

NURSING FACULTY DESCRIPTIONS OF
HORIZONTAL VIOLENCE IN ACADEME

BY

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Abstract

Horizontal violence (HV) is a well-documented phenomenon in nursing that has been studied primarily among staff nurses in clinical practice settings. Characteristics of peer-to-peer HV include, but are not limited to, bullying, scapegoating, blaming, coercion, aggression, and intimidation. A body of literature exist addressing faculty incivility toward students in academic settings however, limited studies have been conducted investigating faculty to faculty HV among nursing faculty in academe. The purpose of this qualitative descriptive study was to investigate nursing faculty descriptions of faculty to faculty HV and determine the impact on nursing faculty and the academic work setting. The research questions are: 1) What actions or behaviors do nursing faculty describe as faculty to faculty HV in nursing academic work settings? 2) What is the impact of faculty to faculty HV in nursing academic work settings? The sample consisted of 14 full-time tenure and non-tenure track faculty teaching in baccalaureate, masters, or doctoral nursing programs in the United States. Data were collected through semi-structured interviews and analyzed to determine conditions and defining characteristics of faculty to faculty HV. Participants described acts of HV including demeaning critique, abuse of power, claiming ownership of another's work, ridicule in the presence of students, and sabotage. Personal impact on individual faculty included discouragement, anger, frustration, intent to leave the profession, and heightened stress while impact on the work environment included mistrust, increased fear of retribution, lack of academic freedom, and destruction of camaraderie among faculty. The results of this study

revealed three conditions in which faculty to faculty HV occur: HV related to the promotion/tenure process, HV related to the hierarchical structure, and HV related to the role functions of faculty.

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CHAPTER 1

INTRODUCTION

Horizontal violence (HV) among peers is a well-documented phenomenon in nursing clinical practice settings (e.g. Baltimore, 2006; Leiper, 2003; Longo & Sherman, 2007; McKenna, Smith, Poole & Coverdale, 2003; Sellers, Millenbach, Kovach & Yingling, 2009; Woelfle & McCaffrey, 2007). Increased focus has been placed on this phenomenon and identifying causal factors in order to improve nursing work environments and enhance nursing job satisfaction. Few studies have been conducted investigating faculty to faculty horizontal violence among nurses in academic work settings. A body of literature investigating incivility in academic settings reveals the similarities between this phenomenon and what is referred to in the practice setting as HV; however, this literature primarily focuses on faculty to student incivility which is not considered peer to peer. Although HV and incivility appear to be used interchangeably in the literature, the current study focused on faculty to faculty horizontal violence and did not address other HV or incivility in the academic setting. Further research was needed to fully understand faculty to faculty HV among nurses in academic settings and its impact on faculty and the work environment. The purpose of this qualitative descriptive study was to investigate nursing faculty descriptions of faculty to faculty horizontal violence in academe and determine the impact on nursing faculty and the academic work setting. Nursing faculty (clinical and non-clinical) currently employed at United States schools of

nursing in four-year college or university settings who believed they had experienced faculty to faculty HV were eligible to participate in the study.

Background

HV in nursing was first described by Roberts (1983) and linked to hierarchical and patriarchal structures prevalent in clinical practice settings. Roberts maintains that staff nurses are often forced to resort to acts of HV due to the limited power afforded them in physician dominated practice settings. As nurses feel powerlessness in their work environment they resort to exerting power, often negative in nature, toward their peers. The result of these horizontally violent behaviors is multifaceted. Researchers investigating the phenomenon have reported that victims of HV experience both negative physical effects such as insomnia, anxiety, sleep or eating disorders, and depression as well as mental effects including job dissatisfaction, low morale, fear, and intent to leave an organization (Baltimore, 2006; Jackson, Clare & Mannix, 2002; Sofield & Salmon, 2003; Thobaben, 2007).

In recent studies HV has been investigated in nursing academe (Glass, 2003; Heinrich, 2007) and outcomes have indicated the phenomenon is present in these settings. Other studies have used the term faculty incivility and have identified similar characteristics to HV such as aggression, scapegoating, and discrediting peer knowledge (Twale & De Luca, 2008). Much literature addresses the phenomenon of faculty incivility toward students; however, there is a scarcity of literature addressing the phenomenon of faculty to faculty HV among nursing faculty in academic work settings.

In current literature, semantics differ but also have similarities when describing HV and faculty incivility. HV is defined as overt behaviors including humiliation, sarcasm, belittling, rudeness, intimidation, disregard and insolence for others, and covert behaviors including denial of opportunities, gossiping, disregard for the welfare of others or any behavior that violates the norms of mutual respect (Clark, 2008; Farrell, Bobrowski, & Bobrowski, 2006; Kolanko, Clark, Heinrich, Olive, Serembus et al., 2006). Faculty incivility is defined as adverse behaviors such as workplace aggression, bullying, or camouflaged aggression persisting over a long period of time resulting in a bully or mob culture (Twale & DeLuca, 2008). Although similar in nature with identical behavioral characteristics described such as demeaning of another, abuse of power, ridicule, and condescension, faculty incivility is not labeled HV in nursing or education literature. Although the terms HV and incivility are similar it was unknown prior to the current study if these terms describe the same actions or behaviors among nursing faculty as among nurses in clinical practice settings.

The current study solicited nursing faculty descriptions of faculty to faculty horizontal violence in academe in order to further clarify and distinguish the presence and impact of the phenomenon in academic work settings. The researcher elected to use the term ‘horizontal violence’ due to the prevalence of the term describing peer to peer violence in the nursing clinical setting in order to seek understanding of the phenomenon in nursing academic settings. When seeking participants for the study, the researcher did not define the term HV for participants. This permitted participants

to define the phenomenon in their own terms without bias from the researcher. A description of the phenomenon from those who have experienced it may aide academic administrators and nurse educators in identifying interventions to eradicate or minimize the negative impacts of the phenomenon in the academic work setting.

Significance

The significance of HV is its negative impact in any nursing practice setting. Although the phenomenon and subsequent impact is well-documented in nursing clinical practice settings (e.g. Dunn, 2003; Sellers, Millenbach, Kovach & Yingling, 2009; Simons & Mawn, 2010), in the academic setting, HV may contribute to decreased quality of education for nursing students (Clark, 2007; Glass, 2003; Heinrich, 2007; McKay, Arnold, Fratzi & Thomas, 2008) which may subsequently have negative impact on patient care delivery. Evidence that HV is present in the academic work setting is reported by Clark (2007) who reports that uncivil behaviors (with characteristics similar to those of horizontal violence) among faculty and students were described as a serious to moderate problem by both faculty and students. These feelings result in increased stress in faculty-student relationships and diminish the quality of the learning environment (Clark). The focus of the current research was to investigate HV among faculty in academe since faculty to faculty HV has not been investigated as frequently as faculty incivility (HV) toward students. Glass (2003) describes the impact of HV behaviors as destructive to women in academics and identifies victim responses as vulnerability and silence in order to survive. She further reports that victims of HV often do not report their abuse due to

feelings of hopelessness and fear of retaliation. Such fear may contribute to lack of knowledge regarding the phenomenon in nurse faculty work settings thus reinforcing the importance of this study to investigate more fully faculty descriptions of faculty to faculty horizontal violence in their work settings.

The impact of HV in nursing academe can have detrimental effects. The national shortage of registered nurses is linked to the shortage of nursing faculty. The American Association of Colleges of Nursing (2012) reports that more than 75,587 nursing school applicants were denied entrance due to nursing faculty shortages and other factors during the 2011-2012 academic year. There are many factors contributing to nursing faculty shortages including salary below that of other academic specialties, lack of clinical practice environments, and heavy workload (Glass, 2003). Review of literature addressing peer to peer faculty incivility indicates that another contributory factor to the nursing faculty shortage may be negative behaviors in the work environment. Newer faculty are particularly at risk for experiencing incivility and often express feelings of hopelessness and isolation as they feel ill prepared for the faculty role and receive minimal assistance from more experienced faculty (Gazza, 2009). In order to better understand the phenomenon of faculty to faculty HV in nursing academic workplaces and its impact further study was required.

Aims and Research Questions

The aims of the current study were to investigate nursing faculty descriptions of

faculty to faculty horizontal violence in academic work settings and its impact on nurse faculty and the work environment. The research questions were:

1. What actions or behaviors do nursing faculty describe as faculty to faculty horizontal violence in nursing academic work settings?
2. What is the impact of faculty to faculty horizontal violence in nursing academic work settings?

CHAPTER 2

REVIEW OF LITERATURE

This chapter presents a review of literature discussing: 1) historical as well as current research on horizontal violence (HV) in nursing clinical practice settings which aids in understanding the concept of HV; and 2) historical and current research on the concept of faculty incivility in academic workplaces.

There is an abundance of literature regarding HV in nursing clinical practice but literature addressing the phenomenon in academic work settings is sparse. Literature addressing HV in nursing clinical practice settings is presented to the extent that it may illuminate the phenomenon of interest. Additionally, literature addressing faculty incivility is presented to provide insight into faculty incivility in the academic work setting. It was unknown prior to the current study if faculty incivility and HV in nursing academe are the same phenomenon. This researcher elected to use the term HV for this study due to its prevalence in the nursing literature. The researcher wanted to gain understanding of whether HV was present in academic work settings and if the phenomenon was similar to the term incivility used in education literature. Literature addressing faculty to student or administrator to faculty incivility is presented to the extent that it serves to clarify characteristics of the faculty academic work environment relevant to this study.

Horizontal Violence in Nursing

The significance of HV and its relationship to diminished morale, increased dissatisfaction, and dysfunctional peer relationships in the nursing workplace has

been linked (Farrell, 2001; Jackson, Clare & Mannix, 2002; Lewis, 2006). Farrell presented a critical analysis of an extended literature review pertaining to interpersonal conflict in nursing and argued in support of the oppression of nursing by the medical hierarchy as a platform for the breeding of HV among nurses. Jackson, Clare, and Mannix described violence in nursing as a major impediment to recruitment and retention of nurses in today's healthcare environment. Their description of bullying as overt aggression and hostility or covert behaviors such as exclusion and rumor mongering align with other authors' definitions of HV in the nursing work environment. Lewis reported that bullying in nursing is primarily intraprofessional or nurse to nurse. He characterized the behaviors of a bully as demeaning, sarcastic, critical, and isolating and disadvantaging their targets. Other studies have linked the relationship between HV and intent to leave an organization (Baltimore, 2006; Sofield & Salmon, 2003). Baltimore reported that experienced or tenured nurses often "eat their young" through horizontally violent behaviors described as gossiping, criticizing, scapegoating, and withholding information. She reported that such behaviors may contribute to an ever increasing nursing shortage. Sofield and Salmon indicated that verbal abuse in the workplace can decrease morale, increase job dissatisfaction and contribute to a hostile work environment.

Today's healthcare work environment is fast-paced and highly stressful resulting in the American Nurses Association (ANA) establishing workplace rights and workplace safety and health as one of its strategic imperatives (American Nurses Association, 2007). The Agency for Healthcare Research and Quality (AHRQ) has

investigated the impact of the workplace environment on retention and patient safety. Although there is a clear relationship between hostile work environments and nurse turnover, the AHRQ (n.d.) reports that more studies are needed to determine the relationship between workplace violence and patient outcomes as well as a need to develop and evaluate prevention strategies.

Roberts (1983) first theorized HV in nursing as a phenomenon resulting from the profession's oppressed state. The oppression results from nurses practicing in a patriarchal, medically-dominated hierarchy resulting in feelings of hopelessness and helplessness. Roberts maintained that nurses have little power within the healthcare hierarchy and organizational structure and, as a result, are engaged in a dominant-submissive relationship with other, more powerful, members of the healthcare team, i.e. physicians or nurse leaders. When nurses feel that they cannot exert power upwardly, they begin to lash out laterally and exert HV against their peers. This is often described as intragroup conflict.

Roberts (2000) reported that nursing's values are rarely recognizable in healthcare due to the fact that medicine's values and the medical model of practice have been internalized by nursing and the larger society as most appropriate. Roberts further asserted that the identity of nursing has been subsumed by medicine and that medical practice claims all of health care as its domain. Nurses exhibit a lack of voice to verbalize their contributions to the patient's care. Nurses most often speak one to another and rarely verbalize their work in public (Roberts). Roberts also reported that nurses often are derogatory about one another and are not supportive of one another

in work settings. In order to eliminate HV Roberts indicated that nurses must understand and discuss the dynamics of HV that have long been ingrained in the healthcare system.

Power relations in nursing have complex social and political dimensions. Duffy (1995) asserted that the reality of inequitable power relationships in healthcare have been established through historical ideologies asserting that nursing is women's work. This proposition is further supported by the subordination of nurses which was established early in the history of the occupation. Duffy reported that nursing socialization and education has perpetuated this ideology and resulted in HV. HV represents a destructive way of venting aggression that has built up over time because of the oppressed group's inability to self-govern (Duffy). HV behaviors may include criticism, undermining, sabotage, scapegoating and infighting.

HV has implications for the nursing profession as a whole and also impacts the individual nurse. Thobaben (2007) reported that acts of HV perpetrated in the nursing workplace infringe on the profession's safety and health, and left unaddressed, the effects of HV are "progressive and can have serious impact on the nurse" (p. 83). She reported that HV in the workplace can lead to physical problems including sleep or eating disorders and psychological problems including depression, anxiety, and decreased self-esteem for nursing. Thobaben recommended discussing HV openly in order to break the silence surrounding it and minimize occurrences.

Initial studies have focused on the relationship of HV to staff satisfaction and turnover (Dunn, 2003; Sofield & Salmond, 2003), and the prevalence of workplace

aggression in nursing (Farrell, 1997; Farrell, Bobrowski, & Bobrowski, 2006). Dunn conducted a descriptive, correlational study investigating the possible relationship between perceived acts of sabotage in the perioperative nursing work environment and perceived job satisfaction. Instruments used included the Briles' Sabotage Survey and Index of Work Satisfaction (IWS). Surveys were mailed to a sample of 500 perioperative nurses in New Jersey. Of the potential volunteers who received the survey 29% ($n = 145$) consented to participate in the research. Approximately 98% of the participants were female, 86.2% were Caucasian, with a mean age of 47.7 years ($SD = 8.4$) (Dunn). Sabotage was prevalent in the work environment but the presence of sabotage did not positively correlate with job satisfaction (Dunn). The most frequently identified method of sabotage was "being expected to do another's work" ($M = 1.76$, $SD = .64$), "being reprimanded in front of others" ($M = 1.59$, $SD .80$), and "not acknowledged for your own work" ($M = 1.50$, $SD = .85$). Saboteurs reported their most frequent victimization techniques as "ceased talking when others entered" ($M = 1.32$, $SD = .91$) and "complained about others without discussing it first with that person" ($M = 1.05$, $SD = .98$) (Dunn). The IWS instrument has a range of 0.9 to 37.1 with higher scores indicating higher work satisfaction. Dunn reported that the sample demonstrated a mean IWS score of 11.91 ($SD = 2.42$) and there was a significant positive correlation between reports of being victimized by others and IWS scores ($r = .35$, $P < .01$). There was no significant positive correlation between IWS scores and reports of sabotaging others ($r = .08$), however Dunn did find there

was a significant positive correlation between participants who reported being victims of sabotage and those who acknowledged being perpetrators of sabotage ($r = .46$, $P < .01$). Dunn anticipated that the study would reveal a higher degree of reported sabotage being inversely correlated to the participant's IWS scores however, the study demonstrated a significant positive correlation ($r = .35$, $P < .01$) between these 2 variables (Dunn). Dunn discussed the Theory of Cognitive Dissonance as a possible explanation for the result as individuals strive to develop consistency about their environment, self, and one's behavior by changing their opinions or beliefs to align with one another. Dunn reported that to reduce the inconsistency between the reported acts of sabotage and the fact they remained in their positions, the nurses who participated in the study might minimize, or underreport, the significance of the sabotage and its relationship with their work satisfaction. He further proposed that these nurses may have altered their beliefs, values or attitudes regarding the sabotage, their satisfaction with work, or both resulting in the significant positive correlation between their IWS scores and higher degree of reported sabotage.

Sofield and Salmon (2003) conducted a descriptive, correlational design study using mailed questionnaires investigating descriptions of verbal abuse in an organization and its relationship to intent to leave the organization. The sample was taken from a randomized list of 1000 nurses employed in a three hospital healthcare system in the Northeast (Sofield & Salmon). The researchers used the Cox Verbal Abuse Survey and adapted it to include questions regarding perceptions of verbal abuse, oppressed group behavior, intent to leave, and demographics. A response rate

of 46.1% (n = 461) was achieved (Sofield & Salmon). Ninety-five percent of the respondents were women and 90% held staff nurse positions. Their findings indicated that 91% (n = 420) of study participants had experienced verbal abuse within the month prior to the research and that the amount of abuse was significantly correlated to intent to leave ($r = .211, P < .01$). Participants in the study responded that they had left a nursing position due to verbal abuse (n = 57, 13.6%) and that they believed that verbal abuse contributes to increased turnover in staff (n = 255, 62.2%) (Sofield & Salmon).

Farrell (1997) conducted a qualitative, grounded theory study investigating nurses' views of aggression in clinical settings. Short questionnaires asking participants to document incidents of aggression they had witnessed or been involved in were distributed to all nurse faculty in the university where the researcher worked prior to interviews. Farrell reported analysis of the questionnaires revealed stories of serious aggressive incidents involving patient to nurse, doctor to nurse, peer to peer, and staff to patient. Respondents to the survey were interviewed in person to further clarify their experiences. Interviews were conducted with 29 nurses, 20 clinical staff and 9 nurse faculty and the majority of participants reported that intra-nurse aggression (HV) was a frequent occurrence (Farrell). Staff to staff aggression was reported more frequently than other types of aggression by both faculty (n = 9, $M = 4.37$) and students (n = 20, $M = 3.36$).

Farrell, Bobrowski and Bobrowski (2006) continued Farrell's original work described above and conducted a study of workplace aggression among nurses in

Australia. The sample included all nurses registered with the Nursing Board of Tasmania (n = 6326) who were invited to participate in the survey. Response rate was 38% (n = 2407) and 92% of respondents were female (n = 2169). Respondents reported that they had experienced verbal and/or physical abuse during the four weeks preceding the survey (n = 1516, 63%). Four hundred twelve (28.7%) nurses reported that a nurse colleague had been a perpetrator of verbal abuse and 21% (3.6%) reported that a nurse colleague had been a perpetrator of physical abuse. Eleven percent of respondents (n = 265) reported they had left a nursing position due to workplace aggression and 24% (n = 578) reported they had considered resigning during the prior four weeks due to aggression (Farrell, Bobrowski, & Bobrowski).

Johnson and Rea (2009) conducted a quantitative descriptive study investigating workplace bullying among nurses. The sample included Washington State Emergency Nurses Association members (n = 767). Response rate was 32.5% (n = 249). Respondents were primarily female (84%), Caucasian (94%), most were employed by hospitals (90.7%), and most were Baby Boomers (56%). Workplace bullying was measured using the Negative Acts Questionnaire-Revised (NAQ-R) and Cronbach's alpha for the study was .89. The survey uses a checklist of behaviors to measure bullying and also contains a single question asking respondents if they have been bullied or not. Following completion of the checklist researchers clarified the respondents' understanding of the concept of workplace bullying (Johnson & Rea). Clarification included understanding of who had bullied them, how long the bullying occurred, and how many others were bullied. Data analysis revealed that 27.3% (n =

68) of the sample had experienced workplace bullying. Responses to the single question revealed that 18% (n = 44) reported the existence of workplace bullying and these nurses reported that they were not the only person in their work department who had been bullied (72.7%, n = 32). In addition, these nurses reported that, most often, their manager/director inflicted the bullying (50%, n = 22). Other perpetrators included charge nurses (25%, n = 11), co-workers (38%, n = 17), and physicians (29.5%, n = 13). Johnson and Rea found that nurses who were bullied were twice as likely ($\chi^2 = 15.2$; $df = 2$; $P < .001$) to leave an organization and 3 times as likely ($\chi^2 = 19.1$; $df = 2$; $P < .001$) to report they were somewhat likely to leave the nursing profession within 2 years.

