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College of Social and Behavioral Sciences

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Adlene J. McElroy

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Walden University
2019

Abstract

Antibullying Definition, Policy, Surveillance, Education, and Training in the Healthcare Field

by

Adlene J. McElroy

MBA, University of St. Francis, 2012

MSN-PMC, Emory University, 2005

MS, University of St. Francis, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirement for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

February 2019

Abstract

Workplace bullying in the healthcare field has contributed to decreasing productivity, decreasing employee morale, increasing workplace lawsuits, overall dissatisfaction in the workplace, and potentially compromising care to patients. Little, however, is known about how public policies related to workplace bullying impact the experiences of healthcare workers. Using Cornell and Limber's conceptualization of bullying, the purpose of this general qualitative study was to better understand the experiences of healthcare leaders and workers related to workplace bullying of a single health care facility. Data were principally collected from 9 participants representing three organizational leaders, three nurses, and three ancillary staff members. These interview data were transcribed, and then subjected to a coding and analysis procedure inspired by Stevick, Colaizzi, & Keen. Findings indicate that many participants have either experienced or witnessed organizational bullying, and that occurrences of bullying are more prevalent among staff. Findings also indicate that leaders consistently understand policies and law and organizational procedures related to bullying, but staff and nurses do not share this experience. Last, staff and nurses perceive that leaders fail to follow through with enforcing organizational policies related to bullying. Positive social change implications stemming from this study include recommendations to organizational leadership and regulatory boards to develop organizational and public policies that more clearly identify the liabilities and risks of non-compliance, as well as promoting an annual training protocol that better supports public and organizational policies related to anti-bullying measures. These recommendations may result in reduced incidents of bullying, improved care to patients and a richer understanding of bullying.

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Dedication

In loving memory of those who provided for me: my parents, Bobbie and Lexie Jones, and grandmother, Retha Jackson. To those who stand with me throughout this journey: Wyman, Sr., my husband who has endured greatly like the hero and warrior he is, my step-children Alicia (Ronald), Wyman, Jr. and Keith, grandchildren, my siblings Lexie, Pearl, Vera, Rosa, Eddie, Richard (Freeland), Greg (Cheryl), McKenzie (Annette), Angela (Terrell), a great host of nieces, nephews and other family, friends, coworkers, professors, nursing leaders; to my special great niece Riley Bass who assisted and audio taped my very first practice session during one of my many qualitative research courses; to Riley's parents, Larry and Rosalyn Bass who allowed me to use their home and for also participating during these video recorded practice sessions; to all my best friends forever Yvonne Davenport, Dr. Debra Griffin-Steven, First Lady Debra Carter, Janice Dudley, Felicia George-Grant; to my doctoral mentor Rev. Dr. Ada Farmer for your prayers, wisdom, and for providing names of editors to me; my kind and loving Pastor Rev. Dr. R. L. White and First Lady Lorraine Jacque White from which there is always a word from God and to God the Father. To Jesus Christ my Savior and Lord, God the Father and the Holy Spirit, may you be glorified in this work as your divine purpose is realized by all people as you bring the awareness and understanding that justice, peace and respect for each other must co-exist in the workforce and everywhere: I owe my life to You.

Acknowledgments

It is with tremendous gratitude that I thank my former committee Chair, Dr. Kirk Yancey Williams and the final chairman Dr. Timothy Bagwell, along with my second committee member Dr. Kristie Roberts-Lewis for supporting me and this work. Without their focus and guidance, this work for social change would not have been completed. A special note of acknowledgement goes to Drs. Tanya Settles and Dan Jones for their particular insight and touch.

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Chapter 1: Introduction to the Study

Statement of the Problem: The research

In stating the research, this study explores the widespread workforce bullying in health care environments in the southeastern region of the United States in order, first, to define and evaluate definitions of and policies about bullying. Second, to devise ways in which health care organizations can share their knowledge about such workforce bullying and its prevention measures, education, and surveillance applicable to all employees, both leaders and non-leaders. The larger goal of the study is to protect the welfare of employees, employers, and customers. Bullying decreases productivity, destroys employee morale, increases workplace lawsuits, and impacts the wellbeing of the customers. Further, protecting the general welfare of employees mentally, physically, emotionally, and financially is beneficial to all, as is protecting employers' and customers' interests. The problem faced by this research was three-fold. First, it was very important to find a study site with a cooperative working team. Due to the sensitive nature of the study and the need to respect the privacy and confidentiality of each participant, it was important that all aspects of the research would progress smoothly. The participants in the study must be open and attentive to my questions and answer them honestly. The researcher must also interpret the data in the most appropriate manner for reliability. The first question is: Does bullying exist at this organization? I am not assuming that bullying exists at the organization, although it is likely it exists in most any group of persons and workplaces. My goal is to discover not only what the executive team says but also what has been their reported lived experience of the frontline staff.

Second, it is important to know how those who have experienced bullying define such activity. Third, I want to know whether there are already policies in place that are intended to prevent and police bullying and other disruptive behaviors in this workplace. These are not considered to be overt problems unless there are not clear responses to these questions.

The Larger Problem

The larger goal of the study that the research questions will address is the importance to protect the welfare of employees, employers, and customers. Bullying decreases productivity, destroys employee morale, increases workplace lawsuits, and makes for unhappy customers. Further, protecting the general welfare of employees mentally, physically, emotionally, and financially is beneficial to all, as is protecting employers' and customers' interests.

Bullying is current, relevant and significant to the discipline and warrants more attention. There is evidence also based on the consensus of the problem that this problem of bullying occurs in every arena of society and every organization has been touched by the effects of bullying. For many as children, bullying occurred on the playground. Today, bullying occurs in the board rooms, academia, the world of sports, the cyber arena, and beyond. Workplace bullying is a widespread, disruptive, and counter-productive occurrence in the US. There is a need to develop policies and laws to deter, police, and prosecute such behavior, and a need to suggest best practices to enforce those policies. The problem of bullying is current, relevant and significant enough to investigate in the discipline of health care the focus of this study. Bringing awareness to

the depth of workplace bullying can be enhanced by the examination set forth in this study.

Addressing the Problem

Research findings over the past 5 years demonstrate the significance of the problem of workplace bullying. Many discussed the antecedents and the consequences being very real to the victims (Kemp, 2014). Kemp emphasized that the target/victim and the aggressor/bully may have opposing views and never come together and reaching a common goal. This phenomenon is more so enlightened during the research under taken in the study site of the importance of working together to resolve the differences for the sake of all parties and that of the organization its' stakeholders while the world observes. However, these studies all agree in the area that bullying does occur in the workplace but not enough about the importance of galvanizing the team approach to elevate the problem. Many instead discussed that managers are mislabeled being a bully while simply using expected authority to reinforce their rightful authority to get the staff to do their job (Ariza-Montes, Muniz, Leal-Rodríguez, Leal-Millán, 2014). Indeed, that authority the managers and directors have is greatly part of their role as the supervisor. In the same manner, subordinates, the frontline are expressing unfair criticism toward the leader. Both the leader and the frontline may believe that they both are correct in their assessment as to how they have been treated. This understanding among the masses presents a serious polarization that never allows for the two to meet and connect with

a common goal. Therein a broader divide opens up the gap that requires further investigation and offer compelling consideration in reasoning on common ground.

The Gap

The gap in the research related to workplace bullying extends from realizing we live in a violent world and there are no laws to curtail this violence that takes its toll on such a venerable population of employees and patients. The health care system is an environment for healing. There is a lack in the research which highlight aspects of open communication to plan policy and laws designed to prevent bullying. The planned study opens up the real lived experiences of not only employees but that of leaders which sets the platform for future opportunities to understand the need for enforceable policies preventing bullying.

This research demonstrates just how current, relevant and significant this work is to the discipline. Bullying has become so widespread that it occurs not just within the United States, but it also occurs worldwide. During this year, the 11th international conference convened during June 6-8th in Bordeaux, France on workplace bullying and harassment. The specific title for the conference was *better understanding of workplace bullying and harassment in the changing world.* The conference attracted professionals and hosted speakers and poster presenters from around the globe. Communication was available with the use of greater than 4 languages ((https://bullying 2018.sciences conf.org).

Stempniak, (2017) emphasized the importance of setting a plan in motion to prevent shootings in hospital. With the lingering results from such tragedies, one may

ponder the unstated question, will hospitals and health care centers and systems ever become a sanctuary for the ill and their beloved families again. Hospitals are locations with perpetual revolving doors which are always open. The impact that lies within these facilities and those who work behind those walls are engaged in constant alertness to the most vulnerable.

Background of the Problem

Zogby Analytics, in a 2014, survey interviewed a thousand adults on the topic of workplace bullying. They found that twenty-seven percent of those interviewed had endured abusive conduct at work both in the past and currently, and that seventy-two percent were personally aware of workplace bullying, suggesting that they had been bullied or knew of others who had. In general, the bosses were the abusers, and they denied, discounted, encouraged, rationalized, or defended such behavior. Not surprisingly, of those interviewed, 93% responded that they support the enactment of the Healthy Workplace Bill (2014).

Once bullying attacks have begun, there are consequences that occur to the victim/target that are not easily ignored. The victim/target may be able to ignore or forgive the attacker's insults initially, but as they continue, lasting effects occur that are less easy to overlook, and indeed should not be. The Workplace Bullying Institute (2016) described and listed the following serious negative effects resulting from workplace bullying: stress and anxiety in many forms, absenteeism and low productivity, gastric upset, insomnia, lowered self-esteem, depression, and many others.

The problem is enormous. The Occupational Safety and Health Administration (OSHA) reported in 2016 that each year more than two million workers in the United States are victimized by some form of workplace violence. In reviewing the OSHA website, it becomes clear that such uncivil activities need urgent correction. One way to achieve that is to empower organizational leaders and employees by having written, legally enforceable policies (and training that educates everyone about those policies) that protect and empower persons to protect themselves and others. I call this Project Empowerment.

Project Empowerment Overview

This study suggests that we have a tremendous opportunity to develop a more successful health care workplace environment for the future. The study begins with a literature review that shows the need to develop more civil workplace environments in which power is shared, so that it is not as easy for bullying and other abuse to occur. The health care work environment is already known to have levels of high stress, and such stress often leads to costly human and financial errors. This elevated stress is particularly common among nurses. Although nurses are deemed the most trusted professionals when compared to firemen, clergy, policemen, teachers, and doctors, various kinds of workplace stress are causing nurses to leave the workplace in great numbers. Such stressors include: dissatisfaction with incivility, verbal abuse, and unfair treatment by both peers and superiors.

Such stress-related workplace departures are already leading to a shortage of nurses and a shortage of nursing school faculty, which, when combined with the

increasing retirement rates and health care needs of baby boomers mean there are not enough nurses to take care of the patients. Not only does this lead to declining patient satisfaction, but when health care employers are not meeting important quality indicators, their bottom line and credibility declines. My hope is that all these reasons are enough for an organization to consider an anti-bullying and empowerment program that reduces stress and restores civility and thus job and patient satisfaction to the health care environment.

Project Empowerment is a program that permits the organizational leaders and frontline staff to work together to resolve issues related to workplace bullying. The organization may consider, and be empowered to make, changes because of the findings from the study. The organization may want to organize their own internal evaluation of bullying activity and evaluate for themselves whether (and how) it exists or not. Whatever decision they make, it is the goal of this research to enlighten them toward that end.

This study explores definitions of workplace bullying, including harassment, workplace violence, and safety, as well as cyberbullying. It investigates various definitions for each term to see their differences and similarities, and to gauge whether some are more useful than others. It investigated how one health care system in the southeastern United States defines and enforces these terms, what its own policies say about such activities, and how it construes the terms within the workplace.

According to the stopbullying.gov website, there are no federal laws pertaining to bullying. There are, however, thirty states that have statues that combat bullying in

schools. These statues are not enforceable, since they have not been passed into actual laws. The state in which the research for this thesis was done is in the southeastern region of the United States and is one of the states that have no laws to detour workplace bullying, according to the stopbullying.gov website. The statues from state to state are not laws. Legislators are making attempts to write these statues into law, but to no avail at the time of this research. At the organizational site, it has been suggested that at the least, organizations should do assertiveness training, take a no blame approach, and consider changing the culture physically and socially (Smith, 1997) to engage a policy change. The realization is that this change will require more than a policy change, but must also seek more stringent hiring practices, emphasizing the assessment of personality types at the time of hiring.

Participants

This qualitative study was conducted in a health care system in the southeastern region of the United States. The participants in the study consisted of two categories. The first category is that of an executive team at the health care system. They are major leaders of the organization or their designees. If the executive team member was unable to participate, they selected someone with similar responsibilities to take their place. The designee had to be as well informed of the organization's policies and actions as the actual leader. Ideally, there would be at least two participants in this category, who came from the leadership or management level of the organization (e.g. Chief Executive Officer or CEO, Chief Financial Officer or CFO, Chief Operating Officer or COO, Chief Nursing Officer or CNO, Human Resource Director and Medical Director or a designee).

It was understood that leaders/directors at this level of the organization are charged with maintaining the overall functioning of the entire organization and that, given such responsibilities, their time is extremely limited. However, without their participation in this research, a major group of constructs and themes would never be realized. Their presence was expected to yield an extremely meaningful set of data highlighting a phenomenon (bullying in the workplace) to which they needed to respond as leaders.

The second category of participants consisted of members of the frontline team or non-directors. These key employees are the ones whose work at the bedsides of patients/customers exemplifies the very culture of the organization—for good or ill. It is their character, professionalism, and the care they deliver that largely determines how patients evaluate the competence of the organization, and hopefully its excellence. This second category of participants speaks not just for themselves but also for their colleagues from various departments and levels of care. Hearing their perspectives about the work environment complements what the executive team says and hopes about it. The frontline team consists of Registered Nurses, Physical and Occupational Therapists, Phlebotomists, Nurses Assistants, Respiratory Therapists, Pharmacists, ancillary staff and others.

All participants were interviewed privately and individually, as the topic is of a sensitive nature. It is possible that in a more public form participants would feel pressured to respond in a way so as to hide the truth. If this occurred, the worth of the data would be faulty and of no benefit to science. Henceforth, the participants were invited to participate in this study through the benefit of a flyer announcing the study.

The only way others would know they participated would be for they themselves to share that information. I informed each participant that the interviews are private and confidential. They remain as such from the perspective of the researcher. If the individual participant shared with another person that they participated. They were at liberty to contact me at the phone number listed in the invitation, or not. I expected and hoped to recruit six participants in this way but was happy to use more if there was more interest. I maintained a complete list of those who called, until I had six eligible participants. I decided that if there were more volunteers wanting to participate, if the IRB agreed, I would include them, but only continue interviews until I had reached saturation, meaning getting the same information over and over again. Once the interviews began, there were opportunities to solicit more participants by invoking the snowball method to get more participants in the study. However, due to the confidentiality required, and sensitivity of the information likely to be shared, the snowball method of recruitment was abandoned. I had no prior knowledge that bullying exists at this organization. Therefore, I had no preconceived ideas about what to expect other than it was likely there would be some reports of bullying. At any rate, it is imperative to maintain confidentiality for all participants during the collection of specific and potentially sensitive details.

Purpose of the Study

The purpose of this study is to explore workplace bullying from the perspectives of both executive and frontline staff. I was interested in just how closely the answers from both categories would be aligned. I wanted to know how each category of participant defined bullying. Do they all believe that bullying occurs in their workplace?

And do they agree on how it is or should be managed? Are there anti-bullying policies present within the organization? In short, I wanted to know both the lived experiences and whether and how the policies are enforced, including how staff are trained about the policy and the effectiveness of that training and its implementation.

It was also of interest to establish whether there were boundaries present between the executive team and the frontline team within the health care setting – boundaries that perpetuate bullying or prevent it being easily recognized and addressed. If so, was it possible to increase understanding and communication between the frontline and the executive team, thus fostering openness, honesty, and spontaneity among the workforce, or alternatively whether there was such a gulf between leaders and non-leaders that working together to achieve an important end would be unlikely or impossible. The culture of the organization would be revealed and clarified as the data came in. Once that information was out in the open, it would be more likely that communication between the two categories of participants would unfold more purposefully and in a more egalitarian way that honored each person's participation in the mission of the organization, rather than giving power to some and not to others.

In analyzing the results from the study, I sought to discover and uncover themes of interest and indicative of the lived experience and the phenomenon surrounding the perspective of each participant. The results from each of the two categories of participant points of view are considered important perspectives. The views and lived experiences were of such a personal nature that the emotions displayed were palpable and certainly changing as they lived through the experiences. The comments from each interview is

important and valuable to the outcome of the study. There were two categories of participants (e.g. leader/directors and nonleaders/frontline). The first category consisted of leader/directors only. The second category of participants consisted of non-leader/directors and both RNs and ancillary staff called for interviews. The ancillary staff offered a degree of strength as great as that emanating from the RNs and the director/leader participants. Such consideration of all participants' comments was important to create a full picture of the matter under investigation. Each question is related to strategies for policy writing, and so forth, and was clarified during the interview phase for all categories of participants. The executive team typically is charged with writing designated strategies and policies for the organization. Throughout the data collection process of using interviews, it became apparent that all participants take part in the successful outcome of that policy. The interpretation of what the policy says and how to live that out was an area of contention and concern as the interviews progressed through the different category of participants. The success of the empowerment process would require that all categories of participants are welcomed at the decision table for accurate interpretation of the policy, in order to encourage potential success of the project.

As time goes on, if the many categories of participant staff are aware of each other's perspectives and can work directly with the leadership teams to reach the goals of the organization, there may be positive outcomes. By engaging in the empowerment project, the opportunity to reach a better understanding of the problem and to clarify policies related to bullying may assist in and encourage greater success in achieving the

outcomes of the policy. Some of the questions requiring answers in this study include questions such as: Does bullying exist at this organization? What forms does such bullying take? What happens when bullying occurs? What are the recourses, protection, and justice available to the one victim? Are there policies at this organization against these bullying activities? What are the processes the policies go through and at what point is open dialogue extended to employees for input? Improved communication and congruent responses are the opportunities to begin the empowerment project. The leader participants in this study reported that during an executive forum, the nurses were asked to state what was most meaningful and important to them. The leaders in this study reported that it was through the responses from the nurse forum that the kindness revolution evolved. However, 66% of the support staff shared that there is no effort to prevent bullying or dialogue about policy because bullying occurs every day. It is differences such as these that inspired this research and for which the empowerment project may be most impactful.

Given that reporting bullying activity can be a very sensitive and a potentially dangerous matter, all participants were given the opportunity to meet privately with me. Because of the sensitivity of this study, the snowball method of recruiting participants was not appropriate. Flyers were placed around the study site so that volunteers could contact me. As the researcher, I had no control over whether or not the participants discussed among their peers the topic. I had no bearing on whether participants shared with others of their participation. I was not forewarned that the actual participants wanted to share and recruit for me as a Halo Effect process. The Halo Effect is a method of

recruitment that allows one participant to pass on information about the study to other persons who might have something important to contribute to the study—in short, others who had also been bullied. It was important that participants could express responses to my questions without ever divulging to the organization that they are participating, for their participation might actually or potentially put their jobs at risk. For those who did volunteer to participate whether encouraged by another participant or deciding on their own to participate, there was no coercion on the part of the researcher. Furthermore, the names or work locations/positions are listed nowhere within the following materials. Only the responses of those who participated in the study are listed, and in such a way that the persons remain anonymous.

This method allows the researcher to connect inductively and qualitatively to the world being studied (Patton, 2015), asking questions of a subject to mine rich data by which to understand that environment, space, and culture, and the lived experiences of the participants. The answers provided during interviews and observations inform its genre. Therefore, I did not approach the research site with a theory. Instead, through interviews, I worked to gain a better understanding of that environment, which could then lead to a theory or a richer understanding.

There are typically three criteria by which one describes bullying: its nature, severity, and frequency. Workplaces may use these criteria as a litmus test to establish the presence of bullying. For example, the *nature* of bullying describes the insult, action, or act of omission that has occurred, based on what a reasonable (non-bullying) person

would do in that situation. Yet this definition is, I suggest, lacking. I would prefer a more detailed definition or standard of what is meant by a “reasonable” person.

The second criteria typically used to describe bullying is the *frequency* with which an act has occurred. This act of frequency is uncertain. How many repeats would it take to qualify and adequately be defined as bullying? The limitation I see here is that surely an act of bullying does not have to be repeated for it to be bullying. A single act should suffice. The victim/target explanation of what occurred to them makes their personal encounter the evidence.

The third criteria used to describe bullying concerns its *severity*. Questions center around the severity of the act and of how severe or what impact the act of bullying made on a person’s life. My intention was that through the data collection process, many such aspects of bullying would be made clearer.

With what questions then did I try to elicit this information and to what end?

Primary Research Questions

My primary research questions were: How and why do organizational policies address workplace bullying? How do such disruptive behaviors impact an organization’s bottom line, as well as patient-staff satisfaction and wellbeing? Are organizations losing patients and staff because of workplace bullying? What programs have organizations put in place to manage training and surveillance to address the harm done, and to redress human, financial, and public relations damages? Reports about the lived experiences of both categories of employees convey information otherwise rarely elicited and documented.

To elicit that information about bullying experiences, I began with the following warm-up questions:

Warm-up Questions:

- What are your roles in the organization?
- How long have you worked in the organization?
- Have you worked in areas of the organization other than your current one? If so, which one(s)?
- Are there any policies in your organization that relate to workplace bullying?
- Do you know what the policies say, or do you have an example for me to see, or could you explain what the policies say?
- To your knowledge, does bullying occur in your organization?
- What are the processes an individual would follow in your organization if they experience workplace bullying?
- How would you describe the culture of your organization?

These questions are important to advancing the outcome of the study. These questions also encourage understanding in learning what the true significance of the study is. The significance of the study also opens up more detailed questions that are important to answer.

Significance of the Study

This study will potentially contribute to developing anti-bullying policies and practices for health care professions and systems in general and to the health care system being studied in particular. Health care professionals should be caring and compassionate, both to one another and to those whom they serve. Beyond fundamental

human respect for one another, a safe and protective environment may even enhance the healing process among patients/clients and lead to better outcomes, and therefore, better organizational statistics and reputations. In an environment that is typically already rather stressful, it is all the more important that an organization work hard to promote calm and cordial interdisciplinary relationships among all who work there. These efforts will likely enhance the organization's reputation for good health outcomes.

Below, is a list of the research questions designated as RQ1-RQ4 and referring to Research Question 1 through Research Question 4 in detail.

RQ 1: What are the lived experiences among you as a [health care leader] [frontline staff] related to the existence of bullying and uncivil behavior within your organization?

Follow-up questions

a.) Have you as a leader or non-leader experienced bullying activity while at work

Yes________ No__________

b.) How did that make you feel?

c.) Have you ever been in the presence of bullying or disruptive behavior at your current work? [If yes, ask to state your role (i.e. victim, target, bystander)]

Yes_______ No________

Role: Victim________ Target__________ Bystander_________

RQ 2: What are the policies that you as a [leader] [frontline staff] may review to address bullying, uncivil or disruptive behavior within your organization?

Follow-up questions

a.) Do you know of a policy Yes_______ No_______?

b.) Can you state some of what is written in the policy Yes___ No___?

RQ 3: How might leaders and frontline staff work together to galvanize support in accomplishing the surveillance and prevention of bullying and training/education to eliminate bullying and other disruptive behaviors at your organization?

Follow-up questions

a.) In terms of prevention: What are the measures your organization takes to prevent bullying?

b.) What measures would you like to see being used in your organization to prevent bullying activities?

c.) Training/education: What organizational training on anti-bullying is there within your organization?

d.) What type of training/education do you feel is needed in your organization?

e.) Surveillance: Does your organization have surveillance monitoring?

f.) Is surveillance necessary within your organization?

g.) How important is surveillance to you?

h.) Should surveillance be managed internally or externally?

RQ4. What are the steps a person in the organization would take if they were the victim of bullying activity?

a.) Talk to me about the steps you would take.

b.) Do you have any concerns or hesitation in taking those steps?

c.) Do you fear retaliation or repercussions?

The organization allowing this study to be done will end up achieving great marks and become a trailblazer in this arena. This organization and its bodies will become the transformational leader of the health industry. This is free research offered to the standing system that may then follow through in leading the industry to make changes as well.

This type of research has the potential to change the very face of the health care industry toward a more positive and truly caring culture of healing.

There are great many reasons why there need to be anti-bullying policies in health care as it relates to nursing: Baby boomers are retiring, leaving an extreme shortage of nursing staff. The demographic bulge of aging baby boomers is likely to result in far more people seeking health care. If indeed the new nurses are facing ridicule through bullying tactics, how might there be opportunity to grow and strengthen the profession? During the training to become a Registered Nurse, the opportunity for students and instructors to recognize, know how to report, and abolish bullying behavior will, I hope, inspire a positive move toward banishing such behavior.

Indeed, the American Nurses Association (ANA) and the Joint Commission both have a firm and non-apologetic stance against bullying. The ANA has a 'Zero Tolerance' Policy toward workplace violence and bullying. The definition of bullying to which the American Nurses Association ascribes is: "repeated, unwanted harmful actions intended to humiliate, offend, and cause distress." These types of behaviors incline existing nurses to leave the profession and discourage others from entering it. Everyone at different times of their lives will have and need a nurse to care for them. The American Nurses Association president and The Joint Commission reported that physical and verbal abuse toward nurses is unacceptable (Hester, Harrelson, & Mongo, 2016). Her strong position shows high regard for the safety of the entire health care staff and patients and is critical for maintaining a viable work environment.

The Joint Commission considers aggressive and abusive behavior such as bullying to be as negligent and inappropriate as any other "sentinel event." A sentinel event in health care would be equivalent to a patient dying for a non-medical reason or questionable cause while in the presumed care of the medical staff. The Joint Commission works for insurance companies on behalf of their clients, the patients. Health care systems pay to have the Joint Commission regulate them. Part of that regulation is determining whether the standards of a particular health care system are sufficient for various insurers to allow their clients to enter that health care system for care. As most health care systems are primarily trying to make a profit and remain competitive, it is imperative that they meet all of the Joint Commission regulations.

Recently, the Joint Commission added new stipulations to do with workplace civility. Those stipulations require organizations to have a policy and a process in place to prevent and address allegations of abusive behavior in the workplace. If the Joint Commission discovers or learns about incivility or abuse in the workplace, it can impose penalties, including some that are so severe they could lead to financial hardship for the institution, or insurers not allowing their patients to use that facility and its health care staff. This, in turn, may contribute to the lack of competitiveness in the marketplace, rapid turnover of staff, early departure of long-term experienced staff, and perhaps worst of all for the organization, failure to be reimbursed for services rendered. In short, the Commission wants health care institutions to know that condoning, not reporting, and allowing conditions to exist that allow abuse to occur will lead to severe punishments that

could even lead to the demise of the institution. Such policies are important. And for that reason, this study is significant to all whose lives rely on good health care.

