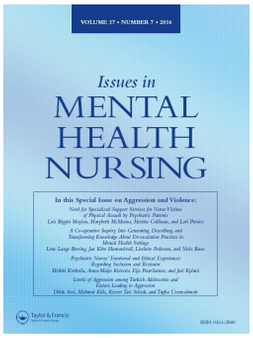

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# Development of Vignettes to Explore Workplace Bullying

Joy Longo, PhD, RN[a] and Michael A. DeDonno, PhD[b]

[a]Florida Atlantic University Christine E. Lynn College of Nursing, Boca Raton, Florida, USA; [b]Florida Atlantic University College of Education, Boca Raton, Florida, USA

**ABSTRACT**

Incivility and bullying in healthcare can impact care delivery and quality. There are challenges in research to making a direct link between the behaviors and patient outcomes. One way to address the challenges is through the creation of bullying vignettes that induce mood changes that reflect a feeling of being bullied. The purpose of this study was to develop workplace bullying textual vignettes and to test content validity. Cognitive interviewing was used by engaging content experts to rate 21 author-created vignettes for relevance, realism, and severity. Eleven vignettes were identified and have potential use in research, education, and practice.

Nurses play a major role in providing quality, safe care, but workplace behaviors such as incivility and bullying interfere with patient care quality and safety (Houck & Colbert, 2017, Laschinger, 2014), the well-being of workers (Oyeleye, Hanson, O'Connor, & Day, 2013; Rodwell & Demir, 2012; Samnani & Singh, 2012), and the ability of workers to be productive and perform appropriate duties (Olsen, Bjaalid, & Mikkelsen, 2017). Incivility is defined as a low-intensity deviant behavior exemplified by rude or discourteous acts that can spiral into more aggressive acts such as bullying (Andersson & Pearson, 1999). Bullying is displayed as repetitive acts used to intimidate or degrade another person (Griffin & Clark, 2014, p.536) and has been documented to exist in healthcare environments (Allen, Holland, & Reynolds, 2015). Though research has shown that health care workers associate these inappropriate work behaviors with errors, adverse events, and patient deaths (Addison & Luparell, 2014; Laschinger, 2014; Oh, Uhm, & Yoon, 2016; Reynolds, Kelly, & Singh-Carlson, 2014), challenges exist in making a direct link between bullying and patient outcomes. This link is important to demonstrate the impact of bullying on healthcare quality and safety. Due to the difficulty of capturing real-time occurrences of bullying and to correlate with error data, cause and effect research is lacking.

A potential solution to understanding the association between bullying and patient outcomes is to develop a bullying scenario represented by a series of events that depict repetitive exposure to bullying and to explore how the scenario affects cognitive processes needed to deliver care. It has been demonstrated that exposure to workplace incivility or bullying may evoke negative emotions (Vie, Glasø, & Einarsen, 2012; Zhou, Yan, Che, & Meier, 2015), and that psychological/behavioral responses to bullying act as a link between the behaviors and patient outcomes (Wright & Khatri, 2015). Real-time bullying scenarios can be used to generate a mood induction that has been shown to decrease cognitive performance (Scrimin, Mason, & Moscardino, 2014). A potential way to replicate a bullying scenario is through the development of vignettes that each portrays a bullying event. A vignette is defined as " …a brief, carefully written description of a person or situation designed to simulate key features of a real world scenario" (Evans et al., 2015, p. 162). Well-designed vignette studies can provide both internal and external validity while avoiding ethical, practical, and scientific limitations such as recall (Evans et al., 2015). Though high-fidelity simulation is also a means to replicate real-world experiences, for research, the use of vignettes has the potential to reach a wide sample without restrictions of lab space. Vignettes may consist of text, images, or other forms of stimuli (Hughes & Huby, 2012) and are based on evidence (Converse, Barrett, Rich, & Reschovsky, 2015).

Vignettes have been used successfully in research on childhood bullying to understand the responses and attitudes of teachers and youth to bullying (Bell & Willis, 2016; Dedousis-Wallace & Shute, 2009; Duy, 2013; Jones, Manstead, & Livingstone, 2011), to determine if victims responded differently to peer and sibling bullying (Hoetger, Hazen, & Brank, 2015), and to determine the effects of the form of aggression (cyberbullying vs. traditional bullying) and participant's role (bystander or perpetrator) on moral emotions and judgements (Conway, Gomez-Garibello, Tlawar, & Shariff, 2016). A few studies have used vignettes to determine factors that would impact how observers respond to victims of adult bullying. In a study by Desrumaux, Machado, Przygodzki-Lionet, and Lourel (2015), vignettes were used to determine whether the type of harassment, revictimization, and pro- and antisocial behaviors displayed by the victim