These studies reveal the negative impact of peer to peer abusive behaviors among staff nurses in clinical settings. The concept of faculty to faculty workplace violence among nursing faculty in academe is not as prevalent in the literature although there is a growing interest in workplace violence in academic settings. The following review presents relevant content from this growing body of literature.

Faculty Incivility

The literature describing faculty incivility distinguishes between peer to peer incivility and faculty to student incivility. For purposes of the current study, the focus was on the literature addressing behaviors among faculty peers. Twale and De Luca (2008) define faculty incivility as “bullying, mobbing, camouflaged aggression and harassment in the academic workplace” (p. xii). This definition is further expanded by

Clark (2008) who identifies faculty to faculty rudeness, discourteous speech or any behavior that violates the norms of mutual respect as uncivil behavior.

Clark and Springer (2007a) conducted a study investigating faculty and student perceptions of incivility in nursing education. The sample population included all faculty (n = 36) and students (n = 467) in the nursing department of a public university in the northwestern United States (Clark & Springer). The researchers used the Incivility in Nursing Education (INE) survey measuring nursing faculty members' and students' perceptions of incivility in nursing education. Response rate was 88.9% (n = 32) faculty and 69.4% (n = 324) students. Findings of the study revealed that faculty and student behaviors were viewed differently between students and faculty as faculty were more likely to respond *never* or *sometimes* when asked about faculty uncivil behavior while students responded *usually* or *always* (Clark & Springer). Study findings indicated that 43.5% (n = 158) of respondents reported faculty member challenges to another faculty's knowledge or credibility as an important faculty behavior considered beyond uncivil (Clark & Springer). Other behaviors described as uncivil included general taunts or disrespect to other faculty (n = 47, 13%), inappropriate e-mails to other faculty (n = 15, 4.1%), harassing comments directed at other faculty or staff (n = 12, 3.3%), and threats of physical harm against other faculty (n = 2, 0.6%). These disrespectful acts are often labeled as HV within the body of literature addressing the phenomenon in clinical practice. Although studies have investigated the work environment of nursing faculty, few studies have labeled these behaviors as HV and, in fact, academic nurses have reported that it

would be risky for them to discuss such topics due to fear of reprisal or alienation (Heinrich, 2007). Farrell, Bobrowski and Bobrowski (2006) confirm this position and indicate that the topic of workplace aggression such as HV was avoided due to it being unseemly to discuss such behaviors occurring between colleagues within the context of the caring role. Recently this view has changed and there is a growing discussion and investigation of HV in the nursing workplace.

A second exploratory, descriptive study conducted by Clark and Springer (2010) investigated nursing faculty perceptions of incivility in nursing education including stressors for nursing students and faculty, uncivil behaviors exhibited by students and faculty, and the role of nursing leaders in addressing incivility. The sample included 126 academic nurse leaders in attendance at a nursing conference in a western state representing 73.2% of total attendees. Respondents completed a 5-item survey and textual content analysis was used to analyze respondents' narratives (Clark & Springer). Findings revealed four major themes of faculty stressors including multiple work demands, heavy workload, advancement issues, maintaining clinical competence, lack of faculty and administrative support, change in faculty demographics, problematic students, low salary, and faculty to faculty incivility or bullying. Seven major themes of uncivil behaviors displayed by faculty were identified and included overt rude and disruptive behaviors (hazing, bullying, intimidation, put-downs, setting others up to fail, exerting superiority and rank over others), avoidant or isolative behaviors (marginalizing others, refusing to listen, gossip and passive-aggressive behaviors, rude gestures, resistance to change, and

engaging in clandestine meetings behind closed doors), and uncivil faculty behaviors toward students (rude, belittling, demeaning behaviors; making unreasonable demands; not appreciating student contributions) (Clark & Springer). Academic leaders participating in the study recommended strategies to reduce incivility in nursing education for students and faculty. These included role modeling, leader engagement by initiation of conversations and providing forums for open discussion, and being visible (Clark & Springer). These findings further underscored the importance of investigating faculty to faculty workplace violence in order to develop understanding of the phenomenon and its impact on faculty and the work environment.

Glass (2003) conducted an ethnographic study in Australia investigating the workplace violence experiences of women in nurse academics. Glass used participant observation, reflective journaling, and audio taped interviews to collect data. The sample included 25 participants from four university settings in Australia and included the titles Professor, Associate Professor, Senior Lecturer, Lecturer, Associate Lecturer, and Casual Tutor (Glass). Glass' findings revealed that study participants had been subjected to cycles of physical and emotional violence in the workplace including intimidation, isolation, degradation, coercion and threats. The study participants reported that peer perpetrators of such behaviors often denied the acts and further blamed the victim for the behaviors (Glass). Further, Glass found that victims often did not disclose their experiences for fear of not being believed, deep levels of shame, and feelings of hopelessness.

Heinrich (2006; 2007) collected stories of “joy stealing” among nursing faculty from nurse educators attending a national educator conference. Although not formal research, Heinrich’s qualitative data revealed that nurse faculty reported conflicted relationships with colleagues as a major factor that drains their passion for teaching. Two hundred sixty-one volunteer participants submitted short, written stories of nurse educator experiences describing a time when a faculty colleague, administrator, or subordinate did or said something that caused the participant to feel devalued, disrespected or dismissed (Heinrich). Heinrich treated the stories as qualitative data and analyzed the narratives for themes resulting in identification of 10 joy-stealing games present in nursing academe. The “set-up game” involved faculty being set up by administrators’ inequitable treatment or collegial lack of support. The “devalue and distort game” was described as collegial or administrative devaluing of accomplishments or turning assets into liabilities. The “misrepresent and lie game” occurred when faculty experienced obstructions to their professional advancement in the form of lies or misrepresentations by others. The “shame game” was identified as a favorite tactic of bullies in the work environment and involved public shaming of faculty with the intent to control. The “betrayal game” involved triangulation with a third party resulting in sabotage. The “broken boundaries game” resulted from a colleague or administrator trespassing on an individual faculty’s personal space or professional boundaries. The “splitting game” resulted from differences of opinion or prejudices resulting in division among faculty. The “mandate game” caused joy to be stolen by win-lose or either-or tactics in which the faculty was forced to comply with

a less than desirable mandate. The “blame game” occurs when faculty accuse another falsely or inappropriately. Finally, the “exclusion game” involved ignoring a faculty member or ostracizing them resulting in isolation. These joy-stealing games describe actions or behaviors similar to that of HV and incivility in nursing practice settings but did not focus on their impact in the work environment or interventions that might minimize or prevent such occurrences. Further study was needed to investigate the impact of such behaviors in the nursing academic work setting.

McKay, Huberman, Fratzl and Thomas (2008) conducted a mixed methods study investigating workplace bullying among faculty at a Canadian university. The sample was all faculty members of the university and response rate was 12% (n = 100). The research methodology included completion of a survey combining quantitative and qualitative data (open-ended questions). The survey included 53 questions regarding workplace bullying. Findings indicated that survey participants identified behaviors of power, abuse and intimidation occurring among faculty peers on a frequent basis. The study revealed that 64% of bullying acts were inflicted by a peer (McKay, et al). McKay’s findings align with Heinrich’s (2007) work that reported that competition and strategy are key elements in a perpetrator’s approach to inflicting HV acts on peers. Heinrich’s research narratives revealed some of the psychoemotional fallout resulting from the actions and behaviors including vulnerability, disconnected relationships with peers, and withdrawal with intent for self-preservation and emotional safety. These studies reveal the prevalence of faculty to faculty workplace

violence in nursing academe and the need for greater understanding of the phenomenon and its impact on nurses and the work setting.

Summary

In summary, an abundance of literature exists describing the phenomenon of HV and its impact within staff nursing clinical practice. Based on current literature HV appears to include overt behaviors including humiliation, sarcasm, belittling, rudeness, intimidation, disregard and insolence for others, and covert behaviors including denial of opportunities, gossiping, disregard for the welfare of others or any behavior that violates the norms of mutual respect (Clark, 2008a, 2008b; Farrell, Bobrowski, & Bobrowski, 2006; Kolanko, Clark, Heinrich, Olive, Serembus, et al., 2006). The current study was not intended to label incivility or other negative behaviors as HV within the academic work setting but investigated faculty descriptions of faculty to faculty horizontal violence among college or university nursing faculty in order to understand its characteristics and impact on nurses and the work environment. The term HV was chosen for this study since it was the term used in the literature when addressing this phenomenon among staff nurses.

Gaps in Literature

A gap in the literature exists regarding nurse faculty descriptions of horizontal violence in academe and its impact on faculty and the academic work setting. The current descriptive study enhances understanding of the phenomenon of horizontal or faculty to faculty violence in nursing academe as described by faculty currently employed in college or university settings in the United States. Narrative stories

inform the understanding of the phenomenon, provide insight into the impact of horizontal violence on the individual and work environment, and identify possible interventions to minimize or eradicate such events in the academic work setting.

CHAPTER 3

METHODOLOGY

This chapter describes the study methodology, design, sample, and setting. Data collection procedures are discussed and supported with appropriate literature. The chapter concludes with an explanation of the data analysis plan.

Study Design

This study explored faculty to faculty workplace violence in academe based on descriptions by nursing faculty. A qualitative descriptive study design was chosen to entail low-inference interpretation (Sandelowski, 2000) and ascertain how nursing faculty describe faculty to faculty HV in their work settings and its impact on individuals and the work environment. This methodology uses analysis and interpretation of information in simple language derived from the perspective of the research participants resulting in straightforward answers to the research questions (Montour, Baumann, Blythe & Hunsberger, 2009). Sandelowski further asserts that

“qualitative descriptive studies offer a comprehensive summary of an event in the everyday terms of those events. Researchers conducting such studies seek descriptive validity, or an accurate accounting of events that most people (including researchers and participants) observing the same event would agree is accurate, and interpretive validity, or an accurate accounting of the meanings participants attributed to those events that those participants would agree is accurate” (p. 336).

Polit and Beck (2004) indicate that qualitative descriptive methodology is preferred when the researcher desires a straight description of a particular phenomenon. The focus of the current study was exploration of nursing faculty descriptions of faculty to faculty HV in academe.

Sample and Setting

A sample of 10 – 15 study participants was expected, based on the literature and use of purposive snowball (chain referral) sampling. The sample size was planned to attempt to reach saturation in the data, matching the goal of the study's qualitative approach (Lincoln & Guba, 1985; Munhall, 2007). Data saturation was reached at 14 participants. Data saturation involves continually bringing new participants into the research until the data set is complete as indicated by data redundancy or replication (Bowen, 2008). Purposive sampling methods contribute to strength in qualitative research through selection of information-rich cases for study in depth (Patton, 2002). Patton stated that such cases provide researchers the opportunity to learn a great deal about issues that are central to the purpose of the inquiry. Sandelowski (1995) stated that events, incidents, and experiences as opposed to people are the objects of purposeful sampling. Creswell (2007) reported that the intent in qualitative research is to elucidate the particular and specific as opposed to generalizing information discovered. Munhall (2007) stated that qualitative researchers sample for meaning rather than frequency.

The purpose of the current research study was to investigate nursing faculty descriptions of faculty to faculty HV and its impact on the work environment. The

technique of snowball or chain referral sampling permitted the researcher to identify cases of interest from individuals acquainted with others who know what cases are information-rich (Creswell). The proposed sample size was adequate based on the research purpose and is in conformance with other successfully conducted qualitative studies of similar design (Ramezan-Badr, Nasrabad, Yekta & Taleghani, 2009; Reed & Fitzgerald, 2005). Ramezan, et al conducted a qualitative descriptive study investigating clinical decision making by critical care nurses and conducted semi-structured interviews with 14 participants for their study. Reed and Fitzgerald conducted a qualitative descriptive study investigating nurses' caring for individuals with mental illness and conducted semi-structured interviews with 10 subjects. In the current study the researcher continued data collection and analysis until data saturation was achieved. There were 14 nursing faculty who participated in the study.

The use of snowball or chain referral sampling was appropriate for this study and is defined as a method of sampling in which persons initially selected for the sample are used as informants to locate other persons who meet the inclusion criteria of the study making them eligible for the sample (Sheu, Wei, Chen, Yu & Tang, 2008). Snowball sampling is a method to obtain information-rich key informants (Patton, 2002) and also is used when conducting socially sensitive research or to study hidden or hard-to-reach populations (Dawood, 2008; Dickson-Swift, James, Kippen, & Liamputtong, 2007, 2009; Faugier & Sargeant, 1997; Penrod, Preston, Cain & Starks, 2003). Due to the sensitive nature of the phenomenon of interest, the researcher understood that potential research participants may have been unwilling to self-

identify interest in participation for a variety of reasons including issues of confidentiality or fear of exposure. Identifying and sampling such populations is fraught with difficulty (Penrod, et al) and snowball or chain referral sampling is an acceptable methodology to construct a frame from which to sample (Thompson & Collins, 2002). Participants were provided a flyer (Appendix A) containing an explanation of the study, the researcher's contact information, and asking others to participate in the study. Participants were asked to give the flyer to other nursing faculty peers who may have experienced faculty to faculty HV in the academic setting. The researcher did not define HV in an attempt to gain understanding of what faculty perceived as acts of HV. When the individuals contacted the researcher for further information the researcher answered questions regarding the study and determined their willingness to participate.

Recruitment of Participants

For the purpose of this study, nursing faculty (clinical and non-clinical) currently employed at United States schools of nursing in four-year college or university settings who self-identified as having experienced at least one incident of faculty to faculty HV were eligible to participate in the study. Inclusion criteria included tenured or tenure track full-time and part-time faculty and clinical faculty currently teaching in baccalaureate, masters, and doctoral nursing programs of study. At no time were coercive methods used to solicit participants and participation in the study was strictly voluntary. In addition, the researcher did not define HV at any time during the recruitment phase or participant interviews in order to minimize bias and

permit research participants to describe HV in their terms. Three strategies were used to recruit participants for the study.

Strategy One Recruitment. Initial contact with 10 potential research participants personally acquainted with the researcher who met inclusion criteria was made via electronic mail using a standardized message (Appendix B). These 10 potential research participants had previously expressed interest in this study and seven consented to participate in the study. Three of the individuals contacted did not respond to the initial recruitment e-mail and the researcher interpreted this failure to respond as an indication they were unwilling to participate in the study. The researcher attached a letter of introduction and explanation (Appendix C), demographic information form (Appendix D), an informed consent (Appendix E), and flyer marketing the study (Appendix A) to the e-mail for review. The potential participant was asked to review the attachments and respond to the researcher indicating their willingness or unwillingness to participate in the study. When the individual indicated interest in the study, they notified the researcher via e-mail and the researcher scheduled a teleconference or face-to-face meeting with them to discuss the study and answer any questions regarding the study. Once the individual verbally consented to participate in the study the researcher began the initial interview to collect demographic and interview data. The researcher informed the participant that they should also retain a copy of the consent for their future reference.

Strategy Two Recruitment. Once initial volunteer participants were identified, other study participants were identified and recruited through snowball sampling

(chain referral). Individual participants were asked at the conclusion of their interview if they knew of other faculty who had experienced faculty to faculty HV who may be recommended as possible participants for the research study. They were asked to provide these individuals the flyer marketing the study (Appendix A). As individuals contacted the researcher to express interest in the study they were contacted by the researcher via electronic mail standardized message (Appendix F). Snowball chain referral yielded six study participants. The researcher attached a letter of introduction and explanation (Appendix G), demographic information form (Appendix D), an informed consent (Appendix E), and a flyer marketing the study (Appendix A) to the e-mail for review. The potential participant was asked to review the attachments and respond to the researcher indicating their willingness or unwillingness to participate in the study. If the individual agreed to participate in the study, they notified the researcher and the researcher scheduled a teleconference with them to answer any questions about the study. Once the individual verbally consented to participate in the research the interview to collect demographic and interview data began. The researcher informed the participant that they should also retain a copy of the consent for their future reference.

Strategy Three Recruitment. Simultaneously with Strategy One or Two Recruitment the researcher attended nursing faculty conferences where potential participants were recruited. During attendance at such conferences, the researcher had opportunity to network with nursing faculty and discuss the research study. Individuals expressing interest in the study were immediately handed a copy of the

letter of introduction and explanation (Appendix H), demographic information form (Appendix D), a copy of the informed consent (Appendix E), and the flyer marketing the study (Appendix A) by the researcher for their review. The researcher asked the potential participants to review the documents and contact the researcher via telephone while attending the conference to confirm their willingness or unwillingness to participate in the research. Individuals expressing interest in the study and who met inclusion criteria were asked to verbalize their willingness to participate in the study. Strategy Three Recruitment yielded one nurse faculty who consented to participate in the study. Once the individual consented to participate the researcher instructed the individual to keep the informed consent form for their future reference. The researcher scheduled the initial interview to collect demographic and interview data with the participant. The initial interview took place at a later date via telephone at the participant's request. This participant was asked at the conclusion of her interview if she knew of other nursing faculty peers who have experienced faculty to faculty HV who might qualify and be willing to participate in the study. The researcher asked the participant to provide the flyer marketing the study (Appendix A) to such individuals. Individuals expressing interest in the study were contacted via e-mail and were sent the letter of introduction and explanation (Appendix H), demographic information form (Appendix D), informed consent (Appendix E), and the flyer marketing the study (Appendix A) by the researcher for their review. If the individual agreed to participate in the study, they notified the researcher via e-mail and the researcher scheduled a teleconference to collect demographic and interview

data. The participant was instructed to keep a copy of the informed consent for their future reference.

Data Collection Procedures

Following Institutional Review Board approval the researcher initiated contact with potential participants as described in the Recruitment of Participants Strategy One Recruitment section above. Once the participant agreed to participate in the study the researcher scheduled and conducted telephonic or face-to-face interviews to collect demographic and interview data. Two interviews were conducted face-to-face as a result of participant request and the remaining 12 were conducted via telephone. Sturges and Hanrahan (2004) assert that participants who agree to be interviewed about sensitive topics such as faculty to faculty HV may prefer the relative anonymity of telephonic interaction with the researcher.

At the onset of each interview, the informed consent was reviewed in its entirety and the researcher obtained verbal consent from all 14 participants prior to initiating collection of demographic data. Demographic data were collected following obtaining informed consent using the Demographic Information form (Appendix D). Initial interviews lasted approximately 1 hour and were tape recorded for transcription. The purpose of the initial interview was to solicit the participant's descriptions of faculty to faculty workplace violence in academe and its impact on nursing faculty, individually or in general, and the academic work environment.

Initial data were collected through in-depth, semi-structured, face-to-face or telephonic, audio taped interviews. An interview guide (Appendix I) was used to

structure the interviews, assist with focus for data collection, and ensure researcher consistency during the interview. The interviews focused on two initial statements/questions and the researcher used probe questions to elicit in-depth information about the faculty to faculty HV event being described by the research participant. When face-to-face, the interview occurred in a location of comfort identified by the participant. Date, time, and location of the interviews were appointed via telephone or e-mail following individual verbalization of consent to participate in the study as outlined in the Recruitment of Participants section above. Following completion of each interview the researcher explained that four participants would be selected at random to participate in a follow-up telephone call to confirm the study findings after data analysis and asked each participant to indicate their consent to be contacted for this purpose. All 14 participants agreed to be contacted.

Following completion of interviews with each Strategy One participant, the researcher communicated with other potential research participants identified through Strategy One chain referral. The researcher followed the procedure described in the Recruitment of Participants Strategy Two and Strategy Three sections above when initiating contact and seeking consent to participate in the research study. Following informed consent, the researcher continued the interview procedure outlined above for each participant until data saturation was reached.

