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The Impact of Faculty Bullying on Associate Degree Nursing Students

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This is to certify that the doctoral dissertation by

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Walden University
2020

Abstract

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MSN, Walden University, 2014

BSN, Eastern Michigan University, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management

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Abstract

Bullying is prevalent in the profession of nursing, impacting the quality of health care and health care costs. The foundation of bullying, in the profession of nursing, may be attributed to bullying behaviors in nursing academia among nursing faculty and nursing students. Using Bandura's social learning theory, the purpose of this study was to determine the relationship between bullying behaviors of nursing faculty and bullying behaviors of nursing students in associate degree nursing programs. Seventy-one randomly selected registered nurses who graduated from associate degree nursing programs in the past 5 years completed an online Incivility in Nursing Education-Revised survey. Spearman's Rho correlation analysis was conducted to determine if relationships exist between the two variables bullying behaviors of nursing faculty and bullying behaviors of nursing students and the variables subsets. Moderate (r_s = .4 - .6) and strong (r_s = .7 - .9) relationships (p < .05) were identified between bullying behaviors of nursing faculty and bullying behaviors of nursing students. This research provides the foundation for future exploration of the relationship between nursing faculty bullying behaviors and nursing student bullying behaviors by identifying that a relationship exists. The identification of relationships between bullying behaviors of nursing faculty and bullying behaviors of nursing students provides a means to educate nursing faculty on how the behaviors they exhibit potentially impact the behaviors of nursing students. This study promotes positive social change through educating nursing faculty on behavior and changing the culture and learning environment in nursing academia which can provide a foundation to change the bullying culture in the nursing profession.

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Dedication

This study is dedicated to nurses and nursing students who have experienced bullying throughout thier nursing careers: Your courage and strength to continue to provide exceptional care to your patients in hostile situations drives reform in nursing. Your struggle requires action in nursing research to prevent the next generation of nurses from experiencing the same struggles. Thank you for your dedication to the profession of nursing and to your patients.

Acknowledgments

First, I would like to thank God for the strength, wisdom, and knowledge to complete this chapter in my purpose. Without his grace and guidance, I would not have been able to complete this process. To my loving husband, thank you for always picking up the slack and taking care of the kids when I needed to work. Your support means more to me than you will know. I would like to thank my kids for their patience when Mom needed quiet to write, for the things I missed due to researching, and the strength and encouragement that pushed me to the finish line. To my parents, thank you for always supporting me and asking me when I was going to get it done. To my best friend, Trisha Hamilton, while you are not here to celebrate with me today, I know that you are looking down with a smile on your face. Your love, encouragement, and support while you were here pushed me even after you left this world. I am forever grateful to you.

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Chapter 1: Introduction to the Study

Introduction

Bullying has become embedded in the culture of nursing. Almost half of all nurses report being bullied by fellow health care providers (The Joint Commission [TJC], 2016). The impacts of bullying in the nursing profession range from higher levels of absenteeism, higher nursing turnover, decreased productivity, and increased health care costs (TJC, 2016).

The origin of bullying in the nursing profession may be nursing education. The professional behaviors demonstrated in nursing academia are the beginning of professionalism in the nursing profession (Authement, 2016; Mott, 2014; Seibel, 2014; Sidhu & Park, 2018). According to Bandura's (1971) social learning theory (SLT), behavior is learned through observation of behavior, typically from a person of influence. Therefore, nursing students learn behaviors associated with professionalism in the nursing profession from nursing faculty. Nursing students then take these learned behaviors of nursing professionalism into the nursing practice setting.

Bullying in nursing academia has been reported by nursing students and nursing faculty. Nursing students have reported repetitive negative behavior being exhibited by nursing faculty (Aul, 2017; Authement, 2016; Budden, Mirks, Cant, Bagley, & Park, 2017; Martin, Goodboy, & Johnson, 2015). Nursing faculty bullying has resulted in emotional distress, a desire to not enter the nursing profession, and increased incidences of absenteeism in the classroom (Alt & Itzkovich, 2017; Courtney- Pratt, Pich, Levett-Jones, & Moxey, 2017; Smith, Gillespie, Brown, & Grubb, 2016). Nursing students have

identified that repetitive negative behavior of nursing faculty contribute to the increased negative behavior exhibited by nursing students (Smith et al., 2016).

Bullying in nursing academia is not exclusive to nursing faculty; nursing students exhibit bullying behaviors as well. Nursing faculty have reported that over 70% of nursing students exhibit bullying or uncivil behavior toward fellow students and faculty (Aul, 2017). Nursing students also have reported bullying behaviors being exhibited by nursing students (Ibrahim & Qulawa, 2016). The learning environment has negatively changed as a result of nursing student bullying, which interfers with the ability of students to learn and decreases nursing academia ethics (Ibrahim & Qualwa, 2016; Masoumpoor, Borhani, Abbaszadeh, & Rassouli, 2017).

The professional civil and ethical behaviors exhibited in nursing academia are the foundation of professional behaviors in the nursing profession (Authement, 2016). If the bullying behavior exhibited by nursing faculty increases the incidence of nursing student bullying, then a link between the bullying behaviors exhibited by the nursing students and the bullying behaviors exhibited when the student becomes a professional nurse, may exist. For this study, I examined the relationship between faculty and student bullying to lay the foundation for discovering the first essential relationship: the correlation between nursing faculty and nursing student bullying. Discovering the impact that bullying behaviors of nursing faculty have on nursing student behaviors will provide a means for nursing faculty to understand if and how the faculty behaviors and interactions with students influence the behaviors of nursing students. If a relationship exists between the faculty and student bullying behaviors, nurse educators can be educated on ethical,

appropriate, civil behaviors to positively influence nursing student behaviors during the academic process and when the students enter the nursing profession. This research may establish a foundation to decreasing bullying behaviors in nursing academia and in the profession of nursing, which will positively influence health care productivity and patient safety and will promote positive social change by improving the quality of health care provided.

The purpose, theoretical framework, and nature of this study will be discussed in this chapter. In background and problem statement sections, I will discuss scope of bullying in the profession of nursing and nursing academia and the gap in the literature related to nursing faculty bullying behaviors and nursing student bullying behaviors. In this chapter I the purpose of this study, including the research question and hypothesis. Bandura's SLT will be discussed, including how the theory relates to the study and research question. The nature of the study will be explored, including definitions of the variables, and assumptions, scope, and delimitations of the study.

Background

Bullying in the nursing profession is a concern that impacts all aspects of health care. Bullying in the nursing profession is so prevalent that over half of nurses report having seen bullying taking place in the health care setting (TJC, 2016; Sauer, 2018). Bullying is so embedded in the culture of nursing that many nurses consider it a part of working in health care (TJC, 2016). The impact of bullying in the nursing profession is widespread, impacting the nurses and the quality of health care provided to patients. Physical and psychological manifestations of bullying have been reported by nurses

(American Nurse Association [ANA], 2015; Bambi et al.,2019; Jones, Echevarria, Sun, & Greene, 2016; TJC, 2016). The physical and psychological impact of bullying increases absenteeism and turnover in the nursing profession (TJC, 2016).

The quality of health care provided to patients is greatly affected by bullying in the nursing profession because it results in an increase in nursing absenteeism and turnover which then decreases the number of health care providers available to sufficiently take care of the people seeking health care (TJC, 2016). Health care costs are increased as additional nurses are needed to fill vacancies and to be trained (ANA, 2015; TJC, 2016). The quality of health care is impacted by bullying in the nursing profession. Nurses who are intimidated or fear being bullied do not report near miss or adverse events (Bambi et al., 2019; Jones et al., 2016). Decreases in reporting incidences increase the likelihood of the incident happening again, which impedes improvements to health care.

The nursing profession begins in nursing academia (Salladay, 2017). The first experience that many nursing students have with the nursing profession is the behaviors, professionalism, and ethics of the nursing faculty (Cangelosi, 2016). While the link between the behaviors exhibited in nursing academia and the behaviors exhibited in the nursing profession have been hypothesized, no research studies have been conducted to explore these hypotheses.

Exploring the root of bullying in the nursing profession's culture is important to improving the culture of nursing and health care. This study will explore the first step in the process by researching the potential relationship between nursing faculty bullying

behaviors and nursing student bullying behaviors. The exploration of this relationship is the foundation of discovering if a link exists between bullying in nursing academia and the profession of nursing.

Problem Statement

Bullying is prevalent in the profession of nursing, impacting the physical and psychological health of nurses and the cost and quality of health care. The foundations of bullying in nursing may be attributed to the behaviors exhibited in nursing academia. Cangelsoi (2016) and Salladay (2017) explained that nursing academia is the beginning of the nursing students' career in the nursing profession and the observations and behaviors learned in academia may impact the behaviors exhibited after entering the health care setting as a practicing nurse. Studies have been conducted that identify the bullying behaviors of nursing faculty and nursing students and the psychological and physiological impact of bullying behaviors on nursing students and the academic environment (Birks, Cant, Budden, Russell-Westhead, Ozcetin, & Tee, 2017; Hakojarvi, Salminen, & Suhonen, 2014; Martin et al., 2015, Masoumpoor et al., 2017; Rivers, Poteat, Noret, & Ashurst, 2009: Spriggs, Niven, Dawson, Farley, & Armitage, 2018). While studies have shown the impact of bullying behaviors in nursing academia a gap in knowledge exists regarding the relationship between the bullying behaviors of nursing faculty and the bullying behaviors of nursing students.

Purpose of the Study

The purpose of this quantitative study was to determine if a relationship exists between the bullying behaviors displayed by nursing faculty and bullying behaviors displayed by nursing students.

Research Question and Hypotheses

The research question in this study seeks to determine if a relationship exists between modeled bullying behaviors of the nursing faculty and the exhibited bullying behaviors of associate degree nursing (ADN) students. This question will provide a means to test the SLT principle that modeling a behavior will result in students displaying a similar behavior. The research question and hypothesis are:

RQ: What is the relationship between the bullying behaviors of nursing faculty and the bullying behaviors of associate degree nursing students?

H0: There is no relationship between the frequency of bullying behaviors of nursing faculty and the frequency of bullying behaviors of associate degree nursing students.

H_1: There is a relationship between the frequency of bullying behaviors of nursing faculty and the frequency of bullying behaviors of associate degree nursing students.

Theoretical Framework

Behavior is learned through observation, experience, moral values, and behavioral outcomes (Bandura, 1971). SLT indicates that the obtainment, retention, and exhibit of a behavior occurs as a result of observing modeled behavior (Bandura, 1971, 1977).

People in positions of influence have the greatest impact on the behaviors of the observer (Bandura, 1971). Nursing academia is the first location where many nursing students encounter the nursing profession. In nursing academia, nursing faculty are in a position of influence. According to Bandura's SLT, nursing faculty behaviors observed by nursing students will be obtained, retained, and exhibited by nursing students. The behavior will then continue into the nursing practice in the health care setting.

Bandura's SLT provides the foundation to study the relationship between nursing faculty bullying behaviors and nursing student bullying behaviors. Understanding if a relationship exists between nursing faculty bullying behaviors and nursing student bullying behaviors provides a beginning foundation of additional research to determine if nursing faculty behavior impacts nursing student behavior and the behaviors and culture of the nursing profession. In chapter 2, I will provide more a detailed explanation of Bandura's SLT and influence on this research study.

Nature of the Study

To test Bandura's SLT principle that the observation of behaviors by a person of authority or influence impacts the behaviors of the observer, I conducted a quantitative correlation study. A quantitative correlation study provided a means to determine if a relationship exists between the observed bullying behaviors of the nursing faculty and the exhibited bullying behaviors of the nursing student (Frankfort-Nachmias & Leon-Guerrero, 2018). The nature of a quantitative study provides a basis to determine if a relationship exists between variables and for future research into the contributing factors

of the phenomenon (Frankfort-Nachmias & Leon-Guerrero, 2018). The variables for this study were nursing faculty bullying behaviors and nursing student bullying behaviors.

Registered nurses (RN) who graduated less than 5 years ago were recruited to participate in an anonymous electronic survey. The state in which the study was conducted provided open access to RN's contact information. Through the open access contact information, randomly selected RNs who obtained initial licensure in the past 5 years were invited to participate in the study via e-mail. The anonymous survey provided an initial criteria question: Did you graduate from an ADN program in the state of Florida in the past 5 years? Participants who met this criterion continued on with the survey. The results of the survey were analyzed using IBM SPSS Statistics 25. I conducted a Spearman's Rho analysis to determine the correlation between each nursing faculty bullying behavior and nursing student bullying behavior. I provide a detailed description of sampling methods, the instrumentation, and management of data in Chapter 2.

Definitions

The terms implemented in this study are defined as the following:

Bullying: Repetitive, unwanted interactions intended to cause emotional or physical distress and harm (ANA, 2015).

Nursing faculty: Instructors or full-time faculty members who facilitate didactic nursing courses (Masoumpoor et al., 2017). For the purpose of this study, only instructors and faculty who facilitate didactic courses in ADN programs will be considered nursing faculty.

Nursing student: A person enrolled and attending prelicensure nursing courses in an ADN program (Aul, 2017).

Incivility: Negative, disruptive behavior that results in physiological or psychological distress (Authement, 2016; Clark, Barbosa-Leiker, Money Gill, & Nguyen, 2015).

Assumptions

Participants' honesty, truthfulness, and event recollection along with the origin of bullying behaviors are assumptions of this study. I assumed that the participants filled out the survey completely, honestly, and truthfully in identifying observed bullying behaviors. The participants' full recollection of bullying events is an assumption of this study. I assumed that nursing education was the origin of bullying behaviors in the nursing faculty and nursing students. In order to determine if a relationship exists between bullying behaviors of nursing faculty and bullying behaviors of nursing students, the participants' honest and truthful recall of detailed bullying behaviors observed while in nursing school was needed.

The establishment of a relationship between nursing faculty and nursing students is another assumption of this study. In this study, I tested Bandura's SLT principle that the observed behaviors of a person of authority or influence are adopted by the observer and implemented at a future date. In order to test this theory, in relationship to the bullying in nursing academia, it is assumed that the nursing faculty have an authoritative or influential relationship with the nursing students.

Scope and Delimitation

Bullying in the profession of nursing impacts patient safety and health care costs. Identifying the origin of this uncivil behavior provides a means to limiting this behavior in the nursing profession. The bullying culture in the nursing profession begins where many future nurses are introduced to the profession of nursing, nursing academia (Cangelosi, 2016; Jones et al., 2016; Salladay, 2017). Understanding if a relationship exists between bullying behaviors of nursing faculty and nursing students is the foundation to discovering if the behaviors learned in nursing academia translate over to the behaviors exhibited in the nursing profession.

The profession of has many different degrees associated with it: associate, bachelor, master, and doctoral degrees. For the purpose of this study, nurses who graduated less than 5 years ago with an ADN were surveyed. Nurses who graduated greater than 5years ago, graduated with a bachelor's, master's, or doctoral degree in nursing; or did not graduate from a nursing program in the state of Florida were excluded. This study was conducted on RNs who graduated within the past 5 years from a Florida based ADN program. As a result, the results of this study are generalizable to ADN graduates in the state of Florida. The results of this study are not generalizable to other RN degrees or states.

Bandura's self-efficacy theory, normalization theory, and social identity theory were considered as frameworks for this study. While each of these potential frameworks explored how behaviors of others impact the cognitive response of the observer, the

origins of the response were not explored. Bandura's SLT provides a theoretical framework with a means to explore the origins of a learned behavior.

Limitations

The limitation of participants to those who graduated less than 5 years ago from an ADN program in the state of Florida limits the generalizability of the study. The study does not extend to other states and nurses who graduated more than 5 years ago. Nurses who have earned bachelor's, master's, and doctoral degree nurses were excluded from this study, limiting the generalizability of this study to nurses who graduated from an ADN program less than 5 years ago.

