DEAN's Notes™
Volume 42, No. 3 • Winter 2021
Published by Anthony J. Jannetti, Inc. as a service to the National Student Nurses' Association, Inc.
A Communications Service to Nursing School Deans, Administrators, and Faculty

Nurse Faculty Bullied Before COVID: A Continuation of "Same Old, Same Old" or More?

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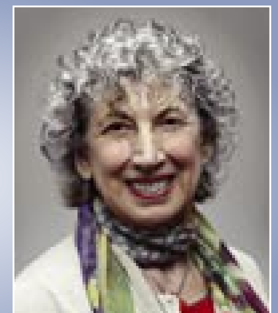
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Introduction

Bullying within nursing is the nursing profession's dirty little secret. It is quite a conundrum because, according to Gallup Polls (Reinhart, 2020), the public has rated nursing as the most trusted profession for 18 years; Yet, as professionals, nurses describe social bullying that is malicious and common in the workplace (Yildirim, 2009). Over 3 decades ago, Cox (1987) recognized bullying within the nursing profession as a pervasive problem and, since that time, there has not been a clear way to address bullying and mitigate it. It is ubiquitous in the literature within the health-care setting (Difazio et al., 2019; Edmonson & Zelonka, 2019; Gilbert et al., 2016; Houck & Colbert, 2016; Keller et al., 2016; Kovner et al., 2014; Pfeifer & Vessey, 2018; Sauer & McCoy, 2017; Vessey et al., 2009; Yokoyama et al., 2016). The evidence is clear in nursing but less clear in higher education with bullying in academia now becoming more common but less discussed (Fogg, 2008; Keim & McDermott, 2010).

Bullying is so common within the profession that it has been considered a 'rite of passage' (Birks et al., 2017). Academic bullying of faculty has incrementally gained more attention in *The Chronicle of Higher Education* (Fogg, 2008) as faculty have been driven out or eliminated from the academy because of workplace violence (Keim & McDermott, 2010). Twale and De Luca (2008) described the academic bully culture that includes bullying behaviors (indulging in self-promotion, showing intolerance or disrespect to others); and Lewis (2004) described the participants' responses to being bullied as unpleasant, life-changing, and traumatizing. The detrimental impact on the victims is their feeling demeaned and marginalized, which often lead to competent faculty being driven out or eliminated from the academy (Keim & McDermott, 2010).

Bullying within nursing education has been well documented in the United States and internationally, including among nursing faculty (Beckmann et al., 2013; Bietz & Beckmann, 2020; Clark, 2017), nursing students (Birks et al., 2017; Clarke et al., 2012; Gallo, 2012; Goldberg et al., 2013; Karatas et al., 2017), and administrators (LaSala et al., 2016). We continue to describe the same old problems that have not been resolved despite suggested interventions over the past decades, perhaps correlating to a pervasive climate of incivility that has grown recently in this country. Social bullying in nursing schools needs to be called out given the range of new underlying tensions in academic environments that have become even more pronounced in recent COVID-19 crises in health, education, and everyday life. Canceled classes, virtual clinicals, online pedagogy, and postponed graduations have wreaked havoc on students and faculty throughout 2020 (Feeg & Mancino, 2020). More importantly, how teachers have responded to social bullying is generally less evident in past studies and should be understood to intervene upstream using more effective

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and targeted approaches to mitigate higher education toxic cultures in which bullying can thrive. Therefore, this national study was designed to describe bullying experiences of nursing faculty and to analyze qualitatively their common responses prior to the pandemic to understand the underlying social environment in which major educational changes have transpired.

Purpose

The literature provides multiple definitions of *bullying*. Vessey and colleagues (2009) provided the definition as "repeated, offensive, abusive, intimidating, or insulting behaviors; abuse of power; or unfair sanctions that make recipients upset and feel humiliated, vulnerable, or threatened, creating stress and undermining self-confidence" (p. 300). Other terms used to describe bullying include hostile, mobbing, abuse of power, horizontal abuse, negative acts, and socially demeaning (Beckmann et al., 2013; Bowllan, 2015; Difazio et al., 2019). The impact of bullying within any setting can range from no impact at all to devastating results for those in harm's way, such as resignation, retirement, disengagement, and unhealthy toxic work environments (Beckmann et al., 2013; Bietz & Beckmann, 2020; Clark, 2017). In this qualitative study, the focus is on analysis from the participants using 'in vivo' terms. The purpose of this survey was to describe and measure the impact of bullying reported by nursing faculty and allow them to describe their experiences with bullying in their own words.

