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Research

Don't be nasty: A phenomenological study of newly licensed nurses and workplace bullying

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ABSTRACT

Background: Bullying behaviors whether verbal, emotional, or physical impact nurses in several ways.
Aim: The purpose of this study was to describe how newly licensed nurses managed the bullying behaviors they experienced.
Methods: A qualitative descriptive design was used with 24 newly licensed nurses. Interviews followed an open-ended, semi-structured interview guide. Colaizzi's procedural steps for phenomenological analysis were used to analyze the transcript data.
Results: Six themes emerged from the qualitative data: The Bullying, The Perception of the Event, How Bullying Affected Them, How They Dealt with Bullying, How They Wished Bullying Had Been Managed, and What the School Should Do.
Conclusions: Organizational support, in the form of policies and procedures, could reduce bullying behaviors and improve nurse efficiency. Additionally, nursing schools can incorporate education about bullying into their curricula to both better prepare new nurses and break the cycle of bullying among nurses.

Background

Workplace bullying is a profound clinical issue for nurses. Berry et al. (2012) reported that nearly half of nurses experienced bullying behaviors. More recently, Fang et al. (2020) found that around two-thirds of nurses experienced bullying behaviors and these behaviors can harm or isolate someone from a group. While anyone can exhibit bullying behaviors, a bully is defined as someone who repeatedly causes harm over several months (Canadian Centre for Occupational Health and Safety [CCOHS], 2022). In this paper, we will focus on the behaviors and not the label of a person(s) as a bully.

Bullying behaviors, whether verbal, emotional, or physical, impact nurses in several ways. First, frequent exposure to workplace aggression including bullying is related to higher levels of psychological distress such as anxiety and symptoms of posttraumatic stress (Bardakçi & Günüşen, 2016; Berry et al., 2016). Second, workplace bullying negatively impacts work productivity (Berry et al., 2012; Wilson & Phelps, 2013), such as lack of concentration during clinical care and not asking for help. Last but similarly, Anusiewicz et al. (2020) noted that bullying behaviors influence patient care outcomes. Specific examples include nurse-reported bullying being related to patient central-line-associated bloodstream infections (Arnetz et al., 2019), frequency of errors (Balushi et al., 2021; Westbrook et al., 2021), and adverse events and deceased quality safety (Purpora et al., 2015).

While the problem of workplace bullying has been reported, how nurses managed bullying behaviors has not been described. Therefore, the purpose of this study was to describe how newly licensed nurses managed the bullying behaviors they experienced. In addition, the nurses stated their expectations for educational programming to further prepare them to effectively manage bullying behaviors in the workplace.

Methods

Design

To address the study purpose, a qualitative descriptive design was used. This study was part of a larger study examining the implementation of a program to educate bachelor's degree junior and senior nursing students on how to manage bullying behaviors once they entered the nursing workforce as newly licensed registered nurses. Institutional Review Board approvals were obtained from the three universities where the study participants were initially recruited

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while nursing students. The consolidated criteria for reporting qualitative research checklist was used to guide the reporting of this research (Tong et al., 2007).

Sample

Registered nurses who had previously enrolled in the intervention phase of the study in November 2013 as nursing students were solicited for participation. The study sample for the current study was randomly drawn from a roster of 185 participants who had been enrolled in one of three nursing schools in the Midwest United States and had previously completed the intervention phase of the study in Fall 2013/Spring 2014. The original intervention involved an educational program on workplace bullying incorporated into multiple nursing courses (e.g., nursing leadership, community health nursing, community health nursing clinical) (reference removed for blinded peer review). See Table 1 for description of sample for parent and current study. Random selection continued until 24 (13.0%) respondents agreed to participate; three people did not respond to the invitation. Respondents had been in clinical practice for approximately 6-18 months at the time of the interview.