The Spearman's Rho analysis causes some limitation to the study as well. The Spearman's Rho analysis is limited to showing the strength and direction of the relationship between two ranked variables (Laerd Statistics, 2018). This limitation decreases the ability to determine if one variable impacts the other. A monotonic distribution of the data is an assumption of the Spearman's Rho analysis (Laerd Statistics, 2018). If this assumption is not met, extreme outliers can cause inaccurate results in data analysis, limiting the usability of the study results (Laerd Statistics, 2018).

Biases in data collection may impact the results of this study. Potential participants who are unsure whether bullying existed in nursing school may chose not to participate in the survey, feeling as if they had nothing to give to the study, while those who were a victim of bullying in nursing academia may have chosen not to participate in the study as a means of coping (Rivara & Le Menestrel, 2016). Previous bullying experiences may cause participants to experience some observed behaviors differently,

increasing the behavior reported as bullying. Participants with no bullying background may recall some observed behavior differently, decreasing reporting of the behavior as bullying.

This research tested the principles of the theoretical foundation Bandura's SLT, that one observes a behavior that an authoritative or person of high regard exhibits, this behavior is then adopted and expressed by the observer. The assumption of the theory is that a relationship exists between the observer and the exhibitor of the behavior (Bandura, 1971). Hence, the assumption is that a relationship does exist between bullying behaviors of nursing faculty and bullying behaviors of nursing students. This assumption was a bias I considered during data analysis.

Significance

Bullying in the nursing profession is a concern to society, as the bullying increases health care costs and decreases quality of health care (TJC, 2016). The foundation of civility and ethical behavior in the nursing profession begins in nursing academia (Authement, 2016). Nursing faculty are positioned in a role in such the behaviors they exhibit have a physical and psychological impact on nursing students. Bandura's (1971) SLT concludes that behavior is learned through the observation of the behavior by someone of influence. In this case, the behaviors exhibited by nursing faculty are adopted and exhibited by nursing students. If the bullying behaviors of nursing faculty increase the incidence of bullying behaviors of nursing students, there may be a link between the bullying behaviors of nursing students and the bullying behaviors that nursing student exhibits as a professional nurse. This study provides a

foundation for the discovery of these causal relationships, by determining if a relationship exists between nursing faculty bullying behaviors and nursing student bullying behaviors.

Determining if these behaviors impact the behaviors exhibited by nursing students may provide a means to addressing bullying in nursing practice. Recognition of the behavioral impact that nursing faculty bullying behaviors have on nursing students will provide a means for faculty to see how their interactions with students and fellow faculty may influence the behaviors of nursing students. This study will provide a means to improve behaviors in nursing academia by educating nursing faculty on appropriate professional, civil, and ethical behaviors to decrease nursing student bullying behaviors in nursing academia and as the nursing student enters the nursing profession. Decreasing bullying behaviors in nursing academia and the nursing profession will improve patient safety, improve health care productivity, and promote positive social change by providing quality health care to an ever-growing population.

Summary

Bullying in the nursing profession impacts patient safety, quality health care and health care productivity (TJC, 2016). The professionalism and ethical behaviors exhibited in the nursing profession begin when future nurses are introduced to the nursing profession, in nursing academia. Bandura's SLT explains that the behaviors of nursing faculty have an impact on the behaviors nursing students exhibit and the behaviors of future nurses these students will become. This study may be the foundation to combating bullying in the nursing profession by determining if a relationship exists between bullying behaviors of the nursing faculty and bullying behaviors of the nursing students.

Understanding the cause of student bullying behaviors and finding ways to improve these negative behaviors impacts the nursing profession as these students enter the nursing field. Decreasing bullying behaviors of nursing students will positively impact the health care profession, promoting positive social change. In Chapter two, I will provide additional detail on Bandura's SLT, bullying in nursing, and bullying in nursing academia.

Chapter 2: Literature Review

Bullying is commonplace in health care, particularly in nursing, and is so pervasive it can be considered part of the job (TJC, 2016). Bullying begins prior to entering the nursing profession, in nursing education, student to student (horizontal), student to faculty (vertical), and faculty to student (vertical) bullying has been reported in nursing academia (Alt & Itzkovich, 2017; Ibrahim & Qalawa, 2016; Mott, 2014). More than half of nursing students identified being bullied by faculty, clinical instructors, peers, or RNs in the clinical settings, during their nursing education (Budden et al., 2017; Mott, 2014). More than half of faculty reported nursing students demonstrating uncivil or bullying behaviors toward fellow students and faculty (Aul, 2017). The purpose of this study was to understand the impact that faculty bullying has on the behaviors of ADN students.

Bullying in nursing education impacts the nursing profession in many ways. Nursing students who have been bullied have anxiety, decreased self-esteem, low levels of confidence, and negative perceptions of the profession (Smith et al., 2016; Hakojarviet al., 2014). Students who have been bullied by faculty or instructors are less engaged in the classroom, are lower achievers, and have higher attrition rates (Tee, Ozcetin, & Russell-Westhead, 2016; Datta & Huang, 2017). An environment where bullying takes place either by peers, faculty, or instructors can lead to future nurses who have difficulty becoming strong independent nurses (Cerit, Turkman Keskin, & Ekici, 2018). No evidence linking faculty and student bullying behaviors to bullying behavior among new graduate nurses have been published.

A review of the literature was conducted on the phenomenon of bullying in nursing academia. Three key concepts were identified: (a) bullying in the nursing profession, (b) nursing faculty bullying, and (c) nursing student bullying. In order to explore the relationship between faculty bullying and nursing student bullying, Bandura's SLT was identified as a theoretical foundation for this study.

Literature Search Strategy

I researched bullying in nursing academia using multiple databases and key search words. The databases included CINHAL plus, Embase, Medline, Education Source, ERIC, ProQuest Dissertation and Thesis Globally, and Thoreau multi-databases. The following keywords or phrases were used individually and in combination to identify relative articles: *incivility, bullying, professor bullying, nursing student, student bullying, nurse, education, academic incivility, instructor bullying, Bandura's social learning theory, and social learning theory.*

Research was limited based on type of resources. Articles related to bullying in nursing academia and bullying in the nursing profession were limited to peer-reviewed journals that had been published in the past 5 years. All effort was made to use primary sources. Secondary sources were used as references for locating the primary source. Articles related to the use of Bandura's SLT were limited to peer-reviewed journals. No age limitation for subjects was established. Dissertations were searched based on subject matter bullying in academia and Bandura's SLT and limited to the past 5 years. Books were identified based on content related to Bandura's social learning theory.

Approximately 80 peer-reviewed journal articles, two books, and three dissertations were identified. Each article, book, and dissertation were read for relevance to this study. Sources were eliminated based on content related to bullying of nursing students by hospital staff, incivility of college staff toward students, and bullying that led to legal implications, decreasing the number of peer-reviewed journal articles to 40, books to two, and dissertations to two.

Theoretical Foundation

Behavior is a learning process and is influenced by observations and experiences (Bandura, 1977). Observations and previous experiences, moral judgment, and behavior outcomes interact to determine the acquisition of behavior. According to Bandura's (1977) SLT, the observer must go through a retention process, followed by identifying the motor skills to recreate the action and the motivation to implement the behavior before the behavior is exhibited by the observer. Each of the steps in the modeling process requires cognitive action by the observer in order to proceed in acquiring the behavior, modeled by others (Bandura, 1971).

Modeled Behaviors

Bandura (1977) explained that the beginning foundation of learning behavior is based on modeled behaviors, which are the observations of behavior by others. Behaviors that are modeled include physical movement, social interactions, and verbal and nonverbal communication. The acquisition of behavior through observation is important to the development of personal behaviors. The observation of a behavior decreases the amount of time required to acquire a behavior and provides a means to

learn a behavior that would be impossible to learn without observing. Many actions and behaviors have negative, fatal consequences; if these behaviors are not learned through observation, but through trial and error, bodily harm or death may be a result.

Modeling of behaviors is the beginning of a process that guides the observer toward behavior. Bandura (1977) explained that modeled behavior must be intentionally observed to learn the behavior and to determine if the results of the behavior have benefits to the observer. The most influential models of behavior are those the observer has the most contact with (Bandura, 1971). In each social group, one person will be more influential due to the amount of attention the person commands (Bandura, 1971). Behavior is learned, prior to being implemented, through observation of a modeled behavior (Bandura, 1971).

Modeled behavior serves to identify actions or responses that are appropriate for implementation into the observers' behaviors and provides a means for the observer to create new behaviors based on the observed behaviors (Bandura, 1971). When negative consequences or results are noted from observed behavior, the behavior will be stored for reference but not acquired as an appropriate behavior to display. The observation of the behavior provides the observer with information on which actions worked and which did not work to cognitively form a new behavior to determine if similar consequences occur.

Retention of Modeled Behavior

Long-term retention of the modeled behavior is necessary to display the observed behavior (Bandura, 1971). Before long-term retention is formed the observer must determine if the behavior will be only observed or will be extracted for future use

(Bandura, 1977). Bandura (1977) explained that the most influential element to determine if the behavior will be extracted for future use is the influence the person modeling the behavior has on the observer. As a person ages, the source of modeled behavior adapts to include those who the individual deems as having an impact or influence. Parents and adults are the first influences of behavior that a person observes. As a person integrates into society, peers and those who have a higher position, such as teachers and employers, become modelers of behavior and have an influence on behavior acquisition (Bandura, 1977). The observer designates how much needs to be learned from a person to determine if the modeled behavior will be retracted and retained for future implementation, based on the amount of influence the observer perceived the modeler to have.

Observed model behavior is placed in the retention process if the observed behavior seems to have benefits (Bandura, 1977). Positive modeled behavior, which results in a reward, is more likely to be adopted as the observer understands the value of the reward (Bandura, 1977). Observation of a modeled behavior that results in harm or negative consequences decreases acquisition of the modeled behavior. The observation of a negative modeled behavior that does not result in harm or negative consequences reduces the inhibition of the observer and increases the likelihood of acquiring the negative behavior. The economic value placed on the modeled behavior is based on the individual's perception of negative or positive consequences of the behavior.

Once the observer has determined if the modeled behavior is to be acquired, the observer processes the modeled behavior for future implementation. The observed

behavior can be stored using different retention processes, such as an image, a verbal code, or rehearsed for repetition storage (Bandura, 1977). Coding of the modeled behavior allows the observer to store the information in an orderly manner for retrieval at a later date. In order to put the coded symbols to use, the observer must take the symbols associated with the behavior and put action to the stored symbols, the motor reproduction process. The association of an action with the code enhances long-term retention of the behavior, allowing for future implementation of the behavior.

Successful Modeled Behavior

Acquisition of an observed behavior is completed when the behavior is exhibited by the observer (Bandura, 1971). When the observer feels an observed behavior is appropriate for a situation, the observer will retrieve the coded behavior and implement the behavior. Reinforcement of the behavior is obtained when the results of the behavior are positive, resulting in full acquisition of the behavior. Once the behavior has been acquired and demonstrated by the observer, the observer becomes the model of the behavior, a process known as *successful modeling*.

Rationale for Using Bandura's Social Learning Theory

Faculty modeled behaviors impact the experience that nursing students have within the profession of nursing (Cangelosi, 2016). Cangelosi (2016) explained that nursing faculty are models of ethical and professional behavior for nursing students. Acquisition of modeled behavior is dependent on the position of influence the modeler has on the observer (Bandura, 1977); because nursing faculty are in a position of influence, the likelihood that modeled behavior will be acquired by the observers is

increased. Jones et al (2016) explained, based on Bandura's SLT, changes in faculty behavior are necessary to transform the bullying culture in nursing academia and the nursing profession. Tanner-Garrett (2014) explored bullying in nursing academia and found that nursing faculty and nursing students indicated that behaviors of nursing faculty had a direct impact on the academic environment. Nursing students felt that faculty were the example of the nursing profession and that the faculty behaviors inadvertently indicated that bullying was a normal part of the nursing profession (Tanner-Garrett, 2014). Shugart's (2017) study of nursing faculty to faculty bullying explained that faculty observed behaviors in the environment and engaged in similar acts themselves. These behaviors included bullying, gossiping, and ignoring fellow faculty members (Shugart, 2017). Shugart (2017) explained that the modeling of positive professional behavior is important in socializing students to the nursing profession.

Bandura's theory indicates that exposure to bullying behaviors in nursing schools would normalize the behaviors in the nursing profession. The normalization of bullying behaviors would indicate to nursing students that the behavior is acceptable in the nursing profession. Jones et al. (2016) explained that the widespread occurrence of bullying in the nursing profession is one example of Bandura's SLT in action, where the observer successfully models an observed modeled negative behavior.

Bandura's SLT provided a theoretical foundation to determine if relationships exist between nursing faculty bullying behaviors and nursing student bullying behaviors. Studying the relationship between observed bullying behaviors of nursing faculty and observed bullying behaviors of nursing students will provide the foundation for future

research to determine if bullying behaviors of nursing faculty have an impact on the acquisition of bullying behaviors in nursing students. This study will provide the foundation for future studies to further evaluate Bandura's SLT in nursing education and the nursing profession.

Literature Review

Bullying in Nursing

The ANA (2015) defines bullying in nursing as the repetitive, unwanted interactions intended to humiliate, offend, or cause harm and distress. The prevalence of bullying in nursing is widespread, impacting new and seasoned nurses, and results in increased health care costs, decreased satisfaction in the profession, and physical and psychological issues (ANA, 2015; Bambi et al., 2019; TJC, 2016). The prevalence of bullying in nursing has led the ANA (2015) to call for action in addressing incivility and bullying in health care.

The prevalence of nurse bullying in health care is astounding. Over 40% of all nurses report being bullied at least once a week and approximately 66% of nurses reported having seen others be bullied in the health care setting (Bambi et al., 2019; Sauer, 2018; TJC, 2016). Bullying in nurses is so prevalent that many nurses consider it as a part of the job, prompting the coining of the phrase "nurses eat their young" (Meissner,1986; TJC, 2016). The typical targets of bullying in health care are single females, usually under the age of 40, or those who have children at home (Bambi et al., 2019). Bullying in nursing is not limited to new graduate nurses, experienced nurses have reported being victims of bullying. Nurses with 16-20 years of experience reported

being bullied by other health care professionals (Bambi et al., 2019). Over half of nurses with more than 20 years of experience reported being the victim of bullying (Bambi et al., 2019). Education level is a victimization factor, as those with lower levels of education such as a diploma or licensed practical nurses, and those with higher levels of education, such as master or doctoral degrees, reported higher levels of bullying (Bambi et al., 2019; TJC, 2016).

Bullying in nursing was identified as coming from multiple sources. Management, charge nurses, fellow nurses, patients, patients' families, and other health care providers were identified as sources of bullying (ANA, 2015; Bambi et al., 2019). Bullying behaviors identified included verbal and physical threats. Nurses reported being threatened of being reported for unethical behavior and being pushed or shoved by fellow health care professionals (TJC, 2016; Bambi et al., 2019). Nurses felt that others who purposefully interrupted them, interfered with them finishing work, and gossiped about them were exhibiting bullying behavior (TJC, 2016). Condescending remarks, along with humiliating or rude comments were noted by Jones et al. (2016) as bullying behaviors in nursing.

Bullying in the nursing profession impacts the physical and psychological well-being of nurses. Physical manifestations of bullying were noted when the perpetrator was a fellow nurse (Bambi et al., 2019). Severe headaches, sleeplessness, and gastrointestinal disorders were the most commonly reported physical manifestations of bullying (ANA, 2015; Bambi et al, 2019; Jones et al., 2016). More nurses reported psychological manifestations of bullying. Nurses reported feeling upset, stressed, guilty, humiliated,

anxious, and vulnerable as a result of bullying (Jones et al., 2016; Kabat-Farr, Cortina, & Marchiondo, 2018; Meires, 2018; TJC, 2016). Bullied nurses felt isolated by fellow nurses and members of the health care team increasing experienced psychological issues (TJC, 2016).

