

Speak Now with the Courage to Confront: An Educational Intervention to Address Bullying

By Dominique Gomez, DNP, RN

Background

Nurse-to-nurse bullying is a critical issue within the nursing profession, impacting close to half of all nurses. This phenomenon, often referred to as the phrase “nurses eat their young,” has a detrimental impact on employee retention, job satisfaction, morale, and ultimately, patient care. Furthermore, nurse-to-nurse bullying significantly affects the well-being of nursing professionals, particularly targeting novice nurses. This targeting raises substantial concerns regarding their retention, as many consider leaving the profession within their initial years of practice due to experiences of bullying. The educational intervention project titled “Speak Now with the Courage to Confront” is designed to mitigate bullying among novice nurses through a quality improvement (QI) initiative. This initiative aims to assess the experiences of novice nurses and their confidence in addressing bullying before and after participating in a three-part educational training program, which emphasizes the recognition and confrontation of bullying behaviors through cognitive-behavioral techniques.

Theory

Conti-O’Hare’s Theory of the Nurse as Wounded Healer emphasizes the importance of fostering a healthy work environment to address bullying and promote recovery. The theory suggests that individuals who engage in bullying often have a history of being bullied themselves, perpetuating harmful behaviors (Christie & Jones, 2013). Healing and coping are crucial for those affected by trauma; without these, they may continue to transfer their pain onto others. Helping new nurses understand the reasons behind bullying

can shed light on their experiences and the broader phenomenon of bullying. If a novice nurse has faced bullying in nursing school or another profession, gaining this knowledge can facilitate healing, allowing them to transform their past suffering into compassion for others (Piredda et al., 2022).

Methods

The QI project involved twelve newly licensed nurses in their first nursing role, participating in a transition-to-practice (TTP) program. These participants completed pre- and post-Negative Acts Questionnaire-Revised (NAQ-R) assessments to evaluate their perceptions of being bullied. Additionally, the post-NAQ-R assessment included an evaluation of the perceived benefits stemming from the educational intervention. Healing and coping are crucial for those affected by trauma; without these, they may continue to transfer their pain onto others.

This QI project implementation replicated Dr. Martha Griffin’s 2004 study on cognitive rehearsal education. Griffin’s study demonstrated that cognitive rehearsal enabled new nurses to respond effectively to bullying, achieving a 100% response rate (Griffin, 2004). When confronted using these techniques, those exhibiting bullying behavior ceased their actions. Thus, Griffin’s educational template aligned well with the project’s design. The educational program encompassed three parts, addressing the types and effects of nurse-to-nurse bullying and providing strategies for responding to instances of bullying behavior. Participants engaged in cognitive rehearsal through practical scenarios utilizing scripted responses. They were given two months to practice these skills within their professional envi-

Resources

988 Suicide and Crisis Lifeline:

- Call or text 988 to connect with a trained counselor

Crisis text line:

- Text FRONTLINE to 741741 to connect with a crisis counselor for free support.

The Well-Being Initiative:

- The American Nurse Foundation offers a variety of resources to support nurses’ mental health

The Emotional PPE project:

- Non-profit providing free, confidential therapy to healthcare workers.

ronment.

Results

An analysis of the pre- and post-NAQ-R questionnaires was conducted alongside the post-evaluation of the educational effectiveness. Statistical data were analyzed using the Wilcoxon test, while the perceived effectiveness of the educational intervention was also assessed. The findings were not statistically significant; however, the overwhelming majority of TTP nurses regarded both the educational program and the techniques instructed as beneficial. Seventy-five percent of participants strongly agreed or agreed that they learned techniques to respond to lateral violence in the workplace effectively.

Conclusion

These improvements contribute directly to the organizational goal of creating a safe environment for both staff and patients. The enhancement of respect within the workplace significantly influences the integration of novice nurses into health-care facilities, fostering a positive organi-

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knowledge. According to Modecki and colleagues, caregivers may require additional guidance on how to effectively monitor and set limits on internet use and online behaviors. For example, recommend that caregivers spend time online with their teens, discuss what's appropriate or inappropriate to share, and talk about internet safety. The teen and their parent or guardian may benefit from additional resources, such as educational handouts, trusted websites, and national reporting or support services.

When appropriate, offer referrals to therapy or counseling services and connect families with community or school-based programs. Your familiarity with current CV resources and unbiased, evidence-based information can help you best support teens and their families. (See What nurses can do.)

Increase awareness

Teens' high levels of internet use and need to establish a sense of identity while building and maintaining peer relationships place them at high risk of CV and its health consequences. Nurses have a responsibility to identify at-risk teens and those who've experienced CV.

To increase awareness within your

healthcare organization, request and promote professional development opportunities focused on CV. In addition, to develop an accurate representation of experiences faced by teens, participate in continuing education courses on the topic. Ultimately, your awareness and action can prevent harm. ■

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zational culture. The findings indicate a significant increase in the confidence and preparedness of nurses to confront bullying behaviors, thereby cultivating a more positive workplace culture. The long-term implications of these outcomes suggest a potential shift in the cultural acceptance of bullying behaviors, which could lead to a healthier workforce and improve pa-

tient care outcomes. Ultimately, the educational model provides a replicable approach for organizations seeking to foster respectful, bully-free environments. ■

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