

NURSING FACULTY'S EXPERIENCE OF FACULTY
BULLYING AND ITS IMPACTS:
A QUALITATIVE STUDY

A DISSERTATION IN
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University of Missouri-Kansas City, 2021

ABSTRACT

Faculty bullying is an ongoing problem in United States' nursing schools as it can negatively affect the physical and psychological wellbeing of the targeted individuals, their careers, and the workplace environment. Through nursing faculty descriptions, this study seeks to understand the experience of faculty bullying and its impacts as described by the faculty themselves. Qualitative study design using critical incident technique will be used to interview nursing faculty from mid-western, associate, baccalaureate and/or higher degree nursing programs regarding their experience of faculty bullying.

Semi-structured, in depth-interviews will provide nursing faculty the opportunity to share their descriptions of the faculty bullying experience and its impacts. The research question that guides this study is: How do nursing faculty describe the experience of faculty bullying and its impacts? Demographic information will also be collected including: gender, age, ethnicity, faculty/role position, years of employment as nursing faculty, and type of nursing program. Data analysis will be conducted using attribute and descriptive qualitative analysis. Results will be synthesized into a description of the experience of faculty bullying and its impacts.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Nursing and Health Studies have examined a dissertation titled “Nursing Faculty’s Experience of Faculty bullying and its Impacts: A Qualitative Study,” presented by Amy Fry, a candidate for the Doctor of Philosophy degree and certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

CONTEXT OF THE PROBLEM

An ongoing problem that negatively affects individuals, workplace environments, and the nursing profession is faculty bullying in nursing schools (Clark et al., 2013; Fontaine et al., 2012; Tourangeau et al., 2015). Faculty bullying is a pattern of intentional, negative interpersonal interactions between two or more people or groups who are associated with an academic institution (nursing school) (Beckmann et al., 2013; Condon, 2015; Einarsen et al., 2003; Lachman, 2015; Twale & DeLuca, 2008). Because faculty bullying occurs in environments where both formal and informal hierarchies exist, an imbalance of power is often involved (Beckmann et al. 2013; Twale & DeLuca, 2008). However, faculty bullying can be directed downward, upward, or laterally among the persons involved; faculty bullying is not limited to one type of power imbalance.

Incidence rates are lacking, but in a recent study addressing uncivil behaviors, with many faculty bullying behaviors included, 67.5% of the 506 nursing faculty respondents reported faculty-to-faculty incivility to be a moderate (37.5%) to serious (30%) problem in nursing schools (Clark et al., 2013). Respondents perceived setting up a coworker to fail, making rude remarks or threatening comments, abusing positions of authority, and withholding vital information to be the most uncivil behaviors among faculty (Clark et al., 2013). Psychological effects of uncivil behaviors on the targeted individuals include depression, anxiety, avoidance, anger, humiliation, physical illness, low motivation, and feelings of alienation and distrust (Clark et al., 2013; Clark & Springer, 2007; Heinrich, 2007; Peters, 2014; Vagharseyyedin, 2015). Faculty incivility and bullying are

associated with negative work performance, absenteeism, lost wages, and burnout (Peters, 2014; Touraungeau et al., 2015; Vagharseyyedin, 2015). Furthermore, faculty incivility and bullying create a risk to the health and safety of individuals, can impact job performance, and potentiates a dysfunctional work environment (Harvey et al., 2006).

Faculty bullying occurs amidst a significant shortage of nursing faculty in the United States. According to the American Association of Colleges of Nursing (AACN) (2019), the shortage of nursing faculty and subsequent faculty vacancies contribute to the nation's shortage of nurses entering the profession. In addition to the faculty vacancies, the average age of nursing faculty continues to climb and a surge of retirements are projected over the next decade (AACN, 2019; Fang & Keston, 2017). Left unaddressed, the negative effects of faculty bullying in nursing schools could further exacerbate the current significant nurse faculty shortage and contribute to the overall nursing shortage across roles, as fewer nursing students are conferred undergraduate and graduate degrees (Peters, 2014; AACN, 2019). Consequently, it is imperative that optimal work conditions are promoted in order to recruit individuals into these vacant faculty positions and retain effective faculty members in nursing academia. Failure to address this untoward behavior has the potential to perpetuate the nursing shortage in the nation.

Despite the findings that suggest faculty bullying is a moderate to serious problem in nursing schools and poses potential risks to individuals, workplace environments, and to the profession of nursing; research addressing the problem is lacking both in quantity and quality. Previous studies have focused on faculty-to-faculty incivility (Clark et al., 2013), novice nurse faculty experiences with incivility (Peters, 2014), and faculty

resilience in social bullying (Weiland & Beitz, 2015). Yet, there is a dearth of research centered on the experience of faculty bullying and how it specifically impacts nursing faculty. Understanding the experience of this phenomenon and its impact can provide a framework for further research studies. Acquiring an understanding about faculty bullying from the perspective of faculty who teach in nursing programs is essential in the development of policy, procedures, and interventions that will address this malevolent behavior.

Purpose of the Study

The purpose of this study is to explore how nursing faculty describe the experience of faculty bullying and its impacts.

The following overarching questions will guide the study:

How do nursing faculty describe the experience of faculty bullying?

How do nursing faculty describe the impacts of faculty bullying?

CHAPTER 2

REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

Literature Review

The literature review begins with an overview of faculty bullying and its key distinctions from incivility, bullying, and workplace violence. Although the term faculty bullying was not readily identified or used in the literature, reviews of studies on concepts similar to faculty bullying were conducted; including studies on incivility, faculty-to-faculty incivility, and social bullying. Impacts on the targeted individuals and their careers are described, as well as, the contrast of faculty bullying to the professional values nursing ascribes to. Further discussion of the phenomenon of interest, places faculty bullying into the theoretical frameworks of stress theory and oppression theory. Finally, a summary of key points is presented with the need for additional research on faculty bullying and its impacts.

Distinction of Faculty Bullying from Incivility, Bullying, and Workplace Violence

A review of the literature using Cumulative Index for Nursing and Allied Health (CINAHL), OVID, and PubMed did not find the term faculty bullying. Instead, nursing science has used several other terms to describe the bullying occurring among faculty members in nursing schools, including joy-stealing games (Heinrich, 2007), incivility in education (Clark, 2011; Clark & Springer, 2007; Gallo, 2012) social bullying (Goldberg et al., 2013; Weiland & Beitz, 2015) and most frequently faculty-to-faculty incivility (Burger et al., 2014; Clark et al. 2013; McGee, 2021; Peters, 2014). Although these

terms have been groundbreaking in identifying the phenomenon and advancing nursing research, these terms and studies have limitations.

First, these concepts do not delineate the intensity of the behaviors involved. In particular, the term incivility has included behaviors such as distracting others by using media during a meeting and consistently failing to perform his or her share of the workload (Clark et al. 2013). Although these behaviors are rude and discourteous and can cause hurt feelings, they are at a lower intensity in severity than behaviors that are classified as bullying. Second, the concepts are limited in regard to the intentions of the actions taken. In the behavior example of distracting others with media use during a meeting, it is plausible that the perpetrator may not be intentionally trying to cause harm (Clark et al., 2013).

In 2015, the American Nurses Association (ANA) released a statement on incivility, bullying, and workplace violence in which differentiation among these three concepts was presented. According to the ANA (2015), incivility is categorized as rude and discourteous actions that are an affront to the dignity of a coworker and violate professional standards of respect. Actions could include gossiping, name-calling, using a condescending tone, or expressing public criticism (ANA, 2015; Andersson & Pearson, 1999; Read & Laschinger, 2013). Bullying is

“repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient. Bullying actions include those that harm, undermine, and degrade. Actions include, but are not limited to hostile remarks, verbal attacks, threats, taunts, intimidation, and withholding of support” (ANA, 2015, p. 3).

Whereas, workplace violence consists of physically and psychologically damaging actions, that occur in the workplace while on duty, including verbal and/or physical threats and even assault (ANA, 2015, National Institute for Occupational Safety and Health (NIOSH), 2002).

These descriptions delineating the differences of incivility, bullying, and workplace violence provide guidance in defining the intended phenomenon of interest of this study. The concept of bullying is the level of behaviors that are included in this study. The word “faculty” further clarifies the phenomenon of interest by describing who is involved in the bullying and that the persons involved are associated with schools of higher learning.

What is Faculty Bullying?

For purposes of this study, faculty bullying is defined as a pattern of intentional, negative interpersonal interactions between two or more people or groups who are associated with an academic institution (nursing school) (Beckmann et al., 2013; Condon, 2015; Einarsen et al., 2003; Lachman, 2015; Twale, 2018; Twale & DeLuca, 2008). Because faculty bullying occurs in environments where both formal and informal hierarchies exist, an imbalance of power is often involved (Beckmann et al. 2008; Twale & DeLuca, 2008). However, faculty bullying can be directed downward, upward, or laterally among the persons involved; faculty bullying is not limited to one type of power imbalance among faculty members (Twale, 2018).

Background of Faculty Bullying in Literature

At the National League for Nursing (NLN) 2005 Summit, Heinrich (2007) collected 261 free writes regarding times when a faculty member felt disrespected, devalued, or

dismissed by a colleague, administrator, or subordinate. Although, this was not a formal research study, Heinrich (2007) treated the information qualitatively, looking for themes and categorizing the scenarios into what she called 10 joy stealing games. These categories were: the set-up game, the devalue and distort game, the misinterpret and lie game, the shame game, the betrayal game, the broken boundaries game, the splitting game, the mandate game, the blame game, and the exclusion game (Heinrich, 2007). This early work indicated that faculty bullying was occurring in nursing academia and that this phenomenon could be explored in a qualitative way, but additional formal research studies were needed. Heinrich also suggested that faculty members experienced negative emotional consequences as a result of the faculty bullying. The faculty free-write responses included themes of robbing them of zest, clarity, productivity, feelings of worth, and desire for connection (Heinrich, 2007).

Clark, 2013 conducted a qualitative study, in which nursing faculty were asked to describe uncivil experiences they had encountered with other nursing faculty. Narrative responses (n=327) were analyzed using textual context analysis and were organized into themes ranked in order of responses. Through analysis, eight themes emerged and were categorized as (1) berating, insulting, and allowing- verbal and non-verbal (2) setting up, undermining and sabotaging (3) power playing, derailing and disgracing (4) excluding, gossiping and degrading (5) refusing, not doing, and justifying (6) blaming and accusing (7) taking credit for the work of others (8) disgracing and disrupting meetings (Clark, 2013). Although Clark (2013), used the term faculty-to-faculty incivility, these concepts closely align with faculty bullying and describe the different types of uncivil behaviors that occur among faculty in academic institutions (nursing programs).

In a recent national quantitative study by Clark et al. (2013), 588 nursing faculty individuals were surveyed representing 40 states using the Faculty-to-Faculty Incivility Survey (F-FI Survey). Of the 506 nursing faculty individuals who responded to the survey question, 68% perceived faculty-to-faculty incivility to be a moderate (38%) to serious (30%) problem in nursing academia (Clark et al., 2013). Faculty also identified top factors that contribute to faculty-to-faculty incivility in the academic environment to be: stress n=423 (72%), demanding workloads n=411 (70%), unclear roles and expectations and imbalance of power n=388 (66%), organizational conditions that are volatile and stressful n=364 (62%), feelings of faculty superiority n=305 (52%), and juggling multiple roles n=305 (52%) (Clark et al., 2013).