Bullying in nursing impacts the delivery of health care. A bullying environment causes mistrust and poor collaboration among health care providers (Jones et al., 2016). The mistrust and poor collaboration results in corrosion of unity in health care, which is necessary to provide the best care possible for patients (TJC, 2016). Bullying results in a decrease in reporting of near-miss and adverse events, as nurses are fearful of incidences of bullying increasing after reporting incidents (Bambi et al., 2019; Jones et al., 2016). The result of decreased reporting causes these incidences to continue occurring, increasing the incidence of health care acquired infections and patient harm (Bambi et al., 2019; Jones et al., 2016).

Bullying in nursing affects the cost of health care. The physical and psychological impact of bullying decreases productivity and increases absenteeism (TJC, 2016). The decrease in productivity and work hours, as a result of absences, leads to increased health care costs, as a result of hiring and orienting additional nurses (ANA, 2015; TJC, 2016). Underreporting of near-missed and adverse events, associated with bullying, increases health care costs as well. Underreporting increased the occurrence of similar incidences to occur, leading to health care acquired infections and patient harm (ANA, 2015; TJC, 2016). As a result, additional care must be provided to these patients, increasing health care costs.

The U. S. Department of Labor (2019) reported a need of approximately 900,000 additional nurses by 2025, to meet the needs of an increasing population with chronic health conditions. Bullying in the nursing profession impacts the ability to meet these needs. Nurse bullying is associated with increased desires to transfer to different units, to leave the organization, and to leave the profession of nursing (Kabat-Farr et al., 2018; Meires, 2018; Sauer, 2018; TJC, 2016). Sixty percent of new nurses leave their first job after the first 6 months as a result of bullying (Colduvell, 2017). Over 50% of nurses who reported being bullied desired to leave the nursing profession completely (Bambi et al., 2019; Gooch, 2017). The increasing need for nurses requires health care to address bullying in the nursing profession to retain competent, caring nurses.

The culture of nursing begins where the profession of nursing is first experienced, the classroom (Salladay, 2017). The ethical, professional, and moral behaviors that faculty exhibit, provide many nursing students with their first experiences of the nursing profession (Cangelosi, 2016). Nursing education provides a foundational understanding of the culture of nursing that students take with them into the nursing profession (Jones et al., 2016). Improving the bullying culture in nursing needs to begin in nursing education (Cangelosi, 2016; Jones et al., 2016; Salladay, 2017).

Nurse Faculty Bullying

Bullying in nursing academia has been perpetrated by clinical instructors, registered nurses in the clinical setting, nursing education staff, and nursing program full-time faculty (Birks et al., 2017; Courtney-Prattet al., 2017; Goodboy et al., 2015; Hakojarvi et al., 2014). The practice of full-time faculty using their position of power to

abuse students verbally, physically, or emotionally is known as faculty bullying (Datta & Huang, 2017). Over half of nursing students reported observing nursing faculty exhibiting bullying behaviors in the classroom or during interactions with faculty (Budden et al., 2017; Martin et al., 2015). Bullying behaviors exhibited by nursing faculty are diverse and results in physical and psychological distress of nursing students.

The behaviors of nursing faculty toward nursing students have been studied by multiple researchers. Courtney-Pratt et al. (2017) conducted a study to determine the behaviors nursing faculty exhibited, that nursing students perceived as bullying behaviors. Mott (2014) conducted interviews with bachelor and associate degree nursing students to identify the psychological impact faculty bullying had on nursing students. Alt and Itzkovich (2017) conducted a cross-sectional study to determine the impact nursing faculty bullying had on nursing students. These studies, along with others, provide a rich picture of the bullying behaviors of nursing faculty and the impact that these behaviors have on nursing students.

Nursing students associated negative psychological and physical behaviors, exhibited by faculty, as bullying behaviors. Courtney-Pratt et al. (2017), da Cruz Scardoelli, Ferracini, da Silva Pimentel, e Silva, and Nishida (2017), Engelbrecht, Heyns, and Coetzee (2017), Minton and Birks (2019), and Smith et al. (2016) researched the physiological and physical behaviors students identified as faculty bullying behaviors. Isolation, harder assignments, and harsher grading were the most prevalent physiological faculty bullying behaviors identified by nursing students (da Cruz Scardoelli et al., 2017; Minton & Birks, 2019; Smith et al., 2016). Minton and Birks (2019) reported that

students identified faculty bullying to include not answering the student questions or not calling on students for answers. Da Cruz Scardoelli et al. (2017) and Karatas, H., Ozturk, C., and Bektas, M. (2017) found that students felt receiving lower grades on assignments as a form of faculty bullying. Multiple researchers noted verbal abuse. Gossiping about the students, spreading rumors, inappropriate language, and being yelled at were reported as ways that faculty bullied nursing students (Courtney-Pratt et al., 2017; Engelbrecht et al., 2017; Karatas et al., 2017; Kassem, A. H., Elsayed, R. S., & Elsayed, W. A., 2015). Students identified pejorative comments between faculty as bullying behavior (Engelbrecht et al., 2017; Karatas et al., 2017). Rolling of the eyes was identified as a physical display of faculty bullying (Cerit et al., 2018; Minton and Birks, 2019; Minton et al., 2018; Smith et al., 2016; Zerillo & Osterman, 2011). Da Cruz Scardoelli et al. (2017) and Smith et al. (2016) found faculty bullying behavior included ignoring, disrespecting, and ridiculing students. Being hostile, rude, and inappropriate were behaviors identified in Engelbrecht et al.'s (2017) study, as faculty bullying behaviors. Minton and Birks (2019) and Minton et al. (2018) found that sexual harassment by nursing faculty was another identified faculty bullying behavior. Small, English, Moran, Grainger, and Cashin (2019) found that students though faculty were overstepping their authority and were unprepared to take on the role of educator as reasons that nursing faculty bullied nursing students. The psychological and physical behaviors associated with nursing faculty bullying have a psychological and physical impact on nursing students.

Faculty bullying of nursing students impacted students who were bullied and observers of the bullying (Martin et al., 2015). Bullying by nursing faculty affected the

psychological and physical health of the nursing student. Smith et al. (2016) found that nursing faculty bullying caused a decrease in self-esteem, physical sickness, dread, disbelief, worry, self-consciousness, and strong emotional responses in nursing students. Students reported decreased self-esteem when bullied by nursing faculty (Birks et al., 2017; Bowllan, 2015; da Cruz Scardoelli et al. 2017; Hakojarvi et al., 2014; Minton & Birks, 2019; Motts, 2014). Birks et al. (2017) found that nursing students reported anxiety, emotional distress, feeling powerless, and depression as a result of nursing faculty bullying. Da Cruz Scardoelli et al. (2017) found that faculty bullying caused anger, sadness, depression, and somatic psychic disease in nursing students. Nursing students reported complaints of physical ailments when bullied by nursing faculty, including feeling sick, headaches, and sleeping problems (Bowllan, 2015; Smith et al., 2016; Minton & Birks, 2019; Karatas et al., 2017). The physical and psychological impact that nursing faculty bullying has on students is carried with them past their nursing education. Cerit et al. (2018) stated that students who are damaged by bullying during nursing school have difficulty becoming independent, strong nurses.

Bullied nursing students have an increased desire to leave nursing school and pursue other career choices (Martin et al., 2015; Minton, Birks, Cant, & Budden, 2018). Martin et al. (2015) conducted a quantitative, survey based, study to determine the impact that faculty bullying had on graduate nursing students. Martin et al. (2015) found that graduate nursing students who were recipients of faculty bullying were less satisfied with the educational process and lacked interest in continuing to pursue their degree. Martin et al.'s (2015) study provided evidence of the impact of nursing faculty bullying on the

retention of graduate nursing students but was limited to graduate degree students. Minton et al. (2018) conducted a cross-sectional survey of New Zealand bachelor nursing students to study the impact(s) faculty bullying had on students. Minton et al. (2018) discovered that nursing students felt anxiety and depression as a result of nursing faculty bullying and had an increased desire to leave school and the medical profession. The strength of Minton et al.'s (2018) study was limited by the study population, bachelor students from one particular university. Cortney-Pratt et al. (2017) and Datta and Huang (2017) reported that students who are bullied by teachers and staff were lower achievers, less engaged in school, and less likely to attend lectures and tutorials. Hakojarvi et al. (2014) noted in addition to lower achievement and engagement, nursing students who were bullied had a decreased perception of nursing and questioned their choice of careers. Martin et al. (2015) found that nursing students were less satisfied with their nursing education when bullied by nursing faculty.

The psychological and physical impact of faculty bullying on students has been studied by multiple researchers however, limitations have been noted in the research. Goodboy et al. (2015) and Martin et al. (2015) only studied graduate students. da Cruz Scardoelli et al.'s (2017), Hakojarvi et al.'s (2014), Karatas et al.'s (2017), Minton et al.'s (2018), and Smith et al.'s (2016) research were limited to studying nursing students who were currently in school. Research was concentrated on clinical experiences by Budden et al. (2017), Courtney-Pratt et al. (2017), Minton and Birks (2019), and Tee et al. (2016). Birks et al. (2017) and Minton et al. (2018) researched the impact of nursing faculty bullying of bachelor degree of nursing students.

Nursing faculty are the first nursing professionals that future nurses interact with. Modeling of professional behavior by nursing faculty is important in changing the culture of nursing (Kolanko et al., 2006). Jones et al. (2016) reviewed theoretical frameworks regarding incivility and bullying in nursing education and nursing practice. Bandura's SLT provided the most useful strategy to combating bullying in the nursing practice, by decreasing exposure to bullying in nursing education (Jones et al., 2016). Jones et al. (2016) stated that the occurrence of incivility and bullying in the nursing profession is the result of observing similar behaviors at the beginning of the nursing profession, nursing academia. Jones et al. (2016) found that when appropriate interaction between nurses was modeled the outcome was an improvement of behaviors in the clinical setting. Randle's (2003) research noted that being bullied or observing RNs bullying patients resulted in nursing students engaging in similar bullying behaviors. Faculty have an important role in socializing nursing students to nursing norms unfortunately, the observation of bullying in nursing education normalizes bullying in the nursing profession (Shugart, 2017; Tanner-Garrett, 2014). For decades perceived faculty bullying behaviors and physical and psychological effects of nursing faculty bullying on nursing students have been studied, yet the relationship between the bullying behaviors of nursing students and the behaviors demonstrated by nursing students is still unknown.

Student Bullying

In past decades nursing student bullying had been studied in-depth, but in recent years the study of bullying by nursing students has decreased. Bullying in nursing school is perpetrated by nursing students toward faculty and other students (Ibrahim & Ahmed,

2016; Kassem, Elsayed, & Elsayed, 2015; Penconek, 2015). Nursing student bullying is so prevalent that over 70% of faculty reported uncivil or bullying behaviors in students (Aul, 2017). Ibrahim and Qalawa (2016) noted over 50% of students reported fellow nursing students exhibited bullying behaviors in the classroom. Approximately 50% of nursing students self-reported being the perpetrator of bullying behavior and a little less than 50% stated that they had displayed aggressive behavior in the classroom (Ibrahim & Qalawa, 2016). In a study done by Small, English, Moran, Grainger, and Cashin (2019) more than 40% of nursing students felt that fellow nursing students were more likely to be bullies than faculty were. Nursing faculty and students reported physical and verbal behaviors of nursing students as bullying behaviors.

Nursing faculty found negative physical behaviors as bullying when exhibited by nursing students. Masoumpoor et al., (2017) and Penconek (2015) found that faculty identified disruptive behavior and communication as bullying behaviors exhibited by nursing students. Penconek (2015) found that disrespect, impoliteness, and rudeness were labeled as bullying behaviors of nursing students. Authement (2016) reported that faculty identified bullying behaviors exhibited by nursing students to include tardiness, leaving early, and cheating. Faculty identified disrespect, interiorization of thoughts, and ridicule from students as bullying behaviors of nursing students (da Cruz Scardoelli et al.,2017).

Nursing students identified verbal and nonverbal bullying behaviors exhibited by fellow students (Cooper & Curzio, 2012). Ibrahim and Qalawa (2016) found that students identified inappropriate behaviors, being irresponsible, being aggressive, and

being impolite as bullying behaviors displayed by fellow students. Karatas et al. (2017) reported nursing students bullying behaviors included the spread of rumors and gossip about fellow nursing students. Disrespect and uncaring behaviors were noted as fellow nursing student bullying behaviors in Small et al.'s (2019) study of incivility and bullying in nursing education. Bullying behaviors exhibited by students change the learning environment and impact the education of fellow students.

Student bullying causes significant change to the culture of the learning, impacting the academic arena and nursing education (Masoumpoor et al., 2017). Ibraham and Qalawa (2016) found that a negative learning climate decreases academic achievement and student ethics. Da Cruz Scardoelli et al. (2017) reported students felt sad, anger, and decreased self-esteem when student bullying was present in the classroom setting. Fear was identified as an emotion that drove the classroom. Students feared being considered "weak" and would be picked on increasing the desire to just get through school (Penconek, 2015). Students reported an increase in disrespect and bullying behaviors when the faculty would not address bullying behaviors (Penconek, 2015). Small et al. (2019) studied baccalaureate nursing students and reported that students felt being unprepared, disinterested, and unprofessional increased incivility and bullying in the nursing academic setting, decreasing the educational experience of those who were prepared and ready for class.

Bullying behaviors of nursing students have been linked to student feelings of power and retribution toward faculty. Kolanko et al. (2006) reported that bullying behaviors exhibited by nursing students were linked to students feeling that they had

power over the faculty, due to the student paying to attend the course. Kassem et al.'s (2015) study of bullying in nursing education noted that some of the bullying behaviors exhibited by nursing students were reactions to the bullying behaviors nursing faculty exhibited toward the students. Kolanko et al. (2006) leaned toward Bandura's SLT, explaining that professional behaviors, including bullying, modeled by the faculty transfer to the professional behaviors nursing students exhibit after entering the nursing profession. Historically studies have been conducted exploring the bullying behaviors exhibited by nursing students. In recent years research has shifted from identifying the behaviors exhibited by nursing students to identifying interventions to decrease bullying behaviors exhibited by nursing students. The research leaves a gap in identifying if a relationship exists between nursing faculty bullying behaviors and nursing student bullying behaviors.

Incivility and Bullying

Incivility and bullying are two terms that have been used interchangeably to describe disruptive, intimidating, and inappropriate behavior in nursing education (Aul, 2017; Jones et al., 2016). da Cruz Scardoelli et al. (2017) and Datta and Huang (2017) defined bullying as the repetitive abuse of uncivil behaviors toward others. While incivility and bullying demonstrate the same behaviors, incivility can be a singular event of uncivil behavior toward others; whereas bullying is the repetitive uncivil behavior toward an individual (Authement, 2016; da Cruz Scardoelli et al., 2017; Datta & Huang, 2017). Aul (2017) explained that when disruptive behaviors occur in academia it is defined as incivility, when similar behavior occurs in the professional work environment

it is referred to as bullying. The ANA (2015) explained that bullying is different from incivility, as bullying is more frequent and can be more severe uncivil behavior than incivility. Nursing students perceived bullying behaviors and uncivil behaviors to be similar and interchangeably use both words to describe negative psychological and physiological actions toward others (Aul, 2017; Jones et al., 2016).

Incivility in Nursing Education Survey

Traditionally, bullying in nursing academia was studied using qualitative methods. Nursing students and nursing faculty were asked to describe bullying, identity perpetrators of bullying, and how being bullied made them feel. Quantitative analysis of nursing academic incivility/bullying was minimal in the early 2000s, leading Clark, Farnsworth, and Landrum (2009) to study incivility and develop the Incivility in Nursing Education (INE) survey. The INE consists of three sections: demographics, quantitative Likert scale of incivility traits, and a qualitative section describing how students and faculty contribute to incivility in the classroom. To identify behaviors that were considered uncivil, Clark et al. (2009) conducted a literature review. Clark et al. (2009) observed and interviewed nursing faculty. The result was a 14-item Likert scale survey, where participants identify the level of incivility and frequency of student and faculty behavior over the past 12 months and 4 open-ended questions regarding incivility experiences. After establishment of the survey, the survey was reviewed by a panel of nursing and non-nursing professors, nursing students, and a statistician for content. Revisions were made to the INE survey as a result of the review. Reliability of the INE

survey ranged from .808 to .889 for identified nursing student incivility behaviors and .918 to .955 for nursing faculty incivility behaviors.

