

ATHABASCA UNIVERSITY

BEWARE OF UNCHARITABLE SPEECH:  
PERCEPTIONS OF NEWLY GRADUATED NURSES REGARDING THEIR  
EXPERIENCES OF ACADEMIC INCIVILITY BETWEEN AND AMONG NURSING  
STUDENTS IN UNDERGRADUATE NURSING EDUCATION

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## Approval of Thesis

The undersigned certify that they have read the thesis entitled

**“Beware of Uncharitable Speech:  
Perceptions of Newly Graduated Nurses regarding their Experiences of  
Academic Incivility between and among Nursing Students in Undergraduate  
Nursing Education”**

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## **Dedication**

For Pawel, Rebeka, and Adam

My vast umbrella in the rain  
My shiny rock in the stream  
My rainbow at the end of the storm

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## EXPERIENCES OF INCIVILITY

### **Abstract**

The perceptions of newly graduated nurses regarding their experiences of academic incivility between and among nursing students in undergraduate nursing education were explored in this qualitative descriptive study. Six newly graduated registered nurses shared their experiences of academic incivility between and among nursing students in their undergraduate nursing programs. Online public domain data with specific content pertaining to experiences of academic incivility were also gathered. Four main categories resulted from the data analysis including Not Here to Make Friends, Nobody Stood Up, Making it to the End, and The Role of Nursing Faculty. Highlights of this study include an increased understanding of the nature, context, and factors contributing to the experiences of academic incivility between and among nursing students in undergraduate nursing education. A unique perspective on the lasting effects of academic incivility on the participants' current nursing practice is revealed. Key implications for nursing education are also described.

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## Chapter 1

### Introduction

Horizontal violence is present in health care environments, including within professional nursing practice and nursing education (Edwards & O'Connell, 2007; Vessey, DeMarco, & DiFazio, 2010; Weinand, 2010). Health care settings and professions may be susceptible to horizontal violence due to a large and diverse population of people interacting in challenging, changing, and stressful environments (Hunt & Marini, 2012). Various terms encompass horizontal violence including the term incivility. Hence, the focus of this study is on incivility, specifically, incivility between and among nursing students in undergraduate nursing education.

#### **Background of the Problem: Defining Incivility**

To understand incivility, it is important to define civility. Civility is defined as courteous behaviour, politeness, or a courteous act or utterance (*TheFreeDictionary*, 2013). Civility is further described as “an authentic respect for others when expressing disagreement, disparity, or controversy. It involves time, presence, a willingness to engage in genuine discourse, and a sincere intention to seek common ground” (Clark & Carnosso, 2008, p.13).

Conversely, incivility is defined as deliberate discourtesy (*TheFreeDictionary*, 2013). Incivility is the direct opposite of civility, that which is polite, decent, and respectful (Clark & Springer, 2007b). Because incivility consists of behaviours and actions that are considered uncivil or not civil, the terms uncivil behaviours and incivility are used interchangeably in this study dependent on the context of the sentence. Last for clarification, uncivil is an adjective, while incivility is a noun (*TheFreeDictionary*, 2013).

Incivil is not a commonly used term for the opposite of civil, rather, the more appropriate term is uncivil (*TheFreeDictionary*, 2013). A Glossary of Terms is provided in Appendix A as a quick reference to the definitions and terms used in this thesis.

Incivility, or behaviours that are perceived as uncivil, may not be perceived as such by all persons because the behaviours are generally milder in nature and less obvious (Clark, 2008b). For instance, Thomas (2010) referred to these less obvious behaviours as *indirect violent behaviours*, which include gossiping, eye rolling, shoulder shrugging, refusing to acknowledge someone, finger tapping while someone is speaking, and withholding pertinent information. Finally, the context and meaning of the uncivil behaviours needs to be considered along with the intent (Clark, 2008b).

Uncivil behaviours can be illustrated on a continuum that ranges from disruptive, low risk behaviours such as eye rolling and sarcastic comments to high risk, threatening, and potentially violent behaviours such as intimidation and physical violence (Clark, 2013a). On this continuum, Clark suggested that no matter if the uncivil behaviours are low or high risk, unintentional or intentional, they can still be harmful and have lasting effects on persons involved (2013a).

Therefore, an expanded definition of incivility is “rude or disruptive behaviors which often result in psychological or physiological distress for the people involved, and if left unaddressed, may progress into threatening situations” (Clark, 2009, p.194). The Registered Nurses’ Association of Ontario (2009) agreed that unaddressed uncivil behaviours in academic and clinical environments of nursing practice “can serve to reproduce and escalate violent behaviours and practices between and among all healthcare professionals in academic and healthcare organizations” (p. 40). Jones and

Philp (2011) characterized uncivil behaviour as *lower-level disruptive behaviour*, which, if left uncorrected could escalate into more serious forms of behaviours. Thus, addressing uncivil behaviours during the educational process could prevent the transfer of incivility to the health care system (Suplee, Lachman, Siebert, & Anselmi, 2008).

As part of a mixed-method design, Hunt and Marini (2012) gathered narratives from clinical educators to examine their personal experiences with incivility involving clinical staff in clinical teaching environments. The authors conceptually linked incivility to bullying, as two dimensions, form and function. *Form*, how behaviours are committed, consisted of direct and indirect behaviours, while *function*, why behaviours are committed, encompassed reactive or proactive behaviours. The most common type of incivility reported was indirect incivility, that is, covert or less obvious behaviours. Hunt and Marini (2012) asserted that expanding the definition of incivility was needed to promote early interventions before the possible progression of behaviours. Last, the authors encouraged clinical teachers to help students identify different types of incivility in the practice environment (2012).

Understanding the nature of incivility is important because “incivility is a damaging affront to human dignity and an assault on a person’s intrinsic sense of self worth” (Clark, 2013a, p.8). Furthermore, Thomas (2010) suggested that uncivil behaviours contradict the caring essence of nursing. The following historical example illustrates the importance of civility in nursing to promote caring (Radford, 2003). Edith Cavell was a British nurse who was executed in 1915 by a German firing squad for harbouring and aiding Allied soldiers in World War I. On the eve of her execution, Cavell wrote a letter from prison to her fellow nurses in Brussels. In the letter, Cavell

reflected on their time together and encouraged civility. The following statements were included:

Beware of uncharitable speech. In these eight years I have seen so much unhappiness which could have been avoided or lessened if a few words had perhaps without evil intention, but not been whispered here and there, which ruined the reputation, the happiness, the life even of some one. My nurses should all reflect on that, and should cultivate among themselves loyalty and esprit de corps. (Cavell, 1919)

### **Background of the Problem: Academic Incivility**

Incivility in nursing education, or academic incivility, refers to incivility in an academic setting, environment, or institution. Specific research about academic incivility in nursing education is limited (Clark, 2008a). Clark (2008c) stressed that research is required to understand academic incivility, how it affects the academic environment, and how it may be prevented. Definitions of academic incivility consist of impolite or disrespectful behaviours, oral or written words, gestures, or actions that impede the learning process (Robertson, 2012). Clark and Springer (2007b) defined academic incivility as “any speech or action that disrupts the harmony of the teaching-learning environment” (p. 93).

