

STUDENT REGISTERED NURSE ANESTHETISTS' PERCEPTIONS OF
BULLYING AND ITS IMPACT ON LEARNING

by

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As members of the DNP Project Committee, we certify that we have read the DNP Project prepared by Mariana Ehrlich Winston entitled “Student Registered Nurse Anesthetists’ Perceptions of Bullying and its Impact on Learning” and recommend that it be accepted as fulfilling the DNP Project requirement for the Degree of Doctor of Nursing Practice.

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Final approval and acceptance of this DNP Project is contingent upon the candidate’s submission of the final copies of the DNP Project to the Graduate College.

I hereby certify that I have read this DNP Project prepared under my direction and recommend that it be accepted as fulfilling the DNP Project requirement.

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SIGNED: Mariana Ehrlich Winston

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DEDICATION

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ABSTRACT

Background: Bullying is a form of violence and is described as unwelcome aggressive behavior(s) by unrelated individuals. The prevalence of bullying in the nursing profession has been reported to be as high as 31% in the United States, and has been studied extensively in undergraduate nursing, midwifery, medical school residencies, and Certified Registered Nurse Anesthesia (CRNA) professional roles. There is a significant gap in the literature and paucity of evidence about the extent of Student Registered Nurse Anesthesia (SRNA) bullying underscored that this topic required further investigation.

Purpose: To investigate whether bullying behaviors occur among anesthesia preceptors, and if so, how SRNAs perceive bullying has affected their educational experience.

Methods: The American Association of Nurse Anesthetists (AANA) disseminated an online survey based on an existing tool to SRNAs for this study. The study used a quantitative descriptive methodology consisting of a survey of nine demographic questions, eight 5-point Likert scale questions, and two multiple-choice questions.

Setting and sample: A nationwide online survey sent to 1500 SRNAs yielded (N=133) participants, who were predominantly female (67.67%), in front-loaded programs (52.63%) with an average age of 24-29 years old.

Results: Results revealed SRNAs entering clinical rotations in 2015 and 2016 were bullied more than those entering in 2017. The majority of the respondents (89.26%) reported that they couldn't think clearly when they were bullied. More than half of SRNAs agreed (74.62%) that bullying impedes learning. Overall, CRNA preceptors (85.48%) were reported as the most

frequent bullies, with MD/DO anesthesiologists reported as the second most frequent (68.55%) followed by non-CRNA nursing staff (41.94%).

INTRODUCTION

Bullying is a form of violence and described as unwelcome aggressive behavior(s) by unrelated individuals or individuals who are not dating partners (Centers for Disease Control and Prevention [CDC], 2015). According to the American Association of Nurse Anesthetists (AANA) and the American Nurses Association (ANA), bullying includes behaviors aimed to humiliate, threaten, intimidate, offend, and/or cause the victim distress (American Association of Nurse Anesthetists [AANA], 2014; American Nurses Association [ANA], 2014). Bullying in medical and nursing education has always been an issue between the teacher and learner with the learner being the recipient of the mistreatment (Major, 2014; McKenna & Boyle, 2015; Silver & Glicker, 1990). The teacher is in a position of coercive power whereby the student is reliant upon the teacher for instruction, evaluation, and the assignment of grades.

Background

The prevalence of bullying in the nursing profession has been reported to be as high as 31% in the United States and varies from country to country (Keller, Budin, & Allie, 2016). Additionally, this prevalence rate is higher than many other countries, such as Australia and Turkey, and is only lower than in Britain (Keller et al., 2016). Studies that have examined healthcare bullying have indicated that most medical students and undergraduate nursing students have experienced bullying during their educational preparation (Frank, Carrera, Stratton, Bickel, & Nora, 2006; Levett-Jones, Pitt, Courtney-Pratt, Harbrow, & Rossiter, 2015; McKenna & Boyle, 2015; Silver & Glicker, 1990). Bullying in nursing education has been shown to persist as graduate students try to avoid losing their clinical placements or jeopardizing

future job prospects (McKenna & Boyle, 2015). Health care's hierarchical system (Figure 1) predisposes nursing students to bullying, placing them at the base of this ranking (Seibel, 2014) .

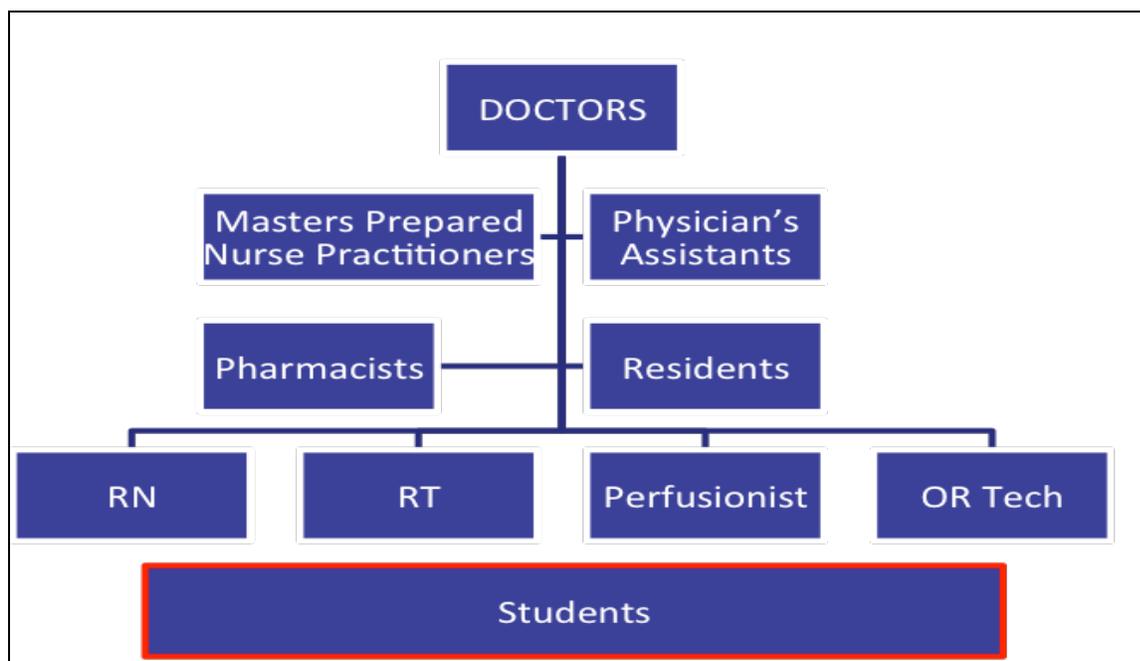


FIGURE 1. Healthcare Hierarchy
(Adapted from Seibel, 2014 p. 272.)

More concerning is that studies revealed when nursing students are bullied, their learning ability and motivation declines (Hakojarvi, Salminen, & Suhonen, 2014). The literature suggests educational bullying carries significant psychological ramifications for the victim, which may manifest as low self-confidence, missed clinical/school days, depression, anxiety, or possibly even suicide (Frank et al., 2006; Major, 2014; McKenna & Boyle, 2015; Vessey, Demarco, Gaffney, & Budin, 2009). This style of teaching creates future educators who bully, humiliate, intimidate, and abuse incoming learners in the same manner in which they were bullied (Major, 2014; Vessey et al., 2009). Additionally, it perpetuates an environment where interdisciplinary collaboration and reporting of bullying may be hindered.

The Occupational Safety and Health Administration (OSHA) does not permit bullying or other behaviors that create an environment in which individuals are not treated with respect (OSHA, n.d.). The AANA and ANA also take a firm stance against bullying and encourage open consultations to reduce medical errors and improve health care safety (AANA, 2014; ANA, 2015). Rosenstein and O'Daniel (2006) discovered that bullying occurred often in the perioperative area and is perceived to negatively influence workflow and patient care.

Local Problem

Certified Registered Nurse Anesthetists (CRNAs) play a vital role in the safe administration of our nation's anesthetic health care delivery and can decrease costs by as much as 25% when working as independent providers (Hogan, Seifert, Moore, & Simonson, 2010). As the Affordable Care Act continues to provide more individuals access to the healthcare system, there will be an ever-growing need for highly educated, competent CRNAs to provide anesthesia (Hogan et al., 2010). However, many nurse anesthesia programs face substantial attrition rates with the number-one reason being withdrawal for personal reasons; the second reason being dismissal from the program due to substandard academic performance (Dosch, Jarvis, & Schlosser, 2008; Wilson, Gibbons, & Wofford, 2015). Dosch et al. (2008) sampled program directors via a survey and reported nationwide attrition rates that ranged from 9–35.5%; however, the authors lacked the Student Registered Nurse Anesthetist (SRNA) perspective. Wilson et al. (2015) conducted a retrospective review and discovered that SRNAs with exceptional scholastic performance (GPA greater than or equal to 3.0) withdrew for personal reasons related to a loss of desire to continue. Furthermore, Wilson et al. (2015) underscored the importance of keeping SRNA motivation high as to dissuade a potentially successful candidate

from withdrawing. It is unclear as to whether a decrease in motivation to learn may have been triggered by bullying that occurs in the perioperative setting by CRNA preceptors.

Purpose

The purpose of this Doctor of Nursing Practice (DNP) project was to investigate whether bullying behaviors occurred among anesthesia preceptors and, if so, how SRNAs perceived bullying to have affected their educational experiences. No studies had exclusively examined nurse anesthetist bullying toward SRNAs prior to this DNP project. Though the bullying directed at SRNAs is clearly unhealthy, researchers do not fully understand its impact on SRNA learning. Due to the significant gap in the literature about the extent of SRNA bullying, it was imperative that researchers further investigate this topic. Exploring SRNA bullying and establishing the SRNA perspective regarding bullying in the clinical setting is vital to clinical educational improvement. Establishing the SRNA perspective on this topic lays the foundation for areas of clinical education improvement, which will contribute to Nurse Anesthesia educational advancement.

