

PSYCHOSOCIAL BULLYING IN THE WORKPLACE: EXPLORING COPING AND
INTENT TO LEAVE AMONG NURSE EDUCATORS IN THE
NORTHEASTERN UNITED STATES

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ABSTRACT

Psychosocial bullying has been identified as a contributing factor affecting the retention of qualified nurse educators (Beckmann, Cannella, & Wantland, 2013). While research on bullying has grown exponentially in the past 2 decades, there are limited studies exploring negative acts in the workplace among nurse educators. The purpose of this study was to examine the incidence of negative acts among nurse educators and explore potential relationships between workplace bullying, professional demographics, coping strategies, and intent to leave. Bronfenbrenner's (2005) Bioecological Systems theory served as the framework for this cross-sectional, correlational study. Data were collected from a final sample of 470 nurse educators from nine northeastern states in the US, using a web-based survey. The instrument included a demographic section, followed by the Negative Acts Questionnaire-Revised (NAQ-R), the Coping Strategy Indicator (CSI), and a three-item job intent turn over questionnaire.

The results from this study found that 45% of participants self-identified as targets of bullying in the workplace within the past six months. The most frequently reported negative acts encountered among the nurse educators surveyed were person-related and work-related, respectively, with physically intimidating behaviors being the least common. Furthermore, statistically significant relationships between coping strategies ($r = .53$) and intent to leave ($r = .58$) with workplace bullying among nurse educators were identified. The findings from this study contribute to the limited body of knowledge regarding workplace bullying, specifically among nurse educators. Practical implications exist for targets, bystanders, organizations, and the profession. Heightened awareness of this phenomenon is needed. In addition, diverse

educational programs and initiatives targeting the multiple levels of influence involved in workplace bullying among nurse educators are required. This may ultimately lead to the increased retention of qualified nurse educators, thereby addressing the shortage of nurses at the bedside.

DEDICATION

This dissertation is dedicated to all those who have endured bullying in the workplace.

LIST OF ABBREVIATIONS AND SYMBOLS

<i>a</i>	Cronbach's index of internal consistency
<i>df</i>	Degrees of freedom: number of values free to vary after certain restrictions have been placed on the data
<i>F</i>	Fisher's <i>F</i> ratio: a ratio of two variances
<i>M</i>	Mean: the sum of a set of measurements divided by the number of measurements in the set
<i>N</i>	Total sample size
<i>n</i>	Subsample size
<i>OD</i>	Odds ratio
<i>p</i>	Probability associated with the occurrence under the null hypothesis of a value as extreme as or more extreme than the observed value
<i>r</i>	Pearson product-moment correlation
<i>rs</i>	Spearman rank-order coefficient
<i>SD</i>	Standard deviation
<i>t</i>	Computed value of <i>t</i> test
=	Equal to

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CHAPTER I

INTRODUCTION

Workplace bullying is a growing, socially deviant problem. It is defined as “situations where an employee is persistently exposed to negative and aggressive behaviors at work primarily of a psychological nature with the effect of humiliating, intimidating, frightening or punishing the target” (Einarsen, Hoel, & Notelaers, 2009, p. 25). Research suggested that approximately 15% of adults are currently affected by workplace bullying at any given time (Glambek, Matthiesen, Hetland & Einarsen, 2014; Neilsen, Matthiesen, & Einarsen, 2010).

Despite a plethora of definitions of bullying in the literature, there are specific characteristics that differentiate this type of aggressive behavior from others. Bullying by definition is not a random, individual, episodic occurrence, but rather behaviors that are repetitive in nature and tend to increase in severity over time with the calculated goal of causing potential harm to the victim (Carbo, 2014; Vessey, Demarco, Gaffney, & Budin, 2009). The ongoing, collective effect of persistent bullying behaviors can be devastating and threatening to victims’ psychological and physical well-being. A real or perceived power differential is another common characteristic of bullying. Although the perpetrator and the victim might be of the same academic or employment rank, this power differential renders the target unable to adequately defend themselves (Chirila & Constantin, 2013; Cleary, Hunt, & Horsfall, 2010; Fornes, Cardoso, Castello & Gili, 2011; Jenkins, Zapf, Winefield, & Sarris, 2011).

Bullying as an aggressive behavior has been occurring for decades in all types of workplaces. It affects individuals from diverse occupations and varying educational levels.

Nursing, the profession best known for its caring abilities, has not been immune to these destructive interpersonal relations (Edwards & O’Connell, 2007; Johnson & Rea, 2009; Lee, Bernstein, Lee & Nokes, 2014; Simons & Sauer, 2013). Interestingly, nurses (Cleary et al., 2010; Dellasega & Volpe, 2014; Yildirim, Yildirim & Timucin, 2007) and faculty in higher education (Keashly & Neuman, 2010; Sedivy-Benton, Strohschen, Cavazos, & Boden-McGill, 2014; Zabrodska & Kveton, 2013) seem to be some of the most vulnerable to psychosocial bullying in the workplace. It appears, unfortunately, the old adage “nurses eat their young” seems to hold true, not only for nurses at the bedside but also among nurse educators in academia.

Statement of the Problem

The nursing profession is currently in the midst of a major nursing shortage. Statistical estimates provided from the U.S. Department of Health & Human Services (2013), suggested that by the year 2020 the number of vacant nursing positions will exceed 1 million. Research from the National League for Nursing (NLN, 2012) revealed that large numbers of qualified applicants are being denied admission to nursing programs each year due to several factors including a shortage of nurse educators. This is occurring at all levels of nursing education but is especially problematic at the prelicensure level, with more than 60% of qualified applicants being turned away (NLN, 2012). Second only to a lack of available clinical sites, the lack of nursing faculty has been identified as one of the primary factors impacting the ability to admit qualified applicants to prelicensure nursing programs (Hubbard, Halcomb, Foley & Roberts, 2010; NLN, 2012). According to the American Association of Colleges of Nursing (AACN, 2009), high levels of job dissatisfaction among nurse educators has negatively impacted ongoing recruitment and retention efforts. In addition to increasing recruitment efforts for nursing faculty,

a significant component to addressing the nursing shortage is to consider issues impacting the retention of nurse educators.

Psychological harassment or bullying has been identified as a contributing factor affecting the retention of qualified nurse educators (Beckmann et al., 2013; Goldberg, Beitz, Wieland & Levine, 2013; Keashly & Neuman, 2010; Weiland & Beitz, 2015; Yildirim et al., 2007). Understanding the extent of and factors associated with bullying in the workplace among nurse educators may provide knowledge on how to address this phenomenon. Studies exploring coping strategies commonly used by nurse educators who experience workplace bullying are required and is one way to proactively address the current shortage of nurse educators and ultimately the shortage of nurses at the bedside.

Purpose of the Study

The purposes of this study were

1. To determine if a relationship exists between professional demographics, rank, tenure status, years of experience, and the frequency of workplace bullying among nurse educators;
2. To examine the relationship between workplace bullying and coping strategies utilized by nurse educators based on their experiences with bullying; and
3. To examine the relationship between workplace bullying and intent to leave among nurse educators.

Significance of the Study

This study explored the phenomenon of psychosocial bullying among nurse educators in the northeastern United States seeking to determine if a relationship exists between professional hierarchies and the incidence of bullying behaviors. The study sought to identify coping strategies commonly used by targets of bullying and examined the relationship between

workplace bullying and intent to leave among nurse educators. The findings from this study can be used to heighten awareness of these insidious, negative behaviors among colleagues and to help develop educational opportunities to promote prevention, early identification, and strategies to address and ameliorate this phenomenon.

Research Questions

The following research questions were identified for this study:

1. What is the relationship between professional demographics, rank, tenure status, years of experience, and the frequency of bullying among nurse educators?
2. What is the relationship between workplace bullying and coping strategies utilized by nurse educators?
3. What is the relationship between workplace bullying and intent to resign among nurse educators?

Definition of Terms

In the present study, the following theoretical and operational definitions were utilized:

Coping strategies is defined as “specific efforts both behavioral and psychological that people employ to master, tolerate, reduce or minimize stressful events” (Yusoff, Low & Yip, 2010, p. 41). It was operationally defined by participants’ score on the Coping Strategy Indicator (Amirkhan, 1990).

Intent to resign is defined as an intent to resign or leave a place of employment. It was operationally defined by scores on the Intent to Leave questionnaire (Mobley, Horner & Hollingsworth, 1978).

Level of education is defined as the highest degree of education obtained. It was measured by participants’ responses on the Demographic section of the questionnaire

Professional rank is defined as the academic rank (adjunct faculty, instructor, assistant, associate, or full professor) of a faculty member within a higher education setting. It was measured by participants' responses on the Demographic section of the questionnaire

Target or victim. An individual toward whom bullying behaviors are directed. It was operationally defined by the participants' summated score on the Negative Acts Questionnaire-Revised, NAQ-R, measuring individual exposure to bullying behaviors and a final, single item in which participants were asked to self-identify as a victim of workplace bullying within the past 6 months (Einarsen et al., 2009).

Witness or bystander. An individual who observes or witnesses bullying behaviors directed toward another individual

Workplace bullying is defined as "situations where an employee is persistently exposed to negative and aggressive behaviors at work primarily of a psychological nature with the effect of humiliating, intimidating, frightening or punishing the target" (Einarsen et al., 2009, p. 25). It was operationally defined by the participant's summated score on the Negative Acts Questionnaire-Revised (NAQ-R), measuring individual exposure to bullying behaviors and a final, single item in which participants were asked to self-identify as a victim of workplace bullying within the past 6 months (Einarsen et al., 2009).

Theoretical Framework

Researchers have used many different theoretical frameworks to explore the complex phenomenon of bullying in the workplace. These include, but are not limited to, theories of social learning and identity, organizational structure and culture, conflict, power, oppression, and victimization. For the purpose of this study, Bronfenbrenner's Bioecological Systems theory (Bronfenbrenner & Morris, 1998), which emerged from the discipline of developmental

psychology, served as the theoretical framework to examine psychosocial bullying among nurse educators. Vygotsky's social learning theory and Lewin's field theory served as major influences in the development of Bronfenbrenner's work. Vygotsky (1978) described learning as a social phenomenon in which social connections, interactions, and socio-cultural context play a significant role in knowledge acquisition. His theory stressed the impact of social environments on human development. Lewin (1946/2008), the founder of modern social psychology was also influential in Bronfenbrenner's work. According to Lewin's field theory, "to understand or to predict behavior, the person and his environment have to be considered as one constellation of interdependent factors" (p. 338). Lewin used the term *field* to describe the interrelatedness between the characteristics of individuals and their surroundings and the potential impact of these relationships on individual development and behavior.

Bronfenbrenner, recognizing the salience of the tenets of Vygotsky's and Lewin's work, conceptualized overlapping, nested ecological systems into five levels: the microsystems, mesosystems, exosystems, macrosystems and chronosystems (Bronfenbrenner, 2005). He described the microsystem as "a pattern of activities, roles and interpersonal relations experienced by the developing person in a given face to face setting" (Bronfenbrenner, 2005, p. 39). A mesosystem is the interrelationship between two or more microsystems. Exosystems are those settings which impact an individual, despite the individual not being directly involved in the setting. The macrosystem also has an indirect impact on an individual. Bronfenbrenner (2005) described the macrosystem as "a societal blueprint for a particular culture or subculture" (p. 40). The chronosystem is the outermost ecological level in Bronfenbrenner's theory (2005), which is used to represent the interrelated changes over time in both individuals and their environment.

In his later work, Bronfenbrenner's Bioecological Systems theory (2005) evolved to include the Process-Person-Context-Time model. In this model, Bronfenbrenner expanded his theory to include not only the relationship between individuals and their various levels of context (micro, meso, exo, macro and chronosystems), but also *proximal processes*, a crucial component of human development. Bronfenbrenner (2005) used the term *proximal processes* to explain the reciprocal relationship between individual characteristics such as age or gender with components of context such as culture and a specific outcome.

The Process-Person-Context-Time model addresses the interrelatedness of the four concepts of process, person, context, and time (Tudge, Mokrova, Hatfield, & Karnik, 2009). *Process* refers to the enduring interactions between an individual and their external environment and their impact on both the person and the environment. Bronfenbrenner categorized the characteristics of the individual or *person* into three subtypes: demand, resource, and force characteristics. Demand characteristics include physical characteristics such as gender, age, and appearance; resource characteristics include those capabilities which an individual brings to a social situation such as previous experiences, knowledge, intellect, and educational resources; force characteristics refers to temperament, personal drive, and motivation (Tudge et al., 2009). In the Process-Person-Context-Time model, *context* refers to the overlapping, nested micro, meso, exo, and macrosystems and their impact on human development, described in Bronfenbrenner's initial work (Bronfenbrenner & Morris, 1998). The final component of the Process-Person-Context-Time model, *time*, includes events which occur during a particular interaction or activity, the consistency of a specific activity or interaction, and human development and its relationship to events during a particular time era (Bronfenbrenner & Morris, 1998).

In the past, components of Bronfenbrenner's Bioecological Systems theory have been used as a framework to guide research in various disciplines, to explore the relationship between individuals and their physical and sociocultural environments, and to promote health initiatives. More recently, researchers have utilized Bronfenbrenner's Bioecological Systems theory to investigate violence in school-aged children and adolescents (CDC, 2014; Cross et al., 2015; Espelage, 2014; McGuckin & Minton, 2014; Sabri, Hong, Campbell, & Cho, 2013). A review of the empirical literature did not reveal its use in studies examining bullying in the workplace.