For the purpose of this study, the definition of academic incivility combines the above mentioned definitions and is as follows: Academic incivility is defined as any speech or action that disrupts the harmony of the teaching-learning environment (Clark & Springer, 2007b) including but not exclusive to rude, impolite, and disrespectful oral or written words, gestures, actions or behaviours (Robertson, 2012).

Academic incivility includes various dimensions and directions of incivility in nursing education. Nursing student-to-nursing faculty incivility, nursing faculty-to-nursing student incivility, nursing faculty-to-faculty incivility, and nursing student-to-student incivility are the dimensions of incivility in nursing education (Clark, 2013a). Despite the dimension and direction of academic incivility, the effects of an uncivil encounter are generally referred to as devastating (Clark, 2013a).

The majority of the research on academic incivility has focused on the nursing student-to-nursing faculty dimension, that is, nursing faculty experiencing uncivil behaviours from nursing students (Lasiter, Marchiondo, & Marchiondo, 2012). Edwards and O'Connell (2007) stated that nursing faculty could experience immediate, short term, and long term effects on their personal and professional lives stemming from experiences with student uncivil behaviours. Indeed, DalPezzo and Jett (2010) stressed that student incivility was the most common source of harm for nurse educators.

Nursing student incivility towards nursing faculty was the focus of much research, however, focus has also been on nursing students experiencing uncivil behaviours from nursing faculty (Lasiter et al., 2012). Del Prato (2012) identified that experiences of academic incivility from nursing faculty resulted in personal stress and effects on the professional development of nursing students. Furthermore, nursing students rarely reported uncivil faculty behaviours due to feelings of powerlessness and fear of negative consequences (Lasiter et al., 2012). This failure to report faculty incivility could further contribute to the negative effects of experiencing academic incivility such as anxiety and depression (Marchiondo, Marchiondo, & Lasiter, 2010).



The interactions between nursing students and nursing faculty are not the only dimensions of incivility in nursing education discussed in the literature. Faculty-to-faculty incivility has emerged in the literature about academic incivility in nursing education. Nursing faculty identified faculty-to-faculty incivility as a moderate to serious problem in nursing education (Clark, Olender, Kenski, & Cardoni, 2013). In spite of recognizing uncivil behaviours, nursing faculty were uncertain of direct confrontation and cited a need for faculty development in learning how to deal with uncivil behaviours from other faculty (Clark et al., 2013).

The remaining dimension of academic incivility in nursing education is the nursing student-to-student dimension. Altmiller (2012) discovered that nursing students expressed concern about the increasing frequency of student-to-student incivility in nursing education. Some of these uncivil student behaviours included competition among peers, side conversations, lateness, and intimidation (Altmiller, 2012). In a yet unpublished qualitative study in 2010, Clark (2013a) found that the majority of the nursing student respondents identified that they were involved in the experiences of student-to-student incivility. Descriptions of the experiences of nursing student-to-student of academic incivility are not well represented in the literature about academic incivility.

### **Statement of the Problem**

The background context about academic incivility in nursing education discussed above has demonstrated that the topic area of academic incivility in nursing education has mainly had a focus on the interactions between nursing faculty and nursing students, as well amongst nursing faculty. More in-depth descriptions about these dimensions of

academic incivility are presented in the review of literature in Chapter 2. The dimension of nursing student incivility between and among other nursing students in nursing education is not well represented in the literature. All areas of incivility in the nursing educational environment need further research including student-to-student incivility (Altmiller, 2012; Clark 2008c). Thus, there is a gap in knowledge with respect to experiences of academic incivility between and among nursing students in nursing education. Exploring and understanding the experiences of incivility between and among nursing students could make a meaningful contribution to the knowledge about the nature, context, and implications of nursing student-to-student incivility.

### **Research Purpose**

The purpose of this study was to explore and describe the perceptions of newly graduated nurses regarding their experiences of academic incivility between and among undergraduate nursing students. The study focused on perceptions of newly graduated nurses regarding undergraduate nursing students experiencing incivility from other undergraduate nursing students in an undergraduate nursing educational environment.

Newly graduated nurses were recruited for this study to avoid potential power imbalances as I am currently a nurse educator in an undergraduate nursing program. Further, the inclusion of newly graduated nurses as participants allows for an overview of experiences of academic incivility notwithstanding specific nursing programs and specific geographical locations. Purposeful sampling was used to include participants who had experienced academic incivility between and among nursing students in their undergraduate nursing programs and who were willing and able to share their experiences. A qualitative descriptive design was used to obtain a comprehensive

summary of the experiences from the perspective of the newly graduated nurse, thus open-ended questions were used in the data collection to capture all the elements of the phenomenon of academic incivility between and among nursing students (Sandelowski, 2000). Last, a qualitative research approach was adopted as academic incivility between and among nursing students warranted further exploration and an understanding of these experiences was required to answer the research question (Creswell, 2013).

### **Significance of the Study**

It is anticipated that the findings from this study will contribute to the body of knowledge about academic incivility in nursing education. This knowledge may be used to contribute to the understanding and awareness about nursing student-to-student incivility in nursing education, as well as possibly influence the development of strategies to address and deal with academic incivility between and among nursing students. Understanding the nature of incivility, in this case student-to-student incivility, is necessary for the creation and implementation of strategies to prevent and stop uncivil behaviours (Clark et al., 2009). Finally, the retrospective descriptions of the newly graduated nurses' unveiled a unique perspective on the effects of experiences of academic incivility between and among nursing students in undergraduate nursing education on the participants' current nursing practice.