Aims

The aims of this Doctor of Nursing Practice (DNP) project were to:

- Perform a comprehensive review of the existing literature pertaining to SRNA bullying.
- Anonymously survey SRNAs and evaluate the incidence of SRNAs as targets of bullying behaviors in the clinical setting.
- Anonymously survey SRNAs and evaluate their perceptions as targets of bullying behaviors in the clinical setting.

- Identify the degree to which SRNAs perceive bullying has affected their learning and in what manner.

Stakeholders

Stakeholders included the SRNAs, CRNA preceptors who precepted the SRNAs, and CRNA program directors who oversaw the educational programs. SRNAs played a crucial role in this DNP project, because analyzing their perspectives was the purpose of this inquiry. CRNA program directors play a vital role in meeting the health-related, professional, and cultural needs of this population (Wilson et al., 2015). CRNA program directors also carefully select SRNAs, make critical decisions about their programs, influence SRNA placements, and provide administrative support and oversight during the SRNA educational process (Dosch et al., 2008; Wilson et al., 2015).

Study Question

The question this DNP project sought to answer was the following: Do currently enrolled SRNAs view themselves as targets of bullying behaviors by their clinical preceptors, and if so, what is the students' perceived impact of those behaviors on their learning?

Theoretical Framework

The Ecological Systems theory developed by Urie Bronfenbrenner (1979), herein after referred to as BEST, was the theoretical framework that guided this DNP project. This model helped explain how a person's learning and socialization develop based on the influence of individuals within that person's environment (Dodge, 2008; Santrock, 2011). Additionally, this is a framework that can help researchers identify factors that may influence an SRNA's educational development (Santrock, 2011). Identifying the influential components in a person's

environment is of particular interest in revealing bullying behaviors between anesthesia preceptors and SRNAs. The framework also helps identify the impact of bullying on SRNAs' educational experiences. This framework was well suited for this DNP project, which addressed the SRNAs' environments and ecological systems and the influences of these systems on SRNAs' perceptions of bullying (Figure 2).

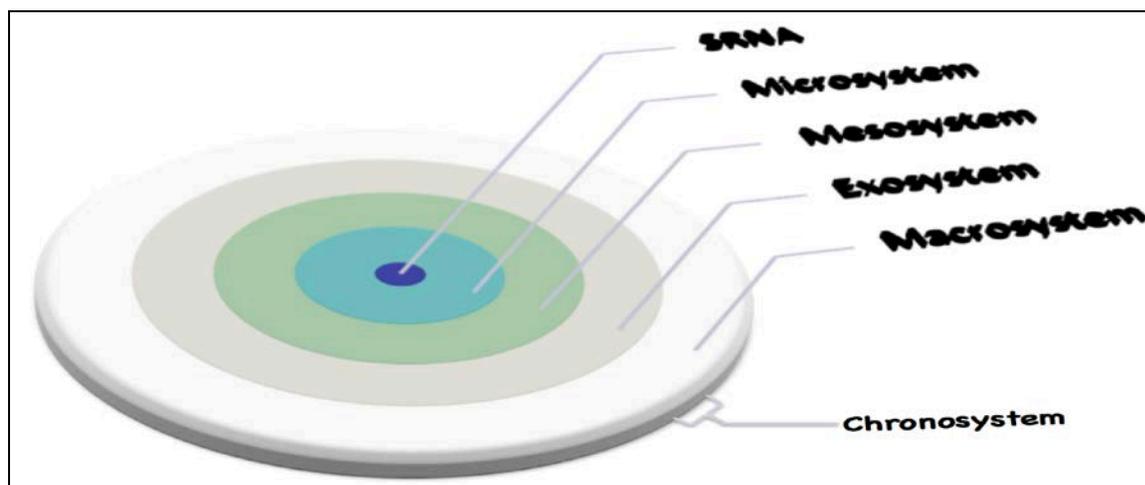


FIGURE 2. Student Registered Nurse Anesthetist Theoretical Model
 (Adapted from “Bronfenbrenner’s Ecological Theory of Development” by Santrock, J. 2011, p. 28, *Lifespan Development McGraw-Hill Education Material*. Licensing retrieved from <https://www.docusign.net/Signing/?ti=e08d5852b10548e7a79329fff3ebf983>)

BEST is comprised of five concentric layers of environmental systems: the microsystem, mesosystem, exosystem, macrosystem, and the chronosystem (Santrock, 2011). These layered systems interact with the individual or SRNA, within the microsystem, the innermost layer within which the SRNA resides (Santrock, 2011). The microsystem encompasses the SRNA’s family, SRNA’s graduate cohort/peers, and CRNA preceptors; and is the environment where SRNAs most closely interact with CRNA preceptors (Santrock, 2011; Dodge, 2008). This layer is especially important as it directly influences the SRNA’s development. The next layer, the mesosystem, addresses the interconnectedness between the factors that occupy the microsystem

and the extent to which each feature agrees (Santrock, 2011). The exosystem indirectly affects the SRNA and is a system within which the individual does not actively participate (Santrock, 2011). The macrosystem takes into account the culture of the environment in which the SRNA lives (Santrock, 2011). The macrosystem is of particular interest because there exists a professional subculture among practitioners of nurse anesthesia that influences students during their professional education (Waugman & Lu, 1999). The chronosystem is the final dimension, which encompasses the SRNA and all of their concentric systems over time (Santrock, 2011). Chronology not only considers events that take place in a system in sequential order, but also involves the era and world events during that time period (Santrock, 2011). This is important to researchers because in a time of healthcare reform many technological advances are changing the landscape of anesthesia and if one were to reproduce this project in subsequent years it would be prudent to consider the advances that have occurred within the SRNA environment after the date of this submission. BEST is a relevant framework because it assists researchers in obtaining critical information regarding the SRNAs' environment, and the direct influence on their perceptions and educational development by identifying bullying and its impact on learning.

Concepts

The two major concepts for this DNP project is bullying and nurse anesthesia culture. Nurse anesthesia culture was a major concept for this DNP project since it was part of the SRNA environment. There are additional concepts in nurse anesthesia that may be used to describe the beliefs and thus SRNA behavior/perceptions. Nurse anesthesia culture is highly influential for SRNAs since the perioperative setting impacts how SRNAs socialize into the CRNA role and

may contribute to a SRNA's educational development as a CRNA and their perceptions as a newly graduated CRNA (Waugaman & Lohrer, 2000; Mauleon & Ekman, 2002).

Bullying

A key concept for this DNP project is bullying. This type of behavior has been noted within the healthcare hierarchy with the more powerful clinicians at the top of this hierarchy being the most likely to bully (JCAHO, 2012; Major, 2014; Seibel, 2014). As mentioned previously, bullying is regarded as a type of violence that encompasses hostility, behaviors intended solely to humiliate, threaten, intimidate, offend, and/or cause the victim distress (AANA, 2014; ANA, 2014). The nature of bullying has shown to hinder communication, impede staff working relationships, and colleague collaboration and directly affects the SRNA microsystem environment therefore making this key concept vital to this study (Major, 2014; Joint Commission on Accreditation of Healthcare Organizations [JCAHO], 2012).

Culture

Culture is a component of one's environment and can influence an individual's beliefs, perceptions, and behaviors (Reed, 2011; Santrock, 2011). Nurse anesthesia culture is a high acuity setting and distinctive from traditional nursing culture in that the scope of practice for CRNAs and SRNAs extends past the traditional scope of nursing (Elmblad, Kodjebacheva, & Lebeck, 2014). Culture is defined as the shared knowledge, values, beliefs, and commonalities that influence a group or individual in their thinking, decisions, and perceptions (Mauleon & Ekman, 2002).

Furthermore, the context by which a SRNA begins the nurse anesthesia profession, even in the capacity as a student, will shape his or her view of the profession for the rest of their life

(Waugaman & Lohrer, 2000). With that in mind, it was imperative to identify the factors that are unique to the nurse anesthesia environment. During the period of SRNA education, students are learning how to transition into a new profession and are often faced with securing future career employment following graduation. Because of this, acquiescence to preceptor treatment and expectations within their environment may reinforce SRNA behaviors and adoption of nurse anesthesia attitudes and culture (Waugman & Lu, 1999).

Synthesis of Evidence

To gain a better understanding of how nurse anesthesia cultural concepts influenced behaviors, attitudes, and overall perceptions of the SRNA experience, several literature searches have been conducted across the following databases: PubMed, Cumulative Index to the Nursing and Allied Health Literature (CINAHL), OVID, ScienceDirect, Google Scholar, and the AANA website and journals. The following search terms were used in various combinations: *nurse anesthesia, bullying, incivility, nurse anesthetist, student registered nurse anesthetist, SRNA, certified registered nurse anesthetist, CRNA, workplace violence, harassment, abuse, belittlement, learning, perceptions, experiences, and nursing student*. The research that populated pertained to lateral violence in the nursing workplace, undergraduate nursing student violence/bullying, medical education violence/bullying, nurse anesthetist attrition rates, certified registered nurse anesthetist workplace incivility, and midwifery student exposure to workplace violence. Inclusion criteria for retained articles were English language and publication within the last 10 years. Articles were excluded if they did not relate to nursing, health care students, and incivility/bullying. The search results yielded 84 articles, of which 11 were retained due to their

relevance on the topic and applied to this DNP project's purpose; 73 articles were excluded because they did not pertain to health care students (Appendix A).