Methods

In January 2020, the National Student Nurses' Association (NSNA) sent out a survey to both students and faculty to assess the existence of bullying in the nursing education environment as reported by the faculty. The studies were parallel in design although this report focuses on the faculty responses only. It is also important to note this survey was administered before the country was caught in a national crisis of the COVID-19 pandemic. The weblink to the survey was sent to NSNA members via SurveyMonkey®, and a reminder was sent 1 month later. Respondents were assured anonymity in reporting their bullying experiences. The data were collected, stored, cleaned, and analyzed using descriptive statistics, and the narrative responses were coded in NVivo using content analysis and constant comparison to identify the categories of responses, common terms, and themes in the participants' narrative answers.

Sample

The faculty portion of the survey was distributed to all NSNA member-school faculties. The surveys were returned by participants (n = 249) with an 81% completed response rate (n = 202) for the main open-ended question.

Research Questions

The survey included eight questions: five demographics, two open-ended, and one for any additional comments. The main question was, "As a nurse educator, have you ever been bullied in nursing school as a faculty member?" Responses to the open-ended questions were "(1) If you have been bullied, please provide a short description of the situation, including who bullied you" (n = 202), and "(2) Please briefly describe how the bullying situation was handled" (n = 199).

Results

The findings from this study highlighted the clear existence of bullying in nursing education among nurse educators before the pandemic. After years of reported incidents of a toxic workplace for nurses and nurse educators, the same old stories emerged from this national sample. These findings represented pre-COVID-19 educational social environments where the existence of bullying may have preceded a culture of interpersonal communication challenges we see today. The culture of incivility appears even more pervasive than previously reported. In this study of faculty, 78% of female faculty respondents reported being bullied and 77% of male faculty; prior studies of academic faculty reported a range of bullying from 31-66% (Keller et al., 2016; Simons, 2008; Stanley et al., 2007). Other studies of nursing students reported 76% being bullied (Clark, 2017); and for nursing faculty, Beckman and colleagues (2013) reported 36% were bullied.

Demographics

The faculty members who responded to this national study represented five percent males versus 95% females in gender and, in terms of race, 77% White or Caucasian, 13% Black or African American, four percent Hispanic or Latinx, three percent Asian or Asian American, one percent American Indian or Alaska Native, and 0.4% Native Hawaiian or Pacific Islander. These statistics are all comparable to national nurse faculty demographics reported in *The U.S. Nursing Workforce: Trends in Supply and Education* (U.S. Department of Health and Human Services, 2013). The sample included faculty who reported their highest level of education as PhD/EdD (21%), DNP (17%), Master's (56%), and Baccalaureate (3%). Their reported number of years in nursing education was fewer than 5 years (26%), 5-10 years (26%), and more than 10 years (48%).