Procedures

Potential participants for the current study received an email solicitation to participate. Interested respondents contacted the researchers via phone or email and an interview time was scheduled. Verbal informed consent was obtained from each respondent at the start of the interview session. Interviews took place from April to December 2015. Each interview followed an open-ended, semi-structured interview guide to assure consistency in the interview process. The interview questions were as follows:

1. Tell me about an incident from within the last six months where someone in the clinical setting exhibited behaviors of workplace bullying.
2. Why do you think the incident happened?
3. Did you attempt to stop the bullying incident?
4. Tell me what you remember from the bullying education you received in nursing school.
5. Did you use any of this bullying education while a nursing student or working as an RN?
6. What additional education do you need to intervene when you experience or see bullying in the clinical setting?

Interviews were conducted by two members of the study team (DG, GLG). Interviews were conducted by telephone and audio recorded using CallMyna equipment. A professional transcriptionist transcribed the interviews verbatim. The transcripts were verified for accuracy by GLG prior to analysis.

Table 1
Demographic characteristics of the current sample and parent study.

Demographic characteristic	Current study sample		Parent study sample	
	n	%	n	%
Race/ethnicity[a]				
White	18	75	154	88
Person of color	6	25	21	12.1
Hispanic ethnicity	3	13.6	nd[d]	nd[d]
English as native language[b]	23	95.8	171	97.7
Gender[c]				
Female	20	83.3	157	88.7
Male	4	16.7	20	11.3

[a] Ethnicity missing for 2 cases in current sample and race missing for 9 cases from parent study sample.
[b] Native language missing for 9 cases in parent study sample.
[c] Gender missing for 7 cases in parent study sample.
[d] No data; this information was not collected as part of the parent study sample.

Data analysis

Colaizzi's procedural steps for phenomenological analysis were used to analyze the transcript data (Colaizzi, 1978). Interview data transcripts were managed using NVivo 9 (Cambridge, MA) qualitative data management software. Prior to starting data analysis, the team members discussed their presuppositions about workplace bullying in healthcare as well as bullying in general. The researchers were purposeful to set-aside their presuppositions during analysis and agreed to challenge each other's analysis should an interpretation seem based on a presupposition (conscious/known or unconscious/unknown) and not the data.

Analysis began with two members of the research team (EG, GLG) analyzing the transcripts using a constant comparative analysis method to generate themes reflective of the data. The analysis procedures included both researchers reading each transcript several times to identify significant statements. The researchers then met to discuss these statements and come to agreement on themes in which the statements would be clustered. An audit trail was generated to track coding decisions. The researchers returned to the original transcripts and independently coded each transcript based on the thematic coding schema. Each successive transcript was analyzed in the same manner as the previously analyzed transcripts. Theme names and descriptions evolved during the coding procedures. At the end of analysis, composite themes were identified to represent the respondent data; data saturation was achieved. These composite themes were reviewed by four (three female, one male) randomly selected respondents to determine their legitimacy in relation to bullying behaviors; all four respondents confirmed the thematic hierarchy and representative statements.

Trustworthiness of the study findings was accomplished based on recommendations by Lincoln and Guba (1985). First, two investigators independently reviewed and analyzed each transcript and came to agreement on the coding for each significant statement and thematic description to yield findings, which were dependable and confirmable. Second, the themes and descriptions were emailed to four participants asking for their feedback. All four participants indicated the descriptions were reflective of their experiences, which provided credibility to the study findings. Third, multiple significant respondent statements are provided to support the themes identified in this study, which can be used for credibility and transferability.

Findings

The majority of the 24 respondents for this study self-identified as White (n = 18, 75%), non-Hispanic (n = 19, 86.4%), and female (n = 20, 83.3%). The demographic characteristics of this subsample mirrored those of the parent study's sample (see Table). The mean age of the current sample was 28.5 years (median: 25 years), with a range of 21 to 44 years.

Six themes emerged from the qualitative data: The Bullying, The Perception of the Event, How Bullying Affected Them, How They Dealt with Bullying, How They Wished Bullying Had Been Managed, and What the School Should Do. Each theme is described in the following sections. Box 1 provides a composite statement of the findings describing newly licensed nurses' practices and preferences for managing workplace bullying behaviors.

