QANE AFI | Quality Advancement in Nursing Education
Avancées en formation infirmière

CASN ACESI

Volume 10 | Issue 3 Article 4

Addressing Bullying Through Interactive Video Vignettes

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Cover Page Footnote | Note de page couverture

We acknowledge the professional actors involved in the interactive video vignettes: Rondel Reynoldson (Daphne), Natalie Backerman (Reeta), Louis Lin (Emmet), and Nancy Sivak (Jude). We are most grateful to the UBC TLEF support for funding this project. | Nous tenons à remercier les actrices et acteurs professionnels figurant dans les capsules vidéo interactives : Rondel Reynoldson (Daphne), Natalie Backerman (Reeta), Louis Lin (Emmet) et Nancy Sivak (Jude). Nous sommes très reconnaissants d'avoir reçu le soutien financier du TLEF de l'UBC pour ce projet.

Bullying in nursing and nursing education has been an issue for the profession for many years (Daly et al., 2020); both nursing students and new graduates are especially vulnerable to experiencing bullying (Birks et al., 2017; Clarke et al., 2012; Krut et al., 2021; MacDonald et al., 2022; Rosi et al., 2020; Seibel & Fehr, 2018; Tee et al., 2016). While bullying is most often evident, and therefore explored, at the intrapersonal and interpersonal levels, it is equally important to focus on the context of bullying at various systemic levels—institutional, historical, cultural, and sociopolitical (Doane & Varcoe, 2015; Johnson, 2015). Addressing one level without attending to the others will sabotage efforts to eradicate bullying.

As a student-faculty partnered group from a university school of nursing in Western Canada, we have been focusing on several arts-based approaches to address bullying in nursing education. We have designed policy-style processes (O'Flynn-Magee et al., 2020), used forum theatre and cognitive rehearsal across levels of nursing education (O'Flynn-Magee, Rodney, et al., 2021), designed a train-the-trainer video for educators and leaders who may want to use forum theatre, created a graphic novella (O'Flynn-Magee, Ong, et al., 2021), and developed a series of interactive video vignettes, all to address bullying in nursing education. From the outset, we planned to create several initiatives that would complement each other in addressing bullying. Once we completed one strategy, we began the next to complete all aspects of the intended multi-pronged project. For many of these initiatives, we partnered with colleagues outside of nursing to access their expertise in graphic art, theatre, and video production. These various initiatives make up the CRAB (Cognitive Rehearsal to Address Bullying) Project.

In this paper, we focus on a series of choose-your-own-adventure style interactive video vignettes created collaboratively by the student/faculty partnership team in nursing, faculty from the Department of Theatre and Film, and colleagues from the central media production unit at our university (hereafter referred to as the studio). Our use of this format was influenced by our discovery of The Lab, an engaging and professional interactive series of video vignettes about research ethics in the United States (Office of Research Integrity, n.d.).

The choose-your-own-adventure genre originated as a series of books for children in the 1980s and 1990s (Hendrix, 2011). This style allowed readers to be protagonists and to choose between options at various points throughout the novel. According to Hendrix (2011), this genre was loved by its target audience—7- to 14-year-olds—and remains a nostalgic childhood memory for many. In no way did our choice of choose-your-own-adventure style terminology intend to trivialize or minimize the importance and seriousness of bullying; rather, we hoped it would capture the interest of diverse audiences because it promises interactivity, offers the possibility of nostalgia for some, and as described by Hadi (2019), provides the general appeal of the video format. We have since learned that this style of interactive video vignette is also known as branching (Dodd, 2014), a term that can be used interchangeably with interactive or choose-your-own-adventure.

The Partnerships

There were three main partnerships within the creation of our interactive video vignettes: partnerships between and among nursing students and nursing faculty (the team); between the team and a faculty colleague from the Department of Theatre and Film (DTF); and between and among the nursing faculty lead, the DTF faculty member, and a colleague from the studio. All partnerships were essential to the completion of the interactive video vignettes.