Even though faculty perceived the incivility to be a moderate to serious problem at their academic institutions, respondents were reluctant to report or deal with the behaviors. Nursing faculty reported the top factors that kept them from addressing the uncivil behaviors to be: fear of retaliation n=282 (48%), lack of administrator support n=253 (43%), not having a clear policy to address faculty incivility n=241 (41%), taking too much time and effort n=147 (25%), addressing might lead to poor peer evaluation n=111 (19%), and lack of the knowledge and skills n=111 (19%) (Clark et al. 2013). These findings indicated that both organizational and individual factors create barriers to mitigation and can even perpetuate the occurrences of faculty bullying in academic institutions (nursing programs).

Faculty Bullying Impacts

In addition to describing the phenomenon of faculty bullying, this study seeks to describe the impact of faculty bullying whether on the faculty (personally and

professionally), on the learning environment, or on the profession of nursing. Previous studies have focused on incivility among faculty members, and even at the lower level of intensity of behavior, the potential for negative impacts on individuals, learning environments, and the nursing profession were evident (Clark et al., 2013; Peters, 2014).

Peters (2014) used a phenomenological approach to explore novice nurse faculty members' lived experiences with faculty-to-faculty incivility and any influence on their decision to stay in academia. Eight novice nurse faculty who self-identified as having experienced faculty-to-faculty incivility participated by providing demographic information and narratives. From the qualitative narratives, five themes were identified: sensing rejection from colleagues, employing behaviors to cope with uncivil colleagues, sensing others wanted new faculty to fail, sensing a possessiveness of territory from senior faculty, and struggling with a decision to remain in academia (Peters, 2014).

As a result of faculty incivility that the novice nurse educators experienced, their overall morale suffered, with negative emotions that included self-doubt in their abilities, feelings of fear or intimidation, and feelings of being belittled or "childlike" (Peters, 2014). Novice faculty also struggled with the decision to remain in academia and Peters warned that faculty incivility may potentiate the nursing faculty shortage and nursing shortage (Peters, 2014); however, additional research is needed.

The potential professional impacts of faculty bullying were also corroborated in a multi-phased study that used a cross-sectional, descriptive survey design with 650 Canadian faculty participants from age 24-76 years of age responding (Tourangeau et al., 2014). The purpose of the study was to identify work characteristics that nursing faculty reported as encouraging them to stay in their academic positions (incentives) and

characteristics that discouraged them to stay (disincentives). Exposure to bullying, belittling and other types of incivility in the workplace were identified by 68.2% of faculty to be among the top four disincentives to remain employed (Tourangeau et al., 2014).

Yet in another recent study on bullying among faculty, Weiland and Beitz (2015) investigated the phenomenon of resilience to social bullying. Social bullying was defined as “persistent, demeaning downgrading activities incorporating vicious words and cruel acts that undermine self-esteem” (Weiland & Beitz, 2015; p.290). Using a qualitative phenomenological approach, 17 nursing faculty who had experienced social bullying in nursing schools were interviewed. Participants were employed full time in academia, but nursing school demographics were not provided. The majority of participants were women (n=16; 94%) and the most frequent positions held were assistant or clinical assistant professors (n=8; 47%). Themes in the lived experience of resilience to social bullying were identified. These themes were chronological stages of “during bullying”, “the decisional phase”, and “after bullying” (Weiland & Beitz, 2015). Applicability to this study’s discussion of personal and professional impacts of faculty bullying was the decisional phase, in which nursing faculty who had experienced bullying took actions that impacted their careers. This included career decisions of actively planning to leave their nursing school, interviewing for other positions, and leaving their schools where bullying occurred. Nursing faculty who left their nursing schools for other schools also reported anticipating retaliation for leaving and most nursing faculty reported also receiving retaliation (Weiland & Beitz, 2015).

These previous studies have identified that nursing faculty who experience faculty incivility struggle with the decision to remain in the role, identify incivility as a disincentive to remain employed at a workplace, and will actively seek and also leave their roles (Peters, 2014; Tourangeau et al., 2014; Weiland & Beitz, 2015). Faculty bullying is of a higher intensity in behaviors than incivility, yet research on faculty bullying is lacking. Given the context of the nursing faculty shortage, it is imperative that the negative personal and professional impacts of faculty bullying are identified as described through the voice of nursing faculty who have experienced it. Review of the literature supports the critical need for research that describes the experience of faculty bullying in baccalaureate and/or higher degree nursing programs and its impacts on the individual, the learning environment, and the profession of nursing. Findings of this study will also provide a framework for future studies that can explore the effectiveness of policy, procedures, and interventions in mitigating faculty bullying and its negative effects.

Professional Values

Nurses are called to maintain compassionate and caring relationships with colleagues as affirmed in The American Nurses Association (ANA) Code of Ethics and Interpretive statements (2015a). The code prohibits any form of harassment, threatening behavior, or disregard of another. Academia has also taken a stance against the occurrence of bullying. According to the American Association of University Professors' (AAUP) (2009) Statement on Professional Ethics, professors are part of a community of scholars and have an obligation to not discriminate against or harass

colleagues. Professors must respect and defend the free inquiry of associates, even when findings or conclusions differ from their own (AAUP, 2009).

Yet, despite these stances denouncing bullying made by these professional organizations, incivility and bullying in academia (nursing programs) remains an ongoing problem that can lead to negative psychological and potential career effects for the targeted faculty (Beckmann et al., 2013; Burger et al., 2014; Clark, 2011; Clark, 2013; Clark et al., 2013; Fontaine et al., 2012; Peters, 2014; Tourangeau et al., 2015). The American Nurses Association (ANA) has identified bullying in nursing schools to be an important area of research for nursing science and has called for more research that specifically addresses how faculty are being treated by their peers and what effect faculty bullying is having on their lives and careers (ANA, 2015).

Theoretical Frameworks

Stress Theory

A recurrent concept in literature regarding incivility and bullying in academia is stress and its role as a contributing factor to the occurrences of (Clark, 2008; Clark & Springer, 2007; Clark et al., 2013; Condon, 2015; Peters, 2014). Stress has been identified as one of the top two factors most likely to contribute to incivility in nursing schools (Clark, 2008; Clark & Springer 2007). Clark, (2008) proposed that additional studies are needed examining the role of stress, its pre-cursors, and stress' relationship to incivility in nursing education.

Lazarus and Folkman (1984) described stress to be more complicated than a simple stimulus and subsequent response. Instead, stress involves the perception and evaluation of the person to the threat, referring to this as appraisal. When a person perceives a threat

and evaluates it to be exceeding his/her resources (appraisal), stress results (Lazarus & Folkman, 1984). Adaptation is successful coping with stress that promotes health, psychological well-being, and social functioning (Lazarus & Folkman, 1984). Whereas negative coping responses are referred to as maladaptive and can perpetuate the stress. Maladaptive coping behaviors can include bullying, emotional outbursts, and violence directed towards others (Giddens, 2013).

Clark, (2013) described the substantial pressure that nursing faculty are under related to the role requirements which often include the triumvirate of teaching, scholarship, and service. Other stressors of the role include issues related to promotion and tenure, pressure to pursue a doctoral degree, heavy workloads, and workload inequality. Nurse practitioner faculty and other clinical faculty are also required to have an active clinical practice and meet certification requirements (Clark, 2013). Students are also experiencing tremendous stressors while attending nursing school. Many students are balancing family, work, and a myriad of external stressors while attending school (Gallo, 2012). Besides juggling multiple roles, the nursing program curricula is often rigorous, with frequent examinations, pressure to maintain passing grades, and demanding clinical rotations.

In addition to stress being a contributing factor to incivility in nursing schools, stress also exhibits itself in the after effects of having experienced incivility (Heinrich, 2007; Peters, 2014). This was exemplified in the findings of Luparell (2007) in which physical and psychological wounding were reported including posttraumatic stress and physical toll. Because of the link of stress being an antecedent to incivility and bullying and also a consequence of incivility and bullying, stress theory may be useful as a theoretical

underpinning to a research project. The strength of this theory is it provides an explanation as to why faculty bullying may be occurring and what faculty may be experiencing when exposed to bullying. But, it is important to use the theory to describe relationships and not to establish causality (Polit & Beck, 2017).

Oppression Theory

Oppression theory seeks to place bullying in historical, social and political context and has been the predominant theoretical framework used to explain bullying among nurses for over 30 years (Condon, 2015; Croft & Cash, 2012; Milesky et al., 2015; Peters, 2014; Roberts, 1983). Theorized by Freire (1971), oppressed group behavior seeks to explain what occurs when there is a power imbalance between one dominant social group and another weaker group. Oppressed groups often lack power and self-esteem, and are unable to express frustration towards their oppressor, so instead direct frustrations and negative behaviors towards each other (Roberts, 1983). To avoid confronting the dominant social group, oppressed groups often internalize their resistance and eventually adopt the behaviors and values of their oppressors (Freire, 1971). As Freire (1971) asserted, abandonment of personal value and beliefs can lead to displaced hostile behaviors directed toward others, as victims avoid confronting their oppressors.

Roberts (1983) compared nursing to an oppressed group, one which lacks power and control in the workplace and results in a lack of self-esteem amongst its members. This premise has become the predominant framework to explain why nurses engage in uncivil behaviors directed toward one another. Historically, nursing has predominately comprised of females who remained subservient to physicians and health care

organizations in a prevailing patriarchal environment (Flaskerund & Winslow, 1998; Roberts, 1983; Roberts, 2015). Oppression theory posits that nurses frequently feel disempowered and lack a sense of autonomy, which transcends into frustration and acts of violence towards one another in the workplace setting (Condon, 2015). These behaviors and beliefs, sustain attitudes associated with poor self-esteem and self-worth, further precluding collective empowerment (Flaskerund & Winslow, 1998; Milesky et al., 2015; Peters, 2014; Roberts, 1983).

In faculty bullying, the perpetrators of oppressive behavior may be senior-level faculty or tenured faculty, who by rank, are more empowered, while novice, non-tenured, or newly hired faculty comprise the vulnerable populations targeted for bullying (Twale & DeLuca, 2008). In a hierarchical system, such as a rank and tenure system prevalent in many academic organizations, perceived power imbalances arise which can contribute to faculty bullying (Twale & DeLuca, 2008). This hierarchical system with perceived power imbalances among its members aligns with oppression theory framework whereby, imbalances of power among the group exists, which can precipitate acts of oppression.

A strength of using oppression theory and/or stress theory is that they provide a theoretical framework that seeks to explain why the phenomenon of incivility and/or faculty bullying is occurring. Oppression theory supports presenting bullying in its historical, social and political context and has been used to explain antecedents with bullying (Roberts, 1983; Croft & Cash, 2012; Peters, 2014). Stress theory seeks to explain the relationship of stress to incivility and/or faculty bullying (Clark, 2008; Clark & Springer, 2007; Clark et al., 2013; Condon, 2015; Peters, 2014). However, a weakness

of using theory is that naivete' is required of qualitative research and will need to be maintained in this study. The researchers will need to suspend a priori theoretical commitments and bracket any assumptions concerning the phenomenon of interest (faculty bullying) (Polit & Beck, 2017; Sandelowski, 1993).

