the target of a bully is to avoid confrontation with him or her.</td>
<td>2.900</td>
<td>3.300</td>
<td>0.007</td>
</tr>
<tr>
<td>Q6. I am confident that when addressing conflict with a co-worker, I can communicate in a direct manner.</td>
<td>3.050</td>
<td>3.525</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Q7. I feel anxious when thinking about my ability to effectively cope with bullying in the work environment.*</td>
<td>2.424</td>
<td>2.975</td>
<td>0.003</td>
</tr>
<tr>
<td>Q8. I am confident I can overcome the challenges facing me as a new nurse.</td>
<td>3.400</td>
<td>3.575</td>
<td>0.12</td>
</tr>
<tr>
<td>Q9. Bullying behavior by a co-worker is generally easy to recognize.</td>
<td>2.775</td>
<td>2.850</td>
<td>0.52</td>
</tr>
<tr>
<td>Q10. If I witness bad behavior in the work environment, I am confident I can address it immediately.</td>
<td>2.875</td>
<td>3.300</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Total</td>
<td>29.575</td>
<td>32.100</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

* Adjusted for reverse scoring

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. To what degree are you able to identify how bullies choose their targets?</td>
<td>4.56</td>
<td>0.58</td>
</tr>
<tr>
<td>Q2. To what degree are you able to recognize bullying behavior?</td>
<td>4.26</td>
<td>0.75</td>
</tr>
<tr>
<td>Q3. To what degree do you feel more confident you can decrease your chances of becoming a target of bullying?</td>
<td>4.61</td>
<td>0.50</td>
</tr>
<tr>
<td>Q4. Overall, to what degree has this online module decreased your stress level?</td>
<td>4.26</td>
<td>0.62</td>
</tr>
<tr>
<td>Q5. How likely is it you will recommend this online module to other student nurses?</td>
<td>4.35</td>
<td>0.71</td>
</tr>
</tbody>
</table>

Discrimination of Findings

Post-intervention scores on the adapted self-efficacy survey were significantly higher than pre-intervention scores (p<0.001). Data analysis found the intervention was associated with increased perceived self-efficacy. This outcome indicated participants perceived themselves to be more confident in their ability to recognize and address bullying in the workplace after education. It was important because research indicates persons with high self-efficacy are more likely to persist longer in the face of opposition (Ferla, Valcke, & Cai, 2009; Gore, 2006).

Post-survey responses indicated participants found the modules to be very good to excellent (mean=4.42). This supported use of these modules to provide pre-licensure nursing students with valuable education about bullying found to be important in prior research (Vogelphol et al., 2013). It also demonstrated an effective use of learning modules for education of pre-licensure nursing students about bullying. Integrating content about bullying into the curriculum of pre-licensure nursing education...
programs and reinforcing it with newly licensed nurses has been recommended strongly (Hickson, 2013).

Most participants indicated they liked the online format and content of the educational modules. Students also liked the interactive activities within each module and recommended additional opportunities to engage within the online format. This suggested the online learning platform was effective for delivering this content.

Limitations

The small sample size (n=40) and the demographic distribution (predominately White, female, under age 23) are limitations of this study. Outcomes from this population may not be representative of a more diverse population of students. In addition, the GSE scale had to be adapted to cover the content of the intervention (bullying education modules). Cronbach’s alpha for the adapted scale was 0.70, indicating good reliability. However, the adaptations may have had other unknown effects.

Nursing Implications

Bullying behavior may be one of the most significant factors in a successful transition to practice for newly licensed nurses. Eighty-two percent of newly licensed nurses indicated education about bullying is important to them (Vogelpohl et al., 2013). Those who have researched workplace bullying also recommend information about how to identify and address bullying behavior should begin in academic environments and be reinforced in practice environments. This study successfully integrated bullying modules into a senior-level undergraduate nursing program. Nurse educators should consider including this content for their students. Outcomes of the study also supported the use of the online format as an effective teaching-learning strategy.

Use of online learning modules as in this study can provide information new nurse graduates want and need in their undergraduate education; implications for these learning modules far exceed the academic environment. Once newly licensed nurses enter clinical practice, continuing efforts to educate them about professional communication also can support their transition to meet expectations of professional practice. These modules could be incorporated into existing nurse residency, continuing education, and preceptor development programs. Preceptors would be given a vehicle to engage new nurses in conversations about bullying behavior and how to address incidents professionally. Nurse residency programs could use modules to reinforce content from academic programs. New nurse leaders, charge nurses, and others also may benefit from module use by learning key strategies to address bullying behavior and support professionalism among co-workers.

Recommendations for Future Research

Further research is needed to validate using an online approach as an effective method of providing education about bullying. Replication of this study in other education and practice settings would provide valuable additional support for the modules’ effectiveness. Longitudinal analysis of the impact of this type of education on nursing employment rate turnover would help employers design appropriate, cost-effective retention strategies. Examining the impact of education about bullying that begins in the academic setting and is reinforced in the practice setting also would help to establish best practice about the combined educational impact.

Conclusion

This study examined the use of an online educational module about bullying in the workplace for use with pre-licensure nursing students, including its effect on their self-efficacy related to bullying behavior as they transitioned from academics to the professional practice environment. A statistically significant increase was found in self-efficacy survey scores after intervention. Participants also found the online module and format to be an effective educational method. These findings suggest introduction of content about bullying in the workplace via an online educational module is an effective strategy for the academic preparation of pre-licensure nursing students.

REFERENCES


