Nurse academics' experience of contra-power harassment from under-graduate nursing students in Australia

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Abstract

Background

There is growing concern around inappropriate behaviour being perpetrated by under-graduate nursing students towards nursing academics. Coined contra-power harassment, is defined as the harassment of individuals in formal positions of power and authority by those that are not. The type of harassment behaviours reported include: verbal and physical violence, character assassination through social media, stalking and sexually motivated behaviours. The most often cited reasons for the escalation in these behaviours are seen with course progression and the awarding of grades.

Aim

The aim of this study is to better understand the extent to which nursing academics experience contrapower harassment from under-graduate nursing students.

Method

A convenience sample of nursing academics were in Australia were contacted and provided with an introductory letter, a participant information sheet and a link to an online questionnaire. A 41 item Likert scale (Strongly agree-strongly disagree) was used to elicit responses to statements on academics' experiences of and the contributing factors associated with contra-power harassment.

Results

The main contributing factor identified from this study was seen as the consumerism of higher education; in particular paying for a degree gave a sense of entitlement with academics experiencing the highest levels of student harassment around grades.

Conclusions

Contra-Power harassment is becoming common place in higher education especially in nursing education. The competitive nature of obtaining employment post-university has meant that some nursing student's behaviours are becoming increasingly uncivil, challenging and unprofessional.

Keywords: Contra-power harassment, student harassment, bullying, sexual harassment, behaviour, incivility

Highlights:

- Increasing student contra-power harassment is of great concern given the professional implications this behaviour presents;
- Most student incivility occurred during the release of grades;
- The greatest contributing factor was consumerism associated with attending university and a sense of self-entitlement.

Introduction

There is a steady increase in the incidence of aggressive and at time violent behaviour being perpetrated by under-graduate nursing students against nursing academics. Some would suggest that this is a result of the increase in demand-driven, pay as you go access to higher education (Lee, 2006; Christensen et al., 2019), so much so that a university education is perhaps now seen as economic investment. This, unfortunately, has led to and perhaps created an environment of consumer-driven self-entitlement where the expectation is that paying tuition fees automatically confers the right to a degree (Kopp & Finney, 2013). Regrettably, this is an unrealistic expectation insomuch that the reality of attending university such as studying, attending lectures and tutorials, completing assessment items and juggling competing demands such as undertaking paid employment or family commitments can result in non-attendance and poor performance (Christensen, et al., 2019). As a consequence, students and indeed families see this as a threat to their investment and are expressing their displeasure by holding universities to account for not having their needs met and as such the balance of power has changed in favour of the student (White, 2010; Christensen, et al., 2019).

Background

Student incivility towards academics is a commonly occurring phenomenon, and is steadily growing as the sense of entitlement and a shifting of cultural norms is seen more and more in the current generation of students accessing higher education (Kopp & Finney, 2013; Lampman, et al., 2016). From verbal abuse such as shouting and swearing to acts of physical violence such as hitting or slapping, character assassination on social media, stalking and in some cases sexual harassment, the increasing exposure to these types of behaviours perpetrated by students towards academics is causing concern (Lampman, et al., 2016; Christensen, et al., 2019). 'Contra-power harassment' which is defined as the harassment of an individual in a position of legitimate power/authority by those who are not (Lee, 2006) has led to a power imbalance in favour of the student. What is perhaps most alarming is that the student at the centre of the harassment is neither concerned nor cares about the consequences of their actions (Christensen, et al., 2019).

Contra-power harassment can be characterised by four types of attack – verbal, task, personal and isolationist (White, 2010). An example of verbal attack can include the use of inappropriate language or language used in a verbally aggressive or personalised manner such as would be seen with swearing, name calling or heckling (Lampman et al., 2016). Isolation attack can be seen where an individual student may use the collective voice to air their displeasure (Blizard, 2014) or using mobile phones or talking during lessons. Task attack includes contacting academics outside of working hours or at weekends, allegations of marking bias, or fabricating unsubstantiated evidence against an academic such as failing to maintain office hours or not responding to emails in time frame acceptable to the student (Christensen et al., 2019). Finally, personal attack can manifest in the writing of poor unit evaluations, comments of a sexual nature (De Souza & Fansler, 2014) or malicious rumour mongering (White, 2010).