### **Research Question**

The main research question of this study was, what are the perceptions of newly graduated nurses regarding their experiences of academic incivility between and among nursing students in undergraduate nursing education? Other questions considered were: How do newly graduated nurses describe student-to-student academic incivility? In what

contexts do the experiences of nursing student-to-student incivility take place? What factors contribute to incidents of nursing student-to-student incivility? What are the physical and emotional effects of nursing student-to-student incivility? What were the responses of the nursing students involved in the experience of academic incivility between and among nursing students? What resources were available for nursing students experiencing student-to-student incivility? What personal strengths helped in dealing with, or managing, experiences of academic incivility between and among nursing students?

### **Conclusion**

An introduction to the topic of incivility and academic incivility included definitions and descriptions of both terms. Background context to the gap in knowledge regarding academic incivility in nursing education was also discussed. The research question, purpose of this study, and significance of the study were also described in this chapter. In the next chapter, a review of current and relevant literature is presented about the topic of academic incivility in nursing education.

## **Chapter 2**

### **Review of Literature**

Academic incivility in nursing education was the foci of this literature review. Literature describing experiences of incivility in nursing education from both nursing faculty and nursing students are detailed. Furthermore, implications related to occurrence of incivility in nursing education, as well as strategies from the literature for promoting civility, are illustrated from the perspectives of nursing faculty and nursing students. The effects of incivility on the socialization of nursing students into nursing practice are presented.

A broad review of literature included the keywords “bullying and nursing,” “bullying and nursing education,” “incivility,” “academic incivility,” and “academic incivility and nursing.” Electronic databases used in the search included CINAHL Plus with Full Text (Cumulative Index to Nursing and Allied Health Literature), ERIC, ProQuest Nursing and Allied Health Source, and PubMed. Provincial and national nursing association websites were searched for resources or position papers on workplace violence or bullying in nursing.

#### **Academic Incivility in Nursing Education**

There are many dimensions of academic incivility including faculty incivility towards students, student incivility towards faculty, student-to-student incivility, and faculty incivility towards other faculty and administrators (Clark, 2013a). Further, Marchiondo, Marchiondo, and Lasiter (2010) discovered that the most common location for academic incivility was the classroom with the clinical setting placing a close second. Both of these environments involve elements of feedback and criticism (Marchiondo et

al., 2010). However, academic incivility can take place during any form of communication including clinical practice, classroom time, office appointments, and email correspondence (Lasiter, Marchiondo, & Marchiondo, 2012).

In an interpretative qualitative study, Clark and Springer (2007b) explored how students and faculty perceived and contributed to academic incivility. For example, faculty reported that students contributed to incivility in the classroom by disrupting class, carrying on side conversations, using negative remarks, challenging professors, and dominating the discussions (i.e. preventing other students from joining in). Incivility out of the classroom was reported to include discrediting faculty, complaining about faculty, and failing to follow the appropriate lines of communication. Conversely, students identified that uncivil behaviours by faculty included challenging students' knowledge in front of the class, belittling students in front of others, complaining about the profession of nursing, and not providing an open and secure forum for discussing concerns (Clark & Springer, 2007b)

Clark (2008a) outlined other examples of academic incivility displayed by both students and faculty. These included uncivil student behaviours such as cell phone use during class and clinical laboratories. Pressuring faculty to meet students' demands and speaking negatively about others and the program also comprised uncivil student behaviours. Uncivil faculty behaviours included intimidating and bullying actions, inadequate teaching skills, displaying favouritism, and inconsistency with evaluations.

The majority of nursing students and nursing faculty identified academic incivility as a moderate (Clark & Springer, 2007a) and moderate to serious problem in the nursing educational environment (Clark & Springer, 2007b; Clark, 2008b). The nursing students

in Altmiller's (2012) exploratory study verified that incivility in nursing education occurs.

Experiences with incivility may have psychological or physiological effects on the persons involved (Clark, Farnsworth, & Landrum, 2009) including strained relationships, a compromised learning environment, and an increased stress level (Clark, 2008a). Students may find themselves resisting rather than learning, while faculty members become more focused on disciplining rather than mentoring (Kolanko et al., 2006).

### **Factors Contributing to Academic Incivility**

In general, it is unknown where incivility originates (Luparell, 2011), but many studies discussed various factors that contribute to incivility in nursing education. Luparell (2008) referred to the distrust that may exist between students and faculty, whereby some students feel that faculty want to encourage them to leave the program. On the other hand, faculty may think that some students feel they are entitled to good grades without adequately completing required coursework. Suplee et al. (2008) pointed out the generational differences in learning styles between faculty and nursing students as a possible cause of incivility. Other factors that may contribute to incivility include less overall formality in society, increased work and academic pressures, and autocratic educational environments (Marchiondo et al., 2010). Clark and Springer (2007a) attributed a higher level of tolerance of incivility in the larger society to the increased rates of incivility in higher education. Lasiter et al. (2012) also referred to "social acceptance of uncivil behavior as a whole" (p. 122) as a contributing factor to academic incivility.

Luparell (2011) questioned whether uncivil behaviours are acquired in the nursing educational setting or if they are transferred from the health care environment. Edwards and O'Connell (2007) suggested that bullying behaviours might have been transferred from the clinical setting to the educational setting because the majority of nurse educators are recruited from the health care system. Weinand (2010) proposed that the hierarchical and authoritarian structure in nursing education is the origin of horizontal violence. Another view is that more experienced nurses treat less experienced nurses in much the same way that they were treated, similar to an initiation to the profession of nursing (Kelly & Ahern, 2008). Thomas (2010) explained that many nursing students and newly graduated nurses are familiar with the "nurses eat their young" (p. 300) phenomenon as a "rite of passage" (p. 300) for new nurses to the nursing profession.

An additional perspective on contributing factors is that faculty participates in incivility only when provoked by uncivil student behaviour (Marchiondo et al., 2010). Jones and Philp (2011) concluded that perceived negative or strong responses from academic staff could contribute to student incivility. Furthermore, Altmiller (2012) found that nursing students justified uncivil actions towards faculty when they perceived faculty behaviours as uncivil and unjust.

Regardless of the origin and causes of academic incivility, both nursing students and nursing faculty identified that personal stress and a highly stressful environment contributed to academic incivility (Clark & Springer, 2007b; Clark, 2008a). Jones and Philp (2011) suggested that the transition to a higher educational environment is a stressful experience and students' expectations may not be equivalent to the realities of higher education. Jones and Philp (2011) also suggested that uncivil student behaviours



cultivated in earlier education might become more pronounced in higher education due to a greater sense of freedom.