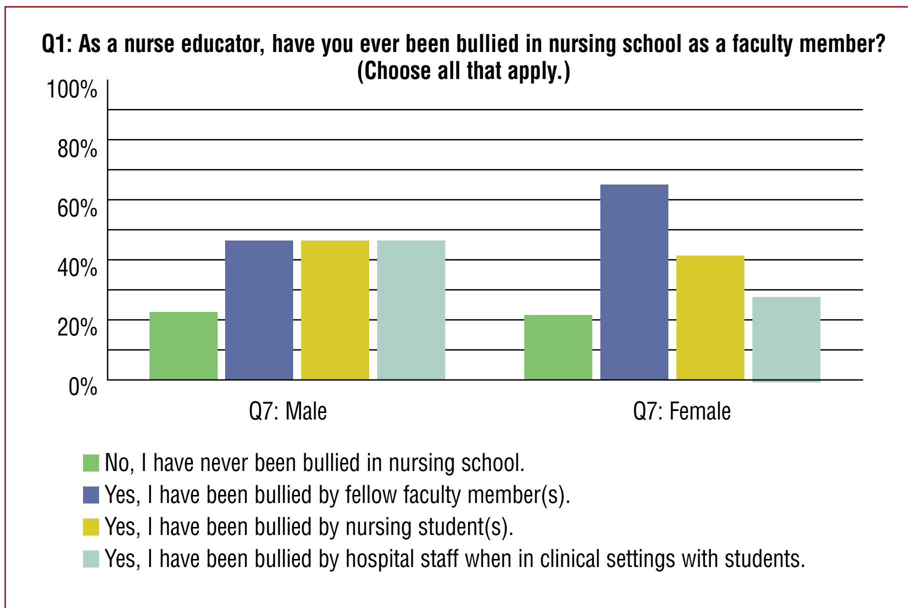
General Findings

Respondents were asked who bullied them and reported results that indicated gender differences. The faculty members were bullied by students (41%), by other faculty (63%), or by hospital staff (29%) during clinical experiences. Male faculty members reported one third less incidents of bullying by other faculty compared to female faculty, but twice as many incidents by percentage in the clinical setting (see Figure 1). This result was not significant due to the small sample of males in the responses (n = 13) and should be interpreted with caution.

The respondents were then asked, "If you have ever been bullied, please describe a brief description of who bullied you." There were 202 narrative responses. Their comments can be sorted into three interaction categories: student-faculty (S-F), faculty-faculty (which included administrator comments; F-F/A), hospital staff-faculty (H-F), or staff-students (H-S) in clinical situations. The first general narrative analysis used a manual sorting of statements in the three categories with general summary themes for (a) students, (b) faculty, and (c) hospital/clinical staff. However, many of the text responses often overlapped with descriptions of humiliating, demeaning, and verbally abusive instances of bullying among faculty, students, administrators, and staff that were evident throughout the participants' comments such as the following examples:

- *Nursing clinical staff "called me out" in front of the students and then angrily walked away, not allowing for discussion.* (H-F)
- *Fellow nursing faculty replies with remarks in an open general meeting, putting down the person and laughing to make it seem like a joke.* (F-F)
- *I have had current nursing students and applicants be verbally abusive and stand over me in a threatening way as they disagreed with a grade or [because] they were not accepted into the nursing program.* (S-F)

Figure 1.
Gender Comparisons for Bullying Incidents



- *I have had staff yell at me in regard to what they expected the student to be doing, although that was not appropriate for the student's current level.* (H-F)
- *I have had other faculty spread false information to the director about me. I have had fellow faculty yell and cuss at me.* (F-F)

Bullying by Students (S-F)

Males and females reported the similar instances of being bullied by students (38% versus 42%). The general theme for all these statements was 'feeling powerless, reacting to humiliation' directed from the students who felt some sense of power in the situation. These included threats of reporting up to higher authority, manipulation, humiliation, and use of social media. Comments included:

- *Nursing students have no filter and openly call the professor stupid; the statement generates an angry crowd action.*
- *I have also been bullied by students in the classroom setting who are older and don't think they need to respect faculty.*
- *Teaching an online class, I have had students threaten to go to my boss if I did not change their grade if they did not get the grade they thought they should receive.*
- *Students in their closed Facebook group had been posting mean things about me. It was a student who reported it to me.*
- *Students try to manipulate and get the upper hand. They behave in a manner where they feel like they can dictate actions.*

Bullying by Other Faculty (F-F)

Male faculty reported fewer experiences of being bullied by fellow faculty than females (46% versus 65%), although they both reported an equal amount of bullying (77% versus 78%). The general theme for faculty bullying by other faculty was 'aggressive, hostile, interpersonal horizontal animosity' that may not be indicative of a power differential but rather more about escalating rivalry within a culture that is fertile for a toxic environment and uncertainty about reporting upward in the organization or disclosing it. How the bullying was handled was analyzed separately. Comments included:

