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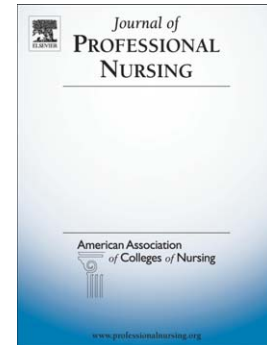
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Claudia A. Beckmann, Barbara L. Cannella, Dean Wantland

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Faculty Perception of Bullying in Schools of Nursing

Claudia A. Beckmann, PhD, RN, APNc
Associate Professor
Rutgers, The State University of New Jersey
College of Nursing

Barbara L. Cannella, PhD, RN, APNc
Clinical Associate Professor
Rutgers, The State University of New Jersey
College of Nursing
180 University Ave.
Ackerson Hall
Newark, NJ 07102
973.353.3841 (o)
973.353.1277 (f)
cannella@rutgers.edu

Dean Wantland, PhD, RN
Assistant Professor
Rutgers, The State University of New Jersey
College of Nursing

Abstract

Aims This paper is a report of a study of conducted to determine the prevalence of bullying among faculty members in Schools or Colleges of Nursing.

Background The issue of bullying of nursing faculty in the academic setting is of interest in terms of recruitment, retention, job satisfaction, and the overall quality of the work environment.

Method This cross-sectional, descriptive study of faculty in three northeastern states of the U.S was carried out in 2010. The Negative Acts Questionnaire-Revised was used to survey faculty members in Schools of Nursing who award a baccalaureate degree (or higher) in nursing.

Results 473 faculty members met the inclusion criteria and responded to the NAQ-R. An iterative exploratory principal components analysis with orthogonal rotation was performed. Thirteen of the original 22 items were retained to measure the experiences of negative acts in the nursing faculty workplaces. The mean total score for the 13 item instrument was 17.90 (SD 6.07) and ranged from 13 to 56. The resulting components structure produced three clear subscales identifying the experiences of: Verbal abuse, Physical abuse, and Devaluing. The revised 13 item instrument had a Cronbach's alpha value of 0.88. Experiences of bullying were reported in 169 of the 473 (36%) respondents. A significant correlation was found between meeting frequency and the report of bullying ($r = 0.18, p \leq 0.001$). Administrators and senior faculty were more likely than expected to be the perpetrators of bullying.

Discussion If the leaders are identified as bullies, the environment cannot be perceived as supportive and healthy. These unhealthy environments may have serious consequences related to retaining nursing faculty.

Key words: bullying, negative acts, nursing faculty

The recently published Institute of Medicine report on the future of nursing discusses the important role nursing education will have in meeting the goals of the profession.

Recommendations include increasing the number of baccalaureate prepared nurses from 50% to 80% and creating financially attractive academic environments that will attract and retain qualified nursing faculty (IOM, 2010). Comparable salaries and benefits are important considerations, but the academic workplace environment should also be examined in an effort to meet the increasing demand for nursing faculty. A lack of collegiality is related to job dissatisfaction (Ambrose, Huston, & Norman, 2005), and a negative or hostile work environment creates low morale, increases turnover, and stress (Aiken, Clarke, Sloane, Lake, & Cheney, 2008). On the contrary, a positive work environment fosters job satisfaction, creativity, and performance (Aiken et al, 2008). Bullying among nurses has long been recognized and recently examined (Cleary, Hunt, & Horsfall, 2010; Johnson & Rae, 2009; Randle, 2003; Simons, 2008), while bullying or incivility among faculty in higher education has only recently been addressed (Fogg, 2008; Keashly & Neuman, 2010; Simpson & Cohen, 2004).