From the outset, the CRAB Project embraced collaboration between students and faculty. This ongoing collaboration was essential for many reasons, one of which was the desire to honour the mantra of nothing about us without us. Although student/faculty partnerships are becoming more common in higher education (Bovill, 2019; Mercer-Mapstone et al., 2017), they are, at times, dissuaded by, or embedded in, historical and ongoing hierarchies that are laden with power structures and dynamics (Qin, 2018). Our partnership was drawn to the concept of relational power, which fits well in the nursing context of relational practice and relational inquiry (Doane & Varcoe, 2015). Qin (2018) describes relational power as that which occurs within a relational space, thus making it shareable and negotiable between parties (see Poon et al., 2022, for a full description of our partnership).

Theoretical Underpinnings

The creation of the interactive video vignettes was guided by arts-based pedagogy (ABP), which is an approach that uses varied art forms to teach and learn about content from a different discipline (Rieger & Chernomas, 2013). We were interested in using this style of video as an ABP because interactivity has been shown to significantly increase the learning effects of educational video, as compared with non-interactive video (Hung et al., 2018; Zhang et al., 2006). In a study evaluating the process used during bullying intervention education among primary school teachers, Hussein et al. (2020) found that the use of video increased the effectiveness of the intervention significantly. More generally, the use of video brings content alive, helping viewers understand characters' thoughts and actions (Richardson et al., 2020), enhancing viewers' relationship with material they can see and hear (Hadi, 2019), and gaining a better understanding of others' experiences (Lutter et al., 2018). For these reasons, facilitators, educators, and/or leaders will want to consider content that may be triggering for viewers and to ensure that adequate supports and resources are in place, as well as having advance warnings about content (Johnston, 2014; University of Waterloo, n.d.). However, there are varied perspectives about the benefits of trigger warnings, and Suk Gersen (2021) describes evidence to support their lack of benefit and even their capacity to do harm. Therefore, individual instructors, facilitators, and leaders need to be well informed about current evidence and to be thoughtful about their use—or not—of trigger warnings.

The creation process was grounded in the cybernetic systems theatre approach developed by Scholte (2018). This circular, iterative process of improvisation is grounded in perceptual control theory (PCT; Powers, 1973). In addition to providing a rigorous and scientific theory of human behaviour, PCT shares several conceptual features with the Stanislavski system of acting (Stanislavski, 2010). Improvisations in the systems theatre approach ask participants to focus on several variables that they are attempting to control in the scene. The primary controlled variable is the character's desired outcome for the scene (e.g., receiving help with a challenging situation). In the language of the Stanislavski system, this would be known as the character's objective. This objective must have a "cap: … the specific thing that the other character can say or do to let you know you have achieved your objective" (Bruder et al., 1986, p. 13). The specificity of this cap will help put the actor in a powerful feedback loop and enable even novice actors to improvise with ease. The actors were also asked to choose at least one other variable that they, as the character, would need to try to control at the same time. This second variable is often in some degree of conflict with the primary objective. For example, a character may need to discipline another character while, at the same time, wanting to maintain a close friendship. In a traditional Stanislavskian approach, the latter variable would be understood as the "obstacle." However, in one manuscript author's experience, the seemingly secondary status that this name implies can

make it difficult for less experienced actors to keep the pressure of that obstacle in mind during an improvisation. When these two (or even more) variables are clearly understood as having equal import and the actor is asked to be constantly engaged in achieving equilibrium between them, the improvisation process can deliver complex results in a relatively brief time.

Our Process

Our goal in creating interactive video vignettes was to emphasize the existence of bullying in nursing across levels from individuals to systems. Rather than focusing primarily on the *target*, we created scenes that highlighted the roles of a relatively new registered nurse (RN) *witness*, a nurse *leader* who receives a complaint about a bullying incident, and an experienced RN who *engages* in bullying behaviour.

For the vignettes to have maximum impact, it was vital to attain a significant level of realistic detail in their portrayal of the daily challenges faced by nurses and the complex contexts in which those challenges arise. If systemic, rather than purely personal, change is what we are after, then our vignettes must model the system of interest with as much detail as possible. As system dynamics pioneer Jay Forrester (2015) makes clear, the "mental database" of the actual participants in a system is vastly richer than any written or numerical database that we might consult. This understanding also underpins forum theatre practice (Diamond, 2007) in which deep lived experience of the issues at hand is valued significantly higher than the degree of acting/theatre experience that potential participants in the play creation process might have. For these reasons, we assembled a team of nurses with decades of experience in the field and/or in the classroom, as well as one recent graduate who had recently begun full-time work, to serve as the writer's room on this project. All these individuals identified as having experienced bullying either as a *target* or as a *bystander* in a nursing context.