Following the initial interview and analysis of data, four participants were randomly selected to participate in a second, telephonic interview in order to discuss

and confirm the researcher's interpretation of the data collected during the first interviews. The second interview was scheduled at the participant's convenience and lasted 30 to 60 minutes. The informed consent included participant consent to participate in the second interview and the researcher confirmed participant willingness at the end of the initial interview. When contacted to participate in the second interview, each of the four participants was reminded of their right to decline participation if they so desired. The four randomly selected all confirmed participation and agreed to the second interview. These steps were followed to determine the participants selected for the second interview: 1) The researcher compiled a list of the participants who consented to the second interview and assigned a number to each consenting participant; 2) The researcher used the computer to randomly select four numbers; 3) Based on the numbers randomly selected, the researcher contacted each designated participant via e-mail to provide a copy of the written report of the researcher's analysis and interpretation of data and conditions and defining characteristics for their review. The researcher asked the participant to schedule a telephone interview to discuss the findings of the research at the participant's convenience; and 4) The researcher telephoned the identified four participants on the appointed day and time to solicit feedback from each of them to assess the relevance and clarity of the written findings and add any new relevant data emerging during the process to formulate this final report of the research.

Researcher as Instrument

In qualitative research the researcher is considered a primary instrument (Patton, 2002). The researcher's perceptions and beliefs in making sense of the phenomenon is a crucial part of the research process. Thus, the investigator is the "instrument through which the data is collected" (Rew, Bechtel, and Sapp, 1993, p. 300), and consequently data collection and analysis are influenced by the researcher's biases and beliefs. The researcher strives to avoid imposing their own beliefs and views on the study. Qualitative researchers are encouraged to record their biases, feelings, and thoughts and to state them explicitly in the research study (Creswell, 1994). Prior to this study the researcher identified personal biases and knowledge regarding faculty to faculty HV and "HV" in nursing work environments. The researcher maintained a journal in order to record notes during the interviews and document reflection on meanings and insights as well as contextual issues regarding the interviews. Journal notes aided the researcher during data analysis and served as a portion of the audit trail as described by Lincoln and Guba (1985). Journaling aided the researcher in compartmentalizing personal beliefs and biases during the study (Munhall, 2007).

Data Analysis

Types of Analysis

Data analysis began with data collection and continued until patterns and themes emerged and created meaning for the researcher. Textual content analysis was the data analysis method used. The researcher followed the seven phase analytical procedure for managing, analyzing and interpreting qualitative data identified by

Marshall and Rossman (2006). The seven phases include 1) organizing the data; 2) immersion in the data; 3) generating categories and themes; 4) coding the data; 5) offering interpretations through analytic memos; 6) searching for alternative understandings; and 7) writing the report of the study.

Organizing the Data. Audiotapes were transcribed verbatim and the researcher listened to the entire taped interview while verifying the accuracy of the written transcript. The researcher maintained a log of data-gathering activities including the date, place, activity, who was involved in the activity, and what occurred. The researcher made edits to field notes to facilitate their use during the analysis process. To ensure confidentiality was maintained, all electronic data were stored on a laptop and removable disk accessible only to the researcher. When not in use, the laptop and removable disk and any written field notes or transcription documents were stored in a locked file cabinet accessible only by the researcher.

Immersion in the Data. The researcher read through each interview a minimum of 3 times to gain a sense of the overall description of faculty to faculty workplace violence for the participant. Additional reading occurred to further understand emerging patterns and themes.

Generating Categories and Themes. The researcher reviewed each initial interview in depth and noted emerging themes using the research questions and related literature as guidelines for data analysis (Marshall & Rossman, 2006). Inductive analysis methods for content analysis were used. The researcher reviewed all interviews and field notes and made notes in the margins regarding core meanings

or patterns and themes. Patton (2002) defines a pattern as a descriptive finding whereas a theme represents a category or topic. These findings emerge as the researcher interacts with the data (Patton). The researcher read and re-read the interviews and used notes recorded in the reflexive journal recorded during the interviews to aid in discovering salient themes and patterns during analysis. As the patterns and themes emerged, the researcher chose to use the term conditions (patterns) and defining characteristics (themes) as these terms seemed to best explain the data.

During analysis the researcher used peer debriefing to maintain awareness of personal biases in terms of the meaning of the data and methods used for analyzing data. The peer debriefer aided the researcher in understanding other views or perspectives in the data and served as a support to the researcher during the data analysis. The peer debriefer was a doctorally prepared nurse familiar with qualitative research methods and played the “role of critical friend who thoughtfully and gently questions the researcher’s analyses” (Marshall & Rossman, 2006, p. 201). As soon as initial data collection and analysis were complete, the researcher provided the peer debriefer with coded copies of interview transcripts that had been analyzed and the peer debriefer reviewed the transcripts and the researcher’s notes and coding to search for negative instances or offer alternative views on the researcher’s interpretation. The researcher continued to forward transcripts that were analyzed and coded to the peer debriefer until the final transcript had been reviewed. The researcher arranged a monthly meeting (via telephone) with the peer debriefer to discuss the findings and

consider alternative views or recommendations. This process continued until all transcripts were reviewed by the peer debriefer. Following review of all transcripts the peer debriefer and researcher arranged a mutually convenient time to discuss (via telephone) any final recommendations the peer debriefer had. The researcher incorporated alternative views elicited into the written report of research findings and discussion as appropriate.

Coding the Data. Once the researcher identified patterns and themes, a coding scheme using abbreviations of key words was used to highlight the interview transcripts and field notes. The researcher considered what things fit together (convergence) by determining recurring regularities in the data (Patton, 2002). Once data regularities were determined they revealed patterns (conditions) that were then divided into categories (defining characteristics; Patton). Convergence involves the extent to which certain data that are aligned connect together in a meaningful way. In addition to analyzing convergence, the researcher analyzed the data for divergence. Patton identifies three processes of divergence. These include building on items of information already known (extension), making connections among different items (bridging), and proposing new information that should fit and verifying its existence (surfacing; Patton). During the coding process new understandings of the data may emerge and require changes to the coding plan (Marshall & Rossman, 2006).

Offering Interpretations. Following development of conditions and defining characteristics and initiation of coding, the researcher began integrative interpretation of the data. Marshall and Rossman (2006) describe this process as "telling the story"

of the data while bringing meaning and coherence to patterns and themes. The researcher developed linkages within the data to offer explanations, make inferences, draw conclusions, and consider meanings (Patton, 2002). Patton further describes interpretation as attaching significance to what was found. Through this process the researcher must deal with rival explanations, account for disconfirming cases, and address data irregularities (Patton). During the analysis the researcher differentiated between what was description and what was interpretation to ensure credibility of the analysis (Patton). During interpretive analysis the researcher also determined the value of the emerging story in addressing the research questions and how these were central to the unfolding story of the phenomenon (Marshall & Rossman).

During the entire process of data analysis, the researcher recorded notes, thoughts, reflections and insights in a journal. Marshall and Rossman (2006) describe this process as a method for developing unusual insights into the data that move the researcher from mundane to creative analysis. The researcher used these analytic memos to aid interpretation of patterns (conditions) and themes (defining characteristics) when coding and interpreting the data.

Searching for Alternative Understandings. The researcher evaluated the plausibility of the developing understanding of the data by challenging this understanding through searching the data for negative instances of conditions (Marshall & Rossman, 2006). Where these existed, the researcher critically challenged the emerging patterns (conditions) and themes (defining characteristics) and investigated other explanations for such data and the linkages among them

(Marshall and Rossman). Marshall and Rossman state that the researcher must describe alternative explanations and demonstrate that theirs is the most plausible.

Following initial analysis, the researcher enhanced credibility through member checking, by discussing findings with four participants during a second interview to confirm the researcher's interpretations of all interview data. Patton (2002) states that researchers can learn a great deal regarding the fairness, accuracy, and perceived validity of the data analysis by having research participants review and react to what is described and included. The researcher provided a copy of the written findings to the four participants to gain their perception of whether their view of the phenomenon was accurately represented in the final data analysis. A summary of their responses is presented in Appendix J. This method provided the researcher with confirmation of the accuracy of the analysis and interpretation of the final analysis as opposed to confirming accuracy of analysis of individual data and perceptions of the phenomenon. Following completion of the second interview with selected participants, the researcher incorporated recommendations into the analysis and final written report. Such recommendations included ensuring the researcher placed adequate emphasis on both the physical and psychological impact of HV on the individual and the implications for nursing administrators pertaining to their role in minimizing HV in the workplace culture. The researcher reviewed the written report of the research and revised portions to ensure these findings were adequately reported.

Writing the Report. The final phase of Marshall and Rossman's (2006) process for managing, analyzing, and interpreting qualitative data is writing the report. The researcher developed an outline of the required chapters for the final dissertation and revised sections of the research proposal and wrote the final analysis and interpretation of findings with implications for future research following completion of final analysis and interpretation.

Trustworthiness and Methodological Rigor

The trustworthiness of the data analysis was evaluated according to Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability. Credibility and dependability were accomplished by having the researcher and one other nurse researcher experienced in qualitative methods analyze the data. Competing explanations were reviewed by a research mentor to enhance credibility. Member checking including obtaining feedback from the participants on the researcher's interpretations of the data added credibility. Prolonged engagement, persistent observation, journaling, and peer debriefing are accepted ways to support credibility (Lincoln & Guba). The researcher maintained a journal to record field notes during the interviews and used the recorded information during analysis to enhance credibility. The interview notes recorded in the journal served as reminders of particularly important reflections as indicated by the research participants so that as review of the transcripts occurred the researcher was able to recall specific points of emphasis by the participant.

Maintaining a reflexive journal, and recording anecdotal and analytical notes during data collection, analysis, and interpretation contributed to confirmability. The researcher has written numerous papers about HV during her Masters and Doctorate programs and has developed understanding of the concept of HV in clinical nursing and her personal bias regarding the topic. The researcher selected the term HV to label the phenomenon of interest for this research based on the abundance of nursing literature using this term. However, at no time did the researcher define HV for the research participants. This enabled the participants to describe their own experiences and perceptions without bias. Although the researcher had understanding of existing definitions and characteristics of HV in the nursing literature, it was unknown if the research participants would offer the same information or provide new understanding of the phenomenon related to faculty and academic work settings.

The researcher's assumptions regarding peer-to-peer "HV" in nursing included belief that it is a prevalent phenomenon but is not known or named as "HV" by perpetrators or victims, and that "HV" does occur among nursing faculty but may differ from "HV" among staff nurses in a clinical setting. In addition the researcher believed that the academic tenure system may contribute to faculty to faculty workplace violence among nursing faculty. Documenting feelings and biases in a reflexive journal during the course of the research permitted the researcher to openly express biases, remain aware of them during the research, and enable her to bracket them effectively in order to maintain objectivity during data collection and analysis. Following each participant interview, the researcher recorded thoughts and feelings in

order to bracket them and to remain open to the descriptions that participants brought forward.

Dependability for this study was supported through the researcher's audit trail that depicts the reasoning and methods used by the researcher during the study. The researcher recorded field notes including information gained, her insights into the phenomenon, and how decisions were made for coding and analyzing the data into preliminary and final conditions and defining characteristics and the emerging interpretations into their final form.

Ethical Considerations

Protection of Human Subjects

Approval from the University of Kansas Medical Center Human Subjects Committee was sought and received. A letter of introduction to the study was given to potential participants and verbal consent and willingness to participate in the study was solicited prior to obtaining informed, verbal consent. Verbal, informed consent (Appendix E) was obtained from each participant prior to initiation of the interviews. Participants were permitted to read the consent and discuss the contents or ask questions before indicating their verbal consent to participate in the study. All participants were informed that they could withdraw from the study at any time without ramifications. There was no financial compensation for participation in this study.

Each participant was assigned a pseudonym to ensure anonymity. Only the researcher had access to the list of participants' names and pseudonyms, and to data

obtained during the study to ensure confidentiality. Audiotapes were transcribed by the researcher and stored in a locked file cabinet in the researcher's home.

Transcribed field notes and interview transcripts were stored on portable computer hardware (compact disc or memory device) and maintained in a locked file cabinet separate from the list of pseudonyms. Research documents were destroyed following Dissertation Committee approval of the final dissertation. All research findings were reported in a manner that protects the anonymity and confidentiality of the participants.

A potential benefit to participation in the study included contributing to better understanding of horizontal violence in nursing academe in order to understand its impact and possible prevention strategies within nursing academic practice settings.

Potential risks to participants volunteering to participate in the study were minimal and included painful thoughts or memories surfacing during the interviews.

Participants were advised at the time of consent that they could end the interview at any time. During the interviews no participants requested the researcher to stop the interview. The researcher had developed a plan for referral to counseling should professional support be required for any participant, however no participants expressed desire for personal or professional counseling support. Participants were provided with the phone number of the principal investigator if they had questions or wished to withdraw from the study.

CHAPTER 4

FINDINGS

This chapter presents the results of data analysis as explained in Chapter 3, describes the research sample, and answers the study's two research questions.

Sample Description

Fourteen nursing faculty shared their experiences for this study by relating personal stories about how they experienced HV. A brief synopsis of each participant interview is presented in Appendix K. In-depth interviews were conducted with 14 nursing faculty teaching full time in colleges and universities offering baccalaureate, master's or doctorate nursing degree programs. Participants represented six academic institutions in six states across the United States, although the events they described did not necessarily occur at their place of employment at the time of the interview. The participants described 15 institutions where the HV incidents occurred. All 15 offered baccalaureate degrees in nursing, 7 offered master's degrees in nursing, and 3 offered doctorate degrees in nursing.

The sample was 100% female (n=14) and 100% Caucasian (n=14). The majority (86%) of the participants were married (n=12). The number of years licensed as a registered nurse ranged from 18 to 42 years (mean = 31.9, median = 33). Ten of the participants held as their highest degree either a doctorate degree in nursing (n=6) or education (n=4). Eight participants held a master's degree as their highest degree in nursing. Tenure status at the time of the event they described in their interview included 36% tenured faculty (n=5), 50% tenure track not tenured (n=7), and 14% not

tenure track (n=2). Participants indicated their rank at the time of the event as Assistant Professor (n=8) and Associate Professor (n=6). Participants reported the number of years employed in nursing academe at the time of the event ranged from 2 to 35 years (mean = 15, median = 14.5) and the number of years employed at the institution where the event took place ranged from less than 1 year to 22 years (mean = 9.6, median = 6.5). Descriptive statistics regarding the academic nursing programs in which the event took place indicated the total number of students ranged from 50 to 550 (mean = 216, median = 225) and the total number of faculty ranged from 8 to 45 (mean = 20, median = 17.5) depending on the institution. Participants reported the nursing degree programs offered by the institution where the event took place as baccalaureate 100% (n=14), masters 50% (n=7) and doctorate 21% (n=3). Fifty percent (n=7) of the participants were recruited to the study in Strategy One recruitment, 43% (n=6) were recruited as a result of snowball chain referral during Strategy Two recruitment, and 7% (n=1) were recruited as a result of Strategy Three recruitment as described in Chapter 3. Thirteen participants described HV involving one individual peer faculty. In some instances the peer faculty committed more than one act of HV over the course of time but the acts occurred at the same institution. One participant described two incidents of HV involving two different faculty peers in two different institutions. Data saturation was reached following completion of the 14 initial interviews. Descriptive statistics are presented in Tables 1 and 2.

Table 1

Participant Demographics at Time of Interview

Category	n	Category	n
Age in Years		Highest Degree Earned in Nursing	
40 – 45	1	Masters	8
46 – 50	1	Doctorate	6
51 – 55	6		
56 – 60	4	Years Licensed as RN	
61 – 65	2	15 – 20	1
		21 – 25	0
Gender		26 – 30	2
Female	14	31 – 35	9
		36 – 40	1
Ethnicity		41 – 45	1
Caucasian	14		
Marital Status			
Married	12		
Divorced	1		
Separated	1		

Table 1 Continued

Participant Demographics at Time of Event

Category	n	Category	n
Tenure Status at the Time of the Event	n	Rank at the Time of the Event	n
Not Tenure Track	2	Assistant Professor	8
Tenure Track, Not Tenured	7	Associate Professor	6
Tenured	5		
		Years Employed In Nursing Academe at Time of Event	
Years Employed at Institution at the Time of the Event		1 – 5	3
1 – 5	6	6 – 10	3
6 – 10	3	11 – 15	1
11 – 15	0	16 – 20	3
16 – 20	3	21 – 25	2
21 – 25	2	26 – 30	1
		31 – 35	1

Table 2

Institution Where the Event Occurred – Demographics

Category	n
Type of Nursing Degree Programs at Institution Where Event Took Place	
Baccalaureate	14
Masters	7
Doctorate	3
Size of Nursing Program at Institution Where Event Took Place	
Total Number of Students	
<100	5
101 – 200	1
201 – 300	5
301 – 400	1
>400	2
Total Number of Faculty	
1 – 10	5
11 – 20	3
21 – 30	3
31 – 40	2
41 – 50	1

Interviews

Using self-identification followed by progressive snowball sampling, 14 nursing faculty (clinical and non-clinical) currently employed at United States schools of nursing in four-year college or university settings who self-identified as having experienced at least one incident of faculty to faculty HV participated in the study. The researcher did not define faculty to faculty HV for potential participants and relied on participants to determine that their experiences met their personal definition or understanding of HV. All participants met the inclusion criteria including tenured or tenure track full-time and part-time faculty and clinical faculty currently teaching in baccalaureate, masters, and doctoral nursing programs of study. Participants responded to the two research questions in the interview guide:

1. What actions or behaviors do nursing faculty describe as faculty to faculty horizontal violence (HV) in nursing academic work settings?
2. What is the impact of faculty to faculty horizontal violence (HV) in nursing academic work settings?

During the semi-structured interviews the researcher used the interview guide (Appendix I) to facilitate the interviews and participants responded to the following primary interview questions designed to answer the two research questions:

1. Please tell me about your work culture/environment.
2. Please recall and describe situations in which you, as a nursing educator, experienced faculty to faculty HV in nursing academic work settings.

3. Please describe the impact faculty to faculty HV had on nursing faculty and the academic work setting.

The researcher bracketed her understanding and definition of HV in order to elicit participant descriptions without bias. At no time did the researcher define the term for participants during the interviews. Based on individual participant responses, the researcher used the following probe questions to amplify, clarify and expand the researcher's understanding of the participant's experience related to faculty to faculty horizontal violence in the academic work setting:

1. How did you feel right after the event? What were your feelings and reactions about the event in the following weeks and months?
2. Did you confront the individual? If so, tell me about that. If not, why did you decide not to confront the individual?
3. Did you have any other feelings, emotions, or reactions that you would like to discuss with me about this experience?
4. How often do you experience faculty to faculty HV in the academic work setting?
5. What effect have you experienced personally from this event? What effect, if any, have others experienced from this event?
6. What effect have you seen in the work environment related to faculty to faculty HV?

At the conclusion of each interview, the researcher asked individual participants if there was any other information they wished to share about their experience before

concluding the interview. Participants also were asked at the end of the interview to identify potential research participants with whom they were acquainted who had also experienced the phenomenon.

Participants provided rich description of their experiences with faculty to faculty HV in nursing academe. The stories revealed a variety of experiences expressed in personal terms. Some experiences centered on a specific act of HV that an individual had committed while some stories described ongoing acts committed by the same individual over a longer period of time. Some participants described more than one experience of HV occurring at the same or different institutions. Participants described their reactions to the acts of HV and the impact on the work environment. Seven of the participants described HV pertaining to the promotion and tenure (P & T) process. These descriptions had several commonalities including participant feelings of disbelief, anger, hurt, and discouragement. Six participants described situations in which a supervisor serving as a faculty peer co-teacher enacted HV including abuse of power, demeaning critique, and condescension. These participants described the resultant anger and stress with some indicating they had thoughts of leaving the profession. Nine participants described acts of HV related to role functions of faculty. HV behaviors included ridicule in the presence of students, sabotage, and covert behaviors undermining the effectiveness of the individual faculty. These sample descriptions provide a glimpse into the data that will be discussed in detail in the information following.

