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Bullying Experienced by Newly Graduated Registered Nurses in Long Term Care

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Walden University
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Abstract

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by

Valeria Linetski

MSN, Walden University, 2017

BSN, Ryerson University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Bullying toward newly graduated registered nurses (NGRNs) is a global concern that impacts various health care settings. Long term care (LTC) setting received minimal attention related to bullying experienced by registered nurses. NGRN's face difficulty integrating into practice due to bullying experiences which causes them to quit, change jobs and even leave the profession, which further contributes to the nursing shortage and high turnover rates. The purpose of this transcendental phenomenological study was to address the knowledge gap in the literature by exploring NGRNs lived experiences of bullying as they transition into practice in LTC. Exploring bullying experienced by NGRN's in LTC provided information to support the development of policies and procedures that can help decrease bullying in nursing. The theoretical foundation that guided this study is the pedagogy of the oppressed by Paulo Freire. Seven NGRNs were interviewed through semistructured interview questions to elicit a description of NGRN's bullying experiences in LTC. Collected data were analyzed for codes and themes. Stevick's data analysis method was utilized to analyze data. Themes were developed from the participants' responses and were used to construct a description of the meaning and essence of the experience. Study findings showed that NGRNs experience bullying in LTC setting as they transitioned into practice. Bullying experienced by participants was hierarchical in nature and led to nurses' negative responses and consequences including psychological effects, compromised patient care and intent to leave. This study may impact social change by improving understanding for how to address nurse bullying in LTC, mange it and prevent it.

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Dedication

This dissertation is dedicated to all newly graduated nurses who are new to the profession but are ready to excel and provide high-quality patient care. Our collective nursing responsibility is to nourish and support new graduates who will grow into the new generation of excellent nurses and will continue to serve our profession, our patients, and society as a whole.

Acknowledgments

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I would like to thank my family who supported me throughout this journey. My mother who is no longer with us but who always supported me and encouraged me to continue my education; I would like to dedicate the completion of this journey to her. My father, who is always been there for me through all the challenges and milestones. My husband, who provided me with motivation, encouragement, and support to accomplish this milestone. My children, who motivated me to be a role model who never gives up and continue to achieve set goals, they also been patient through all the evenings, weekends and nights when their mother had to study.

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Chapter 1: Introduction to the Study

Nursing shortage is one of the major concerns in today's healthcare. In combination with an increase in the senior population, the current nursing shortage, high turnover rates, and newly graduated registered nurses' (NGRNs) challenging transition into practice, the healthcare nursing supply is jeopardized (Edmonson & Zelonka, 2019; Edwards et al., 2015). One of the major factors affecting NGRNs' transition into practice, causing them to leave organizations and the profession, is workplace bullying (Chachula et al., 2015; Hallett et al., 2020; Harrison et al., 2020; Hofler & Thomas, 2016; Ortiz, 2016). Currently, workplace bullying contributes to the inability of organizations to meet projected demand for nurses, especially in post acute settings, including long term care (LTC). Current efforts are implemented to hire and train NGRNs in all healthcare settings; however, over half of NGRNs leave organizations due to bullying (Edmonson & Zelonka, 2019).

Bullying is not a new phenomenon in nursing (Logan, 2016; O'Connor, 2020). However, it mostly affects NGRNs, leading to attrition, high turnover rates, and nursing shortage (Salmond et al., 2017). NGRNs are vulnerable to workplace bullying and are an easy target (Fink-Samnick, 2015; Gardiner & Sheen, 2016; Phillips et al., 2017; Rittenmeyer et al., 2013). Bullying at the workplace has been previously explored in an acute care setting with little attention to LTC (Whitmore et al., 2018b). There has been limited recent research conducted to examine bullying experiences of NGRNs in LTC. There are issues in LTC with retaining nurses (Edwards et al., 2015), and not addressing it promotes nursing shortage, leaving the demand for nurses in LTC unmet.

The purpose of this transcendental phenomenological study was to address the knowledge gap in the literature by exploring NGRNs' lived experiences of bullying as they transition into practice in LTC. By exploring NGRNs' experiences of bullying in LTC, I developed information that administrators can use to develop policies to decrease this experience for the NGRNs.

In this chapter, I will discuss the background for this study, including the existing literature gap, problem statement, purpose, and research question. In addition, I will review the theoretical framework, nature of the study, and significance.

Background

According to the U.S. Census Bureau, between 2010 and 2030, the number of people ages 65 and older is expected to increase from 40 million to 72 million (Torpey, 2011). The U.S. Bureau of Labor Statistics projects that an increase in the aging population will result in job growth in industries that care for older people, such as those in extended care and LTC (Salmond et al., 2017; Torpey, 2011). Registered nurses (RNs) constitute just over 13% of the LTC services workforce (U.S. Department of Health and Human Services, 2018). Based on the projected demand, by 2030, an estimated 3.4 million direct care workers, including RNs, will be needed to work in the LTC setting (Spetz et al., 2015; U.S. Department of Health and Human Services, 2018). In view of the expected shortage of RNs working in LTC, NGRNs are expected to fill the gap for nurses working in LTC. NGRNs are nurses who have up to 2 years of experience after licensure and are limited in technological skills and clinical experience and have the basic clinical

knowledge at the beginning of their practice (Benner, 1982; Cheng et al., 2014; Weaver, 2013).

The challenge faced by LTC to meet RNs demand are high turnover rates that remain higher than in acute care settings and was at 41% in 2008 with an increase to 44.4% in 2013 and 50% in 2016 (American Health Care Association, 2008, 2014; Cadmus et al., 2016). The national average 1-year turnover rate among RNs is 17.5%, and the 2-year turnover rate is 21.4% (NSI Nursing Solutions, 2016). The number of NGRNs currently entering practice in LTC is unknown; however, LTC nurses' turnover rates remain high, and mostly effect NGRNs (Salmond et al., 2017). In Ontario, 8.3% of RNs identified as working in LTC (Registered Nurses' Association of Ontario, 2019). Increasing turnover rates and nurses leaving the profession, retaining NGRNs in LTC continues to be a challenge (Edwards et al., 2015). Without appropriate support of NGRNs during their transition into practice in LTC, they may remain unprepared, experience poor job satisfaction and develop intention to leave their jobs (Whitmore et al., 2018a).

NGRNs' transition to professional practice is neither simple nor easy, and they face many challenges (Edwards et al., 2015; Whitmore et al., 2018b). Within the acute care setting, NGRNs are challenged by a lack of access to experienced mentors and coaches, generational diversity in the workforce, performance anxiety, poor working conditions, high patient loads, poor leadership, lack of belonging, a negative work climate, sense of lack of professional confidence and bullying (Chachula et al., 2015; Harrison et al., 2020; Hofler & Thomas, 2016; Ortiz, 2016). These factors, as well as job

satisfaction, self-efficacy, skill deficiency, fear, exhaustion and burnout, orientation duration, dissatisfaction with interpersonal relationships, role stress, social support, structural empowerment, work-life interference, and quality of practice environment influence their decision to leave practice (Armmer & Ball, 2015; Chachula et al., 2015; Gardiner & Sheen, 2016; Harrison et al., 2020; Kovner et al., 2016; Ortiz, 2016; Phillips et al., 2017; Yu & Kang, 2016).

As a prevalent form of violence (Cooper et al., 2009), bullying between nurses and toward NGRNs continues to exist in various healthcare settings, including LTC (Armmer, 2017; Edwards et al., 2015; Whitmore et al., 2019). Bullying manifests through a misuse of power between two people that is ongoing and occurs deliberately (National Center Against Bullying, 2021; Stokowski, 2010). Violence is an intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community (World Health Organization, 2021); it is often a single event. In comparison to violence, bullying is a repeated verbal, physical and/or social behavior that intends to cause physical, social and/or psychological harm (National Center Against Bullying, 2021; Stokowski, 2010). Compared to other occupations, nursing has the highest rate of workplace bullying, which is bullying that occurs toward a targeted person at a workplace (Canadian Centre for Occupational Health & Safety, 2021). Workplace bullying stands at high rates in nursing, with NGRNs being most vulnerable (Fink-Samnick, 2015; Gardiner & Sheen, 2016; Phillips et al., 2017; Rittenmeyer et al., 2013). Edmonson and Zelonka (2019) reported that as many as 60% of NGRNs will leave their first job due to coworkers' behavior, such as bullying.

The phenomenon of bullying experiences of NGRNs in acute care settings has received ongoing exploration (Anusiewicz et al., 2019; Ebrahimi et al., 2017; Edwards et al., 2015; Mammen et al., 2018). Workplace bullying is identified as one of the significant factors that contribute to NGRNs' turnover and attrition (Hallett et al., 2020). Workplace bullying puts NGRNs at risk for opting to leave their positions and, for some, leave the profession entirely (Gardiner & Sheen, 2016; Whitmore et al., 2019). Often, organizations do not protect nurses from bullying, and the unprofessional behavior continues unimpeded. To provide a work environment that contributes to patients' and staff's health and well-being, workplace bullying must be understood and addressed (Harrison et al., 2020; Hofler & Thomas, 2016; Phillips et al., 2017). However, information related to bullying experiences of NGRNs in LTC was not found in the literature. The lack of literature related to NGRNs' experiences of bullying in LTC presents a literature gap. I identified a need for further research to explore the phenomenon of bullying of NGRNs in a LTC setting (Anusiewicz et al., 2019). By exploring bullying experiences of NGRNs in LTC, I developed an understanding of how this phenomenon manifests in LTC and how it contributes to the nursing shortage, turnover rates, and NGRNs leaving the profession.

Problem Statement

The phenomenon of bullying is not a new concept and is present in various nursing settings despite organizational structure (Logan, 2016; Myers et al., 2016; O'Connor, 2020). Bullying affects all levels of nurses within the profession, the quality of patient care, and the organization's ethical climate (Anusiewicz et al., 2019; Ebrahimi

et al., 2017; Lewis-Pierre et al., 2019; Rosi et al., 2020; Wilson, 2016). NGRNs are most vulnerable to bullying as their transition into practice remains challenging (Ebrahimi et al., 2017; Kim & Shin, 2020; Rosi et al., 2020; Whitmore et al., 2019). Nursing shortage, horizontal violence, generational diversity, and unhealthy work environments are challenges faced by nurses that also impact the nursing profession as a whole (Armmer, 2017).

All nurses experience bullying during their career; however the behaviors are rarely recognized by NGRNs (Rosi et al., 2020). Taylor (2016) reported a lack of awareness of the presence of horizontal violence and bullying displayed by NGRNs and management. A greater understanding of bullying can be used in better detection, management, and prevention of workplace bullying toward NGRNs working in LTC (Anusiewicz et al., 2019). Addressing the intersecting characteristics of a nursing shortage, horizontal violence, generational diversity, and ensuring healthy work environments can increase nurse retention, promote increased response to nurse recruitment efforts, and positively affect the quality of patient care (Armmer, 2017). Further exploration of NGRNs' lived experiences of bullying in LTC settings may contribute to their successful transition into their professional roles (Kim & Shin, 2020).

Bullying in nursing is a well-known and complex phenomenon (Taylor, 2016). However, I found a very limited number of studies in the literature that focused on exploring NGRNs' lived experiences of bullying in LTC settings. NGRNs experience more pressure and challenges with the transition into practice due to their supervisory role in LTC (Whitmore et al., 2019). However, LTC currently has not been prepared to

support NGRNs and ensure a smooth transition to practice (Whitmore et al., 2019). Exploring nurses' lived experiences related to the phenomenon of bullying in LCT added valuable knowledge on how this phenomenon manifests in LTC with potential to close the knowledge gap. This study may be a basis for further research, development of policies, and strategies to combat bullying toward NGRNs.

Purpose of the Study

The purpose of this transcendental phenomenological study was to address the knowledge gap in the literature by exploring NGRNs lived experiences of bullying as they transition into practice in LTC. NGRNs' lived experiences of bullying in LTC, both subjective and objective, have not been previously explored. Lack of exploration of the phenomenon of bullying within the LTC setting presented a current literature gap. I explored the phenomenon of bullying in a LTC setting and identified the extent to which it exists and its impact on NGRNs experiences and challenges transitioning into practice.

Research Question

The guiding research question for this study was: What are the lived experiences of NGRNs who are working in LTC regarding bullying?

Theoretical and / or Conceptual Framework for the Study

The theoretical framework that I used for this study was oppression theory by Paulo Freire (1971). The pedagogy of the oppressed group theory, or oppression theory, introduced by Freire in 1971, the theory included a relationship between oppressors and the oppressed that leads to an acceptance and allowance of oppression due to imbalance of power (Freire, 2005). Freire (1971) identified oppressed group behaviors that begin

when a group is silenced and are not free to express their feelings due to confrontation with authority. These behaviors may lead to anger, aggression, internalized hostility, diminished self-respect, powerlessness, self-hatred, low self-image, low self-esteem, and divisiveness toward one's peer group (Freire, 2005; Roberts, 2000; Stanley et al., 2007; Weaver, 2013). The outcome of being part of an oppressed group is that hostility, divisiveness, and aggressive behavior is internalized and translates into horizontal/lateral violence and bullying (Ebrahimi et al., 2017; Griffin & Clark, 2014; Stanley et al., 2007).

Freire (1971) described oppressing behavior, the origin of bullying, and why nurses are bullied through the oppressed group theory (Farrell, 1999, 2001; Roberts, 2000, 1983). I used the elements of the pedagogy of the oppressed group theory to develop semistructured interview questions to explore NGRNs' experiences of bullying in LTC, through which I developed an understanding of their bullying experiences and what it meant for them to belong to an oppressed group. Through the pedagogy of the oppressed group theory I was able to present bullying as part of oppression and present how bullying experiences impact individuals and organizations. I used the theory to better understand NGRNs' experiences of bullying in a LTC setting.