Scenario Development

In this type of work, scenarios must be developed through improvisation involving individuals with deep lived experience of the issues rather than being the product of a single author, no matter how experienced that individual may be in both matters of the theatre and the subject domain of the project. Each actor focuses solely on fighting for their character's goals and variables rather than on making a good play. As a result, the process generates a level of complexity in which each character's unique struggle and viewpoint are clearly articulated. This level of complexity might not be reached by a single author attempting to get inside the mind of many diverse characters. At the same time, the capacity to generate dialogue that captures both the content-laden subject matter and the dynamic rhythms of daily vocational speech patterns is enhanced.

Rather than launching straight into the process of improvising potential scenarios, it is important to spend time sharing real stories and examples of lived experience among the ensemble. This can help identify recurrent themes and concerns that might be present for each of the characters. They each bring a unique perspective from the positions they occupy in the nursing system. Forrester's (2015) insight regarding the "mental database" of actual participants in a system is particularly pertinent in the domain of play creation of this sort.

This period of reflective discussion yielded the identification of some archetypal patterns of behaviour that the group agreed were important to capture and express in the vignettes. Overall, it was critical to the team that the context in which the bullying occurs serves as a backdrop to all the interactions portrayed. The acknowledgement of context was in no way intended to serve as a

justification for bullying behaviour; rather, it was intended to humanize the *engager* in a manner consistent with the experience of the nurses on our creative team. Even good people can behave badly under significant stress in an under-resourced, deeply hierarchical environment with the highest possible stakes (literally, life and death). This explanation of the cause of much bullying is also consistent with the project's underlying theory of behaviour, PCT. The cumulative disturbance experienced by individuals for whom many controlled variables are being pushed away from their desired reference values (e.g., too much demand, insufficient help, unrealistic time pressure) can lead to compensatory actions that have not been well considered and may even be in conflict with other important variables (e.g., to be a patient and caring co-worker). Often, these other variables have been crowded out of conscious attention by the stress of the current moment (Mansell et al., 2013). Commonly witnessed patterns of behaviour on the part of *leaders* we wanted to portray included minimization of the bullying *target*'s experience, a hesitancy to upset senior staff members with complaints about their behaviour, a tendency to give extra leeway to those with whom friendships have been formed over many years, and, perhaps most significantly, a culture of tough love or the school of hard knocks, passed down through generations. At times, that may be the only culture that those now in authority have ever known. In the case of *bystanders*, the primary choice is usually seen to be between staying uninvolved and stepping up with a direct, verbal intervention. However, one member of the team brought forward her experience of simply standing silently next to the *target*, in clear view of the *engager*. This triggered the subsequent de-escalation of the *engager*'s behaviour in the knowledge that their actions were very clearly being witnessed. The rest of the team agreed that this option should be included in our portrayals.

Our first phase of conversation helped identify the various players within a bullying configuration. These needed to find concrete expression through specific characters if our scenarios were to transcend a narrow focus on the *target* of bullying behaviour. Again, in alignment with the Stanislavski system of acting, this included a thorough discussion of the characters' given circumstances bolstered, as much as possible, by the existing literature. This process yielded the following cast of characters:

Daphne: The Engager

"The worst parts of ourselves are often hidden from our own view" (Ng, 2017, p. 586).

There is a dearth of literature that sheds light on the perspective of individuals who engage in acts of bullying. It is likely difficult to find participants who perceive, and/or are willing to disclose, their actions as bullying. Notably, in a study that explored 24 managers' perceptions of bullying accusations against them, most participants denied these allegations, with some justifying their actions as appropriate supervision (Jenkins et al., 2012).

Although the term most often used for the individual who engages in bullying acts is the *bully*, we would like to avoid labelling individuals in this way. We have also been reluctant to use the word *perpetrator* because it seems heavily linked with the criminal justice system. We considered the *instigator* only to discover that the term is sometimes used to describe someone who pushes the *bully* to engage in bullying acts, especially in the cyber world (Hicks et al., 2019). One of our team collaborators suggested the term *engager*, and it resonates because it implies the *engager of* something, making bullying something one *does* as opposed to something one *is*.