As the nation addresses the nursing shortage, the issue of a shortage of faculty also emerges as a priority. The average age of nursing faculty is rising and the number of faculty retiring is greater than the number entering academic nursing. This will add to the shortage. In addition, faculty salaries are lower than those in nursing service, and the teaching, service, and scholarship responsibilities of academic faculty are significant (Gormley, 2003; Tanner, 2006). These factors can lead to faculty burnout (Shirey, 2006). Comprehensive strategies are needed to alleviate the shortage of faculty (Allen & Aldebron, 2008). One focus of attention should be the quality of the faculty work environment.

Workplace aggression and bullying has been studied extensively in Europe and Australia (Avergold, 2007; Einarsen & Raknes, 1997; Glaso, Matthiesen, Nielsen, & Einarsen, 2007; Jimenez, Munoz, Gamarra, & Herrer, 2007; Lewis, 2006; Leymann, 1996; Mathise, Einarsen, Jorstad, & Bronnick, 2004; Matthiesen & Einarsen, 2007; Mikkelsen & Einarsen, 2001; Niedhammer, Chastang, & David, 2008; Nielsen, Matthiesen, & Einarsen, 2008; Skogstad, Einarsen, Torsheim, Aasland, & Hetland et al, 2007). Research has been conducted on the prevalence and impact of bullying in nursing (Cleary, Hunt, & Horsfall, 2010; Johnson & Rae, 2009; Randle, 2003; Simons, 2008), uncivil nursing student behaviors (Clark & Springer, 2007; Lashley & deMeneses, 2001; Luparell, 2004), uncivil nursing faculty behaviors towards students (Clark, 2008; Thomas, 2003) but, to our knowledge, no studies have examined bullying of nursing faculty by other nursing faculty and/or administrators in academic settings.

Bullying has also been referred to as horizontal abuse, verbal abuse, incivility, harassment, mobbing, workplace aggression, and emotional abuse (Agervold, 2007; Einarsen & Raknes, 1997; Einarsen & Skogstad, 1996; Felblinger, 2008; Hutchinson, Wilke, Vickers, & Jacsons, 2008; Leymann, 1996; Mathise et al, 2004; Matthiesen & Einarsen, 2007; Mikkelsen & Einarsen, 2001; Simons, 2008). Two classic definitions have been offered which describe such negative activities. Leymann (1996) discusses *mobbing* and states “it involves hostile and unethical communication, which is directed in a systematic way by one or a few individuals mainly towards one individual who, due to mobbing, is pushed into a helpless and defenseless position, being held there by means of continuing mobbing activities. These actions occur on a very frequent basis (statistical definition: at least once a week) and over a long period of time (statistical definition: at least six months of duration)” (p. 168). According to Einarsen et al

(2003) “bullying at work means harassing, offending, socially excluding someone or negatively affecting someone’s work tasks. In order for the label bullying (or mobbing) to be applied to a particular activity, interaction, or process, it has to occur repeatedly and regularly (e.g., weekly) and over a period of time (e.g., about six months). Bullying is an escalating process in the course of which the person confronted ends up in an inferior position and becomes the target of systematic negative social acts. A conflict cannot be called bullying if the incident is an isolated event or if two parties of approximately equal ‘strength’ are in conflict” (p. 15). The overarching characteristics of both definitions are the frequency and duration, and the difference in positions of the bully and the victim. Sutton (2007) furthers this notion by saying that the target of bullying feels humiliated, demoralized, oppressed, and feels worse about him or herself. The bully (or asshole, as Sutton terms) always targets someone who is less powerful rather than someone who is more powerful (p. 9).

Simons (2008) examined the relationship between bullying and a nurse’s intent to leave the organization in a sample of 511 Massachusetts registered nurses. The Negative Acts Questionnaire-Revised was used to measure perceived exposure to bullying at work. The findings indicated that 31% of participants reported being bullied and that it was a significant predictor of intent to leave the organization ($B = 3.1, p < .0005$).