Nature of the Study

I used a transcendental phenomenological research approach to explore NGRNs' experiences of bullying in the LTC setting and presented subjective, rich, and thick data. I used the transcendental phenomenological method to retrieve rich descriptions of the phenomenon of bullying through semistructured interviews where participants shared their lived experiences.

My goal was to describe the phenomenon of interest based on the lived experiences of the participants who represented knowledge and experience of the phenomenon. My goal for this study was to acquire an understanding of the phenomenon from the lived experiences of the NGRNs in LTC. I used characteristics and descriptions identified during semi-structured interviews to analyze data, with my optimal goal being to reveal how bullying is experienced and/or witnessed by NGRNs in LTC. I did not add to or subtract from the collected data during analysis. I used epoché as the first step of the phenomenological reduction process. I employed epoché method for a reflective data analysis process that was free from opinions and my past experiences. The method of epoché is a suspension of judgment focusing on a principal of originality and was used to establish consistency of meaning and completeness of data analysis. Husserl (1983) presented epoché as a method that is used to look beyond preconceptions and grasp the absolute essence of the phenomenon. The epoché method often is used by researchers to support data analysis process by setting aside preconceived notions, biases, judgments, and personal beliefs about the phenomenon and focusing on views reported by participants promoting a fresh and nonjudgmental exploration of the phenomenon (Matua &Van Der Wal, 2015; Moustakas, 1994). In comparison to hermeneutic phenomenology, in which a researcher's opinion is important to the interpretation of the phenomenon, the transcendental approach is often used to achieve greater understanding of the essence of the phenomenon. I used transcendental phenomenology to describe bullying as it exists in LTC through the first-hand perspectives of those who experienced it.

The bullying phenomenon exists in all healthcare settings; however, NGRNs' experiences in LTC have not been previously explored (Whitmore et al., 2019). I used a transcendental phenomenological approach to retrieve the subjective meaning and personal experiences of bullying and described its manifestation in LTC through experiences of NGRNs. It was essential to study the bullying phenomenon as experienced by NGRNs so that potential solutions to address the ongoing issue of bullying in LTC may emerge.

Definitions

Bullying: A prevalent form of violence (Cooper et al., 2009) manifested through a misuse of power between two people that is ongoing, occurs deliberately, and manifests as repeated verbal, physical, and/or social behavior that is intended to cause physical, social, and/or psychological harm (National Center Against Bullying, 2021; Stokowski, 2010).

Horizontal/lateral violence: Horizontal or lateral violence terms are used simultaneously in literature (Roberts et al., 2009) and are defined as violence against equals (Weaver, 2013). Horizontal/lateral violence is an interpersonal conflict between two nurses at the same hierarchical organizational levels (Rosi et al., 2020; Stokowski, 2010). Horizontal/lateral violence is a situation where two or more people who are being victims of a similar situation of dominance, instead of confronting the system that oppressed them they choose to confront each other (U.S Legal, 2014). Horizontal/lateral violence is often associated with bullying, however, when bullying is repetitive, horizontal/lateral violence is occurs as a single or occasional event (Stokowski, 2010).

Newly graduated nurse: Newly graduate nurses (NGNs) are nurses who are limited in technological skills and clinical experience but have the basic knowledge to begin practice (Cheng et al., 2014). A NGN is defined as a licensed nurse with up to 2 years of experience (Benner, 1982; Weaver, 2013).

Oppression: An act of imposing unfair conditions on another group, preventing the latter group from questioning or challenging those conditions act of exploitation, violence, and a failure to recognize others as persons, including stereotyping oppressed people as violent for responding to oppression (Freire, 2005).

Transcendental phenomenology: Transcendental phenomenology is a philosophical approach to qualitative research methodology developed and introduced by Husserl (1983), which is used to understand the phenomenon under study through participants' experiences (Moustakas, 1994). Within transcendental phenomenology, the focus is on obtaining an unbiased description of the raw data, retrieving the meaning and the essence of human experience at the same time reflecting on it originality and totality. The focus of transcendental phenomenology is on contents of experience and retrieval of its meaning and essence (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

Violence: An intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either result in or have a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation (World Health Organization, 2021).

Workplace bullying: An act of bullying toward a targeted person at the workplace (Canadian Centre for Occupational Health & Safety, 2021). Workplace bullying is typically viewed as a manifestation of workplace violence (Cooper et al., 2009).

Workplace violence: A threatening disruptive behavior that occurs at the worksite (U.S Department of Labor, 2015).

Assumptions

I made several assumptions during this study. First, I assumed that NGRNs in LTC experience bullying, including personal experience and witnessed behaviors. Second, I assumed that discussions and disclosure of bullying experiences were not comfortable for some participants. Third, I assumed that all participants were accurate and honest in their responses regarding their experiences. Fourth, I assumed that my use of the transcendental phenomenological approach would result in capturing the essence of the phenomenon of bullying as it is experienced by NGRNs in LTC.

Scope and Delimitations

The purpose of this transcendental phenomenological study was to address the knowledge gap in the literature by exploring NGRNs lived experiences of bullying as they transition into practice in LTC. I interviewed NGRNs who currently work in LTC or have been working in LCT as NGRNs to retrieve their lived experiences related to bullying. The sample of NGRNs consisted of RNs currently licensed and working in LTC in the state of Florida. I used purposeful and snowball sampling to recruit participants who met the inclusion criteria and were able to provide detailed, rich data related to their personal lived experiences. The inclusion criteria for the participants included RNs who

graduated accredited nursing school in the last 2 years, currently hold a valid RN license, and have current or past experiences of working as a RN in LTC.

I considered various theoretical and conceptual models that address bullying in nursing for this study. The theory of civilized oppression (Harvey, 1999) was used in prior studies to examine bullying as a concept centered on social, emotional, and psychological harm. I did not choose civilized oppression theory for this study because of its focus of institutional interactions, power relations, violence, and abuse at the workplace and not personal lived experiences of bullying. Another theory that I considered was a theory of the nurse as a wounded healer, as described in Christie and Jones (2014). An origin of this theory is in a belief that individuals pursue a nursing profession due to their desire to relieve the suffering of others (Christie & Jones, 2014). A theory of the nurse as a wounded healer was used in prior studies to explore nurses' abilities to transcend personal pain and suffering to build better therapeutic relationships with others (Christie & Jones, 2014). I did not choose the theory of a nurse as a wounded healer for this study due to the focus on past traumatic experiences and nurses' pathway to healing and lack of attention to bullying experiences of nurses. I found that oppressed group theory by Freire (1971) was the best theory for this study. The theory was well-suited to use with the phenomenological approach due to the focus on the experiences of individuals and understanding of their life-world.

Limitations

I used purposeful and snowball sampling to recruit participants for the study. The self-selected participants who volunteered to participate in the study may not be a

representative sample of all NGRNs working in LTC as their first professional role and may affect generalizing the results of the study; therefore the study is applicable to a similar population of nurses.

I recruited participants through American Association of Post-Acute Care Nursing (AAPACN), the American Association for Long Term Care Nursing (AALTCN), the Long Term Care Nursing Association, Facebook social media nursing groups, and selected LTC facilities mainly throughout the state of Florida. It may not be possible to generalize the findings to NGRNs working in LTC facilities throughout the United States.

I selected a qualitative study approach to ensure openness and flexibility during data collection process. I used semistructured interviews so that participants could recall and share their lived experiences. I conducted semistructured interviews through video platforms like Zoom, Teams, or Skype based on participants' technological access. Video interviews promoted a sense of security and comfort for participants and resulted in wider geographical access. I only used audio tape recording to record interviews for transcription purposes. I conducted the semistructured interviews with one participant at the time to allow for privacy and confidentiality.

It was imperative to anticipate a challenge in collecting rich data beforehand (Draucker et al., 2009; Rudestam & Newton, 2015). The phenomenon of bullying is a sensitive topic; participants could have hesitated sharing detailed information. To decrease the participants' reluctance to share their experiences related to bullying, I reassured them that their participation was voluntary and that they were able to withdraw

from the study at any time. In addition, I reemphasized that their names would not appear in any reports related to this study; therefore, the information they provided was and still being kept confidential. I suggested that participants choose a private setting for their interview where the conversation could not be overheard. Due to the COVID-19 pandemic, it was not feasible to conduct in-person interviews. I conducted semistructured interviews through a video platform like Zoom, Teams, or Skype. I sought Institutional Review Board (IRB) approval to ensure that potential risks and ethical considerations were in place for the protection of participants.

Significance

The number of older adults in non-acute care setting continues to rise, which leads to increase in demand for health care workers, including RNs, in those settings (Salmond et al., 2017; Torpey, 2011). The problem of a nursing shortage is multifaceted. However, workplace bullying is one of the significant factors in the RN shortage and turnover (King-Jones, 2011). Researchers reported that adult bullying at workplace worldwide has become a common occurrence, with 60.3 million workers in the United States affected (Workplace Bullying Institute, 2017). Nurses who experience workplace bullying face a decisional response regarding the intent to remain at their work setting (Armmer, 2017; Edwards et al., 2015; Whitmore et al., 2019). Up to 34% of nurses leave or consider leaving the profession because of bullying experiences; however, bullying has not been sufficiently investigated (Edmonson & Zelonka, 2019; King-Jones, 2011). A gap in the literature exists regarding understanding the phenomenon of bullying and how it manifests in the LTC setting.

By exploring NGRNs' experiences of bullying in the LTC researchers can assist organizations in development of policies and procedures to assist NGRNs with integration into practice (Hofler & Thomas, 2016). In addition, improving NGRNs' transition into practice can promote a higher quality of care for patients (Harrison et al., 2020; Hofler & Thomas, 2016; Phillips et al., 2017; Skarbek et al., 2015). With better understanding of NGRNs' experiences of bullying LTC organizations have the potential to decrease turnover rates, facilitate retention, and contribute to the resolution of the RN shortage.

This study results can promote positive social change by benefiting nurses, LTC administrators, and patients. Though understanding of bullying organizations, and nursing leadership in LTC can change the work environment and culture, promote NGRNs' physical and emotional health, promote nurses to bring their best to work, decrease absenteeism, improve time management and productivity. Through an in-depth understanding of the phenomenon of bullying LTC administrators can guide the development and implementation of strategies to improve turnover rates and prevent NGRNs from leaving the organizations and the profession (Armmer, 2017; Sauer & McCoy, 2018). Through decrease in turnover rates organizations can gain financial benefits such as a reduction in nurses' replacement and training costs. NGRNs who work in healthy work environment can prevent medication errors, falls and improve patient care. With nursing staff stability and decrease in organizational turnover rates NGRNs can promote continuity of care and better patient outcomes (Chachula et al., 2015;

Edmonson & Zelonka, 2019; Fasanya & Dada, 2016; Hofler &Thomas, 2016; King-Jones, 201; Ortiz, 2016; Skarbek et al., 2015; Weaver, 2013).

Summary

Workplace bullying is a significant concern throughout all healthcare settings. NGRNs are experiencing nursing shortage, high turnover, they make decisions to leave organizations, and the profession due to bullying (Armmer, 2017; Sauer & McCoy, 2018). Prior research related to the phenomenon of bullying toward NGRNs predominately focused on acute care settings. I identified a gap in the literature as lack of research and knowledge regarding NGRNs' bullying experiences in LTC. During this transcendental phenomenological study I explored NGRNs' experiences of bullying in LTC and generated rich and thick descriptions of the phenomenon. This study results represent a first step toward closure of identified literature gap (Chachula et al., 2015; Edmonson & Zelonka, 2019; Fasanya & Dada, 2016; Skarbek et al., 2015). Understanding of how bullying affects NGRNs at the start of their careers will assist organizations to develop programs and policies that can support NGRNs to successfully transition into practice (Kim & Shin, 2020). In chapter 2, I will present information related to the literature review based on previously conducted research on the phenomenon of bullying in various nursing settings, the prevalence of the phenomenon in nursing, and its impact on the transition of NGRNs into practice. I will present literature that includes the current representation of the phenomenon, its background and causes of bullying in nursing. In chapter 2, I will also present the theoretical foundation to the study, key variables and concepts of the phenomenon.

Chapter 2: Literature Review

The prevalence of workplace bullying among nurses has been well documented in the past with the focus on acute care settings (Logan, 2016; O'Connor, 2020). Bullying is defined as disruptive behaviors that can be experienced by different levels of the nursing profession and in various health care settings. NGRNs are at higher risk of experiencing bullying during their transition into practice (Salmond et al., 2017). 60% of NGRNs will leave their first job due to coworkers' behavior, such as bullying (Edmonson & Zelonka, 2019). As a result of bullying at the workplace, NGRNs seek a change in employment and even leave the profession: this negatively impacts nursing practice, patient care, organizational outcomes, and financial productivity (Salmond et al., 2017). Bullying mainly affects NGRNs and leads to their attrition, high turnover rates, and nursing shortage (Salmond et al., 2017).

Bullying toward NGRNs previously received high attention in acute care settings, and there is not much known about bullying experiences of NGRNs in LTC (Whitmore et al., 2018b). The purpose of this transcendental phenomenological study was to address the knowledge gap in the literature related to NGRNs lived experiences of bullying as they transition into practice in LTC. In this chapter, I will discuss the literature search strategies, theoretical foundation, and literature review related to the key variables.

Literature Search Strategy

The literature that I selected for this review includes studies and published books discussing and describing NGRNs' transition into practice and the presence of bullying experiences in nursing. Sources that I selected for this review were between 2010 and

2020. I used online search engines to identify relevant scholarly reviewed articles. I used databases such as CINAHL, Open Access Journals, ScienceDirect, OVID, Academic Search Complete, ProQuest, and Wiley Online were used. The keywords I used to search the literature included: *workplace violence, organizational culture/climate, nursing work environment, nursing practice environment, incivility, newly graduated nurses, new nurses, novice nurses, registered nurses, horizontal violence, oppressed group model, oppression, bullying, lateral violence, intraprofessional conflict, long-term care, nursing home, residential care, assisted living, extended care, turnover rates, RN transition into practice,* and *attrition*. For this literature review I integrated the most current research studies on the phenomenon of bullying in nursing and NGRNs' transition into practice. I did not find studies in the literature that directly described nurses' bullying experiences in LTC setting in the United States. I used studies from Canada, England, Iran, Australia, and Switzerland to support the presence of bullying toward NGRNs in LTC.