There are a number of examples within the wider educational literature that give testament to the range of behaviours exhibited by students and directed towards academics. For example, the most

common behaviours experienced by the participants in Lampman et al's (2014) survey (n= 524) were open hostility, anger and aggression (38%), being rude, disrespectful and disruptive (37%) and feeling intimidated, threatened, and bullied (36%). Unfortunately, it was the female academics who were, in most cases twice as likely to experience these behaviours and be specifically targeted then their male counterparts. However, interestingly male academics were five times more likely to experience sexual harassment in the form of sexual bribery - an exchange of sex for grades than female academics, yet it was the latter who were most disturbed by this behaviour when it occurred. These findings are also echoed in DeSouza and Fansler's (2003) earlier work on contra-power sexual harassment, where they found that over 50% of academics had experienced some form of sexual harassment or unwanted sexual attention from students, and that one third of students reported sexually harassing an academic at least once during their time at university. Likewise, White's (2013) study participants described similar experiences, not only in being the targets of sexual innuendo or seen as sexual objects (male student to female academic) in blatant examples of sexism to sexually explicit picture texts of nudity or toplessness (female students to male academics) used as sexual bribery for favourable assessment results.

With the advent of electronic forms of communication, such as email, social media and texting, it would appear that some students use this medium as a way of expressing their feelings without the need of a face to face confrontation. For example, an excerpt from Blizard's (2014) unpublished PhD thesis provides a detailed description of a student trying to getting what s/he wanted by sending a demeaning, belittling and threating anonymous email from a fabricated server:

"fuk (my first and last names) claiming I marked students too hard...nobody gave a crap about what I was teaching them...threatening how students would treat me if they found me walking alone down the street...indicated that...nine other students from the class were watching [them] writing the mail... (Blizard, 2014; 80)

Moreover, the types of behaviours experienced by Blizard's (2014) respondents are similar to those reported by Lampman's et al., (2016) American – disrespect, aggression, rudeness, defamatory and demeaning comments. What is perhaps unfortunate is the feeling from most academics caught in this cycle of abuse, is they have very little recourse and often feel powerless to act for fear of repercussions and not being believed (Keashly & Neuman, 2008); the net outcome is an environment of increased stress and anxiety (Willness, et al., 2007).

Contra-power Harassment and Nursing

There is a paucity of evidence within the literature that identifies contra-power harassment of nursing academics by nursing students. Early work by Lashley and DeMeneses (2001) reported that the most common forms of uncivil nursing student behaviour was lateness, inattention and absence from class (100%), with verbal abuse being less than half of the reported behaviours (42%). Using the 'Incivility in Nursing Education' survey tool, Clark et al. (2009) found that the types of behaviours exhibited in other non-nursing studies were not too dissimilar – being disruptive in classroom, taking phone calls during lessons, acting apathetic, outwardly groaning, sleeping in class and arriving late for class. However, when looking at cyber-connectiveness using online learning in an under-graduate nursing programme,

Riech and Crouch (2007), did find that 35% of students were uncivil in their online posts, the difficulty being that it is unclear whether incivility was directed at the academic or other students. More recently Ibrahim and Qalawa (2016) found that 60 % of nursing academics experienced aggressive behaviours from nursing students and likewise Ziefle (2018) found demanding resit exams or grade changes (61%), talking in class (76%) and making sarcastic gestures or comments (71%) as being areas of growing concern given the professional implications of these types of behaviour. Qualitatively, the respondents in White's (2013) study described being the victim of verbal and task attacks from nursing students and with the growing trend in mobile technology saw electronic forms of communication as devices used to harass. Other studies focused on academic dishonesty as a form of incivility such as plagiarism, cheating on exams or using group work for an individual assignment (Lashley & DeMeneses, 2001; Kolanko et al., 2006; McCabe, 2009; McCrink, 2010; Ziefle, 2018).

METHODOLOGY

Aim and Objectives.

The aim of this study is to better understand the extent to which nursing academics experience contrapower harassment from under-graduate nursing students.