Using the Negative Acts Questionnaire-Revised, Johnson and Rea (2009) studied workplace bullying in a sample of 249 emergency nurses. Results showed that 27.3% were victims of workplace bullying. Of the nurses who reported being bullied, 72.7% stated that others in their department were also bullied. A manager or director was identified as the source of the bullying

by 50% and coworkers were reported as the bullies by 38%. Nurses who were bullied were twice as likely to leave their position ($X^2 = 15.2$; $df = 2$; $p < .001$) and three times more likely to report that they were “somewhat likely” to leave the profession ($X^2 = 19.1$; $df = 2$; $p < .001$).

Gormley and Kennerly (2011), in an effort to determine predictors of nursing faculty turnover, performed a secondary analysis of data that examined relationships of several variables and faculty turnover intention. These variables included organizational climate, role conflict, role ambiguity, faculty work roles and organizational commitment. The participants of the original study were 316 full-time, tenured and tenure-track, doctorally prepared nurse faculty who were employed at research-extensive public and private universities. Their findings suggest that turnover intention (within the next year) is increased if the faculty member experienced poor working relationships with administrators and coworkers and had unclear expectations regarding their work.

Norman, Ambrose, and Huston (2006) used semi-structured interviews of 123 faculty members (current and former) of a small research university to better understand satisfaction and dissatisfaction and its relationship to faculty retention. Several categories emerged from the data which included salaries, collegiality, mentoring, the reappointment, promotion, and tenure process, and administration. None of the faculty reported salary as the primary reason for being satisfied or dissatisfied. The presence or absence of collegiality was discussed by the majority of the respondents ($n = 99$). The former faculty members reported the absence of collegiality was a factor in their decision to leave. The specific complaints regarding collegiality included lack of time and interest from their colleagues, intradepartmental tension, and incivility. Uncivil

behaviors ranged from thoughtlessness to hostility. Mentoring emerged as a common theme and those faculty who were dissatisfied reported a lack of mentoring. Many of the current faculty members reported the reappointment, promotion, and tenure process was problematic and many witnessed a colleague, who met the promotion criteria, be denied promotion or tenure. The effectiveness of the department head/administrator was especially important to the satisfaction of non-tenured faculty.

In an attempt to examine the prevalence of bullying and its relationship to gender, Simpson and Cohen (2004) studied a sample of 378 employees (faculty, staff, and administrators) at a university in the United Kingdom. A questionnaire, which was developed for this study, focused on the respondents' personal experiences of bullying, effect of the bullying, relationship to the bully, and personal awareness of policies regarding bullying. The survey also allowed the respondents to add personal comments related to their experiences. The findings indicated a significantly higher proportion of women (28.5%) experienced bullying compared with men (19.8%) and 67.5% of women observed bullying compared to 29.4% of men. When the bullying incident was reported, there were no consequences in the majority of the cases (75%). The most common form of bullying reported was unfair criticism (66%), followed by intimidation (55.6%), and humiliation (46.5%). The effects of the bullying included the loss of confidence, anxiety, and the loss of self-esteem.

The issue of bullying in the workforce is of interest to nursing. Schools of nursing cannot educate adequate numbers of nurses to meet the health care demands of the nation due to the inadequate number of faculty. The shortage of nursing faculty is due to many factors, including

the work environment (AACN, 2008). The purpose of this study was to determine the prevalence of bullying among faculty members in Schools or Colleges of Nursing in three eastern states of the United States. For purposes of this study, bullying is defined as repeatedly harassing, offending, socially excluding someone or negatively affecting someone's work tasks.

Methods

A cross sectional, descriptive study design employing a Web-based structured questionnaire was used in this study of faculty members in Schools (or Colleges) of Nursing located in New Jersey, New York, and Pennsylvania which award a baccalaureate degree (or higher) in nursing. A list of NLN (National League for Nursing) and CCNE (Council of Collegiate Nursing Education) accredited programs was obtained from the specific accrediting body. Potential faculty participants were identified from the respective School/College webpage.