Clark (2008a) compared academic incivility to a dance metaphor due to the dynamic and reciprocal relationship between students and faculty. If faculty and students engage and actively listen to one another they are involved in civil interaction, but if both faculty and students miss or poorly manage opportunities for growth and engagement, then they participate in the *dance* of incivility. Several student factors influence the interactive dance such as workload burnout, balancing work and life commitments, competition for grades, a sense of entitlement, and refusing personal responsibilities (Clark, 2008a). Faculty factors that contribute to the dance include displaying position and power over students, setting unrealistic student expectations, and displaying a know everything attitude (Clark, 2008a). Stress is a significant contributing factor to the dance and applies to both faculty and students; higher stress levels are related to occurrences of incivility (Clark, 2008a).

### **Nursing Faculty Perspectives on Experiences with Student Incivility**

Much of the research on academic incivility has focused on uncivil student behaviour from the faculty perspective (Lasiter et al., 2012). Faculty is frequently exposed to uncivil student behaviours in the academic setting (Kolanko et al., 2006). Clark and Springer (2007a) discovered that 218 of the 363 participants (consisting of both nursing students and faculty) in their descriptive study reported witnessing challenges to faculty knowledge or credibility as uncivil behaviour.

Experiences with student incivility can have immediate, short term, and long term effects on the personal and professional life of the nurse educator (Edwards & O'Connell,

2007). In a qualitative study, Luparell (2007) found that educators experienced interrupted sleep patterns, self-doubt, self-blame, changes in confidence and self-esteem, and recurrent reliving of events as a result of encounters with student incivility. Financial and time expenditures, adaptations to educational processes, and consideration of (or actual withdrawal from) nursing education were also noted (Luparell, 2007). In fact, three out of the 21 nurse educator participants interviewed left careers in nursing education in part due to student incivilities (Luparell, 2007).

Furthermore, experiences with student incivility may take up a large amount of the faculty's time and energy, and result in decreased enthusiasm for maintaining high educational and professional standards (Luparell, 2011). Student incivility could also contribute to faculty stress and burnout (Luparell, 2005). Some faculty may alter their grading criteria or teaching methods to avoid further conflict with students (Clark & Springer, 2007b). DalPezzo and Jett (2010) asserted that the most common source of harm for nursing faculty is uncivil encounters with students and the authors emphasized that minimizing these experiences for nursing faculty is necessary to maintain the nursing faculty workforce and attract new nurse educators.

### **Nursing Student Perspectives on Experiences with Faculty Incivility**

A significant portion of the literature and research about incivility in nursing education focuses on students as the perpetrators and not the targets of uncivil behaviours (Marchiondo et al., 2010). However, recent research has focused on uncivil faculty behaviours toward students from the nursing student perspective (Lasiter et al., 2012).

Del Prato (2012) studied how nursing students' lived experiences influenced their identities as nurses. Faculty incivility was described as including verbally abusive and

demeaning behaviours, favouritism, subjective evaluation, rigid and unrealistic expectations for perfection and time management, and targeting and weeding out practices. Students described facing negative feedback, scare tactics, demeaning remarks, and the threat of failure. Moreover, students perceived a bias from nurse educators based on appearances, behaviour, gender, ethnicity, and their standing up to authority.

Furthermore, nursing students felt they were targeted if they asked questions, failed to correctly answer questions, made mistakes, requested a transfer to a different clinical group, or failed to behave in certain ways. When students witnessed other students being targeted and weeded out, they felt that they could be the next targets. Last, the nursing students were disillusioned when educators did not model caring values. In an interpretive phenomenological study, Del Prato (2012) concluded that the nursing students' experiences with faculty incivility were a major source of personal stress and negatively influenced the students' formation as a professional by "hindering students' learning self-esteem, self-efficacy, confidence, and developing identity as a nurse" (p. 288).

Clark (2008c) also looked at nursing students' lived experiences of uncivil encounters with nursing faculty. Student perceptions of these uncivil faculty encounters were similar to Del Prato's (2012) findings and included belittling and demeaning faculty behaviour such as exerting rank and superiority, unfair and subjective treatment of students such as random changes to assignments or syllabi, and the pressure on students to conform to faculty demands. Clark (2008c) additionally examined students' emotional responses such as feeling traumatized, powerless, helpless, angry, and upset, resulting in stress, depression, headaches, and loss of sleep. The majority of the students interviewed

remained loyal to the program and decided to continue, one student challenged the uncivil behaviours through a grievance process, while another student left the program (Clark, 2008c). Clark (2008c) found that although nursing students received support from friends and family when experiencing faculty incivility, it was other supportive and caring faculty members that influenced whether these students continued their nursing education.

Lasiter et al. (2012) collected student narratives about their worst experiences with faculty incivility. The students recounted incivility in front of others such as peers or staff, talking about students to others, comments that made the students feel stupid, and comments that belittled the students. Through a focus group data collection method, nursing students expressed concern about the increasing frequency of student incivility in the educational environment (Altmiller, 2012). The students cited competition among peers, side conversations, inattentiveness in class, cheating, lateness, and intimidation as uncivil behaviours displayed by students, and voiced that it was the role of faculty to deal with such behaviours (Altmiller, 2012).

Nursing students may not bring attention to incidences of faculty incivility due to fear of failing and feeling inferior to faculty (Kolanko et al., 2006). Del Prato (2012) described nursing students feeling powerless to report faculty incivility because they did not have a “leg to stand on” (p.289). Similarly, Lasiter et al. (2012) found that even if there were plans in place for students to report faculty incivilities, the students did not do so because they felt powerless and feared negative consequences. Altmiller (2012) reported feelings of hopelessness and helplessness that prevented students from reporting faculty incivilities. Marchiondo et al. (2010) discovered that students’ main coping

actions with faculty incivility was to talk about it with their peers and to simply put up with the treatment, but rarely did they make formal complaints. Failure to report incidences of incivility may also exacerbate the psychological consequences for the people experiencing incivility including anxiety, nervousness, and depression (Marchiondo et al., 2010).

Faculty behaviours of incivility towards students are not good examples of caring and compassion and portray nursing programs as uncaring environments (Lasiter et al., 2012; Marchiondo et al., 2010). Furthermore, faculty interactions perceived as uncivil negatively model inappropriate behaviour as being acceptable in the profession of nursing (Marchiondo et al., 2010) and may help to spread incivility (Lasiter et al., 2012). Marchiondo et al. (2010) also uncovered that nursing students who experienced academic incivility were less likely to be satisfied with their nursing programs.