Box 1
Composite statement of newly licensed nurses' practices and preferences for managing workplace bullying behaviors.

Newly licensed nurses experience workplace bullying behaviors that manifest as derogatory, condescending, and intimidating remarks, which impact their confidence and perceived competence. For some, the experiences lead to delayed or missed care. While some newly licensed nurses manage bullying behaviors by using avoidance-coping strategies (e.g., avoiding the aggressor, avoiding confrontations), other newly licensed nurses use proactive coping strategies (e.g., confronting the aggressor, providing encouragement to newly licensed nurses, reporting bullying behaviors). Desired strategies for future use by self and others include role modeling positive behaviors, addressing bullying behaviors when they occur, promoting a positive workplace culture, and incorporating workplace bullying training widely into nursing curricula.

The bullying

The theme "The Bullying" relays the context of the bullying behaviors the respondents reported experiencing as newly licensed registered nurses. Statements in this theme highlight assumptions of the respondents' competence and the aggressors' expectations of them despite the respondents being newly licensed nurses. Respondent #6 described her competence being challenged by the following exemplar:

"Asking a question of a peer of mine, um, and they just looked at me as if I was stupid, and then said, "Why are you even a nurse if you don't even know that?" Um, so, it's actually, it's more of a personal thing than kind of, you know, questioning my, my education and my competency."

This respondent #6 continued:

"[I was] just in a patient's room and leaving, and then her [charge nurse] going in and questioning several things. And I was like, "Well, I was just in there two seconds ago." And she's like, "Well, you're not watching. You're not, you know, you're obviously slacking off." And I was like, "I was literally just in there two minutes ago."...It seemed more like a questioning of my ability as a nurse rather than just the kid could've been fine this minute and then coughed and got choked or something, you know, the next."

Respondent #8 had a similar experience:

"I had blood pressure medications due. And I had made a suggestion, and then he [physician] questioned my thought process. So, I told him, and then he, in a not so nice way, told me that I was wrong, and the way I was taught was wrong and then kinda hung up on me."

Within this theme, respondents noted that preceptors often did not provide the tools or education needed to practice safely and effectively, and preceptors did not explicitly state their expectations. Respondent #1 shared that a preceptor "didn't give me tools that I needed." Therefore, the new nurse was unable to complete her work. Another respondent (#9) stated, "the expectation is once they show you how to do something once, you're supposed to know how to do it."

Respondent #9 continued:

"She was supposed to give this medication through this Mic-Key tube and I guess her preceptor never showed her how to do it, so the medications were late and then at that point the family got very upset. You know, why are my medications late? And um, so after she finished whatever care that she was giving the patient, she came outside and there was a group of supervisors including her preceptor, other supervisors in the hospital who pulled her into a room and said, "This is unacceptable, your medications were late."

In one instance, respondent #17 even reported that the other nurses gave the wrong tools:

"I don't know why, like for instance, um, I had to do something with a patient, never done it before, and I asked for help, and a couple of them thought it was funny to give me the wrong supplies and try to watch me do it."

Commonly, respondents reported that expectations were not explicitly stated, and when the unspoken expectations were not met, experienced nurses would make comments about their perceived lack of productivity such as "Why are you just sitting there?" indicating they should be doing something active and not taking a break or resting. Even when requested, some of the experienced nurses would not help or acknowledge the respondents, making it more challenging to meet both spoken and unspoken expectations. For example, respondent #4 discussed the challenges of floating to a different nursing unit along with her preceptor: "so we floated there and all the other nurses had pretty fair assignments, while our assignment was two kids who were both in isolation and both had constant IV [intravenous] meds every hour. So, we never sat, we didn't eat, we didn't—like I didn't go to the bathroom. That was the first time I ever like held back, and every other nurse had like adequate time to chart and was like hanging out, talking, having fun. And while the whole day we were just running around and it was just like stacked, we weren't used to working with, so they weren't very friendly, and no one offered to help and it was like the most stressful day we ever had."