Nursing students exposed to bullying are placed at a disadvantage due to the coercive power their preceptors hold and thus may experience psychological and physical symptoms which have been shown to demotivate their learning (Hakojarvi et al., 2014; McKenna & Boyle, 2015). When an institution takes no measures to eradicate bullying behaviors, bullying thrives and becomes imbedded into future generations of educators who teach utilizing bullying tactics (Major, 2014; Seibel, 2014; Vessey et al., 2009; Waugaman & Lu, 1999). SRNA preceptors are not required to have additional education in adult learning theory and most lack any experience in adult learning education, despite their roles as clinical anesthesia educators (Elisha & Rutledge, 2011). Healthcare ranking predisposes students to bullying and this hierarchy appears to impact the harassment students receive from senior nursing students, medical students, medical residents, attending physicians, and nurses in a trickledown fashion (Frank et al., 2006; Siebel, 2014). Bullying towards CRNAs has shown that this type of violence contributes to CRNA burnout that is conducted by CRNA peers or superiors (Elmblad, Kodjebacheva, & Lebeck, 2014; Sakellaropoulos, Pires, Estes, & Jasinski, 2011). Although these studies have displayed a significant issues relating to this type of violence, only one has addressed it through the lens of the SRNA; however, the impact on learning was not identified (Elisha, & Rutledge, 2011).

Strengths, Weaknesses, and Gaps

Due to the paucity of literature on SRNA bullying, parallels were drawn from other disciplines in order to establish the strengths, weakness and gaps which included undergraduate

nursing, midwifery, CRNA bullying, SRNA educational experiences, and overall healthcare literature.

Strengths

Studies have illustrated the strengths of explaining the bullying paradigm, which has helped to shed light on this type of violence. SRNA bullying presents a major concern for SRNA clinical education. Students must learn their new clinical role while exemplifying to preceptors that they can perform while handling the stress of their future profession, despite maltreatment from some of their preceptors (Elisha & Rutledge, 2011; Hakojärvi et al., 2014; McKenna & Boyle 2015; Siebel; 2014). Students must balance learning a new role, secure future job prospects, and obtaining preceptor evaluations, and these pressures combined contribute to the decreased reporting of bullying behaviors by their clinical educators (Elisha & Rutledge, 2011; Hakojärvi et al., 2014; McKenna & Boyle 2015). Additionally, many students do nothing when they experience intimidation, verbal abuse, discrimination, sexual harassment and physical abuse out of fear of retribution or a loss of potential job prospects (Elisha & Rutledge, 2011; Hakojärvi et al., 2014; McKenna & Boyle 2015). Additionally, healthcare students who experienced verbal and or nonverbal bullying during their clinical training reported psychological and physical symptoms including: difficulty learning, anger, powerlessness, loss of self-confidence, anxiety, and fear of bullying and overall bullied students develop a decreased motivation to learn (Hakojärvi et al., 2014; Levett-Jones et al., 2015).

The tolerance to bullying continues to grow as students fear retaliation refuse to report instances of bullying and when schools fail to address the bullying of students (Hakojärvi et al., 2014; McKenna & Boyle 2015; Siebel, 2014). SRNA clinical education plays a vital role in the

SRNA's critical thinking and psychomotor proficiency, yet 69% of SRNAs reported being verbally harassed by CRNAs (Elisha & Rutledge, 2011).

Weaknesses

Despite the wealth of research regarding the bullying of nursing students, only one article specifically addressed the SRNA's perspective (Elisha & Rutledge, 2011). Nearly 60% of nursing students have experienced or witnessed bullying of another student wherein violence was related to a hierarchy (Curtis, Bowen, & Reid, 2007). Aside from healthcare hierarchies, students are confronted with other issues that may be explained by bullying. SRNAs have withdrawn from nurse anesthesia programs for personal or familial reasons, and many students in good standing withdrew for reasons related to a loss of desire to continue (Wilson et al, 2015; Dosch, 2008). However, Wilson et al. (2015) limited this study to the uniformed services, which may affect generalizability. CRNAs reported the following percentages for different types of aggression: "verbal aggression 90.2%, active aggression 92.2%, and direct aggression 91.2%, passive aggression 80.9%, indirect aggression, 82.9%, and supervisor committed aggression 58.4%" (Sakellaropoulos et al., 2011, p. 54). The types of bullying that CRNAs experience mirrors some of the reported acts of aggression experienced by SRNAs, although a clear evaluation of the impact on learning was not identified (Elisha & Rutledge, 2011; Sakellaropoulos et al., 2011). Elmlblad et al. (2014) revealed that uncivil behaviors contributed to CRNA burnout and 63.5% of the surveys reported uncivil behaviors. Although the studies conducted by Sakellaropoulos et al. (2011) and Elmlblad et al. (2014) illustrated the bullying that occurs in the perioperative setting, both studies lacked the SRNA perspective. To my knowledge, Elisha and Rutledge (2011) performed the only study to date that integrates the SRNA

perspective on bullying. However, neither reflexive journaling nor inter-rater consensus was described in their methods, which affects the validity of these results.

Gaps

The nurse anesthesia culture was a major concept for this DNP project because it directly affects the SRNA experience. Additionally, nurse anesthesia culture contributes to the environment in which the SRNA must gain highly specialized anesthesia skills, thereby influencing SRNA educational development (Mauleon & Ekman, 2002; Waugaman & Lohrer, 2000). Bullying in nurse anesthesia has been predominately explored from the vantage point of CRNAs, with the student perspective remaining underrepresented (Elisha & Rutledge, 2011; Elmblad et al., 2014; Mauleon & Ekman, 2002; Sakellaropoulos et al., 2011; Waugaman & Lohrer, 2000).

Studies conducted to explore medical students' experiences of bullying indicated that 84% of students reported being harassed or bullied during their medical school educational experiences (Frank et al., 2006). Furthermore, the findings of this longitudinal study demonstrated a correlation between harassment or bullying and poor job satisfaction and mental health issues, which parallels the psychosocial issues CRNAs face when they are bullied (Frank et al., 2006; Sakellaropoulos et al., 2011). To date, only one assessment has been conducted of SRNA perceptions of bullying by CRNA preceptors in the clinical setting (Elisha & Rutledge, 2011). This significant gap in the literature and paucity of evidence about the extent of SRNA bullying underscored that this topic required further investigation.

METHODOLOGY

This DNP project used a quantitative descriptive methodology to investigate whether bullying behaviors occur among anesthesia preceptors; and if so, how SRNAs perceive bullying during their educational experience. This methodology was appropriate for this study because quantitative descriptive data was required to establish basic evidence for this project and minimal evidence was available on SRNA bullying (Bonnell & Smith, 2014).

Setting and Sample

After UA-IRB approval (Appendix B) survey participants were recruited from the American Association of Nurse Anesthetists (AANA). The AANA disseminated the surveys through a Qualtrics-generated link delivered in an e-mail invitation (Appendix C). A sample of 1500 SRNAs who were members of the AANA were invited by e-mail to participate in the survey and their participation was optional. The AANA was given exclusion criteria to follow and thereafter randomly distributed the survey within the described criteria. The participants consisted of SRNAs who had begun their clinical rotations and were neither completing their rotations nor were enrolled in a Nurse Anesthesia program in the state of Arizona. Additionally, the exclusion of National University, Westminster College, Uniformed Services University and Arizona Nurse Anesthesia programs was made to decrease bias and because of this author's association with the University of Arizona College of Nursing Nurse Anesthesia program and other Nurse Anesthesia programs in the state sharing clinical rotation sites with this institution. As a result, the survey was administered to SRNA students enrolled in clinical rotations at a Council on Accreditation (COA) accredited CRNA program in the states outside of the programs associated with this author's program. The AANA randomly sampled students within the pool of

the specified inclusion criteria from the AANA's data bank by distributing the e-mail and Qualtrics survey link (AANA, 2017). Random cross-sectional sampling was chosen because this DNP project sought to understand the SRNA experience of bullying during one period of time, and the data collection methods were appropriate for this sampling technique (Polit & Beck, 2012). Members of the AANA were chosen because, in order to progress through clinical rotations, all SRNAs must be assigned a SRNA number by the AANA. Therefore, all students enrolled in clinical rotations were accessible through the AANA.

Instrument

A five-point Likert scale established the degree of agreement or disagreement as to whether SRNA bullying exists (Bonnell & Smith, 2014; Rouen, 2014). The use of a varied multiple-choice question helped to capture the perceptions and complement the other quantitative data obtained (Bonnell & Smith, 2014; Rouen, 2014). Due to the paucity of literature on SRNA bullying, no tool was found specifically addressing SRNA bullying. However, due to the parallels identified between undergraduate and graduate nursing bullying, a survey was developed for this project based on previous research, literature review, and expert opinions (Appendix A; Hakojärvi et al., 2014; McKenna & Boyle, 2015; Sakellaropoulos et al., 2011). To establish the face and content validity of this tool, the survey was modeled after the "Manifestation of Bullying in Clinical Training" tool, an existing similar survey, and was tailored to SRNAs (Hakojärvi et al., 2014, p. 140; Appendix D, Appendix E). The additional measure taken to assure face and content validity of the survey was to test it with a multidisciplinary panel of experts composed of doctorally prepared CRNAs and Doctors of Philosophy in Nursing and Doctors of Nursing Practice (Polit & Beck, 2012; Thayer-Hart,

Dykema, Elver, Schaeffer, & Stevenson, 2010). The survey consisted of nine demographic questions, eight five-point Likert scale questions, and two multiple-choice questions (Appendix C).