Summary

In summary, faculty-to-faculty incivility, has been identified as an occurring phenomenon in U.S. academia and has been studied qualitatively (Clark, 2013; Heinrich, 2007; Peters, 2014) and quantitatively (Clark et al., 2013). Contributing factors to faculty incivility have been identified as stress, demanding workloads, unclear roles and expectations and imbalance of power, organizational conditions that are volatile and stressful, feelings of faculty superiority, and juggling multiple roles (Clark, et al., 2013). Although the term faculty bullying is not readily found or used in the literature, review of studies on concepts similar to faculty bullying has indicated that faculty bullying poses a negative threat to individuals, the learning environment, and the profession of nursing. Research is needed that explores how nursing faculty describe the experience of faculty bullying and its impacts. Acquiring this understanding of faculty bullying from the perspective of the faculty themselves is essential in developing additional research and interventions that have the potential to mitigate faculty bullying occurrences and its negative effects.

CHAPTER 3

METHODOLOGY

Qualitative Research

Rooted in constructivist worldview, qualitative research seeks to understand, describe and interpret social phenomena as perceived by individuals, groups, and cultures (Creswell, 2014; Holloway & Galvin, 2017). Focus is on the inside view or emic perspective of the persons experiencing the phenomenon themselves (Holloway & Galvin, 2017). Through the inquiry of personal perceptions, both meaning and interpretations of in-the world-experiences are uncovered (Holloway & Galvin, 2017). In alignment with the constructivist paradigm, the goal of qualitative research is to understand how individuals construct reality within their context and how people ascribe meaning to the social or human problem (Creswell, 2014; Patton, 2015; Polit & Beck, 2017).

Data are gathered from the individuals themselves in the field, the natural setting or context in which the problem or issue occurs (Creswell, 2014; Lincoln & Guba, 1985). The constructivist paradigm views reality as complex, multiple, subjective, and simultaneously shaping (Polit & Beck, 2017). Therefore, qualitative research seeks to study the phenomenon in its natural setting, often using multiple data sources, including interviews, observations, and field notes (Creswell, 2014; Holloway & Galvin, 2017; Polit & Beck, 2017). Qualitative research also recognizes the researcher(s) as key instrument(s) in the data collection (Creswell, 2014).

Critical Incident Technique

Critical incident technique (CIT) is a “method of obtaining data from study participants by in-depth exploration of specific incidents and behaviors related to the topic under study” (Polit & Beck, 2017, p.725). First developed by Flanagan and associates for the Aviation Psychology Program in the United States around the time of World War II, CIT was used to collect information from pilots about their behavior when flying a mission with the goal of analyzing behavior patterns to improve flight mission outcomes (Flanagan, 1954). Analysis of the data collected on these critical incidents, identified components for effective and ineffective pilot performance (Flanagan, 1954; Holloway & Galvin, 2017). Since that time, additional industries and professions have adopted CIT as a useful tool for collecting data on human behavior and have used the data for the purposes of selecting, training, classifying, and evaluating performance standards in their specific occupational groups (Byrne, 2001; Schluter et al., 2008).

Byrne (2001) posited that by eliciting data on the aspects of best and worst practices, CIT is useful in emphasizing and authenticating professional roles. Schluter et al. (2008) provided three reasons that CIT is particularly beneficial to nursing research. First, it allows opportunities for participants to provide rich detailed descriptions of incidents which can be explored through data analysis. Secondly, specific actions of the persons involved in the event can be garnered and analyzed, providing insight as to what and why decisions were made; and thirdly, data regarding the outcome of the event are collected which aids in ascertaining the effectiveness of the behaviors taken (Schluter et al., 2008). Furthermore, CIT helps researchers understand the complexities of an

occupational role and function, and the interactions between the individual and others (Byrne, 2001).

Flanagan (1954) described CIT as a set of five procedures for collecting observations of human behavior. The five steps in CIT are:

Stage One: Identification of aims

Stage Two: Identification of types of events to be collected

Stage Three: Data collection

Stage Four: Data analysis

Stage Five: Interpretation and Reporting

Purpose and Design of Study

Using critical incident technique, this qualitative study explores how nursing faculty describe experiences of faculty bullying and its impacts.

Specific Aims and Research Questions

Stage one of CIT is the identification of the study aims. According to Flanagan (1954), this stage is essential, because planning and evaluation are impossible without first properly identifying the aims. To meet the objectives of the study, the following aims are proposed:

AIM 1: Increase understanding of the experience of faculty bullying as described by nursing faculty;

AIM 2: Explore the impact of faculty bullying as described by nursing faculty.

Research questions guiding this study are:

- How do nursing faculty describe the experience of faculty bullying?
- How do nursing faculty describe the impacts of faculty bullying?

Approval and Recruitment

Institutional Review Board (IRB) approval will be obtained from the researcher's graduate school, the University of Missouri-Kansas City (UMKC). Participants will be recruited from associate, baccalaureate and/or higher-degree nursing programs that are located in the mid-western region of the United States. Nursing schools will include public, private-secular, and private-religious. Upon receiving IRB approval, the researcher will send letters via email to the Deans of Nursing at the selected nursing schools (Appendix A). The letter will explain the purpose and aims of the study, participant criteria, and will request permission for the researcher to send study invitations via email to the nursing faculty.

Upon receiving permission from the Deans of Nursing, email addresses of nursing faculty will be obtained from the university websites and invitations that include the description of the study and informed consent process (Appendix B) will be sent electronically. Nursing faculty will be invited to respond to the researcher via email if interested, meet the criteria, and are willing to participate for the duration of the study. Selection of the participants will be emergent as nursing faculty come forward and based on their ability to provide rich examples of the experience of faculty bullying in nursing schools and its impacts.

Sample Selection

Participants will be selected using the following criteria: (a) able to communicate in English; (b) experienced faculty bullying while employed at a nursing school (either past or current), (c) functioned as nursing faculty in associate, baccalaureate and/or higher-degree nursing programs in the mid-western region of the United States. The criterion of

“having functioned as nursing faculty” includes all nursing faculty roles of (instructor, lecturer, faculty, assistant professor, associate professor, professor, and non-tenure or tenure positions) and all levels of employment including adjunct, part-time and full-time roles.

Nursing faculty will be invited to participate if interested, meet the criteria, and are willing to take part in the duration of the study. As nursing faculty come forward, purposive selection will be used by the researcher, based on the nursing faculty’s ability to provide rich examples of the experience of faculty bullying in nursing schools and its impacts. If additional participants are needed, snowball sampling technique will also be incorporated until data saturation is achieved.

Human Subjects Protections

Subjects participating in the study will be informed of any potential risks, as well as their rights. Participants will also be provided a written copy of the consent script (Appendix B). The primary researcher will inform participants that confidentiality will be maintained through deidentification of data and the destruction of all audio recordings at the end of the study. In addition to the destruction of recordings, participants will be assured of the privacy of their participation and in the reporting of the findings.

Information from the study may be published in scientific journals or presented at scientific meetings, but the data will be reported as group or summarized data and participant identities will be kept strictly confidential.

It is anticipated that speaking about the experience of faculty bullying might be a sensitive topic and may even cause participants to re-experience negative psychological and physical effects of faculty bullying. Therefore, this risk will be discussed as part of

the informed consent process (Polit & Beck, 2017). The participants will be allowed to stop participating at any time, so if they experience any negative effects, they may stop the interview at that point as needed. The researcher will also work to build rapport with the participants by using good listening skills and conveying care and interest with non-verbal communication (Polit & Beck, 2017). The UMKC institutional review board will review the study and when approval is obtained, a copy of the approval will be included in the appendix (Appendix F).

Types of Data

Stage two of CIT requires identification of the type of events to be collected (Flanagan, 1954). During this stage, the researcher must plan and specify how factual incidents regarding the general aims of the study will be collected. The determination of the type of events to be collected, leads to the development of criteria used to describe which interactions to discuss and record (Flanagan, 1954). As previously described in the sample selection section, participants will be selected based on established criteria. Criterion b states that a participant must have experienced faculty bullying while employed at a nursing school.

To further clarify the inclusion of criterion of having experienced faculty bullying, a definition of faculty bullying will be included on the participant invitations and the consent script. For purposes of this study, faculty bullying is defined as a pattern of intentionally negative interactions between two or more nursing faculty who were/are associated with a nursing school. Providing this description of faculty bullying will allow participants to self-identify as meeting the criterion, yet will allow the

phenomenon of interest, the experience of faculty bullying to emerge through the research process (Polit & Beck, 2017).

Using critical incident technique, semi-structured, in depth-interviews will provide nursing faculty the opportunity to share their descriptions of experiencing faculty bullying and its impacts. Included in the interviewing process will be the nursing faculty's hearing, seeing, believing, feeling, remembering, deciding, evaluating, and acting as described by the participants (Flanagan, 1954; Halloway & Galvin, 2017; Polit & Beck, 2017). Demographic information will also be collected at the time of the interview including: gender, age, ethnicity, faculty/role position, years of employment as nursing faculty, type of nursing school (baccalaureate and/or higher degree), and type of organizational structure (rank/tenure).

Data Collection Procedures

Stage three of CIT is the process of data collection (Flanagan, 1954). Data collection in this study will span eight months from July 2020 through March of 2021. The researcher will identify and contact by phone, all nursing faculty who responded to the email invitation. During the phone call, the researcher will review the study procedures, commitment, and inclusion criteria with the participant. Nursing faculty who meet the criteria and verbally agree to participate for the duration of the study, will be invited into the study. A mutually agreed upon date and time will be arranged for the approximately 45-minute interviews. Three days prior to the meeting, the researcher will email the participant as a reminder of the meeting. At the time of the interview, the researcher will review the study procedures with the potential participant and a written consent will be obtained from those nursing faculty who agree to be in the study. The researcher will

again review the inclusion criteria, verifying that the individual meets the inclusion criteria, and will then proceed with the semi-structured interview.

Demographic information regarding the nursing faculty and the nursing school will be obtained, followed by the guiding open-ended interview questions. Follow up questions will be used during the interview based on the nursing faculty's descriptions and experiences. The researcher will also use field notes for recording observations at the time of the interview and immediately following (Appendix C). All notes will include detailed observations with date and time noted. At the end of the interview, each participant will receive a \$20 stipend as a thank you for their time.

Interviews that are not able to be conducted in person, will use Zoom teleconference technology. Participants will be provided instructions via email on how to access the Zoom teleconference three days prior to the interviews and the researcher will be available by phone to assist with any technical difficulties. All in-person interviews will be audio-recorded and all Zoom teleconferences will be digitally audio-recorded. Immediately following the interviews, the recordings will be listened to and checked for audibility and completeness by the researcher. Interviews will be transcribed verbatim into Computer-Assisted Qualitative Research Data Analysis Software (CAQDAS) NVivo 12 by the researcher and verified for accuracy. Participants will be given the opportunity to review the transcripts and clarify comments.

To ensure confidentiality, participants will be assigned a study number and transcripts will be labeled with the number only. Interview audio-recordings will be stored in the researcher's private residence in a separate locked file cabinet. Transcripts

and recorded ZOOM teleconferences will be stored in a password protected computer in the researcher's office.

The only persons who will have access to the research records will be the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law.

At the completion of the study, all audio and audio-video recordings will be destroyed per UMKC research protocol to protect participants' privacy and anonymity.