- *Fellow faculty member, in meetings via shouting of reply to question and/or snarling look and snickers to another colleague in agreement with the one who 'shouted me down.' This has happened on more than one occasion. Another which happened once was a full-out (witnessed, thank goodness) shouted rant which barely touched on the frustrating issue but launched into swearing and other criticism of colleagues, revealing the egomaniac for who she really was.*
- *The faculty person who was assigned as my mentor the first year I began teaching. She was very aggressive and hostile over her perception of my relationship with the students. This faculty was actually fired and banned from campus at the end of this academic year. I never made a formal complaint.*
- *Faculty with more experience/longer employment who would become verbally aggressive in meetings.*

Bullying by Staff (H-F and H-S)

Male faculty reported more experiences of bullying by hospital staff in the clinical setting than fellow female faculty (46% versus 28%). Although this finding should be interpreted with caution due to the small number of males in the sample, it suggests the clinical setting is another potentially toxic environment related to gender and power differentials. The general theme for being bullied in the clinical setting by hospital staff was 'hierarchical intimidation in a unique high-pressure environment by those who feel opportunity to enable unspoken gender or role conflicts.' This can be analogous to the 'see-saw' of gender, age, role authority, and experiential power differentials in flux that influence the undercurrent of nursing faculty feeling unwelcome in the hospitals. Comments included:

- *I have been bullied by other faculty members from different institutions in the clinical setting because I am a 'young' instructor. I have also been bullied by students in the classroom setting who are older and don't think they need to respect faculty.* (H-F)
- *In clinical settings – a form of intimidation that made you feel like if you didn't do what the nurse wanted they would take it out on the nursing students.* (H-F)
- *Staff continually are rude to me and my students, especially when finding out they have been assigned a student at the beginning of their shift and say rude comments in front of us about us.* (H-S)
- *A nurse was bullying some of the students in my group. When the students brought it up to the manager of the floor, the next week at clinical, other nurses retaliated against my whole group.* (H-S)
- *Some nurses in the clinical setting seem intimidating to students and even resent helping them.* (H-S)

Faculty Responses to Bullying

Respondents were asked an open-ended question to describe how the bullying situation was handled. It was important to describe the outcome of the situations as this has been less described in the literature related to actions taken

Table 1.
Gender Comparisons for Outcomes of a Bullying Situation

Gender	No Real Impact	Personal Action (Resolved)	Personal Action (Unresolved/Negative)	Nothing/Negative Consequence (Unresolved)
Males (n = 9)	33%	44%	22%	0%
Females (n = 178)	11%	30%	17%	40%

and responses to those actions. The analysis was separated by gender to identify if there were different narratives or patterns in the text responses, sorted by content analysis, and further explored by the constant comparison of themes.

Each of the cleaned responses that offered specific information about the situation (n = 187) were sorted into three major categories:

1) No real impact: The situation was tolerated, ignored, or had no impact on the person describing the response.
2) Personal action taken (resolved): The participant personally acted in reporting 'up' to authority, addressing the situation, or took some personal, self-actualized, action for the situation, and it ended with what appeared to be resolved.
3) Personal action taken (unresolved/negative consequences): The participant personally acted in reporting 'up' to authority, but the outcome was unsatisfying, negative, or nothing happened.
4) Unresolved – nothing happened or negative outcome: The participant expressed clear frustration, anger, internalized distress, or personal negative consequence from the situation.

After sorting and coding by two of the investigators with 95% inter-coder agreement, the following gender-based differences were identified and are shown in Table 1.

Generally, there were three intersecting thematic threads in these comments about how the bullying situation was handled. Of note in the content coding, the male responses in the representative sample of male faculty demonstrated a pattern of no real impact, no consequence, taking action in reporting the situation, handling it themselves, and having no real negative consequences. One short statement seemed to express this male's response:

- *I thanked the student [who threatened me]. I determined that the director was always right, and I always agreed with her.*

This subtle suggestion implies clear frustration and held-back anger, but nothing happened. Many of the responses to how the situation was handled indicated reporting it to someone in authority (males = 66%; females = 47%); this resulted in varying outcomes that underscored frustrations and emotions or resulted in some negative consequence such as the loss of job, early retirement, or changed assignment for 57% of females and only 22% of males. Since the incidence of bullying appears gender neutral, how it was handled offers insight into gender differences that warrants further study.