Theoretical Foundation

Pedagogy of the Oppressed Group Theory

Oppressed group theory originated from the work by Karl Marx, who described oppression as a process of belonging to a secondary superstructure upon a material basis (Fornas, 2014; Smelser, 1973). Freire (2000) explored oppression further to identify causes of oppression, to define why oppression exists and to recognize why oppressed group allows the behavior. Freire (1971) referred to oppression as an act of exploitation, violence, and a failure to recognize others as persons. Freire (2005) defined oppression as an act of imposing unfair conditions on another group, preventing the latter group from

questioning or challenging the act of exploitation, violence, and a failure to recognize others as persons, including stereotyping oppressed people as violent for responding to oppression (Freire, 2005). The assumptions found in oppressed group theory are that: (a) oppression behavior, and its acceptance contributes to the bullying behavior; (b) the oppressed group accepts bullying experiences and accepts belongings to a powerless group which allows the power imbalance to progress; and (c) oppressed individuals remain unaware of the causes of their condition and accept their exploitation.

Oppressed Group Theory in Nursing

Through the oppressed group theory Freire (2005) reflected on the process of what it means to belong to an oppressed group. Freire (2005) provided an understanding of the origin of bullying and explained why nurses are bullied. Through the oppressed group theory Freire (2005) reflected on organizational approach and organizational perception of bullying. Bullying experiences may become a norm and lead NGRNs to become an oppressed group. Based on the oppression theory, NGRNs who belong to oppressed group are accepting and allowing the oppression due to imbalance of hierarchical power (Freire, 2005). Freire (1971) identified oppressed group behavior that begins when a group is silenced and not confronting the authority which includes more experienced nurses; this behavior leads to anger, aggressive behaviors, internalized hostility, and divisiveness toward one's peer group (Freire, 2005; Roberts, 2000; Stanley et al., 2007). The challenge experienced by NGRNs is to break free from the oppression, and if NGRNs are unable to break free, they may become oppressors (Freire, 2005).

In literature lateral and horizontal violence are interchanging terms. Lateral violence, also known as horizontal violence, is a form of bullying based on the theoretical construct of oppression theory where nurses belong to an oppressed group (Roberts et al., 2009). Roberts et al. (2009) sought support and understanding for the necessity to view oppressed group behavior theory in the workplace. Roberts et al. (2009) recognized that the theory does not attribute blame to flawed nurses but rather attempts to explain the negative behaviors and uncivil environments manifested by an unequal power balance at the nurses' workplace.

Roberts (1983) identified five dimensions of oppressed group behaviors: assimilation, marginalization, self-hatred and low self-esteem, submissive-aggressive syndrome, and horizontal violence. In the nursing setting, assimilation occurs when nurses accept control over their work as a norm. Roberts (1983) described acceptance of oppressed behavior through a patriarchal medical hierarchy that leads nurses to become marginalized and dominated by male groups. Due to their powerlessness, nurses also lack self-esteem. Due to experiences of oppression, nurses develop a submissive-aggressive syndrome, and become submissive to a dominant group like physicians and administrators (Roberts, 1983). Due to those struggles at work, nurses engage in horizontal violence toward each other (Roberts, 1983).

Several nursing authors described nurses as members of an oppressed group where nurses experience, witness, and participate in oppressing behavior, whether real and/or perceived and described as lateral violence or bullying (Ebrahimi et al., 2017; Stanley et al., 2007). In the modern work setting nurses are exposed to authoritative

control and inappropriate workplace setting (Griffin & Clark, 2014). Nurses feel free to engage in abusive acts against coworkers, support negative attitude and behaviors towards oppressed group (Griffin & Clark, 2014).

According to Griffin and Clark (2014), the term lateral violence evolved from the oppression theory. Griffin and Clark (2014) described lateral violence as actions such as bullying behaviors and used oppressed group theory elements to describe bullying type behaviors and to develop a cognitive rehearsal to help nurses find techniques to improve communication in critical encounters, especially when interpersonal conflict existed, including bullying behaviors.

Chu and Evans (2016) used the oppression theory to describe violent encounters between nurses. According to Chu and Evans (2016), nurses experience lateral violence in the healthcare setting due to limited power of their practice. NGRNs are easy targets for lateral violence due to the lack of experience and knowledge to stand up for themselves. Unfortunately, NGRNs view the behavior as a rite of passage and eventually mimic the behavior learned by their predecessors (Chu & Evans, 2016).

Ebrahimi et al. (2016) explored bullying behaviors of experienced nurses toward NGRNs. The finding of the study concluded that experienced nurses who were part of oppressed group as NGRNs internalized hostility, divisiveness and aggressive behavior and became perpetrators of bullying (Ebrahimi et al., 2017). Ebrahimi et al. (2017) supported findings of the study using the oppressed group theory, and described that nurses may translate the experience of being in the oppressed group into horizontal violence, lateral violence, and bullying toward NGRNs.

Stanley et al. (2007) used oppressed group theory as a conceptual framework to develop and test lateral violence through a nursing survey. Stanley et al. (2007) concluded that 46 % of the study participants reported lateral violence as a very serious or somewhat serious problem, and 65% reported frequently observing lateral violence behaviors among coworkers.

In a descriptive qualitative study, Mammen et al. (2018) attempted to understand perceptions of NGRNs on workplace incivility. Mammen et al. (2018) highlighted the role of temporary employment as a significant causative element for exposure to workplace incivility. Mammen et al. (2018) used Freire's (2005) oppression theory in the analysis of negative workplace behaviors between nurses. Mammen et al. (2018) supported prior research that workplace incivility in nursing arises from workplace oppression, which leads to low self-esteem and powerlessness among NGRNs.

Literature Review: Key Variables

In this section I will discuss definitions of key variables related to bullying. In addition, I will discuss studies conducted to explore presented variables.

Bullying

The Origin of Bullying

Bullying is a term that originally described school-age children and teenagers' behavior, receiving great attention from research and media, focusing on girls' interactions (Dellasega, 2009; Dryden-Edwards & Stoppler, 2019). Comparatively to bullying among children and teens, such behavior in adults had received little attention in the past (Dellasega, 2009). Dellasega (2009) presented a definition of bullying as

psychological and social behavior through physical and verbal aggression. Multiple authors also concluded that bullying manifests through an imbalance of power and repetitive behaviors over a prolonged period of (Dellasega, 2009; Dryden-Edwards & Stoppler, 2019; National Center Against Bullying, 2021; Stokowski, 2010). Dellasega (2009) is one of the first authors who introduced the term bullying in the nursing setting.

There are several terms associated with bullying in literature, including lateral or horizontal violence, nurse-to-nurse hostility, workplace intimidation, professional incivility, or simply negative behaviors (Armmer & Ball, 2015; Stokowski, 2010). Dellasega (2009) referred to bullying as relational aggression and subtle art of emotional devastation that characterized by psychological rather than physical abuse.

Workplace Bullying

Bullying is a well recognized term that describes adult social behavior and presents in various organizational settings (American Nurses Association, 2012). Researchers report that adult bullying at workplaces worldwide has become a common occurrence, with 60.3 million workers in the United States affected by workplace bullying (Namie, 2017). Almost one in five individuals in the U.S. workforce has been exposed to bullying behaviors in the workplace (Namie, 2017).

Bullying in Nursing

Bullying in nursing includes behaviors that intimidate, degrade, offend, or humiliate nurses, often in front of others, and make victims feel defenseless (Stokowski, 2010). Dellasega (2009) described bullying as relational aggression, which refers to the use of psychological and social behaviors rather than physical violence to cause harm.

Anusiewicz et al. (2019) explored workplace bullying and obtained a clearer understanding of the phenomenon in nursing. Anusiewicz et al. (2019) identified three attributes specific to workplace bullying. The first attribute included negative behaviors directed toward an individual who perceive themselves to be a target. The second attribute identified was a time frame of experiencing bullying which Anusiewicz et al. (2019) defined as prolonged period of time. The third attribute to workplace bullying was the inclusion of an imbalance of power or hierarchy between the bully and target (Anusiewicz et al., 2019). According to Wilson (2016) nurses who were most likely to be bullied were students and new nurses, and those who were doing the bullying were mostly nurses in established roles and management positions. Those findings were consistent with Stokowski's (2010) and Dellasega's (2009) definitions of workplace bullying that emphasized the presence of abuse or misuse of power. Anusiewicz et al. (2019) also identified consequences associated with workplace bullying, which included poor psychological and physical health, decreased job satisfaction, increased absenteeism, and increased intent to leave. Poor patient care outcomes were also identified as causes for organizational financial burden (Anusiewicz et al., 2019; Edmonson & Zelonka, 2019).

Investigating bullying behavior among nurses, Dellasega (2009) identified that the problem of bullying is not just present in one hospital; it is a profession-wide problem. She further emphasized that bullying manifests toward not only one nurse or one type of a nurse, but it is also directed toward the new nurse, for example, one who transferred from another floor or one who feels superior to another (ICU nurses feeling superior to

another med-surg nurses). Dellasega (2009) stated that all nurses had experience bullying during their career, as the bully, the victim, or the bystander. To understand and address bullying in nursing, it is important to explore why in a profession that is based on caring and collaboration, the bullying problem exists (Dellasega, 2009; Skarbek et al., 2015).

Myers et al. (2016) reported that horizontal violence, also called workplace bullying or lateral violence, had been present in literature as a long standing nursing issue. Myers et al. (2016) described the meaning and intent of the terms as the same, defining horizontal violence, workplace bullying, and lateral violence as a behavior where nurses can be malicious to one another. Myers et al. (2016) used content analysis to analyze open-format textual responses from 126 RNs, which provided a description, characteristics, and setting of the phenomenon occurrence. Myers et al. (2016) found that horizontal violence presented throughout all organizations despite the different organizational structures of workplaces. Myers et al. (2016) also concluded that horizontal violence was related to nurses' stress and identified the role of management in fostering horizontal violence, intimidation and oppression. Myers et al. (2016) concluded that organizations that allowed the development of oppression at the workplace formed a culture where oppression is the norm.

Newly Graduated Registered Nurses

NGRNs Definition and Overview

A NGRN is defined in literature as a nurse with various years of experience. According to Weaver (2013), NGRNs are defined as nurses with 1 year or less of nursing experience post-graduation. Sparacino (2016) defined NGRN as a nurse who has less

than 3 years of experience. Benner (1982) presented five stages of nurses' experience progression through a novice to expert theory. Benner (1982) defined a novice nurse as a nursing student in the first year of clinical education and who is moving into an advanced beginner stage as a new grad in their first job. According to Benner (1982) a novice nurse transitions into a competent nurse after 2 to 3 years on the job. This definition is supported by Cheng et al. (2014), who defined a NGRN as a nurse who is limited in technological skills and clinical experience but has the basic knowledge to begin practice. Based on this information, I defined a NGRN in this study as a RN in the first 2 years in the profession after graduation/licensure.

NGRNs' Transition into Practice

The American Nursing Credentialing Center (2020) defined practice transition in nursing as a program of active learning for nurses across all settings that supports their progression from an educational environment to a practice setting or between practice settings. However, NGRNs' transition to professional practice is neither simple nor easy (Edwards et al., 2015; Whitmore et al., 2018b). Multiple studies reported various factors that can affect NGRNs' successful transition into practice such as job satisfaction, self-efficacy, skill deficiency, fear, leadership, lack of belonging, orientation duration, dissatisfaction with interpersonal relationships, work stress, role stress, social support, structural empowerment, work-life interference, and a dissatisfying work environment (Chachula et al., 2015; Gardiner & Sheen, 2016; Harrison et al., 2020; Kovner et al., 2016; Ortiz, 2016; Phillips et al., 2017; Yu & Kang, 2016). Chachula et al. (2015) described horizontal abuse in the nursing setting through the presence of hierarchies

among nurses and their negative interactions. Harrison et al. (2020) associated horizontal abuse with NGRNs' experiences of being intimidated, struggling, feeling isolated, and distancing from the profession. NGRNs often leave nursing jobs due to adverse experiences during their transitional period including; theory-practice gaps, not feeling valued or respected, and senior staff bullying or violent behaviors (Edwards et al., 2015; Gardiner & Sheen, 2016; Hawkins et al., 2019).

Bullying Toward NGRNs

Anusiewicz et al. (2019) defined bullying in nursing as any persistent negative behavior toward NGRNs exhibited by a nurse of either perceived or actual power. According to Anusiewicz et al. (2019) bullying behaviors are often directed toward NGRNs who have difficulty to defend self against the behavior. Fink-Samnick (2015) reported that in comparison to other occupations, nursing is a profession that has the highest workplace bullying rate. According to O'Connor (2020), bullying in nursing is a longstanding phenomenon; however, there is a real lack of awareness and understanding of what bullying is in healthcare. Often bullying is a subtle build-up of behaviors over time rather than an isolated incident and occurs when senior nurses bully nurses more junior to them, and often NGRNs become most vulnerable (Chu & Evans, 2016; O'Connor, 2020; Rittenmeyer et al., 2013; Stokowski, 2010).

Stokowski (2010) reported that; nurses eat their young, is a phrase that overused in nursing. The term; nurses eat their young, ingrained into the nursing culture as an unavoidable fact of a nurse's life and hierarchical abuse (Chu & Evans, 2016; Edmonson & Zelonka, 2019). Several authors reported that based on professional hierarchy in

nursing, NGRNs are at the bottom rung of the ladder and are an easy target for bullying (Farrell, 1999, 2001; Griffin & Clark, 2014; Roberts, 1983; Sheridan-Leos, 2008; Stanley et al., 2007; Weaver, 2013). American Nurses Association (2012) described bullying as a health care epidemic.