In addition to the in-depth interviews and demographic collection, the researcher will also maintain a reflexive journal, identifying any personal values, biases, interests, and/or role conflicts (Ahern, 1999). Using reflection, feelings and thoughts that may indicate a lack of neutrality on the researcher's part, will be identified and follow up actions, such as bracketing, will be used to counter any potential influences on the study (Polit & Beck, 2017). Field notes for observations, including vocal intonations, physical expressions and gestures will be used at the time of interviews and immediately following the interviews. These observations will later be incorporated into the transcribed narrative texts (Crist & Tanner, 2003).

Each interview will use open ended questions. Prompting will be used throughout the interview to obtain clarification and depth. At the close of the interview, the researcher will inquire "what else would you like me to know about this topic?" Asking this question will allow the participant closure and may provide rich data on the experience of faculty bullying and its impacts (Patton, 2015; Polit & Beck, 2017). The size of the sample will be considered adequate when interpretations are visible and clear;

and additional informants are not revealing new findings and meanings from the previous participants (Benner, 1994; Crist & Tanner; 2003).

Prior to enrollment of participants, interview questions will be formulated with an interview protocol (Appendix C). The researcher will test the questions and interview technique on a pilot sample of four, being cognizant of interviewer behaviors and the potential influence on the data collected. Two interviews will be conducted with nursing faculty who specialize in qualitative research and two pilot interviews will be conducted on nursing faculty who are not familiar with qualitative research. Feedback will be solicited from the pilot sample participants regarding the relevance and clarity of the questions, and the researcher's interviewing technique. Two of the pilot interviews will be conducted both in person and two interviews will be conducted via ZOOM technology to assess for technological difficulties in recording or interviewing. Depending on the feedback and results, adjustments will be made to interview questions, interview technique, and technology recording.

Data Analysis Procedures

In following CIT, the fourth stage involves data analysis procedures (Flanagan, 1954). Demographic data collected at the time of the interviews will be managed and analyzed using attribute coding with (CAQDAS) including gender, age, ethnicity, faculty/role position, years of employment as nursing faculty, type of nursing school (baccalaureate and/or higher degree), and type of organizational structure (rank/tenure, power structure).

For the qualitative research questions, verbatim transcriptions (CAQDAS) of the faculty interview responses will be read through in its entirety, by the researcher and a

secondary researcher independently, to acquire a sense of the whole (Polit & Beck, 2017). Several readings of the data may be necessary for analysis and development of a coding template. Based on the underlying concepts and clusters of concepts identified by the researcher and secondary researcher, a preliminary coding scheme will be developed (Polit & Beck, 2017; Schluter et al., 2008). As further analysis is conducted, additional coding or refinement to the codes selected will be completed (Polit & Beck, 2017; Saldana, 2009).

Saldana (2009) suggested a variety of approaches to qualitative data coding, including a recommendation that the selection of coding be emergent based on the purpose of the study and the data collected. In order to address the purpose of this study, exploring how nursing faculty describe the experience of faculty bullying and its impacts, it is anticipated that a descriptive coding system will align with the qualitative data (Saldana, 2009). However, researchers will make decisions about of the coding method, as well as, number of coding cycles during the analysis stage.

With the use of the selected codes, researchers will search for themes and patterns to emerge (Polit & Beck, 2017). Investigator triangulation regarding the coding, analysis, and interpretation will be used throughout the analysis between the researcher and secondary researcher (Creswell, 2014; Patton, 2015).

Study Rigor

Using the frameworks of Lincoln and Guba (1985) on qualitative study rigor, this study will strive for trustworthiness by adhering to the criteria of credibility, dependability, confirmability, and transferability. Credibility will be accomplished by reporting participant information faithfully and with precision, and by achieving data

saturation with emergent categories before participant closure (Lincoln & Guba, 1985; Polit & Beck, 2017). Explicit participant statements will be used to support the researcher's analysis, decisions, and conclusions. Findings will be reported with diligence and transparency. The researcher will also participate in reflexive journaling throughout the study and will share key insights, background and credentials in the doctoral dissertation (Lincoln & Guba, 1985).

With credibility attained, dependability will also be strengthened. Throughout the study, careful and accurate documentation of field notes, coding, and data will be completed (Lincoln & Guba, 1985; Polit & Beck, 2017). Research decisions and methods will be described in detail, so that readers are able to evaluate the adequacy of the analysis and inquiry (Lincoln & Guba, 1985). By completing these activities, an audit trail will be created and shared, thus promoting dependability.

An audit trail will also contribute to confirmability of the study. Raw data, notes, and accounting of the process of data reduction and reconstruction will be preserved as part of the audit trail (Guba & Lincoln, 1989). According to Polit and Beck (2017), having clearly defined categories and decision rules documented in a codebook, aids in coding consistency and confirming evidence. Intercoder checks among the researcher and secondary researcher will also be used as part of the confirmability process (Polit & Beck, 2017). Completing these steps will contribute to the study's confirmability.

Providing detailed descriptions on the methods and sharing thick descriptive data will promote transferability, or the potential for extrapolation to other settings or groups (Polit & Beck, 2017).

Lincoln and Guba (1985) recommend that:

the naturalist cannot specify the external validity of an inquiry; he or she can provide only the thick descriptions necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility. (p. 316)

Results of the study will be reported with sensitivity to creating reader recognition of the phenomena, so that judgments regarding transferability to other contexts can be ascertained (Lincoln & Guba, 1985).

Limitations

Limitations of this research approach must be acknowledged in that qualitative research uses a small sampling size that may not completely represent the occurrence of faculty bullying and its impacts. The sampling method includes only people who have self-selected as having experienced faculty bullying and there are many nursing faculty who are not part of this study, some of whom may have had no experiences with faculty bullying and others who may have had more or less severity of experiences. However, qualitative approach is useful in identifying the experience of faculty bullying and its impacts, thus best addressing the purpose and aims of this study.

The potential for response bias depending on the demographics of the participants self-select for the study could also be a limitation of the study. Examples of demographics that could potentially influence response bias involve years of teaching experience and/or tenure status. To counter this limitation, the researcher will remain cognizant of the characteristics of the participant recruiting and sampling, as well as

transparent in any patterns in the demographics that may potentially impact the responses (Polit & Beck, 2017).

A limitation of CIT technique is that the rigid and narrowly prescribed parameters Flanagan used for aviation research, does not consider nor capture the complexity of human behavior (Byrne, 2001). Flanagan's (1954) definition of a critical incident specified that both the purpose or intent of the act is clear to the observer, as well as, a definite prediction of the consequences and effects (1954, p. 327). However, Byrne (2001) posited that incidents do not always measure up to the Flanagan's criteria, yet they are valid incidents (Byrne, 2001).

Norman et al. (1992) found that participants' descriptions and embodied meanings emerge from a combination of experiences, rather than from a single or clearly demarcated incident (Norman et al., 1992). Incidents can often be a culmination of experiences, such as in the phenomenon of faculty bullying, rather than a clearly demarcated incident with a clear stop and start point. Schluter et al. (2008) offers guidance on conducting CIT when the phenomenon is not clearly observable or demarcated. The recommendation is to view the critical incident as a significant event and allow the participants to recount their view of the important activities and descriptions surrounding the phenomena of interest (Norman et al, 1992; Schluter et al., 2008).

In keeping with CIT, this study will use criteria (see sample selection) and definition of faculty bullying (see types of data) to screen and select participants and conduct data collection, analysis, and dissemination of findings. However, to meet the purpose and aims of this study, the description of the experience of faculty bullying and its impacts

will emerge from the data. Faculty bullying will not be rigidly defined or prescribed to the inclusion/exclusion of incidents, but instead CIT technique will be used to elicit nursing faculty's hearing, seeing, believing, feeling, remembering, deciding, evaluating, and acting as described by the participants themselves (Flanagan, 1954; Halloway & Galvin, 2017; Polit & Beck, 2017). By conducting an open inquiry CIT approach, the description of faculty bullying and its impacts will be allowed to emerge through the qualitative analysis.

CHAPTER 4

ANALYSIS and RESULTS

The purpose of this study was to increase the understanding of the experience of faculty bullying and its impacts as described by the nursing faculty. In this chapter, the study findings are presented. The chapter begins with a discussion of the study sample, recruitment, data collection, and analysis using critical incident technique with thematic analysis. This section is followed by the presentation of findings and brief summation that concludes the chapter.

Sample

Nine participants were interviewed for this study. All individuals met the study criteria of able to communicate in English, functioned as nursing faculty in associate, baccalaureate and/or higher degree nursing programs and experienced faculty bullying while employed in a faculty role at a nursing school located in the mid-western region of the United States. All of the interviewees were female, white non-Hispanic. Two participants were over the age of 60, four between ages 51-60, one between ages 41-50, one between ages 31-40, and one between the ages of 25-30. The years of the participants' work experience as nursing faculty ranged from less than 3 years to more than 30 years.

At the time of experiencing the faculty bullying, six participants held the roles of instructor or faculty, two participants were assistant professors, and one was an associate professor. All had full-time appointments with 6 (66.7%) participants being non-tenured and 3 (33%) having tenure at the time of faculty bullying. Three participants had been employed at associate degree programs and six at baccalaureate and/or higher degree

programs. As for the as the type of institutions that the faculty were employed in at the time of experiencing faculty bullying, four of the faculty had been employed at private institutions and five at private-religious institutions.

Recruitment

Following approval from the University of Missouri-Kansas City Institutional Review Board, sample recruitment began by the researcher sending letters to deans of midwestern nursing schools. The deans' contact information was obtained by reviewing the Association of Colleges of Nursing (AACN) College on Collegiate Nursing Education (CCNE) accreditation website. Forty-seven deans of baccalaureate and/or higher degree programs in the mid-western area of the United States were emailed by the researcher with a brief description of the research study and requesting permission to email nursing faculty listed on the institutions' website (Appendix A). Permission was received via email from 16 (34%) of the deans and upon receiving permission, a total of 293 nursing faculty at the institutions were emailed invitations to participate in the study (Appendix B).

Faculty who responded via email were provided a consent script (Appendix C) and invited to participate in the study. Of the 293 invitations, seven nursing faculty responded via email, with five nursing faculty meeting the study criteria and agreeing to participate in the study. An additional eight participants were recruited using snowballing technique by asking study participants for referrals to appropriate participants. Four of the eight referred faculty met the study criteria and agreed to participate. In total, there were nine participants.

A date and time that was convenient for the participant and interviewer was established via email, along with the ZOOM teleconferencing instructions. It should be noted that the study's recruitment and data collection began in July 2020 and continued through March of 2021. During this timeframe, in most areas in the mid-western region of the United States, social distancing precautions were in place due to the COVID-19 pandemic. These conditions added challenges to the recruitment process, but more specifically to the data collection options. Due to social distancing requirements, all study interviews were conducted using ZOOM teleconferencing.

Data Collection

Prior to the research study interviews, four pilot interviews were conducted. These interviews were not included in the data sample. Two of the interviews were conducted with nursing faculty who specialize in qualitative research. Feedback was received from the interviewees regarding the interviewer's technique and adjustments were made. The interviewer was coached by interviewees to increase the use of follow up questions. The feedback from the pilot interviewees also supported the interview questions in terms of their clarity and relevancy. ZOOM technology was used during the pilot interviews and after some initial technological difficulties with the first two pilot interviews, recording and interviewing was successful and ZOOM teleconferencing was confirmed as an effective data collection tool for the research study.

