Bullying: From the Schoolyard to the Workplace
Lessons Learned

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Disclosures

The author, Judith A. Vessey:

- has nothing to disclose..she has not received any sponsorship or commercial support for this presentation.
- has no conflicts of interest.
Objectives

- At the conclusion of this presentation, the participants will be able to:
  - Describe the impact of bullying on an individual’s well-being
  - Identify opportunities for nurses to intervene, breaking the cycle of bullying
Study Aims

- Describe how healthy children and children with 3 different chronic conditions conceptualize their internal bodies.
- Describe the relationship between healthy and affected children’s concepts of their internal bodies on:
  - developmental level
  - condition attributes
  - past experiences
- Describe the relationship among children’s concepts of their internal bodies and their self-concept.
## Children, Chronicity, and Concepts of the Body Interior

<table>
<thead>
<tr>
<th>Concept</th>
<th>Sub-concepts</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental level</td>
<td>Age, Cognition</td>
<td>Parent report, K-BIT</td>
</tr>
<tr>
<td>Condition</td>
<td>Visibility, Severity</td>
<td>PARTS, Physical Impairment Evaluation Chart review, Parent report</td>
</tr>
<tr>
<td>Past experiences</td>
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<tr>
<td>Body interior</td>
<td></td>
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<tr>
<td>Self-concept</td>
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</tr>
</tbody>
</table>

- **Developmental level**
  - Age
  - Cognition

- **Condition**
  - Visibility
  - Severity

- **Past experiences**

- **Body interior**

- **Self-concept**
Children, Chronicity, and Concepts of the Body Interior

Results

- **Aim 1:** The four groups did not differ significantly in their knowledge of the internal body

- **Aim 2:** Developmental level (age and IQ) were significant co-variates in all 4 groups but there was no differences among groups

- **Aim 3:** There were no meaningful differences between children’s self-concepts and knowledge of their internal bodies

- **Other:** Contrast subjects reported significantly more teasing

On Serendipitous Findings
Lesson Learned

Sometimes the most interesting findings of a study are those that are completely unexpected!
Children’s Experiences

No teasing  Amount of Teasing  Always teased

Psychologically harmful  Psychologically healthy  Psychologically harmful
Downward Spiral of Teasing to Bullying

Benign Teasing → Poor Response → Bullying → Poor Response → Nasty Teasing
Bullying:

Repetitive persistent patterns of conduct by one or more children that deliberately inflict physical, verbal, or emotional abuse on another child and where a power differential is in place.
Bullying:

Repetitive persistent patterns of conduct by one or more children that deliberately inflict physical, verbal, or emotional abuse on another child and where a power differential is in place.
Bullying in the Schoolyard: Significance

- Incidence
  - ~20% are bullied in the U.S.
  - 7-55% internationally
- Negative psychological and physical sequelae
- Behavior persists into adulthood
- Early identification of risk provides opportunity for intervention
First branch:
The need for quality Measures!
The Development of the CATS: Child-Adolescent Teasing Scale

NIH NINR R01 NR0438

Major Study Aims

- Identify significant factors that constitute teasing/bullying experiences of children
- Construct and test the CATS psychometrics


Methods

- **Phase I:**
  - 7 focus groups of youths aged 11-14 from across the U.S.

- **Phase II:**
  - Psychometric validation
    - Sample: 684 completers
    - Instruments: Piers-Harris Children’s Self-Concept Scale and the Pediatric Symptom Checklist
## Sample CATS Items

<table>
<thead>
<tr>
<th>I am teased about:</th>
<th>How much it happens</th>
<th>How much it bothers me</th>
</tr>
</thead>
<tbody>
<tr>
<td>My body shape</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>My parents</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>Not being popular</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>Being a dork</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>Acting weird</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>My grades</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>Acting “gay”</td>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
</tbody>
</table>
Study Summary