Major Themes from Categories

The investigators coded statements in vivo using the specific words and underlying sentiments of the respondents. The three themes emerged from these responses are below.

Theme 1: Resilience to hostility as a function of the receiver, not the perpetrator.

This situation occurs when the recipient expresses humiliation evoked by the bully, but this does not seem to provoke an internalized feeling of humiliation or embarrassment. The recipient acknowledged the incident but used words that indicated it did not matter, which represents a type of immunity against the perpetration of subtle or hostile actions. Some of the statements included:

- *Smiling, finding other sources of information.*
- *Best to ignore it … like it is an illusion of the stimuli.*

These statements suggested the best defense against bullying in socially toxic environments or highly stressful hospital environments is to raise one's threshold of tolerance toward bad behaviors.

Theme 2: Took action resulting in (a) empowerment with vindication or (b) impotence against bullies.

How the respondents took personal action against bullying can be split into two subthemes:

a) For those who confronted the situation or reported it up to authority, they placed trust in their own personal strength and sense of right or the workplace authority to help resolve a conflict. For these situations where personal action resulted in resolution, their outcome descriptions of how it was handled could be interpreted as a sub-theme of empowerment with vindication. Respondents described actions taken and the expected outcome was congruent with what they might believe is just. These were some of the statements:
    - *After attempting to speak with her, I did have to take the entire situation to the dean. We had a meeting with all involved. The behavior towards me has been resolved.*
    - *I confront [staff] about their attitudes toward students and that we are a teaching hospital. If that doesn't resolve [it], I go to the nurse manager and usually don't put a student with that particular nurse. I also record the name in the hospital survey.*

b) For those who took personal action by reporting it up to authority – even though it seemed to be 'appropriate action' – they described outcomes that suggested a theme of 'being betrayed by those above and feeling impotent against the bully.' This theme was apparent in statements coded into personal actions that had negative consequences or statements such as *nothing happened.* This suggested repressed anger, disappointment, humiliation, and

frustration for having done 'the right thing.' Statements included:

- *It was ignored by administration, resulting in the loss of many great faculty.*
- *Our school is always concerned with litigation and decisions are made based on what they think they can 'defend.'*

Theme 3: Unresolved frustrations and internalized personal cost.

This theme shows nothing happened or something negative transpired after the bullying. This represented the most serious outcome of bullying. For these responses, there seemed to be a gender difference: None of the male faculty described a consequence of personal magnitude. For female faculty, the negative consequence of being bullied without resolution or with a negative outcome was common. It often resulted in impacting their jobs or personal lives related to their unresolved frustration. They could do nothing but cower to the bully rather than take actions that might be riskier to themselves than any punishment the bully might receive. This added to feelings of powerlessness with words that suggested an internalized emotional strain that was occasionally described as traumatic. This was evident for those who implied a consequence without action or added a severely negative outcome to the situation just for having been bullied. Some statements to how bullying resolution ended badly included:

- *It wasn't – just suffered through it until they left.*
- *I was removed from a section by administration, said it was a personal conflict … ignored … retaliation.*
- *It's difficult if you confront; I've witnessed retaliation of peers who have been bullied or manipulated and no longer working at our institution.*

Some respondents retired early, quit their jobs, or sought counseling. The narratives suggested disappointment that faculty felt when they believed the appropriate actions were taken but it fell on deaf ears, provoked a negative consequence, or took a personal toll.

Reflective Narratives – Final Thematic Analysis

A final question on the survey asked respondents to offer any additional information or comments. This gave participants opportunity to close their comments with reflection and insight. These often lengthy responses (n = 97) were analyzed by the investigators using NVivo 12 to code and sorted into final thematic threads that tied the narratives together.

These reflective themes offered by the participants can be summarized as a grand view of the bullying problem by those who have been bullied or have witnessed it (see Table 2). It was surprising that several participants wrote notes of appreciation to the researchers for undertaking this study which demonstrated their appreciation for efforts in acknowledging the impact of bullying in nursing education. Participants acknowledged the severity of the problem by thanking the investigators for doing the study. Another cluster of statements reflected participants' concluding summaries in the second theme that bullying today is more common, more pervasive, and worse than before and that bullying impacts the bullied with long-term consequences. In the third theme, participants frequently stated the administration is part of the problem.