Theoretical Framework

There is a great deal of stress within most health care workplaces. Settling on a single theory as to why workplace bullying occurs is a matter of speculation. By itself, the stress of being overworked, being given little respect and autonomy, or being confused about one's role and responsibilities, can lead to workplace bullying (Bradshaw & Figiel, 2012). One theoretical framework suggests that workplace bullying relates to the pattern of oppression that any group can experience, leading at its most extreme to workers being indentured servants. Bradshaw & Figiel (2012) explain the oppression theory in three ways. First, they offer the example of nurses. Nurses work in a hierarchical system in which there are groups and leaders, including various kinds of superiors above nurses, such as administrators and doctors who give nurses orders. That one group or person gives an order and another group or person must carry it out without question can easily cause struggle and difference among them (2012). Second, Bradshaw and Figiel state that oppression, and specifically bullying, occurs as an outcome of the capitalist system, in which (in this case) health care employees are used as labor for the employer. Third, Bradshaw and Figiel note that as the employer invests in the skills of the employee, there is the chance of creating a power struggle between the bosses and the employees (Bradshaw & Figiel, 2011, p 12). Regarding the importance of investing in developing employee's skills, opportunities begin to open for organizations. In a capitalistic system, income is needed to survive, for the goal of any business is to survive

financially. Customers and employees who are invested in both are inspired to thrive, and the organization survives. Superior customer service typically drives this success.

What drives the oppression and indentured servant theory is the fact that the employer has the upper hand over the employees (Bradshaw & Figiel, 2011). To change this dynamic, both the organization's leaders and the human resource department must make system-wide changes in the organization's culture to give employees more of a voice (Fapohunda, 2013). To be effective, the organizational leaders must champion this process of shared power and responsibility. Everyone should have a clear stake in nurturing policy, procedure, and legislative changes in the direction of establishing a nurtured workplace. There also should be mutual regard among all colleagues, with a strong sense of shared mission as well as a zero tolerance for workplace bullying. Fapohunda concluded that when the organizational leaders are not proactive in abolishing workplace bullying, they are in fact accomplices in promoting such behaviors (2013). Some of the documented consequences to not having organizational policy and training are declining motivation, absenteeism, increased turnover, and lack of employee engagement and job satisfaction (Fapohunda, 2013). There are some assumptions to consider that must be acknowledged at the helm of this research that addresses this phenomenon.

Assumptions

It is the assumption of this researcher that everyone at some point in time can be a perpetrator or a victim of bullying, or a bystander to bullying. Although the so-called Golden Rule of treating others as one would want to be treated is the ideal, different

people have different ideas of what that means. In any case, presumably most persons who have been treated poorly would not want to treat others the same way. It is the assumption that all participants will answer the interview questions honestly allowing their true lived experiences to be known. Knowing that the interviews will be conducted within privacy and maintained confidentiality will add to the honesty coming forward.

Still, it is difficult to establish parameters of appropriate behavior that are acceptable to all persons, just as it is difficult to prove “bullying,” both since definitions of what constitutes bullying vary so widely, and since it is often one person’s word against another’s, and therefore, hard to prove that bullying has occurred. This is all the more reason to get appropriate definitions and enforceable laws on the books and make proving the offence easier.

Having definitions and laws in place makes it much easier for alleged victims and perpetrators to be heard. To enforce those definitions, policies, and laws, every organization should be required to have a strong education, training, and counseling department to handle concerns and allegations in an expeditious manner for the sake of all involved. Every case should be evaluated, and no prejudicial stance should be taken. Every perspective should be heard. The department that handles such complaints, whether it is internal or external to the organization, should maintain neutral involvement in the process, and restrict itself to listening, supporting, and educating its employees. Education should include annual training for every single person in the organization, training that helps everyone to avoid and to report disruptive/bullying behavior without fear of retaliation.

The bottom line is that disruptive, bullying behavior is just that—disruptive. Within the workplace, important work must be done. In health care, for example, patients require full-time attention. There are many quality measures that must be met to support patients' healing, so they can return to their normal lives. Health care is no place to mix personal agendas with organizational strategies and disrupt the important work on which others' lives depend.

The three things I have established so far are: (1) There is as yet no legal definition of bullying in the health care system on which this research is being done, which makes bullying difficult to prove, and therefore also difficult to legislate. Several health care organizations have made suggestions about what health care organizations should do to stop bullying. The Joint Commission has stated that organizations should commit to zero tolerance of disruptive/bullying behavior, as has the American Nurses Credentialing Center. Disruptive behavior in the health care environment is not allowed. It is the mandate by the Joint Commission and the expectation of the American Nurses Association that health care provides a standard for meeting this requirement (Joint Commission, 2016; American Nurses Association, 2014). If that means coming up with either an internal or external department through which charges are lodged and managed anonymously, then that is what should happen. Employees should have no fear of retaliation for reporting inappropriate behavior in the workplace; (2) There should be mandatory annual training and education on bullying for everyone in the organization; (3) Finally, in the context of my study, both executive and frontline staff should be

represented in discussions on the various aspects of policy design related to workplace bullying.

Limitations of Study

As the researcher, I have endeavored to examine my own personal bias that could influence the outcome of the study. Ethically speaking as the researcher, I have evaluated the impact of asking the participants questions that might inflict bias or mislead the participant. My goal was to not cause any special influence or distraction that prevents a clear honest response from the participant. To avoid bias of any kind, I did a self-evaluation of each question to strengthen objectivity and credibility before finalizing the exact research questions. If a question could possibly ascertain several responses, I rephrased and rewrote the question and, in some cases, dropped that question from the list so as to not interfere with the outcome from the results.

The method used to avoid bias and use questions that were not leading, I kept with the process of grounded theory research and maintained no prior conviction or theory of what the responses would be. I, therefore, depended on the responses from the participants to design the path through which these data would confine. Consequently, as the researcher I exuded no influence on the outcome of the study.

I have no personal bias. However, the participants may, and I would then as the researcher not be able to control those actions. I am limited by that. The inherent problems may stem from the selection of participants. The director/leaders were selected as a convenience sampling process. Packages with consent forms were made available for 6 director/leaders by way of their administrative assistants or secretaries. I had no control

over which of these particular leaders would contact me. On the other hand, the non-director/leaders were total volunteers deriving from a flyer that was posted on all of the nursing units. These flyers had all the appropriate information that allowed the perspective participants to contact me on a specially designated research line if they wanted to participate. I did not contact them, they contacted me. In essence, all participants volunteered for interviews.

In that qualitative research is an inductive process, there are opportunities to constantly review hidden biases that could influence the outcome of the study. It is important during this research to not take sides with the participant. Instead, it is important to be understanding and emphatic with what is being stated. It is not the role of the researcher to agree or disagree with what is being stated. Yet, it is imperative to report the data as it is presented.

Within the decision to choose this methodology of qualitative research allowed the dissertation to be completed. The inherent problems that may have occurred due to selecting a qualitative study or accepting participants to inform the subject matter may never be known. However, the positive outcomes from the study will be known. The voices of those whose voices may never otherwise be known is now available for the world to see and evaluate on their own merit. Indeed, these lived experiences learned about during the process of the study in this southeastern region study site are as real as these participants are real and their story is now available.

There are matters beyond the control of the confines of this study. It is uncertain as to the level of honesty achieved during the course of the interviews. There is no

control or test that will assess that which participants reported in this study is truth. What is expected, and not limited, is the boundary of the participants' owned lived experiences. That is truth within its own reasoning as the statement of the participants comes forth. One area to consider is related to the limitations that the demographic data may present. The assumption is that bullying of any kind is improper at the baseline of thought and all that is known about civil behavior. Whether the bullying activity targets males, females, Caucasians, African Americans, or any other ethnic or national group makes no difference; it is not the focus of this research to explore these as limitations within themselves or to assess whether one demographic is bullied more than another. Characteristics of the target of the bullying are not the focus of this research, and this may be considered a limitation of this study.

One limitation of this research is the scope of the literature review. In order to capture the most relevant but recent literature on workplace bullying, I limited the publications to those published in the last five years. Literature related to workplace bullying increased exponentially after the 1980s. Yet, I am choosing to narrow this focus to the most recent five-year period to look at the most current literature. Occasionally there is the opportunity to address literature from prior to this date as the topic has evolved tremendously over several decades now. The stated limitations are givens and will be carefully monitored during the data collection to assure they do not affect the outcome of the study. I will document any further limitations I discover.

Delimitation of Study

This study is delimited to exploring aspects of bullying that are a human issue in terms of human rights, and not dedicated to a specific, isolated group of people. No human being should be mistreated based on color, creed, sex, age, race, physical ability, or lack of abilities, education, position, personal opinions, sexual orientation, appearance, religion or belief and practices, job title, roles, and so forth. In short, no one has the right to bully another, regardless of their station in life. This study assumes human dignity and respect for others. Bullies harm, and indeed destroy lives emotionally and physically in ways that leave enduring effects. Bullies can, in certain circumstances, beget bullies; one thinks of groups such as the Ku Klux Klan or Nazis. Terrorist attacks likewise are cowardly efforts to bully and bring a lasting negative impact, not only on a person, but a nation. My research does not seek to understand all manifestations of bullying but is restricted to health care settings and the responses of the participants.

Definition of Terms

The nomenclature and definition in terms is located in Appendix A. There are six specific terms used during this study that are worthy of a closer description. Whenever the term victim/target is used, discussion is centered around the person(s) who are under attack. The perpetrator/aggressor/ bully/uncivil person(s) is or are the individual(s) who propel the unpleasant and disruptive behavior. Another important term listed is bystander, who is the person who is knowledgeable and possibly present at the time of the uncivil attacks. The three final terms considered important in this study include mobbing, cyberbullying, and hazing.

Chapter 2: Literature Review

A Swedish psychologist named Heinz Leymann was the first in the US to document a definition of workplace bullying in 1980 (Bradshaw & Figiel, 2012). Leymann related his definition to "mobbing," a term meaning a group of people or a mob coming against one or more persons in a display of un-equal power, authority, rank, self-directed or self-proclaimed entitlement (Bradshaw & Figiel, 2012). Sullivan (2011) likewise addressed the definition of bullying in terms of the European and especially Scandinavian experience of mobbing, understood as groups ganging up on individuals (2011), much as chickens establish a pecking order and pick (literally peck) on the weakest member of their group (Sullivan, 2011, p. 11). Building on this, Sugrue (2012) proposed that bullying at work can be defined as repeated inappropriate behavior that is not only directly, but also indirectly, lodged by a group or individuals toward another. Journalist Andrea Adams in 1988 coined the phrase itself, "workplace bullying." Adams was investigating a local bank in Wiltshire, England at a time at which a department manager had reportedly terrorized 40 to 50 employees.

Organizations interested in changing the culture to eliminate workplace bullying must be prepared to stop doing business as usual. Teaching the staff to recognize what precisely constitutes bullying and what to do about it is only one important aspect of moving away from the practice of bullying (Eggertson, 2011). In addition to that, organizations should create policies, provide appropriate education for the entire faculty and staff, and write and strictly enforce behavioral guidelines, for without this process no change will occur (Eggerton, 2011, p. 20). In addition, there should be ethical and

sensitivity training for all employees so that they learn to refocus on the long-range goals of the organization, in our case of offering stellar health care for their clients, and of creating a just workplace environment in which no one is harmed (Olive & Cangemi, 2015).

Namie & Namie (2011, p. 13), of the Workplace Bullying Institution, define bullying as a repeated act that harms another person (the target) by commission or omission, through verbal, nonverbal, or physical abuse that not only intimidates the target but also humiliates and threatens, sabotages, or in some way interferes with work. Namie & Namie add that the bully may even in some way take advantage or exploit an area of weakness /vulnerability of the target/victim, be it physical, social, psychological, or a combination of these or others (2011, p. 11). All these posturing efforts are done to control the individual, target, or victim of the bullying onslaughts.

Unlike the United States, other countries have managed to define and address workplace bullying comprehensively. Gaetano (2010) explained that workplace bullying in New South Wales is considered the primary occupational health and safety issue in Australia. Gaetano (2010) gave a specific definition of such workplace bullying as a form of repeated, systematic, and directed behavior specifically aimed at a group or an individual employee, a behavior that a reasonable person would expect to victimize, humiliate, undermine, or threaten that group or individual, endangering their health and safety (Gaetano, 2010).

Gaetano (2010) identified seven specific reasons why workplace bullying occurs, because of: (1) power, (2) self-esteem, (3), difference, (4) perceived threat, (5)

organizational culture, (6) organizational factors, and (7) working arrangements (pp. 53–54). Many of these reasons, Gaetano concluded, lead to loss of both money and time, resulting in absenteeism, staff turnover, medical costs, and expensive legal settlements. Many of the corporate challenges faced today, such as outsourcing, downsizing, acquisitions, and the increasing workplace pressures may contribute to workplace bullying.

Gaetano (2010) suggested as a solution a method that allows employees in the workplace to minimize bullying. He saw in the seven reasons why workplace bullying occurs solutions to bullying as well (2010, pp. 53–54). In the specific Australian corporation Gaetano studied, the employees are referred to as "associates," and they enjoy remarkably egalitarian working relationships. In short, the work culture has a flat organizational structure. Gaetano notes that the first four factors mentioned above — power, self-esteem, difference, and perceived threat—are all linked and connected to this egalitarian work environment. Perhaps since then there has been a change in this culture, but in 2010, Gaetano reported that 70% of Australians had been bullied, that 38% of the incidents occurred over a six-month period, and that 13% of those bullying acts were witnessed (2010, p. 52). These findings were particularly interesting in that that work culture was very value driven (p. 54); all the "associates" go through fair treatment training to assure everyone knows the behavior expected of them at work.

The fifth factor covered the "organizational cultural," the sixth "organizational factors," and the final factor had to do with the "working arrangements" that helped to steer people to take the appropriate measures to stop the bullying in this Australian

organization. The result of Gaetano's (2010) work to eradicate workplace bullying was both the formal and the informal development of a grievance procedure to prevent retaliation. Retaliation is humiliating and increases trauma, as a great deal of fear tends to accompany an already traumatized individual worried about job security. Gaetano (2010, p. 55) reportedly was the ombudsman to whom all the victims of the bullying activity reported. Over the period of Gaetano's work, the victims developed a level of trust and felt safe with the ombudsman and expressed a desire to seek employment elsewhere rather than be confronted again by the bully. The ombudsman shared the information with management with the permission of the victim, in hopes that management would address the issue rather than lose more employees due to failure to cope with the circumstances of uncivil behavior.

A definition of bullying has been one of the major concerns in proving bullying as a crime or a prosecutorial offense. In the study site in which the research was done, the challenge is to define what bullying represents to this organization and to each of the participants personally. Gladden, Vivolo-Kantor, Hamberger & Lumpkin (2014) used three specific categories to define bullying in school age children. Olweus (2013) first defined bullying using three specific descriptions, which included: first, repeated attacks; second, an imbalance of power such as in horizontal aggression; and third, aggressive behavior toward the victim by the perpetrator that involves a range of negative behavior. Because of the work done by Gladden, et al. (2014), an elaborate steering committee was formed and tasked to combine their efforts to design effective and consistent federal guidance on bullying. That work group was called the *Federal Partners in Bullying*

Prevention Steering Committee. This steering committee worked under the auspices of the federal government, with the purpose of coming up with a uniform definition of bullying. Those federal agencies and their partners included the Departments of Education (ED), Health and Human Services, Justice, Defense, Agriculture, and the Interior (Gladden, et al., 2014). Two very important efforts that have resulted from the summits convened thus far among these six federal agencies are the StopBullying.com government site and a new free app recently made available for parents. The app called Know Bullying, helps parents to start conversations with their children concerning any form of bullying, but specifically cyberbullying. Between 2011 and 2013, according to the Centers for Disease Control (CDC), cyberbullying occurred at a rate of 14.8 % to children. This means that 85.2 % of those children had not been cyberbullied during that period. It remains to be seen to what extent and in what ways cyberbullying may also be present at worksites, and to what degree earlier studies may impact the workplace arena. In the study underway, it is of interest as to whether cyberbullying has also occurred in the adult environment. Cyberbullying is not the direct focus of the study in progress; however, if concerns pertaining to cyberbullying come to the forefront, those will be made available and disseminated to the organization study site.

Consequences of workplace havoc such as bullying has been well recognized in the literature. Shallcross, Ramsey, & Barker (2013) studied one of the oldest terms to describe actions that lead to bullying, and that is mobbing. As I mentioned earlier, Lemann first coined the term mobbing in 1980. Shallcross, Ramsey, and Barker’s (2013) study of mobbing found that it is a way to expel employees from the workforce. The

articular presents the victim's disgust at mobbing and lists the five stages of mobbing that lead to expulsion from the organization. Though my work builds on this research on mobbing, its specific focus is workplace bullying.

Gaffney et al., (2012) state that bullying causes psychological and/ or physical harm among professionals, disrupts care, and makes it difficult to provide safe and quality care. The definition of bullying in this health care environment describes deliberate and repetitive acts, resulting in aggressive behaviors. Gaffney et al., (2012, p. 2) bring to light other terms that help to express the same meaning as bullying, such as social or relational aggression, and horizontal and vertical violence.

Gaetano (2010) on the other hand used the grounded theory approach to get 99 nurses to answer a survey about their bullying encounters. The researcher discovered four themes from the surveys: The first theme was that when confronted about bullying, the situation should be placed in the proper context. The second theme deals with the proper assessment of what really happened, and then follow through with the proper course of action. These points stressed the importance of avoiding inappropriate judgment of all the facts. The final two end results that needed to be addressed included silence among the other nursing colleagues and sudden inaction among the leaders. This qualitative study was trying to come up with a theory as to why nursing colleagues would become silent and nursing leaders would take no action to deter workplace bullying. This study did not make any new findings or reach any new conclusions.

In a one-year study of the effect of workplace bullying on a long absence due to sickness, Ortega et al., presented a survey (2011). The survey was linked to a secondary

data set of the national register on “social transfer payments.” The sample included 9,949 employees who worked for an elder-care company spread among 36 facilities and sites in Denmark. Of the 9,949 persons approached, there was almost an 80% response rate, an excellent rate of return. There was a correlation of $p < 0.05$ between those who were sick and those who were bullied (Ortega, 2011). The researchers concluded that bullying might compromise quality of care and patient safety. Being ill while at work or calling in sick also impacts patient satisfaction, due to worsening patient-staff ratios. Those few staff persons learned how to work harder to maintain patient satisfaction in addition to safety. Bullying compromises care and safety on multiple levels in the areas in the health care arena. Harm occurs not only to the patients but also to the staff during these venerable encounters.

There are court cases that show that bullying exists even in the professional arena. An example is the case of Raess (defendant) v. Doescher (plaintiff), in which Dr. Daniel Raess, a cardiovascular surgeon, wanted to overturn an assault charge by perfusionist Joseph Doescher who operated the heart/lung machine during open heart surgery (2008). During the first trial, the jury awarded $325,000 to the perfusionist. This outcome was reversed by the Court of Appeal in Indiana but was appealed by the perfusionist. On the original date of the alleged assault, Doescher (plaintiff) had reported Raess (defendant) to the hospital administrator for bullying. This case is important because is important to the literature because it allows the bully to be exposed and bullying and the tactics of discord at work to be exposed. The defendant Raess, the physician in the case, had his day in

court, and the reality of what he did is before him. These longevity of these cases in court continues as the defendant and the plaintiff are alternating appealing the case.

In the professional sports arena, the National Football League (NFL) has been exposed for its hazing and bullying activity. During the 2013 and 2014 football seasons, Miami Dolphins player Ritchie Incognito reportedly harassed his team mate Johnathan Martin by telephone (O'Mahoney, 2014). After the report on this incident was issued, the NFL began to investigate other alleged cases of locker room activities that included bullying and carousing.

We have learned that workplace bullying occurs in many industries. The organization in which the research will be done will need to define what it understands bullying to be. That organizational definition may not be the same as that lived experience of the individual participants personally. Gladden, Vivolo-Kantor, Hamberger & Lumpkin (2014) identified three specific aspects of bullying in school age children. But Olweus (2013) was the first to do so, identifying first, repeated attacks; second, an imbalance of power such as in horizontal aggression; and third, aggressive behavior toward the victim by the perpetrator that involves a range of negative behaviors.

In this dissertation, I use the terms "perpetrator" and "bully" interchangeably (see Appendix A). The word bullying immediately conjures up an image of a young child in elementary school being taunted and teased by another child of larger frame. The smaller child and would-be target are often imagined as looking different in some way to the norm, or having a delicious packed lunch lovingly prepared, as either highly intelligent or presumed lacking in intelligence. One imagines the bully making his or her way to that

smaller child and demanding his or her lunch. Sometimes the child with the lunch is also imagined as being particularly quiet and subdued, or standoffish yet closely connected to the teacher. This image is one that many of us can recall from our school days.

Cornell & Limber (2015) identified a distinction between children who fall within a specific category of protection (adults also have such protection) such as is designated under the Title IV Civil Rights Acts of 1964. Title IV Civil Rights Acts of 1964 prohibits discrimination based on race, color, or national origin. Additionally, Title IX of the Education Amendment of 1972 prohibits discrimination based on sex. The authors in this article distinguished children who were clearly specified under the categories of race, color, national origin, and sex had laws that protected them if they were bullied; all other children had no such protection.

Cornell and Limber (2015) emphasized that bullying poses many legal/policy issues. Children while in school should be protected from injury while on school property. If there are no laws and policies that apply to the average student protection, it is a serious issue. In the most notorious high school shooting at Columbine, the shooters were reportedly students who themselves had been bullied. The authors of this article suggested that there may have been a different outcome in this situation had there been some earlier recognition that the shooters had been bullied themselves.

Cornell and Limber (2015) have paved the way for further examinations of workplace bullying. First, defining not only the key terms but also the players involved in bullying will be not only challenging but also a great opportunity. As the literature review continues, many definitions will be offered for what bullying really is and just how

complex the topic is to define. Second, the specific players involved in bullying are likewise complicated. Third, we must consider the organizational design of policies to protect all persons involved in bullying.

In reviewing the literature, the research questions designed to conduct my study have been at the forefront. Additionally, what has come to bare is that there is no specific law that guides and informs society of the potential penalty that should be as wellattached to bullying. A look at the laws that impact the specific organization as it relates to bullying grounds this research. Two specific questions to be asked of the participants in this study are: Are persons bullied in this organization? And, are there enforceable policies against bullying in the organization's books? As we looked further into the literature, it is important and of great interest to seek out answers to these and other questions.

Rudenstine, & Galea (2012) call attention to the great need to adopt and enforce anti-bullying policies. To reinforce and give emphasis to this account, we would need to examine a real life set of situations in which shooters, students themselves, entered the high school on the Columbine property and killed 13 students and 1 teacher and injured 21 other students. As reported, April 20, 1999, was a bright and sunny day in Jefferson County, Colorado. Two gunman, Eric Harris and Dylan Klebold, walked in to the full school cafeteria wearing black trench coats and armed with automatic weapons. They then turned the guns on themselves in the library (Rudenstine & Galea, 2012). Many may want to shift or assign blame to many other than the two victims. Many may be tempted to rationalize why or how such a thing would occur on a school campus and at the hands

of two students within a school population of 2000 (Rudenstine & Galea, 2012, p. 103). Rudenstine and Galea did not focus on or assign blame for this event, but instead reported the simultaneous galvanization of the community to consolidate, rescue, unite, connect, and support the students, teachers, parents, and the community at large to move past these events.

The authors of the cited work are important to my study for two main reasons. The first reason is the importance of their report. Their work presented and outlined the facts of the case as they unfolded. An aspect of the grounded theory that I care about examining is to answer the questions related to, not just why this happened, but, now that it has occurred, what we have learned about it, and how to make efforts toward preventing this type of act from occurring again. It was necessary for Rudenstine & Galea to understand and consider this event in terms of preserving the group of students, teachers, and staff in the school, and then to follow up with a general community preservation. The community had to learn a great deal about weapon control and its importance in public governmental property such as schools. Since their account of mass murders on school campuses, many schools and other public arenas have installed metal detectors, cameras, elaborate security systems and on-site personnel such as police officers and guards to monitor check points to deter and discourage such tragedies from occurring.

It is unfortunate that bullying was a factor that propelled such violence as mass murders. The literature review has opened a path into the study under investigation to describe the lived experiences using carefully designed research questions.

The matter of how the public must be educated about bullying prevention is the research question related to this literature review. There is a major importance in learning from events. If we are unable to learn from tragedies that occur in society, those who were injured, killed, bullied, harassed, or committed suicide, then many lives have been destroyed for naught. Their lives have not been destroyed in vain if we learn something from the horrendous events. Parents, teachers, friends, loved ones, and the world looks on as ever touched by these precious lives being taken away so innocently. What is important to note is when tragedy does occur in society due to bullying and shootings, we must review some form of a causal analysis grounded with the goal of prevention and careful planning. The purpose behind this research is to produce social change that is impactful at the organizational level and widely spread the methodology toward major change.

Nielsen & Knardahl (2015) studied 3066 Norwegian employees for two years to establish and then test their theory. The theory was that the victims/targets of bullying have a specific kind of personality before bullying and even after bullying has occurred. After using a personality test and a specific definition for bullying, the researchers were no closer to naming a specific personality trait as an antecedent or as a consequence. They concluded that the target's personality does not elicit bullying. They concluded that measures to combat bullying should not focus on looking at personalities, but to studying the phenomenon surrounding bullying to alleviate the act of bullying. The Nielsen and Knardahl (2015) study opened a wider gap in the literature, with an unproven theory. As stated in the end result, "personality and bullying have a weak relationship between

them”. As the nature of my study reveals more detail about the extent of the issue, a wider spectrum of research is needed to capture more thoughts about the world of bullying.

Nature of the Study

Bullying is a troubling reality. To get a better vision of the breath and depths of bullying and understand its’ origin, it is important to capture and value the very rich and influential journey of those who pioneered the field of bullying. First is the work of the Swedish researcher, Dan Olweus, who studied and created a word that extended the nature and study of bullying. Olweus defined bullying or victimization as being the activity that repeatedly exposes one or more people to a negative behavior (1994). Olweus further defined negative behavior as intentional infliction or the attempt to inflict injury or discomfort on another through physical contact, words or other ways, making faces or obscene gestures, and or refusing to comply with the wishes of another (Olweus, 1994).

In 1973, Olweus conducted and published a study that lasted over a three-year period. Olweus’s research on the verbal and physical behavior of thousands of Swedish boys ages twelve to sixteen enlightened the subject (Bazelon, 2013). This study helped Olweus learn and explain how man somewhat mimics some of the same behaviors as those seen in the animal kingdom. Olweus experienced a gap and did not capture a concept for his work until another term or a lens was available.

The second named pioneer of this literature brings to bare the term known as “mobbing”. The term “mobbing” was coined by Konrad Lorenz in reference to the

behavior seen among animals. Lorenz reported that a flock of birds, for example, would band together to protect the nest against a predator, in hopes of scaring away the potential predator (2002).