**CONTACT** Joy Longo jlongo5@health.fau.edu Florida Atlantic University Christine E. Lynn College of Nursing, 777 Glades Rd. Boca Raton, Florida, USA; Michael A. DeDonno mdedonoo@fau.edu Florida Atlantic University College of Education, 777 Glades Rd. Boca Raton, FL 33431, USA.

modulated a decision to help. The participants read vignettes and rated the equity of the situation, the responsibility of the person harassed and the victim, and the intention to help the victim. It was found that help increased when the acts were harmful and the victim displayed prosocial behaviors. A similar study was conducted by Mulder, Pouwelse, Lodewijkx, Bos, and Van Dam (2016) to examine whether sympathy or anger is exhibited toward a victim of adult bullying based on the perceived responsibility of the victim. The vignettes used in the study included the description of a mobbing situation in which repeated negative antisocial behaviors were displayed. The results suggested that more sympathy was felt when the victim was not considered responsible but more anger was felt when the victim was considered responsible. Well-developed vignettes offer the potential to learn the emotional response of the victim and the impact of the response on the ability to provide care.

In order to assure that the vignette accurately depicts episodes of bulling, the validity of the vignette needs to be established. Content validity is established through the use of experts who rate the vignettes for realism and severity (Converse, Barrett, Rich, & Reschovsky, 2015; Gould, 1996; Hughes & Huby, 2012; Veloski, Tai, Evans, & Nash, 2005). Alterations can be made to the vignettes based on expert feedback. One approach to determining content validity is by the use of cognitive interviewing. Cognitive interviewing is a method to obtain quantitative and qualitative information on newly developed materials. Arising from the field of experimental psychology, cognitive interviewing is a technique used to develop survey questions to meet the intended purpose (Willis & Artino, 2013). The process involves having the expert think out loud while mentally processing the questions, which may assist in providing the social context for the scenario described in the vignettes (Willis & Artino, 2013). The use of cognitive interviewing, in addition to obtaining information on relevance, realism, and severity from the content experts, provides insight into the potential interpretation of the vignettes, thus allowing modifications to be made. The purpose of this study was to develop workplace bullying textual vignettes and to test content validity.

## Methodology

A descriptive design was used that included survey methodology. A set of 21 healthcare workplace bullying vignettes were created based on a horizontal violence (a type of bullying) conceptual framework developed by the primary author (Longo & Newman, 2014). The term horizontal violence is used to describe behaviors indicative of bullying that are exhibited between colleagues on the same hierarchical level, such as staff nurse to staff nurse. The term bullying is used when the behaviors occur across hierarchical levels such as manager to staff nurse. Within the framework four categories of behaviors are identified: emotional, verbal, physical, and defiant. The vignettes were developed to be inclusive of all categories, with each vignette representing one category. In order to establish a story and engage the reader, a character was developed in the vignettes as the perpetrator of the behaviors representative of bullying.

### *Content validity*

To establish content validity, a panel of experts was solicited to review the vignettes for relevance, realism, and severity. The experts were identified based on their expertise in bullying, nursing, and mood induction. Specifically, three experts are university professors in departments of psychology with teaching and research experience ranging from 16 to 40 years. One psychologist has extensive research experience in the interaction between emotion and cognition, while another explores aspects of mental health. The third psychologist has conducted significant work in areas of self-concept, conflict, and social justice. Two of the content experts were nurses; both had nursing leadership experience and one had expertise on the topic of bullying in healthcare. The identified content experts received an email letter of invitation to review the vignettes and were asked to respond regarding their willingness to participate. Six experts were contacted, five agreed to participate. As part of a cognitive interviewing process, we arranged to meet the experts either in-person (if local) or over the phone. Three interviews were conducted in-person, while two were conducted via phone.

The content experts were asked to think aloud and read the series of vignettes and respond to survey questions relating to the perceived relevance, realism, and severity of the vignettes. To assess relevance, the following question was asked: "Please assess the relevance of the vignette in relation to bullying." Response options included "Not relevant," "Somewhat relevant," "Quite relevant," and "Highly relevant." To assess realism, the following question was asked: "Please assess the realism of the vignette in relation to bullying." Response options included "Not real," "Somewhat real," "Quite real," and "Highly real." To assess severity, the following question was asked: "Please assess the severity of the vignette." Response options ranged from 1 (none) to 10 (severe bullying, physical and/or emotional damage).

Throughout the interview, the content experts' verbalized thoughts and concerns with the vignettes were documented. For example, we documented instances where the content expert verbalized the need to re-read a vignette due to a lack of clarity. The content experts each received a $200 honorarium.