### **Academic Incivility between and among Nursing Faculty**

Another dimension of academic incivility is incivility between and among faculty, which is sometimes referred to as collegial incivility (Kolanko, Clark, Heinrich, Olive, Farley Serembus, & Sifford, 2006). Clark and Springer (2010) sampled academic nurse leaders (Deans, Directors, Chairs) to examine their perspectives of uncivil faculty-to-faculty behaviours. The authors described two types of incivility among faculty and administrators. The first type was overtly rude and disruptive behaviours such as put downs, exerting superiority, setting others up for failure, and not sharing fairly in the workload. The second type involved avoidant behaviours including gossiping, resisting change, engaging in private meetings, excluding others, and refusing to openly communicate. Further, in a quantitative study assessing perceptions of nursing faculty

regarding faculty-to-faculty incivility, Clark, Olender, Kenski, and Cardoni (2013) found that almost 68% of the respondents identified faculty-to-faculty incivility as a moderate to serious problem in nursing education. Although, nursing faculty recognized that direct communication was the most effective way to deal with faculty-to-faculty incivility, they expressed a fear of retaliation and inadequate preparation in dealing with incivilities directly (Clark, 2013b). As a result, nursing faculty identified the need for faculty development in the areas of effective communication and skill development in how to deal with faculty-to-faculty incivility (Clark, 2013b).

### **Academic Incivility between and among Nursing Students**

Nursing student-to-student incivility is yet another dimension in academic incivility. In 2010, Clark (2013a) conducted a qualitative study to explore student-to-student incivility in nursing education, resulting in six categories of student-to-student uncivil behaviours. The six categories are, a) making rude, sarcastic comments or verbal attacks, b) undermining and acting superior to other students, c) causing in-class disruptions, d) gossiping, e) dominating clinical time, and f) making false accusations (Clark, 2013a, p.60). Nearly 60% of the 53 students who responded to the survey stated being involved in an uncivil student experience (Clark, 2013a). Most of the nursing students reported that they ignored the uncivil behaviour, addressed it in a polite manner, or responded in a similar fashion (Clark, 2013a). Emotional and physical reactions to the incivility experiences included anger, sadness, being worried, and becoming ill, as well as questioning the program for admitting such students (Clark, 2013a). Further, students drew on the support from other classmates or supportive faculty, as well as their own personal strengths in dealing with their experiences with incivility (Clark, 2013a).

### **Implications for Nursing Education and Strategies for Promoting Civility**

While the focus has been on describing experiences of incivility in nursing education from the perspectives from nursing faculty and nursing students, there have also been references to strategies that will help to manage, prevent, and stop academic incivility. Understanding the nature of incivility is necessary for the creation and implementation of strategies to prevent and stop uncivil behaviours (Clark et al., 2009). Recognizing that uncivil behaviours are not acceptable is a first step in managing, preventing, and stopping incivilities (Registered Nurses' Association of Ontario, 2009).

It is the role of academics to role model and ensure learning environments free of uncivil behaviours by strictly outlining and enforcing policies, procedures, and practices (Registered Nurses' Association of Ontario, 2009). Fontaine, Koh, and Carroll (2012) commented that failing to provide consequences for incivility discourages the maintenance and creation of healthy environments. A healthy environment ensures that faculty, staff, and students flourish (Fontaine et al., 2012).

Clark and Springer (2007b) collected strategies for addressing academic incivility from both faculty and students including enforcing the academic institution's code of conduct, adopting a zero tolerance approach, ensuring quick action in issues of incivility, and teaching students and faculty conflict mediation skills. Other strategies such as communicating and enforcing classroom expectations, reviewing course outlines, as well as providing focused orientations are ways of addressing and preventing academic incivility (Clark, 2008a). Both students and faculty share equal responsibility for adhering to policies and both must commit to behaving professionally and ethically (Clark & Springer, 2007b). Luparell (2005) suggested that incivility in nursing education

is a violation of the ethical standards of the nursing profession as outlined by national associations.

Open and candid conversations about incivility in nursing education and its consequences are advantageous for both faculty and students and contribute to an open, safe, and caring teaching and learning environment (Clark, 2008a). Clark and Springer (2010) reported nursing leaders' perspectives on the role of leadership in addressing academic incivility. Academic leaders have a responsibility to create civil and respectful work environments by modeling professional behaviour, openly and honestly discussing incivility, developing policies, holding individuals accountable for uncivil behaviours, and subsequently rewarding civil behaviours (Clark & Springer, 2010). Moreover, both faculty and students are responsible for setting positive examples of respectful communication (Kolanko et al., 2006). Because stress is a main contributor to the *dance of incivility*, strategies to reduce stress for both faculty and students would be beneficial, such as self-care exercises and appropriate responses to stressful situations (Clark, 2008a).

Policies should include clear and defined guidelines for all students independent of the academic setting, as well as include descriptions and consequences of behaviours that are considered uncivil (Suplee et al., 2008). Lack of clear policies about what constitutes uncivil student behaviours and the associated consequences conveys the message that uncivil behaviours are admissible (Kolanko et al. 2006). The outcome of nursing education should be nursing students identifying themselves as caring and compassionate professionals (Del Prato, 2012). Last, procedures need to be created,



disseminated, and readily accessible for students to report incidences of incivility (Lasiter et al., 2012).

Luparell (2011) proposed that an assessment of an applicant's fit with nursing take place alongside a grade assessment for admission to a nursing program as some students successfully complete the technical and empirical knowledge, but are not as successful in professional communication. Luparell (2011) added that if nurses are committed to addressing incivility and developing healthy workplace environments, competencies in professional communication, crisis management, and conflict resolution need to be integrated in student evaluations.

Kerber, Jenkins, Woith, and Kim (2012) asserted that there is limited research about the effectiveness of strategies addressing incivility for nursing students. The researchers studied the effectiveness of biweekly journal clubs that were designed to "raise awareness of civility, collaboration, and collegiality" (p. 280). The effects of the journal clubs among nursing students included increased awareness about civil and uncivil behaviour, increased helpfulness to peers, and development of coping skills such as seeking social support and accepting responsibility (Kerber et al., 2012).

Nursing students want faculty to effectively manage and deal with academic incivilities and it is the role of faculty to demonstrate civil behaviours such as discretion, attentiveness, respectful communication, and overall professional behaviour (Altmiller, 2012). Faculty is continually being observed by students, thus it is imperative that faculty set positive examples for students (Clark & Springer, 2007a). In addition, faculty and administrators must model civil behaviours such as respecting and supporting diverse knowledge, viewpoints, and opinions (Clark, 2008b).