A third name of interest is Peter Paul Heinemann, who did his research in 1969 because of his own black son David being mobbed aggressively by the other children and wanting to understand what was motivating that behavior (Bazelon. 2013). This Jewish scholar, Peter Paul Heinemann, was instrumental in the terminology related to bullying. The term bullying was derived from the term mobbing. Bullying surfaced as a term and subject of a study through research done by Peter Paul Heinemann, who at the age of seven in 1938 escaped from Nazi Germany (Bazelon, 2013). According to Bazelon, Heinemann became a surgeon after medical school and met his psychiatrist wife while there. Bazelon (2013) shared that Mrs. Heinemann called him (Peter Paul) at the hospital one day to say she would be bringing a seven-month old baby named David home with her, a boy born to a young girl who could not take care of the child. The boy reportedly was not thriving and needed the attention of a loving and caring parent. The child was black. Heinemann does not report her husband reacting to this news in any particular way. While attending school, David began to be bullied in the white Swedish community into which he was born, a community that had never seen a person with such a dark skin tone before (Bazelon, 2013).

Dan Olweus, a protégé of Heinemann in his doctoral research, attempted to connect Heinemann's work with the aggressive behavior and personality of the taunting mob (Bazelon, 2013). Olweus' work opened up a whole new field related to bullying.

Heinemann and Olweus's research surfaced three specific aspects of bullying. Those three behaviors that surfaced in their research defining what is considered if bullying behavior has occurred are: to be bullying it must be (a) repeated, (b) deliberate verbal and physical abuse and it has to be done by (c) someone with more power than the target (Bazelon, 2013; Nunn, 2013). If these three conditions are not present, according to Bazelon, then the behavior is likely something other than bullying (2013; www.promote prevent, 2013).

Olweus expanded the term from *mobbing* to *bullying (*Bazelon, 2013; www. promote prevent, 2013). Just as Sigmund Freud observed his own children at play while conducting his research, Heinmann witnessed his son being mobbed by other children. A group of children would gather around David, taunting him by calling out names, disrespecting and intimidating him, creating fear in his heart while in school, as he was the only black child present (Bazelon, 2013, p 201). Olweus consequently challenged Heinmann's ideas by suggesting that his son was being mobbed by students that looked nothing like him and proposed that the behavior and the term should be called bullying, because students even bully those who look like them but may appear a little weaker (Bazelon, 2013, p. 201). These debates occurred around 1983 according to Bazelon (2013).

More than four decades later, people continue to try to take another's lunch, position, title, parking space, corner office, and so on. Did the bullying energy from childhood extend to the same adults in life? That is uncertain. Is that adult bully intimidated by the small but special gifts or sense of calm and peace they recognize in the

target in the same manner as the child bully would latch on to a particular child as a target on the playground? These are questions that should be investigated in the future but are not in the scope of the current research.

To recap: Olweus suggested that three criteria must be present for a behavior to qualify as bullying. These criteria are that: (a) the behavior must be verbal or physical, (b) that it must be repeated over time, and (c) there must be a power imbalance between the target and the bully (Bazelon, 2013, p 200). Other scholars have also proposed definitions of bullying. Volk, Dane, and Marini (2014) define bullying as aggressive behavior that has a specific goal that results in harm to individuals and that shows an imbalance in power. Even though this definition is concise and specific, it too has been challenged, as Volk et al., (2014) described. They likewise suggested three specific elements of bullying: goal-directedness or repeated, power imbalance, and the attempt to harm (2014). Consequently, Volk and Olweus both agreed on just one aspect within this three-part definition and that is bullying is present when there is an imbalance of power. Recent employment law reported that for bullying to be present, there must be evidence of three specific elements, which include: repeated, unreasonable behavior and a risk to health and safety. Black (2018) contended that bullying in the workplace, similarly in a United Kingdom study, that it is repeated but is also unreasonable in that it creates a risk to health and safety. This brings us to the importance of the study undertaken within the health care arena. It is important to know that bullying does occur in many arenas and bringing awareness to that fact is crucial to better understanding toward correcting and alleviating bullying, not just from the workforce, but also from the world.

Summary of the Literature

To date, bullying is most amply documented in educational settings. According to a 2011 report from the National Center for Educational Statistics (NCES), 27.8% of the student body across America between 12-18 years of age have experienced bullying. Of the entire student body, 31.8% of the females reported that they had been bullied and 24.5% of males reported the same. Categories of bullying reported included: being made fun of, called names, insulted (19.1% of females, 16.2% of males, and 17.6% total); being threatened with harm (5.1% of females, 5.0% of both male, and overall); being forced to do things they did not want to do (3.0% of females , 3.6% of males, and 3.3% overall); being deliberately excluded from activities (2.3% of females, 4.8% of males, and 5.6% overall); having one's property destroyed on purpose (2.3% of females, 3.3% of males, and 2.8% overall); being pushed, shoved, tripped, or spat upon, (6.8% of females, 8.9% of males, and 7.9% overall); being made fun of, called names, or insulted (19.1% of females, 16.2% of males and 17.6% overall) (NCES, 2013).

In further scholarship that tries to define bullying as specific forms of aggressive behavior, Willer and Cupach (2011) proposed that such behavior between a bully and a target be distinguished in two ways (Willer and Cupach, 2011). First, when bullying occurs, it occurs over several attempts and is not a one-time event (Willer & Cupach, 2011). This suggests that the bully is not intimidated by the target, nor does the bully show any signs of regard, apology, subtleness, sorrow, or regret for his or her aggressive behavior toward the target. The bully typically has no fear of getting caught or being punished for the aggression; the bully considers him- or herself above reproach and thus

continues or repeats the behavior. In the search for a definition of bullying, repetitive aggressive acts have remained a consistent aspect of bullying in the literature (Gaetano, 2010; Bazelon, 2013).

The second aspect of the relationship between the bully and the target, according to Willer and Cupach (2011), is that it is asymmetrical in terms of power. This asymmetry many have been addressed before (Patchin & Hinduja, 2015; Gladden, 2014; D'Cruz, 2013). This is indicative of an imbalance of power between the target and the bully.

There has been a different understanding of what bullying means in the adult population. The U.S. Department of Health and Human Services (HHS) has a web site full of details on bullying (www.stopbullying.gov). Its definition is one jointly held by institutions such as the Center for Disease Control and Prevention (CDC), Department of Education (ED), and the Health Resources and Services Administration (HRSA), namely that bullying is that aggressive behavior that was not asked for but occurs among people of all ages that involves an observed or a perceived imbalance in power, is repeated time and time again, and may inflict harm or undue stress and distress in various forms (physically, psychologically, and socially) and may cause some form of educational harm (Briggs, 2012).

According to the Equal Employment Occupational Commission (EEOC) website (www.eeoc.gov), there is an overarching grouping of six laws that protect employers and employees of most private organizations, state and local governments, educational institutions, employment agencies, and labor organizations. Those six protective laws

covered by the EEOC include: (1) The Civil Rights Law of 1964 and Title VII, which protects a person in terms of their race, religion, sex, and national origin, (2) the Equal Pay Act of 1963, (3) the Age Discrimination in Employment Act of 1967, (4) the Rehabilitation Act of 1973, (5) the Americans with Disabilities Act of 1990, and (6) the Civil Rights Act of 1991 (www.eeoc.gov). These laws and acts which protect one's civility, extend not just in covert actions but in other ways. Bullying extends to all areas, which includes the written word such as in Cyberbullying. Cyberbullying is well documented in the courts, and may be used in the discovery process once deliberation begins (Beverly v. Watson, 2017 U.S. Dist.; J.S. v. Blue Mt. Sch. Dist., 650 F.3d 915, 2011 U.S. App.; T.K. v. New York City Dep't of Educ., 779 F. Supp. 2d 289, 2011 U.S. Dist.).

The root of the word harassment comes from the verb meaning to wear out or to tire out, exhaust with fatigue, along with nouns such as vexation, troubling, and tribulation (Oxford English Dictionary 1989). Harassment as a noun refers to mental pain combined with emotional feelings of suffering. From the 1753 derivation of the historical thesaurus, harassment leads to actions such as persecution and baiting (OED). There are laws specifically pertaining to harassment that relate to the Civil Rights Act of 1964 and involve non-consensual sexual offenses, including touching, or expressing, speaking or showing attention to an employee in a way that is unwanted and many times unsolicited. Harassment is different from bullying. The Civil Rights Law of 1964 protects victims legally against harassment.

Cyberbullying has to do with free speech and is also a type of bullying. Cyberbullying is bullying via electronic means, whether on Facebook, Snapchat, Instagram, and Twitter or through e-mail, texting, and all other electronic modes of communication. When an individual uses technology to intimidate or threaten another person, this is considered cyberbullying (OED, 1989). In short, cyberbullying is bullying done using an electronic platform. It can cause extreme pain and dysfunctionality in the recipient, just as face to face encounters can.

A study by Smokowski, Evans, & Cotter (2014) further explored cyberbullying. Smokowski, Evans, & Cotter (2014) studied 3,127 students from 28 schools over a two-year longitudinal study. They explored the school experiences, social support, and mental health outcomes of victims of bullying among rural middle school youths (2015). The longer the youths were exposed to cyberbullying, the greater was the effect of negative outcomes and effects over the two-year period of the study (2015). The obvious question is then why up to 80 to 90 % (2015) of the youth would stay connected to social networking technology if cyberbullying is both so common and so damaging? The more youth engaged with social networking technology, the greater was their chance of exposure to bullying. The obvious answer to this question is that those who engage in electronic communications, like other forms of communication, simply want to be accepted by their peers. That today’s predominant form of communication is via such media is simply the norm. One would wish that technology was used in more positive ways and not as a method of causing harm to others.

In a similar study, Carter & Wilson (2015) examined the prevalence of cyberbullying and bullying among 367 suburban and urban dwelling adolescents 10 to 18 years of age in the Midwestern United States and found bullying with or without technology to occur in equal measure. Youth's exposure to and use of technology in the twenty-first century is vast (e.g., through cell phones and various kinds of computers, and through social media avenues such as Myspace, Facebook, Snapchat, and Twitter). Few youths do not have access to such technologies. Carter & Wilson (2015) reported that youth's use of e-mail was 88%, 92% had access to a computer, and 79% to a cell phone. This study discovered that there was just as much use of technology among youth in rural as in urban rural environments, that it accounted for 30% of all bullying, and that 17% of bullying occurred in the form of cyberbullying. Specifically, 82% of youth encountered cyberbullying through the medium of Facebook and Myspace (Carter & Wilson, 2015).

Gladden, Vivolo-Kantor, Hamberger, & Lumpkin (2014) defined bullying as any unwanted aggressive behavior(s) by another youth or adult or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. They noted that bullying inflicts harm or distress on the targeted youth, including physical, psychological, social, or educational harm (2014).

For its part, the Healthy Workplace Bill (HWB) defined bullying as acts or omissions or both that a reasonable person would find abusive and based on the sensitivity, nature, or frequency of those acts or omissions. This abusive conduct is not limited to derogatory remarks, insults, or threats that are issued both verbally and non-

verbally or physically; it includes exhibiting conduct of intimidation, sabotaging, undermining the target's work, or scapegoating. It is the perspective of the HWB that one isolated act of these events should not be construed to be bullying unless that act is of a sufficiently severe nature, meaning has lasting negative effects on the victim according to the healthy workplace bill.org site.

We look to the legal world to provide the case laws and definitions by which to seek fair play when it comes to prosecuting workplace bullying, though I note in passing that according to Le Mire & Owens (2014), the legal world has its own concerns about workplace bullying. The depression rates are high among lawyers and the attrition rates among women attorneys are just as high as that of male attorneys. Workplace bullying plays a part in these outcomes (2014). Le Mire and Owens (2014) struggled to define bullying but considered two specific aspects of the activity related to bullying: (1) for bullying to exist, there must be a clear indication of an imbalance of power, and (2) there is a wide range of techniques and behaviors that are called bullying. Through an inquiry into workplace bullying in Australia, Le Mire and Owens reported a third component of bullying in the workplace (2014): that (3) such acts are 'repeated,' 'unreasonable,' and 'create a risk to health and safety' (Le Mire & Owens, 2014). For bullying to be proven in Australian workplaces, these three elements must be present (2014).

According to the Workplace Bullying Institute in the US, at least 25 states have begun to design legislation to combat anti-bullying activity. As of June 2018, the United States does not have an actual law that combats bullying. Yet according to the Workplace Bullying Institute (2015), many other countries, such as England, Sweden, and Australia,

do have anti-bullying laws based on the above definition of bullying. Some of those findings are present within this document. Meanwhile, it is very important to view some of the questions posed in the literature and those to be researched during the dissertation.

Lutgen-Sandvik and Tracy (2012) posed four questions related to what leaders in organizations should answer about bullying in their workplace: Some of those questions were: (1) How does abuse occur? (2) How do employees respond to bullying attacks toward them? (3) Why is resolving the bullying activities so hard? (4) How will behavior and activities related to bullying be resolved? (2012). In my research interviews, I investigated certain aspects of these same questions and other, not only from the perspective of the health care organization's leaders but also from among the front-line participants. If bullying exists, then how are such activities characterized by the employees of this organization? I am interested in how these bullying activities are manifested or described based on the comments from participants.

Scope

The scope may seem as if it has a narrow focus. However, the main purpose and intent of this research is to explore the lived experiences of health care director/leaders and non-director/leader frontline staff in an organization within the southeastern region of the United States for the existence of workplace bullying. Additionally, what is important as well is to establish the extent of written policy, definition, education/training, and surveillance within the organization. It is of interest to see how the leaders differ or provide a similar response to that of the frontline staff. Bullying no doubt exists in just about every arena. However, the topic of bullying as it relates to workplace bullying, and

specifically within health care, has long range implications that will be explored. Research in the area of workplace bullying has exploded exponentially over the past decade. A look into sources of the topic involves an extensive stretch.

In an initial search on the topic of workplace bullying, I discovered the Norwegian researcher Staale Einarsen, who reinforced this reality for me. Under the search topic of workplace bullying, a Google scholar search for the term gave 1, 480, 000 hits. In the Business/Management Data Bases during the years of 2011-2015, *Business Source Complete* search registered or returned 1, 112 reference books and articles; 336 *peer reviewed* searches, and 142 items specifically for the *year range* category. From the ABI/Inform Complete, there were 900 hits, among them, 208 *peer reviewed* publications and 99 for the specific *date range* indicated. On Criminal Justice Databases, there were 22 returns from that search, 18 *peer reviewed* articles, and 18 in the years 2011-2015.

For the search topics, 'bullying and health care,' Human Services returned 461 results, 330 *peer reviewed* publications, and 175 for the specific *year range* using Thoreau Walden University's Discovery Service. For the search topics of 'bullying and health care,' there were 23,200 hits on Google Scholar. I used the Ulrich's Periodicals Directory to verify the *peer review* status. The Expanded Academic ASAP provided 45 *complete* searches and 44 *peer reviewed* publications in the years of 2011- 2015. The SocIndex gave me 6 returns for the 2011-2013 period, 11 *peer reviewed* publications and 12 from the *full* search. PsycInfo obtained 321 *results,* 320 *peer reviewed* publications, and 152 from the *year range* 2011-2015.

Under the search heading ‘bullying and nursing,’ three specific data bases were useful to me: The Nursing and Health Database, Medline, and CINAL. In using the Nursing and Health Database, CINAL Pulse with Full Text provided 936 references, 454 *full* searches, and 383 *peer reviewed* publications during the *year range* 2011-2015, resulting in a returned 179 articles to conclude that search. Medline gave me 482 nonspecific returns, 219 *total returns*, 20 *peer reviewed* listings, and 14-year *range* returns. Finally, CINAL + Medline returned 1,418 initial references, 673 under the full request. All searches were done with the peer review selected for all results and for the year range 2011-2015; a total of 353 references were available. These steps were necessary in order to grasp and understand the range and extent to which the search would reach and the scope of the problem. The topic of workplace bully is, in short, widespread, as these literature searches attest, and attaches itself to every arena.

One of the most interesting results of this search is the discovery of Staale Einarsen as a board member of the International Association on Workplace Bullying and Harassment. This association has celebrated its 11th biennial convention, wherein multiple speakers converged together June 5 – 8, 2018. On alternate years, a school is held over a two-day session to increase knowledge and awareness of the bullying and harassment research results. Einarsen, as mentioned earlier, feels the topic cluster of bullying, workplace bullying, cyberbullying, harassment, mobbing, and hazing is huge and growing quickly. Small wonder—for workplace bullying occurs in academia (Peters, 2014), legal offices, and cooperate venues. In this study, I focus on bullying in the health care industry. Peters (2014) reported the events surrounding the lived experience,

meaning subjects were the recipients of the actual bullying among novice nurses becoming nursing school faculty. He concluded that the senior faculty exercise particularly brutal, bullying types of territorial control, which lead to some nurses' departure from that venue.

The situation is much the same for new nurses entering their first professional nursing position (Berry, Gillespie, Gates, & Schafer, 2012; King-Jones, 2011; Sauer, 2011; Simons, & Mawn, 2011; Laschinger, Grau, Finegan, & Wilk, 2010). Sauer (2011) gave a fictional example of common behaviors at this point in nurses' careers. He presented the case of a new nurse graduate who finally gets a job working in an emergency room and there encounters a great deal of uncivil and offensive behavior, including intimidation and repeated teasing. He noted that bullying as a result of the imbalance of power and position were evident (Einarsen, Hoel, Zapf, & Cooper, 2011). The pressures of being not only in an already stressful health care environment, that is also non-nurturing and, indeed, oppressive because of bullying, easily led to new nurses thinking about leaving, actually leaving, and not returning. Any drop-in staffing only adds to already compromised patient-nurse ratios and the attendant stresses of drop-in care.

There are many reasons why workplace bullying should be managed in the health care arena in particular. For 11 years, nurses have consistently appeared at the top of the list of professions considered trustworthy, honest, and ethical (Gallup Poll, 2014). They, above all, are the staff who bring comfort and care to patients. The whole health care enterprise, and particularly patient care, is massively compromised by bullying. So, it is

particularly important in this arena to figure out how to prevent and decrease bullying. Kirch, Henderson, and Dill (2012) reported that by the year 2020, the United States will face an all-time shortage of physicians and medical specialists. They predicted that by 2020 there will be 91,500 physicians fewer than required for good patient care.

The number of RNs is also predicted to decline (The Institute of Medicine, 2010). The IOM reported that there will need to be a huge increase in RNs with bachelor's degrees in order to meet the leadership needs anticipated by 2020 (2010). Aikens (2012) predicted that patient care will be severely affected by these shortfalls. (Fairman, Rowe, Hassmiller, & Shalala, 2011). Uncivil behavior is in large part to blame for these anticipated shortfalls in medical staff. In response, Advanced Practice Nurses (APN) are being encouraged to proceed into tertiary practice, and schools of nursing are being given special recognition for designing curricula to train these mid-level nurse practitioners to meet the health needs of the population. Given these pressures, over time it will only become more critical to be properly trained in careful management of improper behaviors in the form of bullying.

To paraphrase: in stressful health care environments that are conducive to making mistakes, adding incivility into the mix is dangerous, unnecessary, and avoidable. I hope through this dissertation to show how it is avoidable. I hope that the organization I have studied will consider using my findings to build processes and policies to improve their organization, if indeed the participants conceive that there exists a problem related to bullying.

Grantra (2015) reported that bullying occurs in health care settings at an alarming rate. It may occur horizontally from upper management to middle management to the frontline staff; or vertically between frontline staff members. Grantra (2015) proposed four solutions to prevent the effects of bullying: effects such as physical and psychological changes, including headaches, stress, anxiety, irritability, insomnia, depression, fatigue, impaired social skills, excessive worry, as well as reduced performance, and turnover/ retention issues). These four solutions are: to value all employees within the health care system, to change the culture of the organization, to educate staff about bullying beginning at the nursing school level and when they graduate, to place new nurses with strong and positive mentors that are trained and skillful in appropriately addressing bullying behaviors. Ultimately, the system-wide method required to prevent bullying activity is about changing both the culture and the policies of the organization (Grantra, 2015). This process will involve all stakeholders from the focus groups, the roundtable discussions, and the task force who, presumably, are drawn from every area of the organization.

Walrafen, Brewer & Mulvenon (2012) supported the theoretical framework while exploring horizontal violence, using the Social Learning Theory based on a model of reciprocal determinism by Albert Bandura. Bandura, who is a Canadian Psychiatrist and inventor of The Social Leaning Theory, focuses on those who follow leaders. If the leader demonstrates unethical displays of bad conduct, the subordinates will follow and duplicate unprofessional and unethical behaviors just to remain in the favor of the unscrupulous leaders. One of my participants shared a scenario of this nature occurring at

the study site. This type of reciprocal determinism perpetuates negative and immoral behavior.

Once the institution has been made aware of the various aspects of unacceptable behaviors, it becomes a crucial step to move forward, making necessary and appropriate changes. With knowledge and training in place, and with institutional buy-in at all levels of the organization, leaders in health care should want to now equip themselves with the tools to banish workplace bullying within their organizations for the betterment of patient outcomes and improved employee and patient relations. All organizational policies should be aligned with the organizational mission, values, and goals which are set by the upper-management leaders. When the frontline is not aware of these changes and given an opportunity to participate and offer suggestions about proposed changes that affect them and their patients, there may be little enthusiasm to perform or work through the changes. It is critical, considering horizontal bullying, that the frontline be actively involved in the discussion of any organizational changes and be invited to offer input from the start to increase their likelihood of accepting, implementing, and promoting the changes.

When both leaders and employees take a team approach through focus groups and round table discussions to ban bullying in their work environment, bullying in the workplace can be eliminated. To be successful as a transformational organization with zero tolerance for workplace bullying, the focus group think tanks will devise a plan, a program, and policies to take the organization deep into the twenty-first century, along with periodic reviews of those plans and policies. For this challenge to be met, the

qualities of leaders at every level of the organization must not only be transformational but also confident, purposeful, courageous, and ethically fit (Grimm, 2010). Feather, Ebright, & Bakas, (2015) reported the results from a semi-structured interview among five focus groups and 28 RNs who stated that they expect their nurse manager to model and promote communication, respect, and care.

Colby & Ortman (2014) predicted that there will be fewer 18-year olds in 2056 than those 65 or older. At the same time as the elderly (and therefore typically the sicker) population is increasing, the number of qualified nurses is declining. Yet Auerbach (2012) forecast that the number of nurse practitioners is expected to grow to 244,000 by 2025. The national level is 166,280 for nurse practitioners as of May 2017, according to the United States Department of Labor Bureau of Labor Statistic. These nurse practitioners are only employed at general medical surgical hospitals, according to the Labor Bureau of Labor Statistics from this same site.

The Georgia Board of Nurses reported that as of August 8, 2016, there are 8, 491 nurse practitioners as compared to 126,404 licensed registered nurses in the southeastern region of the United States and the state in which the study was conducted. The year 2025 is closer by four years from the time the prediction was made, and only seven years away from the time of this study. It is uncertain whether there will be enough mid-level nurse practitioners to support the post-World War II baby boomers. Therefore, having a civil working environment free of bullying is critical to keeping the relatively few nurses and other health care workers in the profession.

When one adds to these pressures of insufficient nurses and other medical professionals the decline in civility, one has a recipe for disaster and is more reason to work now toward better workplace relations, better communications, and abolishing workplace bullying. This goal can be met through shared efforts by both leaders and employees.

One such shared effort can be to increase compassion through training, as Weng, Fox, and Shackman (2013) proposed. I hope through my research to increase the possibilities of developing compassion through training of workplace staff. As employees, both frontline and leaders, spend more time in training to understand the expectations of the organization, there will be more allegiance to compliance with civility practices. Within the realm of understanding, there just may be a possibility to change things in the most appropriate areas needed (Bazelon, 2013). His research on the topic of verbal and physical abuse among the children in his study centered on mobbing behavior (Bazelon, 2013). In the context of defining *mobbing*, a noun of the original English language first sited in the 18th century, the 1719 meaning was a group of people acting as a mob: attacking, harassing, or crowding a single person (Oxford English Dictionary, 1989). Mobbing, however, was first used and coined by Konrad Lorenz as it relates to the animal kingdom. A group of birds, for example, group together to protect the nest against a predator in hopes of scaring the potential threat away (Lorenz, 2002). Bullying, on the other hand, surfaced through research done by Peter Paul Heinemann, of Jewish descent, who at the age of seven escaped from Nazi Germany in 1938 (Bazelon, 2013). According to Bazelon (2013), Heinemann became a surgeon after medical school and < while there,

met his wife, who was a psychiatrist. Bazelon (2013) continued to share that Mrs. Heinemann called him (Peter Paul) at the hospital one day to say she would be bringing a seven-month old baby home with her. The child was born to a young girl who could not take care of the child. The child reportedly was not thriving well and needed a loving and caring parent to care for it. As the story goes, the child's name was David. The child was also black. Bazelon does not mention any specific comments from Peter Paul on hearing this news. It would appear though, that the work developed through research as it relates to mobbing and bullying began as little David grew up in this Swedish community that had never seen one of the darker skin tones (Bazelon, 2013). Heinemann did his research in 1969 because his own son David, a black child, was being mobbed aggressively by the other children. His research grew from wanting to discover some understanding of these activities (Bazelon. 2013). A protégé of Heinemann a Sweden Dan Olweus completed his doctoral research to connect Heinemann's work to help us understand the aggressive behavior and personality of the taunting mob (Bazelon, 2013). Through Olweus's work, a whole new field related to bullying was discovered. Because of both Heinemann and Olweus, three specific aspects to further define bullying came to the surface. For bullying to be present, Olweus suggest that (a) it must be repeated, (b) deliberate verbal and physical abuse by (c) someone with more power than the target (Bazelon, 2013; Nunn, 2013). If these three conditions are not present, according to Bazelon (2013; www.promote prevent, 2013), bullying is in question.

Dan Olweus expanded the term from *mobbing* to *bullying*. (Bazelon, 2013; www. promote prevent, 2013). Just as Sigmund Freud observed his children at play while most

of his research was being done, Heinmann witnessed his son being mobbed by other children. A group of children gathered around Heinmann's son, calling out names of disrespect to him to intimidate him and place fear in his heart while in school, as he was the only black child present and unlike them (Bazelon, 2013, p 201). Olweus then challenged Heinmann's suggestion that his son was mobbed by other students that looked nothing like him. Instead, Olweus suggested that the term should be called bullying, because students even bully others that look like them but may appear a little weaker (Bazelon, 2013, p. 201). These debates occurred around 1983, according to Bazelon (2013).

As more time has now passed since these debates, countless other children that wanted to take the lunch from another child while in school are now old enough to work. However, these individuals still try to take a position, a title, a parking space, a corner office, the list goes on. Did the energy from childhood extend to the future work and life? That is uncertain. Is that adult bully intimidated by the small but special gifts or sense of calm and peace recognized in the target in the same manner as the child bully would in the presence of the target child on the playground? Within the confines of this work, a glimpse of answers to many of these questions will be further explored.