Gardiner and Sheen (2016) conducted an extensive literature review and identified three dominant themes related to bullying toward NGRNs. The three themes reported by Gardiner and Sheen (2016) included; stressful experiences, the need for a supportive environment, and constructive feedback during the transition to practice. Gardiner and Sheen (2016) reported stress as a common NGRNs' experience due to incidences of burnout, feeling unprepared for practice, overwhelmed by responsibility, and presence of bullying from other nurses.

Through a multiple cases research study, Harrison et al. (2020) explored NGRNs' practice readiness. Harrison et al. (2020) concluded that education and workforce factors collectively create the right environment for NGRNs to flourish. Harrison et al. (2020) identified that one of the main factors that impacts NGRNs' transition into practice is workplace environment including quality of interactions with other people. Harrison et al. (2020) found that NGRNs' interactions with colleagues were negative interactions, including being intimidated, struggling and feeling isolated, which influenced NGRNs' perceptions of the profession and decisions about practice readiness.

Hofler and Thomas (2016) reported that one of the NGRNs' challenges during their transition to the workplace is workplace bullying. Hofler and Thomas (2016) described bullying as a pervasive issue that obstructs the appropriate socialization of

NGRNs. According to Hofler and Thomas (2016), nurses often bully others to maintain control of their work environment and when organizations do not protect nurses from bullying, it promotes unprofessional behavior and due to a lack of effective strategies to fight bullying NGRNs experience extreme difficulty to succeed in their transition into practice.

Kim and Shin (2020) conducted a mixed-methods study to investigate the barriers to successful transition from a nursing student to a nurse. Kim and Shin (2020) found that NGRNs' fears, workload, excessive role expectation, and emotional difficulties related to bullying are barrier to a successful transition into practice. Kim and Shin (2020) also concluded that NGRNs' successful transition into practice depends on NGRNs' self-confidence, interactions with colleagues, positive and supportive work environment, and availability of transition programs.

Through a descriptive phenomenological study, Rosi et al. (2020) explored horizontal violence experienced by NGRNs. Rosi et al. (2020) described the understanding of NGRNs' lived experience of horizontal violence in the work environment. From the analysis of 21 interviews, Rosi et al. (2020) identified four main themes; the enemies that are those who exercised violence, the weapons used by them to exercise violence, the effects of horizontal violence and the types of armor to protect from horizontal violence. Rosi et al. (2020) concluded that NGRNs rarely recognize direct or indirect horizontal violence which effects their professional well-being, personal well-being, professional conduct, and the quality of patient care. Rosi et al. (2020)

identified a need for organizational leaders to focus on effective support and protection of NGRNs from horizontal violence.

According to Edmonson and Zelonka (2019) over half of nursing students reported witnessing or experiencing nurse-on-nurse bullying during their clinical rotations. Direct or indirect NGRNs' bullying experiences continued after graduation and affected NGRNs' integration into the profession (Edmonson & Zelonka, 2019; Fasanya & Dada, 2016).

Impact of Bullying on Organizations

One of the significant factors that effects NGRNs' transition into practice is workplace bullying, NGRNs face decisional dilemma to leave organizational and the profession due to bullying (Chachula et al., 2015; Edmonson & Zelonka, 2019; Hallett et al., 2020; Harrison et al., 2020; Hofler &Thomas, 2016; Ortiz, 2016). Edmonson and Zelonka (2019) reported that due to presence of bulling within healthcare organization, organization unable to achieve consistent, high-quality organizational outcomes. It is not possible to achieve the goal of high reliability in health care in an organizational environment that permits or promotes bullying (Edmonson & Zelonka, 2019).

Skarbek et al. (2015) explored workplace bullying through nurse managers' perspective and found that systems must be in place to hold individuals accountable for their behavior. Skarbek et al. (2015) reported that communication, collective support, and teamwork were essential to create work environment were patients' received safe and optimum care. Skarbek et al. (2015) also identified that mandated anti-bullying programs were not as effective as individual manager interventions.

Wilson (2016) explored bullying behaviors in nursing in Europe and other countries. Wilson (2016) concluded that bullying involved intentional and repeated psychological violence, humiliation and isolation of selected staff from colleagues. Wilson (2016) reported that the main perpetrators of bullying were nurses in a senior positions and were established staff members. Nursing students and new staff members like NGRNs were the most likely to be bullied which led to their distress, depression and intent to leave their jobs (Wilson, 2016). Wilson (2016) identified that factors that contributed to bullying were hierarchical management and lack of employee empowerment. At the same time, Wilson (2016) found that silence and inaction from nurse managers, leaders and other colleagues allowed bullying behaviors to continue.

Several authors reported that nurses who experienced workplace bullying faced a decisional response regarding the intent to remain in the work setting (Armmer, 2017; Edwards et al., 2015; King-Jones, 2011; Wilson, 2016). NGRNs who experience bullying at the beginning of their career tend to quit their jobs, leave their units, and even leave the profession (Whitmore et al., 2019). Multiple studies reported that up to 34% of nurses left or considered leaving the profession because of bullying (Armmer & Ball, 2015; Chu & Evans, 2016; Edmonson & Zelonka, 2019; King-Jones, 2011).

NGRNs' bullying experiences can effect organizational productivity, due to bullying at the workplace nurses display increasing absenteeism, impaired time management, diminished physical ability, and decreased work quality (Chachula et al., 2015; Edmonson & Zelonka, 2019; Hofler &Thomas, 2016; Ortiz, 2016). In addition, multiple research studies concluded that improving NGRNs' transition into practice can

promote a higher quality of patient care (Harrison et al., 2020; Hofler &Thomas, 2016; Phillips et al., 2017; Skarbek et al., 2015). Due to bullying experiences NGRNs feel incompetent, incapable, unable to concentrate and unable to think clearly that can lead to a greater risk of errors, falls, injuries and unsafe work environment (Anusiewicz et al., 2019; Edmonson & Zelonka, 2019; Fasanya & Dada, 2016; Wilson, 2016).

Bullying in Long Term Care

Prior research showed that NGRNs' experiences of bullying received an ongoing exploration in acute-care settings (Anusiewicz et al., 2019; Ebrahimi et al., 2017; Edwards et al., 2015; Mammen et al., 2018; Whitmore et al., 2018b). Several research studies confirmed that NGRNs experienced and continue to experience negative workplace behaviors, including workplace violence, verbal abuse, physical violence, threats of violence, sexual harassment, horizontal violence, workplace incivility, and bullying (Hawkins et al., 2019). Despite NGRNs' challenges they experience during their transition into practice, they are still expected to fill in the gap in the expected shortage of nurses working in LTC. However, considering the high demand for NGRNs in LTC, NGRNs' experiences during the transition into practice have not been explored within the setting and needs further exploration (Salmond et al., 2017; Torpey, 2011). Due to the anticipated job growth in LTC setting, organizational focus must shift on recruitment and retention of NGRNs. LTC organizations face challenges to recruit NGRNs as these nurses often do not see careers in LTC and do not consider LTC as a suitable career choice (Salmond et al., 2017). Salmond et al. (2017) explored the effectiveness of transition programs like nurse residency programs in LTC for NGRNs. Salmond et al.

(2017) found that transition programs were effective to improve turnover; however, those programs are only a first step toward improvement of workforce stability in LTC.

NGRNs experiences challenges during their transition into practice such as lack of access to experienced mentors, generational diversity, workplace hierarchy, performance anxiety, poor working conditions, high patient loads, poor leadership, lack of belonging, a negative work climate, sense of lack of professional confidence, and bullying (Chachula et al., 2015; Harrison et al., 2020; Hofler &Thomas, 2016; Hawkins et al., 2019; Ortiz, 2016). According to Skarbek et al. (2015) nurse leaders and managers have an essential role in understanding and preventing bullying experiences for NGRNs.

Workplace violence such as bullying remains high, Fasanya and Dada (2016) reported that workplace violence from co-workers was at 18.3% and from management at 12.7% in long-term medical care facilities. Several authors confirmed that due to negative behavior at the workplace such as bullying NGRNs feel emotional distress, anxiety or depression, which also impacts NGRNs' job satisfaction, development of the professional relationship, burnout, and intention to leave (Armmer & Ball, 2015; Gardiner & Sheen, 2016; Hawkins et al., 2019; Phillips et al., 2017; Skarbek et al., 2015).

Whitmore et al. (2018a) explored NGRNs' transition to practice experiences in LTC through a qualitative, explanatory case study. Whitmore et al. (2018a) focused on the self-described transition to practice experiences and contextual factors present in LTC that influenced these experiences. Whitmore et al. (2018a) identified five contextual factors that influenced NGRNs' transition to practice in LTC, these factors include; struggling to meet expectations, practicing in isolation, relying on others, developing skill

and confidence despite challenges, and recognizing complexity of LTC practice. Whitmore et al. (2018a) identified that hiring NGRNs into LTC without adequate orientation or supportive programs and mentorship is not effective in ensuring a positive transition to practice and ultimately, may have an impact on the quality of care in LTC. Whitmore et al. (2018a) suggested that there is still a need to continue to explore NGRNs' experiences in LTC.

Transcendental Phenomenology

For this study I chose a transcendental phenomenology as a research approach. Husserl (1983) was a founder of phenomenology whose work evolved into transcendental phenomenology with a focus on firsthand experience. Husserl's (1983) focus was on the essential structures that allowed viewing experiences through a natural and naïve approach free from presuppositions. The goal of transcendental phenomenology approach for this study was to retrieve the essence of participants' subjective experiences. Through transcendental phenomenology I was able to explore the essence of participants' experiences and bring out the meaning of those experiences. Husserl (1983) also emphasized the importance of an epoché method as a systematic procedure that suspends judgment regarding the phenomenon and examines its origin (Husserl, 1983). Epoché is the first step of the phenomenological reduction process that supports data analysis process (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). In this study I was able to set aside preconceived notions, biases, judgments, and personal beliefs about the phenomenon. Through an epoché method I was able to explore the phenomenon through a fresh and open view and focus on originality and essence of the phenomenon.

Gap in the Literature

The problem of bullying occurs in all health care settings regardless of the geographical location (Dellasega, 2009; Stokowski, 2010). However, a LTC setting had received minimal to none attention in relation to bullying. Whitmore et al. (2018a) identified that little is known about the experiences of NGRNs as they transition to practice in LTC. NGRNs working in LTC are vulnerable to bullying, and their objective, and subjective experiences have not been previously explored. Additional research was needed to understand the experiences of NGRNs related to bullying in LTC. Addressing bullying phenomenon as NGRNs experience it in LTC promotes further understanding of the phenomenon, fills the literature gap and supports social change.

Summary and Conclusions

Research studies found in this literature review supported that bullying is present at all healthcare settings, and NGRNs are most vulnerable to experience bullying (Salmond et al., 2017). However, still little is known about the bullying experiences of NGRNs in LTC. NGRNs continue to leave units, departments, organizations and the profession due to bullying, and currently is the most effected population (Salmond et al., 2017).

NGRNs often experience bullying at work place directly or indirectly that has a significant impact on their wellbeing, quality of patient care, and organizational outcomes. While the literature review provides background information related to bullying in nursing (Logan, 2016; O'Connor, 2020), there is still unknown how it impacts

NGRNs in the LCT setting at the start of their integration into the profession (Whitmore et al., 2018a).

In chapter 3, I will present and discuss research design and methodology of this study. Chapter 3 will also include the rationale, role of the researcher, methodology, and issues of trustworthiness of this study.

Chapter 3: Research Method

The purpose of this transcendental phenomenological study was to address the knowledge gap in the literature by exploring NGRNs lived experiences of bullying as they transition into practice in LTC. Based on the finding of this study LTC administrator and organization will develop strategies, programs, policies, and procedures to combat bullying toward NGRNs and promote their successful transition into practice in LTC. In this chapter, I will discuss the research design and rationale, role of the researcher, selected methodology, and issues with trustworthiness which includes transferability, dependability, and confirmability.

Research Design and Rationale

I selected a transcendental phenomenological methodology for this study due to its relevance to the research question which was: What are the lived experiences of NGRNs who are working in LTC regarding bullying? Through a transcendental phenomenological approach I explored the phenomenon of bullying in LTC from the perspectives and the lived experiences of NGRNs. These study participants provided me with subjective, rich, and thick data, and promoted a comprehensive sharing of the aggregate understanding. Through transcendental phenomenological approach I was able to collect data using semistructured interviews that focused on lived experiences of NGRNs in LTC. I used individual video interviews that allowed participants to share their authentic firsthand experiences of bullying in LTC. As part of the transcendental phenomenological approach, I set aside prejudgments about the phenomenon through the process of epoché. Through the method of epoché I collected a non-judgmental data,

fresh and open data view. I started data analysis with identification of significant statements; I clustered those statements into units and themes. As an end goal, themes evolved from the description of the original dialogue and the essence of experience. I selected the transcendental phenomenological approach for its systematic process for exploring and understanding the phenomenon of bullying through the lived experiences of participants.

I considered other research approaches for this study, including the grounded theory approach; however, I did not select this method. I intended to explore and describe the phenomenon of bullying and not to generate a theory. Another approach that I considered was a case-study approach. I also rejected this approach; I would not be able to generate a deep and thick description of the phenomenon through case-study approach. I selected a qualitative transcendental phenomenological method. Through transcendental phenomenology I was able to retrieve subjective lived experiences of NGRNs in LTC in relation to bullying and connect data to the research question. My goal for this study was to obtain comprehensive sharing of an aggregate understanding with a fresh and naïve focus on the phenomenon and to create basis for further reflection and research.