Bronfenbrenner's (2005) Bioecological Systems theory served as the framework in this correlational study to explore factors that impact psychosocial bullying among nurse educators using the Process-Person-Context-Time model. Use of this model afforded the opportunity to focus on the various proximal processes involved in the phenomenon of workplace bullying among nurse educators and illuminate individual and contextual influences associated with its prevalence and ramifications. Based on theory and previous research, the following hypotheses regarding psychosocial bullying among nurse educators in the workplace were tested:

Hypothesis 1: There will be a significant relationship between professional demographics, rank, tenure status, years of experience, and the frequency of bullying among nurse educators.

Hypothesis 2: There will be a positive relationship between workplace bullying and coping strategies utilized by nurse educators

Hypothesis 3: There will be a positive relationship between workplace bullying and intent to resign among nurse educators.

Use of Bronfenbrenner's (2005) Process-Person-Context-Time model in this study to explore workplace bullying among nurse educators is depicted in Figure 1. In addition to guiding

the development of this study and future research endeavors, tenets of Bronfenbrenner's Bioecological System's theory served as a lens for data analysis and implications for practice. Furthermore, this theory can guide educational programs and initiatives targeting the multiple levels of influence involved in the complex phenomenon of workplace bullying among nurse educators.

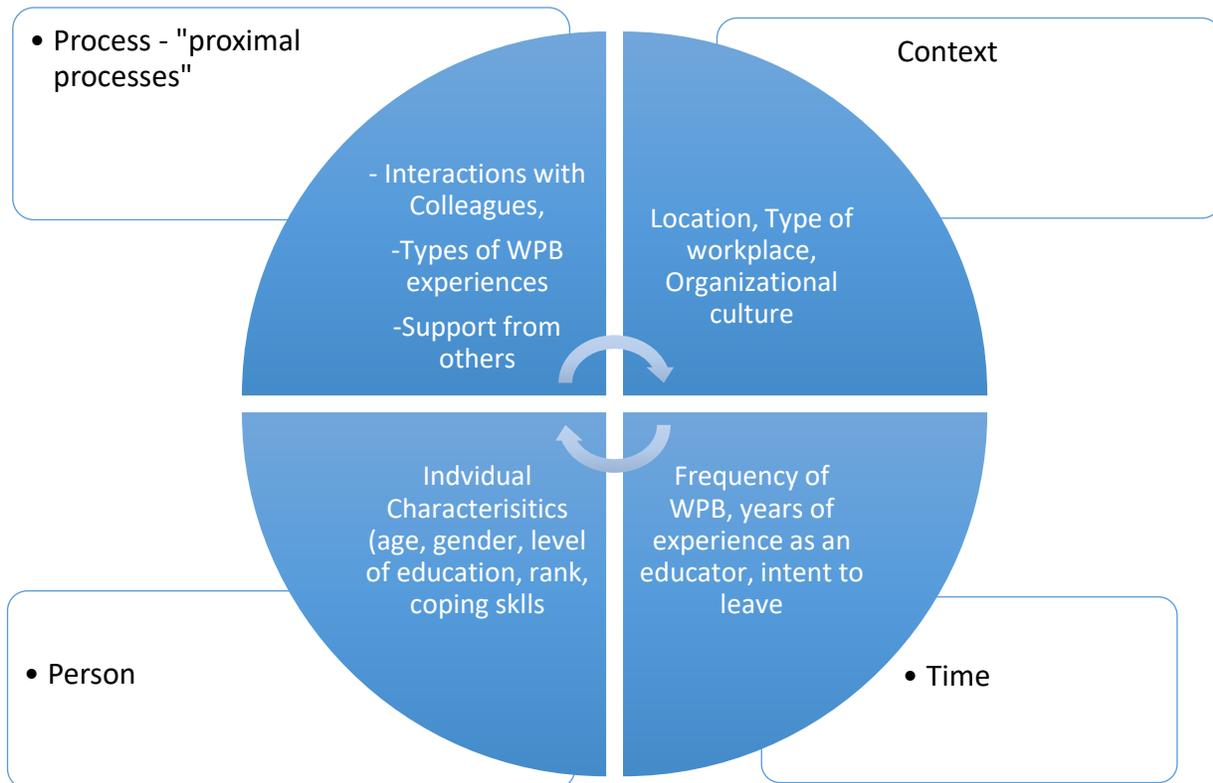


Figure 1. Use of Bronfenbrenner's PPCT model to explore psychosocial bullying among nurse educators.

CHAPTER II

REVIEW OF THE LITERATURE

The aim of this review is to critically analyze the published literature on bullying, psychological harassment, and mobbing among nurse educators. Specifically, the objectives are a) to describe the prevalence of workplace bullying, b) to evaluate the individual and organizational consequences of workplace bullying, c) to analyze the consequences of bullying in academia among nursing faculty, and d) to identify gaps in the literature and future strategies to reduce bullying among nurse educators.

A comprehensive review of the literature was conducted using the following electronic databases: Cumulative Index for Nursing and Allied Health (CINAHL), Education Resource Information Center (ERIC), Elton B. Stephens Company (EBSCO), ProQuest, and Academic Search Premier. Both peer-reviewed electronic and print academic sources from 1978- 2015 were retrieved. Individual and combined literature searches were conducted using the search terms “bullying,” “social bullying,” “workplace bullying,” “nursing faculty incivility,” “bullying and higher education,” “relational aggression,” “relational bullying,” “lateral violence,” “psychological harassment,” “psychological violence,” “mobbing,” “nursing faculty retention,” and “nursing faculty job satisfaction.” The search retrieved less than 10 articles specific to bullying among nurse educators.

Overview

Psychological harassment or bullying is defined as “repeated, offensive, abusive, intimidating or insulting behaviors; abuse of power or unfair sanctions that make recipients feel

humiliated, vulnerable or threatened, thus creating stress and undermining their self-confidence” (Vessey et al., 2009, p. 299). It is a subtype of aggressive behavior involving repeated attacks of humiliation and/or exclusion of a victim who is incapable of defending himself or herself against the negative bullying behaviors (Salmivalle, 2009). Workplace bullying differs from incivility and other negative, related phenomena. Incivility is defined as “rude or discourteous speech or behavior that violates the norms of mutual respect” (Feldman as cited in Clark, Farnsworth, & Landrum, 2009, p. 7). Despite some similarities, there are three significant differences between bullying and incivility. Bullying involves a specific target or group of targets, whereas incivility does not. In addition, bullying behaviors are purposeful, aimed at causing stress and harm to the target, whereas the harm that results from incivility is unintentional. Finally, bullying behaviors are persistent and ongoing, rather than merely an individual incident (Carbo, 2014; Clark et al., 2009; Skogstad, Torsheim & Einarsen, 2011)

There are a variety of terms and theoretical definitions used to describe the phenomenon of bullying in the workplace such as *psychological harassment*, *mobbing*, *workplace aggression*, *social bullying*, *emotional abuse*, and *horizontal and lateral violence*. Workplace bullying is described as “the unwanted, unwelcome, abuse of any source of power that has the effect of or intent to intimidate, control or otherwise strip a target of their right to esteem, growth, dignity, voice or other human rights in the workplace” (Carbo, 2014, n.p.). “It is persistent negative acts toward one or more individuals which involve a perceived power imbalance and create a hostile work environment” (Salin, 2003, p.1213). Similarly, Brodsky (as cited in Skogstad et al., 2011) described workplace bullying as “repeated and persistent attempts by someone to torment, wear down or frustrate another person and as treatment that systematically and persistently provokes, pressures, frightens, intimidates or otherwise causes discomfort to another person at work” (p.

477). For the purpose of this study, the terms workplace bullying, psychological harassment, and mobbing will be used interchangeably.

Bullying in the Workplace

Workplace bullying has been occurring for decades in all types of work settings. However, little research had been conducted on this topic until the last 20 to 30 years, with European countries being on the forefront. It was in 1986 that Heinz Leymann (1992), a Scandinavian psychiatrist and scientist, produced his seminal work on bullying or ‘mobbing,’ the term he used to describe this type of behavior. Due to increasing recognition of the potential impact of workplace bullying on individuals and organizations, research on this topic has been steadily increasing over the past decade. Groups such as the World Health Organization (WHO), International Labor Office (ILO), and Occupational Safety and Health Association (OSHA) have all sought to determine a stable definition of what constitutes workplace bullying, as well as ways in which to prevent and mitigate its effects.

Prevalence of Workplace Bullying

Accurately determining the extent of bullying and psychological harassment in the workplace is challenging for several reasons. The lack of an agreed upon definition of what constitutes workplace bullying is a major factor impacting the reporting of these behaviors. In addition, victims find it difficult to understand and articulate what is happening in these situations. Nielsen et al. (2010) found that individuals reported a higher incidence of workplace bullying when asked about various descriptive behaviors rather than when the terms *bullying* or *harassment* were used within a research instrument. Fear of retaliation and a lack of support from administration have also been identified as contributing factors in reporting deficiencies of this phenomenon (Cleary et al., 2010; Cobb, 2014; Karatuna, 2014; Vickers, 2014; Wilkins, 2014).

Workplace bullying is an issue facing many organizations worldwide. The United States Workplace Bullying Survey (2014) revealed more than 25% of American adult respondents reported experiences with bullying or abusive conduct in the workplace, either currently or at some time in their career. Similarly, Nielsen et al. (2010) posited that at any given time, approximately 15% of people are affected by workplace bullying. Interestingly, healthcare (Lim & Bernstein, 2014; Wilkins, 2014) and educational settings have been identified as some of the most frequently reported workplaces involving bullying among colleagues (Cox-Dzurec & Bromley, 2012; Zapf, Einarsen, Hoel, & Vartia, 2003).

A growing body of research suggests that academia is an environment which is susceptible to bullying behaviors among colleagues due to increasing demands for productivity and a competitive atmosphere (de Wet, 2011; Giorgi, 2009; Keashly & Neuman 2010; Zabrodska & Kveton, 2013). A study carried out in 12 Italian higher education institutions revealed a bullying prevalence of $f=16\%$, (N=371) among educators (Giorgi, 2009). More recently, Keashly and Neuman (2010) found 34% of faculty members at a large US university (N=1185) self-identified as being a target of workplace bullying and 41% as a witness to bullying behaviors in the workplace, citing colleagues (63%) as the most common perpetrator in academia.

Despite nursing being best known for its caring characteristics, research indicated that workplace bullying is a significant problem impacting professional practice. Almost 30 years ago, research conducted in the United Kingdom (NASUWT, 1995) regarding working life among professionals (n=1100), identified nurses not only as the most likely profession to be bullied when compared to other occupations, but also found nurses to experience the most varied types of bullying behaviors (*nurses* $M= 2.2$, $SD = 3.8$; *other occupations* $M= 1.5$, $SD = 2.9$,

$t=3.5, p<.001$) (Quine, 2001). More recent European studies have continued to identify bullying as a serious workplace issue for nurses (Farrell & Shafiei, 2012; Fornes et al., 2011; Rodwell, Demir, & Steane, 2013; Yildirim, 2009).

In the United States, nursing has consistently been ranked as one of the most trusted and ethical professions (Gallup, 2013); however, similar to the European nations, bullying among nurses in the workplace continues to be an increasing problem for the profession. Simons (2008) found 31% of registered nurses ($n=511$) at acute care facilities in one northeastern state in the United States reported being bullied in the workplace. Interestingly, Simons (2008) compared the prevalence of bullying directed at novice nurses (those in practice less than 36 months) to experienced nurses and found no significant difference in scores on the NAQ-R. However, more recently, several studies have explored and reported a higher incidence of workplace bullying specifically among novice nurses (Berry, Gillespie, Gates, & Schafer, 2012; Read & Laschinger, 2013; Simons & Mawn, 2010).

Vessey et al. (2009) found that 70% ($n=212$) of registered nurses ($n=303$) in acute care settings across the US with varying levels of experience, reported being bullied. Experienced nurses (24%, $n=51$) were identified as the most common perpetrators followed by charge nurses (17%, $n=36$) and nurse managers (14%, $n=30$), respectively. In a similar study carried out by Walrafen, Brewer, and Mulvenon (2012), 53% of nurses in a multi-institutional hospital system reported being the target of bullying behaviors, identifying coworkers as the perpetrator.

Types of Workplace Bullying

Bullying can manifest in a variety of ways in the workplace. Bartlett and Bartlett (2011) classified bullying behaviors as either work-related or personal. This can include behaviors such as those which attempt to socially isolate the target within the workplace; intimidate, publically

humiliate, question, or threaten one's professional or personal status; allocate unequitable workloads or unreasonable deadlines; or requiring someone to work below their level of capability (Cowie, Naylor, Rivers, Smith, & Pereira, 2002; Cox-Dzurec & Bromley, 2012; Einarsen, 2000; Keashly & Neuman, 2010; Sevidy-Benton et al., 2014; Zabrodska & Kventon, 2013). These persistent, deliberate behaviors can be displayed verbally, physically, or in writing and be obvious or covert.