In addition to the pilot interviews, the researcher prepared for data collection by reflecting on the research questions and identifying any personal presuppositions, beliefs, and biases that she may have about faculty bullying and its impacts. The researcher has been an academic nursing faculty member for 10 years and a nurse for 24

years. She has worked in several non-tenured faculty positions at a private-religious institution. The researcher has experienced faculty bullying and has witnessed faculty bullying. She identified and recognized this history as a source for potential bias. Being cognizant of the risk of biases to a qualitative study, the researcher used bracketing and maintained a reflexive journal to counter any potential influences on the study (Holloway & Galvin, 2017; Polit & Beck, 2017; Rubin & Rubin, 2012). After completion of the four pilot interviews and establishment of researcher reflexivity practices, research study interviews began.

Three days prior to an interview, an email reminder was sent to the participant with teleconferencing instructions and the researcher's phone number if any technical difficulties arose. The interview began with the researcher reading the consent script to the participant. The participants were notified that the research would be written as part of the researcher's doctoral dissertation with results of the study possibly being shared in future scholarly articles and/or presentations. However, the findings would be shared as an aggregate, and participants' identification would remain anonymous and confidential. Participants were informed that they could refuse to answer any of the questions and could terminate the interview at any time. The individual was then asked if they verbally agreed to participate in the study. Participants were emailed a \$20.00 Amazon e-gift card as a thank you for their time.

All interviews were completed via ZOOM teleconferencing and were conducted exclusively by the researcher. Each interview was audio-recorded and ranged from 32 to 61 minutes. After verbal consent was obtained, the interview began with demographic questions (Appendix D) that included gender, age, ethnicity, current faculty

role/position, and years employed as nursing faculty. Demographic information at the time of the faculty bullying was also collected including the type of nursing program and institution, number of years employed as nursing faculty, the role or position and tenure/non-tenure status at the time of the faculty bullying. Faculty were also asked to describe their background as a nurse educator. These opening questions allowed for a level of comfort and rapport to develop among the participant and the researcher, along with gaining supplemental information regarding study participants.

Following these opening questions, the researcher used an interview guide (Appendix E) to maintain the focus of both the participant and the researcher on the experience of faculty bullying and its impacts. Questions were designed using critical incident technique with both ordered and open-ended questions to allow the main questions of the research study to be answered while simultaneously allowing for flexibility to explore any relevant data that might emerge. Semi-structured interviews were conducted in a relaxed style with the researcher asking follow-up questions when there was a need for further information or clarification, along with probing questions to enhance details and depth.

The interviews were taped using the audio-recording in ZOOM teleconferencing technology. Field notes were taken to record the participants' verbal and non-verbal cues and behaviors. Participants described their experiences of faculty bullying and the impacts in a straightforward and spontaneous manner. Individuals described the critical incidents and circumstances of the faculty bullying, they also described their physical reactions, thoughts and feelings surrounding the event, any impacts to them personally, or to their career, and/or to the profession of nursing. At the end of the interviews, the

nursing faculty were asked if there was any further information that they would like to share on the topic of faculty bullying.

Data Analysis

Interview data were transcribed by the primary researcher. Each audio-recording was listened to in its entirety three times by the researcher to verify the completeness and accuracy of the typed transcriptions. Each participant was emailed a copy of their transcribed interview and asked to review the transcription for accuracy. Six participants responded with email confirmation and nonresponses were assumed accurate as no corrections were elicited. Verbatim transcriptions were entered into NVivo 12 along with the supplemental data that was collected at the time of the interviews.

Braun and Clarke's (2006) six phases of thematic analysis was used to conduct the qualitative analysis of the data. These six phases are (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming the themes, (6) and producing the report. After six participants had been interviewed, data were read in their entirety independently by the researcher and secondary researcher to acquire a sense of the whole (Holloway & Galvin, 2017; Polit & Beck, 2017). It was determined by the researchers that although some themes may be emerging, additional data were needed. The researchers discerned that data saturation was reached after eight participants and the researchers agreed that one additional interview be conducted for a total of nine interviews.

The researchers became familiar with the data by reading all nine verbatim transcriptions as a whole and re-reading many times. Each time the transcripts were read, the researchers independently identified areas of the interview that highlighted the

nursing faculty's experience of faculty bullying and its impacts. An initial coding template was developed by the researchers first independently and then together. Based on the underlying concepts and clusters of concepts identified by the researchers, a preliminary coding scheme was developed (Braun & Clarke, 2006; Polit & Beck, 2017; Schluter et al., 2008). As further analysis was conducted, additional coding and refinement to the codes selected were completed resulting in data sets to be analyzed for themes (Braun & Clarke, 2006; Polit & Beck, 2017; Saldana, 2009).

Braun and Clarke (2006), defined a theme as “something important about a data in relation to the research question, and represents some level of patterned response of meaning within the data set.” (p. 82). Investigator triangulation regarding the coding, analysis, and interpretation was used throughout the analysis between the researcher and secondary researcher.

Findings

The following findings answer the research question of how do nursing faculty describe the experience of faculty bullying and its impacts. This section describes the themes that emerged through thematic analysis.

Faculty Bullying Experience and Impacts

Based on the data analyzed, the experience of faculty bullying and its impacts have themes of (1) new and novice as context (2) seeking support (3) questioning abilities and efforts (4) contemplating leaving or leaving. In this study, participants recounted critical incidents of faculty bullying that included lack of support and communication, questioning a person's ability to teach or lead, publicly correcting and/or shaming a person, gossiping, blaming, and unfair distribution of work. More severe faculty bullying

incidents included rude and hostile remarks, constant belittling, reprimanding and/or shouting at, and reporting false accusations to persons in authority.

Critical incidents of faculty bullying manifested as both non-verbal and verbal communications. Participants identified many settings where faculty bullying occurred, including classrooms, simulation labs, faculty meetings, faculty and administrator offices, and college hallways. Participants also reported incidents occurring in their cars or at their home residences, as some faculty bullying incidents occurred via phone conversations, email, and texting. In recalling the settings that faculty bullying occurred, participants often included information about who was present, whether it was a one-on-one interaction, or more common, if an audience had been present, such as in the incidents occurring in faculty meetings, hallways and classrooms. Participants indicated that having others witness the critical incident of faculty bullying often heightened the intensity of the event, adding to the participants' feelings of embarrassment, shame, and/or humiliation.

During the interviews, participants reflected on their body's immediate reaction(s) (physical sensations) to the faculty bullying. Even if several years had passed since the critical incident(s), participants were able to remember their immediate reactions to the faculty bullying. Several participants exhibited emotional reactions during the interviews, such as tearfulness, shaky voice and slowed speech as they retold the event(s) and their immediate reactions. Participants were able to recall physical reactions that included crying, anxiousness, shaking, gastrointestinal upset and racing heartbeat. Two participants (being nursing faculty with an understanding of physiological processes) verbalized that their "sympathetic nervous system was activated" in response

to the event. Emotional responses reported by the participants included feelings of sadness, anger, shock, humiliation, stress, angst, emotional exhaustion, feeling child-like, socially isolated, fearful, and embarrassed. In addition to the negative physical and emotional responses reported by the participants, the following four themes emerged in the interview data regarding the experience of faculty bullying and its impacts.

Theme 1: New and novice as context

Sub-theme: unwelcome

“And so, I went to my office and she walked in and she said, ‘we need to shut the door for this.’ And she shut the door and sat down and told me that I was not teaching correctly, and that my ... (technique) was not correct. She was not in the role of supervisor, she was just a peer. And it kind of started from there. And I can remember thinking, I left a position that I was really happy with, it was a short commute and I did really well. I remember thinking, oh no. Here we go. And it just escalated from there. So it, I mean the stories go on and on. I worked with her for probably a year and a half. She has since left but I mean there's lots of other examples.” (Participant 4)

“It was really early that first year...I didn't know anything about the educator role. I had come straight from floor nursing to education, and...there's so much in education that you just don't know.” (Participant 1)

Through analysis of the qualitative data, *new and novice as context* emerged as the first theme in the experience of faculty bullying. All nine participants (100%) reported the common theme of being new and novice to a role as the context for faculty bullying (Appendix I). The most common pattern reported was faculty bullying occurring during the first year of employment; with seven (77.8%) of the nine participants reporting this chronology. The earliest manifestation occurred for participant 4, who reported faculty bullying occurring on the first day of the job. Participant 2 also experienced incidents early, stating faculty bullying occurred “within the first weeks on the job.”

In the cases of the persons who had been employed at the nursing school for greater than one year, being new or novice to a role was still the context for faculty bullying. Participants 3 and 7 were both seasoned educators, with 15 and 25 years of experience working as nursing faculty at their institutions. However, in both scenarios, the participants had recently earned advanced degrees and were beginning new teaching assignments in their schools' graduate programs. It was upon entry to their new role assignments that the seasoned faculty encountered the faculty bullying.

Participant 3 described the first critical incident occurring when being introduced to her new supervisor, the administrator of the graduate program:

“...she (administrator) made it clear that I wasn't welcome, that I wasn't her choice. That it was something that was thrust upon her, if you will. She had not only been not notified, but not consulted. And so she was annoyed and she couldn't take it out on the dean so I'm guessing that anger manifested itself toward me personally.”

Unwelcome was identified as a sub-theme of *new and novice as the context* with participants being verbally told they were not welcome, as in the previous critical incident of participant 3, and more often, participants sensing it when faculty bullying occurred.

Participant 8 recalled the following critical incident in the first months of her faculty role:

“I remember going to get coffee. I was told that you could go anywhere to get coffee and I went up to one of the levels and somebody says, ‘what are you doing here?’ and I'm like, oh, I'm just getting coffee and she's like well, ‘aren't you down in the lab? This is for the researchers.’ And I (say), ‘Oh, I'm sorry, I was told that I could get coffee...’ and they basically made me feel very unwelcome.”

As a new faculty member, participant 9 described her experience of faculty bullying in this way:

“And then again, the person who did it, had a coalition of maybe two or three other faculty members who just did not make me feel comfortable or welcome during my first few years at all.”

Regardless of the form of faculty bullying actions and behaviors rendered, participants described the subtheme of *unwelcome* when they were new or novice to a role. Settings varied in the places that the faculty bullying occurred, but the theme that emerged in participants’ faculty bullying experiences was being *new or novice as the context* with a sub-theme of *unwelcome*.

Theme 2: Seeking support

In the second theme, faculty responded to the critical incident(s) of faculty bullying by *seeking support*. The data clearly indicated that faculty reported histories of seeking support from others, whether that was from administrators or co-workers. The most common pattern was seeking support from administration with 7/9 (77.8%) participants going to someone in a supervisory or administrative role about the faculty bullying. However, participants reported mixed outcomes in obtaining support from the administrators with the majority of participants not gaining resolution. In some instances, the lack of support was overt, yet in many other cases the lack was covert, in that the faculty complaints were received, but no action was initiated against the bully and no support was offered.

Participant 1 recounted a rude and hostile exchange when seeking support from the administrator regarding the negative behaviors she was encountering:

“Anyway, so I said, ‘Well, this other gal is not communicating to me, I know she thinks she's communicating to me, but I didn't know that she wanted me to do these things. She never explained what this even meant to me.’ And she (the administrator) goes, ‘Well, you need to figure it out, sink or swim’.”