In the previous example, both the nursing preceptor and the newly licensed nurse (study respondent) were reportedly assigned an unmanageable workload and were not offered help. Additional reported negative behaviors were more overt and included comments by aggressors, which respondents perceived as "putting each other down," "being demeaning," and "she ripped me a new hole."

The perception of the event

The theme "The Perception of the Event" represents the respondents' perceptions for why they believed the bullying behaviors occurred. The respondents consistently alluded to cultural norms at work and lack of communication as primary reasons for bullying behaviors to occur or continue.

Acceptance of cultural norms at work perpetuates negative behaviors. Aggressors' negative behaviors continue when issues are not confronted. For example, nurses discussed being yelled at by physicians and others as well as being told what they needed to do regardless of their original nursing assignment. These confrontations impact the respondents but are often accepted as a norm. Respondent #12 provided an example of this acceptance: "Later I learned that it's just her trying to do like a power play essentially and telling me where to go even though it doesn't make any sense."

The negative behaviors had become so ingrained in the work culture that "they don't see it." The respondents had accepted that negative behaviors were the norm. Alternatively, some believed the bullying behaviors were "never that big of a deal" or the result of "people's egos get[ting] in the way."

The respondents perceived additional barriers amongst the nursing staff. One barrier was the lack of "enough communication between day shift and night shift." Another barrier offered by a male respondent (#14) was the transition to hiring new nurses to the intensive care unit:

It's a change and everybody's gonna have some kind of resistance to change; and I think that maybe, that was the—that nurse's way of, you know, resisting a little bit. But I can to a certain point, I guess I can understand the concerns.

How bullying affected them

The theme "How Bullying Affected Them" conveys the personal impact the bullying behaviors had on the respondents' cognition and emotions. The negative emotions experienced included feelings of

inferiority, feeling like a horrible nurse, and feeling like a failure. The impact of these negative emotions "wore on" them ultimately affecting their personal and professional lives. After a female respondent (#6) was asked "Why are you a nurse if you don't even know that?" when asking for guidance on patient care, the respondent described the negative impact the conversation caused her:

"Which then did affect me for several hours after that, because then I not only felt bad about myself, because it was something I didn't know. I still didn't have the answer to my question. And I felt like a horrible nurse, so."

The cognitive impact of their behaviors led to respondents' inability to problem-solve and fulfill their roles as newly licensed nurses. Respondent #5′s reflection on a situation she witnessed emphasized the dread new nurses had as a result of bullying behaviors, "Oh yeah and it made it hard for her to communicate without, oh I have to talk to him."

How they dealt with bullying

The theme "How They Dealt with Bullying" describes respondents' individual responses when bullying behaviors were experienced. The responses were reflective of problem-focused and avoidance-focused coping styles. Examples of problem-focused coping behaviors were standing up for other people, using the chain of command to report or address negative behaviors, trying to be encouraging with others, and attempting to meet work expectations as they became known. Respondent #2 attempted to confront an aggressor but reported, "I was stopped, because our team leader suggested not to say anything since we all assumed she was putting her two weeks in." Eventually the respondent confronted the aggressor. Examples of avoidance-focused coping behaviors were staying out of the way and not talking to aggressors, not discussing negative behaviors with anyone, and avoiding confrontations. Respondent #9 said, "…so just kind of suffer in silence, and then complain about the other person to all the other people around them." This exemplar reflects avoiding confrontation while simultaneously using negative behaviors against the original aggressor.

Although many respondents discussed coping behaviors, respondent #8 described the commitment in his department to avoid the use of negative behaviors:

"Like, when new people come in, we don't bully them for not knowing stuff. I mean, you just don't know stuff at first. So, I think that we're not really in a "nurses eating their young" kind of unit. You can't be that way with how many new nurses there are."

