





Relationship Between Perceived Supervisor Support and Workplace Bullying in School Nurses in Virginia

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Abstract

Workplace bullying among school nurses is a significant problem with supervisors either contributing to or preventing such behavior. This study aimed to determine if support from nursing and school supervisors is associated with workplace bullying among Virginia school nurses. In this analysis of a cross-sectional survey, responses from 159 school nurses with two supervisors to the Survey of Perceived Supervisor Support and Short-Negative Acts Questionnaire were examined. Multiple linear regression analysis was performed. Findings demonstrated a significant, inverse relationship between perceived support from both supervisors and workplace bullying, accounting for 27.7% of the variance. No relationship was found between bullying and frequency of supervisor contact. The research suggests quality and not quantity of supervisor support may protect school nurses against workplace bullying.

Keywords

workplace bullying, supervisor support, school nurses, administration, leadership

Workplace bullying is a significant problem, with approximately 79.3 million Americans impacted (Namie, 2021). The Centers for Disease Control and Prevention (2018) has identified bullying as a form of workplace violence, which is characterized by repeated verbal or physical hostility occurring over time. Within the Kindergarten through 12th-grade setting, workplace bullying has been reported by up to 37% of teachers and 60% of school nurses (Druge et al., 2016; Sharma et al., 2019). Among school nurses, examples of workplace bullying behaviors reported have included being yelled at, having offensive remarks directed at, being ignored, excluded, or intimidated (Sharma et al., 2019). If school employees are impacted by workplace bullying, student instruction could also be disrupted (Jacobs & Wet, 2015).

School nurses play a critical role in supporting and bridging the gap between the education and health care of students (Lineberry et al., 2018). A recent survey of school nurses identified several individual and organizational factors associated with being bullied in the educational setting (Sharma et al., 2019). The study took place in Virginia, where the term school nurse refers to any nurse working in a school. The findings from the study suggested that the school nurse's race and level of education contributed to the frequency of reported bullying behavior. Non-White nurses and Licensed Practical

Nurses reported more bullying than white nurses and nurses with higher levels of education. Additionally, nurses who were invited to participate in students' individualized educational plan meeting reported less frequent bullying behaviors than those who were not. The researchers suggested the latter finding may be an indication that those nurses are more valued by administrators and co-workers in their role on special education teams. However, their research also noted most of the reported perpetrators of the bullying behavior were school principals (Sharma et al., 2019). In Virginia, there is no formal structure for school nurses. Individual school districts are responsible for implementing the school health program. Additionally, there is no mandated nurse to student ratio and many schools have no access to a school nurse (Virginia Department of Education, 2021). Therefore,

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our study aimed to examine how administrative support is associated with workplace bullying among school nurses.

Role of School Nurses

While teachers support students in the classrooms, school nurses are often the first individuals called upon when students need medical attention. Harper et al., (2016) reported nearly two-thirds of all high school students visited the school nurse's office for their health care needs. These students rely on the school nurse for the management of their chronic illnesses (i.e., diabetes, asthma), injuries, and immunizations. The National Association of School Nursing has established the Framework for the 21st Century School Nursing PracticeTM (Framework) to guide school nurses in their daily responsibilities (Maughan et al., 2015). The focus of the framework includes care coordination, leadership, community/public health, quality improvement, and standards of practice. When school nurses follow the guidelines of the framework, they provide holistic care for the students within their schools. Furthermore, school nurses collaborate with teachers to ensure students are healthy enough to be able to focus and concentrate on their academic needs (Kwatubana, 2018). They routinely assess for mental health problems and plan early interventions (Bohnenkamp et al., 2015). School nurses are also integral members of the education team, as they assess and identify health barriers in the students that may interfere with learning. The significance of this relationship between school nurses and teachers is vital in supporting quality student education.

School nurses' work environment is unique as they provide care to students within a teacher's domain and education culture. These nurses must rely on their school colleagues and teachers for support as they work independently of other healthcare personnel. Being in a minority role in the workplace environment can potentially increase the risk of the school nurse being bullied (Eriksen & Einarsen, 2004). Additionally, school nurses often have more than one supervisor providing oversight (Sharma et al., 2019). A nursing or healthcare supervisor may be a nurse, social worker, or other related professional within the healthcare field usually centrally located in a school district. Alternatively, a school or academic supervisor may be a principal, assistant principal, or other school administrator who is likely to be in contact with the school nurse on a more day-to-day basis.