Since the development of the INE survey, other surveys to study incivility and bullying in nursing education have emerged, including the Bullying in Nursing Education Questionnaire and the Nursing Education Environment survey (Clark et al., 2015). While each of these surveys study nursing students or nursing faculty incivility or bullying, the INE provides a means to study both nursing student and faculty incivility or bullying behaviors. With additional research into incivility and bullying, Clark et al. (2015) revised the INE to include empirical evidence that had been discovered since the development of the INE. The Incivility in Nursing Education-Revised (INE-R) survey is a 48-item Likert scale survey, with 24 student behaviors and 24 faculty behaviors in which participants rate the incivility of the behavior and the frequency in which the behavior was noted. The INE-R was noted to be a reliable survey with a Cronbach's alpha > .94. The INE-R provides a means to study nursing student and nursing faculty uncivil behaviors.

Summary and Conclusions

Bullying in the nursing profession is a major concern for the future of health care. Nurse bullying increases health care costs, increases medical errors, and decreases the number of practicing nurses, as a result of decreased retention in the profession (ANA, 2015, Bambi et al., 2019; TJC, 2016). The culture of nursing, including bullying, begins in nursing academia (Jones et al., 2016). Bullying in nursing academia is exhibited by nursing faculty and nursing students. Faculty bullying is the exhibit of bullying

behaviors by nurse faculty, in the academic setting. The exhibit of bullying behaviors by nursing students is known as student bullying.

The impact of bullying behaviors in nursing academia has long term complications. Bullying behaviors exhibited by nursing faculty have physical and psychological impact on the students, academic environment, and the nursing profession (Bowllan, 2015; Smith et al., 2016). Students report a decreased desire to continue in the nursing profession, emotional trauma, and physical harm as a result of bullying behaviors of nursing faculty (Minton et al., 2018; Smith et al., 2016). Nursing student bullying behaviors change the academic culture and decrease retention and learning (Ibraham & Qawala, 2017; Masoumpoor et al., 2017). Nursing students and faculty reported decreased attention in the classroom, decreased self-esteem, and decreased confidence as a result of nursing student bullying (da Cruz Scardoelli et al., 2017; Masoupoor et al., 2017). While the impact of nursing faculty and nursing student bullying has been studied, understanding if a relationship exists between the bullying behaviors of nursing faculty and the bullying behaviors of nursing students is unknown. If faculty bullying behaviors facilitate nursing student bullying behaviors, there may be a link to nursing student bullying and bullying in the nursing profession. This study provides a foundation for determining if a causal relationship exists between nursing faculty bullying behaviors and nursing student bullying behaviors. In chapter three, I will describe how the study will be conducted.

Chapter 3: Research Method

Bullying in the nursing profession decreases patient outcomes and patient satisfaction and increases health care costs (TJC, 2016). According to Bandura's (1977) SLT, behaviors, including bullying, are learned through observation. The bullying behaviors exhibited by nurses are learned behaviors perceived as a part of the nursing profession. According to Bandura's SLT, bullying behavior in the nursing profession may be a result of observing nursing faculty, a highly regarded nursing professional figure, exhibiting bullying behaviors. The purpose of this study was to determine if a relationship exists between the bullying behaviors of nursing faculty and the bullying behaviors of nursing students. In the following chapter, I describe the research method used in the study, including design, methodology, threats to validity, and ethical considerations.

Research Design and Rationale

For this quantitative research study, I explored relationships between bullying behaviors of nursing faculty and bullying behaviors of nursing students. The study variables were bullying behaviors of nursing faculty and bullying behaviors of nursing students. Each variable has sub-categories associate with the variable. The variable *bullying behaviors of nursing faculty* includes the subcategories of (a) refusing to answer questions, (b) canceling classes, (c) being cold and distant, (d) punishing the class, (e) not stopping student rude behaviors, (f) grading unfairly, (g) making discriminating remarks, (h) using profanity, and (i) threatening physical harm. The variable *bullying behavior of nursing students* includes the sub-categories of (a) disinterest, (b) rude gestures, (c)

sleeping or not paying attention in class, (d) talking in class, (e) cheating, (f) making rude remarks, (g) demanding special treatment, (h) ignoring others, and (i) threatening physical harm.

A cross-sectional, non-experimental quantitative survey was conducted to determine if a relationship exists between bullying behaviors of nursing faculty and bullying behaviors of nursing students. The use of a cross-sectional, nonexperimental survey provided a means to conduct a correlation study to answer the research question: What is the relationship between the bullying behaviors of nursing faculty and the bullying behaviors of ADN students? The quantitative correlation study provides a means to determine if a relationship exists between nursing faculty bullying behaviors and nursing student bullying behaviors (Frankfort-Nachmias & Leon-Guerrero, 2018).

The use of a cross-sectional, nonexperimental survey design has minimal time and resource constraints. The cross-sectional design allows for collection of data at one given point of time, minimizing time constraints in data collection (Frankfort-Nachmias & Leon-Guerrero, 2018). Access to the survey tool, INE-R, was constrained by licensure restrictions. Permission to use the INE-R survey was obtained from Boise State University (Appendix A).

Correlation studies provide a means to determine the existence of a relationship between two variables, in this case nursing faculty bullying behaviors and nursing student bullying behaviors (Frankfort-Nachmias & Leon-Guerrero, 2018). According to Bandura's (1977) SLT, behavior is learned through observation of the behavior. Bandura's SLT suggests that bullying behaviors exhibited by nurses are learned through

observation of another nursing professionals. Nursing faculty are the first professional nurses many nursing students encounter. The behaviors exhibited by nursing faculty are learned by nursing students. Determining if a relationship exists between nursing faculty bullying behaviors and nursing student bullying behaviors is the foundation of identifying the source of bullying behavior in the nursing profession. Identifying the sources of bullying behavior in the nursing profession is essential in promoting positive social change in the profession of nursing.

Role of Researcher

A researcher applies ethical, professional principles, implements managemental strategies, problem-solving skills, and maintains proper management of data to conduct a research study bringing new knowledge to a phenomenon (Gray et al., 2017). I sought to determine if a relationship exists between bullying behaviors of nursing faculty and bullying behavior of nursing students. I conducted participant recruitment, data collection, management of data, and data analysis. Details of how I conducted this study are provided in this chapter.

Methodology

Population

RNs who have obtained initial nursing licensure within the past 5 years in a southern state were surveyed. The state board of nursing requires applicants to have graduated from an approved or accredited nursing education program and be subjected to a background check prior to applying to take the licensure exam. Eligible participants were identified as those who were able to take the RN licensure exam as a result of

meeting the requirements for graduation from an AND program in the state. The target sample size was between 100 and 300 participants. Recently graduated nursing students were able to identify bullying behaviors exhibited by nursing faculty and students without the potential bias associated with identifying these bullying behaviors while attending the nursing education program. Biases include previous personal encounters of being bullied and selective memory loss of participants.

Sampling and Sampling Procedure

A random sampling of participants was used for this study. Random sampling provided a means to achieve representation of a population with particular variables (Gray et al., 2017). Random sampling allowed for sampling of RNs meeting criteria, RNs who had graduated from an ADN program and obtained initial licensure in the past 5 years.

Participants were invited to take an anonymous electronic survey by invitations sent to their e-mail addresses. The Florida nursing board provides public, open access to contact information for all licensed RNs, in the form of a database. I downloaded state registered nurse database. I narrowed the potential participant pool by removing those who did not have active licensure. Random sampling of 1,000 potential participants was conducted using Microsoft Excel. Initial call for participants included distribution of 1,000 invitations to randomly selected potential participants. The initial call for participants was distributed to 1,000 potential participants in hopes of reaching the targeted number of 100 to 300 participants, as the response rate to a survey can range from 10% to 30%.

The sampling frame for this study had inclusion and exclusion criteria, to identify the sample population. The inclusion criteria included participants who graduated from an ADN program and obtained initial licensure in the state of Florida within the past 5 years. Registered nurses who graduated greater than five years ago or graduated from a practical nurse or baccalaureate degree nursing program were excluded from the sample population.

To obtain minimal sample size for this study, a G*Power calculation was conducted. G*Power provides for the calculation of minimal sample size as a function of the power level, effect size, and alpha level (Heinrich Heine Universitat Dusseldorf, 2017). To calculate an appropriate sample size, the medium effect size of 0.3 was used. The medium effect size was chosen due to the lack of similar studies. The error of probability is set at 0.05. G*Power was calculated implementing two power sizes. When the power size of 0.8 was implemented the minimal sample size was 67 participants. The power size of 0.95 required a sample size of 115. The goal of 100 to 300 participant sample provided for strength of the study. Increased number of participants in correlation studies increases the strength and generalization of the research study (Gray et al., 2018).

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited by electronic invitation, to participate in this research study. An electronic invitation was sent to potential participants via e-mail. E-mail addresses were obtained through the Florida Board of Nursing. The Florida Board of Nursing provides licensee contact information through a public domain database. The database was downloaded to a password-protected Excel spreadsheet, in a password-

protected drive, in which I am the only one who knows the passwords. I removed potential participants who did not have an active nursing license or received initial granting of a Florida nursing license prior to 2014. E-mails inviting all potential participants to take the anonymous electronic survey was sent out. The electronic survey was opened until the intended sample size, 100 to 300 participants, was reached. If the intended sample size was not reached within a week, a secondary invitation to the initial 1,000 randomly selected potential participants was sent. If a second call out for participants did not reach the intended sample size a second 1,000 potential participants were randomly selected. A call for participation invitation was e-mailed to the second set of potential participants. This pattern was continued until the intended sample size, 100 to 300 participants, was obtained.

An initial criteria-based question was asked prior to completing the anonymous survey. Participants were asked if they graduated from an ADN Program, in the state of Florida within the last 5 years. If the participant had not graduated from an ADN program or graduated more than 5 years ago the survey thanked them for their time. Participants who graduated from an ADN program in the state of Florida within the past 5 years were asked to continue to take the survey, starting with demographic information.

Demographic information was obtained during the data collection process. Demographic information included age, gender in which the participant identifies, and ethnicity. The demographic information was not used in the analysis process of this research study may be used in future research.

Data were collected through an anonymous online survey. The online survey consists of 40 questions, in which participants were asked about level of incivility and frequency of nursing student and nursing faculty behaviors. The online survey took approximately 10 minutes to complete. Consent for participation was obtained through responding and opening the electronic survey link provided in the participation invitation. At the end of the survey, participants were thanked for their time and input. Follow-up information was provided to participants in the participant invitation. My e-mail address was provided for questions or to request results of the study by the participants. In case the sensitivity of this study caused distress, depression, or other emotions the participant would like to receive free to low cost support for, participants were provided the contact number for the Substance Abuse and Mental Health Services Administration, a free to low-cost support referral service in the state of Florida.

Instrumentation and Operationalization of Constructs

Data were collected implementing Clark et al.'s (2015) INE-R survey. The initial survey was published by Clark in 2004 and has been revised multiple times based on new research. The last revision of the INE was completed in 2014. The revised INE was used in this study. The INE-R is an appropriate survey to study the relationship between nursing faculty and nursing student bullying behaviors. The disruptive behaviors associated with incivility and bullying are similar. Aul (2017) explained that incivility is typically used to describe a singular negative behavior in academia, while bullying is used to describe the same behavior that is repetitively exhibited in the professional workplace. Jones et al. (2016) and Aul (2017) noted that the terms incivility and bullying

were used interchangeably in nursing education to describe similar disruptive behaviors. I obtained permission to use the INE-R from Clark (Appendix B) with instructions to obtain a licensure agreement from the License holder, Boise State University. A licensure agreement with Boise State University was obtained (Appendix A). The INE-R survey consists of a quantitative and qualitative research section. Through permission with the licensure agreement, the qualitative portions of the survey were removed.

The INE-R has been tested for reliability and validity. Clark et al. (2015) conducted a sample study to test the reliability and validity of the INE-R. Psychometric testing was conducted on a convenience sample of students and faculty from twenty different nursing schools across the United States of America. Three hundred and ten students and 182 nursing faculty participated in the study. The results of the study indicated reliability of the survey, with a Cronbach's alpha score ≥ .96 for student behaviors and ≥.98 for faculty behaviors. Content validation of the INE-R was established through faculty, researchers, and statistician reviewing the survey. The reliability and validity of the INE-R lend it to be a valuable tool in collecting data related to uncivil behavior in nursing education.

Bullying in nursing education is perpetrated by nursing students and nursing faculty. To understand the relationship between nursing student bullying behaviors and nursing faculty bullying behaviors data for each variable were collected.

Nursing student bullying behaviors.

Nursing student bullying behaviors were defined as bullying behaviors exhibited by a student, who was enrolled in an ADN program, that were observed by a fellow ADN

student. This variable consists of ten subsets: (a) expressed disinterest; (b) boredom or apathy about course content or subject matter; (c) rude gestures or nonverbal behaviors toward others; (d) sleeping or not paying attention in class; (e) holding side conversations that distract you or others; (f) cheating on exams or quizzes; (g) making condescending or rude remarks toward others; (h) demanding make-up exams, extensions, or other special favors; (i) ignoring failing to address or encouraging disruptive behaviors by classmates; (j) demanding a passing grade when a passing grade has not been earned; and (k) threats of physical harm against others. Each subset has two four-point Likert scales. The first Likert scale measures the level of incivility of each behavior, ranging from not uncivil to highly uncivil. The second Likert scale measures how often each participant observed the uncivil behavior in the last twelve months of the nursing program, ranging from never to often. The Likert scale was scored one through four, one being the lower end of the spectrum and four being the higher end of the spectrum. The following is an example of the scoring for the subset of expressing disinterest, boredom, or apathy about course content or subject matter. For the Likert scale measuring the level of incivility for the behavior: 1= not uncivil, 2= somewhat uncivil, 3 = moderately uncivil, and 4 = highly uncivil. For the Likert scale measuring how often each behavior occurs over the last 12 months of the nursing program: 1 = never, 2 = rarely, 3 = sometimes, and 4 = often.

Nursing faculty bullying behaviors.

Nursing faculty bullying behavior was defined as bullying behaviors exhibited by a full-time nursing faculty member, in the didactic arena, as observed by ADN students. This variable consists of nine subsets: (a) refusing or reluctant to answer direct questions,

(b) canceling class or other scheduled activities without warning, (c) being distant and cold toward others, (d) punishing the entire class for one student's misbehavior, (e) allowing side conversations by students that disrupt class, (f) unfair grading, (g) making discriminating comments directed toward others, (h) using profanity directed toward others, and (i) making threatening statements about weapons. Each subset is associated with two four-point Likert scales: level of incivility of the observed behavior and how often the observed behavior occurred over the last twelve months of the nursing program. The Likert scale was scored one through four, one being the lower end of the spectrum and four being the higher end of the spectrum. The following is an example of the scoring for the subset of refusing or reluctant to answer direct questions. For the Likert scale measuring the level of incivility for the behavior: 1= not uncivil, 2= somewhat uncivil, 3 = moderately uncivil, and 4 = highly uncivil. For the Likert scale measuring how often each behavior occurs over the last 12 months of the nursing program: 1 = never, 2 = rarely, 3 = sometimes, and 4 = often.

Data Analysis Plan

Analysis of the data were completed using IBM SPSS Statistics 25. Results with missing data were removed from the study. Demographic data were analyzed and reported for central tendencies and frequency distributions in the sample population. To obtain the most accurate results, the data were coded into ordinal data groups.

RQ: What is the relationship between the bullying behaviors of the nursing faculty and the bullying behaviors of the associate degree nursing students?