How they wished bullying had been managed

The theme "How They Wished Bullying Had Been Managed" encompasses the prevention strategies deemed optimal by the respondents that should or would be adopted as they progressed in their nursing career. The respondents planned to adopt these behaviors personally or desired for them to be adopted by others in the work unit. Proactive strategies included a commitment to never adopt negative behaviors like being "nasty or negative" to others, be open and welcoming to student nurses as a role model of positive behaviors, use positive messaging to build others up, seek help from others when negative interactions occur, and communicate early to prevent miscommunication. An example was given by respondent #22 who believed it would be good to set expectations for welcoming new nurses to the unit as a strategy to prevent future negative behaviors:

"I would probably appreciate if one of the managers would confront like all charge nurses and just say like, "Look, you guys are in this position, because you are the senior nurses, you have the knowledge, like you guys need to, you know, be like willing to help and like be nicer to [the new nurses]."

Additionally, respondents believed it was important not to make excuses or justify the negative behaviors when they occurred, for people to have therapeutic outlets to reduce stress to prevent using negative behaviors, and to increase communication. Respondent #13 said, "So, there's not a whole lot of, like, time for people to have, like, a sit-down conversation about what happened. That's kind of improbable." Yet these conversations, if had, were believed to be a key strategy for preventing future acts of aggression.

Finally, respondents also suggested that the healthcare institution plays a role in preventing and managing bullying behaviors. Respondent #5 shared:

"I think part of that is also the healthcare institution that you work at really sets the tone. They set the culture. So, I mean if you have a workplace that's very aware or very intentionally involved with its employees and really making sure, like okay are we working together? If not, what are the obstacles that we run into? Then you don't necessarily have the opportunities for bullying, because you've got—you got a culture that's set up where...no, we support one another. We're working with one another not against one another."

This respondent stressed the necessity of the organization and the workplace culture in reducing bullying behaviors. Others echoed the necessity of the organization, mentioning "in the hospital there should be awareness" and "better systems put in place."

What the school should do

The theme "What the School Should Do" reflects strategies to be considered by faculty members in schools of nursing to prevent future bullying behaviors. It also reports on the preparation that nursing students need to address the bullying behaviors they would likely be subjected to as newly licensed nurses. An initial strategy proposed by the respondents was raising awareness that the problem exists. They reported this could be accomplished by discussing the presence, prevention, and mitigation of bullying in school curricula. For example, education on "how gestures, tone of voice, um, all that impacts the communication with another person, especially if there's a misunderstanding" [Respondent #13]. This education was recommended to span the curriculum and not be relegated to a single course so that it would be addressed repeatedly. Specific strategies the respondents encouraged faculty to use were providing examples from the faculty members own experience and discussing at clinical rotation post conferences or during discussion groups. The use of external nurses also was recommended, "Maybe if there was like more people who came to the schools and kind of spoke about their experience with bullying and how they handled it, so it's more realistic," [Respondent 19] then the education could potentially have a greater impact. Ultimately, different scenarios were preferred to allow students to work through the case studies: "…maybe like different scenarios that they can work through, because it does happen," with the scenarios being based on "real-life examples and how they would approach it" [Respondent #16].

Discussion

Bullying is pervasive in nursing (Anusiewicz et al., 2020; Bardakçi & Günüşen, 2016; Brewer et al., 2020), and can affect newly licensed nurses' health and patient care. The present study described newly licensed nurses' experiences with bullying behaviors and suggestions for managing or reducing bullying behaviors in the workplace. Six themes emerged during data analysis: The Bullying, The Perception of the Event, How It Affected Them, How They Dealt with It, How They Wished It Had Been Managed, and What the School Should Do.