Supervisor Support/Organizational Support

According to Eisenberger et al., (1986), perceived organizational support is defined as the commitment between an organization and an employee. This support includes supervisors and coworkers providing available resources to help cope with stressors (Desrumaux et al., 2018). The authors suggest

supervisor support can alleviate the strain and pressure placed on an employee during times of stress. Employees who receive some form of support from their organization also expect support from their supervisor, because supervisors are representatives or an extension of the organization (Rhoades & Eisenberger, 2002). Little is known how the complexity of having two, multidisciplinary supervisors, such as in the case of school nurses, can impact the level of support in the workplace.

Employees who receive support from their supervisors experience fewer effects related to bullying in the workplace. Gardner et al. (2013) conducted a study to investigate the association of workplace bullying and social support of coworkers and supervisors among different ethnic groups in New Zealand ($n = 1,733$). The researchers found individuals with supervisors who were more supportive had a lower frequency of bullying as well as less psychological strain. Giorgi et al., (2013) found similar results in their study of Japanese unionized workers ($n = 699$). They further examined the organizational environment in their research which included: coworker support, job expectations, trust, autonomy, and supervisor support. The results indicated that employees who did not receive support from their supervisor or managers and those individuals who worked in isolation experienced higher levels of bullying in the workplace. Leaders who have specific and clear job expectations for their employees contribute to a positive work environment.

According to Namie (2021), most perpetrators of workplace bullying among various occupations are in supervisory positions. Researchers have also found school administrators and principals are often the bullying offenders among their subordinates (Klein & Bentolila, 2019). Principals who lack respect for teachers foster a negative school environment, which a district-level administrator may not be aware is occurring (De Wet, 2014). This abuse of power by senior faculty then perpetuates the bullying of teachers. In addition to principals, parents have also demonstrated bullying behavior toward teachers (Foley et al., 2015). These observations are not unique to education; similar findings have been reported in nursing. A Turkish study of nurses found 26.8% of those bullied were victimized by their own supervisor (Yildirim & Yildirim, 2007). Furthermore, Farrell and Shafiei (2012) examined the frequency of bullying among a sample of 1,495 nurses and midwives in Australia. The researchers found 32% of the subjects had experienced workplace bullying, with most perpetrators being managers/supervisors (50%) and coworkers (56%).

Organizational antecedents of workplace bullying in nursing include role ambiguity, workload, and lack of supervisor support (Trepanier et al., 2016). Increased supervisor support has been linked to employees experiencing a lower frequency of bullying and lower stress levels (Gardner et al., 2013). Workplace support from direct supervisors is perceived to be a key element for employees feeling valued (Rasool et al., 2021). School nurses often have a supervisor who is an

educator by training and may not understand the role and scope of nursing practice. Being in an educational environment also puts a priority on educational matters, not necessarily health concerns. These organizational factors may contribute to misunderstanding the role of the school nurse, workload, and a supportive supervisor.

Understanding the complexity of supervisor support is an important factor in understanding the negative work environment associated with its absence (O'Reilly et al., 2015). Given the unique management structure of the school nurses' work environment in Virginia, some nurses had not only one supervisor but two supervisors. The aim of this study was to determine how support from nursing and school supervisors may differ in their association with workplace bullying.

Methodology

Study Design and Sample

This research study was part of a larger, cross-sectional survey of school nurses in Virginia, USA and their experiences with workplace bullying (Sharma et al., 2019). The study was approved by the Institutional Review Board at George Mason University. This component of the study addressed the role of supervisors in school nurses' experience of workplace bullying.

A convenience sample of 159 Virginia school nurses was recruited by email and solicitation through the Virginia School Nurses Association (VASN) in October 2018. Additional recruitment included advertisements posted on social media and snowball sampling. Eligibility criteria for the study included (a) being a school nurse in Virginia for at least the past 9 months, and (b) providing direct care to students in Kindergarten—12 grades, having dual supervision by nursing and school personnel. Supervisors and nonnursing school staff who functioned in the role of school nurses—such as school nurse office attendants, administrative staff, teachers, and substitute nurses—were excluded. There are no standard educational requirements for school nurses in Virginia. School health services can be provided by registered nurses, licensed practical nurses, or unlicensed assistive personnel. Each Virginia school board establishes its own health services division, policies, and practices (Virginia Department of Education, 2021).

