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The Impact of Workplace Bullying on Days Absent of Registered Nurses

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This is to certify that the doctoral study by

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Walden University
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Abstract

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Master of Business Administration, University of Phoenix, 2010

Juris Doctor, Thomas M. Cooley Law School, 2000

B. S., Business Management, Saint Peters College, 1994

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

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Abstract

Workplace bullying (WPB) among registered nurses (RNs) in all forms has been a continual issue among nurses and healthcare professionals for decades. Among nurses, it is a healthcare administrative issue, as it increases the number of days RNs are absent from work, which, in turn, may result in short staffing and reduce the quality of care. Its psychological effects can lead to higher rates of absenteeism and reduce the quality of care. The purpose of this quantitative study was to use secondary data to inform healthcare administrators on the impact, if any, that WPB has on registered nurses (RN) and the number of days they are absent from work. Negative social interactions and environmental situations may lead to WPB and high absenteeism. As reported to the Bureau of Labor Statistics, the dependent variable, WPB, and independent variables (length of time in position, days absent from work, day of week, time of day, gender, and race) determined whether a relationship existed. A panel regression analysis was done to accept or reject the null hypothesis. RQ1 results indicated a relationship between RNs who experienced WPB/violence and days absent from work in the Tri-State area from 2015 to 2018; RQ2 results indicated no relationship between RNs who experienced WPB/violence and length of time in position, day of week, time of day, gender, and race in the Tri-State area from 2015 to 2018. These results provide a foundation for future studies to help reduce WPB. The impact of positive social change may provide additional information to improve WPB reporting both in healthcare organizations and to governmental agencies like Occupational Safety and Health Administration and Bureau of Labor Statistics.

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Dedication

I would first like to thank God for giving me the ability and perseverance to complete this study. I would like to dedicate this study to all the nurses who have suffered and lost their lives as a result of experiencing workplace bullying. I dedicate this study to my Father, Vito Speciale, who passed away on September 1, 2014 and my Mom, France. Dad, you have always been my biggest cheerleader and believed in me always. You saw me start this program and I know you are watching over me as I complete this program. Mom, you always encouraged me to dream big and reach for the stars. I am blessed to have you with me and have you see me accomplish the different milestones that have gotten me to this point. Finally, I dedicate this study to the love of my life, my wonderful, loving, and incredible husband, Pete Olmo. Pete, you have encouraged me and supported me through the ups and downs of putting together this study. Your love and support mean the world to me and having you by my side makes achieving this degree so much sweeter.

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To the love of my life, Pete, thank you for your constant encouragement, love, support, and understanding. You have been my rock and my cheerleader during this process, and I could not have gotten this far without you. You make every day so much better and you have made this journey so much easier. I appreciate you being my sounding board and for being my calming force when I get stressed out.

To my biggest cheerleaders and the people who have made me who I am, my incredible and wonderful parents, Vito and France. The two of you have always stood behind me in everything I have attempted to do or go for. You both believed in me even when I did not believe in myself. Dad, I know that you are watching over me and inspiring me to push forward from heaven. Mom, you have always told me that I am capable of anything I put my mind to, and you have never let me forget it. I know that

you are looking forward to watching me graduate and I cannot wait to share that day with you.

To my friend, Dr. Annette Tucker-Osborne, you are the older sister I did not get biologically in life but have been blessed to have. We have been on this journey together to get our DHAs since 2013, and we have kept our promise to graduate together through thick and thin. Thank you for believing in me, pushing me, and encouraging me to keep moving forward when I was falling behind. Most of all, thank you for lifting me up when I was down. Thank you for your friendship, support, encouragement, and for always being there.

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Section 1: Foundations of the Study and Literature Review

Introduction

Workplace bullying (WPB) is intentional and repeated aggression, emotional abuse, physical violence, and consistent threat of violence (Houck & Colbert, 2017; Tamela, 2018). Among nurses, it has been a prevailing problem in healthcare for decades and has been on the rise for many years (Randle, 2011; Boyle & Wallis, 2016). WPB is the intentional projection of repeated aggression, emotional abuse, physical violence, and consistent threat of violence on an intended target (Houck & Colbert, 2017; Tamela, 2018). WPB has helped create a hostile work environment that has adversely affected the nurse's ability to provide patients with quality care (Christie & Jones, 2014). WPB among nurses is a health administrative issue, because it increases days absent from work that may result in short staffing and decrease the quality of care (Serafin, Sak-Dankosky, & Czarkowska-Pączek, 2020; Bambi, Foà, De Felippis, Lucchini, Guazzini, & Rasero, 2018). For this study, workplace violence among nurses is synonymous with WPB among nurses.

Problem Statement

WPB among nurses continues to rise and has become a prevailing problem in healthcare for decades (Randle, 2011; Boyle & Wallis, 2016). The rise in WPB has been linked to the absence of a well-developed definition of WPB and an inability to specify behaviors that contribute to WPB (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012; Boyle & Wallis, 2016). Christie and Jones (2014) suggested that WPB reduces

productivity and reduces the nurse's ability to deliver effective healthcare. Although healthcare organizations provide training, WPB still exists. WPB reduces job satisfaction and teamwork, resulting in days absent from work, which, in turn, jeopardizes patient safety and contributes to increased healthcare costs for hiring and training new staff (Randle, 2011; Boyle & Wallis, 2016).

The problem is that WPB may have a negative effect on teamwork and productivity, which leads to an increase in days absent from work and may reduce patient safety (Randle, 2011; Boyle & Wallis, 2016). Absence from work represents an operational problem in health administration as it reduces the number of nurses available to care for patients (Serafin et al., 2020; Bambi et al., 2018). The days that a nurse is absent from work impact patient care (Serafin et al., 2020; Bambi et al., 2018). WPB has been defined as harassing, continually offending, and excluding an individual to the point that the individual's work is affected (Boyle & Wallis, 2016). Hospital administrators have provided training to all employees, including nurses, on bullying, harassment, and unacceptable behavior in the workplace over the last several years (Spence Laschinger & Nosko, 2015). However, a gap in the literature exists, and nursing leaders and hospital administrators need information about the types of bullying behaviors that persist to update training programs and company policy, as needed (Ariza-Montes, Muniz, Leal-Rodriguez, & Leal-Millán, 2014; Gaesawahong, 2015).

Purpose of the Study

The purpose of this quantitative study was to use secondary data to inform healthcare administrators on the impact, if any, that WPB has on registered nurses (RN) and the number of days they are absent from work. The study identified the correlation, if any, between RNs' reported experience of WPB and the following data: length of time in position; day of week and time of day; gender; and race. RNs' absence from work due to WPB is a health administrative issue, as it jeopardizes the quality of patient care. The data analysis was designed to inform healthcare administrators about the potential outcomes of WPB and to promote policy and cultural change. Spence Laschinger and Nosko (2015) suggested that continued WPB has serious mental health effects on nurses and could cause post-traumatic stress disorder. In addition to PTSD, many nurses experience fatigue, anxiety, and social isolation. These aspects of WPB all contribute to an increase in the number of days absent from work and reduced patient care (Spence Laschinger & Nosko, 2015).

Secondary data from the Bureau of Labor Statistics was accessed for information on the variables of RN licensing, days absent from work, length of time in position, day of week, time of day, gender, and race. In 2018, the American Nurses Association conducted a survey about WPB, observed and experienced, whether the nurse reported the behavior, and about nurses' intent to leave the profession (Sauer & McCoy, 2018; Dermenchyan, 2018). In 2017, the Workplace Bullying Institute conducted a survey about WPB and recorded demographic information about those involved in bullying at

work (Workplace Bullying Institute, 2017). Contacts for all three secondary data sources were identified and contacted for permission to use the data.

Research Questions and Hypotheses

The following research questions and hypotheses were used to guide this study.

RQ1: What is the relationship, if any, between registered nurses who reported experiences of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018?

*H*0: There is no relationship between registered nurses' experience of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018.

*H*a: There is a relationship between registered nurses' experience of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018.

RQ2: What is the relationship, if any, between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018?

*H*0: There is no relationship between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018.

*H*a: There is a relationship between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018.

Theoretical Framework

The theoretical framework for this quantitative correlational research study was social cognitive theory (SCT). Bandura (1991) suggested that social interactions are inter-related with environment and behavior, which are learned through personal experiences over time. Negative social interactions and environmental situations may lead to WPB due to a high number of days absent from work, which reduces teamwork and diminishes organizational citizenship behavior (OCB). According to Tofighi, Tirgari, Fooladvandi, Rasouli, and Jalali, (2015), organizational citizenship behavior is a positive voluntary behavior by an employee that is not consistent with assigned duties but goes beyond the expectations of the job description. OCB can promote positive behaviors that may be beneficial for all employees (Tofighi et al., 2015).

Teamwork is an integral part of creating healthy OCB, which contributes to lower rates of WPB (Creasy & Carnes, 2017). According to Logan and Michael Malone (2018), teamwork within a healthcare organization helps nurses build trust and leadership skills. Increased team building activities increase a nurse's teamwork skills, which results in better patient care (Logan & Michael Malone, 2018). Teamwork and team building skills helped nurses build leadership skills, which were associated with fewer occurrences of WPB being reported (Logan & Michael Malone, 2018). Karabulut (2016) suggested that organizational culture, environment, the victim, and the bully's personality, as well as the leadership style of the manager, shape how bullying is perceived within an organization.

Nature of the Study

The nature of the WPB research study was a quantitative correlational study. The quantitative correlational study allowed for a comparison between WPB and the independent variable, days absent from work. The quantitative research method uses statistical data and information to make a comparison between variables to determine whether a relationship exists (McCusker & Gunaydin, 2015). Quantitative research allows for an in-depth analysis of statistical data to measure a specific relationship between selected variables (McCusker & Gunaydin, 2015).

Literature Review

The research presented in Section 1 examined previous research and data related to WPB among nurses and its impact on days absent from work. The subtopics in Section 1 include: literature search strategy, nurses' observation of bullying, reporting bullying behaviors, bullying and days absent from work, impact of bullying on the quality of patient care, organizational citizenship's effect on WPB, and demographics of nurses that experience bullying. The final part of Section 1 identifies the gaps in the current literature on WPB and summarizes the literature review.

Literature Search Strategy

The literature reviewed in Section 1 was collected from various academic search engines and databases. The search engines and databases used for this literature review included: ProQuest, Google Scholar, EBSCO, and academic journals. The following keywords were used for the searches: "Workplace bullying among nurses", "Nurse turnover due to bullying", "Bullying's impact on patient care", "Organizational

citizenship's impact on workplace bullying", "Demographics of bullied nurses", "Nurses' observation of bullying", "Days absent from work", and "*Nurses reporting bullying behaviors"*.

Literature Review Related to Key Variables and/or Concepts

Ethical Obligations of Hospital Administrators

Hospital administrators and organizations have an ethical responsibility to provide quality care to patients and to treat patients with respect. Hospital administrators and organizations also have an ethical responsibility to the employees, specifically the nurses, who provide the care. When identifying and examining an ethical dilemma, Pynes and Lombardi (2012) suggested that healthcare leaders need to ensure that the basic values of decency, integrity, and knowledge are the driving factors. However, in many cases, the hospital administrator does not have the tools to recognize or evaluate issues related to bullying of nurses (Johnson, 2019)

The ethical dilemma of WPB among nurses in healthcare has resulted in high rates of absenteeism as well as hospitals being understaffed (Ross, 2017). Days absent from work and the resulting short staffing are only two of several issues related to bullying that greatly affect the ability of a hospital administrator to maintain a healthy work environment for the nurses. Ethical treatment of nurses within a healthcare organization is integral to providing patients with the highest level of quality care (Ross, 2017).