After receiving IRB approval from Rutgers University, a recruitment request was sent via e-mail to identified faculty members. Participants who wished to be involved in this study were asked to click a hyperlinked button in the invitation where a Web-based informed consent appeared. Following completion of the informed consent, the participant received access to the Web-based questionnaire. Participants were informed that their responses would remain anonymous since no names, organization affiliations, or IP addresses were collected.

Sample

To be eligible to participate in the study, a participant must have been a full-time faculty member employed at an institution granting a degree in nursing. One hundred seven accredited baccalaureate programs were identified from the latest NLN and CCNE sites. The schools' nursing faculty directories provided the email addresses of the potential participants. Of the 1926 email requests sent, 670 opted out and 107 bounced back. A total of 519 responded. Of the 519 who responded, 510 complete surveys were received. Thirty seven did not meet the study criteria (identified themselves as administrators) and were eliminated for a total of 473 responses used for this analysis.

Instruments

Demographic data, including age, ethnicity, basic and highest nursing education obtained, the size of the institution, the faculty member's rank, and tenure status were collected. Bullying behavior during the last six months was measured using the Negative Acts Questionnaire-Revised, which is based on the Negative Acts Questionnaire (Einarsen & Raknes, 1997; Mikkelsen & Einarsen, 2001). The original 23-item instrument's validity was found to be problematic when translated into English; the authors felt a revision was necessary for international use. The revision was made using conceptual reasoning and focus groups, and resulted in a 29-item NAQ. Based on re-analysis of existing data, the NAQ-R was again revised, resulting in the current 22-item NAQ-R. Confirmatory factor analysis was performed, which resulted in a three dimension structure: work-related bullying, person-related bullying, and physically intimidating bullying (Einarsen, Hoel, & Notelaers, 2009). The English version of the NAQ-R has internal reliability ranging from 0.89 (Johnson & Rae, 2009) to 0.92 (Einarsen,

Hoel, & Notelaers, 2009) as measured using Cronbach's alpha. The items are written in behavior terms with no reference to the term *bullying*. Scoring on each of the items range from never (1), now and then (2), monthly (3), weekly (4), to daily (5).

Data Analysis

Statistical Packages for the Social Sciences (SPSS) version 18 was used to analyze the data. Each variable, as well as the summated mean scale of the NAQ-R, was assessed for normality to determine the appropriate parametric and nonparametric statistical tests. Descriptive statistics were used to analyze bivariate relationships respectively and to derive the prevalence and nature of bullying in the sample.

Results

Demographic

Of the completed surveys, 228 (48%) were from Pennsylvania, 151 (32%) were from New Jersey, and 88 (19%) were from New York. No significant differences in participant responses from the three states were identified. Most respondents were female (92.6%) and reported obtaining their first nursing degree at the baccalaureate level (60.7%). Forty one percent completed a Masters in Nursing and 54.1% reported completing a PhD in Nursing or other field. No significant differences in bullying frequency by race, gender, age category, or institution size or description were noted. Males were more likely to work in the largest facilities (> 500 student) and in those with 200 to 300 students (Table 1).

[Table 1 about here]

The type of bullying behaviors

To assess how well the 22- item Negative Acts Questionnaire reflected the bullying experience in our study of nursing faculty members, an iterative exploratory principal components analysis with orthogonal rotation was performed. Thirteen of the original 22 items were retained to measure the experiences of negative acts in the nursing faculty workplaces. The mean total score for the 13 item instrument was 17.90 (SD 6.07) and ranged from 13 to 56. Higher scores indicate that the respondent reports that he/she experienced more negative acts. The resulting components structure from the 13 items produced three clear subscales identifying the experiences of: 1) Verbal abuse (7 items, Cronbach's alpha=0.90); 2) Physical abuse (3 items, Cronbach's alpha = 0.78); and 3) Devaluing (3 items, Cronbach's alpha=0.73). The revised 13-item instrument had a Cronbach's alpha of 0.88, indicating very good internal consistency reliability (Table 2).