Measures and Data Collection

The SRNA Bullying Survey was administered in electronic form. This data collection measure was deemed appropriate because the average age of the typical SRNA student is 32.75 years, and web-based survey methods have been found to have higher return rates with students of this age group (Larson et al., 2011; Ortega, Burns, Hussey, Schmidt, & Austin, 2013). The SRNA survey was distributed to individual SRNA AANA-registered e-mail addresses from the AANA on this studies behalf, which will included a link to the Qualtrics-generated SRNA Bullying Survey. To maintain confidentiality, the email invitations did not include any names or identifying information. Respondents were not tracked and the Qualtrics responses are not stored on a logical pooled server, rather all data handled by Qualtrics was processed in a secured jurisdiction (Qualtrics, 2016a). Additionally, Qualtrics uses Transport Layer security (TLS) encryption for all transmitted data and meets the requirements set forth by the Health Information Technology for Economic and Clinical Health Act (HITECH); this encryption is capable of maintaining the security of sensitive information (Qualtrics, 2016a). The surveys were completed anonymously and were open for one month. The one-month time frame was chosen to allow for flexibility of the SRNAs' demanding scholastic obligations. A reminder to complete the survey was sent during the time that the survey was open three weeks after the initial survey link was sent. The reminder was also devoid of identifying information in order to maintain confidentiality. Participants were given the freedom to answer as many questions as they wished;

not all participants completed the survey, resulting in different response rates for each question. At the completion of the survey, anti-bullying resources were provided through the U.S. Department of Health and Human Services via the following link:
<http://www.stopbullying.gov/get-help-now/index.html> (U.S. Department of Health and Human Services, n.d.).

Data Analysis

Descriptive statistics of the five demographic questions was employed using IBM SPSS 22.0 statistical software licensed through the University of Arizona. Ordinal data from the five-point Likert scales was entered into an Excel spreadsheet automatically from the Qualtrics site and this author cleaned the data and coded for each ordinal level of measurement so that the data could be easily entered into SPSS for analysis (Qualtrics, 2016b). After the results and data entry were double-checked, the data was analyzed using descriptive statistics. Descriptive statistics were appropriate for the Likert scaled and ordinal data because the interval was unknown between each level (Grove, 2007). The multiple-choice questions were also analyzed using descriptive statistics (Polit & Beck, 2012). Demographic data was analyzed through the SPSS and Qualtrics software from UA licensing.

Resources and Budget

The survey resources needed for this DNP project were the electronic survey delivery platform Qualtrics. Qualtrics was the vital component of this DNP project because it administered the instrument, reported the data as a Comma Separated Value file (CSV), which allowed the data to be opened in an Excel spreadsheet, and provided varied visual displays of the data (Qualtrics, 2016b). Qualtrics was free of charge for students at the University of Arizona.

AANA member email addresses were available to AANA members for research purposes and were approved by the AANA (AANA, 2016). The AANA student e-mail listings were rented for a fee of \$950.00 and the emails were sent from the AANA (AANA, 2016). SPSS statistical software was also necessary for the descriptive analysis. The cost for SPSS is \$35 per year. A complete itemized list of costs for this DNP project is outlined in Appendix F.

Ethical Considerations

Three crucial components to this study, respect for persons, beneficence, and justice, are also the three most critical principals of maintaining human ethical research (U.S. Department of Health and Human Services [USDHHS], 1979). This study recruited participants via e-mail invitation, which included study expectations, participant rights, approximate time to complete the survey, permission to complete the survey, and contact information for the principal investigator and the Human Subjects Protection Program (Appendix G).

Respect for Persons

This ethical principal encompasses that individuals' autonomy is maintained and that those with decreased autonomy deserve protection (USDHHS, 1979). This study maintained respect for persons in a variety of ways; individual SRNAs were notified of the surveys intent in advance, their participation was voluntary, they could make their own decisions to take the survey, and this particular population is not of decreased autonomy (Polit & Beck, 2012). SRNAs must be fully autonomous and score high in the hard sciences in order to be successful in Nurse Anesthesia Programs (Dosch, Jarvis, & Schlosser, 2008; Polit & Beck, 2012). This was a population of highly educated mature adult individuals and due to their maturity and high functioning mental faculties they are capable of acting in full autonomy (USDHHS, 1979; Polit

& Beck, 2012). There were no gifts or incentives for participation. Participants were given adequate information regarding the survey prior to their participation and they were free to email questions regarding the survey; these measures were done so that the participants did not feel coerced (USDHHS, 1979; Polit & Beck, 2012).

Beneficence

This ethical principal entails bringing no harm to the participants and bringing forth the maximum amount to benefit to them (USDHHS, 1979). As a researcher, beneficence was the chief principal of this research because the data collected from this study was aimed to identify if SRNAs were actually bullied by CRNA preceptors or by other anesthesia preceptors. Establishing this information will ultimately help improve nurse anesthesia clinical rotation programs. My SRNA Bullying Survey posed zero physical risk to the participants. However, the SRNA bullying Survey could have had the potential to trigger traumatic memories and thus psychological harm (Polit & Beck, 2012). Since it was the duty of this study not to harm any individual and there is a small risk of psychological harm, there was a link to anti-bullying resources at the end of the SRNA bullying Survey.

Justice

This ethical principal mandates the fair treatment of participants and maintenance of their privacy during and after the study (Polit & Beck, 2012; USDHHS, 1979). This study conducted a cross sectional sample off all SRNAs, of whom were not in association or enrolled in an Arizona Nurse Anesthesia program. The exclusion of the state of Arizona was done to minimize bias, since others within my cohort may wish to participate. All emails were kept private by the

AANA and no names, addresses, or other personal information were requested, obtained, or collected.

RESULTS

The survey was emailed to 1500 SRNAs nationwide by the AANA of which 133 responded yielding 9% response rate. The majority of respondents were female (67.67%) and the average age was 24-29 years (SD= 0.47). The survey was open for four weeks and an email reminder was sent one week prior to the completion of the survey. Percentages were used to report data and no correlational data was significant. The SRNA ethnic background was predominately Caucasian (81.2%), followed by Asian, then African American, then Hispanic and multiracial with no other ethnic backgrounds represented (Table 1).

TABLE 1. *SRNA Participant Demographics*

Characteristic	(n=133)	Percent	Mean (Min, Max)
Gender			
Male	43	32.33%	-
Female	90	67.67%	-
Age	---	---	24-29
Ethnic background			
Caucasian/white	108	81.2%	-
Other	0	0%	-
Native Hawaiian/Pacific Islander	0	0%	-
Multiracial,	4	3.01%	-
Hispanic/Latino	5	3.76%	-
Black/African American	7	5.26%	-
Asian	9	6.77%	-
American Indian/Alaska Native	0	0%	-
Program Type			
Frontloaded	70	52.63%	-
Integrated	63	47.37%	-

The average program length SRNA participants reported was 30.3 months (SD=2.37) and the SRNA participant sample was primarily comprised of frontloaded programs (52.63%). SRNAs were grouped according to their reported entrance into clinical rotations. Thereafter, bullying was quantified by each year of their entrance in order to view trends in bar graph form (Figure 3). Findings indicate that students who started clinical in 2016 were bullied the most. There was demographic data given for one student starting in 2014 and no other information filled out in that survey, however since that student started clinical rotations in January 2014 this didn't affect data analysis or interpretation. SRNA respondents overwhelmingly agree that bullying in the clinical setting occurred (84.96%) and bullying occurred by one or more of their CRNA preceptors (81.2%) (Table 2). Participants were given the freedom to answer as many questions as they wished; not all participants completed the survey, resulting in different response rates for each question.

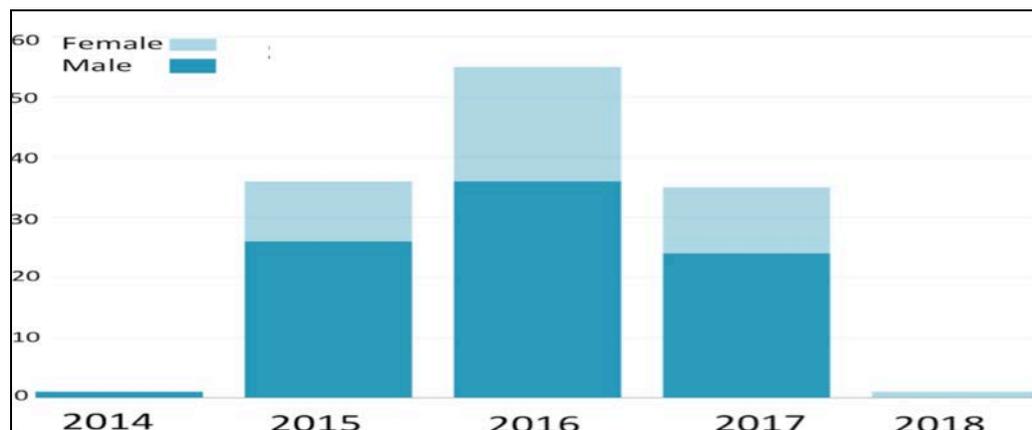


FIGURE 3. SRNA Bullying and Year Clinical Started

TABLE 2. SRNA Likert Table

	(Frequency Surveyed)/ t=total responses (n=133) /t=#	Percent	Mean (Min/Max)
SRNA bullying occurs in the clinical setting:			
	(n=133)/133		
Strongly disagree/Somewhat disagree	12	9.02%	-
Neither agree nor disagree	8	6.02%	-
Somewhat agree/Strongly agree	113	84.96%	-
SRNA bullying occurs in the clinical setting:			
	(n=133)/133		
Strongly disagree	3	2.25%	-
Somewhat disagree	9	6.77%	-
Neither agree nor disagree	8	6.02%	-
Somewhat agree	55	41.35%	-
Strongly agree	58	43.00%	-
I believe one or more of my CRNA preceptors has demonstrated bullying behaviors toward me:			
	(n=133)/t=117		
Strongly disagree	7	5.98%	-
Somewhat disagree	5	4.27%	-
Neither agree nor disagree	10	8.55%	-
Somewhat agree	52	44.44%	-
Strongly agree	43	36.76%	-
When I am bullied I can think clearly:			
	(n=133)/t=131		
Strongly disagree	84	64.12%	-
Somewhat disagree	29	22.14%	-
Neither agree nor disagree	8	6.11%	-
Somewhat agree	4	3.05%	-
Strongly agree	6	4.58%	-