Qualitative content analysis was initiated immediately following completion of each interview. Audiotapes of the interview were transcribed by the researcher and the coding process began. The transcription and coding process continued as each subsequent interview was completed. Data analysis and coding of participant interviews yielded three conditions in which faculty to faculty HV occur: *HV Related to the Promotion/Tenure Process*, *HV Related to the Hierarchical Structure*, and *HV Related to Role Functions of Faculty*. The following Table 3 outlines the identified conditions and defining characteristics resulting from data analysis.

Table 3

Conditions in Which Faculty to Faculty HV Occur and Defining Characteristics

Conditions	Defining Characteristics
HV Related to the Promotion/Tenure Process	Peer betrayal Pretense of camaraderie Silence Competition
HV Related to the Hierarchical Structure	Abuse of power Demeaning critique and condescension Claiming ownership of another's work Creating an aura of chaos Mistreatment
HV Related to Role Functions of Faculty	Failure to provide feedback Ridicule in front of students Undermining or discrediting of peers

HV Related to the Promotion/Tenure Process

Seven participants provided descriptions of their perceived experiences with faculty to faculty HV related to the P & T process in the nursing academic setting. Participant descriptions of these events were coded into four defining characteristics including peer betrayal, pretense of camaraderie, silence, and competition.

Peer betrayal. Participants described situations in which they felt nursing faculty peers had failed to support them during a promotion or tenure process. In every instance, the participant indicated they felt or knew that their portfolio submitted for consideration for promotion or tenure contained the required elements to demonstrate compliance with established criteria, and yet, negative decisions were rendered by committees consisting of faculty peers.

Tess described her experience when seeking pre-tenure review:

I got a bad review (pre-tenure) from one of my nursing colleagues and a nutrition colleague, somebody in the same college but not a nurse, and um, so that upset me and I went to my Dean who, at that time, was a nurse who...was a nursing colleague and she said 'So, you know, I think you're doing fine. I'll be the one making the decision.' She said 'if you do this and this...if you get three publications between now (pre-tenure review) and then (tenure review), you'll be fine.' So I did that and so I...and I had also in the meantime...had also submitted a grant. Um, it hadn't been reviewed yet but I had submitted the grant so I figured that I had three publications, had submitted this big federal grant, had ongoing research so I thought 'I'm in really good shape.' Um, and as it turned out the person who was the nursing...who was the Dean at the college at that point...the nurse...she then had been, um, removed as the Dean and had been put back in the school of nursing and was now the Chair of the P & T Committee. So, when I went up for P & T...and so I felt very confident because of what she had told me...the first I knew about it (not receiving promotion and /or tenure) I was in my office and I got a copy of the letter of dissent from two colleagues on the Committee who were saying that they did not agree with the majority decision...that they supported me. So that's the first inkling that I had that I hadn't been supported....I went directly to my, um, director of the school of nursing and um, tried to talk to her and knew immediately that she knew I hadn't

been supported and that she was not going to be supportive of me so I knew I was, um, screwed.

Jenny described her experience during a second attempt for promotion:

But it's (the promotion/tenure process) a set-up for horizontal violence, if that's what you're looking at...it's a set-up for it. "...So, four years later (following initial dissent) I beefed everything up and decided to put myself out there 'cause what you're doing is putting forth this huge portfolio of all your work and writing a 12-page narrative that says 'this is how great I am...this is how wonderful I am.' So I put myself out there and, um, you know, it is very threatening to put yourself out there and then your peers look at your portfolio...they, um, they are supposed to take a look at all the contents of the portfolio...look at it in comparison to the guidelines and criteria and make a judgment of 'shall we support this person or shall we not?'Now the letter that comes to the person that says we support or we deny couldn't really give any reasons to not support, they just didn't support. They didn't really examine the portfolio because it clearly missed a lot. It's a letter...it usually gives you guidelines but this one didn't do that at all. It would...it would almost contradict itself. It's like 'you don't have any journal funding' on one page, on the other page it said 'I notice you have journal funding. We didn't promote you because you didn't have any external funding' but on page 2 they had already charted that I did, so, you know, it is really dumb stuff. ...so that would be my example of peers, basically, that I got no support from at all when they knew very well the work was there. They just deliberately, for whatever reason, chose to ignore a body of work that is sitting right there....I had no idea why that had happened. But, it is extremely hurtful and it was a deliberate attempt to sabotage the effort and there is no reason for doing it.

Pretense of Camaraderie. Participants reported faculty to faculty HV related to the P & T process as contributing to a pretention of camaraderie among faculty peers that, in reality, was non-existent.

Allison described the result of HV during her P & T process as follows:

So, it's pretty...pretty distressing to work in that environment, um and have colleagues that aren't really colleagues.... it (HV) really destroys that camaraderie...that um...when you work together on subsequent issues or courses, um, after you have been through that...I mean it's very difficult when you've...to move forward and have that camaraderie in the whole group when it's very evident that...that there's, um, sanctions of an individual's work and

we're not really working for common good, um, or looking out for the very best, uh, in...in each other.

Anne discussed the P & T process and its relationship to HV:

In my mind, it really, you know...or what I've seen...it (promotion/tenure process) really destroys the foundation of collaboration when you're under the...you know, in the circumstances (of seeking promotion/tenure). It becomes more about, you know, checking things off the list and who's done what and how many rather than a celebration of what people are doing and how we can help each other and...um, and so I really...I think that, that environment (the current process for promotion/tenure) really creates the fertile ground for HV.

Jenny describes the environment resulting from her experience with faculty to faculty

HV during the P & T process and the erosion of peer collaboration:

It's ridiculous, you know, that I'm not worthy of this level (promotion to next level), and it's pretention. You know, and it just makes me sick that we're so pretentious.

Silence. Several participants described the silence surrounding the issue of faculty to faculty HV related to the P & T process and discussed their perceptions of the need for nurses to talk about HV, name it, and address it in academic work settings. Following failed attempts at P & T participants discussed their belief that some behaviors exhibited during the process are not labeled as HV. They described the need for faculty to discuss such incidents as a way to educate and open communication between faculty to promote improvement of the processes and faculty success. Jenny described it this way:

And that I think is one of the reasons here in academia we...we tend not to talk about things like this (HV) that happen and we need to. So my sharing it with other faculty, and I have and I will, is um, it's a way I hope to bring that about. So we can bring about the change, as hurtful as it is...

Anne discussed the need for nursing faculty to 'own' HV in this manner:

...first of all we need to own it (HV). We have to give it a name and call it what it is and describe the behaviors... 'cause we haven't done that. So, I think that's the first thing that, uh, is um a step on the road and then beyond that, uh, we have to talk about it and we have to deal with it openly.

Several participants described the nature of faculty to faculty HV in nursing academe as covert. Anne continued her description:

I, uh, think that kind of behavior (HV behavior)...those kinds of, uh behaviors thrive in covert atmospheres that value kind of covert interaction. So we have to be transparent and be willing to talk about it and be willing to deal with it as it comes up and, um, really embrace the idea of collaboration and collegiality and what it really means. We have to do what we say we're supposed to do in all of those, you know, like ethical codes and practice acts.

Julie described her experience with a faculty peer as follows:

...there was another faculty member who I was team teaching with or supposedly team teaching with at the time who was...giving contradictory information as to what I was stating....she did not do it in an overt manner...it was done covertly.

Katy also described covert behaviors as a prevalent form of faculty to faculty HV:

...it's very interesting because, um, you don't see it (HV) um happen direct to direct, but you see it through ... the talking about different people or the negative comments that are made or the rumors that are put out...

Such covert acts resulted in great impact for the individual and faculty as a whole and descriptions of the impact on this faculty and the environment are presented in subsequent sections.

Competition. Participants described acts of faculty to faculty HV and provided their rationales for such behaviors including the competitive nature of the P & T process.

Anne described at length her witnessing of faculty to faculty HV and the culture that encourages it:

...right now I think it's the tenure system that's kind of the vehicle for that where I am and in higher education...really anywhere where you've got a tenure system...it's inherent in that kind of system. ...I think in places where there was a tenure system, um...there was more of a kind of the political environment that promoted that. Um, and if I really thought about it, and again, um this isn't something that I spend a lot of time thinking about...it's you know...I think it's a wider culture...cultural issue....our society supports and promotes that kind of ultra, over competitive, um success-oriented, driven (culture), success is measured by very narrow...definitions and in any...any situation (tenure system) like that is going to promote, um less than collegial behavior to get ahead.

Some participants, when describing their experiences, offered comments indicating that faculty to faculty HV arising from competition during the P & T process might extend beyond nursing programs to the larger academic setting in general. Allison indicated her thoughts regarding whether HV is a nursing issue or occurs in other academic disciplines as well as part of the P & T process :

I'm not sure if this is a nursing issue....after being involved in nursing I feel like we do that to each other, um, in the nursing realm...or if this is faculty wide....is it just the competition we are setting up amongst ourselves that...is this a way of dealing with it...(if) I cause you not to get tenured or promoted I'll get it earlier....I'm not...I'm not quite sure.

Katy discussed her thoughts pertaining to HV as a nursing issue:

...you can handle, you know, one incident, maybe two incidents. But when (there is) more than that and when you see it done to others you begin to realize...I feel like this is a culture and I think it stems from, you know, the whole probably tenure process, um, and you know maybe I hear this about that nurse...I think we do this across nursing....maybe this is a woman's thing too. I don't know...

Personal and Environmental Impact of HV Related to the Promotion/Tenure

Process. Participants provided description of the impact they had experienced, both personally and in their work environments, related to acts of HV associated with the

P & T process. The impact of HV on participants personally included discouragement, frustration, anger, horror, disbelief, hurt, alienation from peers, sadness, mistrust, a sense of violation, devastation, shock, and intent to leave. When asked to describe the impact of HV related to the P & T process on themselves these participants provided the following descriptions:

Tess: I was devastated and I was ...hurt but I felt like a fool because I had been so positive. I mean one of my colleagues had tried to say 'what if you don't get it?' I was just like 'Oh, I can't help it if that happens...' I was quite naïve...I was sure I was going to get it...I was just so sure so I was shocked, I was sad and then I felt stupid because it never even occurred to me that I might...might not get it.

Julie: ...at the time it was confusion. Afterwards it became actual anger, um, for a while I was confused and...it really decreased my confidence in myself...I began to question what I was hearing...was I hearing things correctly and I started writing down notes immediately after having conversations and jotting down things while we were talking because I could no longer trust my recall of the situations and then I went through a stage where I became very angry...

Allison: ...to be honest I really felt...I felt betrayed...and really considered um looking for another job...that...that maybe this wasn't a good fit although I had been there for many, many years at the same institution...I really, really considered moving to a different institution because I really felt like I had been violated really in a sense.

Jenny: The impact that it had on me that particular incident was total discouragement, total frustration...absolute furor...just angry beyond belief because somebody is now saying 'I don't value your work, I have ignored your work...I guess more than anything it discouraged, I mean, oh my gosh...I didn't want to come to work anymore. I don't want to continue.

Katy: It's unfortunate in that it's very demeaning to you...it becomes 'do I really believe myself' and you start having self-doubts about yourself.

Although the descriptions indicate that faculty members were disappointed at the failure to achieve promotion/tenure, they also provided information during the interviews that indicated they felt they were adequately prepared for the process to

meet with success. Their descriptions indicated their perception that faculty peers betrayed them in a variety of ways and thus their labeling of the behaviors as HV. Participants also described the impact of HV to the work environment and other nursing faculty:

Katy: There's a very strong element of mistrust (when HV is present).

Tess: ...people didn't feel valued. People felt like they didn't have recourse if they complainedand they felt retaliated against ...so it really was a place where people didn't feel support.

Jenny: ...fear...worry about am I doing enough so the impact of any of this stuff is (impact of fear in the work environment)...the feeling of I can't stick my neck out....things you can't do bubble to the surface....lack of academic freedom, really...you're not really able to say what you believe or think because there is somebody that may sit on your committee that may take offense.

Participants indicated that often they would withdraw, not speak to peers who had determined the dissent, and lose the joy they previously had in their work. From the participants' perspectives, these personal and environmental impacts had lasting, negative effects on the work setting. A summary of the personal and environmental impact related to the P & T process reported by study participants is presented in Table 4.

Table 4

Personal and Environmental Impact of HV Related to the Promotion/Tenure Process

Personal Impact

- Discouragement
- Frustration
- Anger
- Horror
- Disbelief
- Hurt
- Alienation from peers
- Sadness
- Mistrust
- A sense of violation
- Devastation
- Shock
- Intent to leave

Environmental Impact

- Mistrust
- Loss of sense of value
- Lack of support
- Loss of academic freedom
- Loss of joy at work
- Fear/worry about performance
- Culture of retaliation

HV Related to the Hierarchical Structure.

Participants provided descriptions of their experiences with faculty to faculty HV related to the hierarchical structure in the nursing academic setting. These events involved interaction with a faculty member and nursing director, chair or Dean within the program. Although the individuals committing the acts of HV were supervisors, at the time of the HV the participants considered them peers related to the role they were fulfilling at the time, i.e. co-teaching. Participant descriptions of these events were coded into five categories including: abuse of power, demeaning critique and condescension, claiming ownership of another's work, creating drama, and mistreatment.

Abuse of Power. Participants described experiences of HV related to a faculty peer or supervisor's abuse of their perceived power within the faculty to faculty relationship. Some events involved true positional authority while others pertained to perceived power held by specific individuals.

Anne described her experience with her department Director:

...I wouldn't describe this as overtly violent in terms of in my face screaming, yelling, abusive...but very, um, in a very quiet way...very, very abusive of her perceived power in the relationship....there was a lot of mental games being played...always questions of honesty or dishonesty that felt very, um, abusive, you know, like I was on shifting sands with her and I never knew. I couldn't get a handle on what I needed to do because I was always moving...around her and trying to figure out where she was going with it next.

Sue described behaviors of a newly hired superior towards her that indicated abuse of power within the faculty to faculty relationship:

...she was not tenured and was the department chair and I was tenured and I was not (in a supervisory role)...I was a faculty member. And over a period of about

six months she began to, for reasons unknown to me, she began to do things like change my schedule and I wouldn't find out that she had actually moved my classroom until I went to teach...where my classes were (supposed to be) being held....I was not getting important mail and messages and later found out that she was throwing my mail away. It was really bizarre things that she was doing. And I had no reason, no idea of why that was happening.

Demeaning Critique and Condescension. Participants described both private and public incidents involving belittling, demeaning critique, or condescending behaviors on the part of faculty superiors toward subordinates. Anne described an incident of HV related to her team teaching with her faculty chair:

I had put an exam together and she had...asked to see the exam. And I sent it to her...as a courtesy, not as a request for help or support. ...So she sent the exam back to me as if she were grading a student's work. And she had...made all kinds of comments....So, in a very condescending and negative tone...she made comment on my work. Uh, and I hadn't asked for her feedback related to that nor had I...presented the work...in that light. ...so she set the tone very early on that she was in charge and that she was free to comment on my work, um and I was not free in the same way to comment on hers.

Other participants described incidents where faculty supervisors serving in a peer role, i.e. co-teaching, would publicly demean their work. Sue described the following incident:

I was chair of the faculty senate and whenever there was a significant vote that would be controversial in the senate, she (Sue's department chair) would come and speak against whatever I was speaking for. And over a period of time our relationship became noticeably eroded, I mean we...I would try to talk with her about why she wouldn't return my calls....and we (the faculty and her chair co-serving on the senate) really couldn't (resolve our conflict)

Claiming Ownership of Another's Work. Participants also described acts of faculty to faculty HV involving a faculty superior serving in a peer role or a faculty peer falsely claiming ownership of work they had not performed. Anne described her experience:

I remember one project vividly....(Faculty colleague stated) ‘I know you have so much going on in your life and you’re under stress’...my daughter was very sick at the time. ‘So, you need a project...you need something to do to take your mind off this’...in other words I’m giving you this work to do over the summer off contract out of the goodness of my heart to give you something to keep you distracted from your daughter being sick....and so I...didn’t feel like I could say no and then, under, um, really interesting circumstances she claimed that she had done the work herself.

Creating an Aura of Chaos. Participants described the aura surrounding faculty to faculty HV as a chaotic and dramatic environment. They assigned responsibility for the creation of the drama to the individual they perceived the cause of the HV.

Lily described her experience with her department chair in this manner:

...when that kind of violence (HV) happens I think it’s very serious. I think what happens is that you, um, that it causes a lot of anxiety and there’s a lot of drama in the work place that I think draws away from the mission that people are trying to do. So there...so you kind of get going into the environment with this constant drama and I think that that’s very, um...very distressing to people over time.

Anne described the environment created by her faculty chair:

...the other piece that’s important to understand is the context under which ...she (the Chair) did these things. So part of her M.O., part of the way that she got her way was she created this incredible sense of drama and um, chaos around everything she did....is was ‘you know, this is REALLY important and it HAS to be done tomorrow and you HAVE to do this and this is what you’re gonna do... so she used her ability to create drama in a very coercive kind of way. This aura of chaos permeated the department and increased the stress and anxiety on the faculty involved which, in turn, impact other faculty and the work environment as a whole in a negative manner.

Mistreatment. Participants provided description of acts of faculty to faculty HV involving various forms of mistreatment. Sue described how her new department chair changed class assignments without informing faculty. Faculty perceived these actions and the manner they were enacted as HV and the result was mistrust of the chair:

...the whole environment changed once she came into our...into our faculty. We...knew there was an avid air of mistrust especially when we didn't know our classes were being moved or changed. And then we weren't included in decision making in the department and so there was an air of splitting and of mistrust. She very much attempted to split faculty apart...'you're on my side or you're on the other side' and it was very, very uncomfortable.

Lily described her experience involving menial, punitive assignments following her schedule change to accommodate adoption of a child:

...we adopted a child...and basically the Chair...agreed (to more flexible work hours for Lily)...the Dean found out about it and didn't like it...and she (the Dean) basically called me in and said 'you are a full time employee...you kind of have to be on site forty hours a week.' ...so they (department Chair and the Dean) were kind of like dictating...so it was very, very stressful and then kind of like the way they would do it (HV) was, um, they would make me write like epistles like assessing what I'd done, what my goals were, and then you know I'd get the feedback on that ...then that wasn't adequate and then I'd have to write more goals...then just kind of...really ...sort of punitive types of memo writing and that kind of stuff when basically I was still being productive but they just didn't like the fact that I wanted to work from home some.

Lily believed the actions to be HV based on the Dean's dislike of the alteration in her schedule which her department chair had previously approved. She perceived their requirement to write memos about her achievements and goals while she was obviously productive a form of HV. Lily also believed that she was meeting performance expectations even while altering her on campus work schedule and she did not understand why her supervisors were punishing her.

Personal and Environmental Impact of HV Related to the Hierarchical Structure.

Participants provided descriptions of the personal and environmental impact these acts of HV related to the hierarchical structure caused. Personal impact on individual faculty included anger, indignation, intent to leave the profession, feeling threatened,

withdrawal, loss of joy at work, continual fear, self-doubt, anxiety, loss of control, stress, and depression. Participant descriptions include:

Anne: ...she (the department director) said very ugly things about people in the department and...it was just truly...just very diminishing.
When I would leave a situation interacting with her it would be kind of like numbness...there's so much coming at you...you couldn't possibly take it all in the moment. And...so I would leave and just be glad it was over. And then it was later...with time to kind of integrate the experience and reflect on it that I would get very angry...Like how dare you!...Who are YOU...to be able to treat me that way?
...without the kind of knowledge and experience that I have in interpersonal process I would have moved on quickly...went out of nursing education. I would...if that had been my first exposure I...would've gone and never looked back.

