Academic Dishonesty, Bullying, Incivility, and Violence:

Difficult Challenges Facing Nurse Educators

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Prior to the NLN Education Summit 2005, the authors took part in a conference call to discuss some of the difficulties and challenges faced by faculty in schools of nursing. Familiar with the growing body of published work on troublesome behaviors in American schools and the workplace, we determined to use a panel discussion format to explore the nature of these difficulties and capture the meanings these experiences have for the individuals involved. By sharing personal experiences and presenting a review of the literature, we hoped to give voice to troublesome and sometimes painful aspects of our roles as educators. • *In our vision for the panel discussion and this article, our desire was to be part of the solution. Our goal is to explore these experiences in a way that encourages self-reflection, teaches acceptable behavior, and supports positive change in the educational environment. We hope to promote opportunities for all involved in nursing education — students, faculty, and administrators — to grow and flourish.* • This article follows the sequence of the panel presentation, which began with a comprehensive review of the literature on academic dishonesty, followed by a discussion of low- and high-tech forms of cheating used by students. We addressed the need to process social information correctly and develop positive and acceptable social skills needed for professional development, and we discussed bullying, issues of incivility among faculty members, and the troublesome practice known as "mean girl games." Our names are presented alongside our contributions, but all of us answered questions and participated in the lively discussion that took place at the Summit.

Academic Dishonesty *Joanne Farley Serembus*

Long part of academic life, academic dishonesty has been defined as "intentional participation in deceptive practices regarding one's academic work or the work of another" (1). As many as 70 to 95 percent of students have been reported to have engaged in such practices (2-4). Some have suggested that academic dishonesty arises from a deterioration of morals as documented over the past decade by the Josephson Institute (5).

As nurse educators, we are responsible for providing curricula that integrate moral and ethical issues and prepare students to practice according to an accepted code of professional practice. Therefore, it is imperative that we do our best to prevent students from participating in practices such as cheating, plagiarism, unethical clinical practice, alteration of records, forgery, false representation, and knowingly assisting another in dishonest acts (1,6). Hilbert's (7-9) finding of a relationship between unethical classroom behaviors and unethical clinical behaviors is particularly disturbing as unethical clinical practice can affect safe nursing practice. The most frequent unethical clinical behaviors found were: discussing patients in public places or with nonmedical personnel; taking hospital equipment for use at home; and recording that medications, treatments, observations, or home visits were performed when they were not.

A number of factors contribute to academic dishonesty. These include competition for higher grades, honors, awards, and a grade point average sufficient for graduate study; an emphasis on perfection in nurses and nursing practice; lower levels of moral development; risk-taking behaviors that count on not getting caught or punished; the will to succeed at all costs; lack of preparation or skills; poor academic standing, poor grades, and concerns about the financial impact of failing a course; personal time management factors and competing assignments; a classroom or clinical environment conducive to academic dishonesty; and the use of rationalizations to justify dishonest actions (1,3,10). While faculty and students agree that an ever-increasing number of students cheat, students tend to differentiate between cheating on exams and what they consider less serious events such as plagiarism or working together on assignments that were meant to be completed individually (11,12).

There is a need for agreement among faculty as to what constitutes academic dishonesty and how students should be educated regarding such behaviors. Due to a paucity of research, faculty use various methods in attempts to counter the dishonest methods of students. Students and faculty disagree on the effectiveness of methods used. The following measures are perceived by students as ineffective: 1) assigning specific topics for papers; 2) putting numbers on test booklets; 3) assigning seats for exams; 4) permitting only pencils to be brought into the examination room; 5) not permitting anyone to leave during the course of an examination; and 6) leaving increased space between students (13,14).

The following measures are seen as most effective: 1) having all students place their belongings in the front of the classroom; 2) having a minimum of two proctors for every exam who walk up and down the aisles; 3) providing new exams for each test; and 4) keeping each test in a locked cabinet with shredding conducted by full-time secretaries — not student aides (2,13). (See Sidebar.)