Hospital administrators often turn a blind eye to WPB because it is often the supervisors and high-level nurses who are the bullies (Zecevic, Li, Ngo, Halligan, &

Kothari, 2017). Ovayolu, Ovayolu, and Karadag (2014) suggested that nurses who are exposed to bullying in the workplace may have endured systematic bullying by a superior, peer, or even subordinate over an extended period. The hospital administrator has an ethical duty to ensure that the hospital is a safe environment not only for patients but also for the nurses (Zecevic et al., 2017). The hospital administrator should intercede to understand these acts of bullying so that proper guidelines can be set to ensure that a culture of safety is being created for the nurses and staff (Arnetz et al., 2015).

Observing and Reporting of Bullying/Violent Behaviors

The observation of WPB by a bystander nurse has a psychological effect on how that nurse will react. MacCurtain, Murphy, O'Sullivan, MacMahon, and Turner (2018) suggested that bystanders who witness bullying are psychologically affected by the event. Bystanders may start to feel unsafe at work and feel uncomfortable reporting the incident to hospital administrators (MacCurtain et al., 2018). A long-lasting psychological impact on both the professional and personal life of nurses who either witness bullying or are bullied in the workplace may contribute to the lack of reporting (Johnson, 2019). Nurses that are bullied manifest the effects of this bullying in higher rates of absenteeism, increased sickness, heavy drinking, eating disorders, nightmares, and panic attacks (Chipps, Stelmaschuk, Albert, Bernhard & Holloman, 2013). Further, the negative effects can range from anxiety to thoughts of suicide (Johnson, 2019).

Many nurses who observe bullying or are victims of bullying do not report the incident to hospital administrators, fearing the consequences of speaking out. Powers (2017) suggested that nurses who are bullied do not report the incident for fear of reprisal

or not being believed. Nurses who are willing to speak up about the bullying they have experienced or witnessed often do not do so because of the repercussions that may impact them as individuals and their career, and they may have a feeling of futility (Pope, 2018). Pope (2018) suggested that nurses who speak up often find it was futile because the administration did nothing to address or prevent future bullying. Whistleblowers in the healthcare industry who have presented evidence of bullying are often rejected and subjected to disciplinary actions for coming forward (Pope, 2018).

Nurses who have witnessed other nurses who come forward and speak up being subjected to disciplinary actions and repercussions by the administration have seen this as a message that suffering in silence is better than speaking up. Pope (2018) suggested that nurses who want to move forward in their careers or receive awards in an environment of bullying have learned that "toeing the line" and keeping their "mouths tightly shut" is how they can achieve their goals.

Bullying and Days Absent from Work

Sauer and McCoy (2018) suggested that continual bullying can have an adverse effect on a nurse's job satisfaction and days absent from work. Nurses that are bullied are susceptible to higher absenteeism rates, increased sickness, heavy drinking, eating disorders, nightmares, and panic attacks (Sauer & McCoy, 2018). These factors contribute to days absent from work, short staffing, medical errors, and poor patient care. The effects of bullying are linked to a number of psychological issues and may result in nurses' dissatisfaction with their jobs.

A nurse's intent to leave a position was higher among nurses who were bullied or experienced horizontal violence (from peers) (Sauer & McCoy, 2018). Days absent from work due to bullying is often the result of psychological trauma which impacts a nurse's desire to leave. As the abusive behavior has increased in nursing, so has the level of job dissatisfaction that many nurses experience as a result of being bullied (Fontes, Alarcão, Santana, Pelloso, & de Barros Carvalho, 2018). The Fontes et al. (2018) study suggested that bullying among nurses had a positive association with an increase in the number of days absent from work. In addition to the impact of bullying on job satisfaction, the Fontes et al. (2018) study suggested that a lack of ethical leadership and nurse leaders acting as the intimidators contributed to a nurse's turnover intentions. When nurses had ethical nurse leaders, the incidents of bullying were less and this had a direct effect on reducing the days absent from work (Fontes et al., 2018).

According to De Gieter, Hofmans, and Pepermans (2011), days absent from work may be a contributing factor in nursing shortages worldwide. WPB has been identified as a potential contributor to a high number of days absent from work. Days absent from work due to WPB may directly influence a nurse's desire and intent to remain in a job. The presumption is that nurses who are satisfied with their jobs are less likely to leave and will provide a higher quality of patient care (De Gieter et al., 2011; Christie & Jones (2014). When nurses are dissatisfied with their jobs due to continual bullying, these nurses are more likely to leave their jobs, contributing to days absent from work (De Gieter et al., 2011).

Impact of Bullying on the Quality of Patient Care

According to Oh, Uhm, and Yoon (2016), a negative workplace environment has an impact on the quality of patient care. When nurses work in a negative work environment due to continual bullying, patient care declines because there is a lack of support and collaboration among nurses (Oh et al., 2016). Quality patient care is not achievable in a stress-laden environment or an environment that lacks collaboration between team members because of WPB (Oh et al., 2016). WPB impacts the personal characteristics of nurses and their ability to work.

Oh et al. (2016) suggested that WPB will create physiological and physiological distress for the affected nurses. This physiological and physiological distress increases the nurses' job stress and the nurses' desire to leave the job, which have been significantly associated with a decrease in quality patient care (Oh et al., 2016). Additionally, nurses who have experienced WPB suffer from feelings of trauma and helplessness, which impacts the nurse's ability to be productive (Houck & Colbert, 2017).

The decrease in productivity of nurses that experience WPB has led to increased patient safety risks (Houck & Colbert, 2017). Houck and Colbert (2017) suggested that there is a link between WPB and an increase in patient safety risks because continual abuse at work changes the way the nurse victim thinks, and altered thinking may affect decision making, assessment, and reactions which can impact that delivery of quality care and patient safety.

Organizational Citizenship Effect on Workplace Bullying

A lack of organizational citizenship may contribute to WPB and, in turn, affect nurses' satisfaction. Tofighi et al. (2015), suggested that organizational citizenship behavior is a positive voluntary behavior that an employee adopts, going beyond the expectations of the job description. Organizational citizenship may lead to individuals becoming efficient in their tasks and promote positive behaviors that may influence employees to behave in a manner that is beneficial for all employees (Tofighi et al., 2015).

Karabulut (2016) suggested that organizational culture, environment, the victim, and the bully's personality, as well as the leadership style of the manager, shape how bullying is perceived within an organization. Organizational culture and environment may foster horizontal violence among employees and perhaps bullying among nurses (Perreira, 2016). Leadership as well as organizational culture, environment, and citizenship behaviors may all contribute to the prevalence of bullying within healthcare and the nursing profession (Karabulut). Creasy and Carnes (2017) suggested that teamwork is another aspect of OCB and is an integral part of creating a healthy OCB that contributes to creating a positive work environment that will help decrease cases of WPB.

Teamwork within a healthcare organization also helps nurses to build trust and leadership skills (Logan & Michael Malone, 2018; Tamela, 2018). The Logan and Michael Malone (2018) and Tamela (2018) studies suggested that increased team building activities and supportive leadership increased a nurse's teamwork skills, which resulted in better patient care. Teamwork and team building skills helped nurses build

leadership skills which were associated with fewer occurrences of WPB being reported (Logan & Michael Malone, 2018; Tamela, 2018). Tamela (2018) suggested that when senior nurses model bullying behaviors to the novice nurse, these behaviors are perpetuated by the novice nurse, adding to acts of bullying and workplace incivility.

Demographics of Nurses that Experience Bullying

WPB has negative impacts regardless of gender, age, or the job role itself. The De Cieri, Sheehan, Donohue, Shea, and Cooper (2019) study suggested that understanding the demographics of the bullied nurses is an important aspect of understanding the perpetrator of the bullying. Gender, age, and job role are three demographics that were studied by De Cieri et al. (2019) to determine the basic visible characteristics of the bullying individual's formal or informal power related to the victimized nurse.

In exploring the role of gender De Cieri et al. (2019) discussed the difference between WPB in a non-healthcare setting in which men are traditionally the perpetrators of WPB. However, nursing is a female-dominated profession and thus the balance of power would be in favor of women, and therefore men in the profession may be bullied more than women in the profession (De Cieri et al., 2019).

Age also played a critical role in the De Cieri et al. (2019) study in determining which nurses were bullying most in the workplace. The De Cieri et al. (2019) study suggested that nurses with less formal experience or number of years in their careers were more likely to be bullied, as they have less power than nurses that have more years of experience. Horizontal bullying was more prevalent among novice nurses because of their lack of power (De Cieri et al., 2019).

The third demographic of job role is an important consideration when looking at the dynamic of the perpetrator and the victim of bullying (De Cieri et al., 2019). The De Cieri et al. (2019) study stated that job role has not been considered as an important factor when analyzing WPB. Job role can be an indicator of which nurses are more likely to be bullied in a healthcare organization, as the hierarchy of the organization will determine the amount of formal or informal power a nurse may have over another nurse (De Cieri et al., 2019).

De Cieri et al. (2019) suggested that rank in the organization (i.e. doctors vs. RNs, vs. nurses, vs. midwives) will impact who the perpetrator of the bullying will be and who the victim of the bullying will be. In looking at the demographics of the bullied nurses that the researcher must also considered the fact that nursing is a profession that is predicated on a culture of dedication, obedience, servitude, and an expectation of adherence to the hierarchy within the organization (De Cieri et al., 2019). This type of paramilitary culture helps to foster an environment of humiliation and insult which for many seasoned nurses is considered a type of on the job training for a novice nurse (De Cieri et al., 2019).

Definition of Terms

The definitions presented below will facilitate a better understanding of the concepts and variables used in this study.

Bullying. The repetitive persistent behavior of undesired negative acts that are methodically done to leave the recipient feeling powerless to stop the negative acts (Parchment &Andrews, 2019).

Days Absent from Work. The non-presence of an employee at his or her place of employment (Bambi et al., 2018; Serafin et al., 2020). This is an independent variable of the study.

Day of the Week. Any one of the days Monday through Sunday (day of the week, n.d.). This is an independent variable of the study.

Downward Bullying. Acts of bullying that are perpetrated by a superior on a subordinate (Parchment & Andrews, 2019).

Healthcare Organization. An institution that provides healthcare services to a target population (Mohamed, Higazee, & Goda, 2018).

Horizontal Bullying. Acts of bullying that are perpetrated by one peer on another peer or nurses of equal rank (Parchment & Andrews, 2019).

Hospital Administrator. An individual that is responsible for the daily operations of a healthcare facility (Mohamed et al., 2018).

Gender. An individual that is either male or female (Merriam-Webster, n.d.b). This is an independent variable of the study.

Learned Helplessness. The reluctance to seek help and an overwhelming feeling of being powerless to stop repetitive negative acts of bullying (Chipps et. al., 2013; Birks et al., 2017; Parchment & Andrews, 2019).

Length of Time in Position. The number of years an individual has been in a particular position (Merriam-Webster, n.d.a). This is an independent variable of the study.

Nurse. An individual who provides patient care in a clinical setting (American Nurses Association, n.d.).

Organizational Citizenship. Organizational citizenship (OC) is a positive voluntary behavior by an employee that goes beyond the expectations of the job description (Tofighi et al., 2015).

Race. A group of individuals who share specific traits (Merriam-Webster, n.d.d). This is an independent variable of the study.

Registered Nurse. An individual that has graduated from nursing school and has passed a national licensing exam (American Nurses Association, n.d.). This is an independent variable of the study.

Time of Day. The time of day as indicated on a clock (Merriam-Webster, n.d.d). This is an independent variable of the study.