Lily: I think it was kind of...anxiety, sort of like feeling out of control...kind of feeling depressed...you know I actually went to...(an) ombudsman type of employee assistance kind of program.
...kind of early on like let's say within like a year or two after...even if I would kind of go by or be in the nursing building I would feel kind of an anxiety, you know, just kind of being there...

Sue: And I became pretty withdrawn. I...I stopped enjoying going to work. I remember it got to the point toward the end where I had to make myself go to work and I actually went to go see a counselor before I left that college because...I thought maybe there is something wrong with me...
I think even now, when I think about her (department chair), I am surprised after all this time I still feel my voice being shaky and...it's almost a little PTSD. I look for her very closely to make sure she's not gonna show back up in my life.

Sherry: So every faculty member she would find ways to claim they were being insubordinate to her as well as to the program and this would be so alarming and upsetting to the faculty member....I actually watched faculty members not only cry and get extremely upset....they were frightened in their offices.

Participants described the impact on the work environment and other faculty as 'like having a dark cloud over us', and some participants described their intent to leave the profession or institution, that faculty input was not acknowledged or valued, and they

experienced increased stress. Anne described the impact on her work environment as follows:

...it was like we were all under a dark cloud...students, faculty...you know I think the first thing that people noticed after she (the department director) left was the calmness...that just the lack of drama and chaos that she had continually manifested...among us...

Lily described the resulting environment following her experience with faculty to faculty HV enacted by supervisors who co-taught courses with her:

...in ways I felt more powerless than perhaps I was which is ironic...I've observed where people feel that their ...perceptions aren't really taken into account...they feel somewhat...kind of discounted like ...their input is not really acknowledged or valued.

Sherry described the impact of HV on the environment:

...the community and the students who were observing all of this...they lost all their faculty in 1 year. So the entire program changed over with new faculty that were virtually clueless, had no idea what the curriculum was and then the curriculum was being re-written while this was going on. So, that's an example of where one individual can create such disharmony and fear that you have people, for all intents and purposes who may not be called tenured but they have spent their careers at the institution, left.

A summary of the personal and environmental impact related to hierarchical structure reported by study participants is presented in Table 5.

Table 5

Personal and Environmental Impact of HV Related to Hierarchical Structure

Personal Impact

- Anger,
- Indignation
- Intent to leave the profession
- Feeling threatened
- Withdrawal
- Loss of joy at work
- Continual fear
- Self-doubt
- Anxiety
- Loss of control
- Stress
- Depression

Environmental Impact

- ‘Like having a dark cloud over us’
- Intent to leave the profession or institution
- Faculty input was not acknowledged or valued
- Increased stress

HV Related to Role Functions of Faculty.

Participants provided descriptions of their experiences with faculty to faculty HV related to the role functions of faculty in the nursing academic setting. These events involved faculty to faculty interaction in performance of routine role functions including co-teaching courses or managing assigned projects. Participant descriptions of these events were coded into three defining characteristics including: failure to provide feedback, ridicule in front of students, and undermining or discrediting of peers.

Failure to Provide Feedback. Participants provided description of faculty to faculty HV events that prevented their ability to perform their role functions due to absence or lack of appropriate feedback. Linda described her HV experience co-teaching with a faculty peer who was angry that she had been assigned the role of course coordinator:

...I had been assigned the (course) coordinator role....I sent her (the faculty peer with whom she was co-teaching a course) an e-mail copy of the syllabus and told her to look through it and tell me if there was anything she wanted to change....I got absolutely no feedback from her. She didn't e-mail me back and say it looks great...she didn't e-mail me back and say I don't like this part...she literally gave me no feedback.

Nikki described her HV experience related to lack of feedback that was different from normal communication practices at her institution:

...we were working on our master's proposal...that once the proposal was approved by the nursing faculty then it had to go through the committee structure and this is where I felt some of that violence taking place...for instance, I sent the proposal electronically attached to an e-mail to the chairperson of the curriculum and policy committee at the college and did not even get a response back by e-mail that they had received the document and then that (no response to an e-mail Nikki sent) happened two other times....this person should forward it

to the members of the committee so that they could read the proposal and then we could have dialogue about do you think this is going to work...neither of these two committees felt, even in terms of collegiality, to send me an e-mail back that they had received the document.

Ridicule in Front of Students. Participants provided rich description of HV events in which one faculty ridiculed or challenged another faculty in the presence of students. Linda described a situation in which she observed a fellow faculty member be ridiculed in front of a classroom of students:

Thisfaculty member (a faculty member who committed acts of HV) came into her (a different faculty colleague) classroom and reamed her (the faculty colleague) over the coals for interrupting her classroom without asking and (told her) to never do it again...

Julie described her experience:

....the next time when I was in a group setting with her where we had to present together, she presented and had no hesitation at all about putting forward a totally different interpretation than what we had talked about in our meeting.

Pam described her peer's behavior ridiculing her with students:

...I would have these ideas and would want to put things up on Angel and then faculty members would confront me and say I don't feel comfortable about this...but she would make it not work well with the students. She would be in the classroom with them when I was sick and would say things to the students that basically sabotaged any of these kinds of materials being posted....I knew I was getting a very negative response from the students when I was in the classroom...and finally we were almost all the way through the semester of this happening and one of the students finally recognized that maybe I wasn't quite as incompetent as I was being made to seem and she started telling me some of the things that had been happening without my knowledge from my co-teachers in the classroom.

Undermining or Discrediting of Peers. Participants described faculty to faculty HV events where peer faculty members actively undermined or discredited day to day activities.

Sherry: ...So, what...what was so uh frightening about the situation was one by one she would choose a faculty member to intimidate and to critique their classroom or critique their test or critique um their evaluations of students. She would show up unexpectedly in the clinical areas and be evaluating the faculty member and their interaction with students. And what would happen she would write up various um, I guess what would be issues if she had been in the military, uh, that she felt were insubordination. So every faculty member she would find uh uh ways to claim they were being insubordinate to her as well as to the program and this would be so alarming and upsetting to the faculty member. Um, I actually watched faculty members not only cry and get extremely upset, um, I...people...people were just uh hy...hyperventilating...there were frightened in their offices. They never knew if they were being observed or followed and what was happening is...is as each of the faculty members departed (small laugh) from this program new faculty would be hired ...”

Linda: ...she (told) me I shouldn't be teaching the course because I wasn't from an Ivy League school...

Lily:maybe someone is new that comes up with an idea ...they, you know, (say)...we tried that 5 years ago and that didn't work....a faculty member really tries to undermine another too much...

Personal and Environmental Impact of HV Related to Role Functions of Faculty.

Participants provided description of the personal and professional impact of faculty to faculty HV related to role functions of faculty. The resulting impact of HV to individual faculty included intent to leave, fear, intimidation, tension, anger, decreased self-esteem, frustration, self-doubt, isolation, loss of joy, confusion, and stress. Participant descriptions include:

Pam: Well, the anger...that was my first ...just being angry. How could this person do that? Why would they try to sabotage me with students? I think it (HV) really affects self-esteem....in my situation being an experienced faculty member I did not ever expect...a person to behave that way towards me.

Linda: ...it became even more stressful because we didn't know how she (department chair) was going to react to administration getting involved so you always felt you were walking on egg shells. You didn't know what was going to happen next.

..well, for me personally, it was horrible...I mean it...I literally didn't want to continue teaching there....it made itI hated to go to work and before that I had ...loved my job and I hated...to arrive at work every day because I never knew what kind of mood she was going to be in...

Julie: I think the other thing that eventually developed was an extreme sense of frustration. I felt no matter what I said or did I was being challenged whether it was from her or anyone. I felt like I couldn't be heard without putting things in terms into justifying why I was saying them.

Impact on the work environment included lack of trust, fear to speak, and lack of collaboration. Nona described the environmental impact of her HV experience:

...(there was) a very negative effect. At the time she (department chair) was removed by the President, there were three faculty members who were ready to quit. They were ready to hand in their resignations....there was a whole atmosphere among the student body of fear and intimidation....it sort of permeates the department if you know what I mean.

Pam described the impact on her work setting:

I think it caused some division in the nursing program....people have actually left as a result of some horizontal violence..

Katy also described a resulting culture of mistrust:

..I think...it leaves...a very mistrustful environment...I think we certainly have reasons why we have shortages of faculty...

A summary of the personal and environmental impact related to role functions of faculty reported by study participants is presented in Table 6.

Table 6

Personal and Environmental Impact of HV Related to Role Functions of Faculty

Personal Impact

- Intent to leave
- Fear
- Intimidation
- Tension
- Anger
- Decreased self-esteem
- Frustration
- Self-doubt
- Isolation
- Loss of joy
- Confusion
- Stress

Environmental Impact

- Lack of trust
- Fear to speak
- Lack of collaboration

Findings Resulting From Probe Questions

During the interviews, the researcher used probe questions to amplify, clarify and expand the researcher's understanding of the participant's experience. During the interviews the participants described their experience, feelings, reactions and the resulting impact of the act of HV they were describing. The researcher explored additional information with each participant including whether the participant confronted the individual enacting the HV and how frequently they had experienced faculty to faculty HV in the academic work setting.

Confrontation of Those Enacting HV. When asked if they had confronted the individual enacting the HV on them, eight participants reported they did not confront. The reasons given for not confronting included fear, desire to avoid the situation, withdrawal following the incident, and their belief that confrontation would not resolve the issue or contribute to a more collegial environment.

Six of the 14 research participants in this study indicated they had confronted the individual(s) involved in the HV. Although the faculty experiencing HV confronted those who enacted the acts of HV on them, the participants indicated that confrontation did not bring about resolution of the issues nor did it heal the wounds developed after the incidences of HV. Allison described her confrontation of peers following their dissent of her application for promotion and tenure:

..I went to meetings with each of them that was on the committee and...didn't feel like I had really received any kind of information back that would really (help me understand)...I felt like they were basically very unfair ... very subjective. I did talk with each one of them individually as well as my administration that was immediately over me...to really get their opinion.

Jenny also reported confronting the members of the promotion and tenure committee who denied her promotion:

...I did hand the rebuttal letter to the chair of that committee so that individual has the letter and I would assume that person shared the letter with the rest of the committee...the letter was very, very pointed about what the committee had missed and obviously not even looked at...but I have not...and in fact I won't even speak to at all, I have nothing to do with the individuals ...so I don't have to be involved with confronting..

Katy described her advice from colleagues regarding avoidance of confrontation related to acts of HV:

...You hear from colleagues that have been there longer in the institution to not say anything...when you have tried to do it yourself you get a backlash....you just get to the point that in order to move on...you keep to yourself...because it just stirs up a lot of conflict, it stirs up a lot of emotions that are very negative.

Other participants also described confronting the individuals inflicting the acts of HV and indicated that the confrontation rarely achieved resolution of the disharmony, and at times, heightened the alienation between colleagues. One participant, Sherry, was fearful of retribution and confronted the individual enacting the HV on her last day of employment at the institution when the person could have no further impact on her. She reported that the confrontation did not achieve any resolution of the situation.

Frequency of HV. Five participants reported having witnessed more than one act of HV during their career while 9 participants indicated they had never witnessed HV until the incident they described in their interview.

Julie reported this:

...I have witnessed it probably only a couple of times...I have also worked in a non-baccalaureate educational setting and did experience some there...

Jenny described her experience regarding the frequency of HV:

I have watched it happen in my own institution and I have been the listening ear of those to whom it has happened....not necessarily this type of incident [the specific incident of HV Jenny described pertaining to the P & T process] but more of not sharing or freezing out or...or not inviting..

Jenny's description indicates that HV may be insidious behaviors as well as certain recognizable overt acts and may be present in the work environment without being labeled as HV.

Summary

This qualitative descriptive study was designed to investigate the following research questions:

1. What actions or behaviors do nursing faculty describe as faculty to faculty horizontal violence (HV) in nursing academic work settings?
2. What is the impact of faculty to faculty horizontal violence (HV) in nursing academic work settings?

The participants' descriptions provide insight into what behaviors faculty identify as faculty to faculty horizontal violence in nursing academe. Such behaviors include peer betrayal, demeaning critique in the presence of others, sabotage, abuse of power in relationships, failure to provide feedback, discrediting another's work, claiming ownership of another's work, and silence.

In addition, the descriptions identify the resulting personal and environmental impact on the nursing academic work setting. Participants described the personal impact as anger, stress, mistrust, loss of joy, fear, self-doubt, decreased self-esteem, and in some instances, intent to leave the profession. Some participants reported they

did leave the institution where the event took place and had lasting scars resulting from the event. The personal impact was often emotional in nature and participants reported feelings of sadness, devastation, shock, anxiety, and depression following the event. Some study participants reported seeking professional counseling to aid them in processing and coping with what had happened to them.

The environmental impact resulting from acts of HV/incivility included lack of trust and collaboration, fear, lack of support, and loss of academic freedom. Study participants reported that the impact resulting from acts of HV/incivility often remained within the work environment for long periods of time and created work cultures permeated with mistrust and stress where faculty felt loss of value and collegiality. Some participants described their frustration that administrators did not address the behaviors even though they were aware of them. This failure to act resulted in increased mistrust of administration and belief that the uncivil behaviors were promoted within the culture. The following chapter discusses the implications of the study and recommendations for future study.

CHAPTER 5

DISCUSSION, CONCLUSION, AND IMPLICATIONS

The need to better understand nursing faculty perceptions of HV in academe is critical. The shortage of nursing faculty coupled with increased demand for baccalaureate prepared registered nurses mandates that academic work environments be appealing in order to attract qualified faculty to meet the demand. This qualitative descriptive study sought to understand faculty perceptions of HV in academe in order to advance knowledge of the phenomenon in the academic work setting. At the inception of this study there were few studies investigating HV in nursing academe. The aim of this study was to elicit faculty descriptions of personal experiences of HV in their work setting. Specifically, participants were asked to recall and describe situations in which they, as a nursing educator, had experienced peer-to-peer HV in academe and the impact of HV on nursing faculty and the academic work setting.

Study findings provide insight into what types of behaviors are perceived as HV and the impact of such acts on faculty and the work environment. Since the inception of this study, the topic of incivility in nursing education and faculty to faculty incivility has been explored more frequently in the literature. Such literature is cited here for the purpose of supporting or enhancing discussion of the study findings.

Information gleaned from the research is in alignment with a recent publication by Clark (2013a) identifying that failure to manage HV can lead to the disintegration of professional relationships and feelings of dismissal, rejection, marginalization, and abuse. Clark maintains that nursing education has much work to do to build a culture

of collegiality and civility. To build such an environment nursing educators must claim and name acts of incivility and HV and thereby put a face on the heretofore insidious culture eroding the development of positive relationships and work environments in academe.

The study findings brought forward three descriptive conditions under which faculty to faculty HV occurs that emerged during analysis of the data: HV related to the promotion/tenure process, HV related to the hierarchical structure, and HV related to the role functions of faculty. Discussion of each theme follows.

HV Related to the Promotion/Tenure Process.

The researcher initially pondered the question of whether the P & T process in academic institutions would be identified as a contributory factor in HV. To ensure elimination of bias, the researcher bracketed her beliefs to avoid influencing the interviews and permit faculty descriptions to reveal pertinent descriptions. Although the researcher did not define HV and offered no examples of acts of HV to participants, the P & T process was brought forward in the first interview and again during subsequent interviews as a vehicle for faculty to faculty HV. Seven of 14 faculty participants described acts of HV pertaining to the P & T process and their feelings of rejection, fear, being set up to fail, and loss of joy at work. Although faculty described their belief that they were well prepared for the P & T process as defined by their institution and based on assurances from peers and, at times, supervisors, several participants described their experiences of disbelief and rejection or abandonment when they were not recommended by peers for promotion. Some

participants described the P & T process as an environment that encourages acts of HV instead of a process where academic freedom and individual achievements are recognized and rewarded. Some participants described how the P & T process at their institution eroded professional relationships by placing faculty in adversarial roles to one another instead of encouraging scholarly advancement and faculty achievement.

These findings align with a mixed methods study by Clark (2013b) conducted with 588 nursing faculty representing 40 states. The qualitative outcomes for the study yielded eight themes one of which was described as ‘power playing, derailing, and disgracing’. This theme resulted from study participant comments indicating that some faculty made power plays or asserted superiority over others. Included in this behavior was treating junior, non-tenured faculty with disrespect and disdain (Clark, 2013b). Clark (2013b) reported comments from a faculty participant describing a situation in which a more senior faculty member told a junior faculty member privately that, due to a polite disagreement they had had in a meeting, that the senior faculty, who served on the advancement, promotion and tenure committee, would have to reconsider whether the junior faculty was eligible for promotion or tenure. Clark’s description aligns with the findings of the current study in which faculty to faculty HV was described as being related to the P & T process.

The researcher considered whether faculty who failed to achieve promotion or tenure experienced acts of HV or whether their perceptions could be attributed to other feelings and emotions such as disappointment or sense of failure and loss at not achieving the desired outcome. Participants describing acts of HV related to the

P & T process came from a variety of academic institutions with varying P & T processes in place. Yet, participant descriptions of HV related to the P & T process were surprisingly similar. Participants described their disbelief, anger, frustration at the system, and resulting distrust of peers following unfavorable promotion/tenure decisions based on their belief that they had been prepared and met criteria for the advancement, yet had been unfairly denied promotion.

The findings of the current study align with a qualitative study conducted by Goldberg, Beitz, Wieland and Levine (2013) which suggested that academia may be at high risk for workplace bullying because of its hierarchical structure and tenure processes. Consideration of the P & T process is therefore worthy of review to ascertain if the structures and processes are contributory factors toward faculty to faculty HV. More than one participant described their belief that their pursuit of advancement would result in promotion or tenure and, when the outcome of the process was not positive, they were devastated. They truly felt they had met the criteria for advancement, and in some instances, were assured of their readiness by peers and/or superiors. Clark (2013a) discusses the destructive nature of uncivil faculty interactions and her research has revealed what she labels the 'in-group' and the 'out-group' in nursing faculty. The current study's participants also described the marginalization that occurred resulting from the P & T process whereby certain faculty were part of the 'in-group' and those that did not advance were not. Such division destroys cohesion as a team and erodes professional relationships. Ostrofsky (2012) discussed the negative impact of workplace incivility and indicated that

damaged relationships, reduced self-esteem, and personnel departure may result when uncivil behaviors are not addressed.

Based on the current study's findings, leadership in academe must determine whether P & T processes require revision to ensure the desired result – a professional and qualified faculty who are recognized for their contributions to excellence in teaching and the advancement of knowledge in their fields. Considerations might include the need to refine P & T processes to ensure clarity and understanding for faculty who seek advancement and support mechanisms for faculty who fail to meet requirements. Jacelon, Zucker, Staccarini and Henneman (2003) reported that new faculty face many challenges in developing competence in scholarship and teaching. Mentoring by experienced faculty and peers is an important strategy to ensure professional development and collaborative relationships with colleagues. Participant descriptions in this study indicated that they often felt abandoned following rejection of their portfolio. By implementing initiatives designed to support faculty seeking advancement, the negative consequences of failing to achieve the desired outcome can be minimized and overall satisfaction and retention of faculty may be enhanced. Four participants in this study reported that they left the institution where they were denied promotion or tenure, and others reported discouragement and mistrust so pervasive that it destroyed their joy and desire to go to work.

Faculty mentoring may be an important component of the P & T process and faculty development. Jacelon, et al. (2003) reported that through the faculty mentoring program established at their institution, they achieved a level of

camaraderie among faculty that would otherwise have not been achieved. Faculty reported increased productivity in individual and collective scholarship as well as improved expertise. Such mentoring can build relationships and help diminish the incidence of HV among faculty and enhance job satisfaction. Although faculty mentoring goes far beyond P & T, clearly it is an important component of the P & T process.

HV Related to the Hierarchical Structure.