H_0: There is no relationship between the bullying behaviors of nursing faculty and the bullying behaviors of the associate degree nursing students.

H_1: There is a relationship between the bullying behaviors of nursing faculty and bullying behaviors of the associate degree nursing students.

Analysis of the data were completed implementing Spearman's Rho analysis. Spearman's Rho Correlation provides the means to analyze relationships between two sets of ordinal data (Chen & Popovich, 2002). The strength and direction of the relationship between variables were determined using Spearman's Rho analysis (Laerd Statistics, 2018). The frequency reported of each nursing student incivility behavior and nursing faculty incivility behavior, were analyzed for to determine if a relationship existed and the strength and direction of the relationship. The survey consists of ten nursing student incivility behaviors and nine nursing faculty incivility behaviors, resulting in 90 potential relationships between frequency in nursing student and nursing faculty uncivil behaviors. Each potential relationship was analyzed via Spearman's Rho analysis. Spearman's Rho analysis provides a correlation coefficient value between -1 and 1, where 0 indicates no relationship between variables, resulting in accepting the null hypothesis. A statistical significance level of .05 ($p \leq .05$) was implemented during analysis of the data.

Threats to Validity

Validity of a research study indicates that you are measuring what was intended to be measure (Frankfort-Nachmias & Leon-Guerrero, 2018). I discussed the validity of the INE-R survey in the above section. The threats to this study include participant selection,

history, and maturation. Participants were limited to those who graduated from a Florida ADN program in the past 5 years. The limitation of the participant sample limits the generalization of results to other nursing degrees and states. The definition of incivility or uncivil behavior is another potential threat to the validity of the study. To address this threat, a definition of incivility was presented to participants at the beginning of the survey and intermittently throughout the survey. History and participant maturation threaten the validity of the study. Past participant history of bullying may have influenced the participants to identify behaviors differently than those who did not have this history. Maturation of the participant may decrease the perception of uncivil behaviors. These threats to validity cannot be controlled.

Ethical Procedures

The Florida Board of Nursing provides public access to nursing licensure records, including contact information. To maintain respondent privacy, an anonymous survey was distributed to potential participants through e-mail. E-mail addresses were obtained through the Florida Board of Nursing. No identifying information was asked of the participants. After distribution of the invitation, the list of potential participants' e-mail addresses were deleted from the drive, protecting the confidentiality of potential subjects. IRB approval from Walden University was obtained to collect data from anonymous participants via electronic survey. Participation in this survey may have caused uncomfortable distress for the participants, in order to address these concerns, participants were allowed to stop taking the survey at any time and a referral for no to low-cost support was provided to participants.

Data were collected through the use of an anonymous electronic survey. Identifying items were not asked during the survey, including participants' name, the nursing program graduated from, and current employment. Data received from the electronic survey did not have any identifying information attached to participants, including e-mail address. All data were stored in a password protected excel spreadsheet, in a password protected drive. I am the only person who has access to the passwords. I completed the analysis of the data. At no time will data be accessible to anyone besides me. The data is being stored for 5 years, per Walden University policy. At that time, data will be deleted from the password-protected file and drive. The computer drive will be cleaned as added protection.

Summary

This correlation study implemented a quantitative research design. Participants were surveyed regarding bullying behaviors exhibited by nursing faculty and nursing students, using Clark's INE-R tool. Spearman's Rho analysis was conducted on the data to determine if relationships exist between the bullying behaviors of nursing faculty and the bullying behavior of nursing student. In the following chapter I will discuss the data collected and results of the Spearman's Rho analysis.

Chapter 4: Results

Bandura's (1977) SLT explained that behaviors are learned through the observation of behavior exhibited by someone of influence. Behaviors exhibited by nurses are observed behaviors that were then implemented into the nurses' behavioral pattern. According to Bandura's SLT, the bullying behaviors nurses exhibit may be the result of observing bullying behaviors in nursing faculty, influential professional nursing figures. The purpose of this study was to determine if relationships exist between bullying behaviors of nursing faculty and bullying behaviors of nursing students. The research question was: What is the relationship between the bullying behaviors of nursing faculty and the bullying behaviors of ADN students? In the following chapter, I discuss data collection, including demographic characteristics of the sample, and the results of the data, including statistical analysis findings.

Data Collection

Data collection began at the end of December 2019, after approval from Walden University's Instructional Review Board (IRB) and was completed in mid March 2020. Approximately, 6,000 potential participants were e-mailed, inviting them to participate in the anonymous survey. When only a few subjects responded, the invitation was distributed via social media, after approved change of procedure from Walden University's IRB. One hundred and fourteen participants (for an initial response rate of 1.9%) began the survey, six participants responded for consent but did not continue taking the survey and 16 were disqualified due to not meeting survey criteria because they had graduated more than 5 years ago from an ADN program in the state of Florida.

An additional 21 survey results were removed due to participants not completing the entire survey. Of the initial 117, 71 surveys (60.6%) were eligible for analysis.

Change in Procedure

The original plan indicated that I would recruit potential participants by e-mail only. After a poor return, a change of procedure was initiated to include recruitment of potential participants through social media. Walden University's IRB approved the change of procedure and amended consent form. Six weeks into recruitment of potential participants, an invitation for participation was distributed on social media and reposted every 3-4 days. The distribution of invitations for participation in the survey was completed by e-mail and social media until the minimum number of participants was obtained.

Descriptive and Demographics

A sample size of 71 participants was analyzed. Of the 71 participants, 63 (88.7%) of the participants were female, seven (9.9%) reported being male, and one (1.4%) identified as other. The majority of participants were between the ages of 25 and 34 (31 participants, 43.7%). Fourteen (19.7%) participants reported being between the ages of 18 and 24, 13 (18.3%) participants reported being 35- 44 years old, 10 (14.1%) participants reported being between 45- 54, and three (4.2%) participants reported being between 55 and 64. The sampling pool was diverse related to racial/ethnical backgrounds: 55 (77.5%) of participants were Caucasian, 10 (14.1%) were Hispanic, four (5.6%) were Black/African American, one (1.4%) was Asian/Pacific Island, and one (1.4%) identified as other ethnic background.

Study Results

Student Uncivil Behaviors

Levels of incivility of nursing student behaviors were analyzed. Over 50% of participants identified the behaviors of threats of physical harm against others (implied or actual; 57.7%) and cheating on exams or quizzes (54.9%) as highly uncivil (Table 1). A majority of participants identified the following student behaviors as highly uncivil: demanding passing grade when a passing grade has not been earned (47.9%); making condescending or rude remarks toward others (42.3%); and ignoring, failing to address, or encouraging disruptive behavior by classmates (32.4%). The student behavior of making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) was reported as moderately uncivil (43.7%). Reported somewhat uncivil student behaviors included expressing disinterest, boredom, or apathy about course content or subject matter (40.8%); sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.; 42.3%); holding side conversations that distract you or others (32.4%); and demanding make-up exams, extensions, or other special favors (38%). A significant proportion of participants reported threats of physical harm against others (implied or actual; 32.4%) and cheating on exams or quizzes (22.5%) were not uncivil behaviors. The results of the analysis indicated that participants felt the behaviors of nursing students can be identified as somewhat uncivil to highly uncivil.

Table 1

Student Behavior Levels of Incivility

	Not	Somewhat	Moderately	Highly
Expressing disinterest, boredom, or apathy about course content or subject matter	14 (19.7)	29 (40.8)	24 (33.8)	4 (5.6)
Making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.)	10 (14.1)	17 (23.9)	13 (18.3)	31 (43.7)
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	11 (15.5)	30 (42.3)	14 (19.7)	16 (22.5)
Holding side conversations that distract you or others	7 (9.9)	23 (32.4)	19 (26.8)	22 (31)
Cheating on exams or quizzes	16 (22.5)	4 (5.6)	12 (16.9)	39 (54.9)
Making condescending or rude remarks toward others	11 (15.5)	13 (18.3)	17 (23.9)	30 (42.3)
Demanding make-up exams, extensions, or other special favors	10 (14.1)	27 (38)	20 (28.2)	14 (19.7)
Ignoring, failing to address, or encouraging disruptive behaviors by classmates.	11 (15.5)	20 (28.2)	17 (23.9)	23 (32.4)
Demanding a passing grade when a passing grade has not been earned	11 (15.5)	9 (12.7)	17 (23.9)	34 (47.9)
Threats of physical harm against others (implied or actual)	23 (32.4)	3 (4.2)	4 (5.6)	41 (57.7)

Note. Percentage of each group in parenthesis, may not add up to 100% due to rounding.

Frequency of each identified uncivil student behavior indicated that a majority of participants sometimes witnessed or experienced students expressing disinterest, boredom, or apathy about course content or subject matter (60.6%); making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.; 35.2%); sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.; 40.5%); and holding side conversations that distract you or others (60.6%; Table 2). Rarely participants witnessed or experienced students cheating on exams or quizzes

(39.4%); making condescending or rude remarks toward others (39.4%); demanding make-up exams, extensions, or other special favors (42.3%); ignoring, or failing to address, or encouraging disruptive behaviors by classmates (45.1%); and demanding a passing grade when a passing grade has not been earned (39.4%). Over 50% of participants reported never witnessing or experiencing the student behavior of threats of physical harm against others (implied or actual; 76.1%). Participants reported that uncivil behaviors were not often witnessed or experienced.

Table 2

Frequency of Observed Nursing Student Behaviors.

	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	1 (1.4)	13 (18.3)	43 (60.6)	14 (19.7)
Making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.)	10 (14.1)	24 (33.8)	25 (35.2)	12 (16.9)
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	7 (9.9)	21 (29.6)	29 (40.8)	14 (19.7%
Holding side conversations that distract you or others	1 (1.4)	10 (14.1)	43 (60.6)	17 (23.9)
Cheating on exams or quizzes	20 (28.2)	28 (39.4)	14 (19.7)	9 (12.7)
Making condescending or rude remarks toward others	9 (12.7)	28 (39.4)	25 (35.2)	9 (12.7)
Demanding make-up exams, extensions, or other special favors	8 (11.3)	30 (42.3)	23 (32.4)	10 (14.1)
Ignoring, failing to address, or encouraging disruptive behaviors by classmates.	12 (16.9)	32 (45.1)	18 (25.4)	9 (12.7)
Demanding a passing grade when a passing grade had not been earned	13 (18.3)	28 (39.4)	22 (31)	8 (11.3)
Threats of physical harm against others (implied or actual)	54 (76.1)	14 (19.7)	3 (4.2)	0 (0)

Note. Percentage of each group in parenthesis, may not add up to 100% due to rounding.

Faculty Uncivil Behaviors

Participants reported the level of incivility of faculty behaviors. Over 50% of participants reported faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others (57.7%) and threatening statements about weapons (60.6%) as highly uncivil behaviors (Table3). Faculty refusing or reluctant to answer direct questions (36.6%); being distant and cold toward others (unapproachable, rejecting student's opinions; 46.5%); punishing the entire class for one student's misbehavior (47.9%); unfairly grading; (46.5%), and using profanity (swearing, cussing) directed toward others (42.3%) were reported as highly uncivil behaviors. Somewhat uncivil behaviors of faculty included canceling class or other scheduled activities (35.2%) and allowing side conversations by students that disrupt class (29.6%).

Table 3

Nursing Faculty Behavior Levels of Incivility

	Not	Somewhat	Moderately	Highly
Refusing or reluctant to answer direct questions	9 (12.7)	12 (21.1)	21 (29.6)	26 (36.6)
Canceling class or other schedule activities without warning	18 (25.4)	25 (35.2)	10 (14.1)	18 (25.4)
Being distant and cold toward others (unapproachable, rejecting student's opinions)	9 (12.7)	9 (12.7)	20 (28.2)	33 (46.5)
Punishing the entire class for one student's misbehavior	13 (18.3)	9 (12.7)	15 (21.1)	34 (47.9)
Allowing side conversations by students that disrupt class	11 (15.5)	21 (29.6)	19 (26.8)	20 (28.2)
Unfair grading	10 (14.1)	10 (14.1)	18 (25.4)	33 (46.5)
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	20 (28.2)	6 (8.5)	4 (5.6)	41 (57.7)
Using profanity (swearing, cussing) directed toward others	25 (35.3)	8 (11.3)	8 (11.3)	30 (42.3)
Making threatening statements about weapons	25 (35.2)	0 (0)	3 (4.2)	42 (60.6)

Note. Percentage of each group in parenthesis, may not add up to 100% due to rounding.

The frequency of uncivil behaviors of faculty was reported by participants as never, rarely, sometimes, and often. The faculty behavior of refusing or reluctant to answer direct questions had equal reporting of rarely (32.4%) and sometimes (32.4%; Table 4). Participants reported that faculty behavior of being distant and cold toward others (unapproachable, rejecting student's opinions) was sometimes witnessed or experienced (39.4%). More than 50% of participants reported that faculty rarely canceled class or other schedule activities without warning (50.7%). Faculty allowing side conversations by students that disrupt class (40.8%) and unfairly grading (33.8%) were reported as rarely being witnessed or experienced. While the faculty behaviors of making discriminating comments (racial, ethnic, gender, etc.) directed toward others and making threatening statements about weapons were reported as highly uncivil by a majority of the participants, the behaviors had a majority of participants report that they were never witnessed or experienced (73.2% and 94.4% respectively).

Table 4

Frequency of Faculty Behaviors

	Never	Rarely	Sometimes	Often
Refusing or reluctant to answer direct questions	14 (19.7)	23 (32.4)	23 (32.4)	11 (15.5)
Canceling class or other schedule activities without warning	24 (33.8)	36 (50.7)	8 (11.3%)	3 (4.2)
Being distant and cold toward others (unapproachable, rejecting student's opinions)	15 (21.1)	17 (23.9)	28 (39.4%)	11 (15.5)
Punishing the entire class for one student's misbehavior	26 (36.6)	21 (29.6)	14 (19.7%)	10 (14.1)
Allowing side conversations by students that disrupt class	7 (9.9)	29 (40.8)	26 (36.6%)	9 (12.7)
Unfair grading	22 (31)	24 (33.8)	20 (28.2%)	5 (7)
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	52 (73.2)	10 (14.1)	5 (7%)	4 (5.6)
Using profanity (swearing, cussing) directed toward others	45 (63.4)	20 (28.2)	5 (7%)	1 (1.4)
Making threatening statements about weapons.	67 (94.4)	3 (4.2)	0 (0%)	1 (1.4)

Note. Percentage of each group in parenthesis, may not add up to 100% due to rounding.

Incivility in Nursing Education

Participants were surveyed regarding the extent of incivility as a problem in the nursing program. A majority of participants (53.5%) indicated that incivility was a mild problem in the nursing program. Nineteen percent of participants indicated that incivility in the nursing program was a moderate problem. A smaller proportion of participants indicated that incivility in the nursing program was not a problem (16.9%) or a serious problem (9.9%).

The perception of faculty or students being more likely to engage in uncivil behaviors was assessed. Participants were split on whether students were much more

likely to engage in uncivil behavior (29.6%) or a little more likely to engage in uncivil behavior (28.2%; Table 5). Twenty-four percent of participants indicated that both faculty and students were equally as likely to engage in uncivil behavior. Only 18.3% of participants indicated that faculty was much more likely or a little more likely to engage in uncivil behavior.

Table 5

Students or Faculty More Likely to Engage in Uncivil Behavior.

	Frequency	Percentage
Faculty much more likely	7	9.9%
Faculty little more likely	6	8.5%
Equal	17	23.9%
Students little more likely	20	28.2%
Students much more likely	21	29.6%

Note. Percentages may not add up to 100% due to rounding.

Correlation Analysis

Correlation analysis of the data was conducted using Spearman's Rho analysis. Frequency of experienced or witnessed student behaviors were analyzed with frequency of experienced or witnessed faculty behaviors. The results of the Spearman's Rho correlation coefficients were compared to Dancey and Reidy's (2017) interpretations of Spearman's Rho correlation coefficients, to determine the strength and direction of the relationship. Dancey and Reidy's (2017) interpretation of Spearman's Rho correlation coefficients identified 0 as indicative of an absence of a relationship. A coefficient of .1 to .3 indicates a weak relationship, .4 to .6 indicates a moderate relationship, .7 to .9

indicates a strong relationship, and 1 indicates a perfect relationship between variables (Dancey & Reidy, 2017).