Initially, bullying behaviors can be subtle and appear innocuous, making it difficult for the victim or others to recognize and even more difficult to reprimand. Eye rolling, hand gestures to stop conversation, sneering, and damaging innuendos are among the most commonly reported behaviors among nurses in the workplace (Cleary, Hunt, Walter, & Robertson, 2009; Dellasega & Volpe, 2014; Lee et al., 2014). In higher education, excluding behaviors such as withholding information and undermining professional status and achievements were behaviors frequently encountered (Keashly & Neuman, 2010; Sedivy-Benton et al., 2014; van Heugten, 2012). Over time, the aggressive behaviors tended to become more frequent and direct. The cumulative effect of bullying tends to leave the victim feeling increasingly powerless to defend themselves against the attacks (Vie, Glaso & Einsaren, 2011).

Consequences of Workplace Bullying

The disabling effects of workplace bullying are serious and widespread, impacting targets, witnesses, organizations, and professions. The consequences of these negative behaviors on an individual are multifaceted and can result in both physical and psychological issues. Several research studies have revealed the negative effects of bullying on victims (Dehue, Bolman, Vollink, & Pouwelse, 2012; Wilkins, 2014) with some researchers categorizing it as

one of the most serious health issues impacting the workplace today (DiRosa et al., 2009). The deleterious effects of this type of aggressive behavior can be varied, ranging from mild to severe.

A variety of lasting physical and psychological effects can occur as a result of workplace bullying. These include anxiety, panic attacks, depression, decreased self-esteem, difficulty sleeping, becoming withdrawn, difficulty concentrating, nightmares, moodiness (Edwards & O'Connell, 2007), and, in some individuals, overeating (Normandale & Davies as cited in Vessey et al., 2009) and an increased use of substances such as tobacco, alcohol, and other drugs (Wilkins, 2014). In a study conducted by Rodriguez-Munoz, Moreno-Jimenez, Sanz Vergel, and Hernandez (2010), 42% of victims who had experienced bullying in the workplace for at least 6 months exhibited symptoms of posttraumatic stress disorder. Unfortunately, the effects of workplace bullying oftentimes do not subside, even when the aggressive behaviors cease.

In a quantitative study, Neidhammer, David, and Degioanni (2006) studied the correlation between the incidence of depressive symptoms and workplace bullying. A sample of 3132 males and 4562 female workers from southeast France were surveyed to establish the incidence of workplace bullying. A self-administered Leymann Inventory of Psychological Terror (LIPT) battery was used to measure the frequency, duration, and types of workplace bullying experienced within the previous year and the Center for Epidemiologic Studies–Depression (CES-D) scale measured depressive symptoms. Results of the study identified experiences of workplace bullying as a strong risk factor for symptoms of depression in both genders. In addition, according to Neidhammer et al. (2006), witnessing workplace bullying targeted at someone else also increased the risk of depression symptoms. The inability to determine a causal relationship between workplace bullying and depressive symptoms was identified as a limitation of the study.

As a result of aggressive behavior, targets may also exhibit physical symptoms causing additional stress. Gastrointestinal issues, headaches, decreased libido, and increased heart rate and blood pressure are some of the physical symptoms reported by victims of workplace bullying (Edwards & O'Connell, 2007; Goldberg et al., 2013; Lee et al., 2014; Vessey et al., 2009). In a study conducted by Hansen, Hogh, and Persson (2011), a sample of 1944 employees from 55 private (n=16) and public (n=39) workplaces was recruited to examine the relationship between workplace bullying and cortisol secretion among victims. Participants answered questions from the Stress Profile questionnaire and self-obtained three saliva samples during a workday. Findings of the study were significant, revealing that individuals who were frequently bullied reported poorer mental health and decreased salivary cortisol levels (24%) compared to those who were not bullied.

In a follow up study, Hogh, Hansen, Mikkelsen and Persson (2012) conducted research to determine if some forms of bullying behaviors have a greater negative impact on an individual's health than others, by identifying a relationship between exposure to bullying behaviors, psychological stress reactions, and cortisol levels. A sample of 7358 participants from diverse occupational domains were asked to complete the revised Negative Acts Questionnaire (NAQ-R) and the Impact of Event Scale (IES) regarding their experience of psychological stress symptoms. In addition, participants were asked to obtain saliva samples three times over the course of a workday. A total of 684 saliva samples were successfully obtained and used for the study. Similar to previous research, findings from this study illuminated the association between bullying and its negative effect on victims. Participants who reported bullying, based on an increased score on the NAQ-R exhibited both a psychological and physiological stress response.

According to Hogh et al. (2012), it was also noted that being exposed to different types of bullying behaviors resulted in different stress reactions. Individuals who experienced direct harassment and intimidation had a 12% and 10% respective reduction in salivary cortisol levels. Interestingly, rather than have increased salivary cortisol levels which is known to be a result of acute social stress, these findings suggest that the chronicity and repetitive behaviors experienced in bullying incidents may result in depletion of cortisol levels over time as the individual strives to cope with the situation.

In addition to the tremendous impact on the victim of bullying, a growing body of evidence supports the negative effects on bystanders or those witnessing bullying. Recent studies found similar effects on the emotional well-being of those individuals who “vicariously” experienced bullying to those individuals directly bullied (Janson, Carney, Hazler, & Oh, 2009; Vickers, 2014; Workplace Bullying Institute, 2014). According to Chipps, Stelmaschuk, Albert, Bernhard, and Holloman (2013) some witnesses described observing others being bullied as nearly as distressing as experiencing it personally. In addition to reports of decreased job satisfaction (Parzefall & Salin, 2010), a fear of becoming a future target of bullying was a common theme among witnesses (Wilkins, 2014).

The profound effect of bullying behaviors on victims and/or bystanders in the workplace cannot be underestimated. Furthermore, there are also significant effects on both the organization in which the bullying occurs and the profession. Lee et al. (2014) categorized the impact on organizations as direct and indirect. Organizations where bullying is prevalent have much at stake, including fiscal concerns (Einarsen, Hoel, Zapf, & Cooper, 2011), public image, and potential litigation (Beal & Hoel, 2010; Center for Disease Control & Prevention, 2014; Lee et al., 2014). Workplace bullying can negatively impact job performance and productivity, as

degradation of the victim's self-confidence tends to reduce occupational efficiency (Cleary et al., 2009; Cowie et al., 2002; Sedivy-Benton et al., 2014), contributing to decreased revenue for the organization. The literature on workplace aggression suggests that in bullying environments, there tends to be increased use of sick time (Cleary et al., 2010) and employees consistently report job dissatisfaction and decreased morale (Cox-Dzurec & Bromley, 2012), leading to frequent staff turnover (Johnson & Rea, 2009). This is a serious concern for employers, as there is significant time and cost involved in orientation and job training of new employees. In academic settings, decreased morale and productivity can negatively impact students' learning experiences and frequent turnover of faculty and staff is a concern due to its potential impact on students and program outcomes (Keashly & Neuman, 2010). Sedivy-Benton et al. (2014) posited that ultimately, workplace bullying thwarts overall organizational growth and innovation.

In a profession such as nursing, an abusive workplace environment not only can contribute to increased attrition rates of employees, but undermine the philosophical and ethical bases of the profession as a caring field of work. In addition, this type of behavior has been found to negatively impact patient safety (Johnson & Rea, 2009; Lim & Bernstein, 2014). The impact of workplace bullying on the individual target coupled with the negative effect on the workplace environment as whole, renders patients and students as unrelated casualties of this type of behavior (Lee et al., 2014).

Bullying in Nursing Academia

Professional organizations and accrediting bodies such as the American Nurses Association (ANA), the National League for Nurses (NLN), and the Joint Commission (JCAHO) acknowledge the importance of the professional responsibilities of nurses in their interactions with one another. The American Nurses Association (ANA) Code of Ethics (2001) spoke clearly

of nurses' responsibilities to maintain professional integrity and advance the profession. As nurse educators, it is crucial that these professional guidelines are upheld, modeling for students the standards of the profession.

There is a paucity of research regarding bullying in higher education, specifically, among nurse educators. However, negative acts in the workplace have been recently identified as a significant issue impacting retention of qualified nurse educators (Beckmann et al., 2013; Goldberg et al., 2013; Weiland & Beitz, 2015). Further investigation of this phenomenon is warranted.

Yildirim et al. (2007) conducted a cross-sectional, descriptive study to determine mobbing/bullying behaviors experienced by nurse educators in Turkey, and their impact and how individuals responded to these negative behaviors. The study used 346 nursing faculty from 11 Turkish university schools of nursing. A 33-item questionnaire was administered to participants to determine the effects of bullying behaviors. An analysis of variance revealed that the demographic characteristics of nurse educators were associated with the incidence of bullying behaviors. The data revealed the ranking of faculty members as professors (3%), associate professors (5%), assistant professors (20%), instructors (22%), and research assistants (50%). Of these, 58% of the participants earned a doctoral degree, 37% earned a master's degree, and 5% a baccalaureate degree. The findings suggested that 91% of participants were exposed to bullying or mobbing behaviors within the previous year. The most common mobbing behaviors were attacks on professional status (85%) and personality (82%), followed by isolation from work (78%) and direct negative behaviors (23%). A significant number of participants reported psychosocial (89%), physiologic (82%), and counterproductive work behaviors (81%) because of workplace bullying among nursing faculty. Fifty percent reported seriously considering resigning

from their position. Limitations of the study identified by Yildirim et al. (2007) included the lack of an accepted universal definition of mobbing behaviors, the use of self-reporting, the sample consisting of educators in the university setting exclusively, and all participants being female. The lack of a universal definition of bullying or mobbing behaviors continues to contribute to the difficulty in accurately quantifying its prevalence in nursing education.

A descriptive study to develop a scale to be used to measure nurse educators' experiences with mobbing (the European term for workplace bullying) was conducted by Ozturk, Sokmen, Yilmaz, and Cilingir (2008). Mobbing is defined as "emotional assaults at workplaces . . . also defined as emotional lynching, psychological terror, psychological violence, psychological abuse, emotional attacks, intimidation and emotional abuse at work" (p. 435). A sample of 162 nurse educators from nine nursing schools in Turkey was recruited. Ninety-eight of the respondents reported being bullied or mobbed while working in academia with 70% citing administrators and 46% citing colleagues as the perpetrators. Factor analysis identified the following factors related to this phenomenon:

effects on psychology and fatigue, effects of the organization and management, attacks towards self-esteem, attacks towards personal and professional relationships, effects on social relationships, attacks toward showing oneself and communications, attacks towards professional practices and effects on health and life. (p. 440)

The Mobbing Scale for Academic Nurses was found to be a valid tool for obtaining reliable data regarding nurse educators' experiences with bullying in the workplace.

Beckmann et al. (2013) conducted a quantitative, cross-sectional, descriptive study to determine the prevalence of bullying among nurse educators. A sample of 473 full-time nurse educators from three northeastern states was recruited. Using the Negative Acts Questionnaire-Revised (NAQ-R) instrument, data were obtained regarding demographics, types, and frequency of bullying behaviors. Data analysis revealed more than one-third of respondents having

experiences of being the target of bullying. Additionally, devaluing acts (53%) and verbal abuse (48%) were the most common types of bullying experienced by nursing educators. Senior faculty members (12%) were identified as the most common perpetrators of bullying behaviors followed by administrators (8%). Limitations of the study as identified by Beckmann et al. included self-selection and response bias of participants. The 6-month time frame of bullying was also noted as a limitation as some participants reported leaving a position in academia prior to the 6-month time frame criteria.

Victims of workplace bullying interpret and respond to the experience in a variety of ways, both physically and psychologically. A qualitative study carried out by Goldberg et al. (2013) explored the phenomenon of social bullying among nurse educators. A purposeful sample of 16 nurse educators and/or administrators that experienced bullying in the academic workplace was recruited and interviewed. The following themes emerged: major bullying tactics and tricks of the trade, psychological responses, bully culture, fighting back strategies, physical responses, targeting, cyberbullying, power and control, and leadership and management. The participants described the experience as humiliating, reporting both physical and psychological symptoms such as anxiety and significant depression requiring treatment. Limitations of the study identified by Goldberg et al. included the inability to determine the actual prevalence of this phenomenon in nursing education, and that participants were only asked to describe their experience with bullying and not how to overcome its effects.

Coping With Workplace Bullying

Coping with stress is a transactional, psychological process, involving a dynamic, reciprocal relationship between an individual and the environment (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) described coping as “cognitive and behavioral efforts to manage

specific external and/or internal demands that are appraised as taxing or exceeding the resource of the person” (p. 141). The Transactional Model of Stress suggested that cognitive appraisal plays a key role in coping and is a two-fold process (Lazarus & Folkman, 1984). The first dimension, primary appraisal, involves an individual’s assessment of the potential threat posed to oneself by a specific stressor (Lazarus & Folkman, 1984). Secondary appraisal involves the individual’s identification of potential resources to aid in minimizing the stressor and feasibility of possible courses of action (Lazarus & Folkman, 1984). As a result of primary and secondary appraisal, specific coping strategies are enacted.