Faculty development about academic incivility can include topics such as understanding what incivility is, how different student population perceive incivility, and how to address uncivil emails (Suplee et al., 2008). Marchiondo et al. (2010) discussed the need for faculty education regarding constructive criticism during evaluations and maintaining professionalism. Likewise, clinical staff and faculty need to be educated and empowered in providing honest feedback about less tangible skills such as professionalism and methods of appropriate communication (Luparell, 2011). Last, Clark and Davis-Kenaley (2011) encouraged the development of student-centered classrooms and positive student-teacher relationships to accommodate student learning and promote civility.

### **Socialization of Nursing Students for Nursing Practice**

Socialization is defined as the “process whereby students develop the knowledge and skills needed to assume the professional role” (Del Prato, 2012, p. 286). Kelly and Ahern (2008) found that student participants in their phenomenological study were not socialized into the profession of nursing despite many hours in clinical practice placements. Approximately 60 percent of new nursing graduates in the United States leave their first job within six months after experiencing some form of horizontal violence (Eggerston, 2011). Perhaps new graduate nurses are not adequately prepared with the knowledge and skills to deal with uncivil behaviours, thus, nursing programs should include socialization education in the curricula so nursing graduates are able to recognize, stop, and replace uncivil behaviours (Kelly & Ahern, 2008).

Curtis, Bowen, and Reid (2007) identified disconcerting nursing student responses to uncivil behaviours throughout the students’ progression in nursing

education. First, 57% of the 86 nursing students surveyed indicated either witnessing or experiencing uncivil behaviours (Curtis et al., 2007). Novice nursing students described feeling overwhelmed by uncivil behaviours (Curtis et al., 2007). Over time, nursing students began to accommodate and tolerate uncivil behaviours (Curtis et al., 2007). By their senior years, students accepted incivility as part of the profession, but vowed to be different (Curtis et al., 2007). By turning these experiences into learning opportunities, nursing students eventually gained knowledge about how to deal with these experiences (Curtis et al., 2007).

Smith, Andrususzyn, and Laschinger (2010) found low levels of incivility in their predictive non-experimental study noting that new nursing graduates who experienced high levels of incivility in the practice environment displayed low commitment to the organization. Nursing graduates should be introduced to strategies to deal with incivility so that they feel empowered, respected, and have the courage to stand up to abusers (Thomas, 2010). Nursing students should also be encouraged and prepared to actively respond to incidents of incivility (Marchiondo et al., 2010).

Thomas (2010) supported that incivility in nursing can be eliminated with commitment from organizations and individuals. Ultimately, developing a culture of safety and void of incivility will help in the recruitment of nursing students as well as in the retention of newly registered nurses who are not yet fully integrated into the organizational structure of the healthcare environment (Thomas, 2010).

## **Conclusion**

Academic incivility exists in nursing education and experiences have been described from both the nursing student and faculty perspectives. The effects of

experiencing incivility have been reported from both perspectives and strategies to manage and prevent academic incivility have also been illustrated in the literature. The role of the academic environment in preparing nursing students for managing incivility in nursing practice has received increased attention. Further exploration of the experiences of incivility would provide valuable information about the contexts that influence incivility (Gallo, 2012).

### **Chapter 3**

#### **Theoretical Framework**

The interpretivist paradigm guided the methodology in this study. Creswell (2013) defined interpretivism as involving an understanding of the world we live in with the focus on interactions amongst people in the context of life and work. In the interpretivist paradigm, researchers acknowledge that their beliefs, values, and background influence the study (Creswell, 2013). The goal of interpretivism is to make sense of the meanings others have about the events, actions, or objects of their world (Creswell, 2013; Glesne, 2011). An aim of this study was to explore and describe how nursing students make sense of experiencing nursing student-to-student academic incivility in their social and academic world.

The ontological belief of interpretivism is that reality is socially constructed, complex, and evolving (Glesne, 2011). Understanding the perspectives of individuals requires interacting with individuals in their social context by asking questions, observing, and connecting with research participants (Glesne, 2011). Thus, the methods in interpretivist research studies tend to be qualitative and write-ups descriptive in nature (Glesne, 2011).

#### **Qualitative Research**

An interpretive framework and qualitative research method were used to answer the research question of, what are the perceptions of newly graduated nurses regarding their experiences of academic incivility between and among nursing students in undergraduate nursing education? The philosophical assumptions of qualitative research as outlined by Creswell (2013) included the ontological assumption of multiple realities,

that is, the different perspectives of newly graduated nurses. The epistemological assumption bases subjective evidence from the participants as constituting knowledge, in this case, the new graduated nurses' experiences with student-to student academic incivility. Creswell (2013) also outlined the axiological assumption where the researcher's values and potential biases have a role in the study. Last, the methodological assumption of qualitative research is that the research process is inductive, emerging, and driven by the research question and data (Creswell, 2013).

Qualitative research is used when a problem or issue needs to be explored, a detailed understanding of the problem is required, and/or to empower individuals to share their stories (Creswell, 2013). Academic incivility between and among nursing students is an emerging topic in the research literature; it has not been explored in-depth. An understanding of the context and nature of the experience from the nursing student perspective is required. Moreover, providing an opportunity for newly graduated nurses to share their stories about academic incivility between and among nursing students may leave them empowered. Thus, the outcome of qualitative research is that it "includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change" (Creswell, 2013, p. 44). It is anticipated that the findings from this research will add to the body of knowledge about academic incivility in nursing education.