Unfortunately, faculty may be reluctant to take action against dishonest behaviors due to fear of litigation, the time involved, lack of experience, and feeling that such incidents should be used as a learning tool and not be a part of the student's permanent record (15-17). Faculty, however, should include opportunities in the educational process for the moral development of students in addition to their theoretical and clinical development. Students must understand what constitutes academic integrity. Unethical behavior is ultimately responsible for the deterioration of the very fabric of the nursing profession.

Academic Integrity and Cheating *K. Susan Sifford*

The dictionary definition of cheating, "depriv[ing] of something valuable by the use of deceit or fraud," and "violat[ing] rules dishonestly (as at cards or on an examination)," is applicable for the nursing classroom. As nurse educators, we believe that knowledge is valuable. Thus, cheating in an educational setting is a form of stealing from another student or from the institution of higher learning in which the cheating occurs.

Data regarding classroom cheating are difficult to track; few studies have been conducted due to the sensitive nature of the subject. When confronted, students may not tell the truth when asked if they cheat, even if they are caught in the act. In 1964, Bowers (18) reported the relationship between demographic variables and classroom cheating, finding that men are more likely to cheat than women and that cheating is more prevalent in larger institutions.

Classroom cheating can be classified into three primary domains: 1) cheating by taking, giving, or receiving information from others, such as copying from another student's paper during a test; 2) cheating through the use of forbidden materials or information, including the use of "cheat sheets" or other written aids; and 3) cheating by circumventing the process of assessment (19). The student who states that she cannot take a test on the appointed day

because, once again, her "grandmother passed away" or she herself is "deathly ill" is, in fact, cheating, although some students would not see it that way. Many universities now require proof before allowing students to make up missed exams.

The relative frequency of use of the three domains of cheating is reflected in the same order. Cheating by looking at a classmate's paper occurs more frequently than using smuggled notes or attempting to get a different test time. If classroom cheating involves one person giving information to another and this occurs with the consent of both parties, then both students are equally guilty of cheating (19). Some common, low-tech cheating scenarios are: A student looks at another's test paper, answer sheet, or work; a student drops his paper on the floor, allowing another student to see it, or two students switch papers; students communicate with sign language; two or more test takers devise a code for transmitting answers, such as clicking pens or foot tapping; an eraser with information written on it is passed back and forth; students collude to sit in such a way as to coordinate copying (the "Flying V" or "Power Wedge") (19). As students become more proficient in cheating, the methods employed become more sophisticated and complex.

In recent years, technology has made high-tech cheating possible and affordable. Electronic devices, such as pagers, calculators, organizers, and hand-held computers, are now used to facilitate cheating during exams. For example, numeric devices can be used to communicate a question number and correct answer, or text messaging via cell phones can serve as a medium for passing answers. Even these methods, however, are not at the top of the hierarchy of cheating technology.

Colton (20) reported on two microrecorders that are small enough to permit concealment, yet sensitive enough to permit a test taker to whisper test questions onto tape for use by other students.

One of the devices is smaller than a business card and the other offers auto-reverse, dual-tape speeds for up to three hours of continuous recording, variable voice activation, auto shut-off, and a highly sensitive built-in microphone.

Still cameras can be used to photograph entire test booklets during an exam. Photographic copies of exam pages can then be mailed, faxed, or emailed anywhere. The cameras can be concealed in wristwatches, cigarette lighters, or campaign buttons for a cost of $300 to $400.

Audio transmitters, about the size of a dime, and video transmitters, about the size of a quarter, are now available. These can fit into a pager or baseball cap, be sewn into a jacket, or concealed in an eyeglass case carried in the student's pocket. For approximately $150, a combination audio and video system consisting of a pinhole camera worn as a tie pin can be used by a test taker to transmit images of a test booklet to an assistant up to 20 miles away. An earpiece, the size of a hearing aid, worn by the test taker receives answers to the televised questions.

For approximately $10, ultraviolet pens can be used to write the test onto plain "blank" paper. The writing will be seen only when viewed under an ultraviolet light source.