Role of the Researcher

I used rigorous methods and professional integrity to design, implement, analyze, and disseminate data acquired in the study. Through a transcendental phenomenological approach I explored and generated objective description of NGRNs experiences of bullying in LTC. As a researcher, I explored the thoughts and feelings of participants. In addition, I attempted to understand the essence of their experiences. After I uncovered,

defined, and analyzed the phenomenon, my goal was to assure that the data analysis reflected the authentic essence of the participants' experiences. I collected data through individual video interviews, I recorded only audio of each interviews and transcribed each recording. I reviewed each transcription for codes through a systematic and repetitive data review. Through repetitive data review I ensured I did not miss important details within the data and that I identified sets of meaningful, cohesive categories. After I identified codes I analyzed them for patterns, categories, and themes. I used member checking to validate themes. I offered all participants to review their transcript, its description and codes, all participants validated that coded data represented what they said during their interviews. In addition, a committee chair had an opportunity to review the coding process and validate emerging codes, patterns, categories, and themes. I conducted interviews until I was able to generated patterns and repetitive themes within data; I achieved data saturation when further identifying new codes was no longer feasible.

During data collection, I asked participants to share feelings, thoughts, and perceptions that might be sensitive and personal. Prior to the study I was familiar with the phenomenon of bullying, and I already had formed biases and subjective perceptions, and it was crucial to prevent those experiences from affecting data analysis and dissemination of the findings. The experiences of the participants were different from mine, and it was a key to safeguard participants and their data. I used an epoché method during the study to stay free from my past experiences and to stay focused on a principal of originality and consistency of meaning and essences of participants' experiences. As a researcher I put

aside my own perceptions, judgments, bias, and prior knowledge of the phenomenon focusing on views reported by participants.

Methodology

Participant Selection Logic

I selected participants for this study with the goal to recruit participants who met inclusion criteria. In the inclusion criteria I included NGRNs in their first 2 years of experience post-graduation/licensure and who had experience transitioning into practice in LTC. I selected participants who were working in LTC as NGRNs. My goal was to select participants who were able to share their lived experiences related to bullying at their workplace. Potential participants received a prescreening demographics questionnaire to address the specific inclusion/exclusion criteria (Appendix A). I used purposeful and snowball sampling to recruit participants for the study. The self-selected participants who volunteered to participate in the study met study's inclusion criteria; however, it might not have been a representative sample of all NGRNs working in LTC as their first professional role. I protected participants' identities and kept it confidential, I de-identified all interview tapes and secured it in a locked cabinet to ensure confidentiality and secure storage of transcripts. I transcribed and analyzed the data with support of committee chair.

Instrumentation

I interviewed NGRNs who worked in LTC and were able to share their lived experiences related to bullying at their workplace. I conducted semistructured interviews in which I included open-ended questions (Appendix B). I designed semistructured

interview questions to retrieve subjective experiential data. I continued data collection and continued until I achieved data and was able to identify patterns and repetitive themes. I used five open ended semistructured interview questions (Appendix B), each question followed by probing questions to retrieve participants' lived experiences related to the phenomenon of bullying. I designed interview questions to reflect on the research question and oppressed group theory.

Procedures for Recruitment, Participation, and Data Collection

I conducted participants' recruitment through purposeful and snowball sampling, I used social media, nursing organizations, and contacted selected LTC facilities throughout Florida. I recruited participants through a letter of invitation to participate in the research study (Appendix D) that was sent to the American Association of Post-Acute Care Nursing (AAPACN), American Association for Long Term Care Nursing (AALTCN), Long Term Care Nursing Association and Facebook social media nursing groups. I obtained permission from social group owners and organizational administrators prior to participants' recruitment. I also obtained permission from facilities' administrations prior to the recruitment of potential participants in the selected LTC facilities. Participants' invitations letter which included study information was provided to organizations, social media groups and LTC facilities' stakeholders. In the study invitation letter (Appendix D) I explained the purpose of the study, inclusion criteria, how participants were selected, participant's and researcher's role in the study, and how collected data would be analyzed and coded. In addition, I included in the letter how collected data would be stored and used.

Upon approval from Walden University's Institutional Review Board (#10-11-21-0668520), I contacted potential participants who were interested in the study, I contacted them via email where I also included study invitation (Appendix D) and an informed consent (Appendix C). Due to the COVID-19 pandemic, in-person interviews were not feasible. Participants provided with a choice of interview means based on their access and availability of technical resources. I conducted semistructured interviews through video platforms like Zoom, Teams, or Skype and tape-recorded the audio for transcription purposes.

I selected a transcendental phenomenology for this study; through this approach I was able to explore firsthand bullying experiences of NGRNs in LTC. Husserl (1983) referred to transcendental phenomenology as an open and flexible method. I was able to create a fresh and naïve view of the phenomenon and retrieve essence of participants' subjective experiences. My focus was on the inquiry where biases and preconceptions did not influence the studied phenomenon. I used a transcendental phenomenology in combination with semistructured interview questions that allowed participants to recall and share their personal experiences. I used individual video interviews to allow for privacy and confidentiality. Before I began data collection I established and ensured a relaxed and trusting environment which in combination with the use of semistructured interview questions assisted me in retrieval of rich, thick and authentic data. My goal was to explore the essence of participants' experiences related to bullying and bring out its meaning, where I progressed to an objective researcher who described the meaning of the

phenomenon from the participants' descriptions of their lived experience to universal essences of the phenomenon.

To develop interview questions, I used a responsive interview model as described in Rubin and Rubin (2005). My goal during interviews was to form a conversational partnership between me as a researcher and participant to better understand participants experienced through their words and description of their lived experiences of bullying. Based on data collected during interviews, my focus was to create a meaning of the phenomenon as it presents in LTC. In the semistructured interview questions I included five main questions which were followed by probing questions (Appendix B). In the main questions I addressed the overall research topic and problem, while probing questions helped me to manage the conversation and elicit clarity and in-depth details. I also used follow-up questions to assist me in exploring ideas that emerged during interviews, those questions helped me to engage and interact with participants in informal conversation.

Data Analysis Plan

A transcendental phenomenological approach requires a systematic and rigorous data analysis (Moustakas, 1994). I used Stevick's data analysis method to analyze collected data. I began data analysis process by creating verbatim transcriptions of interviews, which I coded with the process of horizontalization. My goal during data analysis was to objectively move from participants' descriptions of facts of their lived experience, to universal essences of the phenomenon of bullying in LTC. Several cycles of coding were required, the process of coding involved rearrange and reclassify coded data categories. Based on in depth engagement in the process of coding, I was able to

identify different and new categories. I dedicated an equal value to every horizon or statement relevant to the topic and research question. From the horizontalized statements I identified the meaning of significant statements and clustered them into common categories and themes. I removed overlapping and repetitive statements. As a next step I examined a systematic process of coding for meaning and description of the phenomenon through the creation of theme. I identified themes based on repeated ideas, indigenous terms, metaphors and analogies, transitions or shifts in topic, similarities, and differences of participants' expressions. My goal was only to describe content but also to reflect on its implicit meaning. I used categories and themes interchangeably; however, during the description process I differentiated categories from themes in terms of their level of depth and abstraction. Categories that I identified served as descriptors of themes; in addition, I identified subthemes for each theme to identify their meaning. As a primary product of analytical process categories had a descriptive identity and I used it to begin the theme development process. I used clustered themes and meanings to construct a description of the meaning and essence of the participants' experiences. I conducted coded data verification from participants. During this study I intended to acquire an understanding of the phenomenon of bullying from the lived experiences of the NGRNs in LTC in the state of Florida; therefore, when I draw on identified characteristics and themes during data analysis I was able to generate a description of the essence of the phenomenon. I achieved data saturation when collected data became redundant, and when additional collected data contributed little to nothing to the study.

I used a thematic analysis including textural and structural descriptions, to description of participants' experiences. I used textural description through the retrieval of verbatim quotes and citations from interviews that I also used to assist me to represent participants' perceptions and experiences of a phenomenon. The goal was to seek for the meaning of different participants' perspectives, roles, functions, and structural descriptions to achieve essential structures of the phenomenon. I used a structural description to examine how participants' represented the phenomenon of bullying in relation to their emotional, social, and cultural perceptions of bullying. Through the use of structural description I was able to establish a connection between what participants reported during their interviews and representation of the phenomenon in the selected setting. Through textual and structural descriptions of participants' experiences I initiated interpretation of collected data and generated the essence of the phenomenon that captured the meaning of participants' experience.

Issues of Trustworthiness

In this qualitative research study, I ensured trustworthiness based on the presence of credibility, transferability, dependability, confirmability, and authenticity. Along with ethical considerations, I implied efforts to remove bias from this research study.

Credibility

Credibility is an internal validity in a quantitative study that confirms that the data collected matched the research question. To establish credibility I implied strategies that included prolonged engagement, persistent observation, peer debriefing, negative case analysis, progressive subjectivity, member checking, triangulation, and reflexivity

(Burkholder et al., 2016). In this study, I retrieved meaningful information appropriately utilizing the overall study design, instruments and data. I achieved credibility through the use of triangulation, member checking, and persistent observation. As a triangulation strategy, I conducted data collection through semistructured interviews and field notes I collected during video interviews. Through member checking strategy I was able to review data description and codes with participants for feedback, clarification, and validation of collected data. I also used persistent observations through in-depth engagement in data analysis, through the development of codes, concepts, and core categories to help me examine the characteristics of the data. I read and reread data carefully analyzing codes and deriving to themes. I revised categories accordingly to analyzed data descriptions and codes, and studied the data until I achieved an intended depth of insight.

Transferability

Transferability is similar to the quantitative concept of external validity. Through the use of external validity I was able to measure if the findings of the study, based on a study sample, are generalizable to the population with sufficient description of the setting and the assumptions of the study. Within a qualitative research design I expected a smaller sample, however through this study results transferability can still be granted. I ensured transferability through spending enough time during interviews and continuing interviewing until I achieved the richness of the collected data. Through semistructured interviews I collected a sufficient amount of data to generate in-depth, rich content. In addition, I provided a detailed and transparent description of study design, method and

findings, to ensure transferability. I used data saturation as an indicator that I collected sufficient amount of data collection prior to its analysis.

Dependability

Dependability in a qualitative study is when the instruments used to collect data produce consistent results across data collection occurrences. In this study I ensured dependability through consistency in data collection, analysis, and reporting. Within this research process and design, I presented a logical, traceable, and well-documented research approach. I also achieved dependability through a clear description of the research methods, methodology, and limitations. I also allowed advisers and experts to examination of my research design.

Confirmability

Confirmability in a qualitative research aims to use methods based on verifiable procedures, analyses, and conclusions. My goal was to ensure objectivity that ensured disassociation from my subjective bias. Through confirmability of this study I allowed other future research to arrive to the same conclusions when examining the same qualitative data. One of the strategies I used to achieve confirmability was confirmability audit. I removed subjectivity and bias that allowed me to focus on objective findings interpretation. In addition, to ensure confirmability, a committee chair served as a primary peer reviewer for the initial interview. My main focus of this research study was to generate worthwhile findings that can generate positive social impact and benefit NGRNs in LTC setting.

Authenticity

To communicate authenticity and trustworthiness in the research study, I practiced reflexivity where my own voice and perspective was addressed. My goal was to stay objective with an emphasis on trustworthiness and authenticity, stay balanced, fair, and conscientious. I consider multiple perspectives, multiple interests, multiple experiences, and diverse constructions of realities that participants presented during data collection and analysis.

Ethical Procedures

The confidentiality of participants was my priority during this study. Due to the sensitivity of this research study topic, an ethical protection of participants was my essential goal. As a researcher, I ensured that I maintained the necessary ethical standards. I established an explicit and voluntary agreement with each participant, that ensured confidentiality and informed consent.

It was imperative for me to anticipate a challenge in collecting rich data, therefore, I provided detailed information regarding the nature and purpose of the study with the opportunity to address participants' questions during the recruitment process. The phenomenon of bullying is a sensitive topic, I anticipated participants to hesitate to share detailed information. To decrease the participants' reluctance to share their information, I reassured them that their participation was voluntary, and they were able to withdraw from the study at any time. All participants provided an informed consent of participation (Appendix C). In addition, I reemphasized that their names did not appear and will not appear in any report of the study; therefore, the information they provide was

kept confidential. In addition, I suggested that the participants choose a private setting for their interviews where the conversations were not overheard. I sought IRB approval to ensure that potential risks and ethical considerations were in place for the protection of participants.

Summary

Acquiring an understanding of the bullying experiences of NGRNs in LTC assisted me in understanding the phenomenon. I achieved an in-depth understanding from information I retrieved from participants' first-hand experiences that they shared during their interviews. Through a detailed research design and data collection methods I ensured trustworthiness and addressed ethical considerations. In addition, my role as a researcher was equally important; I was able to set aside subjectivity, bias, and my prior experiences with the phenomenon and was able to retrieve valuable, rich data with its productive analysis.

In chapter 4, I will address the process of data collection, organization, and analysis, including interpretation of emerging themes. In chapter 5, I will provide interpretation of findings, implications for nursing practice, implications for social change, and recommendations for future research.

Chapter 4: Results

In this research study I aimed to explore lived experiences of bullying toward NGRNs as they transition into practice in LTC and address the knowledge gap in literature. I conducted this transcendental phenomenological study using semistructured interviews to explore NGRNs' lived experiences of bullying as they transition into practice in LTC. I sought to answer this research question: what are the lived experiences of NGRNs who are working in LTC regarding bullying? Data I collected during participants' interviews along with identified themes and main trends emerged, linked back to the research question. In chapter 4, I will address the process of data collection, data organization, and data analysis, including interpretation of emerging themes.

Data Collection

Upon approval from Walden University's IRB, (# 10-11-21-0668520), recruitment took place between October 25, 2021, and March 31, 2022. I recruited participants through purposeful and snowball sampling strategies; I used selected nursing organizations, social media groups, and contact with selected LTC facilities.