Tri-State Area. A group of three neighboring states that includes New York, New Jersey, and Connecticut (Tri-state area, n.d.).

Turnover Intent. A nurse's desire and intention to leave a position due to job dissatisfaction (Fontes et al., 2018)

Upward Bullying. Acts of bullying that are perpetrated by a subordinate on a superior (Parchment & Andrews, 2019).

Workplace Bullying. The intentional projection of repeated aggression, emotional abuse, physical violence, and consistent threat of violence on an intended target (Houck & Colbert, 2017; Tamela, 2018). This is the dependent variable of the study.

Workplace Incivility. This is lower intensity or milder behavior with the intent to harm the target of the incivility (Tamela, 2018).

Workplace Violence. Acts or threats of physical violence, verbal abuse, intimidation, harassment, or disruptive behavior that occur in the workplace (Crawford, et al., 2019) For this study, workplace violence among nurses is synonymous with WPB among nurses.

Assumptions

While researching this topic, three assumptions were made about WBP and how hospital administrators view this issue. One assumption was that nurses who are being bullied or have witnessed bullying will not report the bullying to hospital administrators because they feel unsafe in expressing their concerns: They fear retaliation and repercussions that could lead to losing their jobs or not being promoted (MacCurtain et al., 2018).

Another assumption was that organizational citizenship and teamwork impact the occurrences of bullying by creating a negative work environment. A negative work environment may impact days absent from work and thus impact the quality of patient care (Tofighi et al., 2015; Fontes et al., 2018; and Oh et al., 2016). The third assumption was that hospital administrators have an ethical and moral responsibility to ensure a safe work environment for nurses. Rather than turning a blind eye to the issue, administrators need to implement anti-bullying programs to ensure that bullying does not occur (Arnetz et. al. 2015; Zecevic, et al., 2017).

Scope and Delimitations

WPB is experienced throughout the world and across different nursing fields (Blackstock, Harlos, Macleod, & Hardy, 2015). The population parameters of this study centered around RNs. The World Health Organization has recognized bullying as a public health problem that needs to be scrutinized by healthcare organizations and policy makers (Parchment & Andrews, 2019). The Parchment and Andrews (2019) study suggested that bedside nurses are the group of nurses that have predominantly suffered from WPB. However, this study also suggested that nurse leaders are also victims of WPB.

The Parchment and Andrews (2019) study documented the four characteristics associated with WPB. Bullying is the repetitive persistent behavior of undesired negative acts, that is methodically done to leave the recipient feeling powerless to stop the negative acts (Parchment & Andrews, 2019). Nurses subjected to WPB exhibit many of the four characteristics that Parchment and Andrews (2019) documented —violation, burnout, depression, and stress which may result in learned helplessness (Chipps et al., 2013). These feelings may result in the individuals beginning to experience a lack of control which is the basis for using the Learned Helplessness Model (Chipps et al., 2013).

The learned helplessness model was introduced in 1975. It was theorized that learned helplessness occurs in individuals that experience uncontrollable events and believe that they are unable to control or change the outcome of that event as well as any future events (Abramson, Seligman, & Teasdale, 1978, as cited by LeSage, Slimmer, Lopez, & Ellor, 1989). Nurses that are subjected to WPB, violation of dignity, stress,

abusive supervision, and burnout often experience feelings of helplessness as well as lack of control of the events (Birks et al., 2017).

When nurses are continually victimized at work, it becomes more and more difficult for them to gain a sense of self and to gain control over their work environment (Abramson et al., 1978, as cited by LeSage et al., 1989). This helplessness is the underlying reason why nurses do not report instances of downward, upward, or horizontal bullying (Birks et al., 2017). Although there are many documented instances of downward bullying, researchers must also consider upward and horizontal bullying, and how they impact the bedside nurse, nurse manger, and nursing director.

Significance

A study by Chipps et al. (2013) provided evidence that WPB affects nurses and patients negatively. The significance of this study was to identify what variables, if any, contribute to WPB and thus inform nurse leaders for the development of consistent and effective policy that would drive cultural change to reduce and eliminate WPB. Current and future victims could benefit from this research. A positive work environment could also improve quality of patient care. This research was intended to provide information for nurse leaders to react in a proactive manner. The significance of this study was to identify what variables, if any, contribute to WPB, and to inform nurse leaders for the development of consistent and effective policy that may drive cultural change to reduce and eliminate WPB.

This study was intended to explore the potential factors that contribute to WPB and why WPB is consistently overlooked by the organizational leaders. Nurses, hospital

administrators, and the American Nurses Association (ANA) could benefit from research that explores how OCB contributes to WPB. The study sought to explain why bullying among nurses occurs and what elements contribute to WPB. The study examined, in particular, how the lack of a formal definition of bullying and of organizational citizenship may have fostered the rise of WPB.

This study was designed to introduce new information and contribute to developing a consensus on the definition of WPB. The literature addresses WPB in healthcare and the lack of a formal definition of WPB within the healthcare industry. Researchers have identified the variations used to identify bullying, but they do not identify a consensus for a formal definition of WPB. To identify the problem of WPB within the literature, a broad search for WPB definitions was done to identify the commonalities within the literature to determine when the problem was first cited.

A hospital administrator could use this research to develop anti-bullying monitoring programs, anti-bullying policies, and procedures to hold perpetrators accountable. This research could be used by healthcare leaders to create a sustainable solution to WPB, which would promote respect and teamwork, and thus improve job satisfaction. Study results could contribute to the knowledge about WPB/workplace violence and thus could improve nurses' work experience, job satisfaction, patient care, and retention, and could create tools that healthcare facility leaders could use to eliminate WPB successfully.

Summary

WPB and violence among nurses greatly affects the quality of care provided to the patient. Emerald (2014) suggested that WPB among nurses has impacted patient outcomes and impeded quality care for patients. When nurses are in fear of being harassed or bullied on a consistent basis, this ongoing fear impacts the nurses' work environment and contributes to a decline in the quality of care provided to the patient. Houck and Colbert (2017) suggested that bullying impacts the nurses' work environment, and when the nurse's environment is impacted this can lead to increased medical errors, patient falls, and, potentially, death. The impact of poor patient care due to WPB has contributed to heavy financial burdens on healthcare organizations (Houck and Colbert, 2017).

Many nurses who are not willing to speak up about being bullied or about witnessing bullying behavior do so because of fear of retribution for reporting the incident to the administration (Glasper, 2018). When nurses are not willing to speak up because of fear, the acts of bullying continue to increase and affect both patients and the quality of patient care (Tamela, 2018). According to the literature, bullying affects nurses and patients negatively (Tamela, 2018; Chipps, et. al., 2013). The Tamela (2018) and the Chipps et al. (2013) studies suggested that the incivility of WPB can compromise teamwork and affect patient safety negatively. Further, despite attempts by healthcare organizations to increase awareness of WPB, WPB continues to rise and to affect patients (Randle, 2011).

Conclusion

The purpose of this quantitative study was to use secondary data to inform healthcare administrators about the impact, if any, that WPB has on RNs, including the days absent from work. Additionally, the study identified the correlation between RNs' reported experience of WPB and length of time in position, day of week, time of day, gender, and race. RNs' days absent from work due to WPB is a health administrative issue, as it jeopardizes the quality of patient care. The data gathered in this study may help healthcare leaders to gain a deeper understanding of the effects of WPB on nurses and the effectiveness of the processes that are currently in place to prevent future acts of bullying. The information gained from this study adds to the existing literature on WPB in healthcare and provides perspectives on how to create anti-bullying programs to educate healthcare administrators and nurses, create awareness bullying in the workplace, and help leaders create sustainable solutions to stop WPB. When the key factors involved in bullying can be defined, hospital administrators will have the tools they need to develop anti-bullying programs that can reduce or eliminate acts of bullying, which, in turn, could reduce the number of days and RN is absent from work and improve the quality of patient care.

Section 2: Research Design and Data Collection

Introduction

WPB among nurses has been a prevailing problem in healthcare for decades and has been on the rise for many years (Randle, 2011). WPB has adversely affected nurses and contributed to the creation of a hostile work environment that has diminished the nurses' ability to provide patients with quality care (Christie & Jones, 2014).

The rise in WPB has been linked to the absence of a well-developed definition and an inability to specify the behaviors that contribute to WPB (Gaffney et al., 2012) According to Christie and Jones (2014), WPB reduces productivity and the nurse's ability to deliver effective healthcare. Although healthcare organizations provide training, WPB still exists. WPB reduces job satisfaction and teamwork, resulting in a higher number of days absent from work, and the absences jeopardize patient safety and contribute to increased healthcare costs to hire and train new staff (Randle, 2011).

WPB has a negative effect on teamwork and productivity, which leads to an increase in days absent from work and may reduce patient safety (Randle, 2011). WPB has been defined as harassing, continually offending, and excluding an individual to the point that the individual's work is affected (Boyle & Wallis, 2016). Healthcare organizations have provided training to all employees, including nurses, regarding bullying, harassment, and other unacceptable behaviors in the workplace over the last several years (Spence Laschinger & Nosko, 2015). However, nursing leaders and hospital administrators need information about the types of bullying behaviors that persist

in order to upgrade training programs and company policy, if needed (Ariza-Montes el al., 2014; Gaesawahong, 2015). This is the gap in the literature.

This study was intended to identify what variables, if any, contribute to WPB to inform nurse leaders for the development of consistent and effective policy that may drive cultural change to reduce and eliminate WPB. Nurses who are currently bullied or may potentially be bullied could benefit from this research. A positive work environment could improve quality of patient care. The results of this research provided information for nurse leaders to react in a proactive manner.

Research Design and Data Collection

Design

The design of this quantitative correlational research study was social cognitive theory (SCT). Bandura (1991) suggested that social interactions are inter-related with environment and behaviors that are learned through personal experiences over time. Negative social interactions and environmental situations may lead to WPB due to a lack of teamwork and organizational citizenship (Persson, Mikkelsen, & Hogh, 2018). Persson et al. (2018) suggested that personality may contribute to the increased episodes of WPB. According to Cherry (2017), SCT provides insight into how individuals interact and how aggression or violence can be learned by observation. Jiang, Gu, and Tang (2019) contended that employees seek the resources to succeed in their endeavors and supervisors shape employees' beliefs.

Abusive supervision will impact an employee's psychological state, which may result in the employee exhibiting abusive behavior towards others (Logan & Michael

Malone, 2018). Social interaction can affect organizational citizenship behavior. Organizational citizenship can promote positive behaviors that may influence employees to behave or act in a specific manner within the organization (Tofighi et al., 2015). Tofighi et al. (2015) contended that organizational citizenship behavior is a positive voluntary behavior by an employee that is not consistent with assigned duties but goes beyond the expectations of the job description. Teamwork is an integral part of creating a healthy OCB that contributes to lower rates of WPB (Creasy & Carnes, 2017).

Teamwork within a healthcare organization also helps nurses to build trust and leadership skills (Logan & Michael Malone, 2018). Logan and Michael Malone (2018) suggested that increased team building activities augment a nurse's teamwork skills and result in better patient care. Teamwork and team building skills helped nurses build leadership skills that were associated with fewer occurrences of WPB being reported (Logan & Michael Malone, 2018). Karabulut (2016) suggested that organizational culture, environment, the victim, and the bully's personality, as well as the leadership style of the manager, shape how bullying is perceived within an organization.