The Internet provides endless sources of information, such as bootlegged tests for advance preparation or access to information during a testing situation. The problem of Internet cheating during testing is resolved when electronic devices are banned from the testing environment.

Research indicates that students use both the tried and true methods of cheating they used as children as well as modern, high-tech cheating techniques. It would be interesting to see research conducted on the psychology of cheating and why college students will spend so much time devising methods of cheating when the same time could be spent learning the material.

Sidebar. Tips for Proctoring Exams

• Do not bring reading material or other paperwork with you to proctor an exam. Your full attention should be on the students and any gestures or movements that they make.

• If possible, more than one proctor should move about the room watching the students. Two are recommended.

• All personal items, including books, papers, bottles of water, backpacks, and purses, should be placed at the front of the class.

• Students should not be allowed to leave the room during a test, except when accompanied by a proctor.

• Before beginning the test, students should be reminded of the consequences of cheating.

• If you suspect that a student is looking at another student's paper, stand close to the student's desk for the remainder of the test period.

• Only students who may need to answer an urgent call, for example, from a child or sick family member, should obtain special permission of the proctor to keep their cell phones (on vibrate) at their desks. Otherwise, students should instruct family members, or others, to call the department secretary in the event of an emergency.

• If you observe cheating behaviors, confront the student in a discreet manner and confiscate his/her exam. Follow university policy regarding disciplinary action.

Discipline: Teaching Acceptable Behavior   *Kathrine M. Kolanko*

After more than 30 years of teaching nursing of children, I tend to view troublesome situations, whether with students or others, from a developmental point of view. These two short narratives are intended to illustrate my developmental concerns when working with nursing students with academic or behavioral difficulties. This approach also tends to work well with relationships with peers.

FAST EDDIE Eddie was literally an "in your face" fellow. He fired at least 20 questions and rapidly answered 10 of them before you had a chance to respond. As a student, he was a handful. So, when Eddie appeared at my door with the request, "Tell me what I'm doing wrong. The faculty hates me!" my answer was, "Eddie, take two steps back. You're in everyone's face. Think to yourself, What do I really want to say or ask? If you cannot physically take two steps back, say the words in your mind."

Eddie had a social-processing problem, which means he had difficulty interpreting his behavior with others within a social context (21,22). Appropriate social processing is a maturational process that builds self-confidence and emotional maturity. People who process social information correctly tend to be great at collaboration and capable of abandoning perfectionistic thinking for a willingness to try again or try something different (23).

Some characteristics of individuals with social processing problems are difficulties establishing and maintaining relationships; violating personal space and failure to maintain eye contact; problems paying attention; labeling nonverbal information incorrectly and inserting additional information; failure to predict consequences; and tendency to select poor choices or perseverate with poor choices (22). It is well known that moderate to severe levels of anxiety can have an adverse affect on social processing (21). Many of today's students, especially nontraditional students, are confronted every day with financial, social, and emotional demands that may be overwhelming. These stressors are compounded for students who have disabilities (such as Eddie) and preexisting physical and emotional problems.

ADELE, DID I DO THAT? Adele was a good student with a fine record. This was her last semester, and the class was assigned a scholarly paper. When I evaluated her paper, I noticed that Adele had lifted a section verbatim from an article I read just the week before. No quotation marks or references were used.

I decided upon a little experiment. I told the class, "We can use this as a learning experience if you come to me and tell me that you think you plagiarized on your paper. Or we can handle this matter as a violation of the student code." I gave a deadline date and my home telephone number for self-disclosure. In the next few days my phone rang off the hook as one student after another reported errors. I found that most people, whether students or colleagues, do not know what plagiarism really is. Adele was one of them.

Adele and many of the other students had difficulty understanding the social skills needed to provide adequate referencing of information. Social skills are learned behaviors and provide students with the means to develop constructive, positive, and ethical relationships. I often see students fumbling with such skills as asking for help, apologizing, responding to criticism, negotiating, answering the telephone, starting or stopping a conversation, and interrupting a conversation with an urgent message — just some of the prosocial skills that are needed for adult interaction (24). Without them, students are ill prepared to build toward professional interactions.