Data Setting

Seven participants reached out with interest in the study. After voluntary participants expressed interest in study participation, they had an opportunity to review the study consent and prescreening demographic questionnaire. I held all communication with participants via email. After I received an informed consent, interviews were scheduled. All voluntary participants completed a prescreening demographic questionnaire to ensure they met the inclusion criteria. The inclusion criteria required that

participants were NGRNs who graduated in the last 2 years and currently work in LTC or had worked in LTC in the first 2 years of their transition into practice. All seven participants met the inclusion criteria. During the recruitment and interview process, none of the participants presented conditions including personal or organizations that could have impaired their participation in the study.

All participants were offered to conduct interviews via one of the following video platforms: Zoom, Teams, or Skype. All seven participants expressed interest in interviews via Zoom. During all interviews I only tape-recorded the audio for transcription purposes. Participants' electronic consent granted permission to tape recordings. Interviews lasted approximately 15 to 20 minutes in duration. Each participant was greeted with an introductory statement and confirmed consent to participate. Prior to each interview I reminded all participants that study participation was voluntary and that they had a right to stop the interview at any time. None of the participants declined participation prior to the interview or terminated their interview.

I conducted semistructured interviews which included five open-ended questions (Appendix B). Interview questions that I asked included:

1. Please describe what workplace bullying means to you.
2. Have you experienced or observed any form of bullying during your work in long term care?
3. Thinking about the bullying you observed or experienced. How did it effect your work, how did it effect you personally?
4. How did you respond to the bullying you observed or experienced?

5. Are you comfortable discussing your experience with others in the workplace?
6. Is there anything else you would like to share, or anything else you want to add?

Demographics

I interviewed seven participants for this study. Table 1 presents participants' demographics corresponding to inclusion criteria. Based on the demographic questionnaire (Appendix A), which all participants completed, all participants were women, all held an RN degree that was obtained in the last 2 years, and all were currently working in LTC or had been working in LTC in the last 2 years.

Table 1

Demographic Information of Participants

Participant ID	Age	Gender	Level of nursing education	Graduation in last 2 years	Currently works in LTC	Worked in LTC in last 2 years
P1	56	female	RN	yes	yes	n/a
P2	49	female	RN	yes	yes	n/a
P3	25	female	RN	yes	yes	n/a
P4	31	female	RN	yes	yes	n/a
P5	26	female	RN	yes	no	yes
P6	34	female	RN	yes	yes	yes
P7	35	female	RN	yes	yes	n/a

Data Collection and Organization

Through the transcendental phenomenological approach, prior to data analysis, I set aside prejudgments about the phenomenon through the process of epoché. Through a process of epoché I was able to view collected data in a nonjudgmental, fresh and open view. After I transcribed and organized all interviews, I started data analysis with the identification of significant statements. I clustered identified statements into codes,

categories, and themes. I constructed themes into a description of the original meanings and the essence of participants' experiences of bullying.

After data organization, I used the process of horizontalization to analyze data; I was able to identify relevant statements, repeated ideas, concepts, and patterns within the data. I combined key statements and reduced them to unique themes and subthemes that were associated with the research question.

Data Analysis

I used a systematic and rigorous data analysis during this study. I tape-recorded all interviews and transcribed the recordings manually and verbatim. I organized data in an Excel document where I began data analysis. I completed the first preliminary analysis immediately after each interview. After transcriptions were completed I performed a manual data analysis, including hand-coding. I did not use software for coding or data analysis, my goal was to analyze through deeper engagement in the data and its in-depth interpretation.

I used Stevick's data analysis method to analyze data which I began with creating verbatim transcriptions of interviews. I reviewed each interview recording several times to ensure verbatim transcription. After I transferred transcriptions into an Excel document, I divided the document into several columns: transcriptions of each question, description, codes, categories, patterns, and themes. I completed several coding cycles, where I rearranged and reclassified codes. I reviewed each participant's answers several times to identify key statements and words that I used to describe meaning, main ideas, and patterns related to the research question. I used the process of horizontalization with

in-depth engagement in the process of coding and identification of similar, repeated, and frequent statements and meanings. During the process of coding my focus was on the meaning and description of the phenomenon. Categories emerged and differentiated from themes in terms of the level of depth and abstraction and categories served as descriptors of themes. Through the reflection on the similarities and differences of participants' responses, I developed themes based on identified categories and patterns. Based on identified themes I constructed a description of the meaning and essence of participants' experiences.

I used member checking was utilized for the validation of codes, descriptions and themes. I offered participants to review interview transcripts to validate that my interpretation of data represented what they said during interviews. All participants confirmed transcriptions of their interviews without editing and additions, and there were no significant corrections from participants.

Saturation

The first interview established a baseline of data. Additional interviews continued to contribute to the data set. After the fourth interview, themes and trends started to emerge. I achieved data saturation when I noted that additional data collection was redundant and contributed little or nothing new to the study data set. I noted a thematic saturation at the sixth and seventh interviews. I noted that participants shared similarities in their experiences and I used those similarities to identify patterns which I also used to generate themes.

Results

During this study I my goal was to obtain comprehensive exploration and understanding of bullying experienced by NGRNs in LTC. I was able to generate fresh and naïve focus of the phenomenon that can serve as the basis for further reflection and research related to bullying in LTC.

Categories, Patterns and Themes

During data analysis I noted data saturation after seven interviews, and identified several categories that included: scope of bullying, work environment impact, patient impact, nurse impact, work impact, impact of bullying, organizational barriers, response to bullying, need for change. Several patterns noted across the codes included: fear, psychological effect of bullying, intent to leave, negative work environment, lack of support, hierarchical bullying, stay silent, lack of control, bullying in a group setting, management, senior nurses are bullies, bullying effects patient care.

Themes and Data Evidence

The research question I addressed in this study was: What are the lived experiences of NGRNs who are working in LTC regarding bullying? I identified three main themes in support of the research question: hierarchical bullying, nurse's response to bullying and consequences of bullying.

Theme 1: Hierarchical bullying

The first main theme that emerged from the data analysis was hierarchical bullying with subthemes of: senior nurses are bullies, management, bullying in a group setting.

Subtheme: Senior nurses are bullies

Six out of seven participants referred to bullying as hierarchical bullying occurrence from higher level nurses down, whether it is senior nurse to newer nurse, nurse to CNA, and management to new nurse. Several participants reported bullying from more experienced and senior nurses.

P3 confirmed presence of bullying in LTC she experienced as NGRN. However she did not identify it as hierarchical occurrence, "just when they are mean to you for no real reason." P3 also identified that bullying often occurs when you first start the job and you are a newer person. She stated, "especially when first starting out, or when you are a new person", "from other staff members." P1 presented an example of "eating our own type of attitude." P4 stated that "other colleagues not welcoming you because you are younger and a new grad." P4 also described that other nurses "use job status, or seniority to force you work outside your own job description." Finally, P4 stated, "also I see a lot the PSWs (personal support workers) against other students, nursing students when they come to learn from them."

P5 provided an example of, "she was older nurse and she just did not like me from the get go." P5 also stated that "other nurses use their seniority or, nurse power title, toward CNAs."

P6 stated that bullying "persists between nursing staff, usually the senior nurses bullying the new grads." P6 also said, "I have noticed that senior nurses were staying like group together and I had a feeling that I did not belong to that group." P7 stated, "you like a saying like nurses eating their young."

Subtheme: Management

There were several participants who supported a subtheme of management under main themes of hierarchical bullying, through their examples during their interviews. P1 stated “my DON (director of nursing) was getting out of telling me about something I did not even know about in front of the entire room full of managers”. P2 provided an example of: “asked supervisor for help but she told me very rude that; this is your job, go and do your job, you are registered nurse”, “I never ever after that asked for help from this supervisor”. P7 stated “management was not really kind” and “managers were the ones doing that stuff”.

Subtheme: Bullying in a group setting

Another subtheme that supported a theme of hierarchical bullying in LTC identified by participants was bullying in a group setting. P1 provided an example of “embarrass people in a group setting”, “exclude person from the group”. P2 stated that “another team members CNA and nurse at the nursing station heard this”. P4 reported “humiliation in front of colleagues or patients”.

P5 stated “there was a nurse when I first started, she was older nurse and she just did not like me from the get-go, she would look in my documentation, and come after for every little thing, and report me unnecessarily”. P6 also experienced: “when I turn around from the nursing station walking to my patient’s room, I heard them laughing at me and commenting about me”.

Theme 2: Nurses' response to bullying

The second main theme that emerged from data analysis was nurses' responses to bullying with subthemes identified as: stay silent, fear, intent to leave, psychological effect of bullying.

Subtheme: Stay silent

Several participants reported that they stayed silent about their bullying experiences and did not report or talk about bullying. P5 reporting she was comfortable talking about bullying however; there was lack of success in its resolution "when I talked to her she did not care. So, I just went to higher up, I went to administrator". P4 reported she became comfortable to talk about bullying based on her work abilities "I am comfortable, and it's not something that I like to do it is completely challenging; I am comfortable talking about it". P7 shared "I did not talk to anybody".

P1 stated "back away from the situation", "pretend I am happy when I am not and you know knowing bullying going on in the building and no one doing anything about it", "I never really like approached the bully". P2 reported that "everybody kept silence", "not comfortable to discuss this about this experience".

P3 provided an example of "I usually just stay quiet, and just kind let things settle", "I think you would have to be pretty extreme, yeh for me to go to management, or tell someone". P6 said "I could not talk back to senior nurses", "back to the day being a new grad I remember myself being quite and at that point I preferred to have my inner-conflict instead of addressing the problem out loud to people who bullied me".

Subtheme: Fear

Another subtheme that emerged under a main theme of nurses' response to bullying is fear. All seven participants reported fear to report or address bullying whether it was a fear of continuation of the experience, its effects including coming to work, not wanting to go to work, and talking about bullying.

P1 stated "I think it's some of it is fear we do not want to be the next bullied person". P2 reported "if I discussed this with somebody can link in my job future", "you want to work in safe place". P3 gave an example of "constantly analyzing you want to make sure the other people don't, or other people don't say things to you again". P4 shared "I was scared of making things worse with the colleagues".

P5 also reported "I would not want to go to work, because you know I am anticipating walking into this "mastering" lady again over and over". P6 stated "I was so scared to go to work". P7 reported "I was not in the position to say anything because it would turn on me too", "I did not want that happen to me, so I worked harder, I tried to stay under the radar".

Subtheme: Intent to leave

Another subtheme of nurses' response to bullying was identified as intent to leave reported by six out of seven participants. P1 shared "they made her leave", "I have made choices to leave bullying environment". P2 reported "I understand why all nurses left this facility, I understand it is so big turnover, It just because of that person", "I start thinking about something else; I need to find another place", "because I can't feel safe to do my job". P4 provided an example of "I would wait for time to pass and hope things will

eventually get better and then I left". P5 also stated "I just did not want to work there", "if this is not going to stop I am going to quit". P6 reported "at some point I even wanted to quit my job". P7 stated that "she ended up quitting".

Subtheme: Psychological effect of bullying

A final subtheme of nurses' response to bullying was identified as psychological effect of bullying. Seven participants' reported that they displayed psychological effects due to bullying experiences.

P1 stated "I have been behind closed doors with my ADON (assistant director of nursing) in tears", "embarrass other people", "it effects peoples' lives not just their work lives but their home lives". P2 reported "I feel I was so upset, and was feeling so stressful, even cry at home, and just feeling not good feel hopeless". P3 provided an example of "it just makes you very anxious".

P4 stated "you are not treated fairly, humiliation in front of colleagues or patients, other colleagues not welcoming you because you younger and a new grad", "I feel I can feel stressed, and vulnerable, worried for my license, just general job satisfaction", "personally difficulty sleeping at night because I was stressed, difficulty eating, relaxing after work".

P5 shared "I would be like so frustrated when it's time to go to work". P6 stated "I had a feeling that I did not belong to that group", I developed actually a feeling that everything I do on the floor was wrong", "my confidence level dropped", "I was kind of not crying but sobbing in the car before the shift started and at the end of the shift as

well", "the anxiety level was escalating every day and made me feel that my work was a torture".

P7 also reported "everything she did she just got just ridiculous, everything she did everyone they will just laugh at her behind her back", "I decided to try to do my job the best trying not to make mistakes, it gave me more pressure, it was more pressure on me", "It's more like an emotional response, you just feel bad, because you like a saying like nurses eating their young, you going to nursing like expecting some sort of", "you kind of expect that environment, which is awful but these are the things become an expect and just kind of you like ok that's not happening to me but it happened, it happens, it is the way it is".

Theme 3: Consequences of bullying

A third main theme that emerged was consequences of bullying with subthemes of: lack of support, lack of control, negative work environment, bullying effects patient care, and desire not to bully.

Subtheme: Lack of support

All seven NGRNS who were interviewed for this study reported that bullying experiences led to adverse effects not only through how they responded but also organizationally, through their work including lack of support.

P1 "try and support rather than control". P4 stated "they don't want to help you". P5 reported "feeling like you are defeated, and no one is there". P6 also provided an example of "nobody was offering any help or support", "I also wanted to address this

problem to the director of nursing, but she was always too busy to sit down and talk and have little conversation to provide support". P7 shared "there was no one supportive".

Subtheme: Lack of control

A subtheme of lack of control was identified through examples provided by several participants. P1 stated "until it's kind off out of control". P5 shared "after the first few times I did not know what to do". P7 provided an example of "it happened, it happens; it is the way it is".

Subtheme: Negative work environment

A negative work environment due to bullying experiences was reported by all seven participants. P1 stated "not a good environment to work in". P2 reported "I feel I was so upset, and was feeling so stressful", "I can't feel safe to do my job". P3 provided an example of "you don't always get that respect or value of your opinions from others", "it just makes you very anxious, when you come in to work, and it's like a negative environment".

P4 stated "also I feel forced to change your practices that you learned in school or practiced they learned, because you want to fit in with your colleagues in long term care". P5 reported "I would be like so frustrated when it's time to go to work", "she would look in my documentation, and come after for every little thing, and report me unnecessarily". P6 stated "making them feel lonely at work", "I was kind of drawing on my tasks".