A correlation study was used to identify any relationship between the dependent variable and the independent variables in relation to WPB among nurses. A correlational study is consistent with the research questions and determining whether there is relationship between the dependent variable of WBP and the independent variables associated with WPB. The demographic information on gender, race, and age was collected from the Bureau of Labor Statistics (BLS). The variables of days absent from work, length of time in position, day of week, time of day, gender, and race were

collected from the BLS for the Tri-State area. A report was requested from BLS upon IRB approval. The dependent variable of the study was WPB and the independent variables were days away from work, length of time in position, day of week, time of day, gender, and race.

Methodology

The nature of the WPB research study was a quantitative correlational study. The quantitative correlational study allowed for a comparison between WPB, the dependent variable, and the independent variables of days away from work, length of time in position, day of the week, time of day, gender, and, race. Secondary data, from The Bureau of Labor Statistics, was the source of information to make a comparison between variables to determine whether a relationship exists (McCusker & Gunaydin, 2015). Quantitative research allows for an in-depth analysis of statistical data to measure a specific relationship, if any, between selected variables (McCusker & Gunaydin, 2015).

Table 1

Variables

Name	Measurement	Values of Variables
Days Absent from Work	Continuous	0. 1 to 20 days 1. 20 or more days
Length of Time in Position	Continuous	0. 0 to 20 years 1. 20 or more years
Day of the Week	Nominal	0. Monday to Thursday 1. Friday to Sunday
Time of Day	Interval	0. 12:01AM – 12:00PM 1. 12:01PM-12:00AM
Race	Nominal	0. White, non-Hispanic 1. White 2. African American 3. Other
Gender	Nominal	0. Male 1. Female

Permissions to Use Secondary Data

Bureau of Labor Statistics provided information on how to source the secondary data, not previously collected for research, for use in this study. The researcher verified the availability of the variables that were tested in the study. The BLS website is an open source and for public use. No permission was necessary to access the data.

Data Collection and Management

Data were collected from the BLS website. The independent variables of days absent from work, length of time in the position, day of the week, time of day, gender, and race were gathered from the BLS website database. The data collected from the BLS was downloaded onto a flash drive and locked in a safety deposit box for 5 years.

Population Sample Frame, Sampling Procedure, and Power Analysis

The researcher used secondary data obtained from OSHA-reported incidents that were relayed to BLS to perform a power analysis. The power analysis was performed using open source information obtained from BLS. The population studied is RNs in the Tri-State area (New York, New Jersey, and Connecticut). A 95% confidence level power analysis using G*Power determined a minimum sample size of 906 (Creative Research Systems Sample Size Calculator, 2012). Power analysis was conducted by using G*Power. The power analysis was conducted by using IBM SPSS Statistics v. 23.0 (2016).

RQ1: What is the relationship, if any, between registered nurses who reported experiences of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018?

The researcher needed a minimum sample of 906 to have a 95% confidence level that there is a correlation between registered nurses who reported experiences of WPB/violence and days absent from work in the Tri-State area for RQ1.

RQ2: What is the relationship, if any, between registered nurses who reported experiences of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018?

The researcher needed a minimum sample of 906 to have a 95% confidence level that there is a correlation between RNs who reported experiences of WPB/violence and length of time in position, day of week, time of day, gender, and race for RQ2.

Research Questions and Hypotheses

The following research questions and hypothesis were used to guide this study.

RQ1: What is the relationship, if any, between registered nurses' who reported experiences of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018?

*H*0: There is no relationship between registered nurses' experiences of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018.

*H*a: There is a relationship between registered nurses' experiences of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018.

RQ2: What is the relationship, if any, between registered nurses who reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018?

*H*0: There is no relationship between registered nurses' experiences of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018.

*H*a: There is a relationship between registered nurses' experiences of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018.

Data Analysis Plan

The secondary data were analyzed using IBM SPSS Statistics v. 23.0 (2016) software. Panel regression analysis was done to determine whether the hypotheses were accepted. A fixed effects panel regression, mainly used in econometrics, was used to examine the relationship between WPB/violence over the course of four years (2015, 2016, 2017, and 2018). In panel data, individuals are observed at several points in time.

Fixed effects explore the relationship between dependent and independent variables within an entity (e.g., country or company) that has its own individual characteristics that may or may not influence the dependent variables (e.g., being a male or female could influence the opinion of household chores). Panel data are most useful when the dependent variable depends on independent variables that are not observable but are correlated with the observed independent variables.

Data Cleaning Process

The data were cleaned by eliminating any variables other than the independent variables of days absent from work, length in position, day of week, time of day, gender, and race.

Analysis Technique and Interpretation of Results: Data Analysis Plan

For Research Question 1, the researcher used a panel regression analysis to determine a correlation, if any, between WPB, the dependent variable, and the independent variable of days absent from work in the Tri-State area.

For Research Question 2, the researcher used a panel regression analysis to determine a correlation, if any, between WPB, the dependent variable, and the independent variables of length of time in position, day of the week, time of day, gender, and race.

Threats to Validity

External Validity

The external validity of the conclusions is an important aspect of ensuring that the results of the study can be applied to the outside world or to other areas of study (Huebschmann, Leavitt, & Glasgow, 2019). In evaluating the external validity of this study on WPB it was important to determine whether the results can be generalized and applied to other situations (Huebschmann et al., 2019). Any inaccurate information provided on an incident report used to create statistical information is a threat to the external validity of the data, as the subsequent studies that use this data will be erroneous.

Internal Validity

Unlike external validity, internal validity focuses on how the variables of the study are related. Internal validity examines the independent variable and compares it to the dependent variables of the study (Reiss, 2018). Specifically, internal validity helps to determine whether the results of the experiment or study are accurate and have not been manipulated (Reiss, 2018). Further, it may be difficult to determine whether there is a relationship between the variables if there are extraneous variables that have not been factored into the internal validity process (Reiss, 2018). The data that is captured in an incident report may have items that are wrong due to human error or to failure to report accurate information, or may have missing fields because some mandatory questions were not answered; such deficiencies are an internal threat to the validity of the data that were analyzed.

This correlational study explored the potential external or internal threats that may compromise the validity of this study's results. The results of this study were evaluated from an external and internal perspective. Evaluating the validity of the results determined whether these results can be used to evaluate the validity of results in other studies.

Ethical Procedures

The data gained from the BLS website was in the public domain. The data on the BLS website was collected from incident reports submitted to OSHA and provided to BLS. The data was analyzed and categorized to ensure accuracy of the information reported. No secondary data was analyzed prior to the Internal Review Board (IRB) review and approval. The secondary data collected was stored on a flash drive and will be maintained in a safety deposit box for a period of five years.

Summary

WPB has created turmoil in the nursing profession with little being done to correct or stop bullying. The data that are reported to governmental bodies, such as the BLS, do not contain enough information to provide the insight needed to understand how WPB affects nurses and the nursing community. The dependent and independent variables that are collected data reported to BLS are basic statistical data.

The independent variables reported to BLS are days absent from work, length in position, day of the week, time of day, gender, and race. The dependent variable that is reported is that of WPB. There is a need to examine why bullying is only reported in terms of occupation, days absent from work, length of time in the position, day of the

week, time of day, gender, and race. Researchers need to examine how the data is reported and where this data comes from.

The secondary data were analyzed using IBM SPSS Statistics v. 23.0 (2016) software through a panel regression analysis. A panel analysis was done to determine whether the hypothesis is accepted. A 95% confidence level power analysis using

Section 3 provides an analysis of data findings, data collection methods, data sets, and demographics of the study.

Section 3: Presentation of the Results and Findings

Introduction

The purpose of this quantitative study was to use secondary data to inform healthcare administrators on the impact, if any, that WPB has on registered nurses (RN) and the number of days they are absent from work. The minimum sample size needed for this study was 906. Additionally, the study was intended to identify the relationship, if any, between RNs' reported experience of WPB and length of time in position, day of week, time of day, gender, and race. The secondary data were obtained from incidents reported to the Occupational Safety and Health Administration (OSHA) and then relayed to the BLS. These data were then used to perform a power analysis.

The following research questions and hypothesis were used for this study.

RQ1: What is the relationship, if any, between registered nurses who reported experiences of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018?

H_0: There is no relationship between s' experience of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018.

H_a: There is a relationship between registered nurses' experience of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018.

RQ2: What is the relationship, if any, between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018?

H_0: There is no relationship between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018.

H_a: There is a relationship between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018.

Data Collection of Secondary Data Set

The BLS was established as a branch of the Department of the Interior in 1884 with a mandate to research and compile information about economics and labor. It was incorporated into the Department of Labor (DOL) in 1913 (BLS, 2020). Throughout its history, the BLS has been a source of empirical evidence to inform economic policy. The BLS goes to great lengths to ensure accuracy, impartiality, and accessibility of its reports. The agency's data releases are closely watched by economists and market participants and used to generate better and more accurate predictions for how the economy and markets will perform in the future (BLS, 2020).

Data for this study was retrieved by using the Occupational Illnesses and Injuries Profiles tool. The data collected for the variables was based on a specific occupation, location, and year. The data was collected from the BLS in a spreadsheet for the years 2015 through 2018. The minimum sample size needed for this study was 906. The actual sample size was 16,060 RNs. Some categories, such as the 20-24 age category and racial/ethnicity, were not included in the analyses due to the data not meeting the BLS publication guidelines. Table 2 shows all of the frequencies for variables for this study

that were gathered using the BLS website's Occupational Illnesses and Injuries Profiles tool.

Demographics

For the BLS data, a probability sample was created as a stratified sample compiled primarily from the Quarterly Census of Employment and Wages (QCEW) while the "second stage is the selection of sample cases involving days away from work and sample cases involving job transfer or work restriction from the establishments that have been selected" (U.S. Bureau of Labor Statistics, 2018, p. 16.). Due to the data being a federal and state agreement the data is ultimately designed to meet the needs and representation of the individual states.

For the Connecticut sample, there were 1,690 RNs with approximately 88% (*n* = 1,480) of the RNs identifying as female, 38% were in the 45-54 age category, and 58% (*n* = 950) were employed five years of longer. New Jersey had approximately 90% (*n* = 3,010) female, 33% (*n* = 990) in the 55-64 age category, and 61% employed five years or longer. Finally, 88% (*n* = 9,800) of the RNs in New York identified as female, 32% (*n* = 3,250) were in the 45-54 age category, and 62% were employed five years or longer. The demographic variables are in Table 3.

Table 2

Frequencies for Demographic Variables Used In Study

	Connecticut				New Jersey				New York			
Variables	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
Sex												
Men	90	40	40	40	70	70	70	70	250	340	270	400
Women	440	400	370	270	750	760	660	840	2710	2450	1990	2650
Age												
25 to 34	50	90	80	60	180	80	150	130	430	450	420	490
35 to 44	90	90	50	60	170	140	140	230	600	580	520	650
45 to 54	200	150	110	70	220	280	170	190	900	900	570	880
55 to 64	110	60	70	70	190	220	220	360	840	770	630	790
65 and over	0	0	0	0	40	70	40	30	110	30	70	120
Time with Employer												
Less than 1 year	50	60	30	60	50	100	80	60	230	220	190	230
1 year to 5 years	130	100	150	110	270	220	210	260	750	850	690	880
More than 5 years	330	270	210	140	470	500	400	570	1900	1650	1290	1820

Results

Research Question 1 Results

RQ1: What is the relationship, if any, between registered nurses who reported experiences of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018?

H_{01}: There is no relationship between registered nurses' experience of WPB/violence and days absent from work in the Tri-State area from 2015 to 2018.

H_{a1}: There is a relationship between registered nurses' experience of workplace. Bullying/violence and days absent from work in the Tri-State area from 2015 to 2018.