TABLE 2 - *Continued*

	(Frequency Surveyed)/ <i>t</i> =total responses (n=133) / <i>t</i> =#	Percent	Mean (Min/Max)
There are appropriate resources provided by my program to assist me in dealing with bullying:			
	(n=133)/ <i>t</i> =131		
Strongly disagree	41	31.30%	-
Somewhat disagree	31	23.66%	-
Neither agree nor disagree	32	24.43%	-
Somewhat agree	22	16.79%	-
Strongly agree	5	3.82%	-
Reporting acts of bullying will make bullying behaviors decrease or cease:			
	(n=133)/ <i>t</i> =131		
Strongly disagree	41	31.30%	-
Somewhat disagree	41	31.3%	-
Neither agree nor disagree	35	26.72%	-
Somewhat agree	12	9.16%	-
Strongly agree	2	1.53%	-
The bullying I have experienced resulted in physical symptoms:			
	(n=133)/ <i>t</i> =131		
Strongly disagree	32	24.43%	-
Somewhat disagree	26	19.85%	-
Neither agree nor disagree	29	22.14%	-
Somewhat agree	24	18.32%	-
Strongly agree	20	15.27%	-
The bullying I have experienced has hindered my learning:			
	(n=133)/ <i>t</i> =130		
Strongly disagree	5	3.85%	-
Somewhat disagree	11	8.46%	-
Neither agree nor disagree	17	13.08%	-
Somewhat agree	43	33.08%	-
Strongly agree	54	41.54%	-
The bullying I have experienced has caused me emotional stress:			
	(n=133)/ <i>t</i> =131		
Strongly disagree	5	3.82%	-
Somewhat disagree	4	3.05%	-
Neither agree nor disagree	16	12.21%	-
Somewhat agree	54	41.22%	-
Strongly agree	52	39.69%	-

This study revealed that SRNAs entering clinical rotations in 2016 and 2015 were bullied more than those entering in 2017, which was similar to the findings of Frank et al., (2006) where senior students had an increased propensity to being bullied. The majority of the respondents (84.26%) reported that they couldn't think clearly when they were bullied. Of the respondents, more than half agreed (74.62%) that bullying impedes learning with 41.54% of respondents reported that they strongly agree to bullying being a hindrance to learning. Overall, CRNA preceptors (85.48%) were reported as the most frequent bullies, with MD/DO anesthesiologists coming in as second most frequent (68.55%) followed by non-CRNA nursing staff (41.94%), (Table 3; Figure 4).

TABLE 3. *SRNA Multiple Choice Table*

Characteristic	(Frequency Surveyed)/ t=total responses (n=124) /t=#	Percent	Mean (Min, Max)
Bullies	(n=124)/t=124		
Staff nurses	52	41.94%	--
SRNA peers	9	7.26%	--
CRNA preceptors	106	85.48%	--
Anesthesiologist (MD/DO)	85	68.55%	--
Surgeons (MD/DO)	50	40.32%	--
Other/patients	9	7.26%	--
*For the following note: participants could select all that apply			
Aggressive Act	(n=124)/t=367		
Yelling	64	51.2%	--
Name calling	16	12.8%	--
Humiliation	85	68.0%	--
Belittlement	117	93.0%	--
Ignoring	70	56.0%	--
Physical	9	7.2%	--
Other	6	4.8%	--

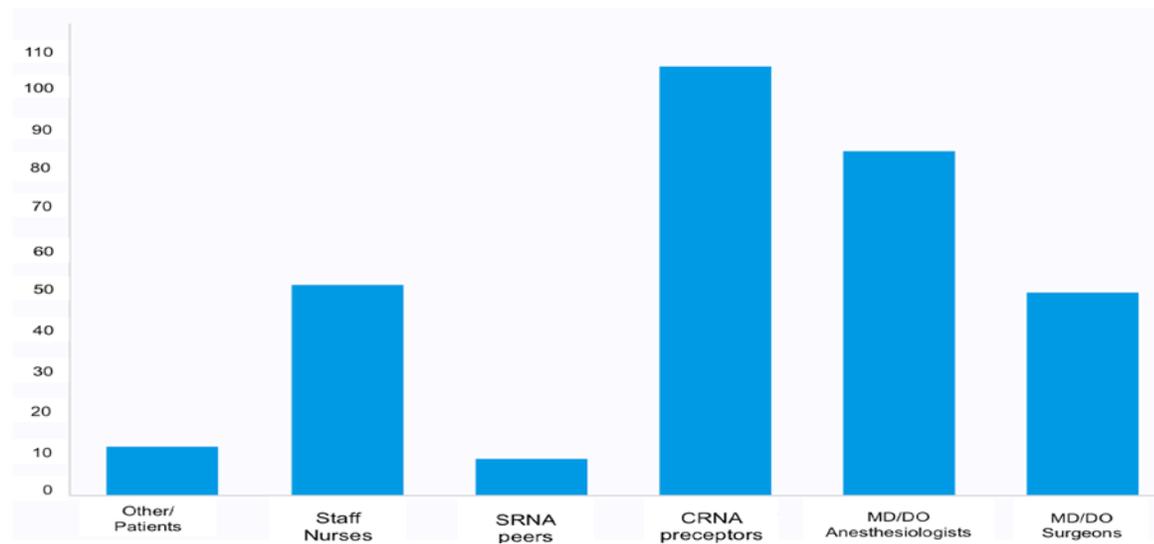


FIGURE 4. Providers SRNAs Reported as Bullies

DISCUSSION

Summary

This study is unique in that it sought the perspective of SRNAs regarding whether bullying occurred during their clinical rotations, and the impact bullying had on SRNA learning. Despite the paucity of existing evidence on SRNA bullying, there appears to be a considerable amount of bullying that exists in SRNA clinical rotations and SRNAs express that reporting this violence will change nothing. Many SRNA clinical rotations nationwide are in competition with other anesthesia residencies of different disciplines, which may contribute to the underreporting. Ultimately, the results of this survey appear to show that SRNAs are bullied primarily in the form of yelling, humiliation, belittlement, ignoring, and name-calling. These acts were found to be a hindrance to SRNA learning as these forms of bullying cause humiliation, low self-esteem, and a decrease motivation to learn.

Relationship to Framework and Other Evidence

The results of this study highlight that bullying occurs within the SRNA mesosystem. CRNA preceptors, MD/DO anesthesiologists, non-CRNA nursing staff, MD/DO surgeons, patients, and peers all interact within the SRNA mesosystem and directly impede SRNA learning throughout the SRNAs' chronosystem. Seibel (2014) suggested that nursing students are positioned at the bottom of a cultural healthcare hierarchy making them predisposed to bullying. Findings from this study support the work of Siebel 2014 in that SRNAs experience bullying behaviors from a multitude of disciplines (Seibel, 2014). Interestingly, this study found that SRNAs believe reporting bullying will not change the bullying behavior, and possibly, it is this perception that feeds the viscous cycle of SRNA bullying. Research supports that when an institution takes no measures to eliminate bullying behaviors, bullying thrives and the cycle of bullying is perpetuated (Major, 2014; Seibel, 2014; Vessey et al., 2009; Waugaman & Lu, 1999). Overall, women were more likely to be bullied and to report bullying than their male counterparts, which is consistent with prior CRNA bullying research (Elmblad, et al., 2014; Elisha & Rutledge, 2011).

The results of this study, coupled with the findings of Elisha & Rutledge (2011) lays the foundation for CRNA Program Directors and Chief CRNAs in choosing the appropriate CRNA preceptors. Elisha & Rutledge (2011) explored the various characteristics of CRNA preceptors, which improved learning; however, bullying was not exclusively examined.

Strengths and Limitations

The majority of SRNA respondents were female which may be viewed as a limitation since it restricts the ability to generalize findings to the overall SRNA population. This limitation

was recognized as data collection was being conducted; however, it was unavoidable due to the method for survey delivery. The use of a prior bullying tool and the use of a bullying panel including a bullying expert to tailor the tool for this project was strength. The plan for dissemination is to continue presenting the results of this DNP project at AANA sponsored events and to publish the findings (Appendix H).

Conclusion

Bullying has been revealed in a variety of sectors in healthcare, and now the extent of SRNA bullying is more fully understood. This DNP project study has identified bullying from surveyed participants, and has established a vital perspective, which can be used to formulate bullying eradication measures or bullying quality improvement projects. Ultimately, all stakeholders play a vital role in eliminating the CRNA bullying cycle. Quality improvement measures to decrease bullying and areas of future research may include the following:

- The institution of an SRNA evaluation of preceptors after the completion of all clinical rotations to increase honest reporting of bullies to chief CRNAs.
- The development of SRNA clinical training modules that parallel preceptor-training modules: this would be done to standardize clinical training nationwide and help preceptors quickly gauge the level of the SRNAs competency level.
- Require persistently identified bullying CRNAs to complete additional preceptor training and adult learning theory education.

Further, Nurse Anesthesia Program directors can use this information in their preceptor evaluation process, to help support students, and offer resources to students being bullied. This has study pioneered the way for future research regarding the connection between bullying and

SRNA learning impediment. Future studies may seek to explore the connection of bullying and the complexity of surgery as increased stress may be contributing to the propensity of CRNAs, nurses, and MDAs to bully SRNAs. Overall, this research identifies the existence of SRNA bullying and a need for bullying eradication program measures.