P7 shared that "everybody was just not nice to her", "everything she did everyone they will just laugh at her behind her back", "you going to nursing like expecting some sort of, you kind of expect that environment, which is awful but these are the things

become an expect and just kind of you like ok that's not happening to me but it happened, it happens, it is the way it is".

Subtheme: Bullying effects patient care

As another subtheme of consequences of bullying it was identified that bullying affects patient care. Four participants provided examples where they felt patients' care was compromised due to bullying they experiences at LTC.

P2 stated "I can't do my job appropriate". P3 shared "it effects how you do your job". P4 provided an example of "others forcing practicing against best practice guidelines", "my main concern is changing the practice and having unsafe practices for the patients and residents". P6 reported "causing some problems even involving patients' care", "I lost my attention to the patients".

Subtheme: Desire not to bully

It was also evident that several participants developed a desire not to bully after experiencing during their transition into practice in LTC. Four participants mentioned that their bullying experiences made them feel they did not want to be bullies and wanted to be nicer to others especially other NGRNs.

P1 stated "I went into nursing education because I thought I would change way nurses thought about other nurses". P3 reported "makes you feel like I don't want to do that to other people", "if someone does come to me and you know they share similar experience and maybe I will be more willing to talk about experiencing something similar, and open up in that way".

P6 shared "when I am precepting a new grad nurse I am trying to make a kind and friendly environment for them because I remember that time when I was bullied and I remember how the person feels being bullied". P7 provided an example of "I felt like I will never be that kind of person to bully other people", "I would never be that way, I don't want to be that way, I don't want anyone to feel that way, and I will never be that way".

Summary of Data

Identified categories and patterns led to three main themes: hierarchical bullying, nurses' response to bullying, consequences of bullying. Table 2 presents a summary of the categories, patterns, themes and subthemes. Figure 1 a summary of identified themes and subthemes in relation to research question.

Table 2

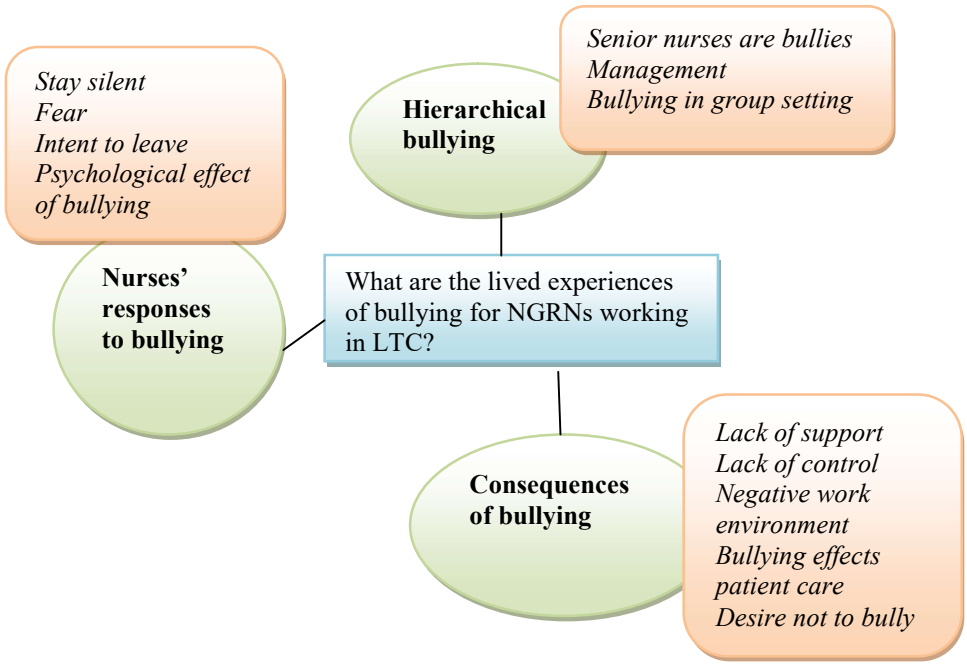
Categories, Patterns, Themes and Subthemes

Categories	Patterns	Themes	Subthemes
Scope of bullying	Fear	Hierarchical bullying	Senior nurses are bullies
Work environment impact	Psychological effect of bullying		Management
Patient impact	Intent to leave		Bullying in group setting
Nurse impact	Negative work environment		
Work impact			
Impact of bullying	Lack of support	Nurses responses to bullying	Stay silent
Organizational barriers	Hierarchical bullying		Fear
	Stay silent		Intent to leave
Response to bullying	Lack of control		Psychological effect of bullying
Need for change	Bullying in a group setting		
	Management	Consequences of bullying	Lack of support
	Senior nurses are bullies		Lack of control
	Bullying effects patient care		Negative work environment
			Bullying effects

patient care
Desire not to bully

Figure 1

Themes and Subthemes



Evidence of Trustworthiness

I chose a purposeful and snowball sampling as appropriate sampling method for the phenomenological study. My intent was to collect thick and rich data from NGRNs who transitioned or currently transitioning into practice in LTC. Data I collected during this study represented a narrow, selected group and might not be generalized from a sample to a general population.

Credibility

In this study, I was the investigator. I employed triangulation, member checking, and persistent observation to ensure the accuracy of the findings and study credibility. I conducted data collection through semistructured interviews and field notes that I collected during video interviews. I used a member checking strategy to review data transcripts with participants for feedback, clarification, and validation of collected data. As a researcher I displayed an in-depth engagement in data analysis through the development of codes, concepts, and categories. I read and reread the data, revised emerging theme. I studied the data until I achieved an intended depth of insight.

Transferability

I ensured transferability through detailed and transparent description of the study design, method, and findings. I also used thick descriptions and maximum variations of the data during its analysis. I achieved data saturation when a sufficient amount of data was collected and generated in-depth, rich content related to the phenomenon.

Dependability

I presented a logical, traceable, and well-documented approach for this research study process and design. In addition, I achieved dependability through the description of the research methods, methodology, and limitations. I also allowed examination of my research design by advisers and experts.

Confirmability

To ensure confirmability, a committee chair served as a primary peer reviewer for the initial interview. My main focus of this research study was to generate worthwhile

findings and generate positive social impact to benefit NGRNs in LTC setting. During this study as a researcher, I removed subjectivity and bias that allowed for the interpretation of objective findings. I utilized a method of epoché to set aside my preconceived assumptions, notions, judgments, personal beliefs, prior experiences, biases, and opinions related to the phenomenon of study. Through the use of epoché method I was able to explore the phenomenon through a fresh and open view with a focus on its originality and essence.

Summary

The research question of this study focused on the lived experiences of bullying of NGRNs working in LTC. Through the findings from this study I provided rich and descriptive findings that present an exploration of the phenomenon in the selected setting. Through the findings of this study I supported that bullying toward NGRNs exists in LTC through hierarchical bullying, NGRNs' responses to those experiences, and consequences of bullying affecting NGRNs, organizations, and patients.

From collected data, categories and emerging themes I presented patterns in data that can lay a basis for future exploration of this phenomenon in LTC. In chapter 5, I will provide an interpretation of findings, implications for nursing practice, implications for social change, and recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this transcendental phenomenological study was to address the knowledge gap in the literature by exploring NGRNs lived experiences of bullying as they transition into practice in LTC. I chose a transcendental phenomenology for this study; my goal was to view participants' experiences through a natural and naïve approach free from presuppositions and to retrieve the essence of the participants' subjective experiences. The key findings of this study that illustrated that NGRNs experience bullying in LTC as they transition into practice; those experiences are personal and manifest through hierarchical bullying, nurses' responses to bullying, and consequences of bullying. In chapter 5, I will provide an interpretation of findings, implications for nursing practice, implications for social change, and recommendations for future research.

Discussion

In this study I used a transcendental phenomenological approach to explored NGRN's lived experiences of bullying in LTC. I generated an understanding of NGRNs' bullying experiences in the setting and identified how the phenomenon manifests in LTC. This study results allowed me to form basis for future research related to how to identify, manage, and prevent those experiences in the future through organizational changes. Workplace bullying in LTC leads to the compromised well-being of NGRNs, decreases the quality of patient care, and leads to a financial burden on organizations due to high turnover rates and challenges with nurses' retention.

Based on data analysis, the results of this study revealed the presence of bullying toward NGRNs in the LTC setting. NGRNs experience bullying in LTC, those experiences include hierarchical bullying, responses to bullying, and consequences of bullying experiences. The findings of this study aligned with the research: What are the lived experiences of NGRNs who are working in LTC regarding bullying?

Even though bullying in nursing is a longstanding phenomenon, this study results supported that there is a real lack of awareness and understanding of what bullying is in LTC. In addition, bullying toward NGRN in LTC received minimal attention in the past (O'Connor, 2020). The results of this study serve as a basis for the development of strategies and policies on how to identify, manage and prevent bullying in LTC. The finding of this study can lead to future studies on the phenomenon and new policies and procedures LTC organizations should adopt. Through the findings of this study I can assist in the closure of a literature gap identified in relation to bullying in LTC toward NGRNs.

Interpretation of the Findings

I conducted a transcendental phenomenological study and used a theory of oppression by Freire (2005) to explore NGRNs' lived experiences of bullying in LTC. Through the resulted of this study I presented, how bullying manifests in LTC, and how NGRNs live through those experiences. All seven participants were open to sharing their bullying experiences as NGRNs in LTC with detailed examples; they described their transition into practice with challenges due to bullying. Even though there was not enough prior research conducted on bullying of NGRNs in LTC, the finding of this

research study corresponded with prior research on bullying in nursing and confirmed its effect on nurses, organizations, and patient care. The findings of this study illustrated that bullying toward NGRNs in LTC is an ongoing occurrence. The findings of this study can be used to develop future research related to the scope of the phenomenon and its manifestation in LTC and other healthcare settings.

Freire (2005) defined oppression as an act of unfair conditions on another group, preventing it from questioning or challenging the conditions of exploitation, violence, and a failure to recognize others as persons (Freire, 2005). Experiences shared by participants in this study supported this definition of oppression; as NGRNs in LTC this study participants experienced an unfair work condition directed toward NGRNs and were not able to voice or address their concerns due to fear and lack of support.

Freire (2005) stated that oppressed group theory's assumptions are (a) oppression behavior, and its acceptance contributes to the bullying behavior; (b) the oppressed group accepts bullying experiences and accepts belongings to a powerless group which allows the power imbalance to progress, and (c) oppressed individuals remain unaware of the causes of their condition and accept their exploitation. Participants in this study shared their experiences of accepting the bullying behaviors at their workplace, at the same time reported an imbalance of power. Some participants reported that bullying became an expected behavior and experience.

Through the results of this study I confirmed that NGRNs belong to the oppressed group who accepted and allowed the oppression due to an imbalance of hierarchical

power. In addition, NGRNs in this study reported to remain silenced and nonconfrontational with authority; authority which included more experienced nurses.

Mammen et al. (2018) explored NGRNs' perceptions on workplace incivility. The findings of this study supported prior research and confirmed that workplace incivility in nursing arises from workplace oppression, which leads to low self-esteem and powerlessness among NGRNs. This study showed that participants' bullying experiences left them feeling powerless in the situation, affected them psychologically, and effected their self-esteem as nurses.

According to Stokowski (2010), who explored bullying in the nursing setting, bullying is a behavior that intimidates, degrades, offends, or humiliates nurses, often in front of others, and makes them feel defenseless. Dellasega (2009) also described bullying as the use of psychological and social behaviors rather than physical violence to cause harm. Participants in this study also referred to bullying as a humiliating experience, often in front of others, that often led to negative psychological effects.

Anusiewicz et al. (2019) identified consequences associated with workplace bullying, which included poor psychological health, poor physical response, decreased job satisfaction, increased absenteeism, and increased intent to leave (Anusiewicz et al., 2019). In addition, Anusiewicz et al. (2019) reported that attributes to workplace bullying include an imbalance of power between nurses and a hierarchy between the bully and the target. In this study, participants reported a sense of power imbalance, presented as hierarchical bullying that often came from senior nurses and nursing management. The consequences of bullying were also reported by study participants, such as lack of

support, lack of control, negative work environment, and bullying affecting patient care. Intent to leave along with psychological effects of bullying were also reported by participants under NGRNs' responses to bullying experiences in LTC.

Harrison et al. (2020) explored NGRNs' practice readiness and found that NGRNs' transition into practice, interactions, and performance, including workplace environment, the people, and quality of workplace interactions, affected their successful transition into practice. Harrison et al. (2020) found that NGRNs' interactions with colleagues were negative interactions, including being intimidated, struggling, and feeling isolated, which influenced NGRNs' perceptions of the profession and decisions about practice readiness (Harrison et al., 2020). In this study, participants also shared that they felt struggling, isolated, and inadequately prepared for practice due to negative interactions with colleagues like bullying.

Gardiner and Sheen (2016) identified stress as a shared experience of NGRNs, along with burnout, feeling unprepared and overwhelmed by responsibility, and finally, bullying from other nurses. Gardiner and Sheen (2016) reported three dominant themes related to bullying toward NGRNs which included: stressful experiences, the need for a supportive environment, and constructive feedback during the transition to practice. These findings concurred with participants' reported experiences during this study which included: fear, the psychological effect of bullying, negative work environment, lack of support, lack of control, bullying in a group setting, and bullying from senior nurses.

Several authors reported NGRNs' intent to leave organizations and the profession due to bullying experiences during their transition into practice (Chachula et al. 2015;

Edmonson & Zelonka, 2019; Hallett et al., 2020; Harrison et al., 2020; Hofler &Thomas, 2016; Ortiz, 2016). According to several studies, NGRNs who experienced workplace bullying faced a decisional response regarding the intent to remain in the work setting (Armmer, 2017; Edwards et al., 2015; King-Jones, 2011; Wilson, 2016). According to Whitmore et al. (2019), NGRNs who experienced bullying early in their career quit, leave their units and departments, and even leave the profession. Six out of seven participants in this study reported intent to leave or had left their LTC organizations due to bullying they experienced as NGRNs.