Several study participants described acts of HV perpetrated by department Chairs or Deans. Although the study was designed to elicit descriptions of peer to peer HV, and faculty may not be considered on the same peer level as their superiors, in most instances in this study the faculty considered their department Chairs and Deans as faculty peers when those individuals served in a teaching role alongside other faculty. The participants described acts of HV that they felt helpless to confront based on their subordinate role to the department leader. The descriptions of HV included acts of sabotage and harassment external to the work environment such as inappropriate telephone calls during after work hours from department chair to a faculty co-teacher and removing faculty mail from mailboxes by a department director with the intent to make faculty seem uninformed or incompetent. Most often participants described acts of HV related to the co-teaching role where department Chairs ridiculed or belittled faculty in the presence of other faculty or students and took credit for work that was not their own. These descriptions included the individual's feelings of loss of self-worth, loss of joy at work, and intent to leave the institution. The participants

described situations in which they felt helpless to change the situation based on their superior's 'connections to administration' and, in some situations, when the HV was reported it resulted in retaliation from the individual enacting the HV, although no specific acts of retaliation were described.

The researcher considered whether taking credit for another's work was actually HV as it is often labeled academic misconduct. However, three participants in this study reported this same act as HV indicating that these participants perceived the act as HV against them as individuals. The researcher also considered whether acts of sabotage such as removing mail from mailboxes or harassing telephone calls could be construed as HV. These acts seemed beyond the scope of severity of the other acts described, however two participants described such acts within their definition of HV.

To create a culture of trust and build camaraderie among faculty, leaders must demonstrate the highest levels of professional behaviors and require the same from their faculty. Clark (2013a) discusses qualities of a successful and ethical leader in academe including trustworthiness; consideration of all aspects of issues while searching for non-adversarial outcomes; inclusiveness; fostering open-ended and meaningful conversation; and encouraging honesty and integrity. Participants described HV behaviors in direct conflict with Clark's definition of successful and ethical leaders. Such descriptions included dividing faculty, misrepresenting information, setting faculty up for failure, punitive behaviors, and a variety of other unprofessional actions. The described result of such HV was a hostile work environment where faculty felt mistrust and there was absence of team behaviors.

Some participants described the trickle-down effect of this culture into the classroom where students were negatively impacted. Luparell (2011) indicates that when students are exposed to faculty who demonstrate disrespectful behaviors toward other faculty, they may view such behavior as the norm in healthcare.

Marchiondo, Marchiondo and Lasiter (2010) identify that incivility by nursing faculty is problematic for four reasons including:

- 1) It increases the anxiety and stress in students;
- 2) It can interfere with learning and safe clinical performance;
- 3) It conflicts with the concept of caring so central to the nursing profession;
and
- 4) It may result in decreased program satisfaction and possible withdrawal by students.

Acts of HV can have significant negative impact on the nursing education process and administrators and faculty must address these behaviors (Davis, 2013).

Leaders in education must lead by example and demonstrate the professional behaviors and trust they desire from their faculty. Gallo (2012) suggested that because faculty serve as role models for nursing students, that identifying and correcting uncivil faculty behavior may also decrease student uncivil behavior.

Another factor impacting the work environment is changes in leadership that can alter the environment dramatically for faculty. Participants in the current study described situations where such a change in leadership eroded trust, alienated faculty, and in one instance, led to a decline in the quality of the academic program so severe that

accreditation was in jeopardy. Some participants described their attempts to follow the chain of command until they could no longer tolerate the HV. In some instances participants described their intent to leave the institution due to their belief they had no other recourse. One participant, in particular, described how she believed she could not be successful in the institution based on the HV events she experienced and she elected to seek other employment as a result. These situations point to a work environment where HV may be ignored or even tolerated. Ignoring HV is often the fuel that ignites these undesirable behaviors. When leaders fail to take a stance against certain behaviors it indicates tacit approval of the behaviors. Marchiondo, et al. (2010) confirm this and state that ‘incivility ignored is incivility condoned’ (p. 610). Another fact that Clark (2013a) brought forward is that many faculty and administrators may be unaware of how their behavior affects others. Some participants in this study described acts of HV including demeaning critique, abuse of power, and condescension that went unreported and faculty colleagues were not confronted due to fear of loss of job or other punitive reaction. Some descriptions questioned why leaders or administration, whom they felt were aware of the HV, ‘did nothing’ to prevent or stop the acts and further indicated that they believed that by not confronting the behaviors they tacitly encouraged it. Nursing program administrators must ensure that procedures and policies are enacted to address incivility among nursing faculty (Marchiondo et al., 2010).

The current study advances the knowledge regarding what faculty perceive as acts of HV and informs leaders and administration of the need to create the desired

environment within which faculty and students may thrive. Both administration and faculty are responsible for building and sustaining such an environment. Prevention of faculty incivility and acts of HV may be possible by establishing clear expectations regarding acceptable behavior (Marchiondo et al., 2010). Marchiondo et al. further stated that faculty must be educated about appropriate social skills, and policies must define actions that breach rules of proper conduct.

HV Related to the Role Functions of Faculty.

Study participants described acts of HV that occurred during the performance of faculty role functions such as co-teaching or managing assigned projects. Such acts included belittling of colleagues, and jealousy over assignments resulting in intentional undermining of authority or ridicule in the presence of students. Such actions alienated faculty one from the other and further eroded trust in the work environment. Some of the descriptions indicated that faculty criticized/belittled one another based on academic credentials or on what university a faculty member had attended. These descriptions may point to an underlying power imbalance among the faculty further contributing to HV. These behaviors stifle the creativity which should permeate academic settings in order to foster the pursuit of new knowledge and create positive learning experiences for students.

Leaders and administrators should facilitate an environment which eliminates power imbalances and focus on hiring for civility and linking civility to performance (Clark, 2013a). Leadership can establish and role model the preferred behaviors to support the positive academic culture which all faculty are expected to embrace.

Strategies to accomplish this include, but are not limited to, aligning the nursing program mission and vision to focus on civility, designing a code of behaviors expected from all, and developing policies to address civil behavior expectations and consequences for uncivil behaviors.

Impact of HV on Faculty and the Work Environment

The study findings provide glimpses into the lasting impact of faculty to faculty HV on individuals and the academic work environment. Study participants described in detail the various acts inflicted against them and, in many instances, were overwhelmed with emotion during recall of the events. Many of the participants discussed their inability to fully move beyond the HV and described its lingering impact on their career including self-doubt, fear, withdrawal from work, and loss of joy. In one instance a participant described having to ‘constantly look over her shoulder’ for fear of running into the faculty who committed the HV who had since left the institution.

These lasting emotions scar and may contribute to ongoing team dysfunction as well as personal guardedness. Mistrust, alienation, and absence of team behaviors can diminish the effectiveness of faculty teams to design and deliver excellent education to students resulting in poor outcomes. In addition, study findings indicate that one person, whether staff or leadership, can have dramatic negative impact on faculty and the program at large if acts of HV are not addressed.

The current study contributes to the body of knowledge regarding HV in academe and provides a lens through which faculty and administrators can better

understand the phenomenon and be proactive in building a culture that minimizes and eradicates such acts. Clark (2013a) underscores the importance of creating healthy academic work environments and maintains that this requires intentional and purposeful focus. Clark proposes that nursing programs must align with the institutional mission and vision and be deliberate in their focus on respect and civility. Other strategies include creating values and behavioral norms as well as creating and maintaining a culture of civility and respect to which all are held accountable..

Institutional commitment alone is not enough. Organizations need the expertise and talents of many individuals and teams to realize the vision (Clark, 2013a). Individual faculty must commit to examine their own values and personal beliefs in order to reveal the lens through which they interpret their reality. Developing understanding of personal biases and beliefs leads to self-awareness wherein one can continuously improve and construct action steps to achieve professional behaviors. Faculty must develop awareness of HV and claim and name acts of HV in order to prevent them. Luparell (2011) stated that there is little hope to break the chain of disrespectful behaviors if faculty communicate to students that this type of behavior is acceptable through their own misbehavior.

Twale and DeLuca (2008) outlined several strategies that academic leaders can implement to challenge the academic bully culture. Included in these are gathering and analyzing data to determine the occurrence of bullying; establishing administration and faculty policy direction including grievance procedures, sanctions and redress; and deconstructing and reconstructing the environment to eradicate

learned behaviors. Such strategies must be implemented across the institution to achieve maximal effectiveness. The current study provides insight and understanding of faculty perceptions of HV in academe that may be used to educate faculty and administrators about the phenomenon and enhance understanding of the need to development proactive strategies to minimize occurrence in the academic work setting.

Confrontation of the Individual Enacting HV

In this study five individuals described their willingness to confront the individual(s) who enacted the acts of HV. Such confrontation involved either writing a rebuttal letter when the incident involved the P & T process, or verbal confrontation. In all incidences, the study participants indicated their desire to confront was based on a need to have greater understanding of why they were being treated in such a manner. The descriptions of the confrontation indicated that no positive result occurred, and in some instances, further alienation from specific peers resulted.

The other 9 participants in this study reported that they did not confront the individual(s) enacting the acts of HV toward them. The reasons cited for not confronting included fear, the desire to avoid contact with the individual, the desire to withdraw from interaction at work, and the belief that confronting the individual responsible would not result in positive change in the situation. This inability to confront resulted in continued feelings of mistrust, anger, and hurt and contributed to ongoing alienation from the individual involved.

ˆ The ability to confront may or not may be associated with an individual's personal coping skills and or a sense of empowerment. Although the victim of HV may feel powerless, Twale and DeLuca (2008) reported that victims must recognize the power they have and exercise it instead of isolating or removing themselves from the situation. Clark (2013) encouraged faculty to ponder three questions when considering whether to engage a faculty colleague in a difficult conversation:

- 1) "First, consider, 'What do I want for myself, what do I want for the other people involved, and what do I want for the relationship?'"
- 2) After careful reflection, ask yourself, 'What will happen if I do engage in this conversation, and what will happen if I don't?'"
- 3) Lastly, ask, 'If I choose to engage in the conversation, will it positively contribute to issues that matter most to me?'" (p. 115).

By pondering the answers to these questions, faculty can best plan their course of action and ensure cohesion of thought when preparing to confront a peer.

Confrontation may not always result in the desired outcome, but it enables the victim of HV to express their feelings pertaining to the act of HV and informs the individual enacting the HV that their behaviors are noted and unwelcome.

Confrontation may also heighten awareness of the individual enacting the HV both to their behavior as well as to the resulting impact on the work environment and others.

Frequency of Faculty to Faculty HV in Nursing Academe

Participants in this study described a variety of incidents of HV occurring as singular incidents as well as patterns of behavior among faculty. However, the

majority of study participants indicated they had not previously experienced HV in the academic work setting prior to the incident they described in their interview.

From this study the researcher could not determine the frequency of HV in academic work settings. The study participants did describe work cultures that did not deter behaviors interpreted as acts of HV as well as specific overt acts of HV. The findings of this study indicate that there may be cultural norms in specific academic work settings that promote, or permit, acts of HV to occur frequently. Study participants discussed definitions of HV and whether specific acts were defined as HV. Developing greater understanding of and definitions of HV is important to provide a foundation on which faculty may identify such behaviors and develop work environments that minimize the incidence of such negative behaviors.

Integration of Thematic Findings

This qualitative descriptive study was designed to investigate the following research questions:

1. What actions or behaviors do nursing faculty describe as faculty-to-faculty horizontal violence (HV) in nursing academic work settings?
2. What is the impact of faculty-to-faculty horizontal violence (HV) in nursing academic work settings?

Study findings yielded diverse, yet similar, descriptions of the phenomenon as previously discussed. To fully answer the second research question analysis across themes yielded the following similarities and differences.

Similarities. Mistrust was the one implication common to all themes. Study participants repeatedly described that acts of faculty to faculty HV eroded trust among individuals and the faculty collectively as a group as well as faculty trust in leaders or administration who tolerated the behaviors. Participants described the lasting effects of the broken trust and, at times, stated they were never able to regain or rebuild trust despite the passage of long periods of time or changes in personnel. The implications of this finding include the need to understand that mistrust develops among all faculty members experiencing HV and strategies must be implemented to rebuild trusting relationships following acts of HV.

Participant descriptions pertaining to promotion and tenure and hierarchical structure indicated that loss of joy at work, loss of self-worth, fear of sabotage, and intent to leave the institution were common among both themes. These implications reveal the personal internalization of the act of HV on the individual resulting in diminished self-image and a strong desire to escape the negative environment. Some participants described seeking professional counseling to aid them in handling the specific situation and four participants indicated they chose to leave the institution. Study participants described loss of joy at work indicating that environments were so toxic that individuals isolated themselves or minimized their day-to-day contact with their peers to avoid interaction. These findings are important to administrators to aid in creating positive work environments that support collaborative and productive academic practice.

Descriptions pertaining to hierarchical structure and role functions of faculty indicated that belittling, undermining, demeaning, and ridiculing behaviors were common among both themes. Some of these terms are synonymous but convey the perceptions of individual faculty of acts of HV inflicted by their superiors or peers in dysfunctional work environments. Participants described feelings of self-doubt or continual questioning of self, related to acts of HV, at times to the point of becoming static in their ability to perform work functions. And in some instances, such behaviors were enacted in the presence of students, creating less than optimal learning environments. The impact of these negative behaviors should not be underestimated and often contribute to erosion of the institutional mission and values.

Differences. Study participants described other individual and global impacts resulting from faculty to faculty HV that were not common between themes. The promotion and tenure theme yielded descriptions of feelings of rejection, fear, betrayal, and abandonment. These feelings resulted from the individual's belief that they had been adequately prepared for promotion or tenure and were surprised when the dissent letter was issued. Educating faculty regarding effective communication between peer reviewers and faculty applicants or supervisors mentoring faculty toward promotion and tenure might diminish the perception of sabotage and abandonment and create supportive, collegial environments where all faculty are encouraged to develop.

The hierarchical structure theme yielded the additional implication of personal powerlessness resulting from the acts of HV. Participants reported withdrawing from

the work environment in an effort to protect self and minimize the potential for future acts of HV. Some participants described attempts to report the incidents to administrators or leaders with mixed outcomes. Institutional policies should define professional behaviors and administrators must hold faculty accountable to the codes of conduct defined in order to minimize acts of HV.

These similarities and differences indicate the breadth of implications for the academic work environment and aid in understanding the impact of the phenomenon on the individual and institution. Although each individual may respond to acts of HV in a different way, the descriptions obtained in this research serve as a strong foundation on which to gain better understanding of the phenomenon and take precautionary or preventive measures to eradicate or minimize acts of HV in the academic work setting.

HV or Incivility

For purposes of this study, and to align with existing nursing literature, the researcher used the term horizontal violence to label the phenomenon during recruitment of participants. Following analysis of the participant interviews discussion is now warranted to further define the phenomenon.

The term horizontal violence indicates acts that are inflicted on one peer by another. The term has been widely defined in the nursing literature as overt behaviors including humiliation, sarcasm, belittling, rudeness, intimidation, disregard and insolence for others, and disregard for the welfare of others or any behavior that violates the norms of mutual respect (Clark, 2008; Farrell, Bobrowski, & Bobrowski,

2006; Kolanko, Clark, Heinrich, Olive, Serembus, et al., 2006). Faculty incivility as defined by Twale & DeLuca (2008) is adverse behaviors such as workplace aggression, bullying, or camouflaged aggression persisting over a long period of time resulting in a bully or mob culture. Merriam-Webster dictionary defined violence as “the use of physical force to harm someone, to damage property, etc.; great destructive force or energy; exertion of physical force so as to injure or abuse; injury as if by distortion, infringement, or profanation; intense, turbulent, or furious and often destructive action or force; undue alteration” (retrieved online at <http://www.merriam-webster.com/dictionary/violence>). The same reference defined incivility as “a rude or impolite attitude or behavior: lack of civility; a rude or impolite act; the quality or state of being uncivil; a rude or discourteous act” (retrieved online at <http://www.merriam-webster.com/dictionary/incivility>).

Based on these definitions, the phenomena described by the participants in this study seem to align with the definition of incivility rather than violence. However, the study participants related their stories as HV. Although there were instances of severe confrontation between the faculty and another academic peer, there were no descriptions in this study that met the definition of violence as outlined in the Merriam-Webster dictionary. The results of this study indicate that the acts described by study participants were uncivil, rude or discourteous behaviors and therefore, this researcher recommends use of the nomenclature incivility when referring to faculty to faculty interactions that do not align with professional behavior standards as outlined by the nursing profession and academic institutions.

Conclusion

Based on interviews with the nursing faculty who participated in this study, the faculty to faculty HV/incivility among nursing faculty is described and better understanding of the phenomenon has been developed. Faculty descriptions of HV/incivility in nursing academe offered insight into the acts perceived as HV/incivility including belittling, sabotage, punitive acts, undermining, lack of equity in teaching assignments, failure to support colleagues in attaining promotion or tenure, and other behaviors. The study further illuminated the impact of faculty to faculty HV/incivility on the individual and the institution including mistrust, alienation, loss of joy, stress, fear, anger, frustration, and intent to leave. The body of literature concerning incivility in academe is growing (Clark, 2013a, 2013b; Luparell, 2011; Gallo, 2012; Goldberg, 2013) and findings of the current study have been affirmed by recent publications such as Clark (2013a). In addition, the recent literature written about the phenomenon uses the term incivility when describing behaviors previously labeled HV in the nursing literature.

Based on the outcomes of this study the researcher proposes the following definition of horizontal violence in nursing academe: uncivil behaviors or acts of any nature directed toward faculty peers or colleagues intended for the purpose of self-promotion over others and that result in loss of collegiality among team members and/or loss of academic freedom. This definition was derived from the descriptions of HV provided by the participants of this study which encompassed a broad range of uncivil and unprofessional behaviors targeted toward their peers. The researcher

further recommends use of the nomenclature incivility, as opposed to HV, when referring to such acts.

The impact of faculty to faculty HV/incivility in nursing academe is very personal and emotional for those experiencing it and contributes to lack of trust, establishes a negative work culture, and may impact students. The lasting repercussions of HV/incivility in the academic work setting and to individual faculty can erode the institution's mission and vision and contribute to faculty turnover at a time when qualified faculty are in short supply.

Both administrators and faculty must commit to civility within the academic work setting and take proactive measures to eradicate or minimize acts of HV/incivility. Leaders maintain responsibility for establishing expectations for the behavior of faculty and ensuring that HV/incivility is not tolerated. Faculty members have responsibility to embrace civil behaviors with peers to ensure a positive work environment and to foster such civility with students to provide a quality learning environment.

Limitations

As inclusion criteria for the study delimited participation to full-time and part-time and clinical nursing faculty teaching in baccalaureate, masters or doctorate programs, transferability of findings to community college or other academic settings is limited. In addition, due to the sensitive nature of the topic, research participants might have been unwilling or uncomfortable to share all details the researcher was trying to elicit.

There were no male participants in this study and it is unknown if male faculty experience HV and what their perspective is regarding the impact of HV in the academic work environment.

Finally, the researcher made every attempt to bracket assumptions or beliefs regarding faculty to faculty HV in academe but may have inadvertently introduced bias into the process based on preconceived ideas and thoughts on HV as a result of previous personal experiences of witnessing and being a victim of HV in nursing practice.

Implications for Nursing

Implications for Education

The implications of this study include the need to educate nursing faculty about the presence of HV/incivility in academe in order to generate awareness and minimize incidence. When seeking participants for this study, the researcher had conversations with many nursing faculty who did not recognize the term HV and denied its presence in academe. There is a need for academic administrators to embrace the concept of HV/incivility in their institutions and create processes that inform faculty and staff of its presence and the policies designed to minimize or eradicate it.