The frequency student behavior of expressing disinterest, boredom, or apathy about course content or subject matter was correlated with the frequency of experienced or witnessed faculty behaviors. The data showed a statistically significant ($p = .045$) weak relationship ($r_s = .239$) between frequency of students expressing disinterest, boredom, or apathy about course content or subject matter and frequency of faculty canceling class or other schedule activities without warning (Table 6). A weak positive relationship ($r_s = .275$) was statistically significant ($p = .020$) between the variables students expressing disinterest, boredom, or apathy about course content or subject matter and faculty punishing the entire class for one student's misbehavior. A weak relationship ($r_s = .266$) was statistically significant ($p = .025$) between the frequency of students' disinterest, boredom, or apathy about course content or subject matter and the frequency of faculty unfairly grading. Student's expressing disinterest, boredom or apathy about course content or subject matter had a statistically significant weak relationship with the frequency of faculty making discriminating comments (racial, ethnic, gender, etc.) directed towards others ($p = .012$, $r_s = .297$) and making threatening statements about weapons ($p = .013$, $r_s = .293$). The frequency of faculty allowing side conversations by students that disrupt class had statistically significant ($p = .000$) moderate positive relationship ($r_s = .410$) with the frequency of students' of expressing disinterest, boredom, or apathy about course content or subject matter.

Table 6

Students' Disinterest, Boredom, or Apathy About Course Content or Subject Matter Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.143	.176
Faculty canceling class or other scheduled activities without warning	.045*	.239
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.258	.136
Faculty punishing the entire class for one student's misbehavior	.020*	.275
Faculty allowing side conversations by students that disrupt class	.000**	.410
Faculty unfairly grading	.025*	.266
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.012*	.297
Faculty using profanity (swearing, cussing) directed toward others	.910	.014
Faculty making threatening statements about weapons	.013*	.293

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

Spearman's Rho analysis was conducted to determine if relationships exist between the frequency of the student behavior making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) and the frequency of identified uncivil faculty behaviors. The analysis indicated that there are no statistically significant relationships between the frequency of students making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) and the frequency of all identified uncivil faculty behaviors, (p> .05; Table 7).

Table 7

Students Making Rude Gestures or Non-verbal Behaviors Toward Others (Eye Rolling, Finger Pointing, Etc.) Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.573	-.068
Faculty canceling class or other scheduled activities without warning	.518	.078
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.787	-.033
Faculty punishing the entire class for one student's misbehavior	.139	.178
Faculty allowing side conversations by students that disrupt class	.197	.155
Faculty unfairly grading	.550	.072
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.118	.187
Faculty using profanity (swearing, cussing) directed toward others	.616	.061
Faculty making threatening statements about weapons	.334	.116

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

Correlation analysis was conducted between the frequency of students sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.) and the frequency of faculty uncivil behaviors. The frequency of students sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.) was statistically significant for having a positive weak relationship with the faculty behavior of allowing side conversation by students that disrupt class ($p = .001$, $r_s = .378$; Table 8). Analysis indicated no statistically significant relationship between the frequency of students

sleeping or not paying attention in class or the frequency of the remaining uncivil faculty behaviors.

Table 8

Students Sleeping or Not Paying Attention in Class (Doing Work for Other Classes, Not Taking Notes, Etc.) Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.145	.175
Faculty canceling class or other scheduled activities without warning	.208	.151
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.350	.113
Faculty punishing the entire class for one student's misbehavior	.340	.115
Faculty allowing side conversations by students that disrupt class	.001**	.378
Faculty unfairly grading	.087	.205
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.056	.228
Faculty using profanity (swearing, cussing) directed toward others	.484	-.084
Faculty making threatening statements about weapons	.546	.073

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

The frequency of students holding side conversations that distract you and others was correlated with all reported frequencies of uncivil faculty behaviors. A statistically significant weak relationship was noted between the frequency of the student behavior holding side conversations that distract you and others and the frequency of the faculty behavior being distant and cold toward others (unapproachable, rejecting student's opinions; $p = .021$, $r_s = .273$; Table 9). The frequency of the student behavior of holding

side conversations that distract you or others and the frequency of the faculty behavior allowing side conversation by students that disrupt the class was statistically significant for a moderate relationship ($p = .000$, $r_s = .439$).

Table 9

Students Holding Side Conversations that Distract You or Others Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.099	.197
Faculty canceling class or other scheduled activities without warning	.149	.173
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.021*	.273
Faculty punishing the entire class for one student's misbehavior	.217	.148
Faculty allowing side conversations by students that disrupt class	.000**	.439
Faculty unfairly grading	.211	.150
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.154	.171
Faculty using profanity (swearing, cussing) directed toward others	.826	-.027
Faculty making threatening statements about weapons	.164	.167

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

Spearman's Rho correlation analysis was implemented to determine if relationships exist between the frequency of students cheating on exams or quizzes and the frequency of uncivil faculty behaviors. Correlation analysis between the frequency of cheating on exams or quizzes and faculty being distant and cold toward others (unapproachable, rejecting student's opinions) indicated a statistically significant weak

relationship (p = .046, r_s = .238; Table 10). Statistically significant weak relationships were noted between the frequency of students cheating on exams or quizzes and faculty canceling class or other scheduled activities without warning (p = .030, r_s = .258) and allowing side conversations by students that disrupt class (p = .023, r_s = .269). The frequency of faculty unfairly grading had a statistically significant weak relationship with the frequency of students cheating on exams or quizzes (p= .027, r_s = .262). A weak statistically significant relationship was noted between the frequency of students cheating on exams or quizzes and faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others (p = .002, r_s = .361).

Table 10

Students Cheating on Exams or Quizzes Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.046*	.238
Faculty canceling class or other scheduled activities without warning	.030*	.258
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.079	.210
Faculty punishing the entire class for one student's misbehavior	.059	.225
Faculty allowing side conversations by students that disrupt class	.023*	.269
Faculty unfairly grading	.027*	.262
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.002**	.361
Faculty using profanity (swearing, cussing) directed toward others	.898	-.015
Faculty making threatening statements about weapons	.069	.217

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

The variable frequency of students making condescending or rude remarks toward others were correlated with the frequency of all identified faculty uncivil behaviors. Correlation analysis between the frequency of faculty canceling class or other scheduled activities without warning was statistically significant for a weak relationship with the frequency of students making condescending or rude remarks toward others ($p = .010$, $r_s = .306$; Table 11). A weak statistically significant relationship was noted between the frequency of students making condescending or rude remarks toward others and the frequency of faculty allowing side conversations by students that disrupt class ($p = .030$, $r_s = .257$). No statistically significant relationships were noted between the frequency of the remaining faculty observed behaviors and the frequency of students making condescending or rude remarks toward others.

Table 11

Students Making Condescending or Rude Remarks Toward Others Correlation with Faculty Uncivil Behavior

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.439	.093
Faculty canceling class or other scheduled activities without warning	.010**	.306
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.569	.069
Faculty punishing the entire class for one student's misbehavior	.417	.098
Faculty allowing side conversations by students that disrupt class	.030*	.257
Faculty unfairly grading	.406	.100
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.387	.104
Faculty using profanity (swearing, cussing) directed toward others	.877	-.019
Faculty making threatening statements about weapons	.263	.135

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

Correlation analysis was conducted between the frequency of students demanding make-up exams, extensions, or other special favors and the frequency of identified uncivil faculty behaviors. A statistically significant weak relationship was noted between the frequency of faculty punishing the entire class for one student's misbehavior (p = .042, r_s = .242) and students demanding make-up exams, extensions, or other special favors (Table 12). Weak relationships were statistically significant between the frequency of students demanding make-up exams, extensions, or other special favors and the frequency of faculty allowing side conversations by students that disrupt class (p =

.040, r_s = .244), being distant and cold toward others (unapproachable, rejecting student's opinions; p = .022, r_s = .272), and canceling class or other schedule activities without warning (p = .012, r_s = .296). Analysis of the data identified a statistically significant weak relationship between the frequency of faculty refusing or reluctant to answer direct questions and the frequency of students demanding make-up exams, extensions, or other special favors (p = .003, r_s = .352). The frequency of students demanding make-up exams, extensions, or other special favors had a significantly weak relationship with the frequency of faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others (p = .006, r_s = .321).

Table 12

Students Demanding Make-up Exams, Extensions, or Other Special Favors Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.003**	.352
Faculty canceling class or other scheduled activities without warning	*.012**	.296
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	*.022**	.272
Faculty punishing the entire class for one student's misbehavior	*.042**	.242
Faculty allowing side conversations by students that disrupt class	*.040**	.244
Faculty unfairly grading	*.015**	.287
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	*.006***	.321
Faculty using profanity (swearing, cussing) directed toward others	*.905*	.224
Faculty making threatening statements about weapons	*.224*	.146

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

Spearman's Rho analysis was conducted between the frequency of identified faculty behavior and the frequency of students ignoring, failing to address, or encouraging disruptive behaviors by classmates. A statistically significant moderate relationship was noted between the frequency of students ignoring, failing to address, or encouraging disruptive behaviors by classmates and the frequency of faculty allowing side conversations by students that disrupt class ($p = .000$, $r_s = .427$; Table 13). The analysis noted no statistically significant relationships between the frequency of students ignoring, failing to address, or encouraging disruptive behaviors by classmates and the remaining frequencies of identified uncivil faculty behaviors.

Table 13

Students Ignoring, Failing to Address, or Encouraging Disruptive Behaviors by Classmates Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.307	.123
Faculty canceling class or other scheduled activities without warning	.093	.201
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.703	.046
Faculty punishing the entire class for one student's misbehavior	.853	-.022
Faculty allowing side conversations by students that disrupt class	.000**	.427
Faculty unfairly grading	.454	.090
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.403	.101
Faculty using profanity (swearing, cussing) directed toward others	.984	-.002
Faculty making threatening statements about weapons	.367	.109

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

Correlation analysis was conducted between the frequency of students demanding a passing grade when a passing grade had not been earned and the frequency of identified faculty uncivil behaviors. A statistically significant positive weak relationship was noted between the frequency of students demanding a passing grade when a passing grade had not been earned and the frequency of faculty unfairly grading ($p = .048$, $r_s = .236$; Table 14). A negative statistically weak relationship was noted between the frequency of faculty using profanity (swearing, cussing) directed toward others and the frequency of students demanding a passing grade when a passing grade had not been earned ($p = .025$, $r_s = -.265$). Spearman's Rho analysis indicated no statistically significant correlations between the remaining frequency of identified faculty uncivil behaviors and the frequency of students demanding a passing grade when a passing grade had not been earned.

Table 14

Students Demanding a Passing Grade When a Passing Grade had Not Been Earned Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.402	.101
Faculty canceling class or other scheduled activities without warning	.897	.016
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.643	.055
Faculty punishing the entire class for one student's misbehavior	.817	-.028
Faculty allowing side conversations by students that disrupt class	.168	.165
Faculty unfairly grading	.048*	.236
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.323	.119
Faculty using profanity (swearing, cussing) directed toward others	.025*	-.265
Faculty making threatening statements about weapons	.875	-.019

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

The frequency of student's threatening physical harm against others (implied or actual) was correlated to the frequency of identified faculty bullying behaviors. Statistically significant weak relationships were noted between the frequency of students threatening physical harm against others (implied or actual) and the frequency of faculty canceling class or other schedule activities without warning ($p = .033$, $r_s = .254$), punishing the entire class of one student's misbehavior ($p = .036$, $r_s = .25$), and allowing side conversations by students that disrupt class ($p = .043$, $r_s = .241$; Table 15). The frequency of faculty making discriminating comments (racial, ethnic, gender, etc.)

directed toward others had a weak relationship with the frequency of students threatening physical harm against others (implied or actual; $p = .001$, $r_s = .393$). Correlation analysis between the frequency of students threatening physical harm against others (implied or actual) and the frequency of faculty making threatening statements about weapons was statistically significant, indicating a mild relationship ($p = .024$, $r_s = .267$).

Table 15

Students Threats of Physical Harm Against Others (Implied or Actual) Correlation with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.243	.140
Faculty canceling class or other scheduled activities without warning	.033*	.254
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.176	.162
Faculty punishing the entire class for one student's misbehavior	.036*	.250
Faculty allowing side conversations by students that disrupt class	.043*	.241
Faculty unfairly grading	.193	.156
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.001**	.393
Faculty using profanity (swearing, cussing) directed toward others	.655	.054
Faculty making threatening statements about weapons	.024*	.267

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$.

Additional Statistical Analysis

After analysis of the data for the main hypothesis, data were combined for witnessing of uncivil behavior into two categories, *never* to *rarely* and *sometimes* to

often. I conducted a correlation analysis of the combined data categories. Spearman's Rho analysis was conducted to determine if a relationship exists between the frequency of student uncivil behaviors and faculty uncivil behaviors.

I conducted a correlation analysis between frequency of students expressing disinterest, boredom, or apathy about course content or subject matter and frequency of identified faculty bullying behaviors. A statistically significant weak relationship was noted between the frequency of students expressing disinterest, boredom, or apathy about course content or subject matter and the frequency of faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others ($p = .026$, $r_s = .265$; Table 16). The frequency of faculty using profanity (swearing, cussing) directed towards others had a statistically significant moderate relationship with the frequency of students expressing disinterest, boredom, or apathy about course content or subject matter ($p = .000$, $r_s = .425$).

Table 16

Students Expressing Disinterest, Boredom, or Apathy About Course Content or Subject Matter Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.808	-.029
Faculty canceling class or other scheduled activities without warning	.117	.188
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.928	-.011
Faculty punishing the entire class for one student's misbehavior	.129	.182
Faculty allowing side conversations by students that disrupt class	.682	-.049
Faculty unfairly grading	.186	.159
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.026*	.265
Faculty using profanity (swearing, cussing) directed toward others	.000**	.425
Faculty making threatening statements about weapons	.163	.167

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Correlation analysis was conducted to determine if relationships exist between the frequency of students making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) and the frequency of identified uncivil faculty behaviors. Statistically significant weak relationships were noted between the frequency of students making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) and the frequency of faculty using profanity (swearing, cussing) directed towards others ($p = .014$, $r_s = .291$) and making discriminating comments (racial, ethnic, gender, etc.) directed towards others ($p = .002$, $r_s = .365$; Table 17). A moderate relationship was

identified between the frequency of faculty canceling class or other scheduled activities without warning and the frequency of students making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) (p = .000, r_s = .410). Spearman's Rho analysis identified a moderate relationship between the frequency of students making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) and the faculty punishing the entire class for one student's misbehavior (p = .000, r_s = .685). Strong significant relationships were identified between the frequency of students making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.) and the frequency of faculty unfairly grading (p = .000, r_s = .707), refusing or reluctant to answer direct questions (p = .000, r_s = .919), and being distant and cold toward others (unapproachable, rejecting student's opinions; p = .000, r_s = .945). The frequency of faculty allowing side conversations by students that disrupt class had a statistically significant strong relationship with the frequency of students making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc; p = .000, r_s = .945).