So who are these students (or for that matter colleagues) who are at risk for social problem behaviors? Opportunities that do not provide for frequent and positive social interactions lead students to develop patterns of behavior that are troublesome (21,25,26). Some young, traditional students have had limited adult social interactions. And we are also experiencing more students who are home schooled. While some of their parents built in social activities for their children, some did not.

Others at risk are students returning to the academic setting after many years away from school. A phenomenon in my local community, where heavy industry was the economic base, are second-career students who have had no experience with non-service-oriented jobs. Providing nursing care requires different skills than talking with one's foreman in a large factory about the whereabouts of a shipment of tin plate.

I mentioned that sometimes troublesome behavior comes not just from students but our nursing faculty colleagues, administrators, and clinical site staff. Many novice nurse educators are surprised at the interpersonal demands placed on faculty members. In addition, some older faculty members who, like myself, have seen the changes in the student body profile need to learn new social skills. We realize that our students come from diverse social, religious, and cultural backgrounds that result in different social skills and interpersonal patterns.

I came to learn that Adele's problems were cultural. Having emigrated from a developing nation where a more collective

and loose legal framework was the norm, Adele and her family were not acculturated to the importance of giving individuals credit for their written work. As faculty come into contact with behaviors that are not acceptable in our society, we need to correct these behaviors respectfully.

If there are problems in social skill processing or an inadequate social skill set, faculty members play an important role in teaching acceptable behavior. Discipline is the art of teaching acceptable behavior. Often discipline is used synonymously with punishment, but punishment is a penalty used as the consequence of troublesome behavior.

We also need to develop acceptable behaviors ourselves. Do we praise in public but criticize in private? Do we respectfully and quickly direct our comments to the individual whose troubling behavior or need for improvement we noticed? Are we specific about our concerns, and are we able to focus on the behavior? Are we able to provide some solutions and opportunities for social growth? Do we involve the other person in mutual goal setting and as part of the solution? Do we collect sufficient data to make a fair and honest judgment about a problem behavior? Are we providing "due process?" People who have problems with social processing can learn about their problems and ways to work around them. And others who need to expand their social skill sets are also on a learning curve.

In summary, discipline requires each of us to use self-reflection and learn positive behaviors. We can identify the ways each one of us processes social information and what social skills are needed for a specific personal or professional interaction. Ultimately, our goal is to provide the environment for people to be honored and to flourish in our academic settings.

Bullying and Issues of Workplace Violence in Nursing Education *Dana Olive*

U ncivil student behavior is an umbrella term that is used within the educational literature to encompass a wide range of student behaviors, from arriving late to class to engaging in violent acts against faculty members. Nurse faculty members across the United States are reporting an increase in uncivil student behaviors targeted at them (27,28). Despite increased reports, however, little research exists related to faculty experiences with uncivil student behaviors (27,29).

For purposes of this forum, bullying is defined according to the International Council of Nurses definition as psychological workplace violence experienced by a nurse faculty member when a nursing student intentionally exerts power or intimidation in a manner that leads that faculty member to feel that there may be a threat to his or her personal well-being (30). As bullying was once thought to be isolated to conflicts among school-aged children, the bulk of the literature on bullying focuses on childhood relationships in the school setting. Olweus (31) defines bullying as experiences of repeated exposure over time to negative actions by another student (individual). In such cases, a perceived power imbalance must exist. Direct bullying involves overt acts such as verbal and physical aggression; indirect bullying involves more covert actions such as passive aggressive behaviors, social isolation, or exclusion from a group.

While isolation and exclusion may not apply in the context of the teacher-student relationship, passive-aggressive behaviors have been noted. For example, Thomas (28) reported that students may express anger toward faculty members by threatening to give unwarranted poor faculty evaluations. Recent studies (27) about uncivil student behavior reveal that faculty members are experiencing overt forms of aggression and are being verbally abused, physically assaulted, and threatened. However, more research is needed. The idea that students perceive that they have power over faculty members also needs exploration. One explanation is the student's role as consumer (32). Students who take the stance that their tuition pays the salaries of faculty may see themselves as bosses who have the right to mistreat their professors (33).