While *engagers* of bullying are sometimes portrayed as personality types, as having certain negative characteristics (Seigne et al., 2007), or as fitting within a *bully archetype* profile (Dellasega, 2009), we have found it helpful to also explore the context in which bullying occurs,

thus avoiding the risk of demonizing (or laying blame solely on) individuals. Instead, as portrayed in the interactive video vignettes, our aim was to unpack, or at least highlight, the organizational factors that contribute to bullying acts. Examples include hierarchy-oriented organizational cultures of practice (An & Kang, 2016; Choi & Park, 2019), normalization or legitimization of bullying (Hartin et al., 2020; Hutchinson & Jackson, 2015; Jackson et al., 2011) and/or heavy workloads, stressful working environments (Jenkins et al., 2012), and a focus on neo-liberalism (Darbyshire & Thompson, 2021; Goodman, 2014; Grant, 2014; Osman & Hornsby, 2017; Snee et al., 2021). This is not to say that *engagers* do not hold responsibility and accountability—they do—but it is crucial for bullying to be addressed across levels from individuals through to sociopolitical levels.

Emmet: The Target

We chose a new graduate nurse (GN) role as the *target* in the video vignettes because GNs are a group that is particularly vulnerable group to experiencing bullying (Krut et al., 2021; Rosi et al., 2020). Indeed, Rosi et al. (2020) claim that one in three GNs witness or experience horizontal violence. GNs are new employees and should not be expected to be fully and independently "practice ready" when they begin. Yet the expectations for them often exceed their GN competencies (Wolff et al., 2010). In one study, excuses for the *engager*'s behaviours included these unrealistic expectations, as well as engagers' beliefs that GNs are neither competent nor equal (Rosi et al., 2020).

The tensions that accompany the GNs' early practice are heightened when bullying occurs (Krut et al., 2021). Before graduation, if GNs have not been alerted to, or prepared for, the prevalence of bullying in the clinical context, it can be shocking for them to witness or experience it first-hand (Krut et al., 2021). Several authors agree that nursing education is the place to start eradicating this destructive phenomenon (Rosi et al., 2020; Seibel & Fehr, 2018; Sidhu & Park, 2018).

Reeta: The Witness/Bystander

Rather than using the term *witness*, Paull et al. (2012) recommend the use of the term *bystander* to acknowledge the individual as an integral part of a bullying interaction. Because they may be the first to observe an incident, *bystanders* could be instrumental in doing something about it (Lassiter et al., 2021). Paull et al. (2012) describe *bystanders*' capacity to influence bullying interactions in constructive, destructive, active, and/or passive ways. These authors recommend training and education about these varying roles as one way to raise consciousness for those who have been and/or likely will be *bystanders* in the future (Paull et al., 2012).

Bystanders' decisions to intervene/help the *target* or not are influenced by fear of retaliation (Báez-León et al., 2016; MacCurtain et al., 2018; Wu & Wu, 2019), or assessment of psychological safety, and worry about isolation and other negative outcomes related to their career (MacCurtain et al., 2018). Like *target*s of bullying, *bystander*s are also affected negatively by witnessing bullying (Lassiter et al., 2021; Paull et al., 2012; Wu & Wu, 2019). In one study, the organization's response greatly influenced *bystanders*' work engagement and loyalty to the institution. When the organization did nothing about the bullying behaviours, many *bystander*s moved from reporting in constructive ways to engaging in less constructive ways to react. This was often followed by resigning from their work position (Wu & Wu, 2019). Similarly, in another study, one participant said they "would not report bullying again. … It was a terrible experience . . . management hate complaints and those who complain are the next target" (MacCurtain et al., 2018,

p. 5), thus emphasizing the importance of a safe organizational culture and commitment by leaders to tackle bullying (O'Flynn-Magee et al., 2022).