In addition, several authors reported that bullying impacts patient care. NGRNs who experienced bullying felt incompetent and incapable in their work, which led to a greater risk of errors occurring and affected the quality of care (Edmonson & Zelonka, 2019). Bullying at the workplace had always contributed to an unsafe work environment and threatened patient safety (Edmonson & Zelonka, 2019; Fasanya & Dada, 2016). In this study, participants also reported that they felt that their patients' care was compromised due to bullying through inability to focus and perform task according to practice guidelines.

Wilson (2016) reported that senior nurses are often the main perpetrators of bullying. Wilson (2016) identified that factors contributing to bullying are hierarchical management and employees not feeling empowered. In addition, silence and inaction from nurse managers, leaders, and other colleagues allowed bullying behaviors to continue (Wilson, 2016). This corresponds with this study participants' experiences, who reported that bullying came from senior nurses and nurses in leadership positions and a

lack of support from others, including management. Silence was also one of the responses to bullying experienced by this study participants; in addition, participants reported that the work environment and others' allowed bullying to continue by not addressing it and staying quiet.

Kim and Shin (2020) reported several barriers to a successful transition in NGRNs, and those barriers included fears, workload, excessive role expectations, and emotional difficulties related to bullying. Additional factors that facilitate the successful transition of NGRNs into practice include self-confidence, interaction with colleagues, a positive and supportive work environment, and transition programs (Kim & Shin, 2020). Bullying behaviors toward NGRNs at the workplace were confirmed by multiple authors who reported that bullying leads to NGRNs' emotional distress, anxiety, or depression, which also impacts their job satisfaction, cynicism, development of the professional relationship, burnout, and intention to leave (Armmer & Ball, 2015; Gardiner & Sheen, 2016; Hawkins et al., 2019; Phillips et al., 2017; Skarbek et al., 2015). Based on this study results, I confirmed that NGRNs were fearful of their workplace and experienced psychological distress with a lack of support, control, and a negative work environment. Several participants in this study reported a drop in confidence level and poor self-esteem due to bullying, which also led to intent to leave.

I noted a variation from prior research and this study results. According to Freire (2005) NGRNs are usually unable to break free from oppression from others and may become oppressors. In addition, according to Chu and Evans (2016) NGRNs become bullies by mimicking the behaviors they experienced. Several authors also reported that

nurses often engage in horizontal violence toward each other and internalize hostility, divisiveness and aggressive behavior, translating the experience of being in the oppressed group by bullying others (Ebrahimi et al., 2017; Roberts, 1983). However, the finding of this study suggested that NGRNs who experienced bullying wanted to become better nurses and break the chain of bullying by treating others in a more supportive manner. Several participants in this study stated that due to their experiences of bullying they did not want to become bullies and were more kind and supportive to other NGRNs.

Based on an overview of collected data in this study, the findings were supported by prior research. In this study, NGRNs experiences bullying during their transition into practice in LTC, which confirms presence of bullying in LTC. This study results suggest that early identification, management, and prevention of bullying toward NGRNs is crucial for their successful transition into practice in LTC. Through organizational support and a leadership team approach, bullying can be defeated. In addition, lack of awareness and fear to voice bullying concerns and lack of support to address those behaviors are currently the main barriers.

Limitations of the Study

I used purposeful and snowball sampling to recruit participants for the study; all participants volunteered to participate. The sample of NGRNs participated in this study may not be a representative sample of all NGRNs working in LTC as their first professional role, which may affect generalizing the study results. The results of this study are only applicable to a similar population of nurses. Even though it was a

qualitative study and data saturation was achieved, a larger sample size could support general applicability.

I recruited participants through nursing associations, social media groups, and selected LTC facilities throughout Florida. The study finding may not be possible to generalize the findings to NGRNs working in LTC facilities throughout the United States. The geographical location of participants was not a factor and was not discussed in the study.

All participants were women; thus, the results do not apply to all genders. It would be beneficial to explore is gender impacts bullying experiences in LTC. In addition, I was the primary investigator in this study, and I am also an RN.

Due to the COVID-19 pandemic, in-person interviews were not feasible, and all interviews were conducted through Zoom. In-person or work environment observations could have provided slight variation in collected data that could have been mainly based on participants' observations and body language.

Implications for Nursing Practice

Recognizing the existence of bullying toward NGRNs in LTC promotes stabilization of the nursing workforce. Through the awareness of bullying, strategies, programs, and policies will be implemented to recognize, manage and prevent bullying. The findings of this study can serve as a basis to combat bullying toward NGRNs and promote their successful transition into practice in LTC. Workplace bullying plays of a significant role in the RN shortage and turnover (King-Jones, 2011). Workplace bullying leads to intent to leave the workplace and a profession (Armmer, 2017; Edwards et al.,

2015; Whitmore et al., 2019). Improving NGRNs' transition into practice in LTC promotes a potential higher quality of care for patients, decreases turnover rates, facilitates retention, and contributes to resolving the RN shortage. NGRNs lack effective resources and strategies to fight bullying without addressing, managing, and preventing workplace bullying, leading to their difficulty in becoming successful in their transition into practice (Hofler & Thomas, 2016).

Implications for Social Change

The findings of this study serve as the first step toward positive social change and cultural change in LTC. LTC organization should implement a better and healthier transition of NGRNs in LTC to ensure the well-being of the nurses and safe practices. NGRNs who can successfully transition into their workplace will be able to provide higher quality of care, increase their job satisfaction, and stay at their work place resolving nursing shortage throughout all healthcare settings.

Through education and recognition of signs of bullying, personal and organizational; the awareness of bullying and acknowledgment that bullying exists in LTC is a crucial starting point for a positive social change. Through the results of this study I can promote positive social change that can benefit nurses, LTC administrators, and patients. A better understanding of bullying in LTC by stakeholders can change the work environment and culture, promote physical and emotional health of nurses, encourage nurses to bring their best to work, decrease absenteeism, improve time management and productivity. An in-depth understanding of the phenomenon of bullying in LTC NGRNs' experiences can be used as a resource by LTC administrators to guide

the development and implementation of strategies to improve turnover rates and prevent NGRNs from leaving the organization and the profession (Armmer, 2017; Sauer & McCoy, 2018). Addressing bullying in LTC can decrease turnover rates, promote financial benefits to organizations, such as reduction in nurses' replacement and training costs. A healthy work environment can prevent medication errors, falls and improve patient care. Through a nursing staff stability and a decrease in turnover rates organizations can promote continuity of care and better patient outcomes (Chachula et al., 2015; Edmonson & Zelonka, 2019; Fasanya & Dada, 2016; Hofler &Thomas, 2016; King-Jones, 201; Ortiz, 2016; Skarbek et al., 2015; Weaver, 2013).

Recommendations for Future Research.

Understanding and exploring bullying toward NGRNs in LTC is essential to ensure a smooth transition into practice in high-demand healthcare settings. The current literature presents a gap in exploring bullying in LTC. Even though this study supported the presence of bullying in LCT, additional research is needed to explore the significance of those experiences. I recommend to explore specific implications of bullying, like how many NGRNs leave their jobs in LTC due to bullying.

This study's participants were all females, I recommend exploring a comparison of bullying experiences related to gender differences and how those difference impact bullying experiences of NGRNs in LTC. I would recommend additional research related to how NGRNs' experiences of bullying impact patients' outcomes from a qualitative perspective.

Salmond et al. (2017) explored the effectiveness and impact of transition programs for NGRNs in LTC; however, additional research is still needed to implement additional programs and test their effectiveness. Nurse leaders and managers have an essential role in recognizing and preventing bullying toward NGRNs (Skarbek et al., 2015). Exploration of bullying from a leadership perspective can bring light to why bullying still exists and is active in LTC and how leadership teams can effectively support and protection of NGRNs from bullying.

Conclusion

Workplace bullying exists in LTC and requires immediate attention due to the increase in the elderly population and demands in post acute care services. Information acquired through this study suggested that NGRNs experience bullying as they transition into practice in LTC. Those experiences jeopardize LTC nurse retention putting organizations at a financial burden and a potential increase in patient morbidity and mortality. Interventions to address bullying should be employed to identify, manage and prevent workplace bullying in LTC. Interventions recommendations include NGRNs' support programs, an organizational approach to fight bullying, and stay vigilant toward the quality of patients' care and how it can be affected due to bullying at workplace.

I believe that the results of this study can serve a basis to raise awareness and bring NGRNs together to combat bullying. Along with organizational and management support, NGRNs' transition can be a successful journey. NGRNs should be nourished and supported by senior colleague and organizations; they are the future of our healthcare.

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Appendix A: Demographics/Prescreening Questions

1. Age?
2. Gender?
3. What level is your nursing education (diploma, RN, BSN, other)?
4. Did you obtain your nursing license in the last 2 years?
5. Do you currently work in long term care setting?
6. If you are not currently employed in long term care, have you worked in long term care in the last 2 years?

Appendix B: Interview Questions

1. Please describe what workplace bullying means to you.
2. Have you experienced or observed any form of bullying during your work in long-term care?
3. Thinking about the bullying you observed or experienced. How did it effect your work, how did it effect you personally?
4. How did you respond to the bullying you observed or experienced?
5. Are you comfortable discussing your experience with others in the workplace?
6. Is there anything else you would like to share, or anything else you want to add?

Appendix C: Consent Form

You are invited to take part in a research study about exploration of bullying experienced by Newly Graduated Registered Nurses in Long Term Care. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part. This study seeks 8-12 volunteers who are:

- Registered Nurses graduated accredited nursing school in the last two years
- Currently hold a valid registered nurse license
- Currently working or been working in Long Term Care setting.

This study is being conducted by a researcher named Valeria Linetski, who is a doctoral student at Walden University.

Study Purpose:

The purpose of this study is to explore Newly Graduated Registered Nurses' experiences of bullying during their transition into practice in Long Term Care setting.

Procedures:

This study will involve you completing the following steps:

- Completing a demographic questionnaire to determine study eligibility (10 minutes)
- Interview will be conducted via video, online platform (Skype, Zoom, Teams), depending on volunteer preference (30-40 minutes).
- After data analyses, coded data verification from participants will be conducted to support data validity via email (phone option available) (20 minutes).

Here are some sample questions:

- Have you experienced bullying at your workplace?
- Can you describe how experiencing bullying made you feel?
- Can you describe how witnessing bullying behavior made you feel?

Voluntary Nature of the Study:

Research should only be done with those who freely volunteer. So, everyone involved will respect your decision to join or not. Your workplace or other organizations including social media groups will not be informed on consented participants. No one at your workplace or other nursing organizations including social media groups will treat you differently based on whether you volunteer or not.

If you decide to join the study now, you can still change your mind later. You may stop at any time. The researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

Risks and Benefits of Being in the Study:

Being in this study could involve some risk of the minor discomforts that can be encountered in daily life such as sharing sensitive information. With the protections in place, this study would pose minimal risk to your wellbeing. In the event of emotional or psychological distress during or after interview all participant can seek support through SAMHSA's National Helpline, 1-800-662-HELP (4357), (also known as the Treatment Referral Routing Service) or TTY: 1-800-487-4889 is a confidential, free, 24-hour-a-day, 365-day-a-year.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by addressing a gap in the literature currently exists regarding

understanding of bullying in Long Term Care setting. Exploration of bullying in Long Term Care can promote development of policies and procedures to assist Newly Graduated Nurses with integration into practice. In addition, this study will promote positive social change by benefiting nurses, long term care administrators, and patients. Once the analysis is complete, the researcher will share the overall results by emailing you a 1-2 page study summary.

Payment:

The researcher will email a $25 Amazon gift card to voluntary participants who meet the inclusion criteria and complete interview participation.

Privacy:

The researcher is required to protect your privacy. Your identity will be kept confidential, within the limits of the law. The researcher is only allowed to share your identity or contact info as needed with Walden University supervisors (who are also required to protect your privacy) or with authorities if court-ordered. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Participants' names or contact info will not be recorded in the research records. After each interview each paper file, transcript and electronic interview audio recording will be label with a number which will correspond with participants email address to ensure confidentiality. Data will be collected without name or other identifiers. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifiers so this would not involve another round of obtaining

informed consent. Data will be kept secure: all paper interview notes including transcripts will be stored in a locked file cabinet at the researcher's home. Electronic files and audio recordings will be stored on the researcher's password-protected computer and backed up on a password-protected cloud drive. The researcher will use codes in place of names to label interview audio recordings and transcripts, participants' names and contact information will be stored separately from the data. Data will be kept for a period of at least 5 years, as required by the university. After 5 years all paper interview notes and transcripts will be shredded and all electronic files and recordings will be permanently deleted.

Contacts and Questions:

You can ask questions of the researcher via email valeria.linetski@waldenu.edu. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210 or irb@mail.waldenu.edu. Walden University's approval number for this study is **10-11-21-0668520**. It expires on **October 10, 2022.**

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Obtaining Your Consent

If you feel you understand the study and wish to volunteer, please indicate your consent by replying "I consent" to valeria.linetski@waldenu.edu with completed demographics questionnaire.

Appendix D: Letter of Invitation to Participate in a Research Study

A research study seeking newly graduated nurses who started their nursing carrier in long term care.

A new study called "Bullying Experienced by Newly Graduated Registered Nurses in Long Term Care" is conducted by a Walden University doctoral student Valeria Linetski. This study can help improve newly graduated nurses' experiences during their transition into practice in long term care setting. You are invited to share and describe your experiences during your transition into nursing practice.

About the study:

- Completion of demographics questionnaire.
- 30-40 minutes interview via online video platform (Skype, Zoom, Teams).

Volunteers must meet these requirements:

7. Registered Nurse level of education
8. Nursing license obtained in the last 2 years
9. currently work or has been working in long term care setting in the last 2 years

To confidentially volunteer contact me via e-mail valeria.linetski@waldenu.edu.