Implications for Practice

This study provided greater understanding of the impact of HV/incivility on individual faculty and the work environment. In order to deconstruct and reconstruct the academic work environment, leaders and administrators must establish the

preferred work culture and lead by example. By exhibiting the desired behaviors in the academic work setting administrators establish a precedent for those behaviors. But demonstrating the desired behaviors is not enough. Administrators must also identify and sanction acts of HV/incivility in the work environment in order to clearly communicate that such behaviors are unacceptable and will not be tolerated. Administrators must also build a culture of trust and communication in order to promote team behaviors and collegiality among faculty.

The findings of this study indicated that some faculty perceive that the P & T process can facilitate acts of HV/incivility. Long established processes for promotion/tenure should be evaluated to determine best practices to achieve desired outcomes so that power imbalances, whether perceived or real, can be minimized. Clearly defined and widely communicated procedures, and faculty mentoring programs may improve faculty development and build trusting relationships resulting in greater productivity in scholarly activities and teaching.

Other implications of this study include the need for faculty to consider the impact of faculty to faculty HV/incivility on students. Students who witness faculty to faculty HV/uncivil behaviors in the classroom, such as belittling, undermining, or confrontation, are thrust into the position of choosing who to believe/follow thus marginalizing one or more faculty and their effectiveness to teach. Nursing faculty members in particular are held to high standards of professional practice and are called to role model the behaviors desired in the delivery of patient care. HV/incivility undermines the positive behaviors necessary to mentor students into

professional practice. Students may be unaware of actual acts of HV/incivility but always sense the underlying tension that is present when faculty do not get along. By exhibiting acts of HV/incivility in the presence of students faculty may inadvertently sanction such behaviors among students resulting in a less than positive learning environment.

Results from this study may be helpful to nursing educators in developing awareness of the presence of HV/incivility within their work environment and also in identifying strategies to reduce or eliminate HV/incivility in academe. Results from the study may also provide academic leaders and administrators information that will aide them in identifying opportunities for improvement in the work environments they oversee to promote professional behaviors and a culture of trust.

Implications for Research

The findings of this study included the identification of actual behaviors associated with HV/incivility in the academic environment. Previously not identified, such behaviors may be interpreted in other ways resulting in continuance of HV/incivility in the academic setting. Identification or naming is the first step to owning the behaviors and changing the culture to reflect the desired characteristics. This study provided faculty descriptions of HV/incivility in nursing academe and contributed to the body of knowledge about the phenomenon. Additional research is required to determine if nursing faculty in other settings (such as community colleges) describe the same or different acts as HV/incivility.

This researcher discussed the similarities between HV and incivility however, it remains unknown if these are the same phenomenon. Further study using linguistic analysis may further differentiate the two terms and clarify concepts for future research.

Some participants in this study discussed their thoughts regarding whether faculty to faculty HV/incivility is a phenomenon occurring only in nursing academe. Further study is required to determine if faculty in other disciplines experience HV/incivility and whether the conditions and defining characteristics are similar to those described in this study.

Nursing researchers (Roberts, 1983; Duffy, 1995) have linked HV/incivility in nursing to feminist issues as nursing, dominated by women, is considered an oppressed profession functioning in a male-dominated medical hierarchy. There were no male participants in this study so gender issues related to HV/incivility could not be investigated. Further exploration is needed to determine whether men experience HV/incivility in academe and if their perceptions of HV/incivility differ from female nursing faculty.

This study did not investigate the environment in which the HV occurred. Future studies investigating environments in which HV occurs and comparative analysis with those environments where HV does not occur may provide insight into contributory factors specific to environment and/or work setting. Results from this study support the need for exploration of characteristics of the academic work

environment that may contribute to peer to peer HV/incivility and how such characteristics can be mitigated to minimize incidence of HV/incivility.

The current study contributes to a greater understanding of the phenomenon of faculty to faculty HV in academe, but further study is required to understand what interventions are most effective in eradicating or minimizing acts of HV/incivility. As further understanding of HV/incivility is gained, future studies should investigate what faculty experiencing the phenomenon believe would be recommended interventions to eliminate the acts of HV/incivility as well as the lasting impact of such acts on individuals and the work environment. Most importantly, clarifying the terminology HV/incivility will help to establish a better understanding of the widespread nature of the phenomenon and identify preventive practices.

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Appendix A
Flyer Marketing Study for Use by Participants

Seeking Nursing Faculty for Research Study

Research topic: Nursing Faculty Descriptions of Horizontal Violence in Academe

Purpose of the Study: The purpose of this qualitative descriptive study is to investigate nursing faculty descriptions of faculty-to-faculty HV in academe and determine the impact on nursing faculty and the academic work setting.

Eligibility Criteria: For the purpose of this study, full-time and part-time nursing faculty (tenured or tenure track) and clinical faculty currently teaching in baccalaureate, masters, and doctoral nursing programs of study employed at United States schools of nursing who have experienced faculty-to-faculty HV will be eligible to participate in the study.

Participating in the Study: Participation in the study involves approximately 2 -3 hours of time including 1 or 2 telephone or face-to-face interviews, responding to demographic questions, and describing your experience of faculty-to-faculty horizontal violence.

For Information or to Participate in the Study

Please Contact

**Nancy Davis, MSN, RN, PhD Student
University of Kansas School of Nursing**

E-mail: ndavis2@kumc.edu

Telephone: 828-246-0278

Appendix B
Electronic Mail Message to Potential Research Participants
Personally Acquainted with the Researcher

Dear Colleague,

I have previously mentioned to you that I am conducting my doctoral dissertation research to investigate nursing faculty descriptions of faculty-to-faculty horizontal violence in nursing academic work settings. You have previously expressed interest in the study and indicated that you might be willing to participate in this research. The purpose of this e-mail is to determine if you are willing to be a research participant for the study. I am attaching the following documents for your review to aid you in determining whether you wish to participate:

- 1) Letter of Introduction and Explanation
- 2) Demographic Information Form
- 3) Informed Consent
- 4) Flyer Marketing the Study

I ask that you review these attachments and reply to me via electronic mail within seven (7) days of receipt of this e-mail. Following your review of the attachments, please notify me of your decision regarding participation in the study. If you are interested in participating in the study I will schedule a teleconference with you and allow you to ask any questions you have and I will respond. The consent form is for your future reference. Once you consent to participate in the study I will ask you demographic information and conduct the initial interview. A second interview may be scheduled with you to give you the opportunity to make further comments and to review the researcher's interpretation of all interviews. The second interview will be scheduled at your convenience and should take no more than an hour of your time.

I have also attached a flyer to this e-mail with information regarding the study. I would appreciate you providing the flyer to any nursing faculty peers you know who may qualify and be interested in participating in this study.

Thank you for your interest in my study. I look forward to your reply.

Sincerely,

Nancy Davis, MSN, RN

Appendix C

Letter of Introduction and Explanation for Potential Research Participants Personally Acquainted with the Researcher

Dear Colleague,

My name is Nancy Davis and I am a doctoral student at the University of Kansas School of Nursing. You have previously indicated interest in my research investigating faculty descriptions of faculty-to-faculty horizontal violence (HV) in nursing academic work settings and expressed willingness to participate in the study.

Although many studies have investigated the phenomenon among staff nurses, few studies have described faculty-to-faculty horizontal violence among nursing faculty. The purpose of the research is to understand nursing faculty descriptions of faculty-to-faculty HV in nursing academic work settings and the impact on faculty and the work environment.

If you agree to participate, you will be asked to read and review an informed consent form that will be provided to you via electronic mail. Once you consent to participate in the study the researcher will ask you to answer some demographic questions and an interview by the researcher will be scheduled at your convenience. The initial tape-recorded interview will last approximately one hour and will consist of open-ended questions about your experience. A second interview may be scheduled with you to give you the opportunity to make further comments and to review the researcher's interpretation of all interviews. The second interview will be scheduled at your convenience and should take no more than an hour of your time.

It is possible that recalling and discussing your feelings regarding your experience with acts of faculty-to-faculty horizontal violence might cause painful thoughts or memories to occur. If you feel too upset or distressed during the interview, you may end it at any time. No other risks have been identified at this time, but should any arise that might affect your decision to participate, you will be informed immediately.

Participation is completely voluntary and no specific benefits from participation have been identified. It is hoped that information gained in this research study may be useful to help nursing faculty and administrators address this phenomenon in the academic setting.

Your personal information will be kept confidential and your name will not be directly linked with any of the information from your interviews. You may withdraw from this study at any time with no penalties. If the results of the study are published or presented in public, information that identifies you will be removed.

If you choose to participate, you will receive a copy of the consent form for you to keep.

If you choose to participate in the study or have questions you may contact me via e-mail at nancypdavis@charter.net or via telephone at 828-246-0278.

Sincerely,
Nancy Davis, MSN, RN

Appendix E

RESEARCH CONSENT FORM

Nursing Faculty Descriptions of Horizontal Violence in Academe

You are being asked to join a research study. You are being asked to take part in this study because you are nursing faculty and may have experienced faculty-to-faculty horizontal violence (HV) in a college or university setting. You do not have to participate in this research study. The main purpose of research is to create new knowledge for the benefit of future nursing faculty and academic administrators and society in general. Research studies may or may not benefit the people who participate.

Research is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early.

This consent form explains what you have to do if you are in the study. It also describes the possible risks and benefits. Please read the form carefully and ask as many questions as you need to, before deciding about this research.

You can ask questions now or anytime during the study. The researchers will tell you if they receive any new information that might cause you to change your mind about participating.

This research study will take place through the University of Kansas Medical Center (KUMC) School of Nursing as part of the doctoral dissertation of Nancy Davis, MSN, RN with Dr. Leonie Pallikkathayil serving as dissertation advisor. About 10-15 nursing faculty will be in the study.

BACKGROUND

Horizontal or peer-to-peer workplace violence is a well-documented phenomenon in nursing clinical practice and many studies have investigated the impact of this phenomenon on nursing job satisfaction, self esteem, and burnout in the nursing profession. Faculty-to-faculty HV in nursing academic work settings is less well understood and this study will investigate faculty descriptions of faculty-to-faculty HV and its impact on individuals and academic work settings in order to better describe the phenomenon.

PURPOSE

By doing this study, researchers hope to learn nursing faculty descriptions of faculty-to-faculty HV in academe and the impact of horizontal violence on nurses working in academic settings.

PROCEDURES

If you are eligible and decide to participate in this study, your participation will last approximately 2 – 3 hours. Your participation will involve:

- Reading and reviewing an informed consent form with the researcher
- Participation in a telephonic or face-to-face interview that will last approximately one hour responding to demographic questions and describing your experience of faculty-to-faculty HV; and
- Potential participation in a follow-up interview that will last approximately 30 to 45 minutes to confirm the researcher's analysis of the interviews. At the time of the second interview the researcher will remind you that your participation in the second interview is completely voluntary and you may elect not to participate.

Your participation is voluntary and at any time if you wish to withdraw from the research you may do so without repercussion.

RISKS

There is a possibility that remembering and describing acts of faculty-to-faculty HV may cause discomfort. In addition, recalling such experiences may cause painful thoughts or memories to occur. If you feel too upset or distressed during the interview, inform the researcher and the interview will end immediately. There may be other risks of the study that are not yet known and other unexpected effects that have not been previously observed may occur.

NEW FINDINGS STATEMENT

You will be told about anything new that might change your decision to be in this study. You may be asked to sign a new consent form if this occurs.

BENEFITS

Although you will not directly benefit from this study, your participation may contribute to greater understanding of faculty-to-faculty HV in academic work settings and may aid others in developing interventions to minimize or eliminate such events.

ALTERNATIVES

Participation in this study is voluntary.

COSTS

There is no cost for being in the study.

PAYMENT TO SUBJECTS

There is no payment for this study.

IN THE EVENT OF INJURY

Although not anticipated, if you have been injured as a direct result of being in this study you should immediately contact Nancy Davis via e-mail at nancypdavis@charter.net or telephone 828-246-0278.

INSTITUTIONAL DISCLAIMER STATEMENT

If you think you have been harmed as a result of participating in research at the University of Kansas Medical Center (KUMC), you should contact the Director, Human Research Protection Program, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160. Under certain conditions, Kansas state law or the Kansas Tort Claims Act may allow for payment to persons who are injured in research at KUMC.

CONFIDENTIALITY

The researcher will protect your information, as required by law. You will be assigned a pseudonym or code name to protect your confidentiality and only the researcher will have access to the list of names and pseudonyms. Absolute confidentiality cannot be guaranteed because persons outside the study team may need to look at your study records. A transcriptionist may transcribe audiotaped interviews in which you participated. All transcription of interviews will be performed by the researcher or a transcriptionist who has completed the KUMC tutorials for the protection of human subjects rights. The researchers may publish the results of the study. If they do, they will only discuss group results. Your name will not be used in any publication or presentation about the study.

QUESTIONS

Before you sign this form, Nancy Davis or other members of the study team have answered all your questions. You can talk to the researchers if you have any more questions, suggestions, concerns or complaints after signing this form. If you have any questions about your rights as a research subject, or if you want to talk with someone who is not involved in the study, you may call the Human Subjects Committee at (913) 588-1240. You may also write the Human Subjects Committee at Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

SUBJECT RIGHTS AND WITHDRAWAL FROM THE STUDY

You may stop being in the study at any time. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

CONSENT

Nancy Davis or the research team has provided you in person or via e-mail or postal service written information about this research study in the form of an introduction letter and an informed consent. She has explained what will be done and how long it will take. She explained any inconvenience, discomfort or risks that may be

experienced during this study.

By verbalizing your consent you say that you freely and voluntarily consent to participate in this research study. You have reviewed the information and had your questions answered. Once you verbalize consent to participate in the research, the interview may begin.

Appendix F
Electronic Mail Message to Potential Research Participants
Identified Through Chain Referral

Dear Colleague,

My name is Nancy Davis and I am a doctoral student at the University of Kansas School of Nursing. I am conducting research on nursing faculty descriptions of faculty-to-faculty horizontal violence (HV) in nursing academic work settings. You were referred to me by a nursing faculty colleague as an individual who may have experienced faculty-to-faculty HV in nursing academic work settings. You may be interested to participate in a research study investigating faculty descriptions of faculty-to-faculty workplace violence in academe.

The purpose of this e-mail is to determine if you are willing to be a research participant for the study. I am attaching the following documents for your review to aid you in determining whether you wish to participate:

- 1) Letter of Introduction and Explanation
- 2) Demographic Information Form
- 3) Informed Consent
- 4) Flyer Marketing the Study

I ask that you review these attachments and reply to me via electronic mail within seven (7) days of receipt of this e-mail. Following your review of the attachments, please notify me of your decision regarding participation in the study. If you are interested in participating I will schedule a teleconference with you and allow you to ask any questions you have and I will respond. The consent form is for your future reference. Once you consent to participate in the study I will ask you demographic information and conduct the initial interview. A second interview may be scheduled with you to give you the opportunity to make further comments and to review the researcher's interpretation of all interviews. The second interview will be scheduled at your convenience and should take no more than an hour of your time.

I have also attached a flyer to this e-mail with information regarding the study I would appreciate you providing the flyer to any nursing faculty peers you know who may qualify and be interested in participating in this study.

Thank you for your interest in my study. I look forward to your reply.

Sincerely,

Nancy Davis, MSN, RN

Appendix G
Letter of Introduction and Explanation for Potential Research Participants Identified
Through Chain Referral

Dear Colleague,

My name is Nancy Davis and I am a doctoral student at the University of Kansas School of Nursing. I am investigating nursing faculty descriptions of faculty-to-faculty horizontal violence (HV) in nursing academic work settings and its impact on faculty and the work environment. You were referred to me by a nursing faculty colleague as an individual who may have experienced faculty-to-faculty HV in the nursing academic work setting. You may be interested to participate in a research study investigating faculty descriptions of faculty-to-faculty HV in academe.

Although many studies have investigated the phenomenon among staff nurses, few studies have described faculty-to-faculty horizontal violence among nursing faculty. The purpose of the research is to understand nursing faculty descriptions of faculty-to-faculty horizontal violence in academe and the impact on faculty and the work environment.

If you agree to participate, you will be asked to read and review an informed consent form that will be provided to you in person or via electronic mail. Once you consent to participate in the study the researcher will ask you to answer some demographic questions and an interview by the researcher will be scheduled at your convenience. The initial tape-recorded interview will last approximately one hour and will consist of open-ended questions about your experience. A second interview may be scheduled with you to give you the opportunity to make further comments and to review the researcher's interpretation of all interviews. The second interview will be scheduled at your convenience and should take no more than an hour of your time.

It is possible that recalling and discussing your feelings regarding your experience with acts of faculty-to-faculty HV might cause painful thoughts or memories to occur. If you feel too upset or distressed during the interview, you may end it at any time. No other risks have been identified at this time, but should any arise that might affect your decision to participate, you will be informed immediately.

Participation is completely voluntary and no specific benefits from participation have been identified. It is hoped that information gained in this research study may be useful to help nursing faculty and administrators address this phenomenon in the academic setting.

Your personal information will be kept confidential and your name will not be directly linked with any of the information from your interviews. You may withdraw from this study at any with no penalties. If the results of the study are published or presented in public, information that identifies you will be removed.

If you choose to participate, you will receive a copy of the consent form for you to keep.

If you choose to participate in the study or have questions you may contact me via e-mail at nancypdavis@charter.net or via telephone at 828-246-0278.

Sincerely,
Nancy Davis, MSN, RN

Appendix H
Letter of Introduction and Explanation for Potential Research Participants Identified
Through Networking at Nurse Educator Conferences

Dear Colleague,

My name is Nancy Davis and I am a doctoral student at the University of Kansas School of Nursing. I am investigating nursing faculty descriptions of faculty-to-faculty horizontal violence (HV) in nursing academic work settings and its impact on faculty and the work environment. You have expressed interest in this study and may be interested to participate in a research study investigating faculty descriptions of faculty-to-faculty HV in nursing academic work settings.

Although many studies have investigated the phenomenon among staff nurses, few studies have described faculty-to-faculty HV among nursing faculty. The purpose of the research is to understand nursing faculty descriptions of faculty-to-faculty HV in academe and the impact on faculty and the work environment.

If you agree to participate, you will be asked to read and review an informed consent form that will be provided to you in person or via electronic mail. Once you consent to participate in the study the researcher will ask you to answer some demographic questions and an interview by the researcher will be scheduled at your convenience. The initial tape-recorded interview will last approximately one hour and will consist of open-ended questions about your experience. A second interview may be scheduled with you to give you the opportunity to make further comments and to review the researcher's interpretation of all interviews. The second interview will be scheduled at your convenience and should take no more than an hour of your time.

It is possible that recalling and discussing your feelings regarding your experience with acts of faculty-to-faculty HV might cause painful thoughts or memories to occur. If you feel too upset or distressed during the interview, you may end it at any time. No other risks have been identified at this time, but should any arise that might affect your decision to participate, you will be informed immediately.

Participation is completely voluntary and no specific benefits from participation have been identified. It is hoped that information gained in this research study may be useful to help nursing faculty and administrators address this phenomenon in the academic setting.

Your personal information will be kept confidential and your name will not be directly linked with any of the information from your interviews. You may withdraw from this study at any with no penalties. If the results of the study are published or presented in public, information that identifies you will be removed.

If you choose to participate, you will receive a copy of the consent form for you to keep.

If you choose to participate in the study or have questions you may contact me via e-mail at nancypdavis@charter.net or via telephone at 828-246-0278.

Sincerely,
Nancy Davis, MSN, RN

Appendix I
Interview Guide

Interview Questions

1. Please tell me about your work culture/environment.
2. Please recall and describe situations in which you, as a nursing educator, experienced faculty-to-faculty HV in nursing academic work settings.
3. Please describe the impact faculty-to-faculty HV had on nursing faculty and the academic work setting.