It was made clear through verbal cues from the administrator that Participant 1 would not be supported. However, in many other scenarios, as faculty sought support from administration, the messages were received, but the lack of action by administration was telling. Participants 4, 6, 8, and 9, each went to their administrators to report the faculty bullying and seek support. In each scenario, the participants' reports were listened to and sometimes acknowledged, yet actions were not taken to stop the bullying. Consequently, the participants described not feeling supported by the administrators. Participant 9 offered that perhaps the faculty bullying may have been addressed more than she realized, but she did not witness any action taken or changes made. The most common experience among the participants that sought support from administration was the lack of observable help or support.

In the critical incidents of faculty bullying for Participant 3, the immediate administrator was also the perpetrator. Participant 3 sought support by requesting a meeting with this administrator to try and address the behaviors occurring and talk through any conflicts or issues.

“I did confront her at one point, and it was an interesting meeting; because I asked for the meeting after half a year or so of just bad behavior. So, I made an appointment and I said, ‘I really need to speak with you about our working relationship. When do you have time to do that?’ And she gave me a time. She was angry, but she gave me a time.”
(Participant 3)

However, the administrator was not receptive to attempts at resolution and exhibited stonewalling with negative body language including, keeping her back towards the faculty member. Participant 3 described the meeting in this way:

“And when I came to her office to have this chat with her, she sat behind the desk, behind the L (shape). She stood up and pointed to the corner, literally in the corner where I should sit and have the discussion. So, the desk was between us in

the corner, with no way out...So she sat between the L (desk) and looked over her shoulder at me in the corner to speak to me.”

Among the participants’ attempts to seek support from administrators, there was one experience of positive support received from a person in a supervisory role. Participant 2 sought support from her immediate supervisor. Upon hearing about the negative events as described by the participant, the supervisor offered reassurance of her teaching abilities and efforts. Participant 2 stated that she felt supported by her supervisor, which the participant believed. enabled her to objectively evaluate the incidents and realize that the other person was in the wrong. Therefore, participant 2 believed that her teaching abilities and feelings about teaching had not been negatively impacted by the faculty bullying.

Seeking support also involved participants turning to co-workers, who may or may not be members of the nursing faculty. Such was the experience of participant 8, who explained that after many incidents of faculty bullying, she became withdrawn and isolated, afraid to approach the nursing faculty. Instead, she found supportive relationships with other non-faculty co-workers, including a housekeeper and a person from the information technology department. Participant 7 found supportive co-workers in faculty members who had been hired at the same time as the participant and were also new to the role. She reflected on one co-worker in particular, who was able to support her and seemed to, in her words, be “above all that.”

Participants had not been asked questions during the semi-structured interviews regarding telling someone about the faculty bullying or trying to get help. Yet, most participants included details of seeking support in their narratives. Again, the outcomes

in achieving help and support varied, but the second theme identified in this study on the experience of faculty bullying, as described by the participants, was *seeking support*.

Theme 3: Questioning abilities and efforts

In analyzing the qualitative data, the theme questioning abilities and efforts was noted as the third theme in the experience of faculty bullying and its impacts. Faculty who had experienced faculty bullying described thoughts and feelings of self-questioning particularly around their own abilities and efforts. Participant 2 talked about her thoughts and feelings in the experience of faculty bullying:

“It made me feel less than, it made me feel like she thought that I wasn’t experienced enough to handle it. And then I started second guessing myself. So well, maybe I can’t do it. Am I supposed to do this? Why would they give me something I can’t handle? And so then yeah, just a lot of second guessing my own abilities, that I hadn’t before.” (Participant 2)

The theme of questioning abilities and efforts was present in most of the participants’ reflections on the experience and impacts of faculty bullying.

“there was always that uncertainty of maybe I’m not quite meeting up to the standards, I don’t know. Like unsure of myself...I guess insecurity would be a good word.” (Participant 1)

“I had to struggle to justify myself all the time and to not justify my worth and expertise, because remember again, I’m still new.” (Participant 3)

“...It really messed with my own self-confidence because I’m like maybe I don’t know how to teach correctly. Maybe I’m not saying the right thing. Maybe I’m coming across wrong...it really messed with my self-confidence.” (Participant 4)

Included in the theme of questioning abilities and efforts, was the participants’ experience of frequent and extended time periods spent in rumination. Many participants shared the experience of spending time thinking about and reflecting on the critical incidents, trying to determine if they could do more, say more, or act differently to

change the situations. Participants spoke about faculty bullying impacting their personal confidence and energy levels. Several participants spoke about the impact of this time spent on questioning their abilities and efforts and how that pulled their focus away from teaching.

Participant 6 explained this in her narrative:

“...and what I will oftentimes get upset about is, I was being drained by (dealing) with this person, and it was taking my time away from where my focus should have been: the students. And I would spend a lot of time doing self-searching, like, did I say something wrong? ...it was exhausting, it was emotionally exhausting.” (Participant 6)

And Participant 5 reported:

“...I was just so stressed out that I really couldn't use my full potential being a teacher. I was so worried about what I am saying, what I am doing, I think it really affected me that way.”

Participants shared the common third theme of *questioning abilities and efforts* in the experience of faculty bullying and its impacts. Participants reported negative impacts of faculty bullying to their confidence with frequent and lengthy periods of questioning their abilities and efforts in many areas including personal worth, teaching abilities and conflict resolution skills.

Theme 4: Contemplating leaving or leaving

The experience of faculty bullying triggered powerful feelings about the participants' jobs and sometimes led to changes. *Contemplating leaving or leaving* the institution was the fourth theme to emerge in the analysis of data. Five (55.6%) of the nine participants contemplated changing jobs with two faculty making changes and leaving the institution due to the faculty bullying. Participant 6 was one of the two

faculty participants that made the decision and left the organization. She recalled the decision to leave the institution and retire as the following:

“I just didn’t want to, it wasn’t worth it at this point in my life. Knowing I was at the age of retirement, but I really hadn’t thought about retiring...but I knew what was going to happen, I just could not. I just knew I could not. I could not work with her.”

After a period of contemplation, weighing the physical and emotional costs and the lack of any resolution in the stopping of the faculty bullying, she chose to transition to an earlier than anticipated retirement. Participant 8 also contemplated leaving and ultimately chose to leave the organization after only one year of employment at the institution:

“I only worked there one year. It was the worst experience I ever had.”

(Participant 8)

She had experienced faculty bullying on a grand scale, having critical incidents involving individual faculty and the nursing faculty members as a collective. The multiple and ongoing critical incidents of faculty bullying involved devaluation from peers and lack of support from administration which led to feelings of embarrassment and social isolation. The decision to leave the institution became clear to her as the only path forward. During the interview, she reflected these years later on her choice to make a change and move to another organization as an unfortunate, but positive career decision. At her new institution, she described her boss as a “really good supportive boss” who empowered her in her role and she had camaraderie among many of the nursing faculty.

Participants 1, 4, and 5 contemplated leaving the role and institution, yet stayed for various reasons. Participant 1 expressed thoughts of “just wanting to quit” and “...I

don't know if this is worth it" as she experienced faculty bullying. She talked about her contentment with the job at the institution as a "love hate relationship" with her happiness in that role "waxing and waning" depending on the occurrences of faculty bullying. Participant 4 shared similar sentiments and described coming to work as "stressful" and that she frequently had thoughts of not being able to work there. Whether the thoughts of leaving were actualized with participants making the career move to another institution or not, data analysis found theme 4 in the experience of faculty bullying and its impacts to be *contemplating leaving or leaving*.

Summary

The experience of faculty bullying and its impacts that emerged from the data are the themes of (1) new and novice as context (2) seeking support (3) questioning abilities and efforts (4) contemplating leaving or leaving. Critical incidents occurred in a variety of settings and included verbal and nonverbal interactions. Participants reported negative physical and psychological impacts to themselves personally, as well as adverse impacts to their ability to teach. The most common person(s) that participants sought support from were administrators in their institutions, with the majority of the participants not receiving support or resolution. Many participants struggled with the decision to stay employed at their institution and two participants ultimately chose to leave. Discussion regarding the study findings and implications for nursing education will be addressed in the following chapter.

CHAPTER 5

DISCUSSION

The purpose of this chapter is to discuss the research findings that explored the experience of faculty bullying and its impacts. The chapter begins with presentation of strengths and limitations of the study. Followed by a comparison of this study's findings and their alignment or contrast with previous theoretical and scholarly work. Next, implications for nursing education and specifically nursing academic administration is provided. The chapter is concluded with recommendations for future research.

Study Strengths

Results of this study were developed from the stories of those who have experienced the faculty bullying themselves. Eliciting data using critical incident technique, from those who had encountered the phenomenon first-hand, was a strength of this research study. Participants were able to recount the critical incidents, including the setting, behaviors, physical and emotional responses, and impacts of the faculty bullying. The representation of the participant sample is also a strength of the study. The sample provided diversity regarding the number of years employed in education, age of participants, type of institution employed at, and ranking and tenure status of the participants.

The key strength of this research study is that the results may have contributed to an improved understanding of this occurrence. Furthermore, this study draws attention to the need for interventions that combat the occurrences of faculty bullying and mitigate the impacts that have the potential to negatively affect learning environments, careers of the nursing faculty, and ultimately the profession of nursing. This study provides

knowledge for leaders in nursing education to develop and implement both preventative and response interventions to faculty bullying.

Study Limitations

A limitation of this study is the lack of representation of different genders and races. All study participants were female, white non-Hispanic. This is not to be interpreted as only white non-Hispanic females experience faculty bullying, yet it is important to note these demographics of the sample. Gender and race comparisons for impacts of faculty bullying were not able to be studied in this sample; future research will need to be completed. It is also important to note that in qualitative research, results are not able to be generalized to a large population. However, results of this study can be assessed for transferability to other settings. Transferability is the level of similarity between the current study and situation to which it is transferred (Lincoln & Guba, 1985).

For several participants, many years had passed since the experience of faculty bullying. This may have been a limitation of the study as it is possible that participants may not have remembered the events accurately, or that the passage of time may have influenced their retelling of the incidents. It is also plausible that some participants may have misinterpreted interactions, communications, or were even biased based on their past experiences. However, to meet the purpose of this study, data were collected from those who had experienced faculty bullying personally. Participants' statements were believed and analyzed to elicit the themes of the experience of faculty bullying and its impacts.

Data collection occurred during the COVID-19 pandemic minimizing the amount of prolonged engagement that could be conducted and prohibited in-person interactions.

Therefore, remote teleconferencing was used to conduct the semi-structured interviews. Observation could be completed through the audio-video feature, but the researcher could only visualize the participants' upper body and facial expressions, with a limitation on being able to observe the entire body for nonverbal cues. However, using ZOOM supported interviews with audio-visual recording, the researcher made needed assessment and field notes, thus meeting data collection requirements and countering the limitations of remote teleconferencing.

Comparison to Previous Theoretical and Research Findings

Findings of this study can be compared to theoretical perspectives of stress theory and oppression theory which are often used in nursing literature when discussing faculty bullying behaviors occurring in nursing academia. This study's findings also align with previous research completed on similar concepts of incivility, faculty-to-faculty incivility and social bullying occurring in nursing academia. However, there are unique findings and contrasts to the theoretical and research findings which will also be presented in this section.