APPENDIX A:
SYNTHESIS OF EVIDENCE

Synthesis of Evidence

Author/Article	Qualitative: Concepts or phenomena Quantitative: Key Variables Hypothesis Research Question	Study Design/ Framework	Sample and Setting	Data Collection (Instruments/tools)	Findings
<p>Curtis, J., Bowen, I., & Reid, A. (2007). You have no credibility: nursing students' experiences of horizontal violence. <i>Nurse Education Practice</i>, 7(3), 156-163. doi:10.1016/j.nepr.2006.06.002</p>	<p>To explore the prevalence of horizontal violence (HV) among 2nd and 3rd year nursing students. This knowledge can be used to reduce the effect of horizontal violence including implementation strategies for horizontal violence reduction. -Qualitative</p>	<p>Focused Ethnography</p>	<p>Sample: N=152 2nd & 3rd year nursing students (88 2nd year, 64-3rd year) [ages 20-29]</p> <p>Setting: Urban area- Australia</p>	<p>Data Collection: Survey for demographic data & 5 open ended questions then after survey invited for an interview. Interviews lasted about 10-15min. Field notes and recorded observations (bracketed). Reflexive journaling not explicitly noted</p> <p>Data Analysis: Transcripts & notes reviewed. Thematic content analysis conducted for data coding with two coders. Independent coding by two coders then both coders verified emergent themes to increase validity and accuracy. Demographic data entered into JMP 5.1 for percentages of demographic data only.</p>	<p>86 students experienced/witnessed HV (57%)</p> <p>Five themes emerged: 1- Humiliation & lack of respect 2- Powerlessness & becoming invisible 3- Hierarchical nature of HV within healthcare setting 4-coping strategies 5-Future employment choices</p> <p>Sub-themes: Thoughts of leaving nursing, along with the extent of HV described.</p>

<p>Dosch, M. R., Jarvis, S., & Schlosser, K. (2008). Attrition in nurse anesthesia educational programs as reported by program directors: The class of 2005. <i>American Association of Nurse Anesthetists Journal</i>, 76(4), 277–281.</p>	<p>Determine the attrition rate of Nurse Anesthesia programs across the United States. And to identify Nurse Anesthesia Program Directors' beliefs of about the reasons for their students attrition rate.- Quantitative</p>	<p>Descriptive Observational Cross-sectional Bivariate</p>	<p>Sample: Convenience sampling N=62 Nurse Anesthesia Program Directors responded (reporting a total of 1499 students)</p> <p>[67% response rate of Nurse Anesthesia Program Directors]</p> <p>Setting: United States Nurse Anesthesia Program Directors/ Programs</p>	<p>Data Collection: 20-item survey emailed to Nurse Anesthesia Program Directors.</p> <p>Data collection stopped 1 month after survey distribution, weekly reminders sent.</p> <p>Data Analysis: Descriptive statistics for data processing:</p> <p>X² used for associations of program size & attrition rate. 2-tailed P-value less than 0.05 was accepted for statistical significance throughout.</p> <p>SPSS used to statistically analyze data.</p> <p>Content validity of survey instrument done by expert panel.</p>	<p>135 (9%) students did not graduate</p> <p>33.9% reported 0 attrition rate 47% reported < 5% attrition 71% reported less than 10% attrition</p>
<p>Elmblad, R., Kodjebacheva, G., & Lebeck, L. (2014). Workplace incivility affecting CRNAs: a study of prevalence, severity, and consequences with proposed interventions. <i>American Association of Nurse Anesthesia Journal</i>, 82(6), 437-445.</p>	<p>Exploration of the stages of conflict between Certified Registered Nurse Anesthetists (CRNA) and anesthesiologists -Descriptive Qualitative</p>	<p>Mixed Methods</p>	<p>Sample: Convenience sampling 385 total (n=265 female n= 120 male)</p>	<p>Data Collection: Email survey sent with weekly reminders; data collection period over 1 month</p> <p>Quantitative Data- Likert scale with 1-5 ranking different types of incivility: First set of questions explored incivility between CRNA and general employee personnel. 2nd set of questions measured CRNA to CRNA incivility. 3rd set of questions explored CRNA to supervisor incivility and 4th set of questions based on CRNA to physician incivility</p>	<p>Incivility between- CRNA & general employees: $\mu=65$ $\bar{x}= 63.5$ CRNA to CRNA: $\mu=50$ $\bar{x}= 51.3$ CRNA to supervisor: $\mu=31.4$ $\bar{x}= 37.6$ CRNA to physician: $\mu=62.8$ $\bar{x}= 62.3$</p> <p>Qualitative: The following similarities emerged: hospitals should have a zero</p>

				<p>Qualitative data- Three open ended questions: Open text area on recommendations for preventing, coping and recommendations for managers to detect burnout.</p> <p>Data Analysis The mean & median composite scores for each type of incivility were reported. Linear regression was used to compare burnout to incivility.</p> <p>SPSS used to statistically analyze data.</p> <p>Qualitative data: categorized & reported by prevalence of type of intervention</p>	tolerance policy on incivility; hospitals should provide communication & team behavior workshops
Elisha, S., & Rutledge, D. N. (2011). Clinical education experiences: perceptions of student registered nurse anesthetists. <i>American Association of Nurse Anesthesia Journal</i> , 79(4 Suppl), S35-42.	Describe the experiences and attitudes of student registered nurse anesthetists related to clinical instruction.	Descriptive Observational Cross-sectional Bivariate - randomly stratified sample	<p>Sample: N=696 SRNAs</p> <p>Male: 253 Female: 440</p> <p>Year in program: 1: 410 2: 254 3:27</p> <p>Ethnicity: White: 563 Hispanic: 31 African American: 31 Multiracial: 13 Asian or pacific islander: 35</p>	<p>Data Collection: 5 question survey administered via email link during SRNAs' educational experience. SRNAs voluntarily responded to open-ended and closed ended questions.</p> <p>1.) Demographic info 2.) Frequency of specific experiences and persons involved 3.) Level of importance CRNA characteristics 4.) Level of helpfulness of activities or persons during clinical experience 5.) Level of satisfaction with meeting learning objectives on personal expectations for clinical education</p> <p>Scale 0= never; 1-3 = infrequently; 4-6 sometimes; 7-9 frequently; ≥ 10 = very frequently</p>	<p>Results: 2.) <u>Emerged themes</u> Verbal abuse: 69% Sexual abuse: 10% Physical abuse: 10% Racial discrimination: 12%</p> <p>3.) SRNAs ranked the following in this order from most important to least important of CE: CRNA's ability to remain calm during stressful events; use of nonthreatening communication; permits independent decision making; being humorous.</p> <p>4.) SRNA reported constructive comments as helpful; unique cases; clinical lectures; reading;</p>

			American Indian or Alaskan: 3 Other: 14	Data Analysis: SPSS X ² for gender differences Thematic analysis of more than 300 typed comments & defining emerging themes and subthemes	and CRNA preceptors in their learning 5.) SRNAs reported being more than moderately satisfied with their learning objectives
Frank, E., Carrera, J. S., Stratton, T., Bickel, J., & Nora, L. M. (2006). Experiences of belittlement and harassment and their correlates among medical students in the United States: Longitudinal survey. <i>British Medical Journal</i> , 333(7570), 682-688. doi:10.1136/bmj.38924.722037.7C	Explore the experiences of medical students' perceptions of being harassed and belittled over time by residents or fellows, by preclinical professors, by clinical professors or attendings, or by patients. This knowledge can be used to reduce such instances. -Quantitative	Longitudinal	Sample: N=2316 medical students (class of 2003) [67% response rate of Nurse Anesthesia Program Directors] Setting: 16 United States medical schools	Data Collection: 10 question survey administered at three different occasions during student's educational experience: 1.) Freshman orientation 2.) Entry to wards 3.) Senior year. Data Analysis: Likert scale 1-5 ranking on the following items: harassment and belittlement, mental health, and perceived environmental factors Cross-tabulated each 10 questions on harassment and belittlement with students' demographic characteristics, questions on mental health and perceived environmental items. X ² tests and determined associated P values on each of the cross tabulations. P-value less than 0.04 was accepted for statistical significance throughout. Multi-log with SAS callable SUDAAN used to statistically analyze data.	1.) Freshman harassed/belittled: 8% by residents or fellows; 8% attendings; 11% by preclinical professors; 10% patients; 25% senior students 2.) Entry to wards-harassed/belittled: 8% residents/fellows; 10% attendings; 27% patients; 9% preclinical professors; 29% senior students 3.) Senior year-harassed/belittled: 11% by residents or fellows; 29% attendings; 29% by preclinical professors

<p>Hakojärvi, H. R., Salminen, L., & Suhonen, R. (2014). Health care students' personal experiences and coping with bullying in clinical training. <i>Nurse Education Today</i>, 34(1), 138–144. doi:10.1016/j.nedt.2012.08.018</p>	<p>Exploring the personal experiences of bullying from the perspective of health care students. This knowledge can be used to provide information regarding possible bullying intervention and prevention strategies. - Qualitative</p>	<p>Descriptive Phenomenology</p>	<p>Sample n=41 [2nd & 3rd year students –age 21-46 yrs (nursing, physical therapy, midwifery, emergency nursing, public health nursing, radiography, lab science)]</p> <p>Setting Two Universities of Applied Sciences in Finland.</p> <p>Exclusion Criteria: Students who had witnessed and not experienced bullying were excluded- study focused on victims</p>	<p>Intervention: Semi-structured questionnaire. Multiple choice questions and open-ended questions.</p> <p>Data Analysis: Multiple-choice questions were analyzed by frequencies and percentages for each answer. Open-ended questions were analyzed using content analysis to identify emergent themes.</p> <p>Field notes, reflexive journaling, and recorded observations (bracketed).</p>	<p>Four themes emerged: 1- Manifestation of bullying 2- Consequences of bullying 3- Coping with bullying by sharing experiences 4-Addressing and intervening bullying at faculty</p>
<p>McKenna, L., & Boyle, M. (2015). Midwifery student exposure to workplace violence in clinical settings: An exploratory study. <i>Nurse Education in Practice</i>. (7), 1-5. doi:10.1016/j.nepr.2015.11.004</p>	<p>To examine midwifery students' experiences of workplace violence during clinical placements. Quantitative/Qualitative</p>	<p>Cross-sectional Mixed method Phenomenology</p>	<p>Sample (n=52) [(Age 19-45yrs; no males) 31 first year 21 second year)]</p> <p>Setting Students from one program</p>	<p>Intervention: Paper-based survey (paramedics workplace questionnaire) with various sets of questions primarily closed questions: 1st section covered six forms of workplace violence: verbal abuse, property damage or theft, intimidation, physical abuse,</p>	<p>Results Verbal abuse \bar{x}= 17% Intimidation \bar{x}= 30% Physical abuse \bar{x}= 5% Sexual harassment \bar{x}= 5%</p> <p>Student response: Wanting to give up; unsure of their own skills; reduced</p>