Exposure to uncivil student behaviors is happening throughout academia. Noting that faculty are increasingly experiencing loss of control in the classroom at the hands of what she termed *classroom terrorists*, Schneider (32) proposed that one contributing factor is large class sizes that set up adversarial educational environments. With 200 or more students crammed in a lecture hall, commanding the attention of all students is an issue, and some students act out because they are angry about having to be in a large classroom.

Schneider (32) cited examples of experiences that professors have had with uncivil students, including profanity and inappropriate racial slurs. She noted that bullying and uncivil behavior are often met with a slap on the wrist by university administrators, leaving faculty members feeling demoralized and confused. Advocating for clearer rules regarding classroom behavior, she recommended advising students on the first day regarding what behaviors are acceptable and not acceptable in the classroom. She also stressed the importance of attending to uncivil behaviors as they occur as failure to address them promptly could give students the impression that such behaviors are permissible.

Feldman (34) reported that three factors appear to contribute to student incivility: a need to express power over another, a need to

obtain something of value, and a need for a verbal release due to frustration about an unresolved situation. He also described four broad categories of uncivil student behaviors: 1) annoyances, behaviors that are not dangerous but interfere with the learning environment, such as being late to class, using phones and pagers in class, or being inattentive; 2) classroom terrorism, referring to behaviors that highjack classroom time, such as talking during lectures and making unwanted commentaries about what peers say during class discussions; 3) intimidation, which takes the form of threatening to complain to a dean or giving a poor course evaluation; and 4) the threat of violence toward a professor. Advocating for a proactive approach to dealing with such behaviors, Feldman stated that professors have an obligation to maintain a classroom environment that is conducive to learning and protects the safety of the professor.

Raising the issue of administrative support, Feldman stated that policies need to be in place to establish rules of conduct and provide procedural guidelines for addressing uncivil behaviors when they occur (34). Failure to have clear policies on student behaviors could give students the impression that it is permissible to engage in uncivil behaviors. He also emphasized the importance of documentation so that administrators and fellow faculty are aware of what is taking place.

Uncivil student behaviors exist along a continuum with the more extreme forms leading to violence. The academic nursing community became tragically aware of how nursing faculty can be victims of workplace violence in 2002 when three nursing faculty members at the University of Arizona-Tucson were fatally shot by a nursing student. While not all episodes of violence against faculty members will have such tragic results, such events bring to light the need to understand workplace violence within schools of nursing.

Bullying is considered a form of Type II Workplace Violence by the University of Iowa Injury Research Project (35). Workers in the health care industry are the largest population to experience Type II violence, defined as violence where "the perpetrator has a legitimate relationship with the business and becomes violent while being served by the business. This category includes customers, clients, patients, students, inmates, and any other group for which the business provides services" (www.public-health.uiowa.edu/iprc/nation.pdf). This suggests that students and nursing faculty members have a customer-client relationship. (The other categories are Type I, criminal intent; Type III, worker-on-worker; and Type IV, personal relationship.)

Douglas (36) has examined the specific phenomenon of bullying as a form of workplace violence separate from the academic setting.

He reported that certain events may lead to bullying behaviors, including failure to achieve a goal, thwarting of ambitions and wishes, feeling threatened, alteration in one's physical or mental state, and substance abuse. Other contributing issues might be an aggressive personality type or learned behaviors. This list of triggers has relevance for nursing education, where workplace violence can occur around such issues as grade disputes and course failures. Rather than accept personal responsibility for poor academic performance, the student may blame a faculty member and seek revenge. At the University of Arizona, the student who killed nursing faculty members had received a failing grade in a nursing course.

In 1999, an assistant dean for student affairs warned that institutions of higher education may be subject to the same violence taking place in American high schools. Quinnan (37) noted an increase in hostility among students, with more students making threats against professors and fellow students. He offered some suggestions to help reduce the likelihood of violence, including educating new students on expectations for behavioral conduct on campus, publicizing the student code of conduct, following a zero tolerance policy for violence, and taking threats seriously.