### **Conceptual Framework: Faculty Empowerment of Students to Foster Civility**

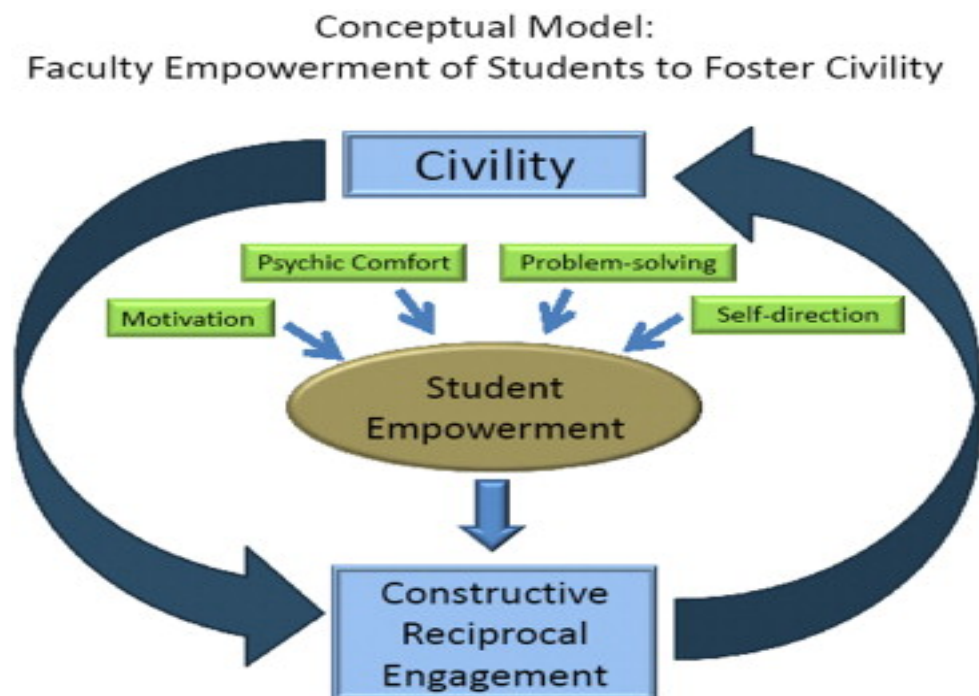
#### **Model**

Clark and Davis-Kenaley (2011) combined two conceptual models, one of fostering civility (Clark, 2008a) and the other of empowerment, into a framework that

exemplifies the cultivation of a civil culture in nursing education. The *Faculty Empowerment of Students to Foster Civility Model* (see Figure 1) supports faculty strategies for empowering nursing students through the development of problem solving skills, critical thinking, and reflection, whereby nursing students have the ability and confidence to control their learning processes (Clark & Davis-Kenaley, 2011). The authors proposed that empowering nursing students in nursing education could contribute to a civil academic environment, foster positive relationships between faculty and students, and facilitate student participation in the practice setting (Clark & Davis-Kenaley, 2011). Furthermore, empowering nursing students contributes to a learning environment that encourages the development of personal and professional skills transferable to nursing practice (Clark & Davis-Kenaley, 2011).

Although this model refers to the interaction between faculty and students, it may be beneficial in understanding interactions between and among nursing students. Nursing students who feel empowered may effectively recognize, intervene in, and prevent incidence of academic incivility, thus leading to the continuation of a civil nursing educational environment for all nursing students. This conceptual framework was used to provide support for the research question of interest in this study and during analysis of data.

Figure 1. Conceptual Model



*Figure 1.* Faculty empowerment of students to foster civility. From “Faculty empowerment of students to foster civility in nursing education: A merging of two conceptual models” by C.M. Clark and B.L. Davis Kenaley, 2011, *Nursing Outlook*, 59 (3), p.161. Copyright 2010.

### **Conclusion**

Interpretivism served as the theoretical framework for this study and qualitative research was used to answer the research question. The *Faculty Empowerment of Students to Foster Civility Model* by Clark and Davis-Kenaley (2011) was the conceptual framework used in this study and was described in this chapter.



## **Chapter 4**

### **Methods**

In this chapter, several components of this study are summarized including the design of the study, processes for recruitment and selection of study participants, data collection methods, and the data analysis processes. In addition, the quality of the study and ethical considerations are also described.

#### **Qualitative Descriptive Design**

Qualitative description is the method of choice when description of phenomena is sought (Sandelowski, 2000). The research question: “What are the perceptions of newly graduated nurses regarding their experiences of academic incivility between and among nursing students in undergraduate nursing education?” warranted the description of experiences of incivility between and among nursing students in undergraduate nursing education.

The goal of qualitative description is a “comprehensive summary of events in the everyday terms of those events” (Sandelowski, 2000, p. 334). Qualitative descriptive design is also the most frequently used method in practice disciplines (Sandelowski, 2000), such as nursing, and it is well suited for a first qualitative experience for clinicians and graduate students (Magilvy & Thomas, 2009). Sandelowski (2000) suggested that qualitative description is the least interpretive and least theoretical of the qualitative methods as the researcher remains close to the data. Enough data is collected to capture all the elements of the event by obtaining answers to questions of relevance to practitioners and policy makers (Sandelowski, 2000).

**Recruitment and Selection**

For this study a purposeful sampling technique was used to gather data that is information-rich (Sandelowski, 2000). Participants were sought out who had experienced the phenomena of interest and were willing and able to share their stories (Magilvy & Thomas, 2009). Newly graduated nurses were recruited from Nursing the Future, a nursing graduates' online group based in Canada. I chose to recruit newly graduated nurses to minimize potential power imbalances as I am currently in a nurse educator role. In addition, I wanted to obtain a general representation of the participants' experiences despite their geographic locations and nursing educational institutions.

After receiving ethical approval, the Executive Director of Nursing the Future sent out the invitation letter (composed by the investigator) via email to the group's membership. Limited responses were received to the first email distributed, thus the Executive Director of Nursing the Future resent the invitation letter approximately one month later to the same group members.

In the invitation letter, potential participants were directed to an informational website. The purpose of the study, information about me, as well as an email address for contact were provided on the website. A commentary about the potentially sensitive nature of the research topic was also included on the website to encourage potential participants to self-assess if they were emotionally prepared and comfortable in sharing their stories about academic incivility. Individuals were instructed to contact me via email if they were interested in participating. An email address was created for the sole purpose of communication between the participants for this study and myself.

Once email contact was initiated and interest to participate was confirmed, a consent form was sent to the potential participant via email. Potential risks and benefits of participation in the study were clearly outlined in the consent form. Participants then returned the digitally signed consent form to me via the research study specific email address if they chose to participate. I answered any questions about participation via the research email account and ensured that the digitally signed consent form was received prior to beginning data collection.

After the second invitation letter, more responses from potential participants were received. Some individuals indicated that although they were interested in the topic of the study, they did not have as much time as they needed or wanted due to the demands of their employment such as night shifts and abundant educational activities. Several follow-up emails were sent to potential participants to ensure questions were answered and details of participation were clarified. People who contacted me to inquire about the possibility of participation in the study were asked to pass my contact information on to individuals whom they thought would be interested in the study and who fit the inclusion criteria. Twelve emails were received indicating interest in participating in the study; six consent forms were completed and received.

Thus, further recruitment strategies were required. Upon receiving ethical approval from Athabasca University Research Ethics Review Board (AU RERB) for modifications in recruitment process, a recruitment advertisement was placed on a local online classified website. In addition, I networked with colleagues who were in settings where new graduate registered nurses were employed. The colleagues agreed to pass on my business cards which featured the research website and the research email address. In

all, nine participants consented to participation in the study, with six of the nine completing that data collection process.