The researchers calculated the sample size by power analysis a priori using Cohen's (f^2) (Soper, 2019). A medium effect size ($\rho = .15$) was used because there was no existing research available to support the use of a specific effect size. The final sample size was $n = 159$. The response rate was unable to be determined because the exact number of school nurses in Virginia is unknown.

Measurement

Supervisor Support. A supervisor for this study was defined as anyone in a leadership position who supervised a school

nurse. In the survey, the nursing or health care supervisor was defined as an individual who was a nurse, social worker, or other related profession within the healthcare field to whom the school nurse reported. Whereas a school or academic supervisor was described as a principal, assistant principal, or other school administrator to whom the school nurse reported. Supervisor support was measured using the Survey of Perceived Supervisor Support, which was previously adapted from the Survey of Perceived Organizational Support (Eisenberger et al., 1986). Permission was obtained to use the adapted survey from the author. In this study, the scale was used to measure perceived supervisor support from both nursing and school supervisors. The questionnaire consisted of eight items scored on a 7-point Likert scale ranging from strongly disagree (0) to strongly agree (6). Items 2, 3, 5, and 7 were reverse scored. The sum score for the eight items ranged from 0 to 48. A higher total score indicated more perceived supervisor support (Eisenberger et al., 1986). The Cronbach's α for the reliability of the Survey of Perceived Supervisor Support for nursing supervisors was .906 and for school supervisor was .948. Because the frequency of supervisor contact was not captured in the survey of perceived supervisor support scale, this concept was measured by a single additional item. School nurses were asked to self-report to the following question: On average, how frequently did you interact with your nursing or school supervisor? The single item had the following response options: daily, 3–4 times/week, 2–3 times/week, 1–2 times/week, once a month, less than once per month, as needed, and never.

Workplace Bullying. Workplace bullying was measured with the 9-item Short-Negative Acts Questionnaire (S-NAQ) developed by Einarsen et al., (2009). Written in behavior terms, participants were asked to respond to nine items on a 5-point Likert scale (never = 1 to daily = 5) on how often they experienced negative treatment at work in the preceding 9 months. A Cronbach's α of .888 was obtained for the S-NAQ. Following the S-NAQ items, the respondents were presented with the definition of bullying. We used the bullying definition as described in the S-NAQ: A situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions. We did not refer to a one-off incident as bullying. Those respondents who self-labeled as being bullied based on the definition provided were asked to identify the perpetrator(s) by category: of school employee, student, parent, or external provider.

Demographics. The participants reported their age, sex, race, ethnicity, nursing education, and years of experience as a school nurse. Organizational characteristics were captured by level of school (elementary, middle, or high), type of

school (private school or public school), and the total number of schools in which the school nurse is responsible.

Data Collection

The online-based platform Qualtrics® (Qualtrics, 2018) was used for data collection during October 2018. As not to influence potential study participants and to capture a more objective assessment of the bullying behavior, the word “bullying” was omitted from any recruitment materials as well as the consent. Instead, participants were asked to take part in a study about understanding supervisor relationships and negative behavior experiences among school nurses.

Data Analysis

Data analyses were conducted using IBM Statistical Package for the Social Sciences (SPSS) version 25.0 (IBM, 2018). Missing data was identified using frequency distributions. Two cases were missing the variables of race and working in a Title 1 school and casewise deletion was used. Visual inspection of scatterplots assessed the data for outliers. Pearson correlation analysis was performed to examine the relationships between workplace bullying (dependent variable) and the supervisor support and contact with supervisor (independent variables). Paired *t*-tests were performed to compare the mean difference in item scores between nursing and school supervisor support. The assumptions of linearity, normality, homoscedasticity, and multicollinearity for the independent variables and dependent variable were evaluated and all were within acceptable limits (Mertler & Reinhart, 2016). Multiple linear regression analysis was performed to assess if support received from nursing and school supervisors had a significant relationship with workplace bullying.

Results

Demographics and Organizational Characteristics

Sample characteristics for the included 159 Virginia school nurses with two supervisors are presented in Table 1. Most of the nurses in the sample were middle aged (mean = 51 years, *SD* = 8.8 years), female, White, non-Hispanic, and with baccalaureate degrees. The respondents averaged 10.8 years of school nursing experience (*SD* = 7.3 years, range 1–31 years). Almost all the school nurses worked within a single public school, with the majority of the settings being elementary schools.