Setting

A convenience sample of 20 university-based Schools of Nursing across all eight states/territories of Australia were included in this study.

Sample

Heads of School from 20 Schools of Nursing across Australia granted permission to disseminate an online survey to nursing academics within their respective schools that looked at the impact of contrapower harassment on nursing academics by nursing students. This email contained a participant information sheet, which outlined the aim of the study and what their participation in the study entailed along with the study protocol, ethics approval and link to the study. It was reiterated to the Heads of School and participants alike that individual universities would not be identified to ensure anonymity of the respondents; instead participants were only identified through the state/territory in which they currently resided and worked.

Ethics

Ethics approval was sought and granted by the Human Research Ethics Committee at Western Sydney University (H12796)

Data Collection

Data was collected over a seven-month period from November 2018 to May 2019. The Likert scale statements were developed from the literature. The draft survey was sent to five experienced nursing academics with expertise in teaching and learning research to meet the requirements of face validity. The review and refinement process went through five cycles until consensus was reached and a total of 41 Likert scale statements were identified for the final version of the questionnaire. The questionnaire

was separated into three sections – academic demographics, experiences of contra-power harassment and the contributing factors associated with contra-power harassment. The demographic data asked academics their age, gender, years of academic experience, the state they worked, type of university, (private or publicly funded), majority of teaching practice (under-graduate or post-graduate), and academic level. Section two contained statements that looked at the nursing academic's experience of contra-power harassment using a five-point scale 'never-always' scoring. It included pre-worded statements such as 'I feel that when a student complains, their word is believed, whereas I have to justify my actions', 'I feel my role is less about educating students and me being a provider of marks/grades' and 'I have had experiences of students being aggressive and disrespectful to me in their responses to their marks and grades' (Table 2). Section three contained pre-worded statements that looked at the nursing academics perception of those contributing factors also using a five-point scale 'strongly disagree – strongly agree' scoring. These statements included topics around widening participation, for example 'the diversity of the student cohort has led me to being harassed more frequently' or 'I believe widening participation has led to increased levels of student harassment'. Other statements included areas around communication, key trigger times such as assignment deadlines, and professionalism. For example, 'I am concerned for my professional reputation when I respond to a student who has harassed me' or 'sometimes, I am not sure whether it is in my best interests to report student harassment of me to the university', finally 'It us usually when assignments or exams are due that I get the most unacceptable behaviour from students' (Table 3).

Data Analysis

Inferential statistics and measures of central tendency were used to describe the Likert scale and demographic data. Non-parametric testing using Mann Whitney U was used to ascertain differences, between age, gender, years as an academic, academic level, work load and experiences of and contributing factors associated with contra-power harassment. Cronbach's-Alpha was also performed to assess internal consistency of the Likert scale statements.

Results

Participant Demographics

The majority of participants that (n=82) completed the survey were women with the majority being over 40 years of age which is not surprising given the female domination of the nursing profession with the average age range being 46-60 (Table 1). Interestingly, while the survey was available to all nursing academic levels, there were no respondents from the professor grade. This could be explained to some degree by the level of engagement with nursing students regardless of under or post graduate status inasmuch that professors tend to focus predominately on research activities, management and higher degree supervision (Watson & Thompson, 2010). As would be expected the majority of teaching activities were seen in the under-graduate nursing programme with academic experience being within the 6-15 year range (n = 46, 56%).

Table 1: Nursing Academic Demographics

Age	31-35 36-40 41-45 46-50 51-55 56-60 >61	6 7 10 13 15 22 9
Gender	Male Female Prefer Not to say	9 71 1
University	Private Public	8 72
Campus	Metropolitan Regional Rural	52 28 1
Academic Grade	Associate Lecturer Lecturer Senior Lecturer Associate Professor Professor	6 43 27 5 0
Years as an academic	2-5 6-10 11-15 16-20 21-25 26-30 >30	15 24 22 14 1 3 2
Work status	Full-time Part-time Sessional Contracted	70 7 1 2
Teaching type	Under-graduate Post-graduate	63 17

