

Workplace Harassment and Bullying in Academia

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Harassment and bullying within the workplace continue to cause problems for nurses and organizations across the globe (Smith et al., 2020). Workplace harassment and bullying include treatment from individuals who knowingly use their power or position to hurt and cause others to feel inferior or powerless (Tight, 2023). The perpetrator uses abusive behavior to make victims conform to their wishes. Not only do workplace harassment, bullying, and violence affect the lives of nurses in direct patient care settings, but in every area of nursing practice, including academia. Nurse educators encounter ill treatment from students, peers, and those in leadership roles. Although researchers have studied the atrocious and adverse treatment of faculties in educational institutions for decades, little has changed (Tauber et al., 2022). In essence, facilities may have policies in place but fail to implement them, leaving abusers unscathed and victims suffering even after reporting incidents to no avail (Tauber et al., 2022). The Department of Education, governing and accrediting bodies, and the leadership of institutions of higher education must be

aware that harassment, bullying, and violence exist in the workplace, including academia. These entities must be cognizant of the abusive behavior and the impact of such treatment on educators and refuse to tolerate it in covered organizations. Nursing faculties must be taught how to identify abuse and harassment, measures to take, and how to cope even if the perpetrator is allowed to continue with their behavior. (Edmonson & Zelonka, 2019).

The culture of harassment and bullying may be evident as one or more individuals in the environment cause distress and discomfort for others. The treatment may be obvious or underlying and subtle, but it causes those targeted and individuals close to them to feel violated and undervalued. Blatant attacks may include negative comments about the person or their performance, micromanaging, or not allowing the individual to practice independently (Edmonson & Zelonka, 2019). The perpetrator often implies that every task has to be completed and that any other way is inferior to theirs. They may criticize, blame, or belittle others while trying to intimidate them. The individuals' attacks may be less noticeable when

they sabotage another's efforts by giving them a difficult or impossible assignment or work schedule, failing to disclose important information, or spreading rumors about them (Edmonson & Zelonka, 2019). Researchers find that victims of bullying and harassment tend to be less experienced nurses within an organization. However, it can happen to anyone the perpetrator finds threatening or whom they envy (Smith et al., 2020). Feeg et al. (2021) found that the mistreatment may be considered an initiation process but can cause individuals to leave the faculty role, an area dealing with a national shortage. The organization's education quality may also be compromised (Edmonson & Zelonka, 2019).

Anusiewicz et al. (2019) give credence to the lack of workplace resources and support, organizational climate, and leadership styles as precipitating factors for harassment and bullying. Having adequate staffing and other resources to perform one's job and being supported by all levels of management decrease stressors within the workplace. Anusiewicz et al. (2019) compare organizations that permit harassment and bullying to colleges that allow hazing. If an institution tolerates one incident of bullying and harassment, it will become a "cultural norm," and those within the organization will think the practice is acceptable (Anusiewicz et al., 2019, p. 256; Keashly, 2023). As a result, numerous people would suffer from this maltreatment of faculty. If perpetrators are allowed to continue their practice and move higher in an institution, the product of the facility could be impacted tremendously.

Leaders who lead with intimidation cause fear and increased stress for employees and affect how they engage with subordinates, peers, and students.

Psychological stress often leads to physical illnesses that can interfere with work performance and academic performance (Clark et al., 2013). Clark et al. (2013) reported that approximately thirty-two percent of faculty teaching in healthcare programs admitted to experiencing incivility in their teaching role. A faculty's perception of the problem, their supervisor's reaction, and the organization's support and response to workplace harassment, bullying, and incivility would determine if the mistreatment gets reported. When students are uncivil toward faculty, the educator may not report the incident for fear of negative evaluations and being fired. Incivility in the classroom may involve students disturbing the classroom by entering or leaving the classroom outside of the start and end of the session, talking during class, and challenging the instructor's knowledge (Small et al., 2024). Small et al. (2024) identified that other uncivil behaviors by nursing students include inappropriate emails, arguing about grades, and demeaning comments about faculty on surveys or evaluations. When students blame educators for poor grades and are not accountable for their learning, this is considered uncivil behavior. Many of these actions are exhibited by learners, but few learning institutions address them. Nurse educators experiencing hostile treatment often deal with poor self-efficacy, anxiety, insecurity, and low job satisfaction. Without the institution's support, many faculty members decide to leave the teaching role.

It is up to institutions of higher learning to support their faculty and ensure that uncivil behavior is addressed. If systems are in place to support faculty and work with students to change offensive behavior, faculty and students benefit. Nursing programs also benefit by having higher morale among the faculty, fewer sick leave days used, and a lower rate of resignations and onboarding of new educators. With the current shortage of nurse educators, these programs should deter any negative behavior or actions from impacting their

current nursing faculties.

As healthcare organizations work to stifle all forms of workplace violence, every work environment must be proactive in facilitating awareness of incivility, harassment, and bullying through training (TJC, 2021). This training should be required for all staff and faculty to promote teamwork, collaboration, and professional behavior while discouraging disruptive actions. In addition, the Joint Commission (2021) recommends training on conflict resolution. Policies and procedures surrounding incivility should be adopted. Not only should organizations have these policies, but they should also be vigilant in taking action as needed.

Therefore, a zero-tolerance policy should be implemented with a non-intimidating reporting system (TJC, 2021). Nurse educators who report bullying and harassment should not fear retaliation from perpetrators.

Meanwhile, nurse educators confronted with uncivil treatment must commit to self-care and ask for help by following their agency reporting system. Support through an Employee Assistance Program (EAP) may be needed for psychological and emotional care. Self-care measures such as adequate sleep, diet, and exercise should be followed. Deep breathing, mindfulness, and guided imagery can be helpful during stressful times. Trusted support persons inside and outside the workplace may also be needed.

Victims should document occurrences to keep a record of the dates, times, and situations. If nothing is done when reports are made and the bullying and harassment continue or escalate, the victim may succumb to physical and psychological distress. In that case, they must decide to continue in the role or leave the position. Most importantly, the nurse educator should recognize their value and never let anyone else define them and their worth. ■

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