First, newly licensed nurses reported their experiences with bullying behaviors and bullies in the workplace. Bullying behaviors are individual acts directed towards another person, which cause harm

or isolate someone (CCOHS, 2022), and the behaviors can manifest as verbal, emotional, or physical. This first theme provided context for the types of bullying behaviors that the nurses witnessed or experienced. Previous research has shown that newly licensed nurses experience or witness high rates of bullying. Berry et al. (2012) found that nearly 75% (n = 147) of newly licensed nurses in their study had experienced or witnessed bullying. Fang et al. (2020) also found that over two-thirds of the nurses in their study still reported workplace bullying showing that the problem persists. In the current study, nurses described experiencing a variety of bullying behaviors including coworkers withholding or providing incorrect information, coworkers questioning the nurse's knowledge, and verbal abuse.

The nurses reported their perceptions of why bullying behaviors occurred. Notably, bullying behaviors often were accepted as part of work cultural norms. Bullying behaviors were ingrained in the workplace and often coworkers seemed to be unaware of the bullying. Also, one respondent noted that "egos" got in the way. Similarly, Anusiewicz et al. (2020) described bullying in relation to the work environment of new nurses, abuse of power, and nature of the work. Newly licensed nurses can be targets and those in power can assert their dominance. Bardakçi and Günüşen (2016) noted that frequently aggressors were people in power, such as head nurses and physicians. When individuals in power are the aggressors, it can be difficult for nurses to raise concerns about bullying behaviors. The work culture and the power assertion can wear down newly licensed nurses.

The bullying events affected the respondents cognitively and emotionally. In this study, some nurses felt negative about themselves following a bullying episode and a sense of dread when they had to interact with aggressors. Bullying behaviors make it difficult for nurses to complete their work and can have negative health impacts (Anusiewicz et al., 2020; Bardakçi & Günüşen, 2016; Berry, 2015; Brewer et al., 2020). Berry et al. (2016) found bullying increased stress and anxiety in nurses. Anusiewicz et al. (2020) described the mental and emotional effects of bullying on nurses: self-doubt, defenselessness, and emotional distress. Bullying impacts health and can lead to burnout (Brewer et al., 2020; Snapp et al., 2022). In addition to "feeling bad" or emotional impacts, productivity is affected (Berry et al., 2016), which can include delayed care and patient care errors. Arnetz et al. (2019) reported a significant relationship between bullied nurses and their patients' central-line associated bloodstream infections. This relationship indicates the adverse effects that bullying can have on patient care. Overall, the effects of bullying can impact patient care, because nurses cannot complete their jobs effectively.

The respondents dealt with bullying experiences by either problem-focused or avoidance-focused coping styles. Nurses in the present study reported approaching the aggressor or planning for expectations as methods of problem-focused coping styles, which were modeled and discussed during the role play component of the intervention (Gillespie et al., 2017). However, nurses noted that avoidance strategies also were used to deal with bullying experiences. Berry et al. (2016) reported that nurses felt targeted and defenseless when exposed to biweekly or more frequent episodes of bullying. Additionally, Bardakçi and Günüşen (2016) found that many nurses kept silent upon experiencing bullying behaviors, discussed the situation with friends or family, or overlooked the aggressor. By avoiding confrontation, bullying behaviors are allowed to continue and become part of the work cultural norm. Furthermore, nurses may begin to adopt bullying behaviors as these behaviors are recognized as the norm (Berry, 2015).

Respondents believed that bullying should be managed in different ways. The nurses in this study suggested proactive strategies such as acceptance of new employees and early communication to reduce bullying behaviors. Organizational support predicts job satisfaction and is related to less missed work (Brewer et al., 2020). However, leadership may not be a source of support. Berry (2015) noted that only 2 of 84 respondents reported nurse leaders as a source of social support. Kim and Shin (2020) reported that one method for promoting a successful transition from nursing student to newly licensed nurse was structural empowerment, which can lead to decreased workplace bullying. Leadership support is necessary to reduce bullying behaviors, but nurses may be uncomfortable approaching leadership without structures in place that would support the nurses' concerns. Berry (2015) reported that bullying behaviors were adopted by some nurses after working in units with sentinel events. Therefore, education should continue beyond nursing school. In addition to support structures, healthcare organizations could provide continued anti-bullying training.