[Table 2 about here]

The frequency of bullying

Experiences of bullying were reported in 169 out of 473 (36%) respondents as exhibited by a score > 13 on the NAQ. A significant positive point-biserial correlation was found between meeting frequency and the report of bullying ($r=0.18$, $p\leq 0.001$) indicating a relationship between meeting frequency and reports of bullying. The numbers of meetings were more frequent in larger facilities.

Type of bullying experienced by faculty members

A total of 15 (14 females and one male) individuals reported physical abuse as indicated by a physical abuse subscale score ≥ 3 . The bullies reported as perpetrating the physical abuse were senior faculty (83% of the time), administrators (11% of the time), and junior faculty (7% of the time). Junior faculty constituted 66.7% of the physically abused group.

Verbal abuse was reported by 227 respondents. 148 (65%) were junior faculty and 34% were senior faculty. Ten percent of those who reported having experienced verbal abuse were male. 129 respondents (57%) reported senior faculty to be the bullies and 32% reported administrators to be the primary bullies.

Devaluing acts were reported by 252 individuals and included: 1) being ordered to do work below your level of competence; 2) being deprived of responsibility; and, 3) withholding necessary information. 170 (66%) were junior faculty and 94% were female respondents for this subscale. 145 (57%) of these faculty members identified senior-level faculty as the bullies, while 34% were identified as administrators.

The experience of bullying

The non-normal distribution of the NAQ total score showed significant positive skewness due to the large number of individuals reporting no bullying (Scores of 13). Normalization of the scale did not much improve the distribution, so the scale was categorized into four groups: those who did not experience bullying in the last six months (scores of 13), some occurrence (scores of 14 to 23), regular occurrence (scores of 24 to 33), and frequent occurrence (scores ≥ 34).

To determine who the bullies were, faculty ranks were grouped into the following categories: 1. Junior faculty, which included instructors and assistant professors (both tenure track and clinical), 2. Senior faculty, which included associate professors (both tenure track/tenured and clinical faculty) and full professors, (both tenured and clinical faculty); 3. Administrators, which included those who held positions of deans, associate or assistant deans, and department directors.

Administrators and senior faculty were more likely than expected to be the bullies as noted by the significant association in the report of rank of the faculty member and the frequency of negative acts reported by frequency category $X^2(9)=123.85$, $p \leq 0.001$. No cells had expected frequencies less than 1 (Table 3).

[Table 3 about here]

Sixty-five percent of respondents who reported mild, moderate, or severe bullying were within the junior faculty ranks of instructor or assistant professor in both the clinical and tenure tracks. An additional 21% of those who reported being bullied were associate professors. Senior faculty were identified as the bullies in 60% of the reported incidents (Table 4).

[Table 4 about here]

Discussion

Greater than one third (36%) of our sample reported experiences of bullying, as exhibited by a score > 13 on the NAQ-R. This is somewhat higher than Simons' (2008) study of new graduate nurses (31%) and Johnson and Rae's (2009) study of emergency nurses (27.3%) who reported experiencing bullying behaviors in a hospital setting. It is also higher than the 27.3% of female faculty members who reported being bullied in the study conducted by Simpson and Cohen (2004). In this sample, the frequency of meetings was significantly greater in the larger facilities. Since the frequency of meetings was related to bullying, these results are consistent with Einarsen's (1996) findings that employees in large workplaces reported more frequent experiences of bullying behavior.

Sixty-five percent of respondents who reported some, regular, or frequent bullying were within the junior faculty ranks of instructor or assistant professor in the clinical and tenure tracks. An additional 21% of those who reported being bullied were associate professors. Senior faculty were reported to be the bullies in 60% of the reported incidents. These findings corroborate the findings of Simpson and Cohen (2004), who investigated bullying in higher education and found the perpetrator was someone in a higher or managerial position in 80% of the reported bullying. These findings are also consistent with the findings of Einarsen and Leymann (1996), and Einarsen and Skogsdale (1996), where the workplace victim is of a lower stature than those who are the perpetrators of the bullying.