Experiences of Contra-Power Harassment

It is evident from these results that many of the respondents experienced some form of harassment from nursing students (Table 2). Of note, the highest incidence of harassment occurred during assessment periods where academics became the target of a student's displeasure. For example, 72% (n=59) of academics sometimes or often experienced student aggression at the release of unit/course assessment grades. Likewise, nursing academics reported often having students argue with them over grades (48%, n=40), wanting a grade change (41%, n=34), being overly critical of grades award by another nursing academic (85%) or complained when they have compared their mark with other students (40%, n=33). Interestingly, nursing academics felt the student's own expectations of their ability and their lack of awareness that comes with not meeting those expectations caused some concern inasmuch it was felt that students tended to complain or lay blame at the academic for not

teaching them effectively (72%). Other academics felt powerless to discipline students who were harassing them (62%) and when students complained the academics felt that they would not be believed by university management (87%), for example Heads of School, Faculty Deans, or Human Resources.

	SCORING: NEVER (1) - ALWAYS (5)	Sometimes N (%)	Often N (%)	Always N (%)	Median (Mean)	Std Dev
Q1	I feel that when a student complains, their word is believed, whereas I have to justify my actions	29 (35.4)	25 (30.5)	17 (20.7)	4 (3.63)	.93
Q2	I receive criticism about my student feedback, that is not constructive	29 (35.4)	15(18.3)	3 (3.7)	3 (2.72)	1.03
Q3	I feel my role is less about educating students, and more about me being a provider of marks/grades	33 (40.2)	18 (22.0)	7 (8.50)	3 (3.10)	.98
Q4	I have had experiences of students being aggressive and disrespectful to me in their response to their marks and grades	42 (51.2)	17 (20.7)	0	3 (2.91)	.78
Q5	Students do not take responsibility for their learning, and then insist it's my fault for not teaching them well enough	34 (41.5)	25 (30.5)	5 (6.10)	3 (3.22)	.91
Q6	I feel like retaliating against a student who has been unfairly critical of me, on a personal level	14 (17.1)	5 (6.10)	1 (1.20)	2 (1.92)	.98
Q7	I find students challenge my authority, my experience and my expertise	34 (41.5)	14 (17.1)	2 (2.40)	3 (2.77)	.93
Q8	I notice that some students' expectations of their academic ability are too high or unachievable, and this is reflected in how they communicate with me	39 (47.6)	23 (28.0)	1 (1.20)	3 (3.08)	.65
Q9	In my experience, as student expectations of their academic ability increase, so do complaints	33 (40.2)	29 (35.4)	3 (3.70)	3 (3.23)	.87
Q10	I feel powerless to discipline a student who is harassing me	25 (30.5)	21 (25.6)	5 (6.10)	3 (2.92)	1.10
Q11	I have been 'stalked' by students when outside of the university physically and/or electronically	12 (14.6)	1 (1.20)	0	1 (1.52)	.79
Q12	I have had students repeatedly contact me when outside of the normal classroom times, by email or phone messages	26 (31.7)	20 (24.4)	7 (8.50)	3 (2.94)	1.19
Q13	I have had students criticise the marks and /or feedback other academics have given them	29 (35.4)	39 (47.6)	2 (2.40)	4 (3.41)	.77
Q14	I feel that the student harassment I experience is because students behave unprofessionally with university academics	32 (39.0)	26 (31.7)	4 (4.90)	3 (3.15)	.96
Q15	I have had students argue about their marks simply because they want a higher grade	33 (40.2)	40 (48.8)	2 (2.40)	4 (3.49)	.67
Q16	I have had students complaining about their mark when they have compared their work with other students because they want a higher grade	37 (45.1)	34 (41.5)	1 (1.20)	3 (3.34)	.73
Q17	I feel I am being perceived by students not as a knowledgeable expert, but as one who provides a service	28 (34.1)	22 (26.8)	3 (3.70)	3 (2.91)	1.05
Q18	I have been the centre of unfounded student accusations of impropriety of a sexual nature	1 (1.20)	0	0	1 (1.06)	.29
Q19	I sometimes engage in displaced aggression against other individuals as a result of student harassment	6 (7.30)	0	0	1 (1.33)	.61
Q20	I feel angry when students harass me unnecessarily	24 (29.3)	13 (15.9)	3 (3.70)	1 (2.54)	1.10