Lazarus and Folkman (1984) described the coping process as either problem- or emotion-focused. Problem-focused coping emphasizes active, situational change through behavioral endeavors. Some examples of problem-focused coping include reorganization of plans, brainstorming, careful planning and evaluation of various options, and attempting to utilize different solutions to address a problem (Amirkhan, 1990). Emotion-focused coping involves adaptation of the individual’s thoughts, feelings, and beliefs regarding the stressor (Dewe, O’Driscoll, & Cooper, 2010). Examples of emotion-focused coping includes acknowledging one’s feelings by confiding fears and worries to another, working with others to express feelings and identify possible solutions, and seeking social support and advice from either friends, colleagues, or professionals (Amirkhan, 1990). Carver, Scheier, and Weintraub (1989) later identified avoidance as a third type of coping. Avoidance coping is described as those strategies in which the individual separates themselves either physically or psychologically from an adverse situation through denial, disengagement, or diversional activities. Examples of avoidant coping includes self-isolating behaviors, focusing on times of less stress, sleeping more, and diverting attention to unrelated activities such as hobbies (Amirkhan, 1990). When using the

taxonomy of problem-, emotion- and avoidant-focused coping, researchers stressed the importance of recognizing that oftentimes a variety of strategies may be utilized, with certain coping behaviors overlapping into more than one category and that one type should not be viewed as superior to another (Carver et al., 1989; Lazarus, 1993).

An individual's perceived locus of control plays a significant role in determining which type of strategy is employed. Lazarus and Folkman (1984) proposed that problem-focused coping tends to be utilized more frequently when the individual perceives a sense of control over the stressful situation. Emotion-focused coping is more commonly used when an individual appraises the situation to be out of his control and believes that their actions will have little impact on the stressful situation at hand. Avoidance coping is believed to be temporarily beneficial in coping with certain stressors; however, long term use of avoidance behaviors negates effective problem solving (Monat, Lazarus, & Reevy, 2007) and, over an extended period, can lead to depression, anxiety, and other mental health issues (Boden, Bonn-Miller, Vujanovic, & Drescher, 2012; Dehue et al., 2012; Salin, Tenjala, Roberge, & Berdahl, 2014).

Victims of workplace bullying interpret and respond to the experience in a variety of ways. There is much to be learned regarding how targets cope with being bullied and how they are supported when they seek assistance in dealing with this type of aggressive behavior. The perceived power inequity common in workplace bullying often prompts the target to use more passive rather than active coping strategies (Dehue et al., 2012; Salin et al., 2014). Seeking social support through informal conversations with family members, friends, and colleagues has been identified as one of the most common strategies for coping with bullying in the workplace (Ciby & Raya, 2014; Gardner et al., 2013; Simons & Sauer, 2013). Interestingly, two recent studies identified a lack of adequate social and/or professional support in the workplace for educators

(deWet, 2011) and nurses (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012) who experience bullying.

Several studies suggested a high level of distrust in organizational processes and fear of retribution result in a lack of reporting of workplace bullying (Ciby & Raya, 2014; Salin et al., 2014; van Heugten, 2012; Zabrodska & Kveton, 2013). In some cases, when active coping strategies such as confronting the perpetrator (van Heugten, 2012) or reporting negative behaviors to human resources or a supervisor (Vickers, 2014) were utilized by bullied individuals, the situation escalated, resulting in increased stress for the target. In a study carried out by Karatuna (2014), more than 55% of bullied individuals working in healthcare settings did not even attempt to file a grievance regarding the bullying due to the aforementioned concerns.

Coping Strategies Employed by Nurse Educators

Nurse educators' reports of the way in which workplace bullying complaints were addressed by administration were examined in a qualitative study conducted by Cox-Dzurec (2013). A sample of 154 respondents was recruited, consisting of educators from baccalaureate and higher degree nursing programs from the Midwestern region of the United States. Out of 154 participants, 130 responded to having experienced or witnessed bullying in the workplace, with more than half (53%) claiming to have either reported or attempted to report the bullying behaviors. Analysis of the participants' narratives revealed collective feelings of abandonment and a lack of support by administration in handling bullying incidents.

Goldberg et al. (2013) identified leaving academia, attempting to avoid conflict, developing a support system, and engaging in professional opportunities outside of the institution as coping strategies commonly utilized among nurse educators experiencing bullying in the workplace. Other strategies employed by nurse educators included reflection, return to clinical

practice (Weiland & Beitz, 2015), and following scholarly pursuits outside of the institution where bullying behaviors occur (Sedivy-Benton et al., 2014).

Workplace Bullying and Intent to Leave

The relationship between workplace bullying and employees' intent to leave their place of employment is well documented (Ciby & Raya, 2014; Cleary et al., 2010; Fornes et al., 2011; Salin, 2015; Vessey et al., 2009; Weiland & Beitz, 2015). The intent to quit a job or leave an organization has been identified as an "immediate precursor of actual withdrawal behavior" (Mobley et al., 1978, p. 411). Identification of factors impacting intent to leave can promote early intervention to prevent attrition.

Using a large sample ($N = 1,775$) of Norwegian employees, Berthelsen, Skogstad, Lau, and Einarsen (2011) conducted a two-wave longitudinal study (time 1—at the onset of the study, time 2—24 months later) to explore the relationships between workplace bullying and employees' intentions and actual leaving of an organization respectively, using the NAQ-R and a 1-item intent to leave the job question. Berthelsen et al. (2011) identified a positive relationship between employees who reported being bullied and higher intentions to leave than those who were not exposed to bullying in the workplace at both measurement points, time 1 ($OR=2.46$) and time 2 ($OR=2.06$). In addition, the results identified that over the 2-year period, those who experienced bullying in the workplace had changed jobs more than those who had not. However, Berthelsen et al. (2011) found that most employees who are exposed to workplace bullying remain in their present position for a minimum of 2 years after the first reporting of the exposure to these negative acts ($OR = 1.17$).

In a more recent study, using the NAQ-R and a 3-item Intention to leave questionnaire with a 6-month time lag, Glambek et al. (2014) reported similar findings in a sample of 734

North Sea workers. Results of the study identified a moderate positive correlation between exposure to workplace bullying at T1 and intent to leave at T2 ($r = 0.25, n = 710, p < 0.01$), suggesting the long-term effects of exposure to these negative behaviors (Glambek et al., 2014).

Workplace Bullying and Intent to Leave Among Nurses

Through analysis of historical documents, Lim and Bernstein (2014) posited that bullying in the workplace contributed to attrition rates among nurses as early as 150 years ago. A growing body of research suggests that this continues to be an issue affecting the nursing profession.

Simons (2008) carried out a study with a sample of 511 novice registered nurses examining the relationship between workplace bullying and attrition rates within an organization using the NAQ- R and a 3-item intent to leave questionnaire. Simons (2008) identified a significant positive correlation between exposure to bullying in the workplace and intent to leave ($r = 0.51, p < .001$) and found bullying to be a significant predictor of nurses' intent to leave ($B = 3.1, p < .0005$). Similarly, Fornes et al. (2011) conducted a correlational study and identified a positive relationship ($r = 0.21; p < .01$) between psychological harassment experienced by nurses in the workplace ($N = 285$) and a desire to leave the profession thereby, impacting not only individual organizations but the nursing profession as a whole.

In a more recent study, Dellasega and Volpe (2014) measured relational aggression among nurses ($N = 842$) in the United States and the potential impact on the work environment and nurses' intent to leave. Either being a victim of ($rs = 0.24, P < .001$) or witness to ($rs = 0.13, P < .001$) relational aggression in the workplace was found to be positively correlated with a desire to leave the organization (Dellasega & Volpe, 2014).

Blackstock, Harlos, MacLeod, and Hardy (2015) examined the relationship between organizational factors and lateral violence and the impact on attrition rates among practicing

registered nurses at a large acute care facility in Canada ($N=103$). Findings from the study suggested that weak and inconsistent organizational processes and negative, informal social and hierarchal alliances within an organization promote lateral violence among practicing nurses, which ultimately increases nurses' intent to leave an organization (Blackstock et al., 2015).

Workplace Bullying and Intent to Leave Among Nurse Educators

It appears, unfortunately, the adage “nurses eat their young” seems to hold true not only for nurses at the bedside but also among nurse educators in academia. Several studies conducted on bullying among nurse educators suggested the potential impact of this type of negative behavior on attrition and individuals' intent to resign (Goldberg et al., 2013; Gormley & Kennerly, 2011; Keashly & Neuman, 2010; Yildirim et al., 2007). Yildirim et al. (2007) found that 50% of nurse educators ($N = 346$) who experienced bullying in the workplace seriously considered leaving their position. Similarly, in a study carried out by Gormley and Kennerly (2011) exploring predictors of turnover intention in nursing faculty ($N=316$), poor working relationships with colleagues and administrators were identified as contributing factors to educators' intent to resign. Interestingly, in a qualitative study carried out by Weiland and Beitz (2015) nurse educators reported leaving academia and returning to clinical practice to escape bullying from colleagues.

Gaps in the Literature

Bullying or psychological harassment among nurse educators is a relevant topic of study because of the many implications on the profession. Due to the scarce amount of empirical research on the phenomenon of bullying among nursing faculty, there is much work to be done on this topic. Whether a relationship exists between professional demographics such as type of institution where the bullying occurs (public/private, community college/university), tenure

status, rank (instructor, assistant/associate/full professor), years of experience as a nurse educator, workplace culture, and the frequency of workplace bullying needs to be studied. The majority of current research focuses on victims of bullying. Additional studies are needed to determine the impact on bystanders or witnesses to this type of negative behavior in the workplace, and to explore administrative and organizational responses to situations of interpersonal aggression. Research is also needed to explore the relationship between coping strategies employed by nurse educators exposed to workplace bullying and intent to resign. In addition, studies focusing specifically on perpetrators of bullying behaviors would also be beneficial. Furthering extant knowledge on bullying among nurse educators is crucial to prevent and mitigate the effects of this complex phenomenon.

CHAPTER III

METHODOLOGY

This research study used a cross-sectional correlational design to examine the relationships between workplace bullying and professional demographics, rank, tenure status, years of experience, coping strategies, and intent to resign among nurse educators in the northeastern United States. This chapter includes a discussion of the (a) participants and setting, (b) instrumentation, (c) data collection methods, and (d) data analysis.

Participants and Setting

The population of study was nurse educators from a variety of different educational institutions in the northeastern United States. The potential participants were identified and recruited through a web search of nurse educators teaching in American Association of Colleges of Nursing (AACN) accredited institutions for both undergraduate and graduate nursing programs. A database was created by this researcher, consisting of nursing faculty members from accredited nursing programs in Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Using the database, a purposive sampling technique was employed as participants' exposure to bullying behaviors was measured and participants self-identified as being a victim of bullying behaviors in the workplace. In determining the appropriate sample size, a small-to-medium effect size was chosen based on the previously reported theoretical and empirical literature with respect to the relationships that were investigated in this study. Using an alpha of 0.05 and a power of 0.80 (beta = .20), a small-to-

medium effect size of $r = .20$ was anticipated. Using the R Power software, a sample size of at least 191 was identified.

Instrumentation

Three survey instruments were utilized to collect and analyze data (see Appendix A). First, data examined demographic characteristics such as gender and age of the participant. Additional questions regarding the location (state), type of institution where the bullying occurred (public/private, community college/university), professional rank (instructor, assistant/associate/full professor), tenured/non-tenured, and years of experience of as a nurse educator were also included. The second part of the survey included the Negative Acts Questionnaire-Revised (NAQ-R), the Coping Strategy Indicator (CSI), and a 3-item job intent turnover questionnaire. Written permission was obtained from the creators of all three instruments (see Appendixes B, C, and D).

Workplace Bullying Measurement

Workplace bullying among nurse educators was measured using the Negative Acts Questionnaire-Revised (NAQ-R), developed by Einarsen et al. (2009). The NAQ-R is a derivation of the original Negative Acts Questionnaire created by Einarsen and Raknes (1997) and consists of 22 items describing direct and indirect behaviors which can be interpreted as work-related, person-related or physically intimidating acts of bullying when they occur on a regular basis. Use of the specific terms “bullying” or “harassment” is avoided throughout the instrument except for the final question which measures self-labelling as a victim. For each item, respondents are asked to determine the frequency of personal exposure to a variety of different bullying behaviors in the workplace within the past 6 months. Items are responded to using a 5-point summated rating scale, from 1 to 5; with 1=never, 2=now and then, 3=monthly, 4=weekly,

and 5=daily. Scores can range from 22 to 110; with higher scores indicating increased frequency of bullying behaviors. The last two items of this instrument ask respondents to self-identify as a victim of workplace bullying within the last 6 months using the following responses: 1=no, 2=occasionally, 3=now and then, 4=once a week, and 5=several times a week, and to state who they were bullied by, an immediate supervisor, colleagues, or subordinates.

The NAQ-R has been used in numerous studies to examine workplace bullying (Beckmann et al., 2013; Berry et al., 2012; Chirila, 2015; Chirila & Constantin, 2014; Gardner et al., 2013; Hogh et al., 2012; Simons, 2008;). Einarsen et al. (2009) established the NAQ-R as a reliable and valid instrument for measuring workplace bullying in a heterogeneous sample of 5288 employees from diverse occupations, reporting a coefficient alpha of .90. Einarsen et al. (2009) reported high internal consistency with significant correlations with both the summative NAQ-R score and scores on the three inter-related factors: work-related bullying, person-related bullying, and physically intimidating bullying. Validity was further explored by Einarsen et al. (2009) through assessing Pearson product-moment correlations between total NAQ-R scores and participants' self-identification as a victim of workplace bullying ($r = .54, p < .001$).

Glabek et al. (2014) reported a coefficient alpha of 0.91 and 0.89 for the NAQ-R in a random sample of 734 workers measured at T1 (baseline) and T2 (approximately 6 months later), respectively. Similarly, Gardner et al. (2013) reported a coefficient alpha of .93 for a sample of 1733 employees working in healthcare, education, or hospitality and travel.