At the end, participants offered a more deeply reflective cluster of responses in a final, summarizing theme: 'given incivility today, nursing faculty need to better understand themselves from within,' meaning that incivility should be acknowledged, called out, understood, and seen more broadly within the social world while striving to achieve a more civil workplace.

Discussion

The participants' descriptions of bullying situations speak volumes about the current climate in nursing education that seems to be more conducive to both overt and covert acts of hostile behavior. According to Goldberg and colleagues (2013), "social bullying behaviors become pernicious when they are used in power relationships, especially when bullying becomes the cultural norm" (p. 196). This was the situation before COVID-19 impacted our lives with new stressors put on faculty and students, including clinical experiences for students and faculty in hospitals. The increase in the incidence and damage caused by bullying in nursing education at the time of the study produced evidence of the underlying culture in recent years of 'normed,' hostile behaviors that are pervasive in our country. This study suggests a foundation of aggressive, bullying behavior existed before COVID-19 perhaps due to the stresses of clinical and educational expectations influenced by the times. Certainly today, our social norms of behavior have been changed from the pandemic, but they are being built on an existing foundation of toxic norms over the past few years in which faculty felt powerless to change.

Some gender differences between male and female faculty were not surprising such as the different responses to bullying. However, some of these differences in the patterns of responses may offer insights for the bullied to find ways to un-respond to the situation or not allow it to personally affect one's sense of dignity. Resilience may be the key upstream intervention to minimize the victimization of hostile behaviors in academic and clinical environments. Although the sample size of this study was small, male faculty were more impacted by staff bullying students and unaffected by students or fellow faculty perpetrating the bullying, but the incidents did not result in a bad or internalized consequence. We can focus some of our attention to more public health interventions on both the recipients of bullying as well as the perpetrators rather than punitive downstream interactions.

The most troubling finding is consistent with the literature on how bullying today is 'normal' and 'it is how it is.' It suggests that it is how it has to be and those who report bullying are betrayed by authorities who fail to act or respond. To be bullied and ignored is worse than being bullied. Students should not be led to believe bullying is a rite of passage. There needs to be a loftier perspective of confronting bullying through an understanding of both the perpetrator and the victim of bullying. Interventions need to be tailored to the culture of the environment, with a focus on the underlying norms that will foster civility and hopefully improve in the coming years.

Conclusion

Bullying, incivility, and bad behaviors exist today in nursing education – perhaps even more than in the past – and may be prescient for the future when we may emerge from the pandemic with even more hostilities. It is not 'same old, same old,' but more pervasive and destructive in a social environment that is clearly more fractious. Faculty described (or witnessed) the personal experience of being disrespected and devalued, and they felt frustrated, angered, and betrayed that reporting bullying was worse than tolerating it. Faculty gender differences in responses to being bullied may be rooted in the underlying phenomena of female-male role and power differentials that suggest