Table 2: Nursing Academics Experiences of Contra-Power Harassment (n=82)

Q21	I feel scared and fear for my physical safety when a student is verbally aggressive	14 (17.1)	3 (3.70)	3 (3.70)	2 (1.89)	1.14
Q22	I feel helpless and powerless when students personally attack me on social media	13 (15.9)	8 (9.80)	7 (8.50)	1 (2.12)	1.39
Q23	I am irritated when students actively engage with their electronic devices (e.g. mobile phones, tablets, laptops) in the lesson I'm teaching	26 (31.7)	23 (28.0)	9 (11.0)	3 (3.15)	1.14
Q24	I have been accused of being racist because students are not happy with the mark they have been awarded or don't feel supported as they would expect	13 (15.9)	2 (2.40)	1 (1.20)	1 (1.70)	.92
Q25	I am concerned for my professional reputation when I respond to a student who has harassed me	23 (28.0)	12 (14.6)	5 (6.10)	3 (2.47)	1.27

Note: Std Dev – Standard Deviation

Contributing Factors Associated with Contra-power Harassment

For many of the respondents in this study, they felt the consumerism of higher education was a major contributor to student harassment, in particular the notion that paying for their nursing degree gave nursing students a sense of entitlement and power over nursing academics (81%) and the feeling that nursing students are owed something (83%). Moreover, the student demographic was also seen as an area of concern where nursing academics felt that nursing students were not adequately prepared for university life (69%), the competing challenges between their personal and academic life (71%) and in particular poor language skills (72%). With the increase in international students entering nursing programmes, 30% of academics felt there was a cultural clash between students and academics that led to an increase in complaints and aggressive behaviours being experienced (Table 3).

When Mann Whitney U was used to analyse the differences between participant demographics experiences of contra-power harassment and the contributing factors associated with contra-power harassment we found no statistical difference (Table 4). Internal reliability of the experience and the contributing factor scale using Cronbach's Alpha reported a .918 and .834 respectively, which indicates an good to excellent level of internal consistency (Cohen & Swerdlik, 2017).

Table 3: Nursing	Academics	attitudes	to t	the	contributing	factors	associated	with	Contra-Power
Harassment									

	SCORING: STRONGLY DISAGREE (1) - STONGLY AGREE (5)	Percentage % (n=82)	Median (Mean)	Std Dev
Q1	There is a lot of pressure on academics to answer emails from students quickly	89 (73)	5 (4.46)	.84
Q2	Some students write emails that can be misconstrued as abusive and disrespectful because they have poor written language skills	72 (59)	4 (3.82)	.83
Q3	I am distressed when student emails attack me personally and when they are demanding or confrontational	49 (40)	4 (3.71)	1.02
Q4	I believe that consumerism in higher education leads some students to believe that they hold a greater balance of power than the academics	81 (67)	4 (4.18)	.78
Q5	Sometimes, I am not sure whether it is in my best interests to report student harassment of me to the University	43 (35)	3 (3.13)	1.07

Q6	I feel that students harass academics because students do not have the ability to cope with academic and personal stressors	71 (58)	4 (3.76)	.82
Q7	Sometimes I feel I have not received support from the University when I report a student's harassment	39 (32)	3 (3.11)	1.15
Q8	It is usually when assignments or exams are due that I get the most unacceptable behaviour from students	72 (59)	4 (3.85)	.89
Q9	I believe widening participation has led to increased levels of student harassment of academics	26 (21)	3 (3.22)	.78
Q10	I believe students hold the view that academics owe them something because they are paying for their degree	83 (68)	4 (4.22)	.76
Q11	The commercialisation of higher education has led to some students being self- absorbed and self-centred, and as a result they are quick to blame others rather than accept responsibility		4 (4.05)	.90
Q12	The diversity of the student cohort has led to me being harassed more frequently	26 (21)	3 (2.85)	1.17
Q13	When students are unclear or unsure of the programme and/or university requirements, they display more aggressive and unacceptable behaviours		4 (3.77)	.82
Q14	Students today use aggression to exert power over academics		4 (3.62)	1.00
Q15	I believe that there is often a cultural clash when students behave aggressively or inappropriately towards me		3 (2.91)	1.03
Q16	The way some students communicate with me is belittling	50 (41)	4 (3.19)	1.18