Following a principal factor analysis and orthogonal rotation, of the NAQ-R, Beckmann et al. (2013) used 13 of the 22 original items, resulting in three subscales; (a) verbal abuse ($\alpha = .90$), (b) physical abuse ($\alpha = .78$), and (c) devaluing ($\alpha = .73$); to measure workplace bullying

among a sample of 473 nursing faculty. Beckmann et al. (2013) reported a coefficient alpha of .88 for the revised 13-item NAQ-R instrument.

Coping Strategy Indicator (CSI)

Coping strategies utilized by nurse educators who experienced bullying in the workplace were measured using the Coping Strategy Indicator (Amirkhan, 1990). This instrument consists of 33 items categorized into three subscales: problem solving, seeking social support, and avoidance. Participants were asked to rate their frequency of use of various coping behaviors in a specific situation. For the purpose of this study, it was a situation involving negative behaviors from colleagues in the workplace. Items are responded to using a 3-point rating scale: 1=not at all, 2=a little, and 3=a lot. Each subscale is scored individually ranging from 0-33, with the higher scores indicating more frequent use of that type of coping strategy.

Amirkhan (1990) established construct validity of the Coping Strategy Indicator scales through correlating scores with the Ways of Coping questionnaire using a sample of 188 college students. High reliability values on all three subscales were reported with Cronbach's alpha coefficients ranging from .839-.928. Validity was later investigated by Clark, Bormann, Cropanzano, and James (1995) correlating scores on the Coping Strategy Indicator, the Cope Inventory, and the Ways of Coping-revised questionnaire, supporting Amirkhan's (1990, 1994) findings.

In a sample of 618 veterans with limb amputations, Desmond, Shevlin, and MacLachlan (2006) revealed replicability of the factor structure of the Coping Strategy Indicator. Satisfactory internal consistency was reported, with the following Cronbach's alpha coefficients for each subscale, Problem solving (.9229), Support seeking (.868), and Avoidance (.79). Desmond et al.

(2006) reported support for earlier findings regarding the generalizability of the Coping Strategy Indicator to diverse populations and situations.

Intent to Leave Questionnaire

Lastly, intent to resign among nurse educators was measured using a 5-item intention to leave questionnaire developed from the theoretical model of Employee Turnover by Mobley et al. (1978). Using a 5-point summated rating scale (1, strongly disagree to 5, strongly agree), participants were asked to respond to the following statements: (a) I think a lot about leaving the organization, (b) I am actively searching for an alternative to the organization, and (c) as soon as it is possible, I will leave the organization. Scores can range from 3 to 15 with higher scores signifying greater turnover intention.

Sjoberg and Sverke (2000) reported a coefficient alpha of 0.83 for the Intent to Leave questionnaire in a sample of 535 registered nurses working in an acute care setting. Yin-Fah, Foon, Chee-Leong, and Osman (2010) reported a coefficient alpha of 0.90 in a sample of 120 private sector employees in Malaysia. Similarly, Glambek et al. (2014) reported coefficient alphas of 0.83 and 0.84 for the Intent to Leave questionnaire in a random sample of 734 workers measured at T1 (baseline) and T2 (approximately 6 months later).

Data Collection

Data collection began after Institutional Review Board approval was obtained from The University of Alabama (see Appendix E). Data collection was obtained through a self-administered online survey using Qualtrics, a Web-based survey application. This type of data collection promoted participants' anonymity as the IP addresses of participants were not accessible to the researcher. In addition, this type of data collection is cost effective, efficient, and eliminates the risk of potential errors when collating data. Using the database created by this

researcher, an email was sent to nursing faculty members, explaining the purpose of the study, and a letter of invitation to participate in the research project. A purposive sampling technique was employed as participants' exposure to bullying behaviors was measured and they self-identified as being a victim of bullying in the workplace among colleagues. A fully informed consent was obtained from each participant which clearly stated that participation in the study was completely voluntary and that participants could withdraw from the study at any time should they choose to do so (see Appendix F). Two weeks after the initial email was sent, a follow-up email was automatically generated by Qualtrics and sent out to those who had either not responded or not completed the survey. Detailed information including contact information for the researcher and the affiliated institution was provided. The estimated time (approximately 15-20 minutes) to complete the online survey was also included. Participants were instructed to avoid including any identifying information when completing the survey to ensure total anonymity, thereby alleviating any potential issues related to confidentiality or fear of being identified.

Data Analysis

Once data collection was complete, the *Statistical Product and Service Solutions (SPSS)* software, version-21 was used for data analysis. Table 1 lists the study hypotheses and the various statistical analyses that were conducted.

Summary

This cross-sectional correlational study used Bronfenbrenner's Bioecological Systems theory (1994) as a lens through which to examine the relationship between workplace bullying, coping, and intent to resign among nurse educators in the northeastern United States. Interactions with colleagues, types of workplace bullying experiences, and support from others were the

proximal processes (Bronfenbrenner, 2005) identified as variables of interest in this study.

Individual or *person* variables (Bronfenbrenner, 2005) included age, gender level of education, rank, and coping skills utilized by self-identified targets of workplace bullying. *Context* variables

Table 1

Hypotheses and Statistical Tests

Hypotheses	Statistical Tests
1a. There will be differences between academic rank and the frequency of bullying among nurse educators	Analysis of variance
1b. There will be differences between years of experience and frequency of bullying among nurse educators	Analysis of variance
1c. There will be differences between tenured and non-tenured faculty and the frequency of bullying among nurse educators	Independent t-test
2. There will be a positive relationship between workplace bullying and coping strategies utilized by nurse educators	Pearson Correlation Coefficient
3. There will be a positive relationship between workplace bullying and intent to resign among nurse educators	Pearson Correlation Coefficient

(Bronfenbrenner, 2005) such as geographical location and type of educational setting were also explored. Lastly, *time* factors such as frequency of workplace bullying, years of experience, and intent to leave were also variables of interest in this study. Furthering extant knowledge on bullying among nurse educators is crucial to prevent and mitigate the effects of this complex phenomenon.

CHAPTER IV

RESULTS

The purpose of this study was to examine the phenomenon of workplace bullying among nurse educators in the northeastern United States and to determine if relationships existed between workplace bullying, professional demographics, coping strategies, and intent to leave. Using an instrument comprised of a demographics section, the Negative Acts Questionnaire-Revised (Einarsen et al., 2009), the Coping Strategy Indicator (Amirkhan, 1990), and the Intent to Leave questionnaire (Mobley et al., 1978), data were collected from 686 nurse educators from nine states in the northeastern United States. The final sample consisted of 470 participants who completed the instrument in its entirety. Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version-21. This chapter presents descriptive statistics describing the sample, psychometrics on the instruments, and findings for each of the study's research questions.

Sample

Over 3,100 nurse educators teaching in academic institutions in nine northeastern states were invited to participate in the study, with a 21% response rate ($n = 686$). As indicated in Table 2, over 90% of respondents identified as females over the age of 40. Seventy percent had earned a doctoral degree and 28% percent reported a master's degree as their highest level of education. As shown in Table 3, years of experience as a nurse educator ranged from less than 5 years to greater than 20 years. Individuals from both public and private institutions from all nine northeastern states participated in the study with the majority of participants coming from

Pennsylvania, Massachusetts and New York, respectively (see Table 4). As indicated in Table 3, the sample included nursing faculty from a variety of professional ranks including adjunct faculty, instructors, assistant, associate and full professors, from both clinical and tenure tracks.

Table 2

Gender and Age

Measure	<i>n</i>	%
Gender		
Male	21	4.5%
Female	448	95.3%
I do not wish to answer	1	0.2%
Age		
Below 30	3	0.6%
31 – 40	35	7.4%
41 – 50	103	21.9%
Over 51	329	70.0%

Table 3

Professional Demographics

Measure	<i>n</i>	%
Highest Degree of Education		
Bachelor's degree	2	.4
Master's degree	132	28.1
EdD	39	8.3
PhD	217	46.2
DNP	75	16.0
Other	5	1.1
Years of Experience as an Educator		
Less than 5 yrs.	64	13.6
5 - 10 yrs.	132	28.1
11 - 20 yrs.	119	25.3
Greater than 20 yrs.	155	33.0
Professional Rank		
Adjunct Faculty	68	14.5
Instructor	15	3.2
Assistant Professor	73	15.5
Associate Professor	213	45.3
Professor	101	21.5

Table 3 (con't)

Measure	<i>n</i>	%
Position Track		
Clinical Track	204	43.4
Tenure Track	266	56.6
Tenured		
Yes	132	49.8
No	133	50.2

Table 4

Institutional Demographics

Measure	<i>n</i>	%
State of Licensure		
New York	76	16.2
Rhode Island	9	1.9
Maine	9	1.9
Vermont	8	1.7
Connecticut	33	7.0
New Hampshire	16	3.4
New Jersey	53	11.3
Massachusetts	77	16.4
Pennsylvania	189	40.2
Type of Educational Setting		
Public	188	40.0
Private	282	60.0

Statistical Description of the Variables

On the NAQ-R questionnaire, which measured nurse educators' exposure to bullying behaviors in the workplace, scores ranged from 22-107 ($M = 36.62$, $SD = 14.228$). Frequencies and percentages for each of the individual questions on the NAQ-R questionnaire are presented in Appendix G. Participants' scores on the CSI, which measured coping strategies utilized in response to negative acts in the workplace, ranged from 33-97 ($M = 65.90$, $SD = 13.77$) and

scores on the Intent to Leave questionnaire, which measured participants' plans to resign from their current organization, ranged from 3-15 ($M = 8.10$, $SD = 4.228$). These findings are summarized in Tables 5-7.

Table 5

Descriptive Statistics of NAQ-R

Variable	Range	M	SD
Total NAQ-R	22-107	36.62	14.23
Work-Related	7-35	13.06	5.28
Person-Related	12-57	19.01	7.79
Physically Intimidating	3-15	4.54	2.14

Table 6

Descriptive Statistics of Coping Strategy Indicator

Variable	Range	M	SD
Total CSI	33-97	65.90	13.77
Problem Solving	11-33	25.65	6.05
Seeking Social Support	11-33	23.40	6.13
Avoidance	11-33	16.85	4.73

Table 7

Intent to Leave

Intent to Leave Item		Range	%	<i>M</i>	<i>SD</i>
I think a lot about leaving the organization	Agree	124	26.4	2.99	1.56
	Strongly agree	104	22.1		
I am actively searching for an alternative to the organization	Agree	82	17.4	2.59	1.52
	Strongly agree	79	16.8		
As soon as it is possible, I will leave the organization	Agree	57	12.1	2.52	1.45
	Strongly agree	69	14.7		

Psychometric Properties of the Instruments

In this study, the NAQ-R (Einarsen et al., 2009), the CSI (Amirkhan, 1990) and the Intent to Leave (Mobley et al., 1978) instruments all demonstrated overall internal consistency and adequate reliability with coefficient alphas greater than .70, which has been identified as the minimum standard for instrument reliability (Creswell, 2014). The NAQ-R had a coefficient alpha of .95, which was slightly higher than those reported by Beckmann et al. (2013), Einarsen et al. (2009) and Glambek et al. (2014). The CSI also had a coefficient alpha of .95, which was also slightly higher than two previous studies, one by Amirkhan (1990) in a sample of high school students and the other by Desmond et al. (2006) with a sample of veterans with limb amputations. The Intent to Leave questionnaire had a coefficient alpha of .93, slightly higher than findings reported by Sjoberg and Sverke (2000), Glambek et al. (2014), and Yin-Fah et al. (2010), ranging from .83 to .90. Table 8 summarizes this information.

Table 8

Psychometric Properties of the Instruments

Instruments	(coefficient alpha)
Negative Acts Questionnaire (NAQ-R) Total	.95
Negative Acts Questionnaire (NAQ-R) Work related subscale	.85
Negative Acts Questionnaire (NAQ-R) Person-related subscale	.93
Negative Acts Questionnaire (NAQ-R) Physically-intimidating subscale	.70
Coping Strategies Indicator (CSI) Total	.95
Coping Strategies Indicator (CSI) Problem-solving	.93
Coping Strategies Indicator (CSI) Seeking Social Support	.95
Coping Strategies Indicator (CSI) Avoidance	.86
Intent to Leave Questionnaire	.93

Hypotheses Testing

Hypothesis 1 was tested using both analysis of variance and independent *t*-tests.

Hypotheses 2 and 3 were tested using the Pearson Product-Moment Correlation Coefficient.

Hypothesis 1 stated that there would be significant differences between professional demographics, rank, tenure status, years of experience, and the frequency of bullying among nurse educators. A one-way analysis of variance was conducted to compare the effect of rank on workplace bullying. Nurse Educators were divided in two groups, lower ranking, consisting of those adjunct faculty, instructors and assistant professors, whereas the higher ranking group was made up of associate and full professors. An analysis of variance showed that the effect of professional rank on workplace bullying was not significant [$F(1, 468) = 1.91, p = .168$]. These

findings are summarized in Table 9, along with a breakdown of the three subscales for NAQ-R. An independent *t*-test was used to assess differences between tenured and non-tenured, tenure-track faculty and the frequency of bullying among nurse educators. The *t*-test showed no significant differences in the incidence of experiencing workplace bullying, $t(263) = -.68, p = .495$, between the means of tenured faculty ($M = 36.92, SD = 14.48$) and non-tenured, tenure-track faculty ($M = 38.20, SD = 16.09$). These findings did not support Hypothesis 1.