- The CATS & its 4 PCA-derived subscales demonstrated substantive coherence & psychometric adequacy for use in research and practice
  - Accounted for 49.1% of the extracted variance
    - #1 Personality & Behavior Teasing: 14.2%
    - #2 Family & Environment Teasing: 13.6%
    - #3 School-Related Teasing: 10.8%
    - #4 Physical Size Teasing: 10.5%
- Cronbach’s alpha .94 and ranged from .83 to .90 for the subscales
- Criterion validity was supported
Second branches: CATS outcomes

- CATS translations
  - 4 languages
- Used in research in multiple countries
Lessons Learned

- Negotiating with multiple school districts
  - Gaining acceptance and access
  - Obtaining informed consent/assent
  - Maintaining confidentiality
  - “Paying it forward”
- Matching approach with regional cultural values
- Instrument construction
  - Layout and graphics
  - Length
  - Issues around generalizability—language, reading level
- The influence of federal legislation and political will
REJECTED

Study politically incorrect!
Third branch: Expansion to the workplace
Caring to Confront: Bullying in the Workplace

Personal & Organizational Strategies for Transformation

Wendy Budin, PhD, RN-BC, FAAN
Rosanna DeMarco, APRN, BC, PhD, FAAN
Donna Gaffney, DNSc, APRN, BC, FAAN
Judith Vessey, PhD, MBA, FAAN
Background

- Long recognized internationally
  - Prevalence: 17-76% of RNs
  - Physician to nurse, patient/family to nurse, and nurse to nurse
- Little work done in US
  - Structure of the healthcare system
  - Fear of liability
  - Professional attitudes
- Has resulted in a "culture of silence"
  - Fears of retaliation
  - Perceptions that nothing will change
Bullying and Lateral Violence

Behaviors

- Withholding information
- Excessive criticism
- Insults
- Shunning
- Unreasonable assignments
- Denied opportunities

Frequently “low grade”
Targets for BHHV

Anyone that differs from the group norm on any major characteristic

Gender
Race/ethnicity,
Personality traits
Educational preparation
Experience
Professionalism
Spiraling Downward

Dysfunctional Unit Culture

Victimization

Individuals Targeted

No or Ineffective Intervention

Worsening BHHV
Personal Impact of Bullying

Psychological Symptoms
- Anxiety, irritability, panic attacks
- Tearfulness
- Depression, mood swings, and irritability
- Loss of confidence
- Diminished self-esteem
- Avoidance and withdrawal behaviors
- Increased use of tobacco, alcohol, and other substances

Physical Symptoms
- Disturbed sleep
- Headaches
- Increased blood pressure
- Anorexia
- Gastro-intestinal upsets
- Loss of libido
Bullying & Workplace Impact

**BHHV Behaviors**
- Withholding information
- Excessive criticism
- Insults
- Shunning
- Unreasonable assignments
- Denied opportunities

**Workplace Impact**
- Impaired:
  - Communication
  - Collaboration
  - Decision making
- Poorer performance
- Greater absenteeism
- Professional disengagement
- Poorer retention
Relationship to Quality of Care

- BHHV
  - Poorer Quality Care
  - Poorer Patient Outcomes

Bullying
- Poorer Satisfaction
  - Absenteeism, Turnover

- Poorer Quality Care
  - Absenteeism, Turnover
Internet Survey

Primary purpose: To validate the occurrence of bullying among nurses across the U.S. and describe outcomes related to bullying experienced of nurses

Of specific interest:
- Nurses working in inpatient settings

Design: 30 item anonymous survey with 1 open-ended question

Linked to Nursing Spectrum article

Components:
- Demographic information
- Perpetrators of bullying
- Frequency & type of bullying
- Personal & professional consequences


“Making things right”

- The findings shape a grounded theory of how nurses make things right when confronted with bullying events in their professional lives.
- The essential parts of making things right are:
  - placing bullying events in a context,
  - assessing the situation,
  - taking action and
  - judging outcomes.
Lessons Learned