Note: The higher the mean the more negatively nursing academics responded; Percentage indicates those that responded either "Agree" or "Strongly Agree"; Std Dev=Standard Deviation

Table 4: Comparison between Experiences and Factors associated with Contra-Power Harassment

	Experiences of Contra-power Harassment	Contributing Factors Associated with Contra- power Harassment
Age	<i>U</i> = 390, <i>z</i> =354, <i>p</i> = .724, <i>r</i> =04	<i>U</i> =406.5, <i>z</i> =041, <i>p</i> = .967, <i>r</i> =005
Gender	U = 289, z =201, p = .841, r =02	<i>U</i> = 265, <i>z</i> =522, <i>p</i> = .601, <i>r</i> =05
Campus (metropolitan vs regional/rural)	U = 601, z =790, p = .429, r =08	<i>U</i> = 648.5, <i>z</i> =016, <i>p</i> = .987, <i>r</i> =001
Academic level	U = 580, z = -1.306, p = .191, r = - .144	<i>U</i> = 629.5, <i>z</i> =644, <i>p</i> =.520, <i>r</i> =071
Years' Experience	U = 676, z =653, p = .514, r =072	<i>U</i> = 604.5, <i>z</i> = -1.203, <i>p</i> = .229, <i>r</i> =133
Work Load (fulltime vs part-time)	<i>U</i> = 318.5, <i>z</i> =250, <i>p</i> =.802, <i>r</i> =03	<i>U</i> = 253, <i>z</i> = -1.55, <i>p</i> = .122, <i>r</i> = -0.171
Teaching (under-graduate vs post- graduate)	U = 439.5, z =235, p = .814, r = - .03	<i>U</i> = 407, <i>z</i> =842, <i>p</i> = .400, <i>r</i> =093

Discussion

The results of this study from a cross-section of 20 Schools of Nursing in Australia indicate that nursing academics do experience varying forms of contra-power harassment. These results are similar to those of Ibrahim and Qalawa (2016) and Ziefle (2018), especially around verbal aggression when wanting a change of grade. Yet, unlike the work of Clark et al (2009) where contra-power harassment was very much isolationist in its execution, for example, lateness for class or talking on their mobile phone, the respondents from this study readily identified with verbal and personal attacks which were designed to create the greatest amount of distress and anxiety for the nursing academic involved. It is interesting to

note that many of the respondents saw contra-power harassment being exhibited 'sometimes' as opposed to often or always. One reason for this may be the lack of repeat exposure to specific nursing students inasmuch the modular approach to unit/course delivery often guarantees the nursing academic not meeting the same student twice especially in larger cohort sizes and universities (Saunders and Gale, (2012). In addition, the large cohort sizes, sometimes in excess of 2,500 under-graduate nursing students, means that individual students are less visible – a number lost in a crowd, and when it comes to unit/course evaluations student responses are always anonymised making it difficult to identify the uncivil student/s. This can be an important consideration especially for those nursing academics applying for promotion where good student evaluations of teaching are considered a key metric in career progression. Likewise, the mandate supporting university funding being linked to student retention, positive student feedback in local as well as national student feedback poles and graduate employability often means that

Yet, while this study has centred on contra-power harassment within higher education, this phenomenon is also being seen in primary and secondary schools. A recent Australian report identified teacher targeted bullying and harassment by students and parents as a growing phenomenon (Billett et al., 2019). Surveying 560 teachers from across the primary and secondary school sector, 80% of respondents reported experiencing some form of student and/or parent incivility within the last 9-12 months. Verbal aggression, invading personal space, physical assault, lying about a teacher to get them into trouble (13%) and using mobile technology (6%) were some of the more commonly cited methods students used to undermine the teaching team. Of interest is the student involving the parent/s engagement to argue on behalf of the student, a term now referred to as helicopter parenting (16%) where parents are playing a more active role in their child's academic career; anecdotally, this is a phenomenon that is becoming more prevalent in higher education perhaps because of the economic investment associated with 'buying' a degree (Christensen, et al, 2019).