Workplace Bullying

The mean score for the S-NAQ bullying scale for this study was 1.55 (*SD* = .620 for 1 = never bullied and 5 = bullied daily). The school supervisors were the most frequently reported perpetrators of workplace bullying (10.1%),

Table 1. Demographics and Organizational Characteristics (*n* = 159).

Characteristic	<i>n</i> (%)
Sex	
Male	0
Female	159 (100)
Race	
White	145 (91.2)
Non-White	14 (8.8)
Ethnicity	
Hispanic	2 (1.3)
Non-Hispanic	157 (98.7)
Nursing education	
LPN	18 (11.3)
Diploma/associate degree	42 (26.4)
Bachelor's degree	72 (45.3)
Graduate degree	24 (15.1)
Type of school served	
Public school	158 (99.4)
Private school	1 (0.63)
Number of schools served	
One school	139 (87.4)
More than one school	20 (12.6)
School-level served	
Preschool/elementary	81 (51.0)
Middle school	28 (17.6)
High school	32 (20.1)
Combination ^a	18 (11.3)

Note. LPN = licensed practical nurse.

^aTwo or more schools at different levels.

followed by parents (7.9%), teachers (6.7%), and clerical staff (6.7%). Of the perpetrators of the bullying behavior against school nurses, only 2.2% of the sample reported bullying behaviors by the nursing supervisors.

Supervisor Support and Workplace Bullying

The mean scores of perceived nursing and school supervisor support are presented in Table 2, followed by the frequency of supervisor contacts in Table 3. Paired *t*-tests were performed to compare the mean difference in scores between nursing and school supervisor support. A significant difference was found between levels of nursing and school supervisor support ($p < .05$), with more perceived support reported of the nursing supervisor. Table 4 presents the results of the correlation analysis between perceived supervisor support, supervisor contact, and workplace bullying. A moderate, negative relationship was noted between both school supervisor support and workplace bullying ($r = -.453$, $p < .05$) and nursing supervisor support and workplace bullying ($r = -.389$, $p < .05$). Scatterplots presented in Figures 1 and 2 visually confirm these findings. A test of the difference between dependent correlations (Steiger, 1980) revealed that the correlations of workplace bullying with school supervisor support and nursing supervisor support were not

Table 2. Mean Scores of Perceived Nursing Supervisor and School Supervisor Support ($n = 159$).

Items	Nursing supervisor		School supervisor		<i>p</i> value ^a
	Mean	SD	Mean	SD	
1. My supervisor values my contribution	5.15	1.53	4.72	1.77	.011
2. My supervisor fails to appreciate any extra effort from me. (R)	4.71	1.94	4.04	2.12	.001
3. My supervisor would ignore any complaint from me. (R)	5.29	1.38	4.35	2.04	<.001
4. My supervisor really cares about my well-being.	5.12	1.50	4.58	1.72	.001
5. Even if I did the best job possible, my supervisor would fail to notice. (R)	5.12	1.57	4.39	1.94	<.001
6. My supervisor cares about my general satisfaction at work.	4.76	1.87	4.31	1.83	.013
7. My supervisor shows very little concern for me. (R)	5.20	1.59	4.59	1.79	<.001
8. My supervisor takes pride in my accomplishments at work.	4.95	1.60	4.44	1.85	.001
Sum score	41.85	6.81	36.54	10.44	<.001

Note. Range of item scores = 0 (strongly disagree)–6 (strongly agree). (R) = Reverse scoring questions. The numbers in the table represent the items after they were reverse scored.

^aPaired t-test, $p < .05$ is significant.

Table 3. Frequency of School Nurses' Contact with Nursing and School Supervisors ($n = 159$).

Frequency of contact	Nursing supervisor <i>n</i> (%)	School supervisor <i>n</i> (%)
Daily	10 (5.8)	104 (59.1)
3–4 times per week	34 (19.8)	27 (15.3)
2–3 times per week	42 (24.4)	10 (5.7)
1–2 times per week	36 (20.9)	21 (11.9)
Once a month	27 (15.7)	6 (3.4)
Less than once per month	12 (7.0)	5 (2.8)
Other (as needed)	9 (5.2)	1 (.6)
Never	2 (1.2)	2 (1.2)

Table 4. Correlation between Workplace Bullying and Independent Variables ($n = 159$).