Based on the principal components analysis to determine the nature of the bullying experiences, the final 13-item, three-factor solution, which identified physical abuse, verbal abuse, and

devaluing, differed greatly from the described factors reported by the seminal researchers. Our findings appear to specifically define the experience of bullying whereas the previously cited seminal work categorized the negative acts as either a workplace or personalized nature of bullying.

Our finding that fifteen (14 females and one male) individuals reported physical abuse was very surprising to these authors, as physical and sexual abuse in an academic nursing setting, or any setting, should never occur.

Administrators and senior faculty were more likely to be the perpetrators of bullying as noted by the significant association in the rank of the faculty member and the frequency of negative acts reported. These findings are troublesome, since recent findings suggest that turnover may be reduced if administrators support an environment that enhances commitment and organizational climate through mentoring, collegiality, and healthy working relationships. Administrators are responsible for the organizational climate and the functioning of the organization depends on their leadership ability (Gormley & Kennerly, 2011). If administrators are identified as bullies, the environment cannot be perceived as supportive and healthy and their leadership ability, or lack of, should be examined. These unhealthy environments may have serious consequences related to the nursing faculty shortage.

Limitations

The self-selection of the respondents may not completely represent the occurrence of bullying in the nursing academic environment. Response bias may be of issue, as those who experienced bullying may be more likely to respond. The six month time-frame limitation was revealed to be of issue. Some of the respondents commented they left a faculty position before completing six months due to bullying.

Recommendations for future research

This study needs to be replicated with a national sample to determine whether geographical location has any bearing on the prevalence of bullying. To determine whether bullying among nursing faculty is higher than with other faculty, a study comparing nursing faculty with faculty of other health care disciplines, such as medicine, physical therapy or pharmacy, should be performed. The relationship between bullying of nursing faculty and the leadership qualities of their administrators and faculty who are perceived to hold leadership positions should be examined. Even if an administrator is not identified as the bully, the organizational climate is a direct reflection of the leadership. Bullying will affect the overall organizational environment and an administrator who is also a leader would not tolerate bullying at any level. The individual effects and consequences to nurses who are bullied have been examined and should be examined with nursing faculty. Randle (2003) found that student nurses who were bullied not only had low self-esteem, but also assimilated bullying behaviors into their own nursing practice and became bullies themselves. Nurses with low self-esteem are less likely to deliver therapeutic patient care. Longo and Sherman (2007) report that horizontal violence between nurses (which includes bullying) can result in low self-esteem, feelings of powerlessness, sleeping difficulties,

depression, and poor morale. These consequences can affect patient care and can be costly to organizations. They state that strategies to deal with horizontal violence begin with the nursing leadership, who must be committed to change the culture. If these consequences are identified to be a result of bullying with nursing faculty, the resulting outcomes should be examined.

Implications

First and foremost, acknowledgment that these experiences occur, and occur frequently, is essential. The adage of nurses “eating their young” appears to apply to nursing faculty as well as new graduates. The impact of the workplace environment related to the nursing faculty shortage must be examined in order to understand and address the problem. In order to enhance a collaborative, nurturing, and constructive workplace environment, where all faculty, irrespective of rank, are seen as valuable, programs to increase awareness of the problem and steps to stop bullying must be implemented. Such solutions should involve all levels of the organization, but the ultimate responsibility lies with administration. Policies that forbid any form of bullying must be developed by faculty and administrators and communicated to all faculty. These policies should be reviewed and updated periodically. A climate of zero tolerance of negative acts with meaningful consequences to the perpetrator should be included in these policies. More importantly, the root cause of the problem should be identified and steps to remediate this must be developed. As nursing faculty, we expect student nurses to be respectful, to be caring and compassionate, and to develop collaborative relationships with other members of the health care team. Nursing faculty need to practice what they teach.