A fixed-effect panel regression approach was used to examine whether days absent from work and the location (i.e., CT, NJ, and NY) predicted WPB/violence (measured in the proportion of reported incidents). In panel data, which is cross-sectional time-series data, the behavior of entities is observed over time and the data is either aggregated or summed (i.e., person level data is not available). In this instance, the entities are the states of Connecticut, New Jersey, and New York and they are observed over four years (2015, 2016, 2017, and 2018). There are two important components of panel regression: (1) the dependent variable is measured over time and has the "same meaning and metric" (Allison, 2009 p. 2), and (2) the data is in a long format (Torres-Reyna, 2007). In essence, the panel regression analyzes aggregated or summed data when person level data is not available.

Table 3 contains the frequencies for all variables used in the study. The data met linearity and homoscedasticity assumptions as exhibited in the studentized residuals versus unstandardized predicted values plot (see Figure 1), due to the studentized residuals being normally distributed between -2.0 and 2.0. Additionally, there was independence of residuals as assessed by a Durbin-Watson statistic of 1.80 (test statistic values in the range of 1.5 to 2.5 are relatively normal) (Field, 2009). The model exhibited no multicollinearity, as evaluated by tolerance values greater than 0.1 for all the predictor

variables. The normality assumption was met, as assessed by a histogram of the residuals (see Figure 2).

Table 3

Frequencies for Variables Used in Study

	Connecticut				New Jersey				New York			
Variables	2015	2016	2017	2018	2015	2016	2017	2018	2015	2016	2017	2018
Number of days away from work												
1-5 days	200	330	170	110	390	410	410	460	1060	1240	820	1260
6-10 days	50	40	40	70	120	150	110	130	400	330	310	430
11-20 days	60	50	80	30	110	100	80	90	310	320	290	290
21-30 days	30	30	30	20	60	60	30	60	250	110	150	170
Day of Week:												
Weekday	380	340	310	250	690	650	590	740	2300	2280	1820	2370
Weekend	150	90	90	60	130	180	130	210	670	520	460	680
Time of Day:												
AM	250	170	150	120	370	370	320	410	1110	1270	900	1298
PM	200	120	130	120	340	400	300	320	1550	1250	1040	1380
Workplace Bullying/Violence	110	60	110	90	280	390	250	370	1020	1150	970	1290

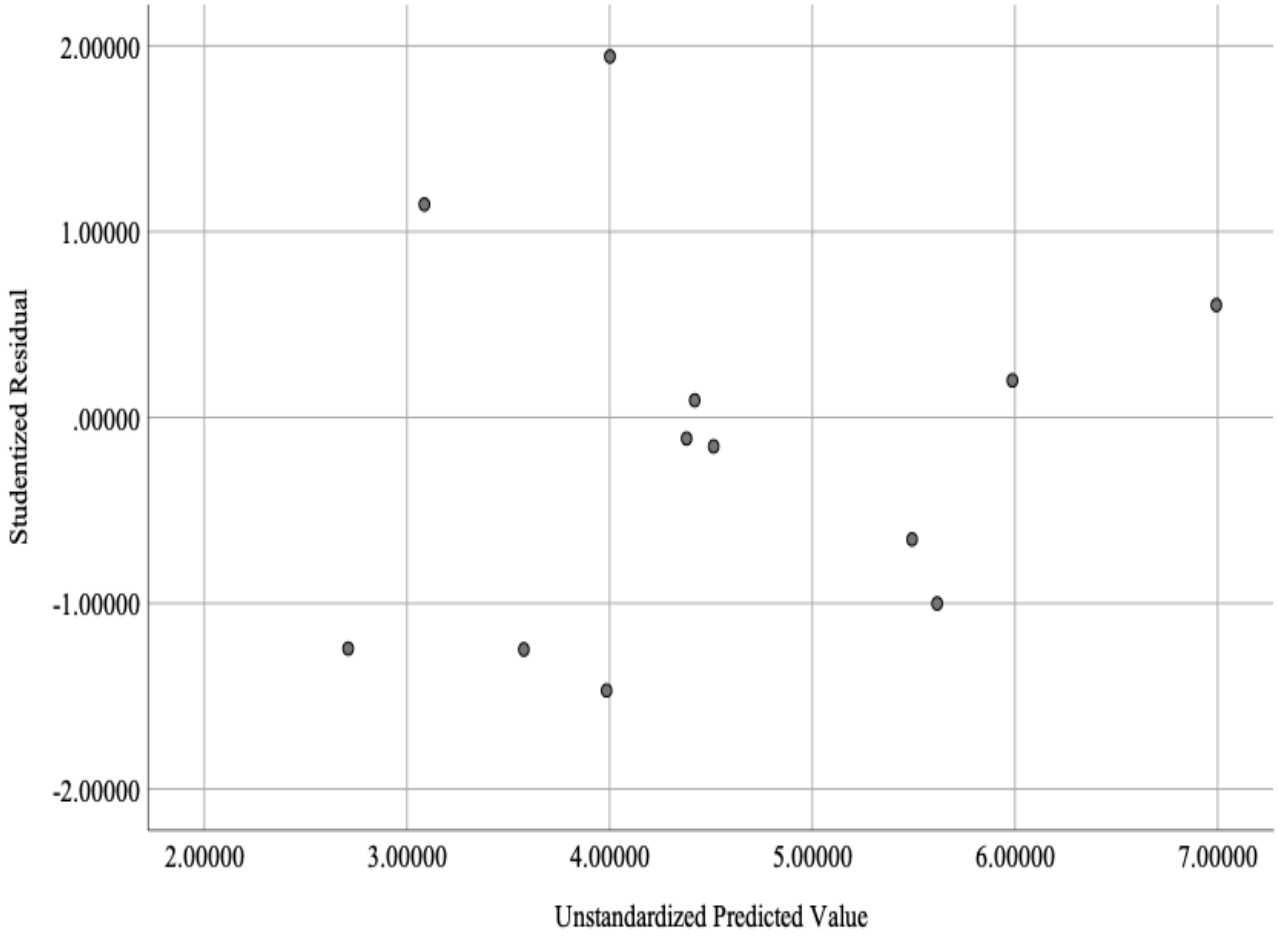

Figure 1. Scatterplot assessing linearity between independent variables and workplace violence/bullying for RQ1. Since this is a panel regression there are 12 plots (four time periods for each of three states).

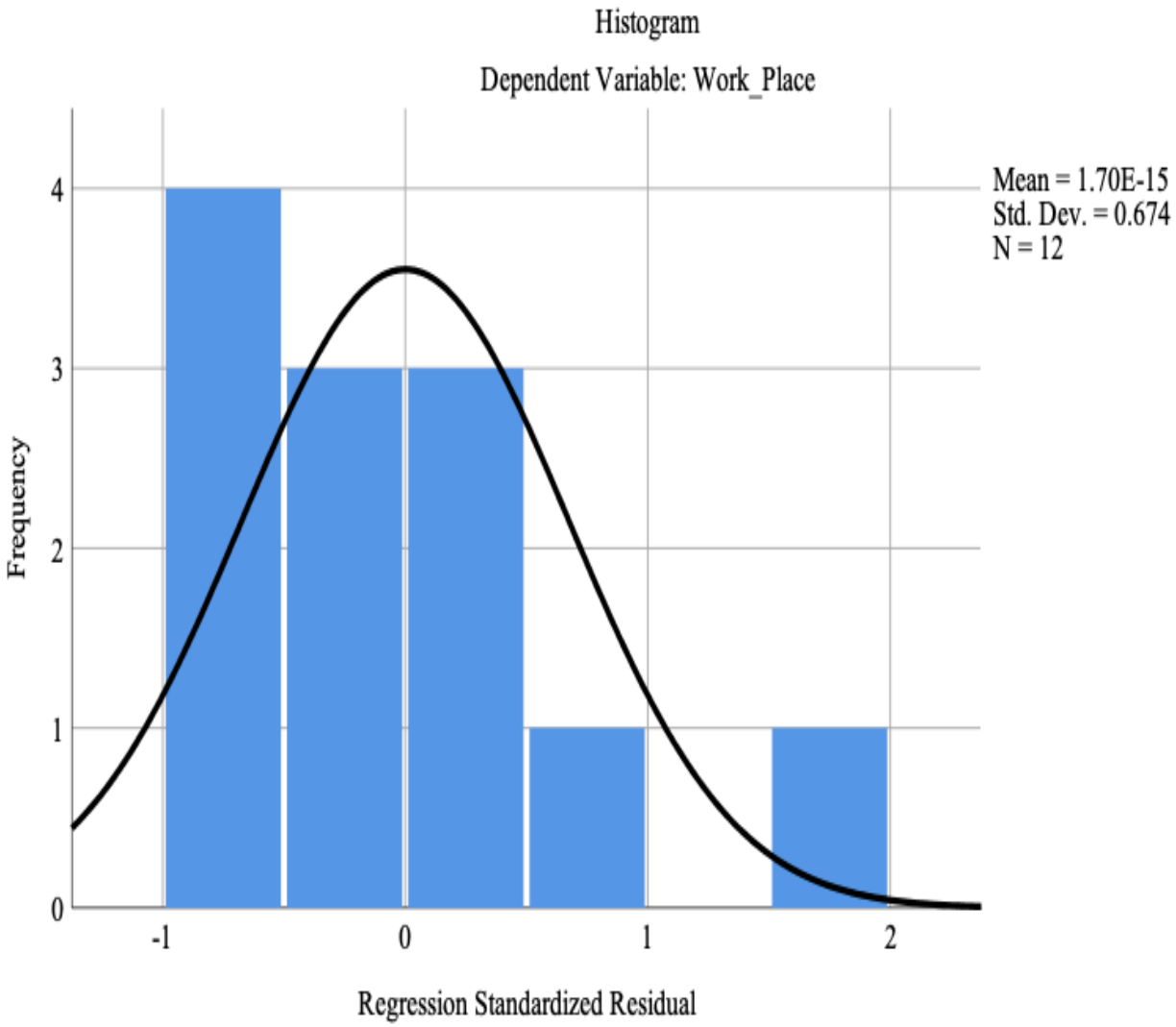

Figure 2. Histogram Assessing Standardized Residuals between Independent Variables and Workplace Violence/Bullying for RQ1. The bars in the histogram represent standardized residuals.

The multiple regression model produced a statistically significant prediction of WPB/violence, F (6, 11) = 3.80, p > .05, $R2$ = .82 with days of work missed, and states explained approximately 82% of the variance for workplace/bullying. The reference category was RNs from the state of Connecticut. The only significant predictor was those in the missed 6-10 days worked category. The results indicated that holding all variables in this model constant, those in the missed 6-10 days worked category had experienced workplace violence/bully 0.75 standard deviation units more than the other categories (β = 0.75, p <.05). Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted, indicating there is a significant relationship. Table 4 presents the panel regression analysis results.

Table 4

Panel Regression Results for Variables Used in RQ1

				95% CI	
Variables	*B*	*SE B*	*β*	Lower	Upper
(Constant)**	-4.41	3.29		-12.86	4.05
Days_1_5	1.61	1.64	0.21	-2.62	5.83
Cases_6_10_Days	16.21	5.75	0.75	1.42	31.00
Cases_11_20_Days	10.22	5.76	0.50	-4.60	25.03
Cases_21_30_Days	1.29	8.29	0.03	-20.03	22.61
State=CT	-1.58	0.77	-0.56	-3.54	0.39
State=NY	-1.32	0.67	-0.47	-3.03	0.40
R^2	0.82				
F	3.78	*			

**New Jersey is the reference group.

* significant at the 0.05 level

Research Question 2 Results

RQ2: What is the relationship, if any, between registered nurses, reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018?