Variables	1	2	3	4	5
1 Workplace bullying	1.00				
2 Nursing supervisor support	-.389*	1.00			
3 School supervisor support	-.453*	.289*	1.00		
4 Contact with nursing supervisor	-.014	-.129	-.085	1.00	
5 Contact with school supervisor	.112	.008	-.287*	.081	1.00

* $p < .05$ level.

significantly different from each other: $z = -.77, p > .05$. The frequency of school supervisor contact had a weak, negative correlation with perceived school supervisor support ($r = -.287, p < .05$).

Table 5 presents the multiple regression modeling of the relationship between supervisor support and workplace bullying. The results indicated perceived support from both the school supervisor and the nursing supervisor was negatively

and significantly associated with workplace bullying. The frequency of contact by either supervisor was unrelated to workplace bullying. Overall, the regression model explained 27.7% of the variance in workplace bullying. In summary, those school nurses who had less perceived supervisor support experienced more bullying behaviors by others.

Discussion

The aim of this study was to examine the relationship between supervisor support and workplace bullying among school nurse professionals. The results of the study showed among school nurses in Virginia, those nurses who were less bullied had more support from their supervisors. This study supports previous research by Weuve et al. (2014), which showed that individuals in higher positions such as coaches or administrators in schools were more likely to bully and were less supportive. Supervisors who support school employees may be more likely to recognize bullying, support the employee and therefore adequately respond to address the behaviors. By choosing not to respond, an employee may feel ignored and not valued.

The inclusion of school nurses in the Individual Educational Plan process is a demonstration of supervisor understanding of the role of the school nurse and is an example of support (Shannon & Yonkaitis, 2017). The association between being a valued member of the school staff and workplace bullying has been demonstrated (Sharma et al., 2019). The research team found school nurses who were part of the student's education planning team meetings and contributed to the educational plan reported fewer bullying behaviors. By being engaged in the student's Individual Educational Plan and Section 504 meetings, nursing professionals can provide the necessary health care expertise for school personnel as well as parents to ensure the safety and success of students in school. School and health administrators should value the role of school nurses in special education planning for students with special needs, and thus