- Bullying cuts across generations, situations
- The effects can be long-lasting—endangering self and others
- Evidence-based strategies are desperately needed across settings
Preventing Bullying—In Schools, In the Workplace
Prevention Models

**Primary prevention:** helps prevent the condition from developing

- Requires the identification of those personal, interpersonal, and environmental factors that contribute to bullying

**Secondary prevention:** activities aimed at early problem detection

- Requires screening and intervention when bullying has begun, but is still “under the radar” and/or long-term sequelae can be prevented or ameliorated

**Tertiary prevention:** prevention of progression and attendant suffering after bullying is clinically obvious

- Often palliative in nature
Prevention Model

Prepathological
Preclinical
Clinical

Primary Prevention
Secondary Prevention
Tertiary Prevention
Fourth branch:
Child & Youth
Intervention
Research
Prevention Model: The Schoolyard

Stop Bullying Now

- Prepathological
  - Primary Prevention
- Preclinical
  - Secondary Prevention
- Clinical
  - Tertiary Prevention
Helping Students with Special Health Care Needs to Build Resiliency
Deborah Munroe Noonan Foundation

Specific Aim:
To explore whether a school nurse led support group could help students with disabilities become more resilient to handling teasing and bullying situations

Methodology:
Intervention, pretest, post-test design

Establishing a Practice-based Research Network

Massachusetts School Nurse Research Network:

Conducts research and uses translational research to support and improve student health outcomes and the efficacy and efficiency of school nursing care.
Overview

School’s Profile
- 11 highly diverse elementary or middle schools

Sample
- Total=65 completers
- Mean age=10 years, 5 months;
- Diverse disabilities

Intervention
- 12-session, 24 week intervention based on HRSA’s *Stop Bullying Now* campaign  
Intervention

Components:

- Support groups
  - “Webisodes”
- Discussion
- Supportive activities
- School milieu activities
- Print PSAs
- Tip sheets to parents and teachers
Study Conclusion

School-nurse led support groups for students with disabilities have strong potential in helping them become more resilient in handling teasing and bullying situations.
Fifth branches:
Secondary prevention

- Bullying
- CABS
- Schoolyard
- Workplace
- RACSH Systematic review

Bullying
Prevention Model: The Schoolyard

Prepathological

Primary Prevention

Preclinical

Secondary Prevention

Clinical

Tertiary Prevention

Screening Instrumentation

Lead Time
Increasing Meaning in Measurement: A Rasch Analysis of the Child Adolescent Teasing Scale (CATS)

**Purpose:** to evaluate the degree to which the CATS items have been developed in accordance with the assumptions of the Rasch measurement model

**Method:** methodological, secondary data analysis

A Systematic Review of the Psychometric Properties of Available Instruments

Purpose:
- identify the published self-report measures developed to assess youth bullying
- evaluate their psychometric properties

Methods:
- systematic review following PRISMA guidelines

Results:
- 23 articles describing 20 self-report instruments were evaluated
- Quality assessments ranged from 18 to 91%, 5 ≥ quality score of 75%
- Limited evidence supporting the reliability, validity, and responsiveness of existing youth bullying measures was identified.

Development of the Child-Adolescent Bullying Screen (CABS)

NICHD 1R21HD083988

Purpose:
- to develop a psychometrically robust screening tool for use in healthcare environments.

Methods:
- mixed methods

Results:
- Pending
Fifth branches:

- Quality Initiatives
  - Primary Prevention
  - Secondary Prevention

Nurse residency programs
Exit surveys
NDNQI
Prevention Model: The Workplace

Nurse Residency Programs

Evaluation of Existing Data
• Exit surveys
• Patient Satisfaction
• NDNQI

Lead Time

Prepathological

Preclinical

Clinical

Primary Prevention

Secondary Prevention

Tertiary Prevention