H_{02}: There is no relationship between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race from 2015 to 2018.

H_{a2}: There is a relationship between registered nurses' reported experience of WPB/violence and length of time in position, day of week, time of day, gender, and race between 2015 to 2018.

A panel regression analyzed whether length of time in position, day of the week, time of day, gender, and race predicted WPB/violence. The data met linearity and homoscedasticity assumptions as exhibited in the studentized residuals versus unstandardized predicted values plot (see Figure 3) due to the studentized residuals being normally distributed between -2.0 and 2.0. Additionally, there was the independence of residuals, as assessed by a Durbin-Watson statistic of 1.58, and the model exhibited no multicollinearity, as evaluated by tolerance values greater than 0.1 for all the predictor variables. The assumption of normality was met, as assessed by a histogram of the residuals (see Figure 4).

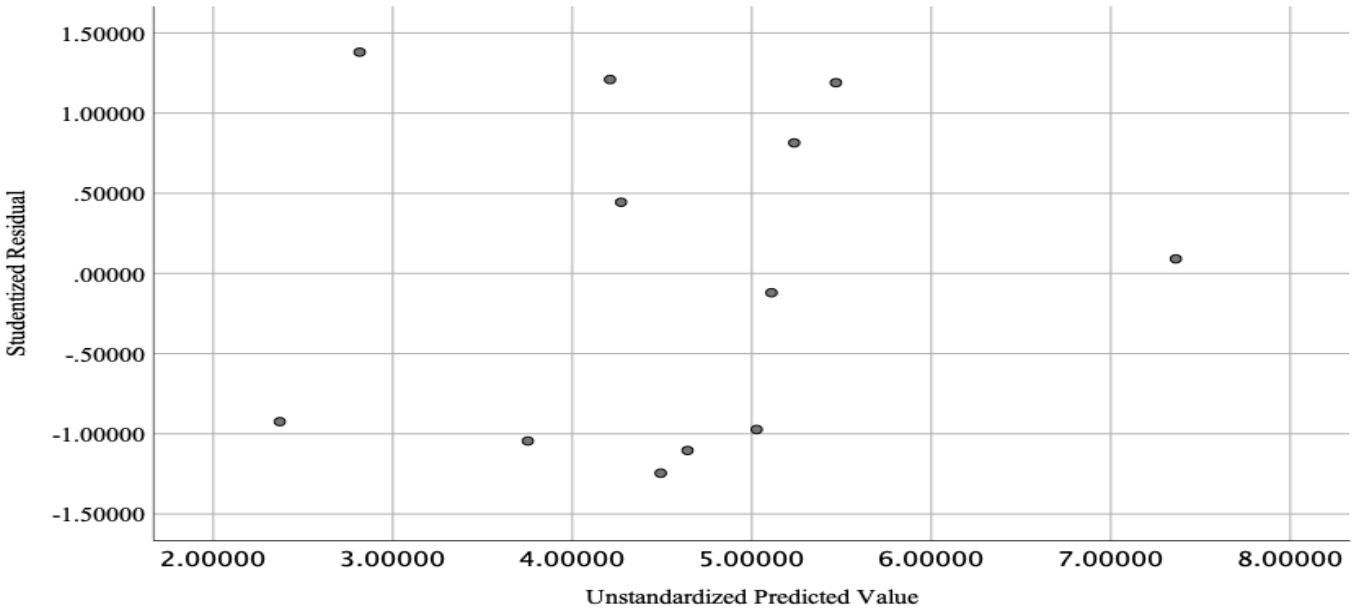

Figure 3. Scatterplot Assessing Linearity between Independent Variables and Workplace Violence/Bullying for RQ2. Since this is a panel regression there are 12 plots (four time periods for each of three states).

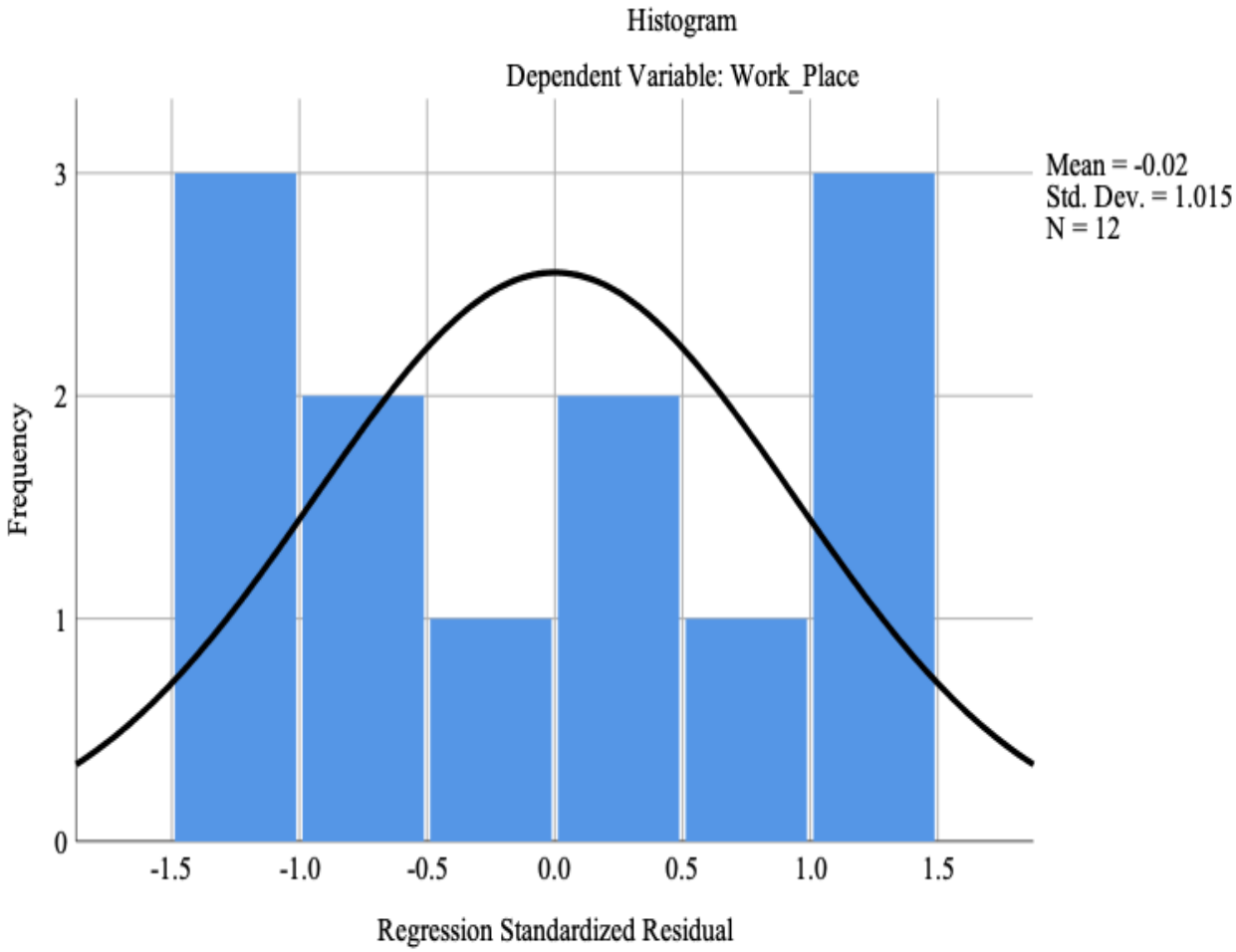

Figure 4. Histogram Assessing Standardized Residuals between Independent Variables and Workplace Violence/Bullying for RQ2. The bars in the histogram represent standardized residuals.

This multiple regression model did not produce a statistically significant prediction of WPB/violence, F (2, 9) = 3.80, p = 0.45, $R2$ = .88. None of the independent variables were significant. The regression analysis results are in Table 5. Due to the model not being statistically significant, the null hypothesis was not rejected.

Table 5

Panel Regression Results for Variables Used in RQ2

				95% CI	
Variables	*B*	*SE B*	*β*	Lower	*Upper*
(Constant)	0.63	5.40		-22.58	23.85
LOS_3_to_11_months	-1.18	7.50	-0.07	-33.46	31.10
LOS_1yr_5yrs	-4.80	8.76	-0.36	-42.50	32.91
LOS_5yrs_more	-3.67	8.12	-0.84	-38.61	31.26
Weekday	1.68	1.07	0.89	-2.94	6.29
Weekend	3.48	7.00	0.73	-26.64	33.59
Time AM	12.87	6.47	3.66	-14.98	40.72
Time PM	0.54	1.27	0.21	-4.94	6.02
Male	-16.32	14.44	-2.11	-78.47	45.82
Female	-4.50	7.38	-2.10	-36.25	27.26
R^2	0.88				
F	1.56				

* significant at the 0.05 level

Auxiliary Analysis

Finally, since age was not examined by Research Questions 1 and 2, the researcher decided to analyze age and WPB/violence. An additional analysis test was performed to look at age and WPB violence.

Auxiliary Analysis Q: What is the relationship, if any, between registered nurses' reported experience of WPB/violence and age in the Tri-State area from 2015 to 2018?

H_{01}: There is no relationship between registered nurses' experience of WPB/violence and age in the Tri-State area from 2015 to 2018.

H_{a1}: There is a relationship between registered nurses' experience of workplace. bullying/violence and age in the Tri-State area from 2015 to 2018.

A fixed-effect panel regression approach examined whether age predicted WPB/violence. The data met linearity and homoscedasticity assumptions as exhibited in the studentized residuals versus unstandardized predicted values plot (see Figure 5) due to the studentized residuals being normally distributed between -2.0 and 2.0, and there was independence of residuals, as assessed by a Durbin-Watson statistic of 2.47. The model exhibited no multicollinearity, as evaluated by tolerance values greater than 0.1 for all the predictor variables. The assumption of normality was met, as assessed by a histogram of the residuals (see Figure 6).