Table 17

Students Making Rude Gestures or Nonverbal Behaviors Toward Others (Eye-Rolling, Finger-Pointing, Etc.) Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.000**	.919
Faculty canceling class or other scheduled activities without warning	.000**	.410
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.945
Faculty punishing the entire class for one student's misbehavior	.000**	.685
Faculty allowing side conversations by students that disrupt class	.000**	.945
Faculty unfairly grading	.000**	.707
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.002**	.365
Faculty using profanity (swearing, cussing) directed toward others	.014*	.291
Faculty making threatening statements about weapons	.341	.115

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Spearman's Rho correlation was conducted to analyze the relationships between the frequency of students sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.) and the frequency of faculty uncivil behaviors. Statistically weak relationships were identified between the frequency of students sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.) and the frequency of faculty using profanity (swearing, cussing) directed towards others ($p = .039$, $r_s = .245$) making discriminating comments (racial, ethnic, gender, etc.) directed towards others ($p = .009$, $r_s = .307$), and canceling class or other scheduled

activities without warning (p = .003, r_s = .346; Table 18). Analysis of the data identified a significant moderate relationship between the frequency of faculty punishing the entire class for one student's misbehavior and the frequency of students sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.; p = .000, r_s = .577). The frequency of students sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.) had a statistically significant moderate relationship with the frequency of faculty unfairly grading (p = .000, r_s = .595). Statistically significant strong relationships between the frequency of students sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.) and the frequency of faculty refusing or reluctant to answer direct questions (p = .000, r_s = .774), allowing side conversations by students that disrupt class (p = .000, r_s = .796), and being distant and cold toward others (unapproachable, rejecting student's opinions; p = .000, r_s = .891) were noted during analysis of the data.

Table 18

Students Sleeping or Not Paying Attention in Class (Doing Work for Other Classes, Not Taking Notes, Etc.) Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.000**	.774
Faculty canceling class or other scheduled activities without warning	.003**	.346
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.891
Faculty punishing the entire class for one student's misbehavior	.000**	.577
Faculty allowing side conversations by students that disrupt class	.000**	.796
Faculty unfairly grading	.000**	.595
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.009**	.307
Faculty using profanity (swearing, cussing) directed toward others	.039*	.245
Faculty making threatening statements about weapons	.424	.096

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Analysis of the data were conducted to determine correlations between the frequency of identified uncivil faculty behaviors and the frequency of students holding side conversations that distract you or others. Statistically significant weak relationships were identified between the frequency of students holding side conversations that distract you or others and the frequency of faculty refusing or reluctant to answer direct questions ($p = .000$, $r_s = .410$), punishing the entire class for one student's misbehavior ($p = .009$, $r_s = .306$), and unfairly grading ($p = .007$, $r_s = .316$; Table 19). A statistically significant moderate relationship was noted between the frequency of faculty being distant and cold

toward others (unapproachable, rejecting student's opinions) and the frequency of students holding side conversations that distract you or others (p = .000, r_s = .473). The frequency of students holding side conversations that distract you or others had a statistically significant moderate relationship with the frequency of faculty allowing side conversations by students that disrupt class (p=.000, r_s= .422).

Table 19

Students Holding Side Conversations That Distract You or Others Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	p	r_s
Faculty refusing or reluctant to answer direct questions	.000**	.410
Faculty canceling class or other scheduled activities without warning	.126	.183
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.473
Faculty punishing the entire class for one student's misbehavior	.009**	.306
Faculty allowing side conversations by students that disrupt class	.000**	.422
Faculty unfairly grading	.007**	.316
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.174	.163
Faculty using profanity (swearing, cussing) directed toward others	.280	.130
Faculty making threatening statements about weapons	.672	.051

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Spearman's Rho analysis was conducted between the frequency of students cheating on exams or quizzes and the frequency of identified uncivil faculty behaviors. Statistically significant moderate relationships were identified between the frequency of

students cheating on exams or quizzes and the frequency of faculty using profanity (swearing, cussing) directed toward others ($p = .000$, $r_s = .439$), making discriminating comments (racial, ethnic, gender, etc.) directed toward others ($p = .000$, $r_s = .550$), and canceling class or other schedule activities without warning ($p = .000$, $r_s = .619$; Table 20). The frequency of faculty being distant and cold toward others (unapproachable, rejecting student's opinions) had a statistically significant moderate relationship with the frequency of students cheating on exams or quizzes ($p = .000$, $r_s = .627$). Strong relationships were noted between the frequency of students cheating on exams or quizzes and faculty refusing or reluctant to answer direct questions ($p = .000$, $r_s = .722$) and allowing side conversations by students that disrupt class ($p = .000$, $r_s = .702$). The frequency of the faculty behavior, unfairly grading, had a statistically significant positive strong relationship with the frequency of students cheating on exams or quizzes ($p = .000$, $r_s = .939$). The analysis between the frequency of students cheating on exams or quizzes and the frequency of the faculty punishing the entire class for one student's misbehavior indicated a statistically strong relationship ($p = .000$, $r_s = .969$).

Table 20

Students Cheating on Exams or Quizzes Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.000**	.722
Faculty canceling class or other scheduled activities without warning	.000**	.619
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.627
Faculty punishing the entire class for one student's misbehavior	.000**	.969
Faculty allowing side conversations by students that disrupt class	.000**	.702
Faculty unfairly grading	.000**	.939
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.000**	.550
Faculty using profanity (swearing, cussing) directed toward others	.000**	.439
Faculty making threatening statements about weapons	.150	.173

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Correlation analysis was conducted between the frequency of students making condescending or rude remarks toward others and the frequency of identified uncivil faculty behaviors. Statistically significant weak relationships were identified between the frequency of students making condescending or rude remarks toward others and the frequency of faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others ($p = .001$, $r_s = .397$) and using profanity (swearing, cussing) directed toward others ($p = .007$, $r_s = .317$; Table 21). The frequency of faculty canceling class or other scheduled activities without warning had a moderate relationship with the

frequency of students making condescending or rude remarks toward others (p = .000, r_s = .447). Positive strong relationships were noted between the frequency of students making condescending or rude remarks toward others and the frequency of faculty punishing the entire class for one student's misbehavior (p = .000, r_s = .745), unfairly grading (p = .000, r_s = .769), and being distant and cold towards others (unapproachable, rejecting student's opinions; p = .000, r_s = .868). The frequency of faculty allowing side conversations by students that disrupt class had a statistically significant strong relationship with the frequency of students making condescending or rude remarks toward others (p = .000, r_s = .972). A perfect relationship was noted between the frequency of students making condescending or rude remarks toward others and the frequency of faculty refusing or reluctant to answer direct questions (r_s=1).

Table 21

Students Making Condescending or Rude Remarks Toward Others Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions		1
Faculty canceling class or other scheduled activities without warning	.000**	.447
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.868
Faculty punishing the entire class for one student's misbehavior	.000**	.745
Faculty allowing side conversations by students that disrupt class	.000**	.972
Faculty unfairly grading	.000**	.769
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.001**	.397
Faculty using profanity (swearing, cussing) directed toward others	.007**	.317
Faculty making threatening statements about weapons	.125	.125

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

The variable, frequency of students demanding make-up exams, extensions, or other special favors, was correlated with the frequency of identified faculty uncivil behaviors. A statistically significant weak relationship was noted between the frequency of students demanding make-up exams, extensions, or other special favors and the frequency of faculty using profanity (swearing, cussing) directed toward others (p = .000, r_s = .326; Table 22). Significant moderate relationships were identified between the frequency of students demanding make-up exams, extensions, or other special favors and the frequency of faculty making discriminating comments (racial, ethnic, gender, etc.)

directed toward others ($p = .000$, $r_s = .409$) and canceling class or other scheduled activities without warning ($p = .000$, $r_s = .459$). The frequency of faculty unfairly grading had a statistically significant strong relationship with the frequency of students demanding make-up exams, extensions, or other special favors ($p = .000$, $r_s = .791$). Strong relationships were identified between the frequency of students demanding make-up exams, extensions, or other special favors and the frequency of faculty punishing the entire class for one student's misbehavior ($p = .000$, $r_s = .767$), being distant and cold toward others (unapproachable, rejecting student's opinions; $p = .000$, $r_s = .844$), and allowing side conversations by students that disrupt class ($p = .000$, $r_s = .945$). A strong positive relationship was identified between the frequency of faculty refusing or reluctant to answer direct questions and the frequency of students demanding make-up exams, extensions, or other special favors ($p = .000$, $r_s = .972$).

Table 22

Students Demanding Make-up Exams, Extensions, or Other Special Favors Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.000**	.972
Faculty canceling class or other scheduled activities without warning	.000**	.459
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.844
Faculty punishing the entire class for one student's misbehavior	.000**	.767
Faculty allowing side conversations by students that disrupt class	.000**	.945
Faculty unfairly grading	.000**	.791
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.000**	.409
Faculty using profanity (swearing, cussing) directed toward others	.006**	.326
Faculty making threatening statements about weapons	.286	.128

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Spearman's Rho analysis was conducted between the frequency of identified uncivil faculty behaviors and the frequency of nursing students ignoring, failing to address, or encouraging disruptive behaviors by classmates. A statistically significant weak relationship was identified between the frequency of nursing students ignoring, failing to address, or encouraging disruptive behaviors by classmates and the frequency of faculty using profanity (swearing, cussing) directed toward others ($p = .001$, $r_s = .388$; Table 23). The frequency of nursing students ignoring, failing to address, or encouraging disruptive behaviors by classmates had positive statistically significant moderate

relationships with the frequency of faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others ($p = .000$, $r_s = .486$) and canceling class or other scheduled activities without warning ($p = .000$, $r_s = .547$). The frequency of faculty being distant and cold toward others (unapproachable, rejecting student's opinions) had a strong relationship with the frequency of nursing students ignoring, failing to address, or encouraging disruptive behaviors by classmates ($p = .000$, $r_s = .710$). Strong statistically significant relationships were identified between the frequency of nursing students ignoring, failing to address, or encouraging disruptive behaviors by classmates and the frequency of faculty allowing side conversations by students that disrupt class ($p = .000$, $r_s = .794$), refusing or reluctant to answer direct questions ($p = .000$, $r_s = .817$), and punishing the entire class for one student's misbehavior ($p = .000$, $r_s = .912$). The frequency of faculty unfairly grading had a strong positive relationship with the frequency of nursing students ignoring, failing to address, or encouraging disruptive behaviors by classmates ($p = .000$, $r_s = .941$).

Table 23

Students Ignoring, Failing to Address, or Encouraging Disruptive Behaviors by Classmates Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.000**	.817
Faculty canceling class or other scheduled activities without warning	.000**	.547
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.710
Faculty punishing the entire class for one student's misbehavior	.000**	.912
Faculty allowing side conversations by students that disrupt class	.000**	.794
Faculty unfairly grading	.000**	.941
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.000**	.486
Faculty using profanity (swearing, cussing) directed toward others	.001**	.388
Faculty making threatening statements about weapons	.204	.153

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

The frequency of nursing students demanding a passing grade when a passing grade has not been earned was correlated with the frequencies of uncivil faculty behaviors. A statistically significant weak relationship was noted between the frequency of students demanding a passing grade when a passing grade has not been earned and the frequency of faculty using profanity (swearing, cussing) directed toward others (p = .002, r_s = .355; Table 24). Statistically significant moderate relationships were identified between the frequency of students demanding a passing grade when a passing grade has not been earned and the frequency of faculty making discriminating comments (racial,

ethnic, gender, etc.) directed toward others ($p = .000$, $r_s = .445$) and canceling class or other scheduled activities without warning ($p = .000$, $r_s = .501$). The frequency of nursing faculty being distant and cold toward others (unapproachable, rejecting student's opinions) had a strong relationship with the frequency of students demanding a passing grade when a passing grade has not been earned ($p = .000$, $r_s = .775$). Statistically strong relationships were noted between the frequency of students demanding a passing grade when a passing grade has not been earned and the frequency of faculty punishing the entire class for one student's misbehavior ($p = .000$, $r_s = .835$), unfairly grading ($p = .000$, $r_s = .862$), and allowing side conversations by students that disrupted class ($p = .000$, $r_s = .868$). The frequency of students demanding a passing grade when a passing grade has not been earned had a strong statistically significant positive relationship with the frequency of faculty refusing or reluctant to answer direct questions ($p = .000$, $r_s = .892$).

Table 24

Students Demanding a Passing Grade When a Passing Grade Has Not Been Earned Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.000**	.892
Faculty canceling class or other scheduled activities without warning	.000**	.501
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.000**	.775
Faculty punishing the entire class for one student's misbehavior	.000**	.835
Faculty allowing side conversations by students that disrupt class	.000**	.868
Faculty unfairly grading	.000**	.862
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.000**	.445
Faculty using profanity (swearing, cussing) directed toward others	.002**	.355
Faculty making threatening statements about weapons	.245	.140

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Correlation analysis was conducted between the frequency of the nursing students threatening physical harm against others (implied or actual) and the frequency of faculty uncivil behaviors. The frequency of student threats of physical harm against others (implied or actual) had statistically significant weak relationships with the frequency of faculty punishing the entire class for one student's misbehavior (p = .013, r_s= .294) and unfairly grading (p = .016, r_s = .285; Table 25). The frequency of faculty canceling class or other schedule activities without warning had a positive statistically significant moderate relationship with the frequency of student threats of physical harm against

others (implied or actual; $p = .000$, $r_s = .491$). Moderate relationships were noted between the frequency of student threatening physical harm against others (implied or actual) and the frequency of faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others ($p = .000$, $r_s = .551$) and making threatening statements about weapons ($p = .000$, $r_s = .569$). Correlation analysis between the frequency of nursing faculty using profanity (swearing, cussing) directed toward others and the frequency of student threats of physical harm against others (implied or actual) indicated a statistically significant positive moderate relationship ($p = .000$, $r_s = .691$).

Table 25

Student Threats of Physical Harm Against Others (Implied or Actual) Additional Analysis with Faculty Uncivil Behaviors

Frequency of faculty incivility behavior	*p*	r_s
Faculty refusing or reluctant to answer direct questions	.066	.219
Faculty canceling class or other scheduled activities without warning	.000**	.491
Faculty being distant and cold toward others (unapproachable, rejecting student's opinions)	.112	190
Faculty punishing the entire class for one student's misbehavior	.013*	.294
Faculty allowing side conversations by students that disrupt class	.074	.213
Faculty unfairly grading	.016*	.285
Faculty making discriminating comments (racial, ethnic, gender, etc.) directed toward others	.000**	.551
Faculty using profanity (swearing, cussing) directed toward others	.000**	.691
Faculty making threatening statements about weapons	.000**	.569

Note. p = 2-tailed level of significance; r_s= correlation coefficient. *$p \leq .05$. ** $p \leq .01$. Spearman's Rho correlation analysis with alternative data subsets.

Conclusions

I conducted a study to determine what is the relationship between the bullying behaviors of nursing faculty bullying and bullying behaviors of ADN students. Clark et al.'s (2015) INE-R survey was used to collect data from RNs, who had graduated less than 5 years ago from an ADN program in the state of Florida. The INE-R provided data on the frequency nursing faculty and ADN students exhibited bullying behaviors. The frequency of observed bullying behaviors provided a means to determine if the bullying behavior was exhibited in ADN programs and determine if a relationship exists between the observed bullying behaviors of the nursing faculty and ADN students, through Spearman's Rho correlation analysis.

The null hypothesis for this study stated that there was no relationship between the bullying behaviors of nursing faculty and the bullying behaviors of ADN students. Analysis of the data indicated statistically significant ($p < .05$) relationships between the frequency of bullying behaviors of the nursing faculty and bullying behaviors of the nursing, rejecting the null hypothesis. Ad hoc analysis of the data was conducted by combining the frequency of observation of the bullying/uncivil behaviors. The analysis was completed to determine if additional or stronger relationships existed between observed bullying behaviors of the nursing faculty and bullying behaviors of the ADN student. The ad hoc analysis determined more frequent and stronger relationships between the frequency of bullying/uncivil behaviors of the nursing faculty and ADN students. Rejection of the null hypothesis provides validation of the hypothesis: There is

a relationship between the frequency of bullying behaviors of nursing faculty and the frequency of bullying behaviors of ADN students.