The three criteria suggested by Olweus that must be present to be called bullying include: (a) it had to be verbal or physical, (b) that it should be repeated over time and (c) there should be an imbalance in power between the target and the bully (Bazelon, 2013, p 200). Whether the criteria Olweus listed will go down in the annals of history as the general definition of bullying is unknown. However, a few more definitions will need to

be explored before reaching a confirmation. Volk, Dane and Marini (2014) defines bullying as aggressive behavior that has a specific goal, resulting in harm to individuals and showing an imbalance in power. Even though this definition is concise and specific, it entails some challenges. Such challenges, as described by Volk, et al (2014) are confined to include three specific elements that also must be present for bullying to be present. The first element, according to Volk, et al, is goal-directedness, power imbalance and harm (2014). So far, Volk and Olweus agree with one overlap and that is an imbalance of power. Other professional updates that fall under employment law reported that for bullying to be present, there must be evidence of three specific elements which include: repeated, unreasonable and cause a risk to health and safety.

Definitional consensus of what bullying is extends across various disciplines and schools across the United States. According to the report from the National Center for Educational Statistics (NCES) in 2011, 27.8% of the student body, with ages ranging between 12- 18 years, experienced bullying. Of the entire student body, 31.8% of the females reported that they were bullied, and 24.5% of males reported the same. Other descriptions of bullying reported included: made fun of, called names, insulted for 19.1% females, 16.2% for males, and 17.6% total; threatened with harm, 5.1% female, 5.0% for both male, and overall; tried or attempts to force to do things that did not want to do, 3.0% female , 3.6% male, and 3.3% overall; excluded from activities on purpose, 2.3% female, 4.8% male, and 5.6% overall; property destroyed on purpose, female 2.3%, male 3.3%, overall 2.8%; pushed, shoved, tripped, or spit on, 6.8% female, 8.9% male, and 7.9% overall is the total amount indulged in with my (NCES, 2013). Quiggs (2015)

emphasized that many countries began developing legislation to combat workplace bullying as early as the 1990's. Sweden passed an ordinance in 1993 and calls it *victimization at work*; the United Kingdom has both a *protection from harassment act* of 1997 as well as an *equality act* as of 2010; France, as of 2001, developed a *law for social modernization*; Australia has both a fair work act of 2009 and, as of late in 2014, another *anti-bullying law*; Ireland in 2005 is reported to have a *code of practice* under not only *safety at work* but also *health* and *welfare* as well, which has been upgraded again in 2007; Canada has *labor codes* with additional *amendments* since that time, most recently in 2008 (Quiggs, 2015).

The Library of Congress (2014), during the 113th session of the House of Representatives, discussed the need for laws to stop bullying in schools. Despite the statutes developed by Stuart-Cassel, Bell, & Springer (2011), none of them have become enforceable laws. Many very young children, according to the Library of Congress reports, including 11 to 14-year olds, are being traumatized and are fearful to even attend school due to bullies. This occurs also at the workplace with adults. The Workplace Bullying Institute reported the results of a survey from 2014 which defined bullying as repeated, humiliating, intimidating, and so forth. There were six categorical findings publicly made available from this survey: (1) twenty-seven % of those survey had experience past or present with abusive work conduct, (2) seventy-two % of Americans surveyed reported being aware of some form of workplace bullying, (3) the majority of those who bully are reported to be the bosses, (4) seventy-two % of employers do not admit to occurrences of bullying and (5) ninety-three % of those surveyed were reported

as being in favor of enacting the Healthy Workplace Bill (Workplace Bullying Institute, 2014).

Many nations have advanced enforceable laws, as mentioned above, from earlier years. This is a problem that has not recently erupted, dating back at least as far as 1857 (Sercombe & Donnelly, 2013), during the Tom Brown's School days. Defining the terms of workplace bullying is the better work of each organization and indeed must be managed by each organization in terms of abolition of the problem. Consequently, the current study strives to pursue the data and analysis of this phenomenon within this one organization for which the research is conducted. Future research is of interest to this researcher to investigate other organizations to see how they will acknowledge and define workplace bullying and pursue methods of educating all staff. It is of interest to work with multiple industries on a one on one level.

What is known in the discipline is that the United States does not have an acceptable legal definition of workplace bullying. Because of there not being a legal definition of bullying, organizations within the United States do not have an official policy that speaks to obstructive behaviors such as described in the literature. Also, known in the discipline is that many nations have made major progress in defining and making ordinances and laws to address bullying. Australia in 2011 passed the first criminal law prohibiting workplace bullying (Quigg, 2015, p 42). Additionally, Sweden is the first country to establish anti-bullying ordinances in workplace bullying (Quigg, 2015, p 45). Many other European countries, such as France, UK, Finland, Italy, Ireland,

and Germany, all consider the value of social relationships over the competitive manifestation of tolerating bullying type behaviors (Quigg, 2015, p 45).

Significance of the Study

My research is significant for three main reasons. First, not having a precise definition of workplace bullying, let alone a legal definition, delays the making of laws to respond to bullying. For their particular situations, organizations may need to write their own definitions. The second reason is that we do not yet have wide knowledge of how organizations define workplace bullying and police it to deter it. My study attempts to offer such knowledge for one specific type of organization—health care. Third, it models how American organizational leaders might work with their frontline employees to gain more insight into the various aspects of workplace bullying and then work together to deter it. Such efforts are very important to establish understanding among the ranks. Although some issues may not be answered during this study, this researcher values answers to these questions, and hopes this study will pave the way for them.

There is a need to strengthen relationships and build trust in organizational settings today in the United States. The culture of the organization and the organizational leaders provide the atmosphere and offer hope for all staff. The staff then exemplifies that culture through how and what they do to accomplish their duties upholding the standards of practice. Through the policies, the brand of the organization is lived out in the presence of the clients, customers, patients, and their families. Seamlessly, it is the expectation for every employee to succumb to the regulations and follow-through with stated and printed guidelines.

Many American employers would consider the employees to be both loyal and trusting. Many times, due to the culture of the organization, they may instead show signs of lack of trust. In the spirit of transparency, there is the expectation that everyone is equally supported and given equal, fair, and respectable treatment. Americans spend five to six days per week at work. This lengthy work week in the United States alludes to the premise that Americans live to work instead of working to live. This excessive work week leads to competitiveness and a cut-throat workplace prone to bullying, I suggest. This competitive ethos often leads to disrespect among employees, and this may contribute to more stress in the work environment than ever before realized.

Gap in Knowledge

One of the gaps in the literature on bullying is workplace bullying policy development. It is the goal of this research to work with the study site and other organizations in the future to consider that bullying just may be present in their workforce and to design a complete education and training package to prevent such practices and to replace them with healthier practices of interaction between colleagues. It is of great importance that the organizations be able to identify and define what bullying is at their organization. The 2014 Workplace Bullying Institute survey showed that leaders deny and discount that bullying occurs in their organization. It is important that organizations become full term with the potentiality of such activities, so that a strong, healthy reality to resolve such behaviors is addressed in order that employees and patients/families are not compromised.

Another gap in both the literature and the law is related to the definition of bullying that each organization uses. Many include in their definitions three adjectives to describe bullying behaviors: that it is repeated, humiliating, and disruptive action of one against another. All of these aspects need even further investigation.

Why This Study Is Needed

This study is needed to provide some solid information to connect our understanding and open a literary dialogue to improve the missing facts that will fill the gap in the literature. This study has exercised an opportunity to bridge the gap of the many facts that are missing (i.e., defining bullying, connecting leaders and workers together in unison to resolve workplace incivility, aligning education and reporting strategies and policies to deter disruptive and unwanted behaviors, etc.). Many studies have informed me of the existence of bullying activities, but few suggest how to avoid or mediate such activity. Many surveys have been conducted, but they simply report the findings without suggesting how to deal with them. I hope not only to elicit data but to use that data to make recommendations for policies and best practices in response to bullying in the workplace.

Problem Statement

Workplace bullying is a widespread, disruptive, and counter-productive occurrence in the US. There is a need to develop policies and laws to deter, police, and prosecute such activities, and a need to suggest best practices to enforce those policies.

Research Problem

The problem faced by this research was three-fold. First, it was very important to find a study site with a cooperative working team. Due to the sensitive nature of the study and the need to respect the privacy and confidentiality of each participant, it was important that all aspects of the research would progress smoothly. The participants in the study must be open and attentive to my questions and answer them honestly. The researcher must also interpret the data in the most appropriate manner for reliability. The first question is: Does bullying exist at this organization? I am not assuming that bullying exists at the organization, although it is likely it exists in most any group of persons and workplaces. My goal is to discover not only what the executive team says but also what has been the lived experience of the frontline staff. Second, it is important to know how those who have experienced bullying define such activity. Third, I want to know whether there are already policies in place that are intended to prevent and police bullying and other disruptive behaviors in this workplace. These are not considered to be overt problems unless there are not clear responses to these questions.

Larger Problem the Research Questions Will Answer

The larger problem the research questions will answer is: Are employees comfortable with communicating through the proper channels to report uncivil acts. Having a policy and a safe method to report such uncivil acts anonymously and confidentially is a process well worth all efforts. As a result, it is imperative that laws are written to make workplace bullying a crime. This goes way beyond the scope of this research, however. As employers grow wearier of losing gifted and talented professionals

to uncaring and careless staff, the need to adopt and enforce anti-bullying laws will become second nature.

Reason for Addressing This Problem

The reason for addressing this problem has already been clearly stated: bullying contributes to unhealthy and unproductive work practices and places and leads to poor patient care, loss of staff at a time in which the need for health care staff is increasing fast, lost wages, and detriment to the financial bottom line of many organizations. When bullying is allowed to continue, it leads to poor staff morale, damage to individuals' self-esteem, and the ability to be gainfully employed, and insufficient staffing, which leads to poorer patient care.

Summary and Transition

Bullying is commonly thought to occur primarily among children, but it is in fact common throughout society, including the work place. At this time, few states have laws against bullying in any situation, let alone specifically in the workplace, and few workplaces have policies in place and/or employees are insufficiently familiar with those policies and how to implement them. The lives and relationships that are damaged by bullying warrant the importance of having such laws.

Henry Carus Associates (2016) has outlined several countries with particular strategies and mandates related to bullying laws. According to this report, many countries report varied measures to create laws related to harassment and bullying (http://www.hcalawyers.com.au/blog/bullying-laws-around-the-world/). See the details below:

Africa

Kenya: Kenya has laws against harassment, but no laws against bullying, despite having the highest rate of bullying in Africa.

South Africa: No specific laws against bullying, but wide-ranging laws against harassment make it possible for citizens of South Africa to obtain a protection order against an employer or colleague for abusive behavior.

Australia and Asia

Australia: Australia has extensive provisions not stated as laws, but they are related to counter bullying, both in schools and the workplace. A very interesting aspect related to bullying in Australia is that the target of the bullying act has the provisions and organizational policies to try to resolve the untoward activities alone. However, if this is unsatisfactory, the target may seek out police support through the assistance of what is known there as the Fair Work Commission. The Fair Work Commission is Australia's national workplace relations tribunal and functions as an independent body, but with the power to carry out a plethora of functions, including: serving as a safety net for minimum wages, conducting good faith bargaining, lending support for wrongful discharge, and more (www.fwc.gov.au).

China: Does have strict anti-bullying laws and administers them aggressively, as it deals with cyberbullying. In China, every resident must register their real name so that they can be tracked as to how and what they post on line. Employees are encouraged to take steps toward a resolution when they witness bullying in the

workplace. Employers, therefore, take the zero-tolerance approach toward anti-bullying and support written support systems and networks for employees to be successful in being treated civilly at work.

Japan: Unlike China, Japan has no such laws against bullying. Japan has an implied law that addresses bullying as it applies to laws related to harassment and assault (2013).

Philippines: There are wide-spread laws that mandate protection against private and public-school bullying while at school activities. Despite there being no active laws related to workplace bullying, the legislative process for such has begun.

Singapore: As of 2014, cyberbullying has been criminalized as it relates to laws targeting anti-social behavior at the workplace and on the schoolyard. There are two distinctions that are defined in the workplace and in the schools. In the workplace, the term is the offense of sexual harassment, and at school, the term is called cyber harassment. There are stiff penalties even for the first offense in the face of sexual harassment in the workplace, from $5,000 or a year in jail to a $10,000 or a two-year jail sentence for the second offense. There may be an option for civil remedies as well.

Europe

Belgium: In 2014, Belgium's new platform aimed to address all psychosocial behaviors in the workplace and involved a sweeping law that gives an umbrella protection against not only bullying but any violence or undesired sexual actions.

This law placed pressure on employees to be alert to all forms of psychosocial health disorders that may lead to stress, burnout or unacceptable behavior. There must be policies and a responsible person(s) to oversee this area. Belgium also has anti-bullying laws that apply to the schoolyard, with tremendous work being done to ban cyberbullying.

France: Bullying in France is referred to as moral harassment and is defined as 'repeated acts leading to a deterioration of the working conditions that is likely to harm the dignity, physical, or psychological health of the victim or his/her career'. Such laws may inspire both criminal and civil penalties, bringing a two-year sentence and a €30,000 fine. The organization may also incur bullying charges for any occurrences within their walls. The employee may win civil damages from the organization as well. The perpetrator of schoolyard bullying would have been confronted by the parent through the parent teacher association unless there are school policies, which is not a mandate.

Sweden: Sweden terms bullying 'mobbing' and was the very first country with legislation to outlaw such activity. Written within the Sweden legislation pertaining to any form of behavior considered reprehensible, recurrent, or distinctly negative actions and can themselves be banned from the working community. Instead of sanctions be enforced, the goal is for the organization to handle such problems with swiftness through dialogue. In the school system, the burden of prevention is placed on the institution, which must demonstrate being

proactive in dealing with any form of schoolyard bullying or be brought on charges and be held liable for damages.

United Kingdom**:** There are no specific laws at all in the United Kingdom that speaks to bullying. There are two such laws that can be applied to cyberbullying (i.e., The Protection from Harassment Act and the Telecommunications Act). Such harassment laws speak against any form of harassment pertaining to age, gender, disability, marriage, pregnancy, race, religion, or sexual orientation.

North America

Canada: Canada has a definition for bullying with a broad scope characterizing it as that of intentional harm, repeated over time, in a relationship where an imbalance of power exists. It covers physical attacks, verbal harassment, and social exclusion. In Canada, there are no specific laws making bullying a punishable crime. However, there are four other such laws in Canada that might cover bullying (i.e. Harassment or CCC 264, Uttering Threats or CCC264.1, Assault or CCC265 and 266, and Sexual Assault or CCC 271). All Provinces within Canada are passing anti-bullying bills with some form of success except the new territory of Nunavut. There are ten provinces and three territories in Canada.

United States: There are no workplace bullying laws in the United States to date. There are statutes that speak to harassment and consider these laws to encompass bullying based on the definition. Harassment in the United States is defined as unlawful when an employer or representative deems the conditions of

employment apply and the treatment is so severe that a reasonable person could not endure to the point of great intimidation, hostility, or abusiveness. In the United States, the employer is responsible and liable for negative treatment of an employee. Non-supervisory employees as well as contractors will also be held accountable for harassment. Out of the 50 states, 49 have statues against schoolyard bullying. Montana is the only state in the union without any statutes on the books. It would seem from the details of this summary from country to country that the United States falls behind on laws to deter bullying in schools as well as the workplace.

Mexico: Very limited policy or laws in Mexico to combat bullying at any level, despite reporting 60% of schoolyard bullying occurrence. Otherwise, anti-bullying laws vary by state to state as it relates to the schoolyard. Currently, only five Mexican states have any form of meaningful anti-bullying policy, including Tamaulipas, Nayarit, District Federal, Puebla, and Veracruz (http://www.hcalawyers.com.au/blog/bullying-laws-around-the-world/).

South America

Argentina: For schools, The Congress of Argentina passed a bill in 2013 to reduce occurrences of physical violence, verbal, and psychological abuse against students in schools. There are no such laws as it pertains to neither bullying nor harassment in the workplace. However, the employer is obligated and sworn to the duty of safety on behalf of the employee and to make the workplace free of

violence and abuse. In spite of this, there have been some cases successfully prosecuted.

Brazil: In Brazil, there are no laws against sexual harassment. Despite this, there has been some successful employee actions against corporations related to moral harassment. In 2015, there was a fine of millions over multiple moral harassment cases. There is no such schoolyard bullying federal policies.

As stated previously, there are no enforceable laws strictly written on the law books in the United States that make workplace bullying a persecutorial crime. There are bills being discussed in the 50 states within the United States. The previous literature search rendered no theory regarding why the other six countries do have some semblance of methods to protect the public from organizational abuse, such as bullying. I will proceed to the usefulness of the grounded theory and follow that through the data collection and analysis process in hopes of discovering a theory or a better understanding of this phenomena.

The questions are the same for this category. If many other countries see the benefit of having legal methods of prosecuting or at least addressing uncivil behavior in the workplace, it is important to the United States to not only consider a need but to actively engage organizational employees to pursue answers: Does bullying exist at your workplace; How would you define bullying; How does being in the environment of an uncivil activity make you feel; Are there policies related to this behavior; Having the Executive Team and the Frontline Team both as separate focus groups answer these

questions may render more clarity to the understanding of the process to follow in view of policy writing.

In my research, I will be looking through the lens of the grounded theory to better understand the who, what, when, where, how, but mostly why workplace bullying exists. Also, another goal of this research is to get together not only with the leaders of this specific health care facility to be informed as to what definitions of workplace bullying there may be and what policies are available to assist in monitoring the occurrence of such activity. Why does workplace bullying occur, under what circumstances does it occur, and how might it be prevented? What are the costs and delays that are impacting the organization in writing policies to better manage workplace bullying? The most important part of this potential theory development will be all the efforts to systematically examine by way of focus groups, definitions and policies related to workplace bullying. Nielsen & Knardahl (2015) stated however that bullying is a consequence of an environmental condition within the workplace. The grounded theory will look to the organizational leaders and frontline employees to define what bullying is at this organization, pointing to concepts, constructs to be clear about the presence and policies pertaining to it.

The research question I am hoping to answer through interviewing focus groups is what policies are present in their organization related to anti-bullying. Other areas expecting answers from this question is the matter of whether this organization has zero tolerance for bullying written within this policy. Other questions include: how the organization defines bullying, if at all; are there specific terms used to describe the actual

bullying activities; are there any special terms used to describe the different parties involved in the activity (i.e. victim/target = person(s) to whom bullying is lodged; the bully/perpetrator= the person lodging the attacks; retaliatory practices and outcomes from perpetrator(s) to victim/targets or from victim/targets to perpetrators).

Continuing to approach the definitions of bullying, the following reviews are specifically related to the definition(s) of workplace bullying. The actual definition of bullying in the workplace has not been agreed upon by any powers of recognition. The Workplace Bullying Institute (2016) says bullying occurs when a person(s) or group interjects less than reasonable and/or humiliating or embarrassing acts upon another individual or group(s) or people. The bully/perpetrator/attacker, described as the person who makes the attack upon another, is in an authoritative position and who is immature, insecure, and hurls attacks over the victim/target(s). The attacker has gotten by slinging insults and innuendoes toward the victim/target before, gotten by with it and seems to be getting no reprimand from leaders above as this unfavorable culture continues to manifest. Participants in this study have defined their lived experience as to what bullying is to them. A very interesting phenomenon about how bullying is defined for them has been uncovered. See Chapter 4 and 5 for these findings.

As organizations begin to look at their definitions and policies related to workplace violence and, more specific to this subject, workplace bullying, there are some specific behaviors that are present in the face of such unwanted behaved activities. The Workplace Bullying Institute (2016) describes such examples and behaviors in this form:

shouting, swearing, verbally abusing, unjustified blaming and criticism, practical jokes, and exclusions.

Chekwa & Thomas (2013) addressed the *bullying on line* site concerning the different types of bullying: institutional, client, serial, secondary, pair, vicarious, and cyber bullying. The focus of my study is on workplace or organizational bullying. The definition of institutional bullying is described as the cultural norm of the organization. Client bullying occurs when the person or people to whom is served turn the hand of bullying against those who are providing the service. The example of the teacher being bullied by the student, or the customer purchasing merchandise bullies the salesperson, or the patient bullies the doctor or the nurse, etc. The serial bully strikes out to bully many persons as in an example of a superior who is intimidated by many of her/his subordinates and does not stop until all of them are pressured and leave the organization. Secondary bullying, as it is described, is very interesting in that onlookers and bystanders are not directly being bullied by the serial bully, but they see the effects of the bullying on others. The pair bully involves two people as in team bullying. One of the bullies does the talking and performs the uncivil acts, while the other bully watches and supports those actions. In the event of a vicarious bullying activity, there again are two people going against two other people in an adversarial war type stance, in the manner gang members may go against each other. Finally, in cyberbullying, the aggressive behaviors occur through electronic methods such as internet, e-mail, text-messaging, social media in destructive manners. This article was helpful in explaining different aspects and variations in terms of how bullying is defined and described. The many ways in which

the crafty bully/perpetrator attacks the target/victim requires more extensive investigation which may indeed lead to a theory someday to explain the phenomenon.

The Joint Commission site recognizes that bullying is considered disruptive and considered a sentinel event (2016), first enacted in 2008. The Joint Commission calls this Issue 40 as Behaviors that Undermine a Culture of Safety. It is important to work together as a team to ensure a safe and productive patient care environment, vertically, laterally, horizontally. Disruptive behavior within the workplace impedes a safe and healthy work environment and is the depth of constant destruction, as it delays safe patient care. These disruptive behaviors cannot be justified. In a study conducted by Jenkins, Zapf and Winefield (2012), 24 managers were interviewed to establish why they were accused of bullying, to get their perspective. The results of their collective perspective as to why they were bullies included; being in a highly stressful environment, conflicting roles, staff shortages, inappropriate social behaviors admittedly their own. Indeed, the managers themselves commented in the interviews that they themselves were targets of bullying themselves and alluded they were justified in their actions and performed legitimate and standard managerial responsibilities. The Joint Commission mandates instead that managers and leaders of organizations should take the lead to change this disruptive behavior at every area of the organization. The grounded theory speaks to conducting research that favors discovery. Allow the research to guide to discovery of a theory as the study is pursued.

One of the research questions for this study is: does the organization from which this study is being conducted have a zero-tolerance workplace policy against workplace

bullying? One aspect of the Issue 40 mandated by the Joint Commission for health care organizations is to implement a “zero-tolerance” policy, procedure, and process that eliminates egregious and disruptive instances of workplace incivility.

Peate (2014), in an editorial, said it is time to stop the 12 hour shifts that nurses are working, as the patients and nurses are all unsatisfied – suggesting that if the nurses are unsatisfied, so are the patients. The nurses are fatigued from the long hours, leading to dissatisfaction for both them and the patients. Yet Peate suggested that an overwhelming number of nurses are satisfied with the twelve-hour tours (2014); they work 3 twelve-hour shifts and are off for 4 days. If this schedule works out to the occasional satisfaction of the employee, there could be the benefit of having eight straight days away from work. Eight days may possibly be used for a nice family vacation. Many of the employees in health care are nurses working in the health care systems. Health care systems, especially hospitals, rely on staff agreeing to work the twelve-hour tours, which decreases the number of employees being hired.

The research question that may possibly be answered by this literature review as it relates to working twelve hours is related to the stress element of workplace aggression, incivility, or bullying. Within the executive and frontline volunteer interview categories, follow-up questions were asked regarding how many hours employees work per day, per week, and per month; is there a mandatory 12-hour shift policy or protocol; which shifts do they prefer working; how do the 12-hour shifts affect them, and to what degree does the long shift work impact their level of stress, or how it contributes to bullying.

There are many reasons why workplace bullying should be managed, especially in the health care arena. Nurses in the health care arena have appeared at the top of the list of professions being considered trustworthy, honest, and ethical for 11 consecutive years (Gallup Poll, 2014). That they are considered ethical and trusted absolutely provides comfort to patients and their families. After almost 35 years of being a practicing Registered Nurse, I embrace this as a truth of great magnitude, which brings great honor and humility. Within the health care environment, offering support, care, and education to our patients and families means the difference between patients getting better over time or not, along with personal compliance. Being part of this great profession is the motivator and the impetus that strengthens the efforts given to provide support to decrease bullying activity in the health care arena. In terms of the most honest and trusted profession, the most recent Gallup Poll rates nurses 80%, physicians and pharmacists at 65% (Gallup Poll, 2014). In fact, the most recent Gallup Poll scored nurses the highest profession in the area of honesty and professional ethics for the past 16 years consecutively. In 2017, the score had risen up to 82% from the 2014 poll (Gallup Poll, 2017). Ethics, trust, and professionalism are important to nurses, and patients expect these qualities as they are cared for. Civility as a result is also an expectation among nurses and other professionals.

These three professionals (e.g., RNs, MDs, and Pharmacists) all work in health care and depend on each other to strengthen patient safe supports and quality compliance. Being civil to each other and all others is of a critical nature. As time goes on, fulfilling the need and expectation that will be required to meet the healthcare needs of society will

depend more and more on honesty, trust, and adopting an all-important level of professional ethics. The Gallup Poll reports facts from persons surveyed and has been doing so for many years. I have the grounded theory and I will follow this to report my findings from the participants' perspectives.

The research questions I will inquire of the participants from my research include: does bullying exist in your environment and describe what you see and feel when you witness bullying. It is also important to ask the participants if they themselves as individuals have been personally bullied and how did that make them feel. Did this bullying occur in the sight of others and especially in the presence of patients/families, public view? Or, was it in a more private area away from the public arena? This will be very important responses to hear about and will benefit my study greatly.

According to the National Councils of State Boards of Nursing, there were a total of 4 ,684, 132 RNs in the United States as of October 30, 2018 (https://www.ncsbn.org/6161.htm). Of all the states, the top 10 from the highest number of RNs and percentages to the least are best visualized in the following description. California is 9.29 % or 434, 939 of the entire licensed Registered Nurses within the United States, followed by New York at 7.22% or 338,281, Texas at 6.94% or 324,944, Florida at 6.81% or 318, 939, Pennsylvania 4.86% or 227,493, Ohio 4.61% or 216,160, Illinois 4.04% or 189,395, North Carolina 2.94% or 137,668, Georgia 2.83% or 132,715, Massachusetts at 2.76% or 129,365. Per square foot, these numbers may seem impressive (see Appendix B). Nevertheless, the World Health Organization has predicted that the United States will grow short of nurses within the next four years by 2020 specifically

(World Health Organization, 2016). The year 2020 will prove to be a vital timeframe. The health care environment will be as it is now, pressed and stressed. There is an urgent need to make every effort to discover, define, educate, and train all involved to move the cultural of the health care environment to a more civil manner of functioning and coping. This effort will assist in inspiring young, healthy, and skillful health care workers to continue to impact patient healing.

Revisit the Theoretical Framework

In revisiting the theoretical framework, it is important to readdress the questions related to the framework. There is no specific theory deriving from the reporting of the percentages of nurses today versus what is required for appropriate nurse patient rationales to support the ongoing and forever growing clientele. What is required from my study, like many others, is to follow the data in hopes of development of a theory that leads the health care arena forward in alleviating negativity and incivility in and out of the health care environment. The questions fulfill the strong need to find leading answers from the participants (i.e., does bullying exist at this organization and have you been a victim). There will be follow-up questions to continue clarification of their personal perspectives.