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Table 1

Race		
African American	22	4.7%
White	418	88.4%
Hispanic	11	2.3%
Native American	1	0.2%
Asian/Pacific Islander	8	1.7%
Multiracial	3	0.6%
Other	3	0.6%
Missing	7	1.5%
Contract Appointment		
9-10 month	312	66.0%
11 month	161	34.0%
Size of Faculty		
10 or fewer full time faculty	56	11.8%
11-20 full time faculty	110	23.3%
21-30 full time faculty	79	16.7%
31-40 full time faculty	55	11.6%
41-50 full time faculty	43	9.1%
51 or more full time faculty	120	25.4%
Missing	10	2.1%
Time Spent Teaching/Week		
0-9 hours	116	24.5%
10-12 hours	111	23.4%
13-21 hours	150	31.7%
22-30 hours	57	12.0%
31 or more hours	27	5.7%
Missing	12	2.5%
Time Spent in Meetings/Week		
1 to 2 hours	52	11.0%
3 to 4 hours	155	32.8%
5 to 6 hours	145	31.7%
7 to 8 hours	66	13.9%
9 to 10 hours	24	5.0%
11 or more hours	27	5.7%
Missing	4	0.8%
Programs Offered		
Generic BSN	314	66.4%
RN to BSN	389	88.2%
Second Degree BSN	264	55.8%
RN to Masters	182	38.5%
Masters	402	85.0%
DNP	197	41.6%
PhD	184	38.9%
Number of Nursing Students		
21-150	68	14.5%
151-200	34	7.1%
201-300	84	17.7%
301-350	38	8.0%
351-450	74	15.7%
451-500	24	5.1%
>500	132	27.9%
Missing	19	4.0%

Table 2. Principal components structure for the revised NAQ	Subscale factor loadings		
	Verbal Abuse	Physical Abuse	Devaluing
NAQ 8 Repeated offensive remarks...	.827		
NAQ 9 Verbal abuse	.786		
NAQ 3 Ridicule or insulting teasing	.754		
NAQ 17 Offending telephone calls/written messages	.729		
NAQ11 Hints quit job	.719		
NAQ 6 Gossip or rumors about you	.718		
NAQ 13 Repeated reminders of blunders	.696		
NAQ 2 Sexual harassment		.906	
NAQ10 Unwanted sexual attention		.904	
NAQ12 Physical abuse		.733	
NAQ4 Ordered to do work below your level of competence			.832
NAQ 5 Being deprived of responsibility...			.679
NAQ 1 Withholding necessary information			.606

Table 3. Crosstabulations of faculty rank by negative acts report groupings (n=473)

	No Negative acts reported	Some negative acts	Regular occurrence of negative acts	Frequent occurrence of negative acts
No Bullying/other bullys not categorized	175 (39%)	18 (4%)	3(0%)	2 (0%)
Bullying by Administration Member	38 (8%)	27(6%)	13 (3%)	9 (2%)
Bullying by Senior Faculty member	53 (12%)	57 (13%)	26 (6%)	20 (4%)
Bullying by Junior Faculty member	15 (3%)	10 (2%)	5 (1%)	4 (1%)

Table 4. Crosstabulations of the three faculty rank categories by negative acts report groupings (n=169)

	Administrator Bully	Senior faculty Bully	Junior faculty Bully	Total
Instructor being bullied	13 (8%)	16 (9%)	3 (2%)	32 (19%)
Asst. Professor Tenure track being bullied	14 (8%)	33 (20%)	7 (4%)	54 (32%)
Asst. Professor Clinical track being bullied	4 (2%)	15 (9%)	4 (2%)	23 (14%)
Assoc. Professor Tenure track being bullied	11(7%)	22 (13%)	2 (1%)	35 (21%)
Assoc. Professor Clinical track being bullied	5 (2%)	2 (1%)	0	7 (4%)
Professor Tenure track being bullied	2 (1%)	14 (8%)	1 (0%)	17 (10%)
Professor Clinical track being bullied	0	1(0%)	0	1 (0%)