Summary

Spearman's Rho analysis was conducted, on collected data, to determine if relationships exist between the bullying behaviors of nursing faculty and the bullying behaviors of nursing students. Analysis of the data indicated that the frequency of certain bullying/uncivil behaviors of nursing faculty have relationships with certain bullying/uncivil behaviors of nursing student. Additional analysis was conducted, after data were recoded to include the frequency of witnessing a bullying/uncivil behavior into two categories, *never/rarely* and *sometimes/often*. The second analysis indicated more frequent and stronger relationships between the bullying/uncivil behaviors of nursing faculty and the bullying/uncivil behaviors of nursing student. I will discuss the study findings, limitations of the study, and recommendations for further research in the next chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

Bullying in nursing academia impacts the nursing student's education and perception of the profession of nursing, this behavior has been observed in both nursing faculty and nursing students (Minton & Burks, 2019). A principle of Bandura's (1977) SLT is that behaviors exhibited by one person are the result of observing a similar behavior in a person of authority or influence. The purpose of this study was to determine if a relationship exists between the bullying behaviors displayed by nursing faculty and the bullying behaviors displayed by nursing students. Determining if a relationship exists between nursing faculty behaviors and nursing student behaviors will provide a means to test Bandura's SLT principle, as applied to nursing academia.

Correlation analysis was conducted to determine if the frequency of observed nursing faculty bullying behaviors had a relationship with observed ADN student bullying behaviors. The analysis indicated statistically significant potential relationships between the frequency of nursing faculty bullying behaviors and the frequency of ADN student bullying behaviors. The results of this study, in correlation with Bandura's SLT, indicate that bullying behaviors of nursing faculty have an impact on the behaviors of the ADN student.

Interpretation of Findings

Bullying in the nursing profession begins at the first introduction to the nursing practice: nursing academia (Cangeloski, 2016). Research into bullying in nursing academia has been limited to the psychological and physical impacts of bullying on nursing students, including students' desire continue in the nursing profession (Birks et

al., 2017; Minton & Birks, 2019). Research has shown that bullying by nursing faculty has caused nursing students to experience anxiety, dread, worry, headaches, gastrointestinal issues, and increased desire to leaving nursing school and pursue other career choices (Birks et al., 2017; Karatas et al., 2017; Martin et al., 2018; Minton & Birks, 2019; Smith et al., 2016). Prior studies regarding how bullying behaviors in nursing academia have impacted the behaviors of others had not been conducted. This study expanded the knowledge of bullying in academia by exploring the potential relationship between nursing faculty bullying behaviors and nursing student bullying behaviors.

The low sample size impacted the ability to find differences when differences existed, but relationships were more pronounced when the four categories of possible Likert scale responses were collapsed to two. Correlation analysis of the data indicated positive relationships between the bullying behaviors of nursing faculty and bullying behaviors of nursing students. The bullying behavior of faculty allowing side conversations by students that disrupted the class had strong positive relationships with bullying behaviors of students: making rude gestures or nonverbal behaviors toward others; sleeping or not paying attention in class; cheating on exams or quizzes; making condescending or rude remarks toward others; demanding make-up exams, extensions, or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates students; and students demanding a passing grade when a passing grade has not been earned. A moderate positive relationship was identified between the faculty bullying behavior of allowing side conversations by students that disrupt the class and the

student behavior of holding side conversations that distract the student or others. The faculty bullying behavior of canceling class or other scheduled activities without warning had moderate positive relationships with student bullying behaviors of making rude gestures or nonverbal behaviors toward others; sleeping or not paying attention in class; disinterest, boredom, or apathy about course content or subject; cheating on exams or quizzes; making condescending or rude remarks toward others; demanding make-up exams, extensions or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates; demanding passing grade when a passing grade has not been earned; and threats of physical harm against others. A weak positive relationship was noted between the faculty behavior of canceling class or other scheduled activities without warning and students holding side conversations that distract the student or others. Strong positive relationships were identified between the faculty behavior of unfairly grading and the student behaviors of making rude gestures or nonverbal behaviors toward others; cheating on exams or quizzes; making condescending or rude remarks toward others; demanding make-up exams, extensions, or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates; and demanding a passing grade when a passing grade has not been earned. The data showed moderate positive relationships between student behaviors of sleeping or not paying attention in class and holding side conversations that distracted the student or others and the faculty behavior of unfairly grading. A weak relationship was noted between the student behavior of threats of physical harm against others and the faculty bullying behavior of unfair grading. The faculty bullying behavior of making

discriminating comments directed toward others had weak positive relationships with multiple student bullying behaviors: disinterest, boredom, or apathy about course content or subject matter; making rude gestures or nonverbal behaviors toward others; sleeping or not paying attention in class; and making condescending or rude remarks toward others. Moderate positive relationships were noted between the faculty making discriminating comments directed toward others and the student behaviors of cheating on exams or quizzes; demanding make-up exams, extensions, or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates; demanding a passing grade when a passing grade has not been earned; and threats of physical harm against others. Weak positive relationships were noted between the faculty behavior of punishing the entire class for one student's misbehavior and the student behaviors of holding side conversations that distract student or others and threats of physical harm against others. Students making rude gestures or nonverbal behaviors toward others and sleeping or not paying attention in class had moderate positive relationships with faculty punishing the entire class for one student's misbehavior. Strong positive relationships were noted between the faculty bullying behavior of punishing the entire class for one student's misbehavior and the student bullying behaviors of cheating on exams or quizzes; making condescending or rude remarks toward others; demanding make-up exams, extensions, or other special favors; ignoring, failing to address or encouraging disruptive behaviors by classmates; and demanding a passing grade when a passing grade has not been earned.

The faculty bullying behavior of refusing or reluctant to answer direct questions had the strongest positive relationships with student bullying behaviors. The student bullying behavior holding side conversations that distract the student or others had a moderate positive relationship with the faculty bullying behavior of refusing or reluctant to answer direct questions. Strong positive relationships were noted between the faculty refusing or reluctant to answer direct questions and the student behaviors of making rude gestures or nonverbal behaviors toward others; sleeping or not paying attention in class; cheating on exams or quizzes, demanding make-up exams, extensions, or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates; and demanding a passing grade when a passing grade had not been earned. A perfect positive relationship was noted between the faculty bullying behavior of refusing or reluctant to answer direct questions and students making condescending or rude remarks toward others.

Faculty being distant and cold toward others had moderate positive relationships with students holding side conversations that distract the student and others and cheating on exams or quizzes. Strong positive relationships were noted between the faculty behavior of being distant and cold toward others and the student behaviors of making rude gestures or nonverbal behaviors toward others; sleeping or not paying attention in class; making condescending or rude remarks toward others; demanding make-up exams, extensions, or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates; and demanding a passing grade when a passing grade had not been earned. The faculty bullying behavior making threatening statements about

weapons had a moderate positive relationship with the student bullying behavior threats of physical harm against others. Student behaviors expressing disinterest, boredom, or apathy about course content or subject matter; cheating on exams or quizzes; and threats of physical harm against others had moderate positive relationships with the faculty behavior of using profanity directed toward others. Weak positive relationships were noted between the faculty bullying behavior of using profanity directed toward others and student bullying behaviors of making rude gestures or nonverbal behaviors toward others; sleeping or not paying attention in class; making condescending or rude remarks toward others; demanding make-up exams, extensions, or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates; and demanding a passing grade when a passing grade has not been earned.

I expanded the knowledge of bullying behaviors in nursing academia, through this study. Previous research on bullying in nursing education concentrated on the behaviors associated with bullying and the physical and emotional impact on students and faculty. Bandura's (1977) SLT states that the behaviors one exhibits are learned by observing the behaviors of one who has influence or authority. I determined that relationships exist between the bullying behaviors of nursing faculty and the bullying behaviors of nursing students. These relationships align with Bandura's SLT principle of learned behavior: the observation of behavior exhibited by a person of influence impacts the behaviors of the nursing students.

Clark's (2015) INE-R was used to collect data for this study. The INE-R tool provided data to determine if potential relationships existed between the bullying

behaviors of nursing faculty and bullying behaviors of nursing students. The use of the INE-R tool was appropriate for this study as it provided data to determine the perspectives of newly graduated RNs on the frequency of peer and faculty behaviors during an ADN program. I determined that potential relationships exist between bullying behaviors of nursing faculty and bullying behaviors of nursing students. Future studies will require additional tools and methodologies to determine if a causal relationship exists between the bullying behavior of nursing faculty and the bullying behaviors of nursing students.

Limitations of the Study

The generalization of this study is limited by the study's sample population. Participants of the study were RNs who had graduated from an ADN program in the state of Florida, between the years of 2015 and 2020, limiting the generalization of the study results to this population. Potential participants were invited via random selection of available email contact information from the Florida Board of Nursing's public access site and through social media sites. Potential participants were not eligible if email addresses were not provided in the database or if the provided email address was not valid. Thus, the methods of obtaining participants also limited the study's generalizability, as the use of social media limited the potential participants to those who were on social media.

The generalizability of the study was limited by the number of RNs who participated. Of the 114 participants who took the survey, only 71 (60.6%) of the

participants answered all questions. The small sample size decreased the generalizability, reliability, and strength of the study.

The reliability and validity of participants' responses may be limited to world events during the time of data collection. Data were collected during the time the pandemic of Covid-19 was beginning to be seen in the state of Florida. Stress and fatigue associated with being employed in an environment where the risk of being exposed and saving lives may have impacted the participants responses.

Recommendations

The strengths and limitations of this study provide areas for additional research. Conducting the study with a larger sample and including graduates from baccalaureate and graduate degree programs will improve the reliability of the results. Expanding research to conducting similar studies in other states or areas would provide data to determine the generalizability of the research results, outside of the state of Florida.

Participants for this study were RNs who had graduated fewer than 5 years ago from an ADN program in the state of Florida. The timing of graduation, fewer than 5 years ago, may have limited the trustworthiness and reliability of the data collected due to memory. Additional research with participants who are more recently graduated RNs or who are currently in an ADN program would improve the trustworthiness and reliability of the data.

I determined that potential relationships existed between bullying behaviors of nursing faculty and bullying behaviors of nursing students, the foundation for determining if a causal relationship exists between bullying behavior of nursing faculty

and bullying behaviors of nursing students. Additional research into the exploration of this relationship is necessary to determine the extent and direction of this causal relationship. Longitudinal studies of bullying behavior in nursing education will provide additional insights into the relationships between faculty bullying behaviors and nursing student bullying behaviors. Conducting a stratified design survey of students at each level of the nursing program will provide additional understanding of the impact of bullying behaviors of nursing faculty on bullying behaviors of nursing students. Qualitative studies on bullying by nursing faculty and nursing students would provide additional awareness of the bullying behaviors in nursing academia and the impact nursing faculty bullying behaviors have on behaviors exhibited by nursing students.

I conducted a quantitative study that provided statistical evidence of potential relationships between bullying behaviors of nursing faculty and bullying behaviors of nursing students, although the sample was too small to reliably measure statistical differences. Additional qualitative research on the perception of how bullying behaviors of nursing faculty affect the behaviors of nursing students and the bullying behaviors of nursing students affect the behaviors of nursing faculty would provide insight into the causal relationship.

The study I conducted indicated possible relationships between bullying behaviors of nursing faculty and bullying behaviors of nursing students, providing evidence that behaviors exhibited in nursing faculty potentially impact the behaviors of the observing nursing students. My research provides the foundation of educating nursing faculty on how behaviors can have potential impact on the behaviors of nursing students.

Inclusion of identified bullying behaviors of faculty and the potential relationship these behaviors have on student behaviors in nursing faculty preparation education will provide a means for nursing faculty to address these behaviors. Educating nursing faculty of bullying behaviors exhibited by faculty will provide an opportunity for nursing faculty to self-exam behaviors and decrease or eliminate these behaviors in the nursing academic setting.

I will conduct additional studies into this phenomenon, using a similar research design. The study I conducted provided evidence that potential relationships exist between bullying behaviors of nursing faculty and bullying behaviors of nursing students. Due to the limited sample size, statistical differences were not measurable. Conducting a study implementing the same research design with a larger sample size and sample area will improve the reliability and generalizability of the results.

Implications

Understanding the impact of bullying behaviors in nursing academia is important in making positive social change in nursing education and the nursing profession. This study indicated potential relationships between the bullying behaviors of nursing faculty and the bullying behaviors of nursing students. The results indicated that the bullying behaviors of nursing faculty may have an impact on the behaviors that nursing students exhibit. If this is true, this knowledge would provide a means for changing the preparation of nursing faculty and the culture of nursing academia. Educating nursing faculty on bullying behaviors, setting an optimal teaching/learning environment, and

modeling professional behaviors would impact the bullying behaviors that the nursing students exhibit, promoting positive social change in nursing academia.

The behaviors learned in their academic programs may influence the behaviors of new graduates as they begin their nursing practice. Future research will attempt to measure the degree to which bullying behaviors in nursing staff are linked to the behaviors learned during their academic preparation.

Conclusions

Improving bullying in the nursing profession begins at the beginning of one's nursing career, in nursing education. Nursing faculty and nursing students exhibit bullying behaviors in the academic setting, leading to decreased learning and the desire to not continue in the nursing profession (Birks et al., 2017; Minton & Birks, 2019). This study indicated that relationships existed between the bullying behaviors of nursing faculty and the bullying behaviors of nursing students. Bandura's (1977) SLT suggests that the observed bullying behaviors of the nursing faculty have a direct impact on the bullying behaviors of nursing students. Future studies will explore this causal relationship.

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Appendix A: Licensure Agreement

COPYRIGHT LICENSE AGREEMENT

This License Agreement (the "License") is made and entered into this 24 day of September, 2019, by and between Boise State University, hereinafter referred to as the "Licensor," and Angela Vitale, MSN, RN, doctoral student, hereinafter referred to as the "Licensee."

WHEREAS, the Licensor owns certain rights, title and interests in the Incivility in Nursing Education Revised (INE-R) Survey, hereafter called the "Licensed Works," and

WHEREAS, the Licensor desires to grant a license to the Licensee and Licensee desires to accept the grant of such license pursuant to the terms and provisions of this License Agreement for the purposes of permitting Licensee to use the Licensed Works for non-commercial purposes as outlined herein;

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11. Notice. Any notice required or permitted by this License may be delivered in person or sent by registered or certified mail, return receipt requested to the party at the address as hereinafter provided, and if sent by mail it shall be effective when posted in the U.S. Mail Depository with sufficient postage attached thereto:

LICENSOR	LICENSEE
Boise State University Attn: Office of Technology Transfer 1910 University Drive Boise, ID 83725-2095	Angela Vitale, MSN, RN, doctoral student 9689 Pineapple Preserve Court Fort Myers, FL 33908

Notice of change of address shall be treated as any other notice.

12. Applicable Law. The License shall be governed by Idaho law. All construction pursuant to or interpretation of this License shall comply with and conform to all applicable state, federal and local laws, regulations, rules and orders.

13. Default. Any failure of either party to perform in accordance with the terms of this Agreement shall constitute a breach of the agreement. In the event of a material breach by Licensee, Licensor may, upon written notice to Licensee, declare this License Agreement terminated and may seek such other and further relief as may be provided by law, including, but not limited to, a temporary or permanent injunction against Licensee's continued use of the Licensed Works, actual and/or statutory damages, costs of suit, and reasonable attorney fees incurred by Licensor as a result of the breach, plus interest on all amounts from the date of the breach until paid in full, at the highest rate permitted by law.

14. Complete Agreement. This License supersedes any and all prior written or oral Licenses and there are no covenants, conditions or agreements between the parties except as set forth herein. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or affect whatsoever unless embodied herein in writing. No subsequent innovation, renewal, addition, deletion or other amendment hereto shall have any force or effect unless embodied in a written contract executed and approved by both parties.

In witness whereof, the parties hereto have executed this License on the day and year first above written.

Licensee:	Licensor:
By: Angela Vitale, MSN, RN, doctoral student	By: Kay Weiser, Director Office of Technology Transfer
Date: 9/24/19	Date: 9/24/19

Appendix B: Agreement to use INE-R from Clark

Dear Angela, please find the complete INE-R attached. I believe you may already have the article describing its development and psychometric properties. I have attached it for your convenience. Best wishes with your studies.

Dr. Cynthia Clark