The World Health Organization (WHO, 2016) has a focus on bullying and bullying activity. The WHO report is considered a reliable source of information concerning major health problems and should be of interest to policy makers as well as those in health care. The organization WHO denotes that bullying occurs in schools and workplaces. For this research, this work will be done exclusively at this time in a health

care system. The health care system is indicative of system organizations; there is more than one entity. The executive team consists of just one participant at the CEO or CNO level of responsibility from the organization. Realizing and gaining access to the entire executive team for the organization will be very positive, but not likely.

Defining bullying is an important question being asked in this research. The WHO has some descriptions of what bullying is and some of the consequences of such. The definitions of bullying as described by WHO are: repeated activity of mocking, teasing, taunting, hazing, harassing, social exclusions, rumors, etc. The consequences of bullying recognized by WHO reportedly involved an array of psychosomatic disorders, absenteeism, alcohol and drug abuse, or some form of self-inflicted injury.

Organizations that encounter specific occurrences such as mentioned should design policies to counteract these consequences. Both the bully/perpetrator and the bystanders should all be counseled. The bully should be shielded and protected from being retaliated against by anyone. There should be a safety protection process that maintains confidentiality to shield from any further personal damage. As for the perpetrator(s), they should be placed under strict sensitivity monitoring in a similar manner to anger management training. As for the bystander(s), they should through organizational policy, report the occurrences to the leaders of the organization, should there be a process to manage and remove efforts toward bullying. After conducting the interviews, there is hope of concluding with a theory pertaining to the organization and the way their answers are obtained.

Thomas & Hamilton (2013) discussed how to get ahead of the legislation by first deciding on a strong definition of bullying and then by addressing eight strong ant-bullying policies that organizations should consider. The definition offered has a similarity to many other definitions encountered throughout the literature review. As attorneys, Thomas and Hamilton emphasized adopting a policy that defines clearly what bullying is (2013). Bullying is considered an offensive act based on the definition. Thomas & Hamilton (2013) emphasized the three aspects of bullying that, when written into policy, support the definition. The three aspects that must be considered to prove the bullying has occurred include the nature, severity, and frequency of the offensive act. To evaluate and comply with the policy, these three aspects (i.e. nature, severity, and frequency) will need to have occurrence to prove that the definition of bullying has occurred (Thomas & Hamilton, 2013). Bullying can decay the fabric of the workplace.

According to Thomas & Hamilton (2013), only 62% of organization employers have workplace policies that focus against abusive behaviors. Regarding my research questions, all of them can be answered by looking at the eight best practices that Thomas & Hamilton have listed including: (1) clear definition of bullying, (2) examples of bullying (e.g. being singled out or picked-out to be picked-on; profanity directed at the target; use as scapegoat; personal criticism; no recognition; trivialization or giving little to no credit for work done; deliberate exclusion from work related activities; not giving credit where due; excessive demands and supervision; practical jokes; spreading rumors & innuendos, etc.), (3) A proof-free complaint and comprehensive reporting and surveillance process and procedure, (4) investigative procedure with prompt, impartial

investigation, (5) assurance of no retaliation when reporting, (6) assurance that the employer will take immediate and appropriate action once the investigation has been completed, (7) annual and routine education and training for all employees, (8) uniform enforcement of policy (2013).

Nierle (2013) asked the question, “what can managers do to mitigate violent employee behavior?” Nierle is not focused on any specific workforce as a matter of record; instead his focus is on federal organizations (2013). A survey was given to 71, 970 federal employees, and almost 60% were returned. The perpetrators of federal workplace violence were 54% of employees or the ex-employees, and 34% of the violence was done by the customers. Nierle’s (2013) survey results revealed that during the two-year prior, at least 240,000 federal employees witnessed incidence of workplace violence.

There is clear workplace violence occurring that has no solutions in sight. It would seem as Nierle reported, workplace violence occurs at a tremendous frequency. Therefore, as the title suggests, managers can do something to mitigate the violent employee behavior (2013). Nierle stated that the supervisors may not have the skill to know how to deal with employee violence (2013). This literature review is related to one or more of the research questions. This article’s focus is on federal employee violence in the workplace, wherein managers are not sure how to manage the employee’s violent state. One research question that I will ask the participants is how they define bullying and if there are policies to redirect such behaviors. Also, it is hopeful that a focus group will be used in the future to continue to engage our understanding of how policies may be

developed using participant input. Also, of importance after the study is an opportunity to continue to get the participants at the study site to assist with looking at their policies concerning bullying behaviors, as well as to design education and compliance for all employees. This will give the leaders opportunities to learn the process congruently with the frontline staff.

The International Council of Nurses has as its slogan *no health without a workforce, no workforce without nurses and midwives while maintaining a positive workforce (2018).* Nardi, & Gyurko, (2013) pointed out that not only is there a nurse's shortage, there is also a shortage of faculty which disrupts the equilibrium within healthcare. The result of this work concluded the obvious, that the faculty shortage needs to be reversed. Unfortunately, neither nursing school faculty nor nurses' shortages at the bedside will be improved or enhanced by the proposed 2020, at which time the predicted one million nurse shortage is expected to occur. Many reasons have been cited as to the reason for the panic (i.e., baby boomers retiring, aging population, burn-out, and the younger nurses' desire to avoid unsafe practice in caring for a larger acuity and larger load of patients, etc.)

Vickers (2012) highlighted that there are shams within the organization. This unfortunate position seemed incredulous when first encountered. In other words, the departments within the organization designed by strategic initiatives to carry out the well -designed plans do just the opposite. Why would an organization, if indeed aware, allow such a furtherance to occur that contributes to the demise of the organization and its reputation along with it? One example given related to these shams that Vickers

highlighted was around policy writing. The example related to that of policies being developed; then, frontline managers and leaders within the organization are left to operationalize those mandates. Instead, the leader may put the information out there to the staff and never follow-up to assure that effective outputs and results are happening. Yet, the matter worsens instead of improving. Meanwhile, getting worse, the reputation of the organization is failing, as by word of mouth, one customer after another is sharing their negative experience, and so on it goes. Suddenly, the enrollment and admissions are down, and the satisfaction scores go down right along with the admissions. Soon thereafter, the insurance companies are denying payment for services and paying for only specific minor services.

Another example cited occurs when the manager becomes the problem, as opposed to enforcing the policy. Vickers (2012) suggested that the manager not only does not support the target/victim, but sides with the perpetrator. The leader begins to use scapegoat tactics and offer no support in managing the situation in the way the policy was designed.

A third unfortunate sham mentioned by Vickers (2012) is that of the Employee Assistance Program (EAP) the departments within the organization that are shams that have no intention of carrying out the intended plan within the organization. In this example, there is a revolving door that allows managers to send employees to the EAP just to get the employee to comply to the standards to get more productivity out of them, so that they are not as much of a discipline issue for the manager. Also, the EAP then does all it can to assure there is enough documentation to speak effectively to the

potential chance of termination. If the documentation is written to that extent, the path to a short career within the organization is now more of a reality. Vickers pointed out that a similar sham occurs within the human resource department as well (2012).

Within the health care arena, major themes call for policy development with every effort of preventing worsening conditions. There need to be very strong mandates, with education for everyone from the CEO to the dietary staff. Other themes from the literature that support a need for a very strong and strategically enforceable policy in support of conducting a civil workplace absent of disruptive behavior is related to all workplaces, but this work is emphasized for the sake of the health care arena. The health care arena is vulnerable. There are special mandates in health care that are in place to protect the patients and the shareholders interest. To gain support from the shareholders who maintain the upfront funds to support equipment and supplies for the patients and facility, they must know that the best dollar value is being controlled for the highest benefit. Patients must be cared for at the highest level with state-of-the-art care, bar none other. When the patient and staff are satisfied, there is no limit as to how effective and successful the organization will be. To do no harm to the patients, it is important to have the highest skilled and talented staff in the market. This is important in order to provide the best of care. Bullying has no place when conducting the important business of caring in such a high-tech, stressful, and rapid pace environment.

In public service, the work of public administrators and all that it takes to function successfully in the workplace can be very frustrating and difficult. The eyes of all should be on the patients and the healing processes to get them where they need to be.

Employees as public servants and givers of care within a health care setting are there to make the process happen in as positive a manner as possible. They need the support from their employer, the public administrators. Each one considered themselves givers of goods within themselves, and not takers. Employees are emphasized by Vickers as strong supporters within the workplace of goods that they have been educated to provide and should expect nothing but the greatest of support to make that happen. All support should be made available for the employees, in order that they may provide the best of care to the patients/family, clients, customers realizing that they are equivocally customers of each other. As well, the administrators, chief operating officers, leaders, managers, human resources, employee assistance counselors, and so forth, are all customers and givers of support to patients/families, clients, customers, employees. As public administrators, they would not want to lose customers, including excellent, talented, and quality staff; lose their good reputation within the community, society, and the world; lose funding, and so forth (Vickers, 2012). Many times, this type of loss is never recoverable. Therefore, the outcome is unforgivable.

In searching the literature using the Boolean terms of methodology and workplace bullying from a multidisciplinary data base from Laureate International University (2016), I discovered 24 sources after selecting the date range 2012 to 2016 and selecting peer reviewed. Prior to selecting the date range and peer reviewed sources, there were 190 literature findings. It is believed that the remaining 24 references may be used to assist in finding some meaning to the use of the methodology section of the literature. A

few select groups of those 24 articles were of great interest and benefit and lend some support to the research design.

Vickers (2012) argued that organizational support is in a state of hypocrisy, in that there is a need for the line management, human resources, policy, and procedure, as well as employee assistance, to support the organization to avoid such shameful pitfalls for employees in regard to workplace bullying. Vickers (2012) identified eight initiatives to intentionally address any specific, harmful circumstances impacting employees within the organization. The first initiative is to appoint strategic staff who do not have a personal agenda but who hold an interest in supporting and guiding employees, in the event they are traumatized by bullying. Second, those doing the shameful acts must be held accountable. These first two initiatives line up with the methodology planned for my study. However, Vickers' (2012) third initiative is not at all considered in my research. The third initiative was to make known to the public the actual details of the outcomes at the hand of the perpetrator. Vickers (2012), in this light, suggested that these details should be made known publicly. I tend to disagree with this initiative. It is of importance to this researcher that both the perpetrator and the victim should be protected and counseled for better and more improved relationships honored within the organization. The final five initiatives emphasized by Vickers (2012) would certainly be the effects of involving an executive team, as well as the frontline, in the focus groups of the proposed study and highlights the methodology proposed for my research. In summary, those final initiatives include: assurance that complaints will be heard, knowing how bullying and other adverse behaviors are defined, making certain all employees are informed about

policies and processes related to disruptive behavior, designing methods of making employees aware of measures of proactive follow-through, and finally, arranging for ongoing educational forums that assist everyone in being aware of negative behaviors and what to do about them. This is a scholarly and peer reviewed source.

GalanaKi, & Papalexandris (2013) explored the incidence and characteristics of 840 junior and middle managers in a diverse sector of Greece. Three different methodological measurements were used to determine the most gainful and telling example to explore. The negative acts questionnaire was used and found to be the most effective method to use in reflecting the most accurate reality of workplace bullying occurrence. The other two methodologies used were known as self-labeling or operational methodologies. These final two methods were used for comparing and measuring how bullying occurs in different organizations. There should be a method of monitoring bullying within the organization. As was suggested in the conclusion of this study, the actual cultural of an organization has a link with the way bullying occurs. That alone is worthy of understanding and review. Unlike GalanaKi, & Papalexandris, who used three different types of questionnaires as were their focus, I used a well thought out set of questions for the specific research I conducted. This article was published in 2013, in a peer review journal. There were 840 junior and middle managers surveyed in this specific study among a reportedly among a diverse organization in Greece. This is a peer reviewed article from a peer reviewed journal.

Giorgi, Leon-Perez & Arenas (2015) studied an Italian population of 1,393 employees from ten different organizations related to the impact of the relationship

between workplace bullying and work satisfaction. The findings in this study reportedly revealed that when the participants were exposed to bullying, there was an equally relatable impact on a drop in well -being or mental health. The research results indicated that there is a relationship with being bullied and its influence on one's emotional and physical status. A most interesting finding about this study, as the demographics indicated, was that the male participants who held a higher job status expressed less of an impact when being exposed to bullying than did the females who held lower positions. This indicated also that the perpetrators of bullying were likely to be males in managerial positions. As it relates to job satisfaction, the study revealed that exposure to bullying has a health impact, whether the individual is satisfied with their job or not. Giorgi, Leon-Perez & Arenas (2015) suggested that there is a direct relationship between bullying and health. One may speculate that as bullying goes up, some aspect of health is affected negatively. This study makes it evident that much work is required to work with one organization at a time to open more dialogue among leaders and frontline staff to assure workplace bullying is not good for an employee, which impacts the culture of the workplace negatively. Their article gives emphasis to my proposed study. This article is scholarly and peer reviewed.

Hutchinson & Jackson (2015) focused in this study on learning the experience of a large sample of participants in view of public sector bullying. There were 3,345 public sector Australian employees from several public-sector workforces. Hutchinson & Jackson even opened their study with the statement that public sectors are high risk organizations for bullying (2015). This research uses as a lens the Foucault framework

and body of knowledge dealing with power and related to discipline. The Hutchinson & Jackson belief system was clear in that the specific comment is that bullying is a feature of organizational or institutional failure (2015). Several public-sector organizations were included among the 3,345 participants, from schools to local government services to general staff and universities, as well as administrative and professional staff (Hutchinson & Jackson, 2015, p 16). The results demonstrated that managerial bullying was prevalent. Structure, power and knowledge is important as it concerns the Foucault framework, as Hutchinson and Jackson sought to demonstrate in this study of ethical impact in the public sector in the face of bullying. This literature supports the research design to be undertaken by my research as it relates to health care. Health care, teaching, and policy are the three important aspects of my study, which are necessary to move from a culture of bullying to a culture of ethical and mutual respect in the workforce. Patients and their families are stressed enough. To add bullying to the mix does nothing to enhance healing.

Chapter 3: Methodology

The methodology for this study was qualitative. Private interviews were arranged among two different categories of participants. The first category of participants was leaders/directors from the health care organization; these were obtained via convenience sampling. The second category of participants was obtained via mass announcements by way of flyers soliciting volunteers for my research interviews. All interviews were conducted privately, face to face. I interviewed individuals from these two categories, because it is important to gain a variety of perspectives of the lived experience and the phenomenon under investigation. These methods of collecting data allowed the researcher to capture a clearer understanding of the various categories of work within the organization. My hope was that this cross-section of participants would provide me with a broad variety or responses and experiences to the topic of workplace bullying.

The themes that develop from the answers provided by the directors and the nondirectors will ground understanding leading toward a theory. The rich understanding of the lived experiences of the participants of this research is from the responses of three categories of employees. Each participant knows whether bullying is occurring and, insightfully, not only why it happened, but what should be done to correct. They know what procedures and policies are in place to prevent and report bullying. In many cases with the frontline staff, they could not state the policy verbatim, but verbalized the basics of what it should say.

The site for this study was a health care organization in the southeastern region of the United States. The population is important to the results of this study because this provided the opportunity for both the frontline and the leaders of the organization to

establish dialogue beyond this study. This dialogue will assist to establish an understanding of the culture of the organization. A sampling of perspectives from the leaders and the employees related to the topic of the study are the strong avenue to seek answers for the questions *does workplace bullying exist and what are the policies related to those who engage in such behavior*. The population used in this study involves a health care organization, two different categories of participants, and three specific job titles. There were three director/leaders, six none-director/leaders (specifically three RNs) and three ancillary staff.

The study's population size consisted of nine participants. The director/leader category consisted of three participants. The second group of nondirector/leader frontline staff consisted of six participants. All data are important, and it is important to establish how all responses impact the conclusions and provide the key to a solid theory on how to address bullying within an organization. All names given by participants during interviews will be pseudonyms so as not to provoke mandatory reporting. All participants were asked to avoid using real names during any time of data collection interviews or otherwise were never mentioned. All participants complied with this request.

Research Questions

RQ1: What are the lived experiences among your health care leaders and frontline staff related to the existence of bullying and uncivil behavior within your organization?

RQ2: What are the policies that you or your staff members may review to address bullying, uncivil, or disruptive behavior within your organization?

RQ3: How might leaders and frontline staff work together to galvanize support in accomplishing the prevention, training, surveillance of anti-bullying and other disruptive behaviors at your organization?

RQ4: What are the steps anyone in the organization would take if they were the victim of bullying activity?

1. Talk to me about the steps you would take.
2. Do you have any concerns or hesitation in taking those steps?
3. Do you fear retaliation or repercussions?

This study is an investigative/exploratory opportunity grounded in the lived experiences of the participants. The expressed perspective of all interview participants will be coded to summarize themes and subthemes.

Questions pertaining to workplace bullying may elicit unwelcome or fraught emotions among respondents. To offset these emotions, it was necessary and planned to ask a few warm-up questions such as: What is your role in the organization? How long have you worked in the organization? Have you worked in areas of the organization other than your current one? After getting responses to such identifying questions, I followed up with questions such as: Are there any policies in your organization that relate to workplace bullying? If the answer was yes, I then asked: Do you know what the policies say, or do you have an example for me to see, or could you explain what the policies say? Then there was a way to respond based on a yes or a no answer. If the answer was no, then they were asked: Does bullying occur in your organization? Another follow-up question was: What are the processes an individual would follow in your organization if

they experience workplace bullying? By the time the participant answered many of these questions, they seemed focused, more relaxed, and the remainder of the interview went well. It is of belief that the participant became more vocal, more responsive, attentive, and interested in hearing what would come next.

Research Method

A qualitative research method was used in this study to conduct interviews among two categories of participants leader/directors and none-leader/directors.

Research Design Appropriateness

The stated design is appropriate for this study because the study is structured around understanding the participants' perspective, highlighting their lived work experiences as it relates to various aspects of workplace bullying. Due to the sensitive nature of the topic of bullying, the data collection method for all participants involved private interviews for privacy and confidentiality throughout the interview. It is important to establish the organization executives' perspective on the sensitive yet important subject of bullying in the organization because the executive team is responsible for policy making, mandating, and enforcement procedures. The executive team also presumably best mirrors the organization's culture and behavior. Simultaneously, it was important to request individual frontline participants for interviews. This will be done on a volunteer basis. It was not important to interview the director/leaders prior to the none-director/leaders. However, what was important to do was to conduct private and confidential interviews face-to-face among all participants to create an environment of trust and calmness and encourage detailed communication.

Population and Participants

A convenience sample of executives comprised the first category of participants. The executive team is considered a convenience sampling because this health care organization is comprised of single individuals with these leading titles. The executives each have their own offices and are conveniently located and known by their title for what they do for the organization. For example, the chief executive officer is a single individual, and this title is not shared by anyone else. Each of these executives holds his or her position, and positions are not shared. These participants were among the CEO, CFO, CNO, COO, CMO, and the human resource director. Their own personal offices were the locations in which the interviews were conducted, Therefore, they were considered the convenience sample of participants in the study.

Volunteers were solicited using a recruitment flyer requesting participants for the study. These requests for volunteers were delivered for the second category of potential volunteer participants within the organization. Workplace bullying is a sensitive topic. It was important for every potential volunteer participant to be able to contact the researcher if they wanted to participate. The volunteers privately contacted the researcher for the interview. Every step of the interview process continued to be conducted privately.

I hoped this setup would give potential participants a chance to consider whether to participate in the study. I asked that persons respond to my recruitment letter if they had something to contribute on the topic of workplace bullying, be it as a perpetrator, victim, bystander, or simply as an interested person. I assumed there might be

opportunities to recruit further participants through word of mouth, a method called snowballing. I had no idea how many volunteers would respond to my request to consider being study participants. I hoped I would get at least six to eight participants with rich views to offer. In fact, I recruited six frontline participants and three director/leader participants from the executive team.

Informed Consent

I required all participants to give informed consent to participate in this study. The consent form is not provided in this document in order to maintain organizational and participant anonymity.

Confidentiality

Confidentiality was crucially important during this research and protecting the participants' privacy at all costs was crucial to the success of the study. As stated in the IRB application, data was obtained through taking notes by hand and audio recorder, after consent was provided. All participants gave permission to audio tape the interview. A copy of the consent was given to each participant before the interviews began. Capturing each participant words were critically important. The location for the director/leaders was designated to be conducted in the privacy of their own offices and these interviews progressed successfully. This method of interviewing did not create a surprise or arouse any suspicion, due to the privacy of the participant's own office. During the interview, there were no telephone interruptions. There were no additional recordings except my own for the purpose of maintaining accuracy and congruency with hand-written notes. The offices of the leaders were suitable for conducting the private and

confidential interviews. They made no efforts to communicate or answer phone calls during the active course of the interviews.

In a similar manner, the individual face-to-face non-director/leader interviews were also conducted in a private setting off campus. The participants did not use their own personal phones nor were they interrupted by phone calls. All data from all participants will be held in a privately locked and secured area of my home for a total of five years.

Data Collection

At the end of each session, I will store all the data and documents and will keep the hand-written records, tape recordings, and other notes and details in a secure combination locker. Whatever information is collected using MAXQDA or other methods, will also be stored privately under lock and key. I will hold all the data for five years or until Walden University informs me to destroy it. I will use whatever method Walden deems necessary to destroy the materials.

Instrument Selection

As I have created the questions, the researcher is the instrument used in this study. Also, during the data collection process, participants gave me permission to use an audio recorder in order to transcribe the data accurately.

Data Analysis

Initially, I used a modification of the Stevick (1971), Colaizzi (1973), and Keen (1975) Method of Analysis of Phenomenological Data (Moustakas, 1994, p. 121–122). This method is descriptively defined in the following steps:

- Obtain a full description of the experience of the phenomenon.
- From the verbatim transcripts, complete the following:
    - Consider each statement with respect to significance in describing the experience.
    - Record all relevant statements.
    - List each non-repetitive, non-overlapping statement (invariant horizons or meaning units of the experience).
    - Relate and cluster the invariant meaning units into themes
    - Synthesize the invariant meaning units and themes into a description of the textures of the experience (include verbatim examples)
    - Reflect on your own textural description (through imaginative variation, construct a description of the structures of the experience)
    - Construct a textural-structural description of the meanings and essences of the experience (Monstakas, 1994, p 121-122).

After completely transcribing the verbatim transcripts from each participant, I completed the above steps in the process of coding. I used the textual structured descriptions of the participants' responses to construct composite meanings that captured the essence of the data participants provided me during the interviews. In the tables developed from all the interviews, each participant's summary is shown, followed by a summary of the combined perspectives. From the detailed steps of this process, the initial hand coding began. See Appendices B-D, which summarizes the interviews.

After transcribing the data, I explored what additional understanding could be provided to the understanding of the data by utilizing MAXQDA. The MAXQDA was added to the data analysis process after hand coding to advance and refine the understanding of the phenomenon of the lived experiences of the participants. This developed or led to other codes, themes, and concepts and strengthened the analysis of the findings from the interviews.

Summary

Bullying is an unnecessary and unkind tactic used by persons and groups against innocent others. If an organization unknowingly (or especially knowingly) has bullying activities occurring at the workplace, learning about such activity and finding ways to prevent and police it would presumably yield welcome results for the health of the institution and its individual employees. It is believed that this opportunity will allow genuine and honest dialogue about permanent abandonment of bullying activity at their institution, with joint support of organizational leaders, management, and the frontline staff. It is the expectation that this will lead the organization into a frame of developing and implementing policies to prevent such behaviors. It is the expectation that such dialogue will lead to less stress and better health for staff and patients alike.

During this study, one major discovery was resolved. In reviewing all of the data from every angle, a discovery was uncovered that brings a major understanding in how bullying is defined, as well as a semblance of understanding as to why a single definition is so difficult. In analyzing the many definitions over past years while comparing those with the participants in this study, it is believed that definitions of bullying are specific to

the individual perceptions – meaning, the participants in this study defined bullying exactly based on how they themselves were bullied. The methodology used in this study was useful in deriving that conclusion. The results and analysis will bring more understanding to this phenomenon.

Chapter 4: Results

Workplace bullying and disruptive behavior are evident in most industries, including health care, the focus of my investigation. Granstra (2015) reported a well-known issue of employees in a lateral and horizontal perspective disrupting their workplace with unkind tactics against each other. LeMire and Owens (2014) suggested a form of regulation among the workers in the health care environment. Peters reported that incivility exists in academia among senior and novice faculty (2014). The Joint Commission, as well as the American Nurses Association, have not just suggested, but have mandated, a zero-tolerance published policy for disruptive behavior within the health care arena. In short, the problem of workplace incivility and bullying is enormous. The Occupational Safety and Health Administration (OSHA) reported in 2016 that each year more than two million workers in the United States are victimized by some form of workplace violence. In reviewing the OSHA website, it becomes clear that such uncivil activities need urgent correction. One way to achieve that goal is to empower organizational leaders and employees by having written, legally enforceable policies (and training that educates everyone about those policies) that protect and empower persons to protect themselves and others. I call this Project Empowerment. This will be an effort by the organization to be self-empowered to work in real time to reject the impasses occasioned by doing nothing about bullying and be motivated to work toward a better and promising outcome for all stakeholders.

According to Thomas and Hamilton (2013), only 62% of organizations/employers have workplace policies to prevent and police abusive behaviors. In regards to my

research questions, all of them can be answered by looking at the eight best practices that Thomas & Hamilton have listed, including: (a) clear definition of bullying, (b) examples of bullying (e.g., being singled out or picked-out to be picked-on; profanity directed at the target; use as a scapegoat; personal criticism; no recognition; trivialization or giving little to no credit for work done; deliberate exclusion from work related activities; not giving credit where due; excessive demands and supervision; practical jokes; spreading rumors & innuendos, etc., (c) A proof free complaint and comprehensive reporting and surveillance process and procedure, (d) investigative procedures that prompt impartial investigation, (e) assurance of no retaliation when reporting, (f) assurance that the employer will take immediate and appropriate action once the investigation has been completed, (g) annual and routine education and training for all employees, and (h) uniform enforcement of policy (2013).

Review Briefly the Purpose and Research Questions

Each research question was designed to address one specific angle. The first set of questions were to get to know the participants. I called them *warm-up* questions. Those questions follow here:

Warmup Questions:

- What are your roles in the organization?
- How long have you worked in the organization?
- Have you worked in areas of the organization other than your current one?
- Are there any policies in your organization that relate to workplace bullying?

- Do you know what the policies say, or do you have an example for me to see, or could you explain what the policies say?
- To your knowledge, does bullying occur in your organization?
- What are the processes an individual would follow in your organization if they experience workplace bullying?
- What is the culture of your organization?

Four research questions follow the warm-up questions. Under each of the research questions, I list follow-up questions that guided my interviews. All those questions follow here:

RQ1: What are the lived experiences among you as a [health care leader] [frontline staff] related to the existence of bullying and uncivil behavior within your organization?

Follow-up Questions

a. Have you as a leader or non-leader experienced bullying activity while at work?