Jude: The Nurse Leader

The leader's role in preventing and addressing bullying is frequently acknowledged as crucially important (Brewer et al., 2020; Gilbert et al., 2016; Knudson, 2014; LaSala et al., 2016; Lassiter et al., 2021; Plonien, 2016). However, although leaders are well positioned to address bullying, they may not be able to identify behaviour as bullying, or if they do identify it, they may not have the competencies to address it (Gilbert et al., 2016; Hartin et al., 2020). Education and support are key here (Gilbert et al., 2016) because leaders are expected to model effective communication, be aware of the work environment and actively shape its culture, ensure that policies are in place and are known to staff, and recognize that the organization's response to bullying can be perceived by targets as support or betrayal (Brewer et al., 2020). These are daunting expectations—especially so because they require action in the context of a complex, multifactorial, sensitive phenomenon that may be overt (rarely) or covert (frequently) (Gilbert et al., 2016). Adding to this complexity is the notion that leaders may be involved in bullying in several ways: as a *leader* who is required to engage in preventing and addressing bullying of support staff, as an *engager* of bullying, and/or as a *target* of bullying. For example, in one study, 60% of nurse leader participants disclosed their experience of being bullied (Hampton et al., 2019). More broadly, it can be challenging to separate the leader's role from the organizational culture, but there are important distinctions to be made between the two.

Given Circumstances: The Organizational Culture

Workplace bullying has been equated with workplace corruption (Vickers, 2014); it is a workplace organization issue that is steeped in power, control, and manipulative behaviours (Lewis, 2006). Although it is a complex concern with factors at the individual, departmental, and organizational levels, strategies aimed at preventing and addressing the issue do not always move beyond the level of individuals (Johnson, 2015). It is therefore imperative to recognize the role of an organization in addressing bullying and to acknowledge that an organization's response to bullying comes from individuals, policies, and/or systems and may be viewed as support or betrayal (Brewer et al., 2020).

Some authors use ideology-based categories to frame their description and analysis of organizational culture. For example, An and Kang (2016) and Choi and Park (2019) use Kim et al.'s (2004, as cited by An & Kang [2016] and Choi & Park [2019]) nursing organizational culture tool—relation oriented, task oriented, innovation oriented, and hierarchy oriented—to explore linkages between organizational culture and workplace bullying. Findings from both studies revealed that workplace bullying was positively associated with hierarchy-oriented cultures and negatively associated with relation-oriented organizational cultures (An & Kang, 2016; Choi & Park, 2019). Indeed, An and Kang (2016) reported the possibility of nurses being bullied in a hierarchy-oriented culture was 2.58 times that in a relation-oriented culture. Promoting the latter is therefore an important consideration as we move towards our goal of eradicating bullying (An & Kang, 2016; Choi & Park, 2019).

Some questions we continued to grapple with include the following:

- Are leaders representing the organization when they respond to bullying?
- If not, who are they representing?

- Are policies and systems separate from the individuals within an organization?
- By whom/how are organizational cultures created and maintained?
- In what ways are leaders representing the nursing profession when they respond to bullying?

The next step was to construct scenarios through which these characters could showcase all of the behaviours identified in our discussions. Improvisations were eventually structured around three scenarios, each with three variations: versions X, Y, and Z. Generally speaking, version X would present an archetypal example of bad behaviour, and version Y would present one of the characters attempting to deal with the situation more positively but either falling somewhat short in some way or creating another outcome that is at least equally negative. Version Z would not focus on the right outcome—there are nuances and complexities at play that prevent one specific right way. Instead, this version would highlight complexities and move in the direction of an outcome that benefits all involved parties. The three scenarios and variations play out as follows.

Scenario One: The *Bystander*

Daphne (*engager*) speaks in a harsh and belittling manner to Emmet (*target*) in front of Reeta (*bystander*). What does Reeta do?

Version X: Reeta does nothing.

Version Y: Reeta moves closer to Emmet and remains silent.

Version Z: Reeta moves beside Emmet and calls Daphne out on her behaviour.

Scenario Two: The *Leader*

Jude (*leader*) sees Emmet (*target*) looking distressed in the hallway after an encounter with Daphne. Jude invites Emmet to meet in their office. What does Jude do?

- *Version X:* Jude encourages Emmet to not take things personally.
- *Version Y:* Jude advises Emmet to toughen up.
- *Version Z:* Jude supports Emmet to find a constructive way forward and explains the options available to him.