Table 9

Differences of Workplace Bullying and Professional Rank

		<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i>
Person related	lower rank	156	18.50	6.67	1.02	1	.31
	higher rank	314	19.27	8.29			
Work related	lower rank	156	12.47	4.81	2.88	1	.09
	higher rank	314	13.35	5.49			
Physically intimidating	lower rank	156	4.36	1.78	1.71	1	.19
	higher rank	314	4.63	2.30			
Total NAQ	lower rank	156	35.33	12.15	1.91	1	.17
	higher rank	314	37.25	15.13			

A one-way ANOVA was also conducted to compare the effect of years of experience as a nurse educator on workplace bullying [$F(3, 466) = 4.09, p = .007$] (see Table 10). Post hoc tests identified a significant difference between the less than 5 years and the 11-30 years of experience

groups. The less than 5 years group reported significantly less negative acts in the workplace than those with 11-20 years' experience as a nurse educator (*mean difference* = 7.43, $p = .004$).

No other significant differences between groups was identified.

Table 10

Years of Experience and Workplace Bullying

Years of Experience	<i>M</i>	<i>SD</i>
Less than 5 years	31.89	11.0
5-10 years	35.81	13.27
11-20 years	39.33	16.00
Greater than 20 years	37.17	14.33

Hypothesis 2 stated that there would be a positive relationship between workplace bullying and the use of coping strategies among nurse educators. The Pearson Product-Moment correlation coefficient testing this relationship was $r = .53, p < .01$, revealing a significant, moderate correlation and therefore, supporting Hypothesis 2.

Hypothesis 3 stated that there would be a positive relationship between workplace bullying among nurse educators and intent to resign. The Pearson Product-Moment correlation coefficient testing this relationship was $r = .58, p < .01$, revealing moderate statistical significance. Thus, Hypothesis 3 was also supported.

Additional Findings

Participants' demographic variables were examined in relation to experiences of negative acts in the workplace from colleagues. An independent *t*-test showed no statistically significant difference in workplace bullying [$t(467) = -.26, p = .799$], between the means of male faculty ($M = 35.86, SD = 11.42$) and female faculty ($M = 36.67, SD = 14.37$).

An independent *t*-test was conducted to see if a difference in the incidence of workplace bullying existed based on the type of academic setting, public versus private institutions. No statistically significant difference was identified in workplace bullying [$t(468) = -.47, p = .639$], between the means of faculty working at public institutions ($M = 36.24, SD = 14.17$) and faculty working at private institutions ($M = 36.87, SD = 14.85$).

Self-Identification as a Target of Workplace Bullying

After participants rated the frequency of negative acts in the workplace on the first 22 items on the questionnaire, item 23 asked participants to self-identify as a victim of workplace bullying within the last 6 months. Participants' total NAQ-R score and self-identification as a target of workplace bullying were compared. Levene's test for homogeneity of variances was found to be significant ($p < 0.001$), therefore Welch's ANOVA was used. The Welch's analysis of variance revealed a significant main effect for group (Welch statistic = 192.06, Sig = $p < .001$). The Games-Howell test was used to detect specific group differences. The group that answered "no" to the question of whether you have been bullied at work over the last 6 months scored significantly lower on the total NAQ score than all other groups. The group that answered "yes, but only rarely," scored significantly higher on the total NAQ score than the "no" group and significantly lower than every other group. Figure 2 shows a linear trend; the group who self-identified as experiencing workplace bullying more frequently within the last 6 months had significantly higher total NAQ scores.

Out of the 470 total participants, 212 (45%) self-identified as being bullied in the workplace within the last 6 months by responding to a single item directly inquiring if they had been bullied. Over 51% of participants identified colleagues as the perpetrators of bullying

behaviors, with 44% identifying an immediate supervisor and 5% listing subordinates as those demonstrating negative acts in the workplace.

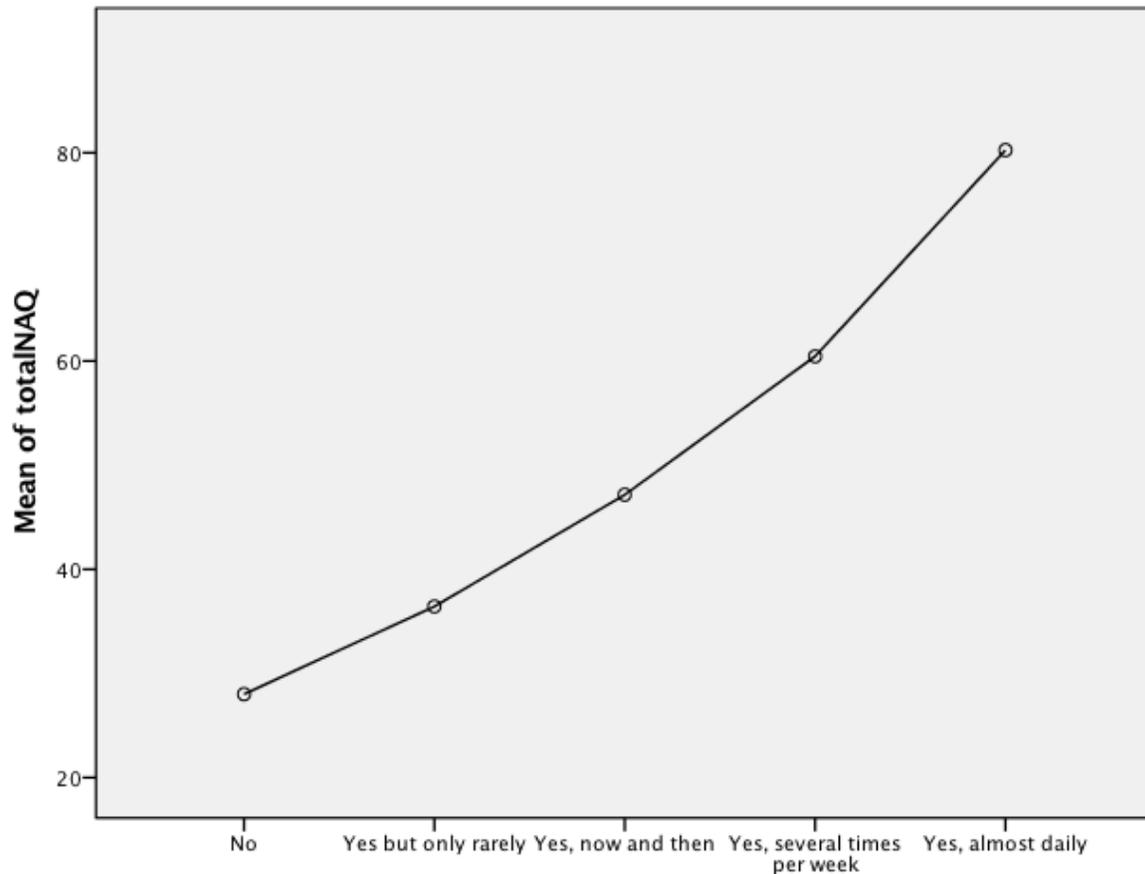


Figure 2. Self-identification as a target of workplace bullying.

Summary

This chapter presented the findings and data collected from a final sample of 470 nurse educators from nine states in the northeastern United States. The purpose of this quantitative study was to examine negative acts among nurse educators, to determine if relationships existed between workplace bullying, professional demographics, coping strategies, and intent to resign. The findings from this study indicated that workplace bullying is a serious problem occurring among nurse educators. These negative acts in the workplace are positively correlated with nurse

educators' intent to resign. Due to its impact on retention of nurse educators, it is imperative that workplace bullying be addressed, as a lack of nursing faculty has serious implications for the future of the nursing profession.

CHAPTER V

DISCUSSION OF FINDINGS

The purpose of this quantitative study was to examine the phenomenon of workplace bullying among nurse educators in the northeastern United States, using the Process-Person-Context-Time model, a component of Bronfenbrenner's Socioecological Theory. An empirical investigation was carried out to determine if relationships existed between workplace bullying and a) professional demographics, b) coping strategies, and c) intent to leave. This chapter presents a discussion of the significant findings based on the study hypotheses and the theoretical framework connections in light of existing research. Study design considerations, including strengths and limitations of the study, followed by implications for professional practice are included. Finally, recommendations for future research regarding workplace bullying among nurse educators conclude this dissertation.

Summary of key Findings

The key findings in this study illuminated the frequency of bullying and the specific types of negative acts most commonly experienced by nurse educators in the workplace. The frequencies of various coping strategies employed by nurse educators in response to bullying in the workplace were identified and a significant relationship between coping strategies and workplace bullying was revealed. Lastly, a moderately significant relationship between workplace bullying and intent to leave among nurse educators was identified.

Workplace Bullying and Professional Demographics Findings

Hypothesis 1 stated that a significant relationship existed between professional demographics and the frequency of bullying among nurse educators. This hypothesis was derived from Bronfenbrenner's Bioecological Systems theory (2005), which proposed the need to examine both the relationship between individual characteristics and an individual's various levels of context when studying a specific outcome.

A recent survey conducted in the United States revealed more than 25% of adult respondents reported experiences with bullying or abusive behaviors in the workplace, either currently or at some time in their careers (Workplace Bullying Institute, 2014). Research carried out by Yildirim et al. (2007) was one of the first studies to identify workplace bullying as a significant issue frequently encountered among nurse educators. Results from this current study, 2 decades later, support earlier findings regarding the incidence of this phenomenon among nurse educators. Fifty-three percent of the nurse educators who responded to this survey reported negative acts in the workplace on a monthly, weekly, or daily basis over the previous 6 months. In addition, 45% self-identified as targets of bullying in the workplace. The most frequently reported type of workplace bullying behaviors among the nurse educators surveyed was person-related, followed by work-related, and physically intimidating behaviors. Being ignored or excluded, having one's opinions or views ignored, and being exposed to an unmanageable workload, respectively, were the specific negative acts the nurse educators reported exposure to. Similar bullying behaviors were also reported in the extant literature by individuals working in higher education institutions (Keashly & Neuman, 2010; Sevidy-Benton et al., 2014; Zabrodska & Kventon, 2013). Threats of physical violence or actual physical abuse were the least frequently reported negative acts in the workplace by nurse educators in this study.

The demographic factors of gender and age were not found to be related to the incidence of workplace bullying among nurse educators in the northeastern United States. The findings of this study suggested that a nurse educator's professional rank does not influence the incidence of workplace bullying. Furthermore, nurse educators with less than 5 years of experience reported significantly less negative acts in the workplace than those with 11-20 years' experience. One possible reason for this finding is the competitive atmosphere and focus on individual success related to the promotion process in academia, leading to an increase of bullying in the workplace. Another possible reason for this finding is a potential fear of retribution among junior faculty when reporting negative acts in the workplace. Previous research has not examined a relationship between workplace bullying and rank or years of experience among nurse educators. However, years of experience has been found to be related to the incidence of workplace bullying among nurses, with novice nurses reporting a higher incidence of workplace bullying than more experienced nurses (Berry et al., 2012; Read & Laschinger, 2013; Simons & Mawn, 2010).

In the current study, professional demographics, including tenure status and the type of academic institution (public or private) where an individual was employed, were examined. Findings indicated no differences in the incidence of workplace bullying experienced between non-tenured and tenured faculty members. Likewise, no differences were identified between the frequency of workplace bullying for nurse educators working at public or private academic institutions. Consistent with extant literature regarding perpetrators of bullying in both faculty members from diverse disciplines in higher education (Keashly & Neuman, 2010), and specifically among nurse educators (Goldberg et al., 2013), over 51% of participants in this study identified colleagues as the most common perpetrators of bullying behaviors, followed by an immediate supervisor (44%).

Findings from this study indicated that nurse educators who reported a higher incidence of experiencing negative acts in the workplace also self-identified as being the target more frequently. This was inconsistent with previous research (Nielsen et al., 2010), which found individuals reported a higher incidence of workplace bullying when asked about various descriptive behaviors rather than when the term bullying was used within an instrument. This could be attributed to a greater knowledge of what constitutes bullying and in reporting practices.

Workplace Bullying and Coping Strategies Findings

Hypothesis 2 stated that workplace bullying was positively related to nurse educators' use of coping strategies. As noted by Hogh et al. (2012), the exposure to negative acts in the workplace may result in different stress reactions, thereby fostering the use of various coping strategies. In this study, a significant relationship was noted between workplace bullying and coping strategies among nurse educators. In addition, some insight was gained regarding the types of strategies employed by the nurse educator targets of workplace bullying. The findings also indicated that bullied nurse educators most frequently use coping strategies from the *problem-solving* category (Amirkhan, 1990), which included weighing options carefully, thinking about what needs to be done to straighten things out, and trying to solve the problem. Another common strategy employed by nurse educators to cope with bullying experiences included talking to friends and family members regarding related feelings and concerns. Coping strategies from the *avoidance* category (Amirkhan, 1990) were the least frequently utilized by this cohort.

Workplace Bullying and Intent to Leave Findings

Over a decade ago, several research studies regarding workplace bullying in diverse occupations suggested a strong correlation between bullying and intent to leave (Cowie et al.,

2002; Einarsen, 2000; Einarsen & Raknes, 1997; Zapf et al., 2003). The results obtained from Hypothesis 3 were consistent with previous findings that indicated that the incidence of workplace bullying was related to a negative work experience and ultimately an individual's intent to leave one's place of employment. The current study replicated findings in the literature regarding the relationship between workplace bullying and intent to leave specifically among nurse educators (Beckmann et al., 2013; Goldberg et al., 2013; Gormley & Kennerly, 2011; Yildirim et al., 2007).