### *Analysis plan*

The quantitative data analysis includes ratings on the relevance, realism, and severity of the vignettes. An item content validity index (I-CVI) was calculated for each vignette pertaining to relevance and realism. As part of this computation, the ordinal scales were dichotomized into relevant or not relevant, and real or not real. Specifically, responses of "Not relevant" and "Somewhat relevant" were categorized as not relevant, while response options of "Quite relevant," and "Highly relevant" were categorized as relevant. Response options for realism were categorized in the same manner. When considering responses from six to eight content experts, Lynn (1986) recommends acceptable I-CVIs to be no lower than 0.83. Since we had five content experts, I-CVI scores of 0.79 or greater were considered acceptable. Similar to Escartín, Rodríguez-Carballeira, Zapf, Porrúa, and Martín-Peña (2009), the vignettes were categorized based on I-CVI scores with higher scores constituting higher

**Table 1.** Item Content Validity Index (I-CVI) scores for Relevance and Realism.

| Vignette | I-CVI – Relevance | Kappa – Relevance | I-CVI – Realism | Kappa – Realism |
|---|---|---|---|---|
| 1 | 0.8 | 0.76 | 1.0 | 1.0 |
| 2 | 0.2 | 0.05 | 1.0 | 1.0 |
| 3 | 0.4 | 0.13 | 1.0 | 1.0 |
| 4 | 0.2 | 0.05 | 1.0 | 1.0 |
| 5 | 0.4 | 0.13 | 1.0 | 1.0 |
| 6 | 0.8 | 0.76 | 1.0 | 1.0 |
| 7 | 0.4 | 0.13 | 0.8 | 0.76 |
| 8 | 0.4 | 0.13 | 1.0 | 1.0 |
| 9 | 0.8 | 0.76 | 1.0 | 1.0 |
| 10 | 0.8 | 0.76 | 1.0 | 1.0 |
| 11 | 0.4 | 0.13 | 0.8 | 0.76 |
| 12 | 0.8 | 0.76 | 1.0 | 1.0 |
| 13 | 0.6 | 0.42 | 0.8 | 1.0 |
| 14 | 0.6 | 0.42 | 0.8 | 0.76 |
| 15 | 0.4 | 0.13 | 0.8 | 0.76 |
| 16 | 0.8 | 0.76 | 1.0 | 1.0 |
| 17 | 0.8 | 0.76 | 1.0 | 1.0 |
| 18 | 1.0 | 1.0 | 1.0 | 1.0 |
| 19 | 1.0 | 1.0 | 1.0 | 1.0 |
| 20 | 1.0 | 1.0 | 1.0 | 1.0 |
| 21 | 1.0 | 1.0 | 1.0 | 1.0 |

perceived relevance, and realism, with I-CVI scores below 0.79 being removed from the list.

After computing I-CVI for the 21 vignettes, kappa statistic was computed by entering the numerical values of probability of chance agreement ($P_c$) and Content Validity Index of each item (I-CVI) in the following formula: $K = (\text{I-CVI} - P_c) / (1 - P_c)$. The probability of chance agreement was based on number of experts ($N$) and number of panelists who agreed ($A$) that the item is relevant or real and calculated as follows: $P_c = [N! / A!\,(N - A)!]^* .5^N$. Wynd, Schmidt, and Schaefer (2003) consider the Kappa statistic as an important supplement to the CVI. Kappa values above 0.74 were considered excellent, while scores between 0.60 and 0.74 were considered good.

Once a set of vignettes was identified, a scaled-content validity index (S-CVI) was calculated. While the I-CVI provides scores for each vignette, the S-CVI provides a score for the combined set of vignettes. Based on research, a minimum S-CVI of 0.80 or higher was deemed acceptable (Polit, Beck, & Owen, 2007). To calculate the S-CVI for the selected vignettes, the I-CVIs for relevance and realism were each summed and then divided by the total number of items. Since the act of bullying typically follows an escalating progression of severity, we then ranked the vignettes based on the experts' perceived degree of severity ranging from 0 (not severe) to 10 (extremely severe). The five experts' severity scores were summed to generate a total severity score.

The verbal responses from the content experts were reviewed to identify potential edits to the vignettes. While the quantitative analysis was used to categorize the vignettes based on relevance, realism, and severity, the output from the verbal responses was used to revise the vignettes to ensure clarity and flow.

## Results

A total of 21 vignettes were examined by five experts for relevance, realism, and severity. An I-CVI was computed for relevance and realism for all vignettes. The results of the Item-Content Validity and kappa statistic analyses for relevance and realism are presented in Table 1. As can be seen, several vignettes did not yield an acceptable I-CVI value for Relevance. Kappa statistics ranged from 0.13 to 1.0. All vignettes had acceptable I-CVI scores and kappa results for Realism.