Respondents suggested that schools could better prepare nursing students for bullying behaviors in the workplace. Schools could include bullying education throughout the curriculum. Gillespie et al. (2017) developed an educational program for nursing students which incorporated education, guided classroom experiences, and simulations. Some topics in the program included information about bullying, bullying prevention, and how to handle bullying in the workplace (Gillespie et al., 2017). Implementation of educational programs can prepare nursing students for the workplace with a goal to also reduce workplace bullying.

Implications

Because bullying behaviors continue to be a concern for nurses, this study suggests several changes that could reduce bullying behaviors. First, addressing workplace culture and lack of structural support is necessary. Healthcare organizations need policies and education in place to prevent bullying behaviors, require the reporting of bullying behaviors, and ameliorate the effects of bullying behaviors. Organizations should offer education that addresses bullying prevention and how to handle bullying situations. Furthermore, organizations should have tools available to report bullying behaviors and assess workplace culture. These tools could include a reporting hotline and recurring surveys on workplace culture. If bullying or bullying behaviors occur, organizations should have policies in place to provide psychological support to the affected individuals. Organizational support should be multi-layered to address prevention, support, and remediation.

Next, nursing schools can provide bullying prevention education to student nurses. For example, schools can educate students on the basics of bullying, how to approach an aggressor, and how to handle a bullying situation. These experiences can be incorporated throughout the nursing curriculum and in alignment with other course material. Nurses can recognize bullying behaviors and adopt behaviors that are supportive of coworkers, especially new nurses who are at high risk for bullying. The Registered Nurses Association of Ontario (RNAO, 2019) provides guidance on preventing bullying against healthcare workers. The RNAO recommendations align with the suggestions from this study. RNAO (2019) recommends addressing bullying, implementing education and training programs, and that organizations develop policies and procedures on bullying. This training should be done while providing a psychologically safe environment that includes setting students up for success, cultivating a culture of safety, demonstrating skills as a clinical facilitator, and providing other supports (Chicca & Shellenbarger, 2020).

Limitations

This study included the perspectives of 24 newly licensed nurses in the Midwest United States who previously received a bullying intervention. The small sample size, location of the study, age of data, predominant female sample, and qualitative method limit the generalizability of this research. Nurses who were uncomfortable sharing experiences may have chosen not to participate. Nurses who did not believe they had experienced bullying behaviors also may have chosen not to participate. Overall,

the nurses in the study seemed comfortable providing accounts of the bullying behaviors they experienced.

Conclusion

In this study, newly licensed nurses reported their experiences with bullying in the workplace. The nurses identified bullying behaviors and indicated that these behaviors stemmed from lack of communication and acceptance of work cultural norms. Organizational support, in the form of policies and procedures, could reduce bullying behaviors and improve nurse efficiency. When bullying behaviors are allowed, both productivity and patient care are negatively impacted. Additionally, nursing schools can incorporate education about bullying into their curricula to both better prepare new nurses and break the cycle of bullying among nurses. Future research is needed to explore the experience of newly licensed nurses who had a positive experience and compare to our current sample to identify additional nuances contributing to their respective experiences.

Declaration of competing interest

The authors declare they have no known conflicts of interest with the submitted work.

CRediT authorship contribution statement

Gordon Lee Gillespie: Funding acquisition, Conceptualization, Methodology, Project administration, Data curation, Formal analysis, Visualization, Writing – original draft, Writing – review & editing. **Sara M. Tamsukhin:** Data curation, Formal analysis, Visualization, Writing – original draft, Writing – review & editing. **Emily Galloway:** Formal analysis, Writing – review & editing. **Derek Garde:** Writing – review & editing. **Paula L. Grubb:** Funding acquisition, Methodology, Data curation, Formal analysis, Writing – review & editing.

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