Stress Theory

Previous research identified stress as one of the top factors most likely to contribute to incivility in nursing schools (Clark, 2008; Clark et al., 2013; Clark & Springer, 2007; Peters, 2014). Factors contributing to faculty's stress include juggling multiple roles and heavy workload. In applying stress theory to faculty bullying, negative behaviors toward others are attributed in part to maladaptive coping (Giddens, 2013). Yet, the focus of this study was not on the precipitating characteristics of the perpetrator and/or institutional

conditions, but rather on the faculty members' descriptions of the experience of the phenomenon.

In the narratives of this study, faculty who had experienced faculty bullying indicated that their experience was stressful emotionally, physically, and psychologically. The theme of *contemplating leaving and leaving* is particularly demonstrative of this in that the participants contemplated whether the stress of coming to work and dealing with faculty bullying was worth it, or if it was less stressful to seek a new role at another institution; or as in one case, to retire early from nursing education. The theme of *questioning abilities and efforts* was also described by participants as stressful, as they questioned their teaching abilities, personal worth and abilities to deal with the faculty bullying.

Descriptions of the experience and impacts of faculty bullying by the participants included statements of feeling stress and themes that are stressful to the individuals. This is similar to the findings of other studies, which found stress also exhibited in the after-effects of having experienced incivility (Heinrich, 2007; Peters, 2014). Yet, as this was a qualitative study, causality cannot be established. Additional studies are needed that explore the relationship(s) among stress and faculty bullying.

Oppression Theory

In oppressed group theory, behaviors occurring among a group are often attributed to power imbalances between one dominant social group and another weaker group (Clark et al., 2013; Freire, 1971; Roberts, 1983). As most U.S. nursing schools are part of academic institutions, there are many types of power imbalances to consider. Academic institutions often utilize a ranking or hierarchy of the faculty positions that

have inherent power and status associated with the positions (Clark et al. 2013; Twale & DeLuca, 2008). Examples include the appointment statuses of tenure versus non-tenure, and faculty roles of clinical instructor, lecturer, assistant professor, associate professor, and professor. In addition to these appointments and roles, nursing schools often hire faculty at varying employment statuses such as adjunct, part-time, or full time. The hierarchy and competition surrounding these appointment statuses, faculty roles, and employment statuses may be contributing to the incidences of faculty bullying in nursing schools (Beckmann et al., 2013; Clark et al., 2013; Twale & DeLuca, 2008; Twale, 2018).

However, faculty bullying can be directed downward, upward or laterally among the persons (rankings) involved in the nursing school; therefore, faculty bullying is not limited to one type of power imbalance among faculty. Informal power imbalances must also be considered when describing faculty bullying in the context of oppression theory. Informal power imbalances encompass differing knowledge and skills, levels of personal charisma, and/or abilities and willingness to reward or punish (French & Raven, 1959; Marquis & Huston, 2020). Regardless of the type of power whether formal or informal, an imbalance of power is often involved in faculty bullying.

In this study, participants reported the common theme of *new and novice as context* of faculty bullying with the subtheme of *unwelcome*. Although this was a qualitative study and causality cannot be established, it appears that being new and novice to the role contributed to being targeted by the perpetrator. The reasons that the perpetrators chose to engage in the negative behaviors is also unknown in this study. But, if oppression theory was to be applied, then one would hypothesize that the perpetrators

felt oppressed and devalued in their positions in the institution and chose to direct their frustrations toward the new or novice faculty who they viewed as weaker (Roberts, 1983).

Additional research is needed that identifies reasons perpetrators engage in bullying behaviors toward new or novice faculty members, so that interventions can be developed and implemented to mitigate the occurrences and negative impacts.

Previous Research and Study Findings

Comparisons of this study's findings with previous research showed many similarities with some unique findings. In the first theme of *new and novice as context*, all participants in the study reported that the faculty bullying started when they were beginning a new job or role. This theme aligns with Peters (2014) study which explored faculty-to-faculty incivility experienced by novice nurse educators. Peters (2014) asserted that novice nurse faculty's inexperience and lack of tenure may make them vulnerable to incivility. In addition, novice faculty reported sensing a power struggle in their schools of nursing, which was described as "territory." This territory could be courses they developed or content they taught (Peters, 2014). This idea of "territory" could be applied to this study's findings as well. It was upon moving to new course assignments and roles that participants 3 and 7 encountered faculty bullying despite their 15 and 25 years of experience teaching at the institution. Participants 1, 2, 4, 5, 6, 8 and 9 experienced the faculty bullying within the first year of joining the institutions. It may be that new nursing faculty are seen as threatening to the nursing faculty's established territories.

The phrase “nurses eat their young” has been used for years to describe bullying experiences that newly graduated nurses may face from the older, established nurses in the health care setting. Unfortunately, it may be the case, that nurses as faculty, continue these destructive behaviors by “eating” the new and novice faculty in the nursing educational setting. Studies are needed that identify the reasons that faculty bullying is often directed towards new and novice faculty, so that interventions that prevent this harmful behavior can be implemented.

In the second theme, participants responded to the critical incident(s) of faculty bullying by *seeking support*. Participants consistently sought support from others, with the most frequent pattern being reporting the experiences to a supervisor/administrator in the nursing program. Peters (2017) examined academic faculty administrators’ experiences dealing with incivility occurring in nursing schools. In the study, academic nurse administrators included many position titles, including dean, director, and chair. Using Heideggerian hermeneutic phenomenological approach, 11 academic nurse administrators were interviewed regarding their experiences in dealing with incivility concerns that were reported by faculty. Themes that emerged are “imbalance of power”, “ingrained culture”, “lack of preparation and support”, and “instigator avoidance/exit when confronted”. These themes were also described as being barriers to a civil academic work environment (Peters, 2017).

Themes of Peters’ (2017) study may inform this doctoral study regarding the lack of administrator response and resolution perceived by the participants when they sought support by reporting faculty bullying. In Peters (2017), the theme “imbalance of power” included administrators not being respected and/or not being able to stop the incivility.

In the “ingrained culture” theme, the administrators attributed previous leaders’ prolonged tolerance of incivility to aiding in the establishment of a hostile environment, where incivility became the expectation and norm (Peters, 2017).

Peters (2017) third theme of “lack of preparation and support” might also be applicable to this study’s findings. Administrators in Peters’ (2017) study identified that they did not have the knowledge, skills and abilities and were therefore unprepared to deal with incivility. Similarly, lack of preparation and support in being equipped to deal with the faculty bullying may have contributed to the lack of perceived action and resolution from the administrators in this doctoral study; additional research is needed.

However, unlike this doctoral study, administrators in Peters’ (2017) study confronted the instigators of incivility and many times, the instigator(s) left the organization or transferred to a different position. Peters’ (2017) study labeled this theme, “instigator avoidance/exit when confronted.” This theme was not evident in this doctoral study. Instead, it was the targeted nursing faculty (study participants) who contemplated leaving or left the institution.

Several participants in this study also sought support from colleagues who were not administrators. This was a pattern of *seeking support* that was echoed in another study on social bullying in academia. In Weiland and Beitz (2015), 17 nursing faculty who had experienced social bullying in a nursing school while they were either faculty or administrators were interviewed using phenomenological approach to explore resilience when faced with social bullying. Of interest to this study’s findings, was the similarity in Weiland and Beitz’ findings that nurse faculty sought support from other faculty members (2015). Seeking support from others was described as a resilience strategy and

also a way to “buttress self-worth” (Weiland & Beitz, 2015, p. 291). Seeking support may have helped the participants be resilient in this study on faculty bullying when they were dealing with the experience and its impacts, but additional research is needed.

Participants shared the common third theme of *questioning abilities and efforts* in the experience of faculty bullying and its impacts, this included negative impacts to their self-confidence, questioning their personal worth, teaching abilities and conflict resolution skills. These findings are in alignment with the findings of Peters (2014) study where novice nurse faculty reported similar negative physical and emotional responses to the faculty-to-faculty incivility they encountered. Similar responses included feelings of fear, feelings of being belittled and “childlike”, and experiencing self-doubt in their abilities (Peters, 2014).

Contemplating leaving or leaving the institution was the fourth theme to emerge in this study’s analysis of data. Five of the nine participants contemplated changing jobs with two faculty making changes and leaving the institution due to the faculty bullying. Peters (2014) found that novice nurse faculty who experienced faculty-to-faculty incivility not only contemplated leaving the institution, but they also struggled with the decision to remain in academia.

In Weiland and Beitz ‘(2015) study, most of the 17 nursing faculty who experienced the social bullying left the institutions, although the length of time it took for the faculty to leave the organization varied. Faculty who experienced the social bullying went through three phases (Weiland & Beitz, 2015). In the first phase, entitled the decisional phase, nursing faculty who had experienced bullying took actions that impacted their careers. This included career decisions of actively planning to leave their nursing school,

interviewing for other positions, and leaving their schools where bullying occurred (Weiland & Beitz, 2015).

This study's findings on *contemplating leaving and leaving* corroborates with previous studies on similar faculty bullying related concepts. When nursing faculty experience faculty bullying and its negative impacts they often contemplate leaving or leave for other employment. Faculty bullying and similar phenomena may negatively impact faculty's careers, the teaching learning environment, and have the potential to perpetuate the nursing and nursing faculty shortage (Peters, 2014; Tourangeau et al., 2015; Weiland & Beitz, 2015).

Implications

This study has implications for leaders in nursing education as the findings indicated that the experience of faculty bullying can negatively impact faculty members' emotional and psychological wellbeing, teaching abilities and career paths. The themes of *questioning abilities and efforts* and *contemplating leaving and leaving* are of great concern to the profession of nursing, given that there is a shortage of nursing faculty in the United States with projected increases in vacancies over the next decade as faculty members in the baby boomer generation seek retirement (AACN, 2019). The problem of faculty bullying must be addressed so that additional faculty might be recruited and developed into the faculty role and quality nursing faculty are retained and empowered to teach. It is imperative that optimal work conditions are created and maintained; so that nurses seek to develop the next generation of nurses and can clearly focus on the work of nursing education.

In this study's data, *new and novice as context* were a consistent theme in all of the participants' faculty bullying experiences. Leaders in nursing education need to be aware that newly hired faculty, as well as faculty who start new roles may be at risk for faculty bullying. Research is needed to determine the reasons why nursing faculty are engaging in faculty bullying towards the new and novice faculty members. Understanding the reasons for the occurrences may provide guidance as to what type of interventions could be used to prevent and mitigate the occurrences. Evaluation practices are needed that hold faculty accountable for their behaviors towards one another and that also set the expectation of caring and supportive behaviors toward each another.

In the qualitative data theme 2 of *seeking support*, participants reported inconsistent and poor responses from administrators in their institutions when they sought help. Policies regarding appropriate faculty behavior among each other and within the institution must be established and communicated formally. Administrators need to consider preemptively how they will handle a complaint of faculty bullying and be prepared to address it in a timely and appropriate manner. Based on this study's findings, there appeared to be a need for administrator training regarding the timely and proper response to reports of faculty bullying as described by the participants. There is also a need for administrators to be able to recognize the signs that faculty bullying is occurring and be prepared to work through the conflict with all parties as needed. This includes disciplinary action and consequences if nursing faculty to not uphold the institutions' code of conduct.