			in Victoria Australia	<p>sexual harassment, and sexual assault.</p> <p>2nd section: Three qualitative questions regarding how the person felt regarding their experience.</p> <p>3rd section covered their response to the situation</p> <p>4th section: Impact of event scale which measured the response to a violent workplace event during their clinical placement</p> <p><u>Analysis:</u> Quantitative: Descriptive data analysis was undertaken using SPSS for \bar{x} and</p> <p>Qualitative: Methods not clearly stated how themes derived; Listing statements followed with classifying into emerging patterns. Neither reflexive journaling not noted nor inter-rater consensus.</p>	confidence; feelings of uselessness;
<p>Levett-Jones, T., Pitt, V., Courtney-Pratt, H., Harbrow, G., & Rossiter, R. (2015). What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? <i>Nurse Education Practice</i>, 15(4), 304-309. doi:10.1016/j.nepr.2015.03.012</p>	<p>Identify first year nursing students perceptions of their readiness for practice and the impact of one semester long preparation for practice course. - Quantitative/Qualitative</p>	Mixed Methods-Phenomenology	<p><u>Sample:</u> n=144 nursing students</p> <p><u>Setting:</u> Semi-metropolitan area Australia</p>	<p><u>Data Collection:</u> 22-item online survey distributed via email in weeks 1, 6, of a 12-week semester just prior to students clinical start. One open ended question.</p> <p><u>Data Analysis:</u> Qualitative/Quantitative-Hsieh & Shannon's 2005 strategy of summative content analysis in order to report percentages with emergent data.</p> <p>Data from interviews were theoretically coded [bracketed]</p>	<p>Six themes emerged: 1-Not prepared for placement 34% 2-feeling nervous, anxious, & worried 24% 3-bullying & belonging 18% 4-practicalities 12% 5-patient safety & making mistakes 9% 6-working outside of my scope of practice 3%</p>

				Data analysis repeatedly reviewed for coding accuracy.	
Sakellaropoulos, A., Pires, J., Estes, D., & Jasinski, D. (2011). Workplace aggression: assessment of prevalence in the field of nurse anesthesia. <i>American Association of Nurse Anesthesia Journal</i> , 79(4 Suppl), S51-57.	Determine the extent of workplace aggression in the field of nurse anesthesia. And assess the negative impact of aggressive behavior and how it affects Certified Registered Nurse Anesthetists (CRNAs). Quantitative/Qualitative	Cross-sectional Mixed methods	<p>Sample: CRNA participants were randomly selected by AANA Research and Membership Service departments</p> <p>N=205 63% female, 37 male (older than 50-49.5%, Caucasian 91% 2% Asian 2% African American, 1.5% Hispanic)</p> <p>Setting: Various institutions</p>	<p>Data Collection: Nationwide surveys were sent with a 29.3 response rate</p> <p>Workplace aggression questionnaire (Assessing field of Nurse Anesthesia)</p> <p>Quantitative: Likert scale 0-6 ranking different types of aggression: verbal active, direct, physical, passive, and indirect aggression.</p> <p>Qualitative: 3 open-ended questions: subjects could list behaviors experienced.</p> <p>Data Analysis: Likert scale 0-6 ranked verbal (90%) active (92%) and direct (91) aggression as occurring more frequently than physical (82), passive (80.9%) and indirect (82.9%) aggression.</p> <p>The Pearson X^2 and Fisher exact tests were used to discover occult relationships between the 6 subscales and demographic behavior.</p> <p>Pearson correlation to assess correlations between aggressive behavior and the demographic variables</p>	<p>89.1% of sample demonstrated that female CRNAs experienced verbal active and passive aggression more than males.</p> <p>A significant relationship between ($P < 0.05$) was found between gender and verbal aggression ($X^2 = 5.2$; $P = .02$) between gender and active aggression ($X^2 = 5.2$; $P = .02$) and between gender and passive aggression ($X^2 = 4.0$; $P = .04$) Age and active aggression ($X^2 = 7.9$; $P = .049$)</p> <p>Qualitative data revealed themes of aggression having an effect on patient safety</p>

<p>Seibel, M. (2014). For us or against us? Perceptions of faculty bullying of students during undergraduate nursing education clinical experiences. <i>Nurse Education in Practice</i>, 14(3), 271–274. doi:10.1016/j.nepr.2013.08.013</p>	<p>Conduct a critical review of research regarding bullying in undergraduate nursing education Determine what is known about faculty bullying of nursing students during undergraduate clinical experiences. -Qualitative</p>	<p>Critical appraisal</p>	<p>Sample: n=31 peer reviewed articles and dissertations</p> <p>Setting: Multiple settings</p>	<p>Data Collection: Peer reviewed articles and dissertation investigating bullying of nursing students and influencing factors were included and reviewed</p> <p>Analysis Explicit details of data analysis needed Author emailed</p>	<p>Themes</p> <ol style="list-style-type: none"> 1. Faculty factors 2. Lack of knowledge/preparation 3. Balancing act 4. Teaching goals & ideals 5. Student factors 6. Caring & respect 7. Learning, evaluation & formation 8. Ego- defense mechanism
<p>Wilson, J. T., Gibbons, S. W., & Wofford, K. (2015). Process improvement: Addressing attrition from the Uniformed Services University of the Health Sciences Nurse Anesthesia Program. <i>American Association of Nurse Anesthesia Journal</i>, 83(5), 351–356.</p>	<p>Examine the reasons for high attrition rates in the Uniformed Services University Health Sciences Registered Nurse Anesthesia Program Quantitative/Qualitative</p>	<p>Mixed methods Retrospective cohort study</p>	<p>Sample: 180 students enrolled between 2005 & 2011 (n=40 did not graduate 87% male)</p> <p>Setting: United States Uniformed Services University Health Sciences Registered Nurse Anesthesia program</p>	<p>Data Collection: Quantitative data retrieved from records: Student (non-cognitive attributes): academic status, sex, race, age, years of nursing experience</p> <p>Student (cognitive attributes): undergraduate nursing GPA, undergraduate science GPA, verbal GPA, and quantitative analytical GRE scores.</p> <p>Qualitative: extracted from records of withdrawn or dismissed students to identify factors associated with attrition</p> <p>Data Analysis: Student <i>t</i> test and X^2 of association were used for between- group comparisons</p> <p>Qualitative: analyzed using content analysis with mutually exclusive content categories. Categories independently derived then confirmed by two reviewers.</p>	<p>Successful students: were younger $P < .01$; had higher undergraduate GPAs $P = .04$; higher analytical scores $P = .04$</p> <p>Attrition: change in motivation 20%; personal/tragic: 15% Family problems: 20% Academic failure: 40%</p>

APPENDIX B:
THE UNIVERSITY OF ARIZONA APPROVAL LETTER



Human Subjects 1618 E. Helen St. P.O.Box 245137
 Protection Program Tucson, AZ 85724-5137 Tel: (520) 626-6721

Date: December 07, 2016

Principal Investigator: Mariana Ehrlich Winston

Protocol Number: 16110043

Protocol Title: STUDENT REGISTERED NURSE ANESTHETISTS'
 PERCEPTIONS OF BULLYING AND ITS IMPACT ON
 LEARNING

Level of Review: Exempt

Determination: Approved

Documents Reviewed Concurrently:

Data Collection Tools: *11.29.16 tool Student Registered Nurse Anesthetist Bullying Survey final.doc*

HSPP Forms/Correspondence: *11.29.16Winstonf107_v2016-07_0.doc*

HSPP Forms/Correspondence: *12.06.16MWF200_v2016Application for Human research-Final.docx*

HSPP Forms/Correspondence: *Signature page.pdf*

HSPP Forms/Correspondence: *Winston. appendix_f-6.docx*

Informed Consent/PHI Forms: *12.05.16Winston.Disclosure email intro-Survey-10.6.16.doc*

Informed Consent/PHI Forms: *12.05.16Winston.Disclosure email intro Survey-10.6.16.pdf*

Other Approvals and Authorizations: *10.17.16 AANA IRB Criteria Needed Letter.docx*

Participant Material: *11.29.16Email Thank you letter.docx*

This submission meets the criteria for exemption under 45 CFR 46.101(b). This project has been reviewed and approved by an IRB Chair or designee.

- The University of Arizona maintains a Federal wide Assurance with the Office for Human Research Protections (FWA #00004218).
- All research procedures should be conducted according to the approved protocol and the policies and guidance of the IRB.
- Exempt projects do not have a continuing review requirement.
- Amendments to exempt projects that change the nature of the project should be submitted to the Human Subjects Protection Program (HSPP) for a new determination. See the Guidance on Exempt Research information on changes that affect the determination of exemption. Please contact the HSPP to consult on whether the proposed changes need further review.
- You should report any unanticipated problems involving risks to the participants or others to the IRB.
- All documents referenced in this submission have been reviewed and approved. Documents are filed with the HSPP Office. If subjects will be consented, the approved consent(s) are attached to the approval notification from the HSPP Office.