Kelleher (38) has examined the phenomenon of workplace violence with a specific focus on homicides and has advocated for developing workplace violence prevention programs. His recommendations include: 1) never keep a client waiting for more than five minutes without explanation, 2) be aware of clients who are under the influence of drugs or alcohol, 3) avoid involvement in personal issues of clients, 4) be aware of client behaviors that indicate emotional instability or stress, 5) avoid expressing judgmental comments about client behaviors, 6) approach the client with respect and sensitivity, 7) be alert to clients in a group, 8) be aware of how symbols such as uniforms can affect a client, and 9) avoid blaming administration or bureaucratic issues for a client's unmet needs. These suggestions may serve as a useful resource for nursing programs.

Student Voices: Perceptions of Faculty Incivility
Cynthia Clark

Many consider higher education one of the last domains of decorum — an environment for discovery and civility — an ivory tower where sage professors engage eager learners in academic debate, social discourse, and enlightened discussion. But, as in the larger society, incivility on American college campuses is a serious and growing concern. Indeed, Baldwin (39) believes that a universal goal of higher edu-

cation is to promote civility and respect, and argues that the role of higher education is to create scholars, working professionals, and good citizens.

It is important to consider the contributions faculty make to incivility in the academic environment. In 1994, Amada (40) reported that behaviors such as showing up late for class, arriving unprepared, turning a blind eye to rude student behavior, or using profanity encourage students to do the same. Morrissette (41) suggested that some faculty do not realize that "incivility often begets incivility" (p. 8) and that faculty may inadvertently provoke a hostile situation by publicly demeaning or embarrassing students.

In nursing education, students are beginning to identify uncivil faculty behaviors, suggesting that, at times, faculty have contributed to dehumanizing conditions that negatively affect students (42). Consequences of student anger and discontent include disrupted student-faculty relationships, problematic learning environments, and increased stress levels among students and faculty. More research is needed. According to Luparell (43), the topic of incivility in nursing education is "ripe for study" (p. 95), and some nurse educators have called for a national forum on the topic (27).

I conducted two pilot studies (44,45) asking nursing students about their perceptions of uncivil faculty behaviors. Students expressed anger, frustration, and a sense of powerlessness about various levels of disrespect, reporting that it is often the little thing that faculty members do that provoke anger and frustration. Students felt inferior to faculty and described being caught in a no-win power struggle with little possibility for successful resolution. They felt they had too much to lose by confronting faculty on what they perceived as uncivil behavior and worried that if they pursued matters with faculty or administrators, they would fail a course or, even worse, be expelled from the nursing program.

Several students related stories about their treatment by faculty, such as the following:

• "The professor threw the tests up in the air, and said 'I'm throwing all these tests out and I will give you another test that I guarantee you will all fail. How do you like that?' This has been the worst classroom experience since high school. Being a good nurse is not necessarily being a good teacher."

• "She said, 'You're lucky I don't kick you out of the program.' She was holding my grade over my head…and threatened to go to the department chair. She would see me in the parking lot when I was going to my car, and she would always make a point to make a negative comment. Obviously, this person has some serious problems. Why would you follow someone around and do that? People who do that are abusive. That same teacher went to one of my other instruc-

tors and said, 'You need to look at the paperwork I put in [the student's] file.' She tried to backdoor me that way."

Students and faculty both suffer the ill effects of incivility. Students find themselves resisting and not learning, while teachers find themselves disciplining and not mentoring. To overcome these issues, administrators, faculty, and students can work together to understand the dynamics and the impact of incivility in higher education. Students and faculty need to address incivility immediately, and both play a crucial role in setting positive examples for respectful interaction.

Faculty and students also bear a shared responsibility to conduct themselves in an ethical, professional, and collegial manner. However, for students to assume a meaningful partnership with faculty in their education, administrators and researchers in nursing education need to identify the problems that exist in academe and work together diligently to eliminate them. Collectively, all parties can work together to develop and implement comprehensive classroom management strategies for decreasing stress, providing appropriate resources and support, and constructing inclusive models for the governance of our higher educational institutions. It must be understood that uncivil encounters have a negative effect on the academic environment, disrupt the teaching-learning environment, and affect students' sense of self and feelings of psychological well-being.