Probe Questions

1. How did you feel right after the event? What were your feelings and reactions about the event in the following weeks and months?
2. Did you confront the individual? If so, tell me about that. If not, why did you decide not to confront the individual?
3. Did you have any other feelings, emotions, or reactions that you would like to discuss with me about this experience?
4. How often do you experience faculty-to-faculty HV in the academic work setting?
5. What effect have you experienced personally from this event? What effect, if any, have others experienced from this event?
6. What effect have you seen in the work environment related to faculty-to-faculty HV?

Appendix J

Responses From Participants Reviewing Data Analysis

Response from Jenny:

“Thank you for conducting this important study. I believe you have captured the essence of my experience in the analysis and I enjoyed reading what others had also experienced. It makes me know that I am not alone in my feelings.....the most important thing to focus on is the institutional culture and administrators who tolerate the behaviors....I think they have an important role in creating a culture that doesn't support HV.”

Response from Tess:

“I think you presented the information well and accurately described what I lived through. It was interesting to me to know that so many others have been exposed to similar types of behaviors that I had to go through....My only recommendation is that I want to make sure nurses know about horizontal violence so that if it happens to them they will know they are not the only one who has experienced this. Maybe this paper will help inform them.”

Response from Anne:

“This is a very good description of my experience as well as that of others. I was interested in the other stories that you wrote about....I wanted to make sure that you described the psychological effects of HV on people and you did. I don't have any recommendations for improving it or making any changes.”

Response from Allison:

“It is funny how when you experience HV you think you are the only one. I was amazed at the stories you talked about. They (the descriptions of faculty to faculty HV) seemed very much like some of the experiences I had seen in my work environment. You presented the information well and I think it does describe my story....I wouldn't change anything in your paper.”

Appendix K

Synopsis of Interviews

Jenny

Jenny was married, 55 years old, and had been licensed as a registered nurse for 34 years. Her rank was Associate Professor and she was employed full-time for 28 years in academe at the time of the incident. She had a Master's degree in nursing and doctorate degree in education. At the time of the interview Jenny had been employed for 21 years at the institution where the incident occurred and was tenured. Jenny described her experience of HV as being related to the P&T process. She sought guidance from her academic superiors to ensure she was adequately preparing for advancement and received positive feedback that she was ready. When her P&T application was denied she described her feelings of betrayal by her peers, hurt, anger, and discouragement. Jenny described her belief that the promotion and tenure process is a set-up for HV in the academic setting.

Jenny described her work environment prior to the incident as collegial, although there were groups of faculty who banded together in cliques. Following the incident Jenny described the negative impact the incident had on her personally and professionally. She described withdrawing from work and dreading going to work each day, development of fear related to whether she was performing at an acceptable level, her belief that she loss academic freedom, and a loss of confidence in her abilities. She further described the lack of trust that developed following the incident. She eventually reapplied for tenure and was successful.

Sue

Sue was married and had been licensed as a registered nurse for 33 years at the time of interview. She had a Master's degree in nursing, doctorate degree in education and was at the rank of Associate Professor. At the time of the incident she had been employed for 2 years at the institution where the incident occurred and was tenured. Sue described her experience of HV with a newly hired, non-tenured department chair who initiated behaviors over a period of 6 months that included changing teaching schedules and moving classes to different classrooms without notifying the faculty. In addition the department chair would yell at faculty and telephone faculty at the last minute to cover teaching her classes which escalated to the point that the department chair was not teaching any of her assigned classes. Sue described the escalation of the behaviors as the department chair sought tenure status resulting in verbal threats toward Sue during the process as Sue was part of the tenure committee at the institution that would make the final tenure decision. Sue described that, prior to this individual's arrival, the department work environment had been collegial and a short time following the new department chair's arrival, there was an air of mistrust among the faculty as well as division.

Sue described her feelings during these experiences and indicated she questioned her abilities and became withdrawn. She considered leaving the nursing academic profession and sought counseling from a licensed professional for approximately 1 year after these events. She eventually left the institution where the incidents occurred and indicated the remaining effect has included what she considers a type of post-

traumatic stress where she continually doubts herself and is constantly vigilant at national meetings or conferences in fear of encountering the individual who was involved in the incidents.

Pam

Pam was married, 55 years old, and had been licensed as a registered nurse for 26 years at the time of the interview. Her rank was Assistant Professor and she was employed full-time in academe for 13 years at the time of the incident. She had a doctorate degree in nursing, was tenure track, not tenured, and had been employed less than 1 year at the institution where the incident took place. Pam described a situation in which she, as a newly hired, but experienced, faculty member was exposed to acts of HV by a faculty colleague with whom she was assigned to teach. The behaviors exhibited toward her included intimidation, sabotage, and demeaning statements about Pam made in front of students in the classroom by the colleague. Pam described discussing the behaviors with the Dean of the school of nursing who was supportive but did not intervene. Pam further described her attempts to communicate with the individual to resolve the issues but the situation continued.

Pam described the work environment of the institution as friendly but very much status quo where faculty had performed their work in a certain way for quite some time and were unreceptive to change. Pam requested to not be assigned to co-teach with this individual again.

Pam described the impact of the situation on the work environment including tension developing among faculty and the covert atmosphere resulting from the

behaviors. She described her personal feelings of anger, betrayal by a colleague, and resolution that she could not improve the situation with the faculty colleague. She described focusing her efforts on building strong relationships with students to overcome the image of her that the fellow faculty had portrayed. Pam reported that she and the colleague are now good friends but that she would not co-teach with her again.

Nona

Nona was married, 53 years old, and had been licensed as a registered nurse for 32 years at the time of the interview. Her rank was Assistant Professor and she was employed full-time in academe for 5 years at the time of the incident. She had a Master's degree in nursing and was non-tenure track faculty. She had been employed for 5 years at the institution where the incident occurred. Nona described her experience of HV with a faculty colleague with whom she was co-teaching. The colleague would disrupt her lectures and take over the class, exhibit lack of collaboration in course development and management, and always demand exclusive credit for projects they were collaborating on together. Nona described that these behaviors were directed toward other faculty as well and faculty were frustrated that administration tolerated the behaviors. Nona described her feelings of frustration at not being able to build a collaborative relationship with the individual and her eventual avoidance of contact with this faculty member. Nona also expressed her self-confidence in her abilities as a teacher that was not undermined by the acts of HV.

Nona described that members of the faculty were intimidated by the individual and fear and exhaustion developed. After several years, three faculty expressed their intent to leave the institution as a result of the HV behaviors exhibited by this one individual. Administration intervened and the individual left the institution. Nona described residual feelings of demoralization and, following the individual's departure, the faculty was able to discuss the incidents and move toward healing over the next year.

Anne

Anne was married, 43 years old, and had been licensed as a registered nurse for 18 years at the time of the interview. Her rank was Associate Professor and she was employed full-time in academe for 5 years at the time of the incident. She had a master's degree in nursing and was non tenure track faculty. She had been employed for 4 years at the institution where the incident occurred. Anne described her experiences of HV with the chair of the department. During a co-teaching assignment the individual was critical in a demeaning and condescending manner toward Anne and provided unsolicited feedback on course materials they were developing. Anne described that the critique was one-sided as she was not permitted to provide commentary on the colleague's suggestions for the course. Another situation Anne described related to inappropriate behaviors exhibited during a business trip with this individual. Anne discussed a situation in which the individual held a very private and contentious telephone conversation in Anne's presence demonstrating lack of professionalism and respect for Anne.

Anne discussed the individual's continual criticism of others in the department resulting in feelings of diminishment. She further described what she perceived as abuse of power as the individual would claim credit for others' work as well as covert assertions of power that resulted in faculty being uncertain of their status. She discussed her personal feelings of anger and indignation but recognized that confronting the individual could be career ending. Anne further described that she might have considered leaving the profession if she had been less experienced at the time of the incidents. Anne added her belief that HV results from the competitive nature of the tenure system as faculty develop rivalry as opposed to demonstrating collegial and collaborative behaviors and indicated that she was not certain whether HV is a nursing phenomenon or whether faculty in other disciplines experience it as well.

Anne described the work environment as unstable resulting from poor or ineffective department leadership. She stated the environment was autocratic and that faculty was not involved in decision-making. Eventually faculty went through other levels of administration and filed a complaint resulting in an investigation and the individual left the institution. The lasting impact of HV on the faculty was destruction of collaboration among them. Anne reported that the faculty has strived to overcome the lasting negative impact of the individual's acts toward them and move toward more collegial behaviors.

Nikki

Nikki's marital status was separated and she was 61 years old at the time of the

interview. She had been licensed as a registered nurse for 40 years. Her rank was Assistant Professor, tenured track, non tenured and she was employed for 35 years in nursing academe at the time of the incident. She was employed for 16 years at the institution where the incident occurred. Nikki described her experience with HV involving chairs of committees external to the department of nursing. The experience involved behaviors of lack of response or acknowledgment of a proposal for an advanced degree program at the institution. Nikki described her feelings of disbelief and anger at the unprofessional behaviors exhibited and felt that the HV included blockading or stopping progress on the project as well as insinuations that nursing was not perceived as an equal academic partner (as other disciplines on campus) at the institution. In addition, Nikki described a second incident involving the chair of the nursing department where she and other faculty were intimidated to vote at committee meetings in certain ways. When Nikki refused to acquiesce to the mandate, the chair sabotaged her oversight of the proposal for the advanced degree program by blocking her promotion twice and adding unreasonable teaching assignments to her workload immediately before the proposal documents were to be submitted. Nikki described her feelings as a result of the HV as disbelief, rejection, unworthiness, and shock and she sought counseling through an employee assistance program to deal with the situation.

Nikki described the work environment before the HV as challenging based on the need for nursing to constantly strive to be recognized at the liberal arts institution. Following the acts of HV the faculty became withdrawn and fearful in the climate of

negativity. Administration at the institution eventually became aware of the acts of HV and the chair left the institution. Nikki reported that over time the faculty were able to discuss the acts of HV they had experienced and move toward healing.

Sherry

Sherry was married, 55 years old, and had been licensed as a registered nurse for 33 years at the time of the interview. She had a master's degree in nursing and doctorate degree in education. Sherry described two incidents of HV and she had been employed full-time in academe for 9 years and 16 years, respectively, at the time of the incidents. She had been employed at the institution where the incidents took place for 9 years and 3 years, respectively. Her rank at the time of the incidents was Instructor (first institution) and Assistant Professor (second institution). Sherry described two experiences of HV at different institutions. The first incident involved a new department chair who systematically altered the previously collaborative and collegial department culture into an environment where faculty was intimidated. Sherry described that the chair would individually select faculty and critique them in their classroom or in clinical settings in the presence of students in a demeaning manner. Other acts included targeting specific faculty and labeling their behaviors as insubordinate. Sherry described her feelings of powerlessness, sadness, and fear resulting from the HV.

The work environment prior to the HV had been collegial and there was good collaboration among faculty. Following the hiring of the new chair, Sherry described the work environment as one of mistrust, fear, and intimidation. Within 8 months of

the chair's arrival, 8 of 11 faculty had left the institution and at the end of 12 months all faculty had resigned from the program.

Sherry described a second incident of HV at another institution where she was denied promotion. Sherry believed that the department chair had verbally supported her application but then sabotaged it when it went to committee. Sherry discussed her resulting feelings of anger, mistrust, inadequacy, and betrayal.

Sherry described the work environment prior to the HV as collegial in nature, but also competitive. Following the act of HV Sherry described the mistrust that resulted among the faculty and the loss of joy at work. Eventually Sherry left the institution and is now tenured.

Tess

Tess was married, 62 years old, and had been licensed as a registered nurse for 42 years at the time of the interview. She had a doctorate degree in nursing and was employed for 22 years in nursing academe at the time of the incident. She had been employed for 16 years at the institution where the incident occurred and was tenure track, not tenured. Her rank was Assistant Professor. Tess described her experience of HV by the Dean of her program. She was pursuing promotion and had been assured by the Dean that she was ready and that the Dean supported her application. When she received her letter of dissent and realized she had not achieved promotion and recognized that the Dean had led the group to dissent, Tess described her feelings of devastation, betrayal, pain, powerlessness, and loss of confidence in her knowledge. She began to avoid contact with peers at work and developed intent to leave the

institution. Tess further described her belief that the teaching assignment process and the promotion and tenure process represent the two areas where faculty feel most vulnerable to HV.

Tess described the work environment as hostile and unsupportive and indicated that faculty was critical of one another and participated in frequent back biting. She discussed that faculty felt lack of support, did not feel valued, and experienced retaliation when issues were brought forward to leadership. Following the incident, Tess described the resulting impact of mistrust and she eventually left the institution and is now tenured at another institution.

Julie

Julie was married, 57 years old, and had been licensed as a registered nurse for 35 years at the time of the interview. She had a doctorate degree in nursing. She had been employed full-time in academe for 6 years at the institution when the incident occurred. She was tenure track, not tenured at the time of incident and her rank was Assistant Professor. Julie described her experience of HV with a faculty colleague. The colleague would discredit and undermine Julie in front of students by contradicting what Julie had taught. This colleague also critiqued Julie's work in a demeaning manner and was reporting her ideas to the Dean of the program and justifying why her ideas were better than other faculty ideas. In addition, the colleague served on committees with Julie and when they would discuss issues the colleague agreed with Julie's ideas but once in the committee meetings she would openly disagree with the ideas. Julie described her resulting feelings of self-doubt,

confusion, anger, and decreased confidence resulting from the HV. Julie described the resulting impact on the rest of the faculty was stress (due to the tension among faculty peers) and lack of trust. Julie eventually developed frustration at having to continually justify and rationalize her ideas. She also expressed that she is now afraid to express her ideas openly, has developed a lack of trust in relationships with other educators, and has diminished self-concept.

Julie described the work environment before the HV as informal with faculty colleagues performing at the same level across the department. The hierarchical structure was flat resulting in what Julie described as a consistent level of authority work flow among all faculty. Eventually the faculty colleague left the institution but the culture of mistrust has remained. Julie described that she is physically removed (in a different part of the building) from the remainder of the faculty that was present at the time of the incident and that she prefers the physical isolation.

Katy

Katy was married, 56 years old, and had been licensed as a registered nurse for >30 years at the time of the interview. She had a master's degree in nursing and doctorate degree in education. She had been employed for 20 years in nursing academe at the time of the incident and had worked for 7 years in the institution where the incident occurred. At the time of the incident she was tenure track, not tenured and held the rank of Associate Professor. Katy described an incident of HV involving individuals who reported she was involved in something or said something that she was not involved in or did not say. Katy indicated she did not want to

describe the specifics of the situation and reported that the resulting impact was she developed a mistrust, self-doubt, and intent to leave the institution. She believes the academic environment has a strong element of mistrust and Katy described that she has witnessed other faculty experience the same type of demeaning HV acts. Katy described the resulting isolation she felt following the acts. She described the acts as covert in nature and not always occurring directly person to person. Katy also described the promotion and tenure process as related to HV and discussed whether this phenomenon was specific to the nursing profession.

Katy described the work environment prior to the HV as hostile and passive-aggressive. She described the impact of HV on the work environment as creating a culture of mistrust possibly contributing to a shortage of nursing faculty. Katy is still employed at the institution where the incident took place.

Allison

Allison was married, 57 years old, and had been licensed as a registered nurse for 33 years at the time of the interview. She had a doctorate degree in nursing practice. She had been employed in nursing academe for 10 years at the time of the incident and employed in the institution for 22 years. She was tenured at the time of the incident and her rank was Associate Professor. Allison described her experience with HV during the promotion process by faculty peers. She was tenured and was applying for promotion and had received positive feedback from peers as well as a college level committee, however, her application was denied and she perceived it was due to the subjectivity of the reviewers as opposed to the objective review that was supposed

to occur. Allison described her perception of the favoritism shown by administrators to certain faculty and discussed the “in group” of which she was not considered a part. She described her resulting feelings of peer betrayal, mistrust, and intent to leave. The impact on the work environment resulted in destruction of camaraderie among faculty and high levels of mistrust. Allison also discussed whether HV during the promotion and tenure process is solely linked to nursing or whether it also occurs among other faculty.

Allison described the work environment prior to the HV as divided in work groups and faculty was not close. She described the impact of institutional leadership styles on prevalence of HV and stated that the way to address HV is to acknowledge it and adhere to institutional policies regarding such behaviors. Subsequent to the HV Allison perceives that the work environment continues to be filled with mistrust but she elected to remain at the institution and continue to strive to make lasting contributions.

Lily

Lily was married, 52 years old, and had been licensed as a registered nurse for 31 years at the time of the interview. She had her doctorate degree in nursing. She was employed in nursing academe for 18 years at the time of the incident and had been employed 10 years at the institution where the incident occurred. She was tenured at the time of the incident and her rank was Associate Professor. Lily described her experience of HV from the Dean of her school of nursing. Lily had sought permission from her department chair to alter her work schedule due to the adoption of a child

and had received permission to do so. Although she had received permission, Lily perceived acts of HV including controlling behaviors from the Dean related to the flexible work schedule such as mandating child care for her child and having her write what she described as “epistles” on her work activities. Lily’s perspective was that she was tenured and highly productive but the Dean did not want her working remotely. Lily described her feelings of losing nursing self-esteem and anxiety. She described working 80 hour weeks to demonstrate her commitment to her position without any recognition on the part of the Dean that she was still contributing.

Lily described the work environment prior to the HV as high productivity, research-oriented, non-flexible, and paternalistic. She discussed the personal residual impact of the HV as heightened anxiety when she was on campus. She also reported that the culture at the institution remained one of mistrust. Eventually she left the institution and is tenured at another institution.

Linda

Linda was married, 48 years old, and had been licensed as a registered nurse for 26 years at the time of the interview. She had her master’s degree in nursing. She was employed in nursing academe for 8 years at the time of the incident and had been employed for 18 years at the institution where the incident occurred. She was tenured at the time of the incident and her rank was Assistant Professor. Linda described her experience of HV with a faculty colleague with whom she was assigned to co-teach a course. The colleague first criticized her academic credentials, refused to provide feedback on the syllabus for the course, and ridiculed and discredited her in front of

students. Linda described her feelings as a result of the HV including loss of joy at work, stress, fear, and intent to leave.

Linda described the work environment prior to the HV and stated that it was warm, cohesive, small and caring. The HV impacted the culture by creating mistrust and stress among the faculty. The faculty colleague left the institution approximately three years after the incident and remaining faculty were able to discuss the acts of HV and move back toward cohesion. Linda described her recall and memories of the incidents and described that she cannot forget what happened but she has made every attempt to move beyond the feelings she has experienced.

Fran

Fran was divorced, 56 years old, and had been licensed as a registered nurse for 33 years at the time of the interview. She had her master's degree in nursing. She was employed in nursing academe for 22 years at the time of the incident and had been employed for 4 years at the institution where the incident occurred. She was tenure track, not tenured at the time of the incident and her rank was Assistant Professor. Fran described her experiences of HV with the Dean and faculty of her program. Fran had applied for leave due to a scheduled surgery and developed complications post-operatively requiring critical care hospitalization. She was out of work longer than originally anticipated and, on returning to work, began to experience the HV. Prior to her surgery Fran stated she had prepared everything for the courses she was to teach. Following her discharge and return to work, Fran described being isolated and ostracized by her faculty peers. Fran's post-hospitalization recovery required her

to be relieved of clinical assignment responsibilities for 6 weeks and the Dean assigned her to perform demeaning secretarial duties. Fran described feelings of being set up to fail, isolation, and loss of camaraderie with fellow faculty. Faculty members were avoiding her and the Dean falsely accused Fran of taking students to an unapproved clinical agency (following her full recovery) and vandalizing a vehicle. The situation escalated to a point where Fran sought legal representation and professional counseling to handle the ongoing HV.

Fran described the work environment prior to the HV as small, unchanged for years, and long term faculty. The impact of the HV on the work environment included division and mistrust among faculty, and isolation. Fran left the institution and described the lasting impact of the HV as personally devastating to her as well as her family. Fran could not describe the lasting impact to the institution as she has no contacts there.