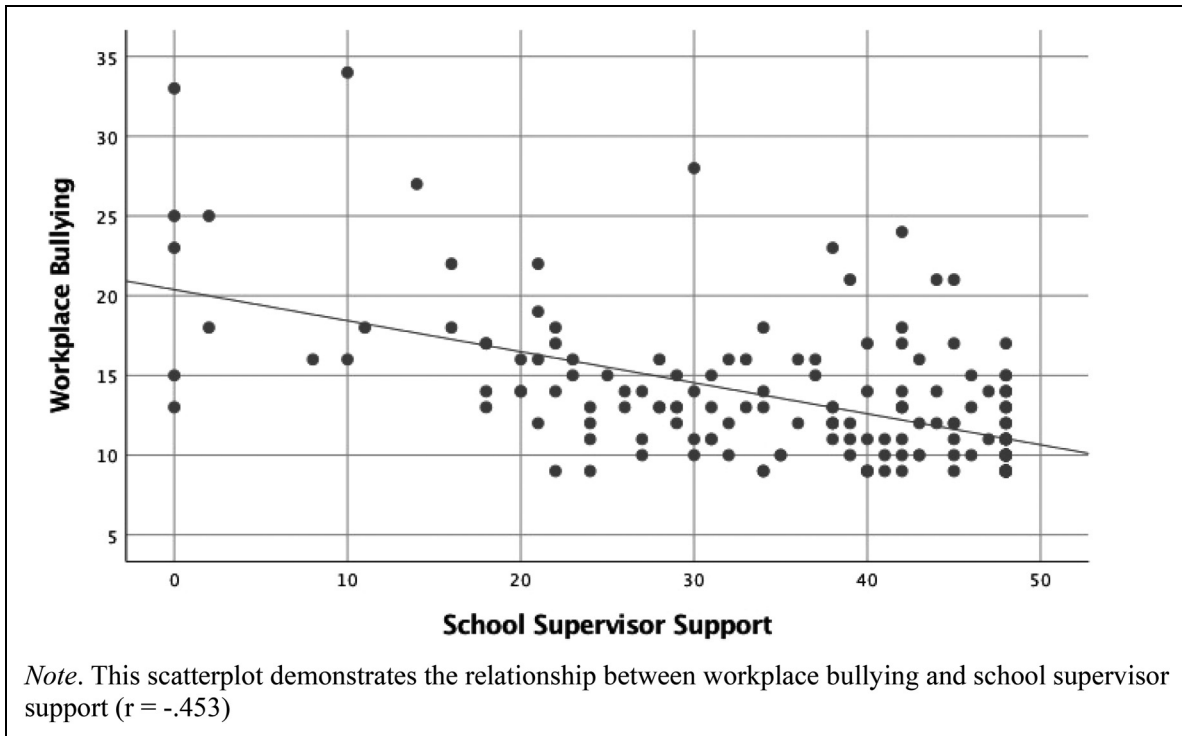


Figure 1. Correlation between workplace bullying and school supervisor.

Note. This scatterplot demonstrates the relationship between workplace bullying and school supervisor support ($r = -.453$).

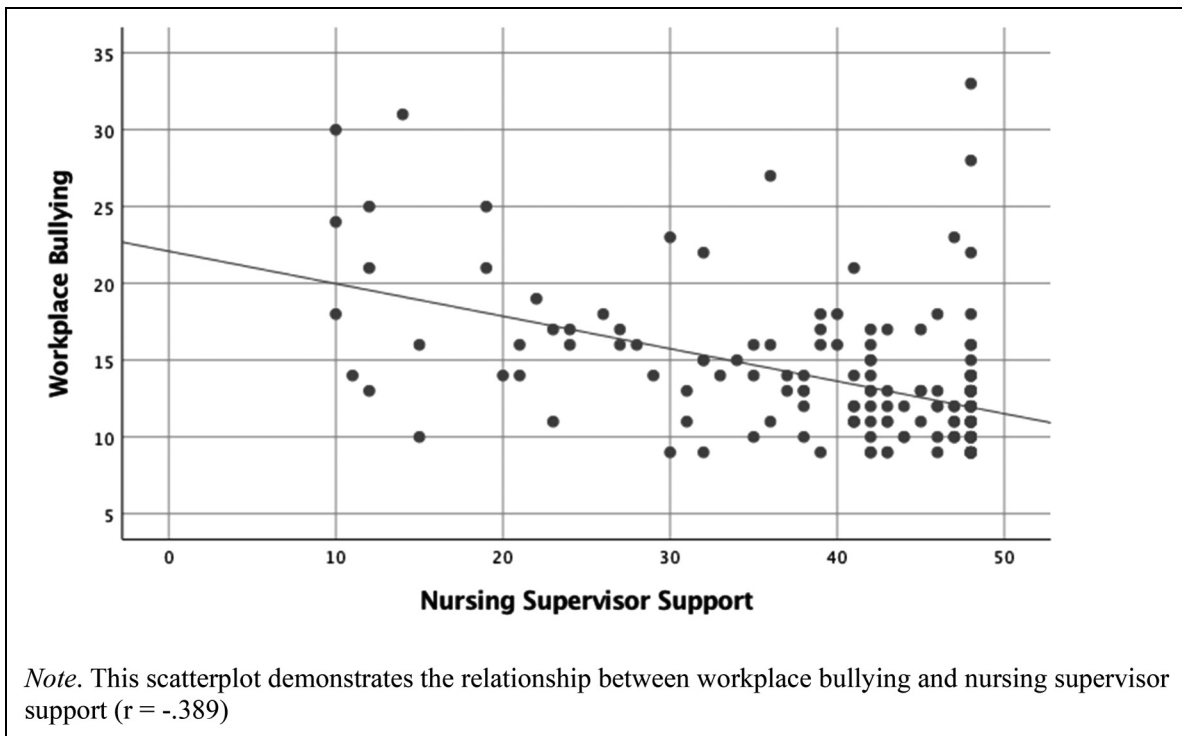


Figure 2. Correlation between workplace bullying and nursing supervisor support.

Note. This scatterplot demonstrates the relationship between workplace bullying and nursing supervisor support ($r = -.389$).

Table 5. Multiple Linear Regression of Nursing and School Supervisor Support in Predicting Workplace Bullying among School Nurses ($n = 159$).