It then comes as no surprise that the uncivil behaviours being experienced by both primary and secondary school teachers are now being experienced in higher education. Perhaps what is alarming is the lack of awareness by nursing student perpetrators of this behaviour as to the professional ramifications of their actions and perhaps of concern is that if students behave like this at university it begs the question as to what their behaviour may be like when on clinical placement, when interacting with patients and nursing colleagues alike or when newly graduated. Therefore, this calls into question the role of the universities and professional regulatory authorities in addressing this problem, because it is clear from this study that some nursing academics feel powerless in reporting the behaviour because of fears of not being believed and the potential repercussions if it is pursued.

Limitations

There is one major limitation to this study which was sample size. Despite 82 nursing academics responding to the survey, the sample size is perhaps only a token of the total number of nursing academics and/or nursing sessional staff that could have responded. Therefore, generalising these results to the wider nursing academic fraternity should be used with caution for three reasons. First, the survey was only undertaken at 20 Australian universities out of a possible 32 and therefore the

responses from these nursing academics may not be representative of all nursing academics in Australia or indeed other countries. Second, it could be argued that some nursing academics do not experience contra-power harassment from students, such as the professor group for example who may only be research focused and as a result their exposure to the wider student cohort is extremely limited, or academics who have developed effective coping strategies to counter the effects of contra-power harassment, such as severely limiting academic-student interaction outside of the classroom. Finally, is the potential stigma associated with being a 'victim' of harassment and not being believed or supported, and as such some nursing academics may not be willing to share their stories because of the distress and/or anger that relieving those experiences may reveal.

Implications for further Nursing Teaching & Learning Research

The outcome of this study has certainly raised the awareness of contra-power harassment experienced by nursing academics in as much that it can cause distress, anxiety and anger. The sense of entitlement discussed in the literature and described here has raise for concern if not only for the future of nursing education but for the profession especially if uncivil behaviours exhibited at the university level are then transposed into the clinical arena such as clinical placement rotations or post-qualifying. Therefore, the implications for future nursing research around contra-power harassment could include:

- Exploring clinically based registered nurses' experiences of contra-power harassment from under-graduate nursing students and evaluate the role professional registration authorities have in sanctioning proven examples
- Examining the emotional labour experienced by nursing academics as a result of contra-power harassment and examine coping strategies.

Conclusion

This study, though only undertaken in one country, has identified that contra-power harassment is perhaps becoming common place in higher education. Interestingly, it is now being reported in the primary and secondary school system and therefore this may explain why its prevalence in higher education is increasing. What is concerning is the sense of entitlement and the self-centredness that appear to a be central tenants in these behaviours has serious implications for the professional image of the nurse especially where patient safety – public protection could potentially be put at risk. Perhaps, the most serious contention here is that contra-power harassment appears to be condoned by some university administrators for reasons yet to be fully explained. Further, some United Kingdom based universities are now requiring academics to sign non-disclosure agreements from revealing incidences of horizontal violence and incidences of student incivility – it can only be speculated that the issue here is about maintaining university image and international standing. Yet, it is at university that nursing students learn what it is to become and what it means to be a nurse – being caring, compassionate and empathetic along with specialised knowledge and skills to care for people in need. However, because of the current demand-driven environment, 'grades mean jobs' is slowly becoming the panacea of the alternative nursing image and it is unfortunate that some students will do whatever it takes to secure good grades and employment upon qualifying often at the expense of the nursing academic teaching

them. Moreover, Christensen et al. (2019; 96) concludes the thoughts of one nursing colleague who suggested:

I predict an even greater shortage of nursing faculty in the future than we already have. Once the word gets out how universities do not support their academics but rather throw them under the bus, even fewer nurses are going to leave the well-paying jobs they have in practice or administration to go into a poorly-paying academic job just to get their good reputation destroyed.

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