   Yes____ No______

b. How did that make you feel?

c. Do you feel comfortable sharing some of the details of those encounters?

d. Have you ever been in the presence of bullying or disruptive behavior at your current work? [If yes, ask to state your role (i.e. victim, target, bystander)]

Yes_______ No________

Role: Victim________ Target__________ Bystander_________

RQ2: What are the policies that you as a [leader] [frontline staff] may review to address bullying, uncivil or disruptive behavior within your organization?

Follow-up Questions:

a. Do you know of a policy?

Yes_______ No_______?

b. State what the policy says if known.

RQ3: How might leaders and frontline staff work together to galvanize support in accomplishing the prevention, training/education, and surveillance of bullying, uncivil activities, and other disruptive behaviors at your organization?

Follow-up Questions:

a. In terms of prevention: What are the measures your organization takes to prevent bullying?
b. What measures would you like to see being used in your organization to prevent bullying activities?

c. Training/education: What organizational training on anti-bullying is there within your organization?

d. What type of training/education do you feel is needed in your organization?

e. Surveillance: Does your organization have the option for surveillance monitoring?

1. Would surveillance be necessary within your organization?
2. How important is surveillance to you?
3. Should surveillance be managed internally or externally?

RQ4: What are the steps anyone in the organization would take if they were the victim of bullying activity?

a. Talk to me about the steps you would take.

b. Do you have any concerns or hesitation in taking those steps?

c. Do you fear retaliation or repercussions?

The purpose of each question was to understand the lived experience of the participants, whether a leader or a front-line worker. It was important in this study that I learn each participant's perspective, not just that of the leaders. I wanted to understand whether leaders' experiences were different from that of front-line workers, how, and to what degree. As the researcher, it was important to see how each participant's lived experiences affected their understanding of policy or their knowledge of the existence of a policy and how that policy is observed and actualized or interpreted. It was also

important to understand whether leaders and non-leaders complied in the same manner with follow-through in terms of support, and whether both feared retaliations.

Preview Chapter Organization

This chapter is organized to first provide a preliminary analysis. After providing the preliminary analysis, the discussion and conclusion follows and ending with the recommendations. Then of course the references emphasized in the results chapter are listed. There was no statistical software package used; however, the MAXQDA was used to assist in reinforcement of the developing themes and or constructs.

Setting

The setting is a health care system within the southeastern region of the United States. All interviews were conducted in a private area acceptable to the participant and the organizational nursing research committee. To protect the privacy and confidentiality of all participants, a mutually private area was designated to conduct the interviews. All non-director/leader interviews were conducted off site face to face with the employee off time from work. Each of the leader/directors agreed to have the interview in the privacy of their own office behind closed doors with no interruption. All interviews lasted between 35 and 60 minutes.

Describe any personal or organizational conditions that influenced participants or their experience at time of study that may influence interpretation of the study results (for example, changes in personnel, budget cuts, and other trauma)

The researcher has no knowledge of any personal or organizational conditions that occurred during the data collection phase that impacted the participants ability to

participate in this study. The researcher knew of no such organizational conditions that influenced the participants. No participants mentioned any organizational budget issues that would impede their ability to participate in this study. No participants mentioned any areas of trauma or personnel changes that they were directly or indirectly involved or that may affect or cause conflict for them as participants.

Demographics

Present participant demographics and characteristics relevant to the study

The participants were of mixed racial and ethnic backgrounds. The participants ranged in age from approximately the mid-twenties to the sixties. All participants worked in the same health care system in Georgia. The two specific categories of participants resulted in three different demographics. The first group I identified as Frontline Ancillary (FA) staff for the purposes of this study. The combined years of service at this organization was 11 years and 7 months for this group and included a total of three participants. The second distinct category of participants I classified as Non-Director/Frontline/Registered Nurses. These three participants had a combined 23 years and 7 months of combined experience at this institution. The third category of participants consisted of three leader/directors. The three leader/director participants had 52 years of experience at this organization between them. The total service at this organization of the nine participants was 87 years and 2 months.

Data Collection

Number of participants from whom each type of data were collected

Data was collected from two types of participants: leader/directors and non-leader/directors/frontline staff. During this qualitative research, interviews were conducted with the nine participants: three leaders, three RNs/ frontline staff, and three non-RN frontline ancillary staff. All nine participants gave their verbal and written consent to be interviewed and wrote in the consent themselves that they agreed to have the private interview sessions audio recorded for the sake of accurate transcription of data. Data were collected over a three-month period from February 16, 2018 through April 17, 2018.

Description of location, frequency, and duration of data collection for each data collection instrument

Data was collected using no instruments. Interviews were conducted. Questions were designed by the researcher (see previous chapter). The same questions were used for all participants. The *location* for each interview was in a private office for the leader/directors and in a private area such as a sound proof library/ study room or other designated private area for all other participants. The *frequency* of data collection was scattered based on when the time the participant agreed to meet. My first participant called for an interview on the same day in which the recruitment flyers were placed. I confirmed an appointment to interview within two weeks of posting the flyers. I received an interview within the first month of posting my recruitment flyers. Seventeen days passed without a call or an interview, followed by four interviews, 1, 3, 5, and 11 days apart, within the same month. During the next month, the last three interviews were conducted 10, 8, and 6 days respectively from those conducted in the previous month.

Duration for the study was a 3-month period. I placed flyers throughout the study site on three different occasions to obtain a larger range of participants, from as many areas I could reach.

Present any variations in data collection

After getting permission from each participant, the data was recorded by audio-tape as well as through hand-written notes. The data were collected as proposed and there were no variations from that plan. All interviews were conducted in face-to-face interviews in a private setting out of the view of the public, unless the participant expressed a desire for a different setting. On one occasion, one participant decided to change the venue in which the interview was acceptable. Privacy and confidentiality were maintained.

I expected that each interview would take place successfully, and there were no unusual circumstances encountered during the data collection process. However, throughout the interview process, I was not sure if the location would provide total privacy or if the participant would be able to complete the interview or require it to be rescheduled after beginning. I was also concerned whether there would be any emotional outbursts during the interviews, given the emotionally charged nature of the topic. The questions were designed to elicit participants' lived experiences and personal encounters. Many of the interviews were indeed very emotional. The participant was informed both verbally and by way of the consent form that if they had a need to take a break, a pause, a walk, food or beverage, I would interrupt the interview. During at least three interviews, I witnessed complete silence up to 10 seconds or more. I also witnessed moments in which

the participant became choked up, speechless. Many of the participants used sighs, and expressions/hesitations such as "aw" and "um" to express themselves. However, none of the participants asked to stop or interrupt the interview. These were clearly detailing I had no control over. I had a few delays, postponements, and rescheduling, but they all proceeded smoothly once they began. All leaders provided an initial interview date and rescheduled for a later date.

Though I was concerned about the amount of time it might take to conduct the interviews, in reality the interviews lasted between 32 and 65 minutes. Though I was concerned that participants might become tired and want to end the interview prematurely, not one person seemed restless or tired during the interview. Each participant seemed very interested in completing the interview and contributing to the study. All participants were very energetic and did not hold back on their responses. They were all very alert and attentive and very careful about answering each question clearly and precisely.

Data Analysis

The coding process was first done by hand and followed some aspects of the modified Moustakas (1994) phenomenological research methods as outlined below. All relevant statements are recorded in the Chapter 4 tables. The other specific details for coding follow according to the modified Moustakas (1994) as listed below. When possible, the MAXQDA coding results were also included. The coding steps followed in this manner.

- After transcribing each recorded interview, I first began to list each non-repetitive, non-overlapping statement. I listened to each and every interview

at least 5 times in order to know every word spoken and get down the exact sentiments of the participants lived experiences.

- Next, those responses which were relatable, I clustered words and phrases that that had similar meaning or connected with units of the same themes.
- Then it became necessary to synthesize and connect what all the themes meant using the participants' verbatim responses.
- Also, after reflecting on what I learned from the participants own textural description of their experiences, the final step was to construct the essence of the meanings.

Codes, categories, and themes

The specific codes, categories, and themes were not completely analyzed using MAXQDA. Those details will be developed and shared with the study organization at a future date designated as acceptable to the administrators of the study site. This will be a suitable time in which the dissemination of study results will be provided.

As the researcher in this study, I experienced some discrepancies in responses of the three categories of participants. When asked the warm-up question, *to your knowledge, does bullying occur in your organization?* there was a noticeable difference in the answers. In the category of ancillary frontline staff, 2 out of 3 or 66% of this category of participants stated positively that bullying does occur in the organization. Among the category of frontline Registered Nurses, one out of 3 or 33% stated that bullying does occur in the organization. On the other hand, when the leaders were interviewed, one deferred to answer this question, one leader did not provide a direct answer to this question, and one stated yes to this question. The 2, 1, and 1 affirmative response as to whether bullying occurs in their organization allowed me to see a discrepancy from one category of employee to another. However, the differences were slight given the small but acceptable sample size.

Evidence of Trustworthiness

Credibility

Credibility or internal reliability is one of the cornerstones of qualitative research. If the research speaks to just how reliable the pending results are and how sound are the data, one can then say, it must be a credible study. Credibility also implies trust and respect. Information provided in the methodological section, Chapter 3, addressed the type of study which is qualitative. Other aspects involved of the strategies used in this study are the study size, the research questions, the appropriateness of the research design, the population and specifics of the participants, the consent, the data collection strategy, and the instrument. There were no specific adjustments required except to refine the number of participants. It was initially strategized to welcome those potential participants that may come into the study by way of the Halo Effect. After further review, and due to the sensitivity of the study, it seemed best not to allow participants to pass on my contact number to others who may have had similar uncivil encounters because it would have identified the participants to others, making them vulnerable. Those coming to me by way of the Halo Effect would not have the opportunity to have their privacy—or the privacy of those referring them— protected. Protection of everyone's confidence was very critical to the outcome of the research.

Transferability

Now that the study has been completed, the context and setting for the interviews suggests it might have been useful to use other methods of data collection. The data might have been enriched by using more detailed data collection processes, such as through surveys and focus groups. Documenting the researcher's observations in depth

would also be useful as a strategy to implement the processes used in this study. Any future studies related to the same topic of uncivil behavior in the workplace can be transferable to future studies as a strategy while using other methods. External validity is the same as transferability and is important in giving meaningful qualitative support.

Dependability

The results from this study can be both implemented and strategized to adjust by looking forward to the printed results. These data can be depended on to lead the way. The conversations have now begun in the study site to alert organizations of the important findings from the study. The information resulting from this study can be used to pave the way for future studies at not only the current study site but also other similar organizations. The results from this study can be depended on to change the very atmosphere of the organization, leading to policy changes and a healthier working environment. The effects of this study may become so dependable that the organization may become the pioneer change agent in the area of most improved and best organization to work for. The results may extend far and beyond the walls of this organization, so much so that others may be motivated to make efforts to come there to work. Other organizations may want to learn from the study site. By doing so, any other system or health care facility that falls under the same specifications may be considered the pioneer in understanding what make organizations great. This is just the beginning for the study site. If they can be found to be relied upon, then the climate for a stronger health care force and for other industries will be improved in civility management. The results are

reliable in that the lived experiences are the participants own evidence. Now, their experiences are documented for the sake of science.

Confirmability

I believe it can be confirmed from the responses in the study undertaken that the strategy used was to allow the participants to pave the way. The multiple participants' comments in response to the research questions brings a greater understanding of the lived experiences of bullying in a work setting. The results are palpable in that these are real people expressing very genuine and painful encounters while at work. As this study moves into the results, it is of interest to confirm that the four pillars that shape the trustworthiness of qualitative research are enforced.

Results

See the tables at the end of Chapter 4 that summarize the four research questions, followed by the responses of each participant. Each category of participant is compared among each other. Each research question has follow-up questions or questions that better explain what is being asked of the participant. Captured below are the data indicating the quotes from transcripts, documents, and audio recordings.

Summary

Summarize answers to research question

There are three categories of participants; the director/leader, the RN, and the ancillary staff. The goal of this research was to interview leaders and non-leaders to ascertain their lived experiences of workplace bullying. These three categories include those participants who volunteered for the study. Five director/leaders were given a

private envelope with all the details of the study, including the consent form. A total of three actually made the decision to call me to participate. As the researcher, I made follow-up phone calls to the administrative secretaries of all five of the director/leaders who were given information packages. All of the details were enclosed within the consent form. Within the first day of leaving the information packages for the director/leaders, I began receiving e-mails and phone calls to schedule an interview. Two director/leaders' appointments for interviews were made early but were then postponed for later dates. One of those interviewees came to me very early during the data collection process and the interview was conducted successfully. The summary of answers and the research questions are located at the end of Chapter 4 in Table 1.

The first group of participants (see end of Chapter 4) included the director/leaders. The research questions are identified as R1, which represents research question 1; R2, which represents research question 2; R3, which represents research question 3; and R4 represents research question 4. The director/leader responses follow:

RQ 1: What are the lived experiences among you as a health care leader related to the existence of bullying and uncivil behavior within your organization?

Based on the results from the director/leaders in answer to the first research question, what was the lived experiences among health care leaders, 1 out of the 3 respondents stated they had been bullied in this organization by another leader. One of the leaders had been bullied in another organization, but not this one. The third leader deferred responding to this question and stated bullying was not on their specific radar.

RQ2: Does the organization have an anti-bullying policy and what does its state?

In the summarized response, each director/leader provided verbal summaries of what the policy states and then either located the policy for the researcher to read and/or provided a hard copy. The policy related the guidelines for personal behavior in the workplace, the just culture model and the name of the policy was **W**orkplace **V**iolence & **Z**ero **T**olerance **P**olicy and **P**rocedure. Three out of three director leaders gave similar results.

RQ3: How might leaders and frontline staff work together to galvanize support in accomplishing the prevention, measures, training/education and surveillance of anti-bullying and other disruptive behaviors at your organization?

The following are the director/leaders summarizing responses to question 3. In terms of prevention, measures, training/education and surveillance, the director/leader's comments follow:

> Prevention: Inform employees of policy & procedure, follow chain of command to report, hold the leaders accountable, proper training of all staff; activate employee responses from survey to promote a daily culture of being patient centered, be safe, serve others with excellence, do right and do good.
> Measures: Adhere to values and hold all accountable.
> Training/education: Encourage use of the internal compliance hotline, improve real-time coaching through mentoring with accountability from all leadership.
> Surveillance: The importance rates 7 and as high as 10 on a 10-point scale. Encouraged to use internal hotline; cameras in designated areas; EAP (Employee Assistance Program). Externally, The Joint Commission and/ EEOC are also available if patient safety is a concern.

In reference to RQ1, one RN out of 3 interviewed stated that they have not been bullied at this organization. Among the ancillary staff, two out of three of them verbalized that they had personal encounters with bullying by a co-worker and another stated by four superiors.

(See the end of Chapter 4 for further details concerning lived experiences of non-director/leader responses).

RQ4: What are the steps anyone in the organization would take if they were the victim of bullying activity?

The director/leader's summary of responses concerning the steps anyone in the organization would take if they were the victim of bullying activity at work is that they should first, follow the policy and procedure which states to follow the chain of command in terms of reporting the offense to the first unit level leader.

The second category of participants answered a flyer request to participate by word of mouth and called, volunteering to participate in the study. The posted flyer announcing the study was an appeal and request to have any member of the organization participate. My contact information was available in order for the perspective six non-director/leaders called for an interview and to participate in the study. These non-leader frontline staff participants in this category included three Registered Nurses (RN) and three ancillary staff members (i.e., staff and administrative support and patient-experience representatives). The research questions are the same for all three categories of participants. The responses from the RNs and the ancillary staff follow respectively. See Appendix C and D for the summarized version of specific statements from all frontline staff as described below.

RQ2 asked if the employees know of a policy in the organization related to bullying, and all three RNs stated some semblance of the stated policy. Two out of three of the ancillary staff stated they were aware of an anti-bullying policy within the organization.

RQ3 asked the frontline staff how there might be team support to accomplish the prevention, measures, education/training and surveillance of antibullying of disruptive behaviors at the organization. In a study done by Nierle (2013), the question was asked *what leaders might do to mitigate bullying activities*. The outcome of the Nierle study provided no answers. However, this study undertaken was more encouraging.

Some of the helpful suggestions offered by RN participants in my study involved the leaders spending more time on two specific details to help in prevention measures and education/training. The RNs stated that the leaders should speak more about the anti-bullying policy during staff meetings. Also, conversations should occur during the shift change huddles. Also, the RN staff expressed that the leaders spend more time talking about the policy to make staff aware of what it says and use hiring practices that highlights awareness of best attitudes, potentially to find a fit for the organization. Avoid at all cost other bullying personalities from entering the organization. This suggests that during new hire interviews screen for abject behaviors and obscure responses that will tell of such potential bullying characteristics. Nielsen & Knardahl (2015).

The Ancillary Staff similarly recommends that leaders do more to review the policy. For example, one of the three ancillary staff participants suggested that human resources should offer unit-based in-service training events and that supervisors should conduct forums and talk more about the policies in the big meetings. The participant reported that the in-services would place greater emphasis on the seriousness of discipline the behaviors deserved. Further, a participant added that the current yearly acknowledgement once per year via the computer-based learning is not enough attention

to address the problem. Two out of three participants recommend that surveillance should be required internally and externally to improve faith in the organization.

The final RQ4 asked what the steps anyone in the organization would take if they were the victim of bullying activity. The non-director/leaders from the RN participants stated that the victim/target should try to handle the offending person themselves. Then, if there is no success in doing so, they should proceed to speak with the charge nurse, followed by the unit director or human resources representative.

The ancillary staff voiced a stronger but similar response to RQ4. Two out of three ancillary participants reported that they had been bullied at this organization. One of them was bullied by a co-worker on a horizontal status and same level of job responsibilities. This participant reported that taking notes with the dates, time, and details of the events became important once the reality of what was happening was realized. At the earliest time frame, she spoke to the bully, and later went to speak with the immediate supervisor. One of the two ancillary participants was bullied by several leaders and another. The participant who stated they had been bullied by four leaders throughout the years of employment reported speaking to no one right away but to document those details through the incident report system because upper management view these reports. This participant further commented that they did not feel comfortable speaking to the aggressor nor the supervisor. All participants reported they had some hesitancy to report due to potential retaliation. The stronger the bullied activity, the less reporting undertaken in this category of participants. See Table 1 for the director/leader

results, Table 2 for the RN non-director/leader results and Table 3 for the Ancillary/Supportive staff results below.

Table 1

LEADER Results

Research question	Leader	Leader	Leader	Summary
RQ1 Do you have lived experiences of bullying in your organization?	Has not personally experienced bullying at this organization.	Has personally experienced bullying at this organization. When it happened, it made me angry.	Has not personally experienced bullying at this organization but has elsewhere in the past. When it happened, it made me upset.	Inductively, if one has experienced bullying at the organizational leader level, then bullying occurs at this organization (1 out of 3)
RQ2 Does the organization have an anti-bullying policy and what does it state?	Yes	Yes	Yes	Each leader provided verbal summaries of what the policy states and then either located the policy to read to researcher and/or provided her with a hard copy. The policy relates to guidelines for personal behavior in the workplace, just culture model, and entitled Workplace Violence & Zero Tolerance

				Policy and Procedure
RQ3 How might leaders and frontline staff work together to galvanize support in accomplishing the prevention, training/education and surveillance of antibullying and other disruptive behaviors at your organization?	Prevention: Training on kindness revolution Measures: Deferred Training/ education: Annual & mandatory	Prevention: Promote the culture of living the values Measures: Adherence to the values of the organization Training/education: Upon hiring, daily	Prevention: Policy and procedure and follow chain of command and hold all accountable. Measures: Hold people accountable. Training/ education: Improve mentoring and	Prevention: Inform employees of policy & procedure, follow chain of command to report, hold the leaders accountable, proper training of all staff; activate employee responses from survey to promote a daily culture of being patient centered, being safe, serving others with excellence, doing right and doing good. Measures: Adherence to values and hold all accountable Training/education: Internal compliance

		huddles, annually, and posted throughout the organization	coaching centered around he kindness revolution and accountability along with following policy and procedure.	hotline, improve coaching, mentoring and accountability by leadership; cameras only in designated areas and used only if necessary
	Surveillance Internal compliance and hotline	Surveillance: Hotline and an online application to report, we have an open-door policy. Cameras in designated areas and viewed when we are trying to prove or disprove something. Handled internally and is a 7 out of 10 in terms of importance. Can also go outside the health system to Joint Commission if they feel a breach of patient safety has occurred. May also reach out to	Surveillance Compliance line Importance 10 out of 10 related to bullying. EAP also available.	Surveillance: Importance 7 up to 10 on a 10-point scale. Encouraged to use internal hotline; cameras in designated areas; EAP. Externally, The Joint Commission and/ EEOC are also available if patient safety is a concern

		EEOC but prefer they work internally first.		
RQ4 What are the steps anyone in the organization would take if they were the victim of bullying activity?	Deferred talking about steps anyone would take if they were victim of bullying activity. Steps participant will take are to report to compliance line, speak with service delivery team, and then the investigation will start.	Follow policy and procedure and chain of command No fear of retaliation and available if need to get involved. Leaders should bring such matters to any physician who may be disruptive and follow through that report is taken seriously	Notify supervisor and if not resolved, contact HR and HR will investigate. I have no concern or hesitation or concern. My job is to enforce the rules. The employees may fear retaliation. My experience with being bullied impacted and affected my life negatively.	Follow policy and procedure. Chain of command.

Note. All interviews occurred between February 16, 2018, and April 17, 2018. Research questions and summarized responses based on categories of participants.

Table 2

RN Results

Research question	RN	RN	RN	Summary
RQ1 Lived experiences of bullying in your organization	Yes, I was bullied by a co-worker, a charge nurse who sometimes worked as a nurse.	No, I have not been bullied at this organization but was in two previous organizations.	No, I have not been bullied. I don't even like the word	One out of 3 RNs interviewed states they have been bullied at this organization.
RQ2 Does the organization have an anti-bullying policy and what does its state	Yes	Yes	Yes	Yes, the organization has a policy that states bullying is not tolerated.
RQ3 How might leaders and frontline staff work together to galvanize support in accomplishing the prevention, training/education and surveillance of anti-bullying and other disruptive behaviors at your organization?	Prevention: The policy is there. There are not a lot of overt preventative measures. We have computer-based learning classes on line, and these are part of our regulatory annual training. We watch a PowerPoint presentation and take a short exam.	Prevention: Just the policy. There are signs all over the organization about being "kind", "kindness goes a long way," and all different things about being kind.	Prevention: A couple of years ago the whole structure was reorganized and I believe there is more awareness now in hiring the person with the right attitude	Spend more time talking about the policy to make staff aware of what it says and hiring awareness of best attitudes for the organization.

	Measures: Post signs or little plaques that state no gossip zone. Subtle reminders to staff that this is a professional place; distribute policy and have a sit down to discuss. Make known [that] unacceptable behavior that will not be tolerated. Provide assertiveness and conflict resolution training.	Measures: It's all over the computers.	Measures: Leadership should pay attention to who is being hired. Listen to what is being said during the interview and hiring periods and the managers should keep an eye on everything and pay attention to what is said and tell them not to do it [if it's bullying/uncivil]	Measures: Post signs read messages on computers; manager should speak up to people who are inappropriate and not following policy.
	Training/ education: Mandatory in-services defining exactly what bullying is.	Training/ education: The policy of the organization and the way to treat co-workers and especially the way we treat our visitors.	Training/ education: You can't teach character or ethics so just keep talking to us about our attitude which should be checked in on often. I don't always have the best attitude	Mandatory education, follow policy, and remind staff of appropriate work attitude to have at the time of offense.
	Surveillance: I am not aware of a	Surveillance: I am not aware that	Surveillance: This is done externally	Surveillance: Not aware if surveillance

	surveillance, but the scope of the problem needs to be identified. But on a scale of 1 to 10 with 10 being of most importance, surveillance is a 10. Should be managed internally and externally.	they do this. They may, I just don't know. It would be a great idea [for this] to be managed both internally and externally.		occurs. If it does occur, external and internal management is important.
RQ4 What are the steps anyone in the organization would take if they were the victim of bullying activity?	Try to resolve with the person first and then go up the chain of command. I would have no problem with it going up the chain of command unless there is no resolution and I am not taken seriously. Then that would be very discouraging.	I would handle it myself first and if unsuccessful I would go to the team leader. If it was anyone in management, I would go to HR.	I would go to the charge nurse and then to the Unit Director and they will help me. I might hesitate due to retaliation or spread of gossip	Try to handle with the offending person and if no success moves on to the charge nurse, unit director or HR.

Note. All interviews occurred between February 16, 2018, and April 17, 2018.

Table 3

Ancillary/Auxiliary Staff Support Results

Research questions	Auxiliary staff	Auxiliary staff	Auxiliary staff	**Summary**
RQ1 Lived experiences of bullying in your organization	Yes	No, except for when patients are projecting anger on staff	Yes	Two out of 3 personal encounters with bullying at the organization
RQ2 Does the organization have an anti-bullying policy? What does it state?	Yes	I don't remember	Yes	Two out of 3 aware that organization has anti-bullying policy
RQ3 How might leaders and frontline staff work together to galvanize support in accomplishing the prevention, training/education and surveillance of anti-bullying and other disruptive behaviors at your organization?	Prevention: Need staff development to review the policy. Need interactive in-service by HR on the units for questions and answers Measures: In-service training sessions	Prevention: I don't know Measures: I don't have an answer for that question	Prevention: The supervisor will say in forums and big meetings that bullying is not tolerated but that goes in one ear and out the other Measures: Its need to be taken to disciplinary action. Once The staff realize that management is serious	Leaders must do more to review the policy. HR should offer unit-based in-service sessions and supervisors should conduct forums and talk more about the policies in big meetings In-service training sessions will provide the emphasis, seriousness, and discipline that this

			about this behavior, it will change.	behavior warrants
	Training/ education: Computer-based learning once per year along with yearly forums and briefings, and reaffirming in-service training	Training/education: I can't recall. But I feel it is necessary and also important to know who you can go to. Need to be assured. They must be assured that once reported somebody will do something about it or they may not report it.	Training /education: We have the annual regulatory computer-based learning and there is like a video that we watch once per year. That is really all. It needs to be addressed more than once a year considering we do have a problem with it. I feel like if we have a problem on my floor it is present everywhere.	Training/ education Once per year computer-based learning is not enough attention to address the problem
	Surveillance: They say they have surveillance monitoring. Only in hallways not restrooms. Monitored internal and external	Surveillance: Like a hotline? I am not aware. But one would be great. Both internal and external should be available	Surveillance: A compliance hot line. Posters letting us know we do not need to fear. Very important and should be monitored	Surveillance: Both internal and external surveillance is required to improve faith in the organization

			internally and externally. I know people who have reported it, but nothing was done about it. That causes people to be discouraged and lose faith in the organization. It's there but just for show. Surveillance is very important and should be managed internally and externally and is very necessary.	
RQ4 What are the steps anyone in the organization would take if they were the victim of bullying activity?	Incident reporting on line which goes to upper management. Go to aggressor, or supervisor and HR.	Without knowing what the policy says, I think you would go to the direct supervisor first, then next contact the human resources department, I	Speak to the individual first, then to HR but I have not taken to HR. I have seen others take it to HR and	Two out of the three were bullied. One by a horizontal co-worker, another by several vertically by

	I fear being retaliated against	would think an organization like this would have an internal person to call, like a risk manager. So, to supervisor, contact HR, risk management, and/or hot line. I have no fear of retaliation. I have a wonderful supervisor who would take an instance such as bullying very seriously and act on it And I trust this based on other issues that have come up [that have been] less severe than this [in response to which] action was taken, and the situation was handled immediately	they would either lose their jobs or they would move on. HR would come on the floor, talk to parties and poof! nothing changes	4 superiors and the other states never bullied. Two out of 3 ancillary participants stated that the target/victim should be spoken to even before speaking to the supervisor and HR. One of the two ancillary participants was bullied by several leaders and another by a co-worker. All participants reported some hesitancy to report up the chain of command due to potential retaliation

Note. All interviews occurred between February 16, 2018, and April 17, 2018.