Based on the I-CVI values for relevance, 10 vignettes were removed from the set of vignettes. Using the results from the severity scale, the vignettes were then ranked from lowest to highest in severity. As can be seen in Table 2, the severity scores ranged from 13 (least severe) to 49 (most severe). As an example of the final 11 vignettes, the first vignette was, "As you walk into the nurse's lounge, there are two of your peers, Betsy and Sue talking. Betsy sees you and rolls her eyes. They continue talking." The final and most severe vignette was "An interdisciplinary patient conference is taking place and both you and Betsy are participating. Whenever you begin to give your input, Betsy cuts you off. You calmly ask her to let you speak, but she says that you have nothing important to contribute to the conversation. The encounter escalates to shouting. At one point, Betsy grabs your wrist and twists it as she continues to shout at you." Finally, a S-CVI was calculated for both relevance and realism for the final 11 vignettes. As can be seen in Table 2, results revealed acceptable S-CVI scores for both relevance and realism.

**Table 2.** Selected vignettes, ranked by severity, Scaled Content Validity Index (S-CVI) scores for Relevance and Realism.

| Vignette | I-CVI – Relevance | I-CVI – Realism | Severity |
|---|---|---|---|
| 1 | 0.8 | 1.0 | 13 |
| 17 | 0.8 | 1.0 | 33 |
| 10 | 0.8 | 1.0 | 34 |
| 16 | 0.8 | 1.0 | 37 |
| 6 | 0.8 | 1.0 | 40 |
| 9 | 0.8 | 1.0 | 44 |
| 18 | 1.0 | 1.0 | 44 |
| 12 | 0.8 | 1.0 | 45 |
| 19 | 1.0 | 1.0 | 45 |
| 20 | 1.0 | 1.0 | 47 |
| 21 | 1.0 | 1.0 | 49 |
| S-CVI / Ave | 0.87 | 1.0 | — |

## Discussion

Despite the attention paid to bullying in the healthcare workplace and its potential impact on patient care, research on the effect of bullying is lacking. The arrangement of the newly developed textual vignettes into a scenario that represents the repetitive nature of bullying and the extent of severity that may exist provides the potential not only to understand the risks of bullying, but also to learn if the severity of exposure influences emotional response and potentially impacts care provided. In research, the vignettes can be used to portray a bullying experience to explore potential outcomes for the person reading the vignette. It is possible that negative affect may be an outcome from reading the bullying vignettes. As research finds, negative affect causes reduced performance on working memory capacity tasks (Brose, Schmiedek, Lövdén, & Lindenberger, 2012). Since evidence exists as to the influence of cognitive load (e.g., working memory capacity) on medical error (Croskerry & Sinclair, 2001), a relationship between bullying leading to negative affect, resulting in decreased working memory capacity could demonstrate the deleterious effects on patient safety. From a methodological perspective, the written vignettes provide a means to reach a wider sample than simulation in a lab, thus increasing the generalizability of the results.

Though the use of the vignettes for research is a way to address the ethical implications of posing potential harm on a participant, an attempt to induce a negative mood also has ethical ramifications. To address this issue, a debriefing can be developed that includes images and written content. The written content can remind the participant that the vignettes were fabricated with no association to the participant. An image can also be included. Research has found that happy faces help mood repairs after a negative mood induction (Sanchez, Vazquez, Gomez, & Joormann, 2014).

The newly developed vignettes will also have use in education and practice. In an educational setting, the vignettes can be used in a healthcare group setting in which the participants engage in a discussion of potential actions that can be taken if the situation were to occur. One educational intervention that has been successfully used to teach about bullying is cognitive rehearsal (Griffin, 2004) in which students are prepared to deal with bullying so that when the situations occur, they are better able to respond. The response depends upon the actual occurrence, so the vignettes provide a range of severities of situations that may be encountered in practice.

Though the vignettes have been shown to have content validity, the ability of a reader to become engaged in the vignette can still be questioned. If the reader is not engaged in the vignette, mood or performance may not be affected. A way to conceptualize immersion is through the theory of narrative transportation (Green & Brock, 2000). When individuals become transported into a narrative, vivid mental images are formed, and cognitive and affective engagement can be experienced (Green & Brock, 2000; Green & Clark, 2012). The transportation theory applies to narratives or stories rather than non-narrative persuasive writings (Green & Clark, 2012). The intent of the newly developed vignettes is to narrate bullying situations; therefore, the narrative transportation theory is applicable. Future validation of the vignettes can include evaluation of the extent to which the reader is transported into the vignette series.

## Conclusion

Bullying in nursing is known to occur in nursing and poses a threat to patient safety, but a direct link is lacking. The bullying vignettes created in this validity study provide a means for more closely examining the relationship between bullying and patient outcomes. An understanding of this relationship provides an opportunity to better impact patient safety. The vignettes also have the potential to enhance education about bullying to better prepare nurses to respond if confronted with a bullying situation. Bullying is known to occur in healthcare; therefore, preparation is needed to address it when it occurs in order to protect both the nurses and patients.

## Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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