	B	Std. error	β	t	Sig.(p)	R	R ²	Adjusted R ²
Constant	26.04	2.247		11.59	.000	.526	.277	.257
Nursing supervisor contact	-.269	.230	-.083	-1.171	.243			
School supervisor contact	.050	.286	.013	.175	.861			
Nursing supervisor support	-.148	.038	-.290	-3.918	.000			
School supervisor support	-.147	.031	-.368	-4.795	.000			

Note. Dependent variable—workplace bullying.

include them in the process. School nurses are in the position to coordinate student care and should proactively educate the students and themselves to be included in the educational team meetings. School policies to include nurses in special education planning may have the unintentional though important secondary consequence of helping to prevent the possibility of nurse bullying by school staff.

An effective and supportive supervisor is one who cares for their employees' well-being and makes them feel valued. Exposure to workplace bullying without the support of their supervisors may have an undesirable effect on nurses' well-being (Blomberg & Rosander, 2019). A lack of supervisor support has been associated with negative outcomes in organizations which include emotional stress, a decrease in job satisfaction, and increased job turnover (Desrumaux et al., 2018). In addition to offering opportunities for professional growth, supportive supervisors may provide positive encouragement to employees. These efforts to increase development and positive affirmations may facilitate a feeling of greater commitment to both their job and the organization.

School nurses reported statistically significant less support from school supervisors than nursing supervisors, despite seeing school supervisors more frequently. This finding may be attributed to school administrators not having a clear understanding of the nurse's role and responsibilities (Green & Reffel, 2009). The authors discovered many school administrators did not fully understand the duties of the school nurse or the importance of the nurse in formulating individualized health plans for students with special needs. Additionally, the administrators lacked knowledge regarding the nurses' time spent with parents and other outside school resources. Communication by nurses with school administrators is important and school nurses should proactively educate administrators as well as school staff about their role as an important member of educational team. This communication can be challenging at times when the role is not understood. Efforts are needed to include in educator's prelicensure training information on the role of the school nurse. School nurses should use data and clear examples when explaining their role to educators because terminology may differ between education and nursing (Bergren, 2018).

In Sharma et al. (2019), school nurses who self-labeled as being a victim of bullying reported school supervisors or other

school staff as the perpetrators of the bullying behavior. The result could be an under-identification of bullying offenders within the school environment due to fear of reporting and retaliation. However, the findings are consistent with Farrell and Shafiei (2012), who found most perpetrators of bullying behaviors were managers or supervisors as reported by nurses. Additionally, our results support De Wet (2014), who identified principals as the main offenders of bullying against teachers in schools.

School nurses reported more frequent contact with the school supervisors compared to their nursing supervisor. The nursing supervisors in Virginia are usually more centrally located versus school supervisors who are in the same building as the nurses, which may account for their less frequent interactions with school nurses. Given this unique management structure, we theorized school nurses who had less contact with their supervisors reported being bullied. However, our findings suggest better quality and not the quantity of interaction was associated with fewer bullying behaviors. The quality of the relationship between employee and their supervisor should be flexible, collaborative, and supportive (Wilson et al., 2015).

Being the only healthcare professionals in a school building, school nurses do not have physical access to other health care personnel or nurse colleagues for support. School nurses often collaborate with coworkers who are nonhealthcare professionals such as teachers, clerical staff, and other school employees. Providing support to nurses in schools fosters a healthy relationship not only between staff but also with students. Methods for reducing the frequency of bullying against school nurses may include having an understanding of the complex role of school nurses and providing a supportive work environment. Future research is suggested to explore the relationships between school nurses and other school employees as possible predictors of workplace bullying.

Limitations

There are several limitations to this study, which may account for the low variance explained by the model. First, the data originated from a self-reported survey. Subjective, self-reported data may lead to possible recall bias in the responses (Polit & Beck, 2008). Additionally, the survey asked

questions about negative behavior in the workplace, which may be a sensitive topic for study participants. To minimize response bias, care was taken to not use the word “bully(ing)” in the recruitment, consent, or survey. Finally, nurses who were responsible for more than one school and had more than one school supervisor were forced to aggregate their response to the support measures, thus limiting the ability to capture individual supervisor support for those participants. Data was not collected from the supervisor’s perspective; therefore, we were not able to capture the demographic characteristics of supervisors.