Chapter 5: Purpose and Nature of the study and why it Was conducted

Purpose of study

Internal groups may differ or are similar in their descriptions of the cultural of the organization in defining and describing the existence of workplace bullying. The nature and focus in this study were that of problem solving through sharing experiences of workplace bullying among both the executive and frontline employees. Also, I conducted this study to establish an open opportunity for a health care organization in the southeastern region of the United States to consider defining and evaluating bullying definitions and policies in its workplace.

Concisely Summarize Key Findings

The initial key findings are specific to the actual presence of the policy related to actual events of workplace bullying, disruptive or uncivil behavior, and the actual follow-through and the outcome. First, participants confirmed that bullying/disruptive/uncivil behaviors do occur in the organization. Participants identified themes in their lived experience that sustained that bullying by making comments such as: "as a leader, I have investigated at least two complaints of bullying in over a decade that were founded and I myself have been bullied." Approximately 44% of the participants had encountered bullying activities. One research participant reported that the target was bullied by a patient and not an employee, a supervisor, co-worker, or physician.

There were three other participants who reported personal bullying events that had been going on over a longer period. One RN stated that she was not aware that she was being bullied by a charge nurse until other co-workers informed her. At that point,

she states she thought about it and then watched but then decided to speak with the individual personally about it. She had to persist in her attempts to do so since the bully ignored her and would not communicate with her about the bullying. Finally, a breakthrough which lead to an open conversation and a resolution occurred when the target/victim and the bully were able to talk privately about the events. The victim/target had not been informed of new admissions/transfers into her bed space until after the patient arrived and another employee and not the charge nurse told her. The participant stated that "this behavior crosses over to patient care and is the very reason why bullying should be abandoned in health care. Other petty things like not letting me know when lunch was being ordered for everyone and leaving me out began to add up." After speaking with each other, the matter was resolved, reported the participant. This participant added that it was not easy getting the aggressor to speak with her. After arranging several meetings, there was finally an opportunity to speak. According to this participant, the aggressor verbalized that they felt intimidated by her because she never engaged in conversation and she did not know how to approach her. Once this conversation took place, the participant stated there was never any further issues of avoidance. The aggressor should also get some assistance, counseling as well as the victim, the participant went on to say.

An ancillary non-director/non-leader participant reported a co-worker at her same job level bullied her but realized after she had sought therapy that she was strong enough to confront the bully. As result of confronting the bully, she now speaks up for others that are being bullied. The fourth participant, who reported that she had been bullied her

entire career while at the organization, commented that her physical and emotional health had been compromised by the entire ordeal. Another participant notified me of something so disturbing that the day after the interview she experienced some unpleasant news. The efforts used to protect the participants is at the height of this study. That unpleasant news is not relevant to this study. Even though all research participants are anonymous, protected and confidential and their confidence is protected, the ethical frame of reference is of the most importance at this juncture. For various reasons it is not possible to share those details here.

Limitation of Study

A final and specific finding important to mention is related to the policy. Eight out of nine participants felt there was a policy that addressed standards of conduct and workplace violence. Many of the participants knew about the organizational culture of kindness. Most of the participants commented on chain of command and following policies. Only one participant, who was the newest hire of all the participants, stated she was sure the organization did have a policy but that she was not informed of it at the time of being hired. Five or more participants in a qualitative study is acceptable. When there is one participant that stands out in terms of the details of the specific knowledge of a policy related to workplace bullying, this limit in the study presents a question of concern for the organization. This information was disseminated to the organization to provide greater emphasis for new hires during initial onboard orientation.

Interpretation of the Findings

Much of the peer-reviewed literature encountered during the research for this study has conformed my findings. However, there also have been some aspects discovered from the participants in this study that points to an extension of knowledge added to the literature. One major finding from the interview responses is that participants' comments tended to define bullying according to their own lived experience of bullying or uncivil activities. There were four theoretical constructs resulting from the study which the aggressor/bully was allowed to do according to the summarizing data from participants in this study about what the organizational leaders allowed. Those constructs are summarized as follows. The aggressor/bully:

Tend to speak and no one objected

Tend to speak poorly of another and no one objected

Tend to promote unethical activities and no one objected

Tend to speak uncertainties and no one objected

Statements from the interview transcripts are provided below. What will be seen below are questions asked of each participant. What follows are the specific verbatim comments provided by the participants known as Participant A, B, C, and D. These letters are described in this manner so as to avoid a direct identification but instead used as a pseudonym.

The first Researcher question is: Give me your perception of what happened

April 11, 2018: Participant A-Leader Role response

> Where I was in the organization, when this thing first started
> with my x boss, I didn't even realize what they were doing until I

> asked a co-worker was personally, I asked a co-worker how her daily meetings were going, and they stated what daily meetings. That is when I knew this was bullying. My job is to enforce the rules. I am so trusting in the system that I didn't think that I would be treated like this.

Researcher question: Give me your definition of bullying.

April 11. 2018: Participant A-Leader Role response

> Someone in a position of authority over someone else and utilizes personal motives or means against that person and it has nothing to do with the work. But it tends to be personalized versus daily driven. In other words, it's not that you are not doing your job because of this, this, and this. You [are] just not getting it accomplished, you are dumb, you are lazy, just the constant put down from the person.

This same participant described some psychosomatic changes that occurred during the bullying encounter:

Researcher question: Did you experience any psychosomatic changes during your encounter with the leader bully?

April 11, 2018: Participant A-Leader Role response

Note: X=the aggressor

> My neck was tight all the time. My shoulders were tight all the time. I had to go to a psychiatrist, and I was given medication to keep me calm. Once [X] was gone, my problems went away. I didn't like taking the pills because they made me feel kind of droopy. I could not function.

This similarity between the definition of bullying given by participant A and the actual description of the events as they unfolded were striking. The following are two more examples that convinced me that persons who have been bullied will often provide a definition of what bullying is which coincides strongly with their own personal experience of it. One such participant responded as follows:

Researcher question: Describe for me how this lived experience of being bullied made you feel?

March 23, 2018: Participant B- frontline ancillary and support staff member

> Ah, (sigh), it was frustrating. It was hurtful. Um, and it just didn't make me feel valued. You know, I had honestly never been bullied in the workplace before I came to this organization. And one of the things that was most disheartening is that it was known what was going on and nothing was done (silence for 8 to 9 seconds). It just, it took away from my positive experiences. I have really had to, like, work on myself so that I could readjust to how I reacted to what was happening to me. So, I could keep my job because I love what I do, I love what I do.

Researcher remained silent as the participant continued speaking. Please note that this participant also described some psychosomatic changes as well.

March 23, 2018: Participant B- frontline ancillary and support staff member continued

Note: all references to X= the aggressor

> I was always able to maintain my mental stresses well. This was an unusual experience I went through. I would go to work or be on my way to work and like my shoulders would go up, tightness in my shoulders. Ah, feeling anxious, aw, and then also, as soon as I hit the unit, I would feel self-conscious like everybody was watching me. I would walk on the floor and wonder what [X] said to make me feel belittled. Because people talk to you and say, [X] said such and such about you that you don't do or know your job, and you did this, and you did that and so you begin to feel very self-conscious. And my confidence level would begin to go down especially for me. I am a pretty strong person and my mother made sure I had the tools I needed for this world and this person was withdrawing this from me and it was beginning to feel strange. It got to the point where I had to take a mental health leave and it had to do with the bullying. When I spoke with the therapist that was caring for me and I told the therapist what was going on, they said I need to have some time away from there. The therapist stated, 'You know, why didn't you seek out some help sooner. You know, I am surprised that you didn't have a nervous breakdown. Cause I was headed that way. I did feel better when I came back to work and the bullying was certainly not as severe as it was in the beginning.

Researcher question: Give me your personal definition of bullying. This participant defined bully as follows:

March 23, 2018: Participant B- frontline ancillary and support staff member continued

> My personal definition of a bully is a person who does anything whether it is to lie about them. Or say for instance they are training a new employee and they give them wrong information so that they can purposefully do their work wrong. Someone who spreads gossip about somebody. Speaks unkindly to a person and is disrespectful. Someone who refuses to work with a person so that they can get a project done. Ah, somebody who might take credit for work done that they didn't do. Ah, just, the list goes on. Tattling. Making fun. Ah, making them the butt of jokes and doing it in front of other people as well. That's my personal definition of bullying. Anything to kinda like, pick at that person's confidence and bring them down. Yes.

There was a total of three out of nine participants who reported that they had experienced bullying at the study site. The transcript from the third participant is shared here.

Researcher question: How would you describe bullying/uncivil behavior?

March 8, 2018: Participant C-frontline RN none-director

> I think it has a lot of components to it, I think. Treating someone disrespectfully, using disrespectful language, physical action that threatens harm or that is actually harmful, making unfair assignments from one to the other, denying help or assistance to someone where you would willingly give to it to someone else. Being differential or preferential in any manner would constitute, inappropriate or uncivil behavior. One thing that gets overlooked a lot when you are in a culture of spending a lot of your time at work with co-workers. Personal things would come up such as birthdays and this constitute neglect.

Researcher question: What is your specific definition of what you consider bullying to be?

March 8, 2018: Participant C-frontline RN none-director

> Neglect, exclusion, gossip, disrespect, disrespectful language, unfair assignments, preferential treatment, providing help to others and not you, intentionally or purposefully leaving others out of group activities such as in ordering food, celebrating birthdays. Non-verbal glances, neglect, ignoring or interrupting, spreading gossip about them, manipulating their ability …to do their work, excluding or isolating them, not allowing someone to express themselves in terms of ignoring or isolating them.

Preliminary Analysis

Analyze and interpret the findings in the context of the theoretical and/or conceptual framework

The findings can be interpreted through the lens of the grounded theory. There was no theory going into this study. I do not have a theory to consider as I now have all the data in the form of interview transcripts. However, I do now have a theory as it relates to the findings from the data. Many of those results are listed in Chapter 4 in 3 separate tables. The first table lists the statements from leaders; the second table list the statements from the Registered Nurses interviewed; and the third table has the data from the ancillary /auxiliary staff. Each table is based on the specific perspectives and lived experiences engaged by each of the participants. The grounded theory resulting from data obtained during the interviews provided a valuable conclusion. The specific finding pointed to a specific related definition of bullying.

As the prior research has demonstrated, there is no specific definition that supports a law that criminalizes the act of bullying. There are specific definitions given by many organizations (ANA, 2016; Joint Commission, 2016; Workbullying, 2014) and researchers (Bradshaw & Figiel, 2012; Fapohunda, 2013; it seems that persons who are

bullied tend to define bullying based on their own experience. Much of the literature provided definitions also with some common words, themes and concepts. For example, the American Nurses Association (ANA) definition of bullying emphasized that bullying not only is an occurrence of activity toward another that is not only a harmful action but that harmful action is both unwanted as well as offensive and humiliating, thereby causing distress to the victim (2018).

The Joint Commission also used terms such as respected and harmful in describing both vertical and horizontal violence (2016) This notion of being harmful coincided with the same emphasis the participants in this study verbalized (see participant statements). The ANA provide such clear understanding in the interpretive statements regarding this uncivil behavior. This was the case in each category of participant interviewed who had experienced bulling. Please see the interpretation of the findings above. The interpretations do not exceed the data, findings, and scope.

The participants defined bullying based on their actual lived experiences and encounters at the hands of the bully. One may better understand this phenomenon of the participants' perspective as they defined bullying. The participants' definitions of bullying clearly described their experiences. This is an interesting theory and would offer a more in-depth understanding when duplicated using a larger data set comparative among different organizations using multiple participants within the realm of a mixed methodology.

Limitations of the Study

Limitations to trustworthiness that arose from execution of the study

There were no limitations to the trustworthiness of the study. I spent more than 80 hours interviewing participants and more than 20 hours recruiting participants and posting flyers and observing the organizations. During recruiting, posting flyers, and interviewing, I developed opportunities to develop rapport and trust. There were no specific ways in which I limited opportunities to create trust. I remained available to participants and communicated with them via telephone. My study phone number was posted on all the flyers placed in most areas of the organization. As a result, some potential participants sent me text messages even though they did not consent to be in the study. They trusted me as an independent researcher and so passed along specific concerns about their experiences. This is indicative of trust building. Each interview I conducted was completed, and each participant expressed his or her desire to help with the study and complete the interview. Many participants verbalized that they would like to see more organizational follow-through in real time to handle bullying. Due to the open degree of communication with the researcher about organizational bullying policy, definition, responses to bullying, and willingness to answer all the research questions, I believe that a great deal of work was in effect. I also believe that the study was limited by not conducting surveys and especially focused groups, thereby increasing the total number of participants. Finally, as the researcher, I was also aware of my own reflexivity. This awareness also allowed me to be more sensitive to the participants' comments and strengthen my efforts to produce more trustworthiness (Patton, 2015).

Recommendations for further research

At the initial concept of this study and throughout the data collection process, assuring that I had no preconceptions about what the outcome would be was important. This study will be improved with more data. By changing this to a mixed study including not only surveys but also more involved observations and focus groups, there would be an improved possibility of advancing aspects of the lived experiences impact on the definition of bullying and the phenomenon that surrounds it. By increasing the number of participants, there will be the opportunity to gain greater lived experience focal points. It is my premise that the survey results may provide more anonymity, and therefore less fear and anxiety, related to potential thoughts of retaliation for all participants. The study was limited to nine participants for the interview process. Even though qualitative interviews of five persons is considered an acceptable data set Patton (2015), it is important to gain more participants' comments and perspectives, which would deepen and broaden the experience base while enriching the understanding of the phenomenon of bullying in the workplace.

Ensure recommendations do not exceed study boundaries

The boundaries of this study are related to the aspects of providing life changing and social change value to the organization. As stated in the project empowerment section, page 11, Chapter 1, the organization may wish to organize their own internal evaluation of bullying activity. As the researcher, I am bound by the limitations placed upon me by the nature of the study as well as to the extent in which the organization is willing to go with the outcomes from the study. I am at the liberty and favor of the organization to complete the study, which has been done. I was limited in the earlier days

of entering the organization to conduct the study. Finally, after presenting the results of the study to the organization, the extent of the relationship shared with the organization may be prolonged or limited but, most importantly, rewarding and appreciated. The organization has already implemented strategies to promote kindness among their employees and the entire organization. This will require more engagement on the part of the entire organization. Perhaps my research involving just a few of those employees will prompt the organizational leaders to promote open dialogue about bullying throughout the institution and implement a safe structure for reporting bullying at all levels of the organization. So, it is that the boundaries recommended in this study have been carefully respected and held to. The recommendations that will be made are already being considered by the organization. Acting on the findings from the study will solely depend on the prior responsibility of the organization, its leaders, staff and employees.

The limitations and strengths do not exceed the study boundaries

It is obvious that this study and its efforts to affect a social change is limited by the acceptance of that change. The results from conducting the study can only be strengthened by the evaluation of the worth capitalizing on the results from the study to advance their agenda of creating a culture of kindness.

Implications for Positive Social Change

Positive social change can occur at every level of society and at every level of this organization, if the members of the organization want it to and will build the infrastructure to support such change. This organization has already embarked upon a kindness revolution in which it desires to engage every single employee, leaders and non-

leaders alike. The integrity and honesty resulting from this study has brought and will bring awareness to continue this endeavor to show kindness toward the patients and their families as well as the organizational members, stakeholders, board members, and each other. This kindness spreads out within the organization and out to the community impacted by the written policies that extend not only to staff, faculty, and employees within every rank of the organization, but to the patients and their families as well. Giorgi, Leon-Perez & Arenas (2015) explained that health is affected negatively, as this study demonstrated. In an account among two ancillary staff and one leader, physical as well as psychosomatic changes occurred during the bullying activity as the lived experiences were encountered (see transcript statements from March 13, 2018; March 23, 2018 and April 11, 2018*).* These participants reported shoulder pain and anxiety upon thinking about and approaching the workplace, all of which required therapy and psychiatric attention.

The impact of positive social change will reverberate for anyone relatable to the organization. The impact on patients can be indirectly associated with activities care givers are dealing with related to consequences of bullying, such as absenteeism, staff turnover, and so forth. The depths of the social impact may be better realized in the areas of preventing negative physical, psychosomatic, and organizational wide range effects. Lutgen-Sandvik, (2013) reported that bullying contributed to increasing medical expenses and time away from work. Leaders and non-leaders alike in this study experienced time away from work. Reduced productivity, post-traumatic stress syndrome and suicidal

ideations (Lutgen-Sandvik, 2013, page 355) were also reported as effects of workplace bullying and for which a social impact can be made to change.

The social impacts realized from this study are many. First, of the highest interest are the patients and their families. They should be able to have a positive experience and see social change in action in how they are treated, respected, and cared for. They will know of the palpable social change at the organization through the kindness revolution that reverberates from kind gestures from one employee to another, and then trickling down to them. When the patients are treated with a smile and sincere and emphatic care, their overall demeaner and health conditions improves. Friis, Consedine, & Johnson (2015) studied diabetes patients and the depression that often comes along with this illness. Being kind, respectful, and courteous to these patients empowered them to do better at caring for themselves, as evidenced by improving depression, self-care, and overall glycemic control. The human compassion shared with the diabetic patients resulted in improved self-compassion, which correlated to improve their overall health condition (Friis, et. al., 2015). Patients are the reason that health care facilities exist outside of improving on providing the very best in health care and impacting the economic success. The study site provides a service to the community that includes human compassion, thereby enhancing healing.

Also, of a critical nature that will impact social changes greatly will be the formation of a clear and legally defined definition of bullying. To date, there is no definition of bullying within law libraries that stipulates at what level bullying may be prosecuted. Unlike many other countries such as Australia, Sweden, and others that do

have laws (Quigg, 2015, p 45), the United States has none. A social change implication realized from this study broadens our understanding that this still remains a gap in the literature. The participants in this study opened up a dialogue, making it clear that victims of bullying define the aggressor activities from their lived experiences. It is time to effect a societal/policy change with impactful definitions that clearly define bullying as illegal with criminal ramifications.

Obviously, organizations need not be reminded that the patients now have access to national data to understand what the internal challenges are. Patients today have options and can shop around for the most kind, caring, and state of the art health care organization for their health care needs. There is no longer a monopoly on healthcare. If the dashboards are limited in terms of patient and staff satisfaction, organizations may not have as much power as in past times to hold patients to past loyalties to merely accept what they are admitted into. The organization is a living organism and can impact healing just through an atmosphere of compassion. The environment can breathe healing or deterrence from healing. The organizational leaders and frontline staff can decide for themselves.

Second, if accounts of bullying are taken seriously by the employer, and if the employer has structures in place to prevent, assess, and actively address bullying, employees are likely to be happier. Such structure should be evident both to existing and to new employees, and the openness with which bullying is talked about and tackled, and the resulting civility and respect, can transform the organization if it permeates all human interactions. It is equally important for the agitator to get some help to teach them that

this negative behavior is no longer acceptable in the organization. Getting on board with the common theme of kindness and caring is the expectation. In order to achieve great things for the organization, it is time to reach for the winning expectation of kindness. Implementing anti-bullying efforts will begin to curtail the negative encounters by dissolving disruptive behaviors.

Third, it is vital that leaders reinforce the kindness revolution as a method of engaging a culture that breaths the social change of a civil organization. This can be realized by having conversations and getting input from employees at all levels about bullying and its prevention, personal accountability, and looking out for others. Within an organization, leaders and non-leaders should both be held accountable to the same standards and policies, and that parity should be known to all.

Discussion

Implications for social change do not exceed the study boundaries

One of the main goals of this study was to bring to light the uncivil activities and, specifically, bullying behaviors in the health care system. Other important aspects of this study are related to the impact that bullying has on the lived experiences of leaders and non-leaders, the organization, as well as for their patients and stakeholders. The social changes that are encouraged from this study will fall within the boundaries of the study. The way the social change is exceeded by this study will hopefully occur as a result of the organization independently moving forward to make whatever changes they consider needed and helpful from this study. It is equally important to define workplace bullying and design a method of educating and training the employees at every level and title of

care. Furthermore, the implications for social change addressed during this study will provide monitoring and surveillance that manages both leaders and non-leaders who abuse such civility policies. Then, the aggressor will also be treated with dignity, so as not to experience reverse calamities. Now that the exposure is evident, the time has arrived to consider what effective changes can be realized for the continued growth and progressive success of the organization leaders and employees. Consequently, the patients are deserving of knowing they are cared for by healthy and sound helping professionals. Patients then will also reciprocate that level of kindness in return. Ultimately, implications for positive social change brings global awareness not only to those victims within the healthcare arena but may be extrapolated and useful to those victims in academia, board rooms, the sports industry and the world-wide arena through policy changes, training and education of both leaders and nonleaders. A specific and legal definition of bullying is also critical toward this effective social change.

Methodological, theoretical, and/or empirical implications

The methodological implications are appropriate, as this is a qualitative study and involves interviews. The theoretical implications are as stated related to this qualitative phenomenological research method. As a result, the expectation from this research that there will be an advancement of knowledge on the topic adds to the literature on personal, social, and professional value related to workplace bullying. The empirical implications are derived from direct observations during the interviews. It was observed that the emotions expressed during the interviews reflected the lived experiences for those

participants. Thirty-three percent of the participants reported having themselves experienced bullying at work by either a superior or vertical bullying (in one case) and horizontal bullying by a co-worker (as reported by two participants). The participants who described bullying encounters defined bullying based on the actual lived events of their experiences. For the details of those encounters, see the transcripts from April 11 and March 23, 2018 within this document on pages 135-136.

Recommendations for practice

The recommendations for practice reflect directly on everyone within the organization engaging and being receptive to embrace the truth as they know it to be. As evident from the stated responses from Leaders (see Chapter 4, Table I -The Leaders page 126), there is a mimic of the same information which may suggest the leaders were inclusive and protective in their responses. Leader interviews were conducted in their private offices which made it easier to obtain a policy readily. Unlike the RN's (see Chapter 4, Table II-RN, page 130) and Ancillary/Staff Support (See Chapter 4, Table III-Ancillary/Staff Support, page 133) participants as the frontline staff who provided no evidence of inclusivity and stated their individual perspectives specifically related to the workplace anti-bullying policy. The frontline staff had no opportunity to provide the specific policy with any detail.

The kindness revolution is indeed the approach to take, as the organization already has this underway. All employees functioning daily in every aspect of their work will come to realize the reported lived experiences documented in this study are real.

Such findings from this study will also encourage greater success within the already established kindness revolution.

For practice, it is important to allow the kindness revolution to be the guiding platform in the efforts to avoid engaging in workplace disruptive behavior, uncivil and bullying activities. It is crucial that employees at every level of the organization not only avoid participating in behaviors that intimidate, devalue, belittle, perpetrate violence and incivility, but also insist upon refusing to condone such activities and actively intervene on behalf of the victim when they witness them occurring.

Conclusion

The reality of the lived experiences encountered by participants in this study provided a more vivid understanding of this phenomenon than realized prior to the study. In the following summary and definition from a participant's own words, I can better grasp to some degree a sense of the lasting effects and the widespread impact such treatment as bullying has on an individual. A participant helped to make this understanding clearer to me in their answer to the following question.

Researcher question: What is your definition of bullying?

03-13-2018: Participant D- frontline ancillary and support staff member

> I think bullying is making someone feel scared or uncomfortable in any setting, intentionally or unintentionally, thereby causing guilt, shame, depression, low self-esteem, and a lack of self-worth. Which can cause thoughts of suicide and/or mass killings. On a scale of 1-10, it is a 10 because I have been scared.

Hospitals consist of vulnerable and health compromised patients. Their families and friends may likewise be vulnerable, scared and need hope and support. Hospitals

should be safe spaces for everyone from the patients, their families and friends, to the hospital employees at every level. There should be no room in hospitals for bullying. Hospitals and health care facilities, therefore, must write and enforce policies that identify, prevent, and punish bullying in any form and promote civility among all persons. Punishment should be to the degree of assisting the aggressor to understand to what degree their actions have impacted the individual(s) and or the environment. There should be a nurturing support system designed as a teaching, as well as a corrective action, method that deters negative behaviors.

I had expected that more director/leaders would consent for an interview than actually participated in this study. However, what did occur was participation from three director/leaders or one more than proposed during the Institutional Review Board. There was the expectation to have more interest in the study by leaders specifically. The reason there was the perceived expectation that director leaders would be the forerunners for this study is based on how leaders usually provide the guidelines for specific policies and organizational changes. Instead, lived experiences of 33% of the director/leaders received aggressive treatment by another leader. One leader participant shared that another leader had been uncivil to them. In spite of being loyal to that leader, that aggressor leader surprisingly abused that employee leader, leaving resemblance of ineptitude below what that status deserved. I expected to see more leaders participate, in order to express more positive activity in the workplace. However, because one leader participant verbalized that their lived work experience involved bullying and uncivil behavior at the hand of another leader, that one is enough to engage opportunities for social change.

The non-director/leaders on the other hand were much closer to what I had expected. I had expected that non-leader/director employees would know about the anti-bullying policies and bullying activities. Indeed, 66% made very similar comments regarding both the anti-bullying policy and the presence of bullying activities. Leaders usually write the policies and assure and enforce that the all employees follow the policies. Generally, employees tend to be aware of the policies if there is special time to read them. Unless the policy is emphasized at some point during their career at the organization, unless they are in direct contact with the usefulness of that policy, they may tend to forget what the policy is about. However, it was evident by 83% of non-director/leader participants that they had a general understanding of what was written in the anti-bullying policies.

The greater majority of the employees interviewed knew a policy existed since they indicated during their interview that they strive to follow the policies of the organization as a rule. I expected all the frontline to have the same information, but instead discovered that the newer the employee to the organization, the less they knew about the specific anti-bullying policy. The new employee reported that they were not told about the anti-bullying policy at the time of hiring. Throughout the course of the interview, this employee verbalized assumptions of what steps to take if bullying activities occurred. If mentioned, they continued that there was no special emphasis given to be alert to this.

Overall, new and veteran employees participating in this study verbalized the desire for more attention to be given to preventing and punishing bullying in the

workplace. One of the RN non-director leaders commented that the aggressor should not be punished but instead should be provided counseling. Also, in their statements, these non-director/leader participants affirmed that they are certain more time must be given to educate the entire staff about the organization's anti-bullying processes and there should be immediate follow-up whenever there are signs, language, or behavior which suggest that uncivil (bullying) activity may be occurring.