Study Design Considerations and Limitations

This study used quantitative correlation methods to examine the phenomenon of bullying among nurse educators and add to the extant literature. According to Creswell (2014), an advantage of this method is the ability to “test objective theories by examining the relationship between variables” (p. 247). For this study, nurse educators from varying levels of education, rank, and tenure status were surveyed. In addition, those working in both public and private institutions were included.

As with all research endeavors, some limitations exist. This quantitative study utilized the Qualtrics web-based survey application to collect data at a single point in time. The NAQ-R questionnaire asked participants about negative acts experienced within the past 6 months, disallowing reports of bullying at an earlier time. Some participants contacted the researcher regarding the opportunity to participate in the study and include information regarding bullying that occurred earlier than the 6-month requirement for participation. Reports of extensive bullying experiences contributed to the resignation from the institution where the bullying occurred.

The electronic survey instrument consisted of closed-ended questions, answered with Likert-style responses. This eliminated the opportunity for robust, qualitative responses and a more in-depth exploration of individuals' experiences regarding the phenomenon of workplace bullying. Interestingly, some of the study participants contacted the researcher desiring to share their bullying experiences more in depth.

Another potential limitation of this study included generalizability of the sample. Included in this study were nurse educators from academic institutions in the following nine northeastern states: Vermont, Massachusetts, Maine, Rhode Island, New York, Connecticut, New Jersey, New Hampshire and Pennsylvania. Findings from this specific geographical region may not necessarily be generalizable to other areas of the United States. Future studies comparing data regarding nurse educators' experiences with workplace bullying from other geographic locations in the United States are warranted.

Due to the insidious and personal nature of individuals' experiences with negative acts in the workplace, responses could have been affected. Fear of reprisal regarding discussions of individual experiences with workplace bullying could potentially impact responses by study participants. In addition, the possibility of evoking negative memories regarding past experiences was also a concern.

Implications for Current Theory

Workplace bullying among nurse educators is a complex problem that has the potential to significantly impact the future of the nursing profession. Using Bronfenbrenner's Process-Person-Context-Time model provided the opportunity to examine workplace bullying among nurse educators not only at the individual level but also in a broader context focusing on the various interrelated contributing factors.

This study supported Bronfenbrenner's Bioecological Systems framework that suggests the existence of a relationship between individual characteristics with components of context, and a specific outcome. Both theoretical and empirical literature supported the link between bullying experiences, individual coping strategies, and the various levels of context (CDC, 2014; Cross et al., 2015; Espelage, 2014; McGuckin & Minton, 2014; Sabri et al., 2013). Interactions with colleagues, types of workplace bullying experiences, and support from others were the *proximal processes* (Bronfenbrenner, 2005) identified as variables of interest in this study. Individual or *person* variables (Bronfenbrenner, 2005) included age, gender level of education, rank, and coping skills utilized by self-identified targets of workplace bullying. *Context* variables (Bronfenbrenner, 2005) such as geographical location and type of educational setting were also explored. Lastly, *time* factors such as frequency of workplace bullying, years of experience, and intent to leave were also variables of interest in this study. As with bullying among other groups, this study supports the need for a multifaceted approach when examining psychosocial bullying among nurse educators.

Implications for Professional Practice

A lack of qualified nurse educators has been recognized as an issue impacting the nursing profession (AACN, 2009; Hubbard et al., 2012). Bullying among nurse educators has been identified as a factor contributing to this shortage and ultimately to a lack of nurses in clinical practice (NLN, 2012). In recognition of the potential gravity of negative acts in the workplace, both the American Nurses Association and the National League for Nurses have taken a stand against lateral violence among nurses. The knowledge gleaned from this study can be used to assist in recognition of the covert, subtle behaviors associated with bullying in the workplace and heighten awareness of the effects on targets, bystanders, and organizations. Furthermore, the

need for evidence-based, proactive, and reactive approaches to address workplace bullying at the individual, organizational, and professional level was illuminated.

Nurse educators have an increased risk for exposure to negative acts in the workplace (Keashly & Neuman, 2010; Yildirim et al., 2007). Despite nursing being viewed as one of the most trusted professions, it has historically been plagued with a “nurses eat their young” mentality. This, coupled with the intensely competitive climate in higher education environments that overly stress productivity, further increases this risk. As identified in previous studies, the organizational climate can have a significant impact on the incidence of workplace bullying (Beal & Hoel, 2010; Blackstock et al., 2015; de Wet, 2011; Gorgi, 2009; Salin, 2003). To combat negative acts in the workplace, organizational leaders are needed to serve as champions for positive change in the academic work environment.

In the present study, many of the negative acts experienced by nurse educators were identified as *work-related* (Einarsen et al., 2009), illuminating the need for a culture of inclusion and an empowering community rather than an environment that cultivates bullying behaviors. Additionally, findings from this study indicated the need for examination, evaluation, and enforcement of organizational procedures, current policies, and legislation in workplace bullying incidents. This may lead to an increase in reporting of bullying experiences, which previous studies (van Heugten, 2012; Zabrodska & Kveton, 2013) have found lacking, due a high level of distrust in administration and organizational processes.

Coping was described by Lazarus and Folkman (1984) as the “cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resource of the person” (p. 141). In the present study, the use of a variety of coping strategies including problem solving, seeking social support, and avoidance were reported

as responses to bullying behaviors. In addition, a relationship between workplace bullying and intent to leave among nurse educators was identified. Further educational initiatives are required for both novice and experienced nurse educators, to proactively address this relationship. Periodic continuing education sessions regarding identification and management of negative acts in the workplace need to be implemented. Educational initiatives should include active teaching strategies such as case studies, role-playing, and participation in simulations to enhance individuals' knowledge and skill in counteracting workplace bullying.

Recommendations for Future Research

The body of knowledge regarding workplace bullying has continued to grow over the past several decades. However, there are limited empirical studies on workplace bullying specifically among nurse educators. Findings from this study offer direction for several possible avenues for future studies on workplace bullying among this cohort.

Recommendations for future studies include the following:

1. Replicate and validate the findings from this study in samples of nurse educators from other regions in the United States.
2. The development of instruments to measure bullying behaviors and coping strategies specific to nurse educators is also needed.
3. Identification and testing of potential theory-driven mediators is warranted due to the strong relationship between workplace bullying and intent to leave. A mediator is defined as a “variable and an outcome variable and provides useful information about when, how, or why a phenomenon occurs” (Baron & Kenny as cited in Ro, 2012, p. 952). Specifically, does coping mediate the relationship between workplace bullying and intent to leave?

4. Interventional studies that measure strategies to prevent workplace bullying and mitigate its effects are required. Future research should be aimed at evaluating the impact of various educational initiatives for students, nurse educators, administrators, and organizations.

5. Studies employing a variety of different methodological approaches, including qualitative and mixed-methods would further contribute to the existing body of knowledge on workplace bullying among nurse educators.

6. Longitudinal studies are also needed to measure the long-term effects of workplace bullying, specifically, its impact on nurse educators' career trajectories and to capture those nurses who left academia as result of the bullying behaviors.

Conclusion

Workplace bullying among nurse educators is a serious problem impacting the profession. The effects of workplace bullying among nurse educators are widespread, affecting not only the psychological and physiological well-being of targets, but also students, bystanders, organizations, and the nursing profession as a whole. The purpose of this study was to determine the incidence of workplace bullying and explore potential relationships between demographic factors, coping strategies and intent to leave among nurse educators using Bronfenbrenner's Process-Person-Context-Time model. Addressing this phenomenon can positively impact the retention of qualified nurse educators and decrease high levels of job dissatisfaction among this cohort. This study fills a gap in the literature regarding coping strategies utilized by nurse educators who are exposed to negative acts in the workplace. It supports prior research concerning the relationship between workplace bullying and intent to leave among nurse educators. Furthermore, this study emphasizes the need for increased innovative educational endeavors to assist nurse educators in coping with negative acts in the workplace.

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APPENDIX A
SURVEY QUESTIONS FOR STUDY PARTICIPANTS

	Gender	Male	Female	I do not wish to answer		
	Age	below 30 years of age	31-40 years of age	41-50 years of age	over 51 years of age	
	Highest degree of education	Master's degree	Doctoral degree - EdD PhD DNP			Other
	Years of experience as an educator	Less than 5 years	5 – 10 years	11 – 20 years	Greater than 20 years	
	Position Track	Clinical track		Tenure track		
	(If selected “tenure track” in the previous question) Tenured	Yes		No		
	Professional Rank	Instructor	Assistant Professor	Associate Professor	Professor	Adjunct Faculty
	State in which you are licensed and practice					
	Type of educational setting					
		Public		Private		
<p>The following behaviors are often seen as examples of negative behavior in the workplace. Over the last six months, how often have you been subjected to the following negative acts at work? Please circle the number that best corresponds with your experience over the last six months:</p>						
1	Someone withholding information which affects your performance	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
2	Being humiliated or ridiculed in connection with your work	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
3	Being ordered to do work below your level of competence	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily

4	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
5	Spreading of gossip and rumors about you	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
6	Being ignored or excluded	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
7	Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
8	Being shouted at or being the target of spontaneous anger (or rage)	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
9	Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
10	Hints or signals from others that you should quit your job	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
11	Repeated reminders of your errors or mistakes	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
12	Being ignored or facing a hostile reaction when you approach	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
13	Persistent criticism of your work and effort	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
14	Having your opinions and views ignored	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
15	Practical jokes carried out by people you don't get on with	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
16	Being given tasks with unreasonable or impossible targets or deadlines	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
17	Having allegations made against you	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
18	Excessive monitoring of your work	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
19	Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily

20	Being the subject of excessive teasing and sarcasm	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
21	Being exposed to an unmanageable workload	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
22	Threats of violence or physical abuse or actual abuse	1-Never	2-Now and then	3-Monthly	4-Weekly	5-Daily
<p><i>Have you been bullied at work? We define bullying as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions. We will <u>not</u> refer to a one-off incident as bullying (Einarsen et al., 2009)</i></p>						
23	Using the above definition, please state whether you have been bullied at work over the last six months?	No	Yes, but only rarely	Yes, now and then	Yes several times per week	Yes, almost daily
24	If your answer to the previous question was "Yes" please select the appropriate box(es) below to state who you were bullied by:	My Immediate Supervisor		Colleagues	Subordinates	
<p><i>Listed below are several possible ways of coping. Please indicate to what extent you, yourself used each of these coping methods when you have encountered negative acts from one or more colleagues in the workplace</i></p>						
1	Let your feelings out to a friend	1- Not at all		2- A little		3 - A lot
2	Rearranged things around you so that your problem had the best chance of being resolved	1- Not at all		2- A little		3 - A lot
3	Brainstormed all possible solutions before deciding what to do	1- Not at all		2- A little		3 - A lot
4	Tried to distract yourself from the problem	1- Not at all		2- A little		3 - A lot
5	Accepted sympathy and understanding from someone	1- Not at all		2- A little		3 - A lot
6	Did all you could to keep others from seeing how bad things really were	1- Not at all		2- A little		3 - A lot

7	Talked to people about the situation because talking about it helped you feel better	1- Not at all	2- A little	3 - A lot
8	Set some goals for yourself to deal with the situation	1- Not at all	2- A little	3 - A lot
9	Weighed your options very carefully	1- Not at all	2- A little	3 - A lot
10	Daydreamed about better times	1- Not at all	2- A little	3 - A lot
11	Tried different ways to solve the problem until you found one that worked	1- Not at all	2- A little	3 - A lot
12	Confided your fears and worries to a friend or relative	1- Not at all	2- A little	3 - A lot
13	Spend more time than usual alone	1- Not at all	2- A little	3 - A lot
14	Told people about the situation because just talking about it helped you to come up with solutions	1- Not at all	2- A little	3 - A lot
15	Thought about what needed to be done to straighten things out	1- Not at all	2- A little	3 - A lot
16	Turned your full attention to solving the problem	1- Not at all	2- A little	3 - A lot
17	Formed a plan of action in your mind	1- Not at all	2- A little	3 - A lot
18	Watched television more than usual	1- Not at all	2- A little	3 - A lot
19	Went to someone (friend or professional) in order to help you feel better	1- Not at all	2- A little	3 - A lot
20	Stood firm and fought for what you wanted in the situation	1- Not at all	2- A little	3 - A lot
21	Avoided being with people in general	1- Not at all	2- A little	3 - A lot
22	Buried yourself in a hobby or sports activity to avoid the problem	1- Not at all	2- A little	3 - A lot

23	Went to a friend to help you feel better about the problem	1- Not at all	2- A little	3 - A lot		
24	Went to a friend for advice on how to change the situation	1- Not at all	2- A little	3 - A lot		
25	Accepted sympathy and understanding from friends who had the same problem	1- Not at all	2- A little	3 - A lot		
26	Slept more than usual	1- Not at all	2- A little	3 - A lot		
27	Fantasized about how things could have been different	1- Not at all	2- A little	3 - A lot		
28	Identified with characters in novels or movies	1- Not at all	2- A little	3 - A lot		
29	Tried to solve the problem	1- Not at all	2- A little	3 - A lot		
30	Wished that people would just leave you alone	1- Not at all	2- A little	3 - A lot		
31	Accepted help from a friend or relative	1- Not at all	2- A little	3 - A lot		
32	Sought reassurance from those who know you best	1- Not at all	2- A little	3 - A lot		
33	Tried to carefully plan a course of action rather than acting on impulse	1- Not at all	2- A little	3 - A lot		
<i>Please answer the following questions regarding your intentions to leave your current place of employment</i>						
1	I think a lot about leaving the organization	1- Strongly disagree	2- Disagree	3 - Unsure	4 - Agree	5- Strongly agree
2	I am actively searching for an alternative to the organization	1- Strongly disagree	2- Disagree	3 - Unsure	4 - Agree	5- Strongly agree
3	As soon as it is possible, I will leave the organization	1- Strongly disagree	2- Disagree	3 - Unsure	4 - Agree	5- Strongly agree

APPENDIX B

PERMISSION TO USE THE REVISED NEGATIVE ACTS QUESTIONNAIRE (NAQ-R)

To Whom It May Concern:

I am a doctoral student from the University of Alabama writing my dissertation tentatively titled “Psychosocial Bullying in the Workplace: Exploring Coping Strategies and Intent to Leave Among Nurse Educators in the Northeastern United States” under the direction of my dissertation committee, chaired by Dr. Doug McKnight. I am requesting permission to reproduce and use the *Revised Negative Acts Questionnaire* (NAQ-R) survey instrument in my research study.