In my studies (44), nursing students offered recommendations, including setting clear student and faculty expectations, establishing classroom norms and the consequences for violating them, addressing disruptions in the classroom immediately, and holding faculty responsible for their actions in the same manner students are held accountable. One student wrote, "Faculty need to be made aware of the importance of incivility and not just brush it off. They need to be taught how to intervene and to be held responsible for their own behaviors."

Some student suggestions follow:

• "Faculty and students should be educated on the guidelines and consequences of incivility. It should be addressed immediately."

• "Enforce the campus Code of Conduct."

• "Students need to be taught proper discourse, public discussion of rules, standards and norms and to be held to these. University policies need to be strengthened to support faculty who are threatened and harassed by students."

• "Possibly create an 'Incivility Board' comprised of faculty and students."

• "Zero tolerance, nip it in the bud, don't let it fester and blow up. Be direct and respectful."

Nursing faculty, students, and researchers are encouraged to engage in lively and provocative dialogue about the problems associated with incivility and strategize ways to improve the academic milieu. Doing so will help produce a healthier teaching-learning environment and improve relationships between students and faculty. Further research in this area may increase awareness and understanding about incivility, its impact, and its psychological and societal consequences.

Do We Do That? Nursing Faculty and Mean Girl Games
Kathleen T. Heinrich

In speaking with hundreds of nurse faculty over the years, I can state with assurance that there is not one who has not heard about, if not experienced, collegial incivility. While collegial incivilities and uncivil workplaces may be causing nurse educators to resign positions or leave academe altogether, there is little research to support this hypothesis. Whether these painful interactions are called mean girl games (46), rudeness (47), incivility (48), interpersonal conflict (49), bullying (50), relational aggression (51), or emotional abuse (52), I suspected that the horizontal violence nurse authors describe in clinical settings is as pervasive as it is a well-kept secret in academe.

To find out, the plenary session audience was given a minute to write their response to this query: *"Recall a time when a faculty colleague, administrator, or subordinate said or did something that left you feeling disrespected, devalued, or dismissed. If you have not experienced such an interaction, reflect on a story you have heard from a faculty colleague or an administrator."* After identifying the *target, tormentor, observer,* and *ally* in their stories, members of the audience were asked to become part of the solution by submitting their "mean girl" free-writes. As promised, the results are summarized in a question-answer format followed by the implications and the action plan inspired by these findings.

Do nurse educators have mean girl stories to tell? Yes. Approximately 25 percent of the audience, 261 of the approximately one thousand plenary session attendees, submitted stories.

What roles did they play in their stories? The overwhelming number of stories — 245 — were told by targets victimized by faculty or administrator tormentors. Fourteen wrote about incidents they observed. Only one educator told a story in which she/he played the tormentor and another wrote a story in which she/he played an ally.

What type of violence did their stories describe? Men are more likely to express their aggression physically while women's aggres-

sion is often expressed relationally (53). In a profession that is 97 percent women, it is not surprising that all but two stories describe incidents of relational aggression.

Who's doing what to whom? Horizontal incivilities between and among colleagues, whether faculty or administrator colleagues, constituted the most commonly reported story line (n = 144), followed by top-down incivilities involving administrator-tormentors and faculty targets (n = 101). Sixteen stories involved bottom-up incivilities with subordinate tormentors and faculty or administrator targets.

Do they want to share their stories in more depth? Fifty percent of the respondents (n = 130) said yes and offered their contact information. Several wrote, "I would be more than happy to tell you my story." One said, "I live in shock at what I witness in the academic arena. Practice was a safer space to exist." Another added, "I left academe because of the torment…six tenured faculty left this job at the same time I did…two were full professors and FAANs. Some left academe altogether."