Scenario Three: The *Engager*

Having received Emmet's (*target*) complaint about Daphne's (*engager*) behaviour, Jude (*leader*) meets with Daphne. What does Jude do?

- *Version X:* Jude stands by Daphne as a friend and minimizes the complaint.
- *Version Y:* Jude confronts Daphne and scolds her with the threat of formal action.
- *Version Z:* Jude guides Daphne through a difficult realization of the impact she is having on others and offers to find her support to help her change her behaviour.

As mentioned above, the process of creating the basic scenarios was circular and iterative. In line with the Stanislavskian acting approach laid out in Bruder et al. (1986), we began with each nurse/actor having identified their primary objective for each scene, as well as the other variables they are seeking to control, and then improvising freely. We would then discuss the improvisation,

identify lines and moments that felt authentic, and acknowledge useful dialogue and moments that we hoped to retain, as well as important content that was missing if the scene was to adequately model all of the archetypal questionable behaviour. We were also able to identify whether the objectives and other controlled variables chosen were leading the actors in a direction facilitating the spontaneous emergence of conflicting behaviour and organically leading to the mobilization of the "defensive routines" (Sterman, 2020) common to the type of character being portrayed. The outcomes of this discussion were fed into a new improvisation. This process would be repeated until it seemed that the scene was beginning to stabilize around a form that felt appropriate and contained the salient content. At that point, the session would close, and one author would produce a written script based on the results. This script would then be the starting point for another circular, interactive process in which it would be read aloud by the nursing writers/actors, tweaks would be suggested, and the scene would be read again until it had stabilized on a final form that was satisfactory to the whole group.

Video Production

To create effective learning tools, there were goals for studio collaborators throughout the production process of the videos. First, it was important to ensure accuracy in the portrayal of the scenarios and character behaviour and reactions, intensity, and tone.

Second, we wanted to prepare students for real-world experiences with realistic simulation and this was accomplished through the involvement of content experts (the team and the DTF faculty) through script development, casting, production, and editing.

Third, we hoped to capture emotional intensity and engagement as an effect of the resulting footage. This was accomplished through a high-production-quality process at all stages. For example, while a team of nurses collaborated on the creation of the scripts, the process was guided by a highly experienced film professional from the DTF who also undertook professional casting and direction of professional actors in the actual recorded vignettes. There was further collaboration with a professional production team—the studio—in filming and editing.

While the DTF professor was largely responsible for directly communicating notes to the actors, a nursing content member of the team provided important feedback during filming towards the goals of accuracy and appropriate emotional tone and impact. At the same time, the studio team took steps to minimize the mediation/distraction of filming logistics. To this end, content experts viewed and listened to performances during filming through two monitors showing camera perspectives and audio from microphones. This gave the content experts access to the final viewer's experience by seeing what the cameras saw, rather than the experience of being in the room directly, allowing them to focus on the level of realism for the future viewer of the video ("is this what it's actually like?"). This approach led to more effective direction of actors and the studio team. The overall goal for the studio team was to stay out of the way of content experts while supporting the project with high-production-quality capture and editing.

Lessons Learned About Video Production

Several lessons were learned from engaging in the process of designing a series of choose-your-own-adventure style interactive video vignettes.

1. Creating video vignettes is quite a complex process and the importance of involving a team of experienced individuals with the needed expertise in their disciplines cannot be

overstated. In our experience, the camaraderie and colleagueship that can develop are invaluable for enhancing engagement, knowledge, diversity, creativity, and leadership.