Table 2.
Themes from Participants' Closing Statements on Bullying

General Theme	Statements
Bullying impacts the bullied with long-term consequences.	• Bullying is emotionally very stressful. I retired early to get away from the hostile environment. It still causes me distress years later when I think about it. • We all have almost like PTSD from it all. We think and talk about our experiences a lot. She's always in the back of our minds. • Her passive-aggressive freezing me out was difficult to handle. I felt the intimidation and bullying and really pulled back from any personal relationships at work for several years. • It was an awful experience – life changing for me.
Bullying today is more common, more pervasive, and worse than before.	• I have witnessed more bullying than experienced at … I have tried to stand up, but sometimes the undercurrent is so strong, or so subtle, that you don't even realize it is happening in the moment. • I have also seen other faculty bullied both in school and in the hospital. In a rural community, our 'old guard' staff at the hospital are nurses who 'eat their young.' • Nurses not only eat their young, they chew them and spit them out. I have been a nurse for over 40 years and the hostility has only gotten worse. • Nursing is rife with bullies. • Silent bullying is more difficult. • I have never been so disrespected by such a large group of students until the past 4 or 5 years. They are extremely disrespectful to any faculty or staff person.
Administration is part of the problem.	• Nursing schools should have policies in place when educators feel threatened. • There is a lack of accountability for administrators in academia. • Bullying is an ongoing issue at my campus. Administration seems to underestimate the damage that it causes to individuals. • HR has been approached regarding policy development but, in 3 years, there has been no progress in this area. • Administration has often been a key player in bullying.
Given incivility today, nursing faculty need to better understand themselves from within.	• Civility in academia is important. All persons at all levels should be treated with respect, regardless of their opinion. Faculty must model and foster these behaviors and not be afraid to identify incivility in a way that helps everyone, even the person who is [the bully]. • Bullying and incivility happen so quick that it is difficult to address in the moment.
Appreciation for any efforts in acknowledging the impact of bullying in nursing education was shown in narrative.	• Thank you for addressing this issue. No one should be allowed to treat others with hostility, disrespect, or in any manner that diminishes their value. • Huge topic. If not attending the conference for the results, will they be published on your website? • It is real. Never thought it would happen in academics, but it did. • I am so glad that you are doing this survey because I feel that bullying needs to really be addressed early in the nursing curriculum. • There definitely needs to be more literature and explanation as to what is seen as bullying behavior and what is not. I will be interested in the outcomes from this survey.

further study. Additional research on empowering the bullied might need a different approach in a post-pandemic world. The victims of bullies need to be resilient and shield themselves from aggression by trying not to internalize the frustrations and stresses.

Upstream interventions to prevent bullying or to inoculate potential victims with resilience may be better than punitive consequences for the bully and negative sequelae of being bullied. The literature offers some creative suggestions. But now, more than ever, academic administrators need to be engaged at a different level than just making policy or wielding punishments. There should be genuine support toward those who report the situation; starting with acknowledgment of their distress and an understanding of the underlying culture of incivility that may have fueled the sparks of stress and bullying. **DN**

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DEAN'S Notes™
Published by Anthony J. Jannetti, Inc. as a service to the National Student Nurses' Association, Inc.
A Communications Service to Nursing School Deans, Administrators, and Faculty

Volume 42, No. 3 • Winter 2021

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Dean's Notes is indexed in Cumulative Index to Nursing & Allied Health Literature.

Dean's Notes is published four times a year (winter, spring, summer, and fall) by Anthony J. Jannetti Inc., East Holly Avenue, Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. All rights reserved. No part of this publication may be reproduced without the express written permission of the publisher. Address changes should include mailing label and be forwarded to the publisher.

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How to Teach Thinking

Speaker: Susan Gross Forneris, PhD, RN, CNE, CHSE-A, FAAN
Director, NLN Center for Innovation in Education Excellence

Susan Gross Forneris

New nurses require well developed clinical reasoning skills in order to deliver safe, effective, and compassionate care. Preparing students for practice demands that academic and practice-based educators use transformative strategies to develop clinical reasoning skills. Good teaching is "knowing the content," but great teaching guides the learner to "use the content." This interactive workshop will highlight the known areas of risk transitioning from course work into nursing practice. You will have hands on experiences in 1) the use of the NLN Guide for Teaching Thinking to develop solid teaching and learning dialogue strategies; and 2) practice specific techniques with feedback from the experts.

Learning outcomes:

- Discuss the essential elements of the NLN Guide for Teaching Thinking.
- Demonstrate skills in guiding critical conversations in the following areas: clinical encounters, classroom, post-clinical.

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Dr. Forneris is a former Professor of Nursing at St. Catherine University, St. Paul, MN, and is currently the Director for the National League for Nursing Division for Innovation in Education Excellence, Washington, DC. Selected for inclusion in the 2010 inaugural group of NLN Simulation Leaders, she has been working in the field of clinical simulation since 2003. She is also instrumental in the design and implementation of NLN faculty development resources focused on the pedagogy of teaching and learning. Her expertise is in curriculum and teaching/learning instructional design for use across the curriculum. Her research and publications focus on the development and use of reflective teaching strategies to enhance critical thinking. She co-authored the publication *Critical Conversations: The NLN Guide for Teaching Thinking* and, most recently, *Critical Conversations: From Monologue to Dialgoue.*

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