Is there hope? Yes. Thirty percent — 83 respondents — indicated that they now "work in a setting where faculty colleagues and administrators work and play well together." These nurse educators want their workplaces considered as sites in the study I am initiating on "zestful workplaces" where mean girl games have no place. Please contact me directly if your zestful workplace might serve as a potential study site.

In conclusion, the courageous sharing of stories by this NLN plenary audience is lifting the veil of secrecy surrounding nursing's academic incivility and uncivil workplaces. Their heartfelt responses inspired me to action. I am at work on a full-length article that will share their stories with a nurse educator readership.

Conclusions   After the panel presentation there was a period of discussion concerning these issues. Later, at the National Faculty Meeting, the panel and conference attendees were able to dialogue in an open-microphone session. Faculty members who attended spoke of their frustration with dishonest and uncivil behavior. Our panel came to some fruitful conclusions:
• Voicing our concerns was a positive first step toward finding solutions.
• There is a wealth of literature in elementary and secondary education literature, business, and psychology on these topics of concern, but little in the nursing and nursing education literature.
• These problems are fertile ground for nursing education research.
• Faculty members need to know their institution's policies surrounding these issues as well as the support services offered for

faculty and students.

• Students also need to know expected behaviors, consequences, and support services.

• Confidentiality and secrecy are not the same. Reports of unacceptable behavior need to be documented and presented to appropriate persons on a need-to-know basis.

• Due process rights need to be adhered to in the disposition of each situation.

• Finally, nurse educators and our students need to be part of the solutions. NLN

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C A L E N D A R

FEBRUARY

10-12   The Society for Health Systems 18th Annual Conference, "Addressing the National Mandate for Change," in San Diego, CA; contact J. Milczarski, 777/349-1106; www.shsweb.org.

17-18   "Improving the Quality of End-of-Life Care in the ICU: Interventions that Work," sponsored by the Society of Critical Care Medicine, in Miami, FL; call 847/827-6888; www.sccm.org.

28-March 2   The 6th Annual Safe Patient Handling and Movement Conference, with pre- and postconference sessions, sponsored by the University of South Florida College of Nursing and the ANA, in Clearwater, FL; www.cme.hsc.usf.edu/sphm/.

MARCH

24-26   The Third NLN Research Conference, in Arlington, VA; call G. Fraser, 212/812-0304; www.nln.org/profdev/index.htm.

30 – April 2   "Politics, Policies, and Priorities in Children's Health Care," the 27th Annual Conference of the National Association of Pediatric Nurse Practitioners, in Washington, DC; 877/662-7627; www.napnap.org.

31 – April 1   "Youth Violence Prevention," the 6th Annual Southern States Knowledge in Nursing Conference, sponsored by the University of Texas Health Science Center School of Nursing, in San Antonio, TX; http://nursing.uthscsa.edu/ce.shtml.

APRIL

12-14   First National Conference on Accelerated Baccalaureate Education, "Issues, Innovations, and Outcomes in Second Degree BSN Programs," sponsored by Drexel University, in Philadelphia, PA; call 800/666-7737.

18-21   The 6th Annual Nurse Educator Institute, sponsored by the North Arkansas Partnership for Health Education, in Branson, MO: www.deanneblach.com.

18-21   The Nursing2006 Symposium, "The Conference for Clinical Excellence," sponsored by Lippincott Williams & Wilkins, in Las Vegas, NV; www.nursingsymposium.com.

MAY

18-20   "Cancer, Culture, and Literacy: Solutions for Addressing Health Disparities Through Community Partnerships" the 5th Biennial Conference sponsored by the H. Lee Moffitt Cancer Center and Research Institute, University of South Florida, in Clearwater Beach; contact C. Pospolyta, 813/745-1445; www.moffitt.usf.edu.

31-June 3   "Walking the Talk: Achieving the Promise of Authentic Partnerships," the 9th Community-Campus Partnerships for Health Conference, in Minneapolis, MN; http://depts.washington.edu/ccph/conf-overview.html.

Nursing Education Perspectives will gladly announce your event. Contact Leslie Block, Managing Editor, fax 212/812-0393, lblock@nln.org. Please allow ample lead time before your event.