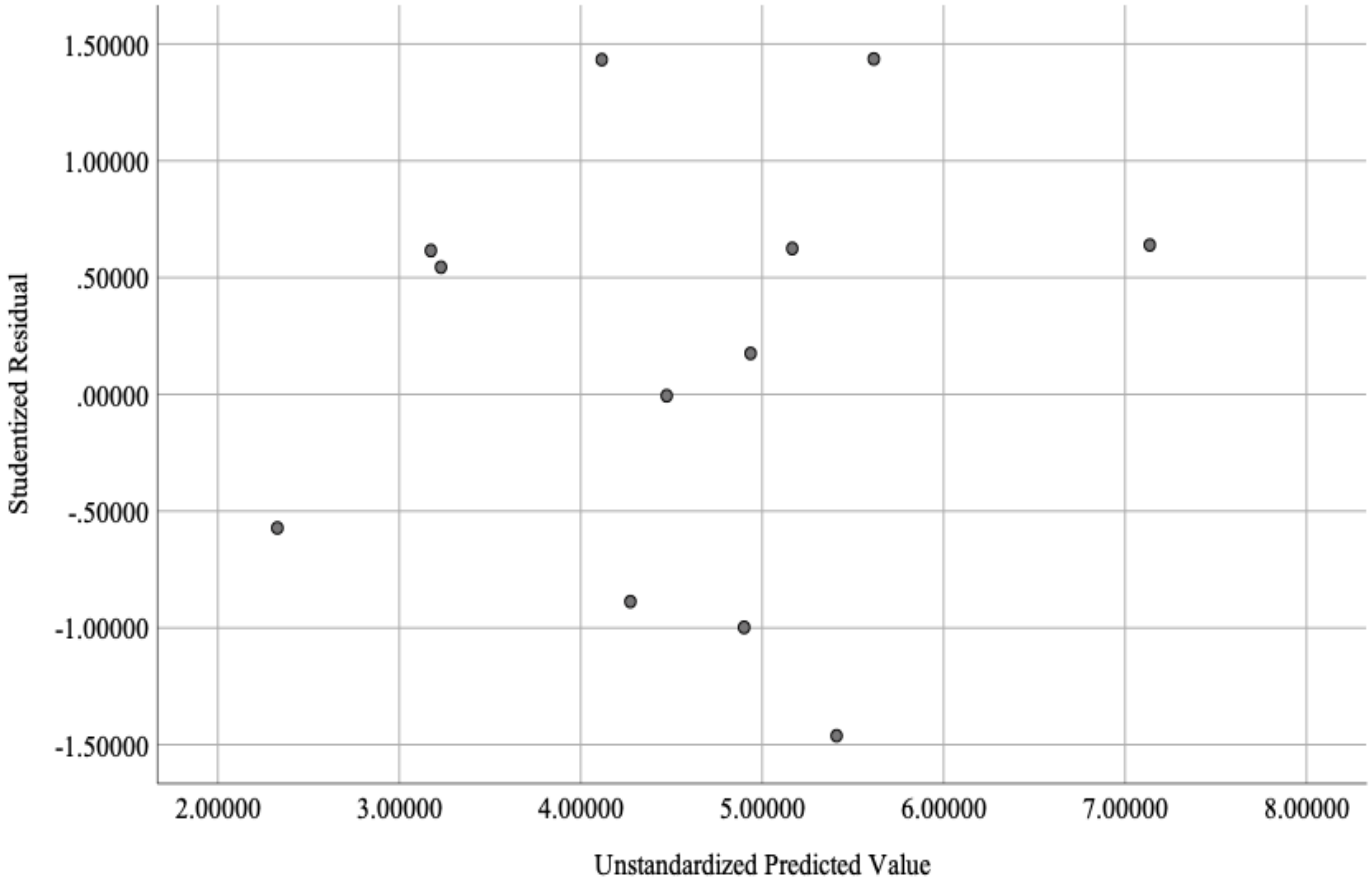

Figure 5. Scatterplot Assessing Linearity between Independent Variables and Workplace Violence/Bullying for Auxiliary Analysis for RQ3. Since this is a panel regression there are 12 plots (four time periods for each of three states).

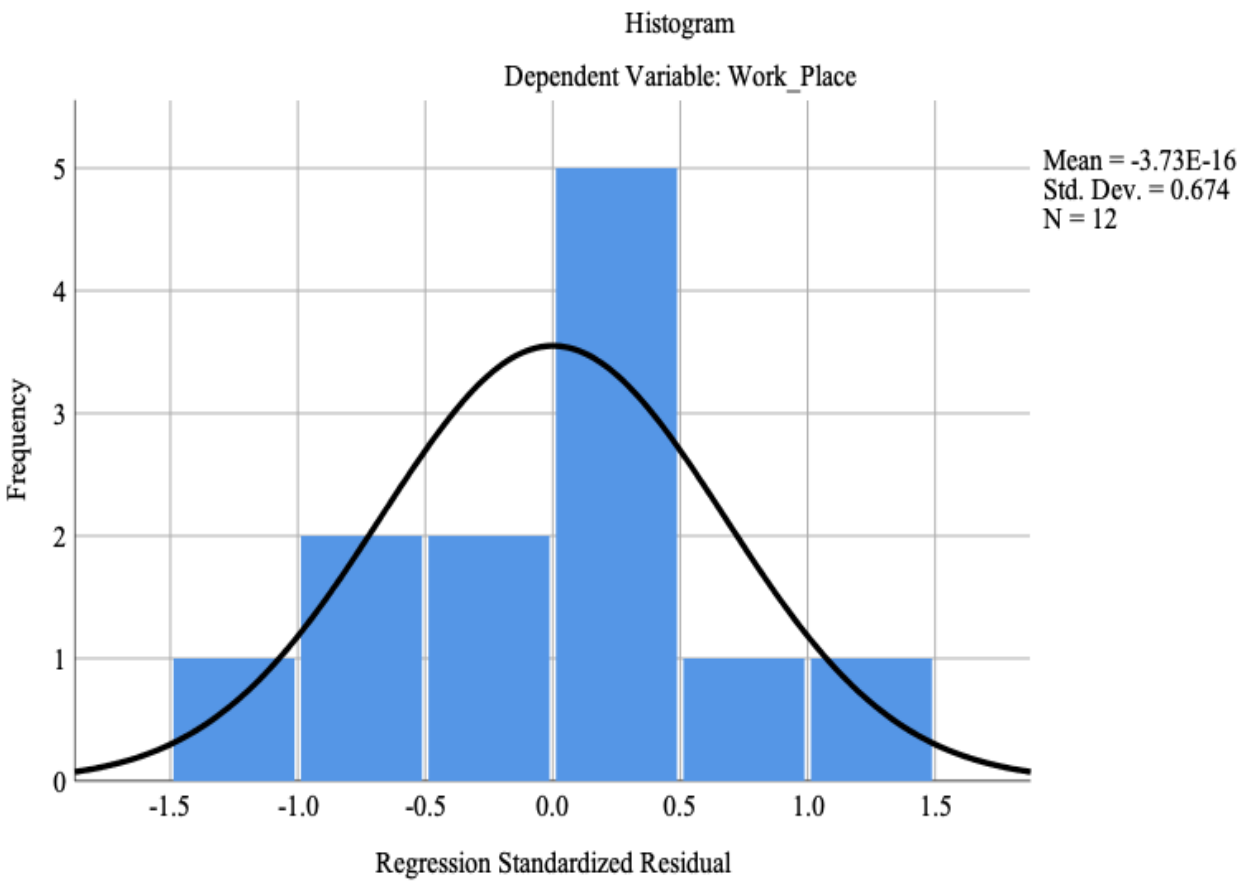

Figure 6. Histogram Assessing Normality between Independent Variables and Workplace Violence/Bullying for RQ3. The bars in the histogram represent standardized residuals.

This multiple regression model produced a statistically significant prediction of WPB/violence, F (5, 6) = 7.35, $p > 0.05$, $R2$ = .88, with age explaining approximately 88% of the variance in WPB/violence (table 6). The only significant predictor was nurses in the 65 or older category. RNs who were 65 or older had experienced workplace violence/bully 0.45 standard deviation units more than the other categories (β =

0.45, $p < .05$). Table 6 represents the panel regression analysis results. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted.

Table 6

Panel Regression Results for Variables Used in Auxiliary Analysis Question

				95% CI		
Variables	*B*	*SE B*	*β*	Lower	Upper	
(Constant)	4.12	2.12		-1.06	9.30	
25_34	-5.06	3.33	-0.36	-13.22	3.10	
35_44	-3.07	3.84	-0.22	-12.46	6.32	
45_54	1.54	1.25	0.25	-1.51	4.60	
55_64	3.59	2.42	0.43	-2.34	9.52	
65_older	10.26	4.27	0.45	-0.20	20.72	*
R^2	0.86					
F	3.78	*				

* significant at the 0.05 level

Summary

WPB has created turmoil in the nursing profession with little being done to correct or stop bullying. The secondary data collected from BLS was used to identify which variables, if any, contribute to WPB in order to inform nurse leaders for the development of consistent and effective policy that may drive cultural change to reduce and eliminate WPB. Nurses who are currently bullied and may potentially be bullied could benefit from this research. The dependent and independent variables were collected from the basic statistical information reported to BLS.

In examining that data to identify which factors impacted the days absent from work, WPB/violence impacted the days absent from work for RNs 65 and older. RNs in

this age group were absent from work an average of 6-10 days. The results indicated that there is a correlation between RNs who experienced WPB/violence and the days absent from work. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted.

The additional analysis of age indicated that older RNs are more vulnerable to WPB/violence and being absent from work then their younger counterparts. The null hypothesis was rejected and the alternative hypothesis that there is a correlation between age and workplace bulling/violence was accepted. The analysis of the independent variables of length of time in position, day of week, time of day, gender, and race was not significant enough to disprove that a correlation exists between WPB/violence and length of time in position, day of week, time of day, gender, and race. Therefore, the independent variables of length of time in position, day of week, time of day, gender, and race impacted which RNs experience WPB/violence. The results from the 2015- 2018 BLS data on WPB/violence among RNs was used to determine the number of days absent from work.

This section presented the results from the secondary data analysis of RNs that experienced WPB/violence in the Tri-State area from 2015 to 2018. This data was collected from the BLS website and analyzed using IBM SPSS Statistics v. 23.0 (2016) software. The analysis was validated by using a panel regression that determined a correlation between WPB/violence and a RNs age, days absent from work, length of time in position, day of week, time of day, gender, and race. The analysis was conducted and recorded to ensure proper alignment with the research.

Section 4 provides an interpretation of data findings, the limitations that this study faced, recommendations for additional research studies, and exploration of how this study can effectuate positive social change within the nursing profession and healthcare.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this quantitative study was to use secondary data to inform healthcare administrators on the impact, if any, that WPB has on registered nurses (RN) and the number of days they are absent from work. The study identified a relationship between WPB and days absent from work. The research also identified a relationship between WPB and age. The secondary data were obtained from OSHA reports of incidents that were then relayed to the BLS to perform a power analysis for this study. The minimum sample size needed for this study was 906.

This section discusses the secondary data used in the study and the recommendations that arise from the data analysis. WPB has created turmoil in the nursing profession with little being done to correct or stop bullying. This study introduced new data that may contribute to developing a consensus on the definition of WPB. Healthcare administrators and leaders may find interest and value in these data. According to the analysis, RNs who experienced bullying/violence had higher absenteeism rates than did nurses who did not experience bullying/violence, which provides a deeper understanding of the effects of WPB on nurses and its impact on absenteeism of older nurses.

The multiple regression model predicted WPB/violence, with age explaining approximately 88% of the variance in WPB/violence. The only significant prediction from the multiple regression was that nurses in the category of 65 or older experienced

WPB/violence 0.45 more times than the other nurses. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted.

The information gained from this study adds to the existing literature on WPB in healthcare and may provide perspectives on how to create anti-bullying programs that will educate healthcare administrators and nurses, while bringing awareness about bullying in the workplace, and help leaders create sustainable solutions to stop WPB. If the key factors involved in bullying can be defined, healthcare administrators will then have the tools needed to develop anti-bullying programs that can reduce or eliminate acts of bullying. In turn, this could reduce the number of days RNs are absent from work and improve the quality of patient care.

Interpretation of the Findings

The minimum sample size needed for this study was 906 and in examining data to identify which factors impacted the days absent from work, it was found that WPB/violence impacted the days absent from work for RNs 65 and older. RNs in this age group were absent from work on an average of 6-10 days from 2015 to 2018. The results of Research Question 1 indicated that there is a relationship between WPB/violence and days absent from work, and that there is a correlation between RNs who experienced WPB/violence and the days absent from work. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted.

The results of Research Question 2 indicated that there is no relationship between RNs who experienced WPB/violence and length of time in position, day of week, time of

day, gender, and race. Therefore, the null hypothesis was accepted, and the alternative hypothesis was rejected.

The results of auxiliary analysis indicated that there is a correlation between RNs who experienced WPB/violence and the nurses' age. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted.