APPENDIX C:
QUALTRICS© ONLINE SRNA BULLYING SURVEY

Student Registered Nurse Anesthetist Bullying Survey
[(SRNA) Bullying Survey]

Gender

- Male
 Female

Ethnic Background/race

- White
 Hispanic
 Black or African American
 Multiracial
 Asian or Pacific Islander
 American Indian or Alaska native
 Other

Indicate your age group

- 24-29
 30-34
 35-39
 40-44
 45-49
 Other

Length of your Nurse Anesthesia program in months

- 24
 25
 26
 27
 28
 32
 34
 36
 Other

Indicate in months how far you are into your Nurse Anesthesia program

- 1-4
 5-8
 9-12
 13-17
 18-22
 23-27
 28-31
 32-36
 37-42
 43-46

Other

Indicate which type of program you are attending.

Frontloaded

Integrated

For the following 2 questions please indicate the dates numerically and in the following two-digit month and four-digit year order (e.g. for January 2016 write 01/2016)

What month and year did you begin your Nurse Anesthesia program: ___/____

What month and year did you begin your clinical rotations: ___/____

SRNA bullying occurs in the clinical setting:

Strongly Disagree		Neither Agree nor Disagree		Agree	Strongly
1	2	3	4	5	

I believe one or more of my CRNA preceptors has demonstrated bullying behaviors toward me:

Strongly Disagree		Neither Agree nor Disagree		Agree	Strongly
1	2	3	4	5	

If you have answered 3, 4, or 5 to the above question please continue. If you have answered 1 or 2 STOP HERE AND PROCEED NO FURTHER.

The bullying I have experienced has caused me emotional stress:

Strongly Disagree		Neither Agree nor Disagree		Agree	Strongly
1	2	3	4	5	

When I am bullied I can think clearly:

Strongly Disagree		Neither Agree nor Disagree		Agree	Strongly
1	2	3	4	5	

The bullying I have experienced has hindered my learning:

Strongly Disagree		Neither Agree nor Disagree		Agree	Strongly
1	2	3	4	5	

The bullying I have experienced resulted in physical symptoms:

Strongly Disagree		Neither Agree nor Disagree	Agree	Strongly
1	2	3	4	5

There are appropriate resources provided by my program to assist me in dealing with bullying:

Strongly Disagree		Neither Agree nor Disagree	Agree	Strongly
1	2	3	4	5

Reporting acts of bullying will make bullying behaviors decrease or cease:

Strongly Disagree		Neither Agree nor Disagree	Agree	Strongly
1	2	3	4	5

Who has bullied you? You may choose more than one of the following individuals if applicable:

- Patients
- Staff nurses
- SRNA peers
- CRNA preceptors
- MD/DO anesthesiologists
- MD/DO surgeons
- Other

What kind of bullying have you experienced:

- Yelling
- Name calling
- Humiliation
- Belittlement
- Ignoring
- Physical
- Other

APPENDIX D:
MANIFESTATION OF BULLYING SURVEY

Manifestation of bullying in clinical training

- In what kind of situations have you experienced bullying?

- What kind of bullying have you experienced?

- Have the bullying experiences caused you any physical symptoms?

- yes
- no
- undecided

- By whom have you experienced bullying? You may check one or more of the following boxes.

- clinical instructor
- staff manager
- another member of staff; please state his/her occupation (for example, RN) or position at the workplace _____

Coping with the bullying experience

- What has influenced your decision to share your bullying experiences with a fellow student, a friend, a significant other, a teacher, a clinical instructor, a student health care staff?

- What kind of help have you received from the person(s) you have shared your bullying experiences with?

(Hakojärvi et al., 2014; Permission obtained)

APPENDIX E:
PERMISSION TO USE SURVEY TOOL

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APPENDIX F:
PROJECTED BUDGET

Resources Needed	Cost	Total Use
Qualtrics	No cost/UA students	\$0.00 for 4 months
SPSS via UA licensing	\$35/year	\$35 for 1 year
AANA SRNA list	\$950	\$950
TOTAL		\$985

APPENDIX G:
SRNA EMAIL CONSENT/COVER LETTER

[Email Consent/Cover letter]
**STUDENT REGISTERED NURSE ANESTHETISTS' PERCEPTIONS OF
BULLYING AND ITS IMPACT ON LEARNING**

Mariana E. Winston

Dear SRNAs:

You are invited to participate in a research survey – STUDENT REGISTERED NURSE ANESTHETISTS' PERCEPTIONS OF BULLYING AND ITS IMPACT ON LEARNING. The purpose of this study is to investigate the perceptions of bullying in the clinical arena towards SRNAs.

It will take approximately **5 minutes** to complete this survey and there will be no costs to participate. There are no foreseeable risks associated with participating in this research and you will receive no immediate benefit from your participation. However, your participation in this survey will contribute to a paucity of research on the topic. Survey responses are 100% anonymous, and de-identified research files may be reviewed by the research team and the University of Arizona Institutional Review Board

Participation in this study is voluntary. If you choose to participate in the study, you may discontinue participation at any time without penalty. In addition, you may skip any question that you choose not to answer. By participating, you do not give up any personal legal rights you may have as a participant in this study. An Institutional Review Board responsible for human subjects' research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research. For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at 520-626-6721 or online at <http://rgw.arizona.edu/compliance/human-subjects-protection-program>. For questions, concerns, or complaints about the study, you may contact Mariana E. Winston, RN, BSN, CCRN, CNRN, SRNA at mewinston@email.arizona.edu.

By taking this survey you agree to have your responses used for research purposes. Please do not take this survey while driving or operating heavy machinery if taking the survey from your mobile device. By clicking the link you are consenting to participate in this survey

https://uarizona.co1.qualtrics.com/SE/?SID=SV_cNNcOvGGK2bI4jX

Please click on the survey link below and provide us with your feedback no later than February 15, 2017

By taking part in this survey, you are allowing your responses to be used for research purposes. This invitation does not imply any endorsement of the survey research and/or its findings by the AANA. The survey contents and findings are the sole responsibility of the individual conducting the survey

APPENDIX H:
PROJECT DISSEMINATION POSTER



SRNA BULLYING AND ITS IMPACT ON LEARNING

AFFILIATIONS OF KATHLEEN PIOTROWSKI DNP, CRNA
MARIANA WINSTON (mewinston@email.arizona.edu)

BACKGROUND

Bullying: violence, aims to humiliate, threaten, intimidate, offend, &/or cause distress by unrelated individuals.

- Preceptor coercive power
- SRNAs reliant for instruction & evaluation
- Healthcare hierarchical system places students at bottom
- Numerous studies identify CRNA bullying. Only one study identified bullying. All lack depth of perspective.

PURPOSE

Investigate if bullying behaviors occur among anesthesia preceptors. If so, how SRNAs perceive bullying has affected learning.

DEFINITIONS

SRNA (Student Registered Nurse Anesthetist)

CRNA (Certified Registered Nurse Anesthetist)

AANA (American Association of nurse Anesthetists)

Institutions excluded to decrease bias: University of Arizona, Midwestern University, National University, Westminster College, Uniformed Services University, Programs in Utah, & Texas

METHODS

Tool, adapted from established tool, reviewed by expert panel & tailored for SRNAs

- AANA approved topic & emailed survey link to SRNA members
- SSPS & Qualtrics for data analysis

- Quantitative descriptive survey
- Demographic data
- Program type, length, entrance date into clinicals

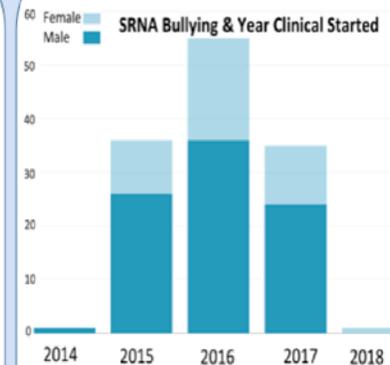
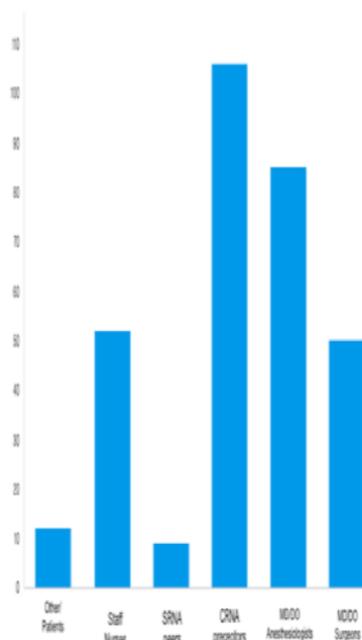
Likert matrix questions:

- SRNA bullying occurs in the clinical setting
- I believe one or more of my CRNA preceptors has demonstrated bullying behaviors toward me:
- The bullying I have experienced has caused me emotional stress:
- When I am bullied I can think clearly:
- Bullying I have experienced has hindered my learning:
- There are resources provided by my program to assist me in dealing with bullying:
- Reporting acts of bullying will make bullying behaviors decrease or cease:
- Who has bullied you? You may choose more than one of the following individuals if applicable:
- What kind of bullying have you experienced:

RESULTS

- Exclusion of AZ, CA, TX, UT to decrease bias since SRNAs may rotate with author

- AANA Emailed 1500 nationwide surveys 133 responded (9% response rate) Male 32% female 67%



CONCLUSIONS

- SRNAs entering clinicals in 2015 & 2017 bullied more newer SRNAs
- Women more likely to be bullied or report bullying than male counterparts.
- Of the sample frontloaded and integrated programs report nearly the same amount of bullying, frontloaded slightly higher.
- Non CRNA nursing staff comprised a significant amount of bullying with L&D nursing reported as one of the top bullies
- Combined disciplines of nursing comprised the majority of nursing 82%

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