It would be best to prevent faculty bullying from occurring in the first place, and some potential preventative interventions might include intentional acts of welcoming

new faculty, setting expectations among the faculty of caring and kind behaviors, and establishment of formal orientation plans. Mentors and onboarding supportive practices should be investigated in future studies as potential preventative interventions for faculty bullying. Finally, if faculty bullying has occurred, faculty and administrators should work together to counter any potential negative impacts to the faculty and institution. Some potential interventions may include meeting with the faculty member, offering support and listening to their thoughts, feelings and needs. If appropriate, faculty could be reassured of their abilities and contributions to the institution and a plan could be in place with set check in points to find out if the faculty bullying has stopped or if further action is needed. Additional research is needed that looks for ways to support civil work environments in nursing schools.

Recommendation for Future Research

This study uncovered the need for additional research in several areas including...

1. Studies on the perpetrators' characteristics and perspectives regarding faculty bullying and its impacts.
2. Research that explores the reasons why nursing faculty are engaging in faculty bullying towards the new and novice faculty members. Understanding the reasons for the occurrences may provide guidance as to what type of interventions could be used to prevent and mitigate the occurrences of faculty bullying.
3. Studies that include diversity are needed, so that the gender and race comparisons can be made regarding the experience and impacts of faculty bullying.

4. Additional studies are needed that explore the relationship(s) among stress and faculty bullying.
5. Studies that identify the best evaluation practices that hold faculty accountable for their behaviors towards one another and that also set the expectation of caring and supportive behaviors toward one another.
6. Additional studies are needed on effective strategies in increasing administrators' responses to faculty bullying occurrences.

Conclusion

The purpose of this study was to explore the experience of faculty bullying and its impacts as described by nursing faculty. The use of critical incident technique allowed participants to provide rich detailed descriptions, which when explored through data analysis, generated four distinct themes. Based on this study's results, themes of *new and novice as context*, *seeking support*, *questioning abilities and efforts*, and *contemplating leaving or leaving* were reported by participants as the experience of faculty bullying and its impacts. Considering that a primary role of nursing faculty is the education and professional development of the next generation of nurses, nursing faculty bullying is not behavior that should be modeled for the students. Interventions are needed that combat the occurrences of faculty bullying and mitigate the impacts that have the potential to negatively impact learning environments, careers of the nursing faculty, and ultimately the profession of nursing.

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Appendices

- A. Copy of Letter to Dean of Nursing Schools
- B. Copy of Invitation to Participate
- C. Consent Script
- D. Interview Questions: Demographic Items
- E. Interview Questions and Field Notes
- F. Copy of IRB Approval
- G. Demographic Data
- H. New and Novice as Context

Appendix A
Copy of Letter to Dean of Nursing Schools

Date

Dean XXXX
School
City, State, Zip

Dear Dean of XXXX, ,

I am a doctoral student at the University of Missouri Kansas City (UMKC) conducting a qualitative study entitled “Nursing faculty’s experience of faculty bullying and its impacts.” My committee chairperson is Carol Schmer, PhD.

I am contacting you to request permission to send research study invitations to the nursing faculty email addresses that are listed on your university’s public website. A copy of the invitation to participate is shown on the following page.

Please email me at alfx8d@mail.umkc.edu with your permission to obtain the email addresses from the School of Nursing’s website.

Thank you for your time and consideration. I look forward to hearing from you.

Sincerely,

Amy Fry, MSN, RN
PhD student
University of Missouri- Kansas City

Phone (708) 370-1053
Email: alfx8d@mail.umkc.edu

Appendix B
Copy of Invitation to Participate

Date

Professor XXXX
School
City, State, Zip

Dear Professor XXX,

I am a doctoral student at the University of Missouri Kansas City (UMKC) conducting a qualitative study entitled “Nursing faculty’s experience of faculty bullying and its impacts.” This study is part of my doctoral dissertation and the faculty chairperson is Carol Schmer, PhD.

I am seeking nursing faculty who have experienced faculty bullying from other faculty members and would be willing to describe the experiences. For purposes of the study, faculty bullying is defined as “a pattern of intentionally negative interactions between two or more nursing faculty who were/are associated with a nursing school.”

If you would like to hear more about my research or if you would like to participate in my study by sharing about your experiences with faculty bullying, please email me at alfx8d@mail.umkc.edu or feel free to call me at (708) 370-1053. The data collection consists of an interview and can be completed in person, or via ZOOM teleconferencing at a mutually convenient date and time.

Thank you for your time and consideration. I look forward to hearing from you.

Sincerely,

Amy Fry, MSN, RN
PhD student
University of Missouri- Kansas City

Phone (708) 370-1053
Email: alfx8d@mail.umkc.edu

Appendix C
Consent Script

The purpose of this study is to explore how nursing faculty describe the experience of faculty bullying and its impacts. You are being asked to participate for research purposes, as you are a nursing faculty member who has experienced faculty bullying while employed in a nursing program in the mid-western region of the United States. Research studies are voluntary and only include people who choose to take part in the study.

If you have any questions about this study, please contact the researchers:

Principal Investigator: Carol Schmer, PhD Office (816) 235-1713
Secondary Investigator: Amy Fry, RN, MSN Cellphone (708) 370-1053

For questions about your rights as a research participant, please contact the UMKC Institutional Review Board (IRB) Office.

Phone: (816) 235-5927
Email: umkcirb@umkc.edu

Study Title:

Nursing Faculty's Experience of Faculty Bullying and its Impacts: A Qualitative Study

Appendix D
Interview Questions
Demographic Items

Demographic information will also be collected at the time of the interview including:

What is your gender? *Male or Female or Other*

What is your age?

Ranges: (25-30)(31-40)(41-50)(51-60) (61+) years of age

What is your ethnicity?

Choices: Multiracial, White Non-Hispanic, Hispanic, African-American, Asian, American Indian; Other. (NLN, 2017).

What is your current faculty/role position?

*(instructor, lecturer, faculty, assistant professor, associate professor, professor)
(tenure/non-tenure)
(Adjunct, part-time, full time)*

How many years have you been employed as nursing faculty?

Ranges: (0-5) (6-10) (11-15) (16-20) (21-30) (30+) years

How many years had you been employed as nursing faculty at the time of the faculty bullying?

Ranges: (0-5) (6-10) (11-15) (16-20) (21-30) (30+) years

At the time of the faculty bullying...

...what was your faculty/role position?

*(instructor, lecturer, faculty, assistant professor, associate professor, professor)
(tenure/non-tenure)
(Adjunct, part-time, full time)*

...what type of nursing program are/were you employed at?

*(Associate, baccalaureate and/or graduate)
(Public, private-secular, private-religious)*

3. What made the incident(s) critical?

4. Describe the setting and the circumstances of the encounter(s)?
Probes: Location, time of the day, meeting, classroom, clinical?

5. What did you think precipitated the encounter(s)?

6. What were your physical reactions to the encounter(s)?

7. What were your initial thoughts and feelings?

8. Describe how the encounter(s) influenced you personally.

9. Describe how the encounter(s) influenced your career or feelings about teaching?

10. Describe how the encounter(s) influenced your attitudes about nursing.

11. What else would you like me to know about this topic?

Appendix F
Copy of IRB Approval



Institutional Review Board
University of Missouri-Kansas City

5319 Rockhill Road
Kansas City, MO 64110
816-235-5927
umkcirb@umkc.edu

June 02, 2020

Principal Investigator: Carol Elizabeth Schmer
Department: Nursing - General

Your IRB Application to project entitled "Nursing Faculty's Experience of Faculty Bullying and its Impacts: A Qualitative Study " was reviewed and determined to qualify for IRB exemption according to the terms and conditions described below:

IRB Project Number	2020905
IRB Review Number	261455
Initial Application Approval Date	June 02, 2020
IRB Expiration Date	N/A
Level of Review	Exempt

The principal investigator (PI) is responsible for all aspects and conduct of this study. The PI must comply with the following conditions of the determination:

1. No subjects may be involved in any study procedure prior to the determination date.
2. Changes that may affect the exempt determination must be submitted for confirmation prior to implementation utilizing the Exempt Amendment Form.
3. The Annual Exempt Form must be submitted 30 days prior to the determination anniversary date to keep the study active or to close it.
4. Maintain all research records for a period of seven years from the project completion date.

If you are offering subject payments and would like more information about research participant payments, please click here to view the UM system Policy on Research Subject Payments: https://www.umsystem.edu/oei/sharedservices/apss/nonpo_vouchers/research_subject_payments

If you have any questions, please contact the IRB at 816-235-5927 or umkcirb@umkc.edu.

Thank you,
UMKC Institutional Review Board

Appendix G
Demographic Data

Participants (N=9) Nursing Faculty Characteristics: Gender, age, ethnicity, current faculty role position, years employed as nursing faculty, type of program, years of employed as nursing faculty at time of faculty bullying, faculty role position at time of faculty bullying

Gender	
Female	9
Male	0
Other	0

Age Ranges	
25-30	1
31-40	1
41-50	1
51-60	4
61+	2

Ethnicity	
Multiracial	0
White Non-Hispanic	9
Hispanic	0
African-American	0
Asian, American Indian	0
Other	0

Current Faculty Role/Position	
Instructor	2
Lecturer	0
Faculty	1
Assistant Professor	3
Associate Professor	2
Professor	0
Other	1

Current Faculty Role/Position	
Tenure	3
Non-tenure	5
Other	1

Current Faculty Role/Position	
Adjunct	0
Part-time	0
Full-time	8
Other	1

Years Employed as Nursing Faculty Ranges	
0-5	3
6-10	0
11-15	3
16-20	0
21-30	2
30+ years	1

Type of Program Employed at by Faculty (at time of faculty bullying)	
Associate	3
Baccalaureate and/or graduate	6

Type of Program Employed at by Faculty (at time of faculty bullying)	
Public	4
Private-secular	0
Private-religious	5

Years Employed as Nursing Faculty (at time of faculty bullying)	
0-5	4
6-10	2
11-15	1
16-20	1
21-30	0
30+ years	1

Faculty Role/Position at time of Faculty Bullying	
Instructor	4
Lecturer	0
Faculty	2
Assistant Professor	2
Associate Professor	1
Professor	0
Other	0

Faculty Role/Position at time of Faculty Bullying	
Tenure	3
Non-tenure	6
Other	0

Faculty Role/Position at time of Faculty Bullying	
Adjunct	0
Part-time	0
Full-time	9
Other	0

Appendix H
New and Novice as Context

Participant 1	1 st year “early in first year”	
Participant 2	1 st year “first weeks of job”	
Participant 3		Began 1 st day of starting new role assignment in graduate program (15 years’ experience)
Participant 4	1 st year (first day of job)	
Participant 5	1 st year	
Participant 6		Began a new course assignment in graduate program. (30 years’ experience)
Participant 7	1 st year (had been working in an adjunct role prior)	
Participant 8	1 st year	
Participant 9	1 st year	

VITA

Amy Fry has been a nurse for over 25 years with experiences that include neuro-trauma care and case management. During the past 10 years of her career, Amy Fry has worked as nursing faculty at a private university. Her teaching experiences have included assignments in both the undergraduate and graduate nursing program. Fry has served in many leadership roles including clinical coordinator, executive leader track coordinator, and is currently the Associate Dean in the School of Nursing and Health Sciences. Fry's research interest is in improving teaching learning processes and environments, so that the next generation of nurses are best developed, equipped and empowered.