The additional analysis of age indicated that older RNs were more vulnerable to WPB/violence and being absent from work than their younger counterparts. The null hypothesis was rejected, and the alternative hypothesis that there is a correlation between age and workplace bulling/violence was accepted. The analysis of the independent variables of length of time in position, day of week, time of day, gender, and race was not significant enough to disprove that a correlation exists between WPB/violence and length of time in position, day of week, time of day, gender, and race. Therefore, the independent variables of length of time in position, day of week, time of day, gender, and race impacted which RNs experienced WPB/violence. The results from the 2015- 2018 BLS data on WPB/violence among RNs was used to determine the number of days absent from work.

Methodological, Theoretical, and Empirical Implications

The quantitative correlational design of this study allowed for a comparison between WPB, the dependent variable, and the independent variables of days away from work, length of time in position, day of the week, time of day, gender, and, race. Secondary data from the BLS was the source of information to make a comparison between variables to identify whether a relationship exists (McCusker & Gunaydin,

2015). Quantitative research allows for an in-depth analysis of statistical data to measure a specific relationship, if any, between selected variables (McCusker & Gunaydin, 2015).

The theoretical framework for this quantitative correlational research study was the SCT. Bandura (1991) suggested that social interactions are inter-related with environment, behavior, and social interactions that are learned through the experiences one has over time. Negative social interactions and environmental situations may lead to WPB due to a high number of days absent from work, which leads to a lack of teamwork and impacts organizational citizenship behavior. According to Tofighiet et al. (2015), organizational citizenship is a positive voluntary behavior adopted by an employee that is not consistent with assigned duties but goes beyond the expectations of the job description. Organizational citizenship can promote positive behaviors that may influence employees to behave or act in a specific manner within the organization that may be beneficial for all employees (Tofighi et al., 2015). When an organization has a positive OCB and SCT in the workplace, this in turn creates a space in which employees feel comfortable and safe to voice their concerns or speak out about poor treatment, bullying, or violence. When an organization has a toxic OCB or toxic interaction, employees will tend to find ways to stay away from work or be absent to avoid unfair treatment.

The results of the data analysis confirmed that WPB does impact the number of days a RN is absent from work. The null hypothesis was rejected, and the alternative hypothesis was accepted, as the data analysis showed that there is a significant relationship between WPB and the number of days a nurse is absent from work. These findings support the conclusions of Serafin et al. (2020) and Bambi et al. (2018). Serafin

et al. (2020) and Bambi et al. (2018) determined that WPB/violence increased the number of days that a RN was absent from work.

Further, Randle (2011) and Boyle and Wallis (2016) confirmed that WPB reduced job satisfaction among RNs and impacted teamwork which resulted in increased days absent from work. These findings make it clear that WPB created a toxic environment in which RN felt a lack of support from their peers and an increased dissatisfaction with their jobs. The combination of the lack of teamwork and a feeling of job dissatisfaction, resulting from experiencing WPB daily, made not coming to work the only option to avoid the continual abuse. Therefore, the finding that WPB increased the number of days absent from work supports the findings in the Serafin et al. (2020), Bambi et al. (2018), Randle (2011), and Boyle and Wallis (2016) studies.

Limitations of the Study

The limitations in this study included the inability to gather data from organizations that had previously surveyed RNs on the issue of bullying/violence in the workplace. Organizations such as the Joint Commission and the American Nursing Association conducted surveys from 2015 to 2018 that address WPB of RNs. The data gathered by these two organizations was used to create WPB guidelines in the healthcare industry to understand how WPB needs to be addressed. These two organizations were unwilling to provide the data collected for this study.

Another limitation was inability to acquire the raw data that was reported to OSHA which was the basis of the BLS analysis. In addition to not having access to raw data, the data that was used needed to be cleaned to fit the parameters of the research

questions being asked. Finally, the biggest limitation of this study was that the data available did not have additional parameters outside of basic information that was reported. The need for additional data parameters such as background, education, personal life, mental state, and position of the victim as well as the victimizer are important to conduct a more inclusive analysis.

Recommendations

The recommendation for future study of this topic is a need to examine why bullying is reported only in terms of occupation, days absent from work, length of time in the position, day of the week, time of day, gender, and race. It is important that increase understanding of why other statistical information is not gathered when these incidents are reported and whether that additional information could shed light on why WBP occurs in the nursing community. The secondary data that was available did not address the RNs' background, education, personal life, or mental state. These categories are an important factor in understanding why certain RNs are targeted or victimized by a bully. Additionally, it is important to understand the background, education, personal life, mental state, and position of the victimizer. These are topics that were not part of the literature or the secondary data that was reported to OSHA and the BLS.

Further, it is recommended that an additional study focus on the lack of a uniform definition of WPB. The rise in WPB has been linked to the absence of a well-developed definition and an inability to outline specific behaviors that contribute to WPB (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012) The literature addresses WPB in healthcare and the lack of a formal definition of WPB within the healthcare industry.

Researchers have noted the variations used to identify bullying but do not identify a consensual and formal definition of WPB. To identify the problem within the literature, a broad search for WPB definitions was done to identify the commonalities within the literature to determine where the problem was first cited. Finally, the most glaring limitation is the inability of retrieving data from surveys that were conducted by the American Nursing Association and the Joint Commission. These organizations have extensive data on WBP and were unwilling to share this information for this study.

Very few researchers have collected data that would help to identify the factors of WPB and allow for agreement on a consensual definition of WPB (Basson and Botha, 2010 and Mokgolo, 2017). WPB was broadly measured, and that broad WPB definition resulted in the reporting of cases that were not acts of WPB (Ariza-Montes, Muniz., Leal-Rodríguez, & Leal-Millán, 2014 and Anjum, Ming, Siddiqi, & Rasool, 2018).

The lack of a consensus WPB definition has resulted in the creation of varied definitions which do not correlate to actions that are considered to be WPB (Ariza-Montes, et al., 2014 and Anjum et al., 2018). The lack of agreement on a bullying definition allows for many variations of a WPB definition in the healthcare industry (Ariza-Montes et al.,2014 and Anjum et al., 2018). Until a uniform definition of WPB is determined and created, the phenomenon of WPB among nurses will continue.

Implications for Professional Practice and Social Change

WPB has quietly dominated the healthcare industry for decades (Emerald, 2014 and Sauer & McCoy, 2017). WPB has fostered a hostile work environment and negatively impacted patient care (Chipps, Stelmaschuk, Albert, Bernhard, & Holloman,

2013; Yokoyama, Suzuki, Takai, Igarashi, Noguchi-Watanabe, & Yamamoto-Mitani, 2016). The high rate of nurse turnover and nurse job dissatisfaction in the health care industry have been attributed to a rise in WPB (De Gieter, Hofmans, & Pepermans, 2011; Zhao, Shi, Sun, Xie, Wang, Zhang, & Fan, 2018). Healthcare administrators and heath service organizations have been unable to recognize the events that led to WPB (Emerald, 2014; Sauer & McCoy, 2017). The lack of understanding of WPB by healthcare administrators and HSOs may be attributed to not understanding how WPB is perceived by nurses (De Gieter et al., 2011; Zhao et al., 2018).

A finding of this study was that RNs who have been in the nursing profession for many years and are 65 and older have reached a place in their careers at which they are not afraid to come forward about the bullying they have experienced. It seems that this group of nurses has reached a point of not being afraid of retaliation for reporting the incidents of bullying or losing their employment for speaking out. These RNs provide the foundation to effectuate positive social change in nursing and heath care institutions in relation to ending WPB. The reporting of bullying/violence to the healthcare organization as well as organizations such as OSHA and the BLS will help future generations of nurses to speak out about these insidious events.

Professional Practice

The purpose of this doctoral study was to identify the key issues associated with WPB among RNs and to describe the nurse's experiences, feelings, fears, and perceptions of WPB. The data gathered in this study may help healthcare leaders to gain a deeper understanding of the effects of WPB on nurses and the effectiveness of the processes that

are currently in place to prevent future acts of bullying. The information gained from this study may add to the existing literature on WPB of RNs in health care and provide perspectives on how to create anti-bullying programs that will educate, improve awareness, and help healthcare administrators and healthcare leaders to create sustainable solutions to stop WPB.

The healthcare administrators and healthcare leaders may use this research to develop anti-bullying monitoring programs as well as anti-bullying policies and procedures designed to hold the perpetrators accountable for their acts. This research may also be used by the healthcare administrators and healthcare leaders to create a sustainable solution to WPB, that will promote respect and teamwork, and improve job satisfaction among nurses. Study results may be beneficial in contributing to the existing knowledge of WPB among RNs, improving the nurses' work experience, job satisfaction, patient care, retention, reduction of medical errors, absenteeism, and creating tools that healthcare administrators and healthcare leaders can implement to eliminate WPB.

Positive Social Change

Walden University (2017) defined positive social change as using ideas and strategies to promote the worth and dignity of others in society by applying ideas, strategies, and actions. Further, positive social change uses actions and processes to develop individuals within their respective communities, organizations, institutions, and cultures (Walden University, 2017). The information collected and analyzed in this study can provide a foundation for future studies that will help to reduce WPB, thus reducing WPB and improving patient care. The impact of positive social change may provide

additional information to improve WPB reporting both in healthcare organizations and to governmental agencies like OSHA and BLS.

Additionally, the information from this study can provide healthcare administrators with the tools to create better WPB awareness training and seminars for nurses and administrative staff that will reduce the number of days that RNs are absent from work. Finally, the data collected in this study may be used to update current healthcare organizations' policies and procedures related to WPB.

Conclusion

This doctoral study has been a consuming project since 2009 when the researcher was working for a hospital in California. She saw firsthand how WPB can devastate nurses and patients and add to increases in absenteeism and nurse turnover. As someone who has witnessed bullying of great nurses at the hands of a supervisor while working in a healthcare facility, the researcher's view of what an individual or witness goes through is different than the views of those who are only conducting the intake report of the incident. The researcher saw many experienced nurses leave their position due to the mistreatment that they received while trying to do their jobs. In addition to the loss of qualified nurses because of turnover, the researcher saw other nurses just not come into work for their shift. At one point, the hospital had lost two nursing directors in a row because they could not continue working in what had become a toxic environment.

This study has provided an opportunity to delve deeper into how WPB is reported to governmental agencies and to understand what information is reported. In analyzing the information provided by OSHA to BLS, it is clear that these WPB/violence reports

contain only basic statistical information and do not provide core information about the victim (i.e., background, education, personal life (single, married, divorced, and children), and mental health (i.e. anxiety, depression, and bipolar disorder). This information can provide insight into why some nurses are able to cope with WPB and maintain their positions while others leave their positions, are consistently absent, or, worse, commit suicide because of the abuse at work.

The results of this study made it clear that there is a relationship between WPB/violence at work and RNs' absenteeism. When an individual is subjected to WPB on a daily basis it begins to affect that individual emotionally and mentally. The emotional and mental distress leads to increased RN absenteeism and this in turn impacts patient care because it creates nursing shortages in the healthcare facility. The research conducted in this doctoral study will add to the information provided by other studies on this topic, but more importantly, it opens the door for additional research that is focused on the WPB that nurses personally experience and reasons for why they stay, leave, or are absent from their positions.

The researcher has experienced a great deal of personal growth as well as a passion for helping to change the narrative of turning a blind eye to WPB by healthcare administrators and healthcare leaders.

The researcher's ultimate goal is to work with healthcare administrators, leaders, and professional nursing organizations to identify the key factors of WPB, and develop effective sustainable anti-bullying programs, policies, and programs to retrain/rehabilitate an individual who has victimized a coworker as part of a personal improvement program.

WPB can be eliminated but there is a need to get to the root cause of WPB that will require additional research and analysis.

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