Finally, not only should education and training be done annually, it should also be reinforced daily during shift huddles, meetings and nursing forums. Indeed, the participants expressed that when evidence indicates that bullying is occurring, an immediate investigation and follow-up should be launched to address the perpetrator/bully as well as the target/victim and bystanders.

The target and bystanders should also be evaluated, because situations of bullying create anxiety and stress in their lives that hurts them and the organization's effectiveness. It is crucial that the backlash of these activities not trickle down to the patients/families. It is just as important to protect new graduates and all new employees and staff from bullying activities. All participants agreed that leaders should immediately address incidents or reports of bullying, and that everyone should comply with such investigations regardless of their role in the organization. For this to happen, everyone needs to be protected and also to comply.

For the future, more study should be done in areas that will expose and abolish actions as it relates to whether more bullying occurs in poverty-stricken zip code inner city areas than those of more influential communities. The bully really wants something

from the victim. The bully as the aggressor wants to eliminate the victim and make them not necessary for competence sake. The aggressor wants to be dominant, more recognized, rise up to keep the victim down. The aggressor does not want the victim to have anything and will demean at every opportunity to challenge those efforts. The aggressor needs to have counseling and mentoring as well to re-establish how to treat others and to understand the necessity of changing their role and way of functioning. There should be counseling with the aggressor to assist them to better understand themselves and look internally at themselves to establish why they treat others unfairly and disrespectfully. More research is needed to understand the phenomenon of the lived experience of those aggressors called bullies that exist in every arena of society. Further, another concern equally as important pertains to the writing of polices and laws to legislate these activities that the bully/aggressor exhibit.

As in this study, creating an open forum wherein a dialogue may be formed is critical to abolishing the aggressive culture of bullying. Bullying impedes process and progress. Olive & Cangemi (2015), as stated in the literature review, seemingly may have agreed with the results from this study from the prospective of changing a culture. In recreating a cultural process, it is uncomfortable for most; however, forming and abiding by a strong and ethical culture is the progress in waiting. Lutgen-Sandvik (2013, p. 327) reported that bullying continues to occur whenever the organization condones, models, or rewards a culture that perpetuates such activity. The researcher in the current study discovered that the study site has already begun to consider the worth of acquiring a just culture within their kindness revolution. Forming a revolution implies a turning over or

revolving mandate. In this context, revolution has the connotation of referring to a sudden, extreme, or complete change, according to the Merriam Webster Dictionary (2018). Black (2018) purposed that this culture should be one of open and honest reporting of bullying, with their leadership supporting them in this aim. Black defined bullying as a risk to health and safety (2018). Greater than 40% of participants in my study shared that their health was compromised to the point of getting professional help. The level of anxiety and fear absorbed from their lived experiences were described in many cases among the study participants as "made me scared and uncomfortable," "I had to take a mental health leave," "I find myself having to make an adjustment to function;" " a daily and constant putdown and called lazy and called dumb and lazy," "not being included in group events," " my neck and shoulders were tight all the time." Another participant stated, "my shoulders are tight," and another said, "I felt self-conscious."

The lived experiences of those nine participants during this qualitative study was shared through in-depth thoughts and concerns as it relates to uncivil matters while at work. As the interviews ensured over three months, there was some hesitancy on the parts of both director/leaders and non-director/ leaders alike. These concerns and uncivil activities were real and evident as the interviews were undertaken. The psychosomatic changes as expressed were also very real as the participants shared statements of those lived experiences. One of the nine participants, during the course of the study, was separated from the organization. It is not known the reason behind that departure. During the interviews, the participants did not hide the realized pain experienced. By participating in these interviews, there may have been a level of catharsis realized. Only

one of the candidates reported that they were currently being bullied. Speculatively, this may have been one of their first opportunities to open those wounds since the onset of the lived experiences.

It was important to the outcome of this study to protect all participants' privacy and maintain a high level of confidentiality. To that end, it is believed that all participants expressed their true lived experiences that they faced while at this not-for-profit health-care system. These findings can be generalized to other health-care systems similar to this one. A formal dissemination of the results from this study will be undertaken at the study site. The audio recordings and hand transcript notes will be under lock and key for a total of five years. Further research should be undertaken to evaluate the outcome of the post dissemination of the findings from this study. Also, more work should be done with emphasis on just how wide-spread bullying occurs in various industries. Finally, it is necessary and immediate to gain progress in the areas of policy and clarity on a definition that helps society to understand and include the varied lived experiences of victims. The victims of bullying lived experiences are exactly what they shared in this study and their definition of that lived experience. That experience was real and will remain their personal definition of the aggressor assault against them. Awareness should be brought to the forefront in order to understand the victim's experiences as true episodes of bullying in the eyes of research, law, and policy making. The social change this will discover and uncover will create the need for more dialogue and research. Implications for positive social change are far outreaching bringing global awareness not only to those victims within the healthcare arena but may be extrapolated and useful to those victims in

academia, board rooms, sports industry and the world-wide arena through policy changes, clear definition, training and education of both leaders and nonleaders, governmental agents, agencies and the like.

Appendix A: Nomenclature/ Abbreviations and Terms

Term	**Definition**
Target or Victim	The person or persons being attacked or mistreated
Bully/Perpetrator/Aggressor	The person who is offending and causing the abuse. The one causing offense
Bystander(s)	The person(s) who is/are aware and may be present during the offending actions and may be part of the offensive activities. The persons knowledgeable of yet not discouraging the offending activities against another person or person(s)
Cyberbullying	Electronic bullying or uncivil communications
Mobbing	A group of people gathering around a person or persons to intimidate and humiliate that person or persons in the same way that animals have been seen to do in the wild
Hazing	The act or practice used by and during college fraternities and sororities or band activities, essentially pressuring and insisting the pledge or new members perform acts that can be detrimental to his or her health and can even lead to death

Appendix B: Top 10 states active number of RNs and percentages

STATE	**PERCENTAGE**	**TOTAL**
California	9.29%	434,939
New York	7.22%	338,281
Texas	6.94%	324,944
Florida	6.81%	318,939
Pennsylvania	4.86%	227,493
Ohio	4.61%	216,160
Illinois	4.04%	189,395
North Carolina	2.94%	137,668
Georgia	2.83%	132,715
Massachusetts	2.76%	129,365

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References

Aiken, L. H. (2001). Nurses for the future. *The New England Journal of Medicine, 364*, 196-198. Doi:10.1056/NEJMp1011639.1

ANA sets “zero tolerance” policy for workplace violence, bullying. Position statement calls on health care employers to implement violence prevention programs. (2015). *Nebraska Nurse*, *48*(4), 13. URL:http://www.nursingworld.org/snas/ne/index.htm

Ariza-Montes, J. A., Muniz R, N. M., Leal-Rodríguez, A. L., & Leal-Millán, A. G. (2014). Workplace bullying among managers: a multifactorial perspective and understanding. *International Journal of Environmental Research and Public Health*, *11*(3), 2657-2682. https://doi-org.ezp.waldenulibrary.org/10.3390/ijerph110302657

Auerbach, D. I. (2012). Will the NP grow in the future? New forecasts and implications for health care delivery. *Medical Care, 50*(7), 606-610. Doi:10.1097/MLR.0b013e318249d6e7

Auerbach, D. I., Buerhaus, P., & Staiger, D. O. (2017). How fast will the registered nurse workforce grow through 2030? Projections in nine regions of the country. *Nursing Outlook*, *65,*116-122. Doi: 10.1016/j.outlook.2016.07.004

Auerbach, D. I., & Staiger, D. O. (2017). How fast will the registered nurse workforce grow through 2030? Projections in nine regions of the country. *Nursing Outlook*, *65*(1), 116-122. URL: http://dx.Doi.org/10.1016/j.outlook.2016.07.004

Bandura, A. (2016). Moral disengagement: How people do wrong and live with themselves. New York: Worth Publishers McMillian Learning.

Bazelon, E. (2013). *Sticks and stones: Defeating the culture of bullying and rediscovering the power of character and empathy*. New York, NY: Random House Incorporated.

Benmore, G., Henderson, S., Mountfield, J., & Wink, B. (2018). The Stopit! programme to reduce bullying and undermining behavior in hospitals. *Journal of Health Organization & Management*, *32*(3), 428. Doi:10.1108/JHOM-02-2018-0047

Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2012). Novice nurse productivity - following workplace bullying. *Journal of Nursing Scholarship*, *44*(1), 80-87. URL:http://www.wiley.com.ezp.waldenulibrary.org/WileyCDA/

Black, S. E. (2018). Finding strength after bullying in the workplace: a reflective account. *MIDIRS Midwifery Digest*, *28*(1), 23-27. URL: https://www.midirs.org/view-a-sample-digest/

Bradshaw, C. P. & Figiel, K. (2012). Prevention and intervention of workplace bullying in schools. (Report for the National Education Association). Baltimore, MD: Johns Hopkins University.

Briggs, W. (2012). Bullying basics: Fast facts for busy counselors. *Annals of Psychotherapy*, *15*(1), 10-11. URL: http://www.annalsofpsychotherapy.com/

Burgess, C., & Patton, C. M. (2014). Transforming the Health Care Environment Collaborative. *AORN Journal*, *99*(4), 529. Doi: 10.1016/j.aorn.2014.01.012

Carter. J. M., & Wilson, F. L. (2015). Cyberbullying: A 21st century health care phenomenon. *Pediatric Nursing, 41*(3), 115-125. URL:http://www.ajj.com/services/pblshng/pnj/default.htm

Chekwa, C., & Thomas, E. (2013). Workplace bullying: Is it a matter of growth? *Journal of Diversity Management (Online)*, *8*(1), 44. URL:http://www.cluteinstitute-onlinejournals.com/

Clark, M. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications, Inc. Doi:10.4135/9781412995658

Colby, S. L., & Ortman, J. M. (2014). The baby boom cohort in the United States: 2012 to 2060. *Current Population Reports*. (Report No. P25-1141). Washington, DC: US Census Bureau. URL: https://www.census.gov/prod/2014pubs/p25-1141.pdf

Colby, S. L., & Ortman, J. M. (2014). The baby boom cohort in the United States: 2012 to 2060. *Population Estimates and Projections*, 1-16. URL:https://www.census.gov/prod/2014pubs/p25-1141

Constance L., M. (2018). Will nursing continue as the most trusted profession? An ethical overview. *Nursing Science Quarterly, 1,* 15. Doi:10.1177/089431841774109.

Cornell, D., & Limber, S. P. (May–June,2015). Law and policy on the concept of bullying at school. *American Psychologist Association*, *70*(4), 333-343. Doi:10.1037/a0038658

D'Cruz, P., & Noronha, E., (2013). Breathers, releasers, outlets and pauses: Employee resistance in the context of depersonalized bullying. *Qualitative Report*, *18*(36). URL: http://www.nova.edu/ssss/QR/index.html

Edmonson, C., Bolick, B., & Lee, J. (2017). A Moral Imperative for Nurse Leaders: Addressing Incivility and Bullying in Health Care. *Nurse Leader*, *15*, 40–44. https://doi-org.ezp.waldenulibrary.org/10.1016/j.mnl.2016.07.012

Eggertson, L. (2011). Targeted: The impact of bullying, and what needs to be done to eliminate it. *The Canadian Nurse*, *107*(6), 16. URL:http://www.cna-aiic.ca

Einarsen, S., Skogstad, A., & Glaso, L. (2013). When leaders are bullies: Concepts, antecedents and consequences. *The Wiley-Blackwell Handbook of the Psychology of Leadership Change and Organizational Development*, 129-153. URL: https://www.wiley.com/.../The+Wiley+Blackwell+Handbook +of+the+Psychology+of+...

Einarsen, S., Hoel, H., Zapf, D, & Cooper, C. L. (Eds.). (2011). *Bullying and harassment in the workplace: Developments in theory, research, and practice*. 2nd ed. Boca Raton, FL: CRC Press.

Fairman, J. A., Rowe, J. W., Hassmiller, S., & Shalala, D. E. (2011). Broadening the scope of nursing practice. *New England Journal of Medicine*, *364*(3), 193–196. Doi:10.1056/NEJMp1012121

Fapohunda, T. M. (2013). Managing workplace bullying. *Journal of Human Resource Management. 1*(3), 39–47. URL:https://doi.org/10.11648/j.jhrm.20130103.11

Feather, R. A., Ebright, P., & Bakas, T. (2015). Nurse manager behaviors that RNs perceive to affect their job satisfaction. *Nursing Forum, 50*(2), 125–136. Doi: http://dx.doi.org/10.1111/nuf.12086

Friis, A. M., Consedine, N. S., & Johnson, M. H. (2015). Does Kindness Matter? Diabetes, Depression, and Self-Compassion: A Selective Review and Research Agenda. *Diabetes Spectrum*, *28*(4), 252–257. Doi:10.2337/diaspect.28.4.252

Gaetano, M. (2010). Bullying: A view from the corporate world. *Journal of the International Ombudsman Association. 3*(2), 52–56. Retrieved from https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=54855179&site=eds-live&scope=site

Gaffney, D. A., DeMarco, R. F., Hofmeyer, A., Vessey, J. A., & Budin, W. C. (2012). Making things right: Nurses' experiences with workplace bullying—a grounded theory. *Nursing Research & Practice*, 1-10. Doi:10.1155/2012/243210

Giorgi, G., Leon-Perez, J. M., & Arenas, A. (2015). Are bullying behaviors tolerated in some cultures? Evidence for a curvilinear relationship between workplace bullying and job satisfaction among Italian workers. *Journal of Business Ethics*, *131*(1), 227–237. URL:http://www.springerlink.com.ezp.waldenulibrary.org/home/main.mpx

Gladden, R. M., Vivolo-Kantor, A.M., Hamberger, M. E., & Lumpkin, C. D. (2014). *Bullying surveillance among youths: Uniform definitions for public health and* recommended data elements, Version, 1. Atlanta, Ga: National Center for Injury Prevention and Control, Center for Disease and Prevention, and U. S. Department of Education. p 7. URL https://eric.ed.gov/?id=ED575477:

Golle, L., Ciotti, D., Gehrke Herr, G. E., Aozane, F., Schmidt, C. R., & Bernat Kolankiewicz, A. C. (2018). Culture of patient safety in hospital private. *Revista De Pesquisa: Cuidado E Fundamental*, *10*(1), 85-89. doi:10.9789/2175-5361. 2018.v10i1.85-89

Grace, G. G. (2016). *Being bullied in the workplace and impaired professional performance: The lived experience of nurses* (Doctoral dissertation, University of Phoenix). URL https://www.google.com/search?client=firefox-b-1-ab&q=Grace%2C+G.+G.+%282016%29.+Being+bullied+in+the+workplace+and+impaired+professional+performance%3A+The+lived+experience+of+nurses+%28Doctoral+dissertation%2C+University+of+Phoenix%29.:

Granstra, K. (2015). Nurse against nurse: Horizontal bullying in the nursing profession. *Journal of Healthcare Management*, *60*(4), 249-257. URL: https://shop.lww.com/

Grimm, J. W. (2010). Effective leadership: Making the difference. *Nurse Educator, 36*(1), 4-77. Doi:10.1016/j.jen.2008.07.012

Hymel, S., & Swearer, S. M. (2015). Four Decades of Research on School Bullying. *American Psychologist*, *70*(4). 293-299.Doi:10.1037/a0038928

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health.* Washington, DC: National Academies Press.Doi:10.7748/ns.26.7.31. s40

Jenkins, M. F., Zapf, D., Winefield, H., & Sarris, A. (2012). Bullying allegations from the accused bully's perspective. *British Journal of Management*, *23*(4), 489-501. URL:http://www.wiley.com.ezp.waldenulibrary.org/WileyCDA/

Joint Commission. (2016). Bullying has no place in health care. *Quick Safety*, *24*, 2 URL: https://www.jointcommission.org/assets/1/23/Quick_Safety_

Kemp, V. (2014). Antecedents, consequences and interventions for workplace bullying. *Current Opinion in Psychiatry*, *27*(5), 364–368. https://doi-org.ezp.waldenulibrary.org/10.1097/YCO.0000000000000084.

King-Jones, M. (2011). Horizontal violence and the socialization of new nurses. *Creative Nursing*, *17*(2), 80-86. URL: http://www.springerpub.com/

Kirch, D. G., Henderson, M. K., & Dill, M. J. (2012). Physician workforce: Projections in an era of health care reform. *Annual Review of Medicine*, *63*, 435- 445. doi: 10.1146/annurev-med-050310-134634

Laschinger, H. K. S., Grau, A. L., Finegan, J., & Wilk, P. (2010). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of Advanced Nursing*, *66*(12), 2732-2742. URL:http://www.wiley.com.ezp.waldenulibrary.org/WileyCDA/

Laschinger, H. S., Wong, C. A., Cummings, G. G., & Grau, A. L. (2014). Resonant leadership and workplace empowerment: The value of positive organizational cultures in reducing workplace incivility. *Nursing Economic$*, *32*(1), 5-44. URL: http://www.ajj.com/services/pblshng/nej/default.htm

Laureate International University. (2016). Writing center. Retrieved from Walden University, August 9, 2016. URL: https://academicguides.waldenu.edu/writingcenter/home

Le Mire, S., & Owens, R. (2014). A propitious moment? Workplace bullying and regulation of the legal professions. *UNSW Law Journal*, *37*(3), 1030-1061. URL: http://www.unswlawjournal.unsw.edu.au

Lorenz, K. (2005). *On aggression*. Psychology Press. Taylor and Francis e-Library. URL: www.eBookstore.tandf.co.uk

Lutgen-Sandvik, P. (2013). *Adult bullying- A nasty piece of work: Translating a decade of research on non-sexual harassment, psychological terror, mobbing, and emotional abuse on the job.* St. Louis, MO: ORCM Academic Press.

Lutgen-Sandvik, P., & Tracy, S. J. (2012). Answering five key questions about workplace bullying: How communication scholarship provides thought leadership for transforming abuse at work. *Management Communication Quarterly*, *26*(1), 3-47. URL: https://journals.sagepub.com/home/mcq

Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, CA: Sage Publications, Inc. https://doi-org.ezp.waldenulibrary.org/10.4135/9781412995658

Namie, G. & Namie, R. (2009). *The bully at work: What you can do to stop the hurt and reclaim your dignity on the job*. (2nd ed). Naperville, IL: Sourcebooks, Inc.

Namie, G., Namie, R., & Lutgen-Sandvik, P. (2010). Challenging workplace bullying in the United States: An activist and public communication approach. *Bullying and*

Harassment in the Workplace: Developments in Theory, Research, and Practice. Boca Raton, FL: CRC Press. 447-467.

Namie, G. N. & Namie, R. F. (2011). *The bully-free workplace: Stop jerks, weasels, and snakes from killing your organization*. Hoboken, NJ: John Wiley & Sons, Inc. 13.

Nielsen, M. B., & Knardahl, S. (2015). Is workplace bullying related to the personality traits of victims? A two-year prospective study. *Work & Stress*, *29*(2), 128-149. URL:http://www-tandfonline-com.ezp.waldenulibrary.org/

Olive, K, & Cangemi, J. (2015). Workplace bullies: Why they are successful and what can be done about. *Organization Development Journal, 33*(2), 19-31. URL:http://www.odinstitute.org

O'Mahoney, C. (2014). Calling an audible: Time to change the NFL's locker room policy. Texas Review of Entertainment & Sports La*w*, *16*, 71. URL: http://www.utexas.edu/law/journals/tresl/index.html

Ortega, A., Christensen, K.B., Hogh, A. Rugulies, R. & Borg, V. (2011). One-year prospective study on the effect of workplace bullying on long-term sickness absence. *Journal of Nursing Management*. *19*. 752-759. doi:10. 1111/j. 13652834.2010.01179. x

Oxford English Dictionary (1989). OED. *Online. (Oxford U 1-24. University Press, 2012), www. oed.com*

Patton, M. Q. (2015). *Qualitative research & evaluation methods*. (4th edition). Thousand Oaks, CA: SAGE Publications Ltd.

Patchin, J.W., & Hinduja, S. (2015). Measuring cyberbullying for research. *Aggression and Violent Behavior.* doi: 10.1016/j.avb.2015.05.013

Peters, A. B. (2014). Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *Journal of Professional Nursing*, *30*(3), 213-227. http://dx.doi.org.ezp.waldenulibrary.org/10.1016/j.profnurs.2013.09.007

Pheko, M. M., Monteiro, N. M., & Segopolo, M. T. (2017). When work hurts: A conceptual framework explaining how organizational culture may perpetuate workplace bullying. *Journal of Human Behavior in The Social Environment*, *27*(6), 571-588. doi:10.1080/10911359.2017.1300973

Phenomenological research: analyses and examples. (1994). In C. Moustakas (ed.), *Phenomenological research methods* (pp. 120-154). Thousand Oaks, CA: Sage Publications Ltd. doi:10.4135/9781412995658.

Quigg, A. M. (Ed.). (2015). *The Handbook of Dealing with Workplace Bullying*. Gower Publishing, Limited: England.

Rudenstine, S., & Galea, S. (2012). Stage three: Internalizing Jefferson County, Colorado US Columbine High School Shooting–April 20, 1999. In *the Causes and Behavioral Consequences of Disasters* (pp. 93-106). Springer New York.

Sauer, P. (2012). Do nurses eat their young? Truth and consequences. *Journal of Emergency Nursing*, *38*(1), 43-46. doi: 10.1016/j.jen.2011.08.012

Sercombe, H. & Donnelly, B. (2013). Bullying and agency: Definition, intervention and ethics. *Journal of Youth Studies*, *16*(4), 491-502. doi: 10.1080/13676261.2012.725834

Shallcross, L., Ramsey, S., & Barker, M. (2013). Severe workplace conflict: The experience of mobbing. *Negotiation & Conflict Management Research, 6*(3), 191-213. doi:10.1111/ncmr.12011

Simons, S., & Mawn, B. (2011). Bullying in the workplace: A qualitative study of newly licensed registered nurses. *(Re) thinking Violence in Health Care Settings: A Critical Approach*, 177. doi:10.3928/08910162-20100616-02

Smokowski, P. R., Evans, C., & Cotter, K.L. (2014). The differential impacts of episodic, chronic and cumulative physical bullying and cyberbullying: The effects of victimization on the school experiences, social support, and mental health of rural adolescents. *Violence and Victims, 29*(6), 1029-1046. doi:10.1891/0886-6708.VV-D-13-00076

Stempniak, M. (2017). Violence Prevention in Hospitals. *H&HN: Hospitals & Health Networks*, *91*(6), 32–37. Retrieved from https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=123334881&site=ehost-live&scope=site.

Stuart-Cassel, V., Bell, A., & Springer, J. F. (2011). Analysis of state bullying laws and policies. *U.S. Department of Education.* Folsom, CA: EMT Associates, Inc.

Sugrue, T. (2012). Workplace bullying, the legal issues. *Accountancy Ireland, 44*(3), 54-57. Retrieved from http://search.proquest.com/docview/1283338720?accountid=14872.

Sullivan, K. (2011). *The anti-bullying handbook.* 2nd ed. Thousand Oaks, CA: Sage Publications Inc.

Thomas, J. P. & Hamilton, Pepper. (2013). Get ahead of the legislation: Eight steps to a strong anti-bullying policy. *HR Specialist: Employment Law is the property of Business Management Daily.*

Vessey, J.A., DeMarco, R., & Difazio, R. (2010). Bullying, harassment, and horizontal violence in the nursing work-force: The state of the science. *Annual Review of Nursing Research, 28*(1), 133-157. doi:10.1891/0739-6686.28.133

Vickers, M. H. (2006). Towards employee wellness: Rethinking bullying paradoxes and masks. *Employee Responsibilities and Rights Journal*, *18*, 267-281. doi: 10.1007/s10672-006-9023-x

Volk, A. A., Dane, A. V., & Marini, Z. A. (2014). What is bullying? A theoretical redefinition. *Developmental Review*, *34*(4), 327-343. doi;10.1016/j.dr.2014.09.001

Walrafen, N., Brewer, M. K., & Mulvenon, C. (2012). Sadly, caught up in the moment: An exploration of horizontal violence. *Nursing Economics*, *30*(1), 6-12. URL: http://www.nursingeconomics.net/ce/2014/article3001649.pdf

Weng, H. Y., Fox, A. S., Shackman, A. J., et al. (2013) Compassion training alters altruism and neural responses to suffering. *Psychological Science*, *24*(7), 1171-1180. URl;https://doi.org/10.1177/0956797612469537

Willer, E.K. & W. R. Cupach. (2011). The meaning of girls' social aggression: Nasty or mastery? In W. R. Cupach & B. A. Spitzberg (Eds.). *The dark side of close relationships II* (p 300). New York, NY: Taylor & Francis.

Williams, B. K. (2016). *An Exploration of Bullied Nurses, Witnesses, and a Hospital's Bottom Lline*. ScholarWorks. Retrieved from https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=ir00976a&AN=wldu.dissertations.4015&site=eds-live&scope=site

Workplace Bullying Institute. (2014). Healthy Workplace Bill [Online]. Retrieved on March 2. 2016 from www.healthyworkplacebill.org/states.php

Bluebook References

Beverly v. Watson, 2017 U. S. Dist. LEXIS 160330 (N.D. III. September 29, 2017). Retrieved on June 8, 2018.

Desrochers v. City of San Bernardino, 572 F.3d 703 (9th Cir. 2009).

DANIEL H. RAESS, M.D., Appellant (Defendant), v. JOSEPH E. DOESCHER, Appellee (Plaintiff). 883 N.E.2d 790; 2008 Ind. LEXIS 313; 155 Lab. Cas. (CCH) P60,601

J.S. v. Blue Mt. Sch. Dist., 650 F.3d 915, 2011 U.S. App. LEXIS 11947, 91 A.L.R.6th 687 (3d Cir. Pa. June 13, 2011). Retrieved on June 8, 2018.

Organizational References

www.healthyworkplacebill.org

https://iawbh.org/Stale_Einarsen/

http://workplacebullying.org/multi/pdf/2014-Survey-Flyer-A.pdf. Accessed on June 5, 2016.

http://www.promoteprevent.org/blog/old-school-sweetheart-modern-day-menace-history-word-bully accessed on June 5, 2016

http://www.who.int/occupational_health/topics/stressatwp/en/ accessed on June 5, 2016

www.fwc.gov.au

http://www.governing.com/topics/public-justice-safety/states-get-tough-bullies

http://www.ncsbn.org/6161.htm

World Health Organization (n.d.). retrieved January 8, 2016 at http://www. who.int/occupational health/topics/stressatwp/en/

http://workplacebullying.org/multi/pdf/2014-Survey-Flyer-A-pdf

https://www.bls.gov/oes/current/oes291141.htm retrieved on June 15, 2018

https://www.forbes.com/sites/niallmccarthy/2018/01/04/americas-most-and-least-trusted-professions-infographic/#3ae1446765b5

https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingprojections.pdf