2. We encountered an unanticipated challenge with the arrival of a global pandemic, COVID-19. The various public health guidelines meant that filming had to be rescheduled many times, and there were several restrictions during the actual filming process once we decided to go ahead. For example, we were no longer able to film on location and had to maintain a social distance of six feet between and among actors. Although this (may have) affected the quality of the final video vignettes, we learned that, during a global crisis such as the pandemic, some decisions to move forward need to be made despite less-than-ideal circumstances. Notwithstanding these circumstances, the team's strong commitment to the initiative was sustained throughout the project.
3. We planned to use ourselves (new graduate RN and faculty RNs on the team) as actors but were encouraged by our DTF colleague to hire professional actors once the scripts were completed. This turned out to be a wise choice for several reasons. First, the vignettes were scripted; therefore, the professional actors did not require in-depth knowledge of nurses' work in the way that being an insider was so crucial to the writer's room in designing and building the scripts. As nursing collaborators, we engaged as actors as we developed the scripts. This allowed us to embody the process by bringing our authentic selves (Boal, 1985; Diamond, 2007) into the character's interactions, by physically entering the space, speaking the script, and feeling the experience in a way that would not have been possible had we simply written the script (O'Flynn-Magee, Rodney, et al., 2021). However, it was important to hire professional actors for the final vignettes because they brought their acting expertise to challenging and emotional roles.
4. The infrastructure and diversity of faculties at our university enabled interprofessional collaboration. Going beyond collaboration, our goal was to create partnerships that supported the team to share power relationally (Qin, 2018), encouraged team members to go outside their comfort zones, and fostered belief and hope that the initiative would make a difference.
5. Just as the writers' room was invaluable and necessary to build authentic scenarios, so too was having a nursing content expert in the room during filming to guide the actors and director in terms of realism in tone, intensity, and culture of the situations being represented. The presence of a nursing content expert was also essential during editing as selections were made regarding which footage to choose among multiple takes and other elements of editing, such as pace of cut or audio design. Including non-nursing professionals as early as possible—when scripting and when planning filming—supports efficient decision-making that may have consequences later in filming and editing.
6. The importance of proactive leadership and strong nurse leaders was a lesson that was emphasized throughout the literature (Brewer et al., 2020; Gilbert et al., 2016; Knudson, 2014; LaSala et al., 2016; Lassiter et al., 2021; Plonien, 2016).

Recommendations for Educators, Academic Leaders, Clinical Practice Leaders, and Policymakers

In this section, we provide recommendations for educators, academic leaders, clinical practice leaders, and policymakers to champion when striving to prevent, address, manage, and eradicate bullying.

1. Begin by bringing the team together to explore—with honesty, courage, and a critical eye—the values that are embedded in the organization. Hodgins et al. (2020) described this analysis of institutional values as an important first step in the process.
2. Create, and maintain, a safe(r) space (Deller, 2019; Mental Health Commission of Canada, 2019) in which open and honest dialogue can occur (Ng, 2017).
3. Promote a relation-oriented organizational culture (An & Kang, 2016; Choi & Park, 2019) that is also a culture of safety (Knudson, 2014; Plonien, 2016).
4. Restructure organizational processes to ensure that decision-making is transparent and viewed as equitable (Blackstock et al., 2015).
5. Reduce negative informal alliances that contribute to bullying (Blackstock et al., 2015).
6. Focus on primary prevention, policies, and targeted education (Hampton et al., 2019).
7. Develop awareness of, and target education for, cyberbullying and in-person bullying (Choi & Park, 2019).
8. Build and maintain diverse collaborative relationships within and across the various disciplines involved (O'Flynn-Magee, Rodney, et al., 2021).
9. Ensure all relevant parties are clear that bullying is an issue at many levels (Johnson, 2015).
10. In the nursing academic context, LaSala et al. (2016) called on leaders to "label it [the behavior], call it out [identify when incivility and bullying occur], address it [counsel the individual], develop a no tolerance policy/culture, and have consequences [required education, remediation, and dismissal if necessary]. Most notable was a call for a change in academic organizational culture and a support system for nursing academic administrators" (p. 123). Leaders need to lead, but they require support to do so.

Conclusion

Bullying continues to be rampant in nursing education and practice (Birks et al., 2017; Clarke et al., 2012; Daly et al., 2020; Krut et al., 2021; MacDonald et al., 2022; Rosi et al., 2020; Seibel & Fehr, 2018; Tee et al., 2016). While it is the responsibility of all to address bullying, it is the role of the academic or clinical practice nursing leader to ensure the issue *is* being addressed. However, leaders need support, and rather than doing nothing, each one of us must commit to doing something (O'Flynn-Magee, Dhari, et al., 2021). We hope the created interactive vignettes (available at letsact.ca), as well as this manuscript, serve as a call to action for bystanders, leaders, and all nurses to enact their *something* in the quest to eradicate bullying in nursing.

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