Causality between supervisor support and workplace bullying could not be established given the cross-sectional nature of the data collection. We were unable to determine by design whether supervisor support was an antecedent to workplace bullying or vice versa—or, for that matter, whether some third (unmeasured) variable is an antecedent to both supervisor support and workplace bullying. With that said, the theoretical arguments presented in the paper’s introduction section support our contention that supervisor support contributes to bullying prevention. Future research could, however, strengthen causal conclusions via a longitudinal, cross-lagged design and/or via an examination of whether interventions that increase supervisor support have a beneficial impact on workplace bullying.

Finally, the generalizability of findings is limited, given that the data originated from only one geographical region. Future studies should include a nationally or an internationally representative sample of school nurses to identify trends and workplace bullying antecedents across different geographical regions.

Implications for School Nursing

Given that this study is the first of its kind to examine the unique relationship between workplace bullying and supervisor support among school nurses, the findings have some considerable implications for the school health care system. A primary implication of our findings suggests the lack of supervisor support is associated with increased bullying against school nurses. Although this study was conducted in Virginia and included only Virginia school nurses, the evidence is clear that the lack of supervisor support for employees who experience bullying in the workplace is a wider systemic issue. Whether the school nurse has one or two supervisors, support from leadership is critical in combating bullying in the workplace. Therefore, it can be inferred workplace bullying is a problem facing the school healthcare system. Our study seeks to provide evidence for policymakers who may recognize bullying behavior among school staff. Policy solutions may be implemented and guided by the preliminary findings provided in our research.

A second practical implication to improving school health is to foster a multidisciplinary approach between supervisors, teachers, and school nurses, in which the ultimate aim is for

school nurses to support the health and education of students. Individual school nurses can help set expectations of their role early on, especially with their supervisors. Nurses are certified as medically trained professionals, working in an educational environment that is not a healthcare environment by design. Nurses must interact and collaborate with various disciplines in the school from teachers, librarians, counselors, transportation staff, cafeteria staff, parents, and principals. Furthermore, professional nursing or health care organizations could work to advocate for school nurses and provide education on the role of the nurse as well as address policies that may unintentionally contribute to the bullying behavior. These respective professions have varying training and responsibilities in the school, creating natural divisions in specialty. Considering this, research has shown that school staff do not understand the role of the school nurse and school leaders did not support their role (Kwatubana, 2018). School nurses have the responsibility to promote cooperation within the school environment by effectively educating school staff about their specialized roles. When school staff, including leadership, understand the complex role of the nurse, it is imperative for school leaders to ensure that school nurses are included in multidisciplinary meetings when developing health treatment plans for students with special medical needs. Nurses’ involvement in planning meetings can provide staff an understanding of the medical complexities of students and how to best achieve healthy outcomes. Having a partnership with staff promotes communication and strengthens the relationships to promote a healthy student learning environment.

Additional implications include the impacts on the organizational structure that occur when school nurses experience bullying—especially when the bully is the supervisor. It is critical for nurses to recognize the bullying situation and address it. Confronting the bully can be difficult. Nurses should document meetings, behaviors and take notes when they are faced with bullying or intimidating behavior. When the bully is the boss, the school nurse should confront the bully and if the nurse is unable to address the bullying behavior on their own, they should speak to another supervisor, colleague, or to their human resources staff to discuss the hostile work environment. When organizations ignore or fail to identify problems with workplace bullying, there may be a higher rate of staff turnover or absenteeism. Evidence suggests with supervisor support, incidences of workplace bullying are decreased as well as lower stress levels in employees and lower turnover (Desrumaux et al., 2018; Gardner et al., 2013). As the frontline workers of school health—and amidst a school nursing shortage—principals and supervisors who support school nurses may help to increase retention of their nurses, minimize stress, burnout, and wider employee turnover. Based on our findings, supervisor support from both nursing and school supervisor for school nurses may encourage them to feel part of the educational team where they may be able to provide the health care expertise to

assist teachers, school professionals, and the community in promoting a safe and healthy school learning environment.

Conclusion

This is the first study to examine the relationship between workplace bullying and supervisor support among school nurses. Our findings suggest the lack of supervisor support is associated with increased bullying behaviors against school nurses. Therefore, support from leadership is critical in combating bullying in the workplace. Policymakers should examine bullying among school staff and consider developing plans and implementing changes to prevent a negative environment. A multidisciplinary approach between supervisors, teachers, and school nurses can foster a healthy workplace in which school nurses can further support the health and education of students.





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