I would like to use your survey under the following conditions: I will use this survey for research purposes only (non-profit) and upon completion of my study, I will send the NAQ data to your attention.

Your consent to my request would be greatly appreciated. If you need additional information, please do not hesitate to contact me.

Sincerely,
Mary Wunnenberg
Doctoral Candidate

Dear Mary

Thank you for your interest in the Negative Acts Questionnaire. My name is Oystein Hoprekstad, and I am writing to you now on behalf of Professor Staale Einarsen, as his research assistant.

We will grant you the permission to use the scale on the condition that you accept our terms for users found in the word-file attached in this e-mail – most of which you have already mentioned that you will accept. Please fill this in and return.

As you are aware, one of our terms is that you send us your data on the NAQ with some demographical data when the data is collected. These will then be added to our large Global database which now contains some 50.000 respondents from over 40 countries. Please send them as soon as your data is collected. A SPSS database is attached to this mail in the NAQinfo file

I have attached the English version of the NAQ, a SPSS database, psychometric properties of the questionnaire and the articles suggested on our website. Please use the Einarsen, Hoel and Notelaers article (2009) in *Work and Stress* as your reference to the scale. I have also attached a book chapter on the measurement of bullying where you also find information on the one item measure.

If you have any questions, we will of course do our best to answer them!

Best regards

Oystein Hoprekstad, Research Assistant
On behalf of Professor Staale Einarsen
Bergen Bullying Research Group

APPENDIX C

PERMISSION TO USE THE COPING STRATEGY INDICATOR SURVEY INSTRUMENT

To Whom It May Concern

I am a doctoral student from the University of Alabama writing my dissertation tentatively titled “Psychosocial Bullying among Nurse Educators: Coping Strategies & Intent to Leave” under the direction of my dissertation committee, chaired by Dr. Doug McKnight. I am requesting permission to reproduce and use the *Coping Strategy Indicator* survey instrument in my research study.

I would like to use your survey under the following conditions: I will use this survey for research purposes only (non-profit) and upon completion of my study I will send the Coping Strategy Indicator data to your attention

Your consent to my request and scoring information would be greatly appreciated. If you need additional information, please do not hesitate to contact me.

Sincerely,
Mary Wunnenberg
Doctoral Candidate

Dear Mary:

Thank you for your interest in the Coping Strategy Indicator. I have attached the four pages of the instrument, including its scoring scheme (page 4). You are welcome to use the CSI free of charge in your research, and I would be very interested to see any results you obtain with it. However, I do ask (1) that you use the instrument for research purposes only, and (2) that you do not publish the instrument in its entirety (including sample items in your write-up is fine). I have had some problems with people using the CSI for profit without my knowledge or consent.

I have also attached a short summary of the CSI, a copy of the original *Journal of Personality and Social Psychology* (1990) article, which describes the scale derivation, and in which the bulk of the normative data for the CSI is presented, and another reprint (*Journal of Personality Assessment*, 1994) that documents the criterion validity of the instrument. Recently, I published a new stress measure that, like the CSI, was empirically derived. It has two sub-scales, which when crossed form a diagnostic grid for identifying persons most at risk for stress-related pathology. I thought this might also be of interest to you, so I am also attaching the SOS, its scoring rubric, a short description, the original article, and a validity article.

Best of luck your dissertation!
Sincerely,
James H. Amirkhan, Ph.D.
Professor, Psychology

APPENDIX D

PERMISSION TO USE THE TURNOVER INTENTION SURVEY

To Whom It May Concern:

I am a doctoral student from the University of Alabama writing my dissertation tentatively titled "Psychosocial Bullying in the Workplace: Exploring Coping Strategies and Intent to Leave Among Nurse Educators in the Northeastern United States" under the direction of my dissertation committee, chaired by Dr. Doug McKnight.

I am requesting permission to reproduce and use the three-item *Turnover Intention* survey instrument in my research study.

I would like to use your survey under the following conditions. I will use this survey for research purposes only (non-profit) and upon completion of my study I will send the Turnover Intention data to your attention.

Your consent to my request and scoring information would be greatly appreciated. If you need additional information, please do not hesitate to contact me.

Sincerely,
Mary Wunnenberg
Doctoral Candidate

Dear Mary,

Sure you can use the measure. It is not protected so the only requirement is, as always, to reference the source. No need to send data. However, it would be nice to follow your work, especially since I have been a little involved in research on workplace violence and bullying.

Best regards,

Magnus Sverke

Magnus Sverke, Ph.D.

Professor of Work and Organizational Psychology

Department of Psychology

Stockholm University

106 91 Stockholm, Sweden

E-mail: magnus.sverke@psychology.su.se

www.psychology.su.se

Extraordinary Professor, North-West University, South Africa

APPENDIX E
IRB APPROVAL

May 16, 2016

Mary Wunnenberg, MSN, RN, CNE
ELPTS
College of Education
The University of Alabama
Box 870

Re: IRB # EX-16-CM-048 "Psychosocial Bullying in the Workplace: Exploring Coping Strategies and Intent to Leave Among Nurse Educators in the Northeastern United States"

Dear Ms. Wunnenberg:

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your protocol has been given exempt approval according to 45 CFR part 46.101(b)(2) as outlined below:

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Your application will expire on May 15, 2017. If your research will continue beyond this date, complete the relevant portions of Continuing Review and Closure Form. If you wish to modify the application, complete the Modification of an Approved Protocol Form. When the study closes, complete the appropriate portions of FORM: Continuing Review and Closure.

Should you need to submit any further correspondence regarding this proposal, please include the assigned IRB application number.

Good luck with your research.

Sincerely,

~~Carpatato T. Myles, MSM, CIM, CIP~~
Director & Research Compliance Officer
Office for Research Compliance

APPENDIX F
INFORMED CONSENT

STUDY TITLE: Psychosocial Bullying in the Workplace: Exploring Coping Strategies and Intent to Leave Among Nurse Educators in the Northeastern United States

You are being asked to participate in a research study that is being conducted by Mary Wunnenberg, a doctoral candidate at the University of Alabama.

Purpose of the study:

The purpose of this research study is explore the phenomenon of psychosocial bullying among nurse educators in the northeastern United States, examining coping strategies and intent to leave.

What will be done?

This study will involve the completion of an online questionnaire that asks questions about your experience with negative acts in the workplace, coping strategies used and your intent to leave your place of employment. This questionnaire should take approximately 15-20 minutes to complete in one online session.

Participation in this study is completely voluntary and you are able to withdraw from the study at any time should you choose to do so. In addition, you may choose not to answer any questions with you are not comfortable.

Risks or discomforts:

No more than minimal risks are anticipated from taking part in this study. However, one potential risk to participants is possible stress and emotions that can be evoked when answering questions regarding experiences with negative behaviors in the workplace. Should you experience any stress or negative emotions as a result of your participation in the study and wish to speak to someone regarding your experience, resources will be provided at the end of the survey.

Benefits of this study:

There is no direct benefit to you for participating in this study. However, you will be contributing to the knowledge and understanding of psychosocial bullying among nurse educators.

Confidentiality:

Your responses will be kept completely anonymous. I will NOT know your IP address when you respond to the Internet survey. There will not be any codes used to link subject to their responses. All information you provide will be treated anonymously and will be maintained to the fullest degree permitted by the technology used. Completed questionnaires will be protected in a secure server cloud until the completion of the project and then will be destroyed. The study is expected to last approximately six months. After study completion, all data collected will be deleted.

How the findings will be used:

The results from this study will be presented at research conferences and possibly published in a research journal. However, data will be in aggregate (group) form only.

Contact information

Should you have any concerns or questions about this research study, please contact Mary Wunnenberg at 609-290-1377.

By beginning this survey, you acknowledge that you have read this information and agree to participate in this research, with the knowledge that you are free to withdraw your participation at any time without penalty.

If you have read the statements above, and will consent to participate in the study, click on the “Continue” button and the arrow button to begin the survey.

APPENDIX G

FREQUENCIES AND PERCENTAGES FOR INDIVIDUAL QUESTIONS ON THE NAQ-R

Person-related

Questions	Measure	n	%
Being humiliated or ridiculed in connection with your work	Never	307	51.1%
	Now and Then	211	35.1%
	Monthly	52	8.7%
	Weekly	21	3.5%
	Daily	10	1.7%
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	Never	374	62.2%
	Now and Then	154	25.6%
	Monthly	39	6.5%
	Weekly	24	4.0%
	Daily	10	1.7%
Spreading of gossip and rumors about you	Never	281	46.8%
	Now and Then	218	36.3%
	Monthly	50	8.3%
	Weekly	36	6.0%
	Daily	15	2.5%
Being ignored or excluded	Never	168	28.0%
	Now and Then	280	46.6%
	Monthly	58	9.7%
	Weekly	62	10.3%
	Daily	33	5.5%

Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life

Never	395	65.7%
Now and Then	142	23.6%
Monthly	34	5.7%
Weekly	22	3.7%
Daily	8	1.3%

Hints or signals from others that you should quit your job

Never	477	80.0%
Now and Then	88	14.8%
Monthly	14	2.3%
Weekly	11	1.8%
Daily	6	1.0%

Repeated reminders of your errors or mistakes

Never	374	62.3%
Now and Then	158	26.3%
Monthly	47	7.8%
Weekly	18	3.0%
Daily	3	0.5%

Being ignored or facing a hostile reaction when you approach

Never	325	54.2%
Now and Then	192	32.0%
Monthly	33	5.5%
Weekly	41	6.8%
Daily	9	1.5%

Persistent criticism of your work and effort

Never	381	63.5%
Now and Then	143	23.8%
Monthly	42	7.0%
Weekly	25	4.2%
Daily	9	1.5%

Practical jokes carried out by people you don't get on with

Never	561	94.0%
Now and Then	25	4.2%
Monthly	5	0.8%
Weekly	5	0.8%
Daily	1	0.2%

Having allegations made against you

Never	420	70.1%
Now and Then	140	23.4%
Monthly	25	4.2%
Weekly	12	2.0%
Daily	2	0.3%

Being the subject of excessive teasing and sarcasm

Never	500	83.5%
Now and Then	80	13.4%
Monthly	9	1.5%
Weekly	8	1.3%
Daily	2	0.3%

Work-related

Questions	Measure	n	%
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Someone withholding information which affects your performance

Never	217	36.1%
Now and Then	242	40.3%
Monthly	64	10.6%
Weekly	59	9.8%
Daily	19	3.2%

Being ordered to do work below your level of competence

Never	305	50.7%
Now and Then	175	29.1%
Monthly	49	8.2%
Weekly	42	7.0%

Having your opinions and views ignored	Daily	30	5.0%
	Never	160	26.6%
	Now and Then	288	47.9%
	Monthly	69	11.5%
	Weekly	58	9.7%
	Daily	26	4.3%
Being given tasks with unreasonable or impossible targets or deadlines	Never	326	54.3%
	Now and Then	210	35.0%
	Monthly	35	5.8%
	Weekly	20	3.3%
	Daily	9	1.5%
	Excessive monitoring of your work	Never	382
Now and Then		146	24.4%
Monthly		25	4.2%
Weekly		26	4.3%
Daily		20	3.3%
Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)		Never	444
	Now and Then	123	20.5%
	Monthly	18	3.0%
	Weekly	9	1.5%
	Daily	7	1.2%
	Being exposed to an unmanageable workload	Never	236
Now and Then		229	38.2%
Monthly		52	8.7%
Weekly		37	6.2%
Daily		46	7.7%

Physically Intimidating

Questions	Measure	n	%
Being shouted at or being the target of spontaneous anger (or rage)	Never	378	62.9%
	Now and Then	165	27.5%
	Monthly	35	5.8%
	Weekly	16	2.7%
	Daily	7	1.2%
Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	Never	474	79.1%
	Now and Then	88	14.7%
	Monthly	18	3.0%
	Weekly	12	2.0%
	Daily	7	1.2%
Threats of violence or physical abuse or actual abuse	Never	578	96.5%
	Now and Then	17	2.8%
	Monthly	2	0.3%
	Weekly	1	0.2%
	Daily	1	0.2%