Additional data were collected from the public online domain where consent was implied. Several terms were entered in an online search engine including *nursing students and bullying*, *nursing student incivility*, *incivility in nursing*, *incivility in nursing education*. Published literature and articles were the most common results followed by links to online nursing blog entries mainly on the website <http://allnurses.com>. Some results linked to authors' personal blog entries that focused on the experiences of incivility between and among nursing students in nursing education. Various anonymous authors who self identified as graduated registered nurses wrote on the public online blogs. In total, 16 blog entries from the website <http://allnurses.com> and one blog entry from an author's personal blog page were selected as aggregate data.

The inclusion criteria for participation in this study were recently graduated registered nurses (RNs) who were less than two years since graduation from any undergraduate nursing degree program in Canada at the time of data collection. The six participants who participated in this study were RNs between six and 18 months since graduation and met the other inclusion criteria. Participants had access to a computer and email correspondence, as well as had experienced nursing student-to-student incivility. The experiencing of student-to-student incivility included witnessing uncivil behaviours, being a target of such behaviours, or otherwise being involved at any point or location of their undergraduate nursing education. It was not possible to determine the time since graduation or geographical location for the anonymous authors of the public online blog

entries. However, blog content was deliberately chosen that indicated the bloggers were new graduate nurses and not current nursing students.

The exclusion criteria were RNs more than two years since graduation from their undergraduate nursing degree programs or those with no experience of nursing student-to-student academic incivility. No individuals were excluded from participations based on any of the previously mentioned criteria.

The goal sample size was seven to ten participants to provide a comprehensive description of the experience of academic incivility between and among nursing students from the perspective of the newly graduated nurse. Six participants in total were part of this study and yielded rich descriptions of their experiences with academic incivility between and among nursing students. Seventeen blog entries were also used; blog entries were represented as aggregate data rather than as individual authors.

### **Data Collection**

Data collection in qualitative descriptive design consists of collecting the who, what, when, and where of events or experiences by using interviews, focus groups, observations, and examination of artifacts (Sandelowski, 2000). In this study, once the digitally signed consent form was received, a participant response form consisting of a set of nine open-ended questions was sent to the participant to an email address the participant provided. The participant then returned the completed questions to me via the research study email address. I contacted the participant via email if necessary for clarification of the written answers.

Modifications to the data collection process were also made to enhance convenience of participation for individuals as some potential participants who decided

not to participate cited limited or poor Internet connections, busy work schedules, and an abundance of work-related emails and educational sessions as reasons for this choice. Since two of the people who did participate stated that they answered the participant response form on night shift, ethical approval was received (from AU RERB) for data collection modifications that included the options of a phone interview or an online survey tool instead of completing the participant response form. Consent for the phone interview was to be verbal consent and written consent was built into the online survey tool. The online survey tool was compatible for mobile devices meaning that participants would be able to complete the questions at any location and on any device they selected. Three participants accessed the online survey tool, with two completing the questions through that method of data collection. No participant chose the telephone interview option.

All three options for data collection (word document format, online survey tool, phone interview) used the exact same nine open-ended questions to gather the participants' descriptions of academic incivility between and among nursing students.

The nine open-ended questions are:

- How long has it been (in months or years) since you have graduated from any Canadian undergraduate nursing degree program?
- What were the behaviours or actions demonstrated when you witnessed, were the target of, or otherwise were involved in academic incivility between and among nursing students? Where did the experience take place?

- What were the responses of the nursing students involved in the experience of academic incivility between and among nursing students (whether witness, target, or otherwise involved)?
- What impact did this experience of witnessing, being a target, or otherwise being involved in academic incivility between and among nursing students have on you?
- I am interested in knowing about factors or situations that contribute to the experiences of academic incivility between and among students. Specify factors you believe contributed to the experience.
- As far as you know, were there any supports or resources available to address this experience of witnessing, being the target, or otherwise involved in academic incivility between and among nursing students?
- Can you describe any personal strengths that helped you in dealing with experiences with academic incivility between and among nursing students?
- Were there any personal challenges that prevented you from effectively dealing with experiences with academic incivility between and among nursing students?
- Do you have any other thoughts or comments related to nursing student to nursing student incivility that you would like to share that were not part of the questions above?

No personal information was required from participants other than their name and email address for contact purposes. Furthermore, participants were instructed to refrain

from including any personal information, names, or identifiers of any nursing students or other individuals involved in their descriptions of experiences of academic incivility. Participants were instructed on the participant response form to simply use *nursing student* if referring to others involved in their experiences. Other impersonal labels such as *faculty member, nursing instructor, peer, classmate, staff nurse* etc. were also acceptable in the written descriptions of events. If the participant did include any personal information or identifiers in the answers to their questions, then the words were immediately replaced with non-identifiable terms such as *nursing student* or *peer* and identifiers were deleted.

### **Management of Data**

I completed field notes of first impressions and ideas after reviewing each of the returned completed answers to questions. Participants were assigned an alphanumeric code, which was password coded and stored away from the data in a separate password protected file. All data were stored in password-protected files organized in folders in a word processing program on my password-protected personal computer. A copy of the research data and information was stored on a portable external hard drive and kept in a locked drawer to protect the data from being lost in the unlikely event of a computer crash or malfunction. No paper files were created during data collection or analysis. A research journal and analysis journal (password-protected) were also kept on my password-protected computer. Copies of the research journals were also stored on a portable external hard drive and kept in a locked drawer to protect the electronic journals from being lost in the unlikely event of a computer crash or malfunction.



### **Researcher's Stance**

I kept an electronic reflexive journal throughout the research process in which personal experiences and thoughts about academic incivility were outlined. Some of these personal experiences, particularly from the perspective of a nurse educator, are included in the discussion chapter. In qualitative research, the researcher is the instrument of data collection and analysis (Richards & Morse, 2013), thus these written explanations of my personal experiences provide readers with the landscape against which data collection and analysis occurred.

### **Data Analysis**

In qualitative research, data analysis is data driven and occurs alongside data collection (Sandelowski, 2000). In qualitative descriptive design, qualitative content analysis is the strategy of choice (Sandelowski, 2000). A model of qualitative content analysis and multidimensional analysis were applied in this study and are described below.

*Qualitative Content Analysis.* Qualitative content analysis is well suited for the analysis of complex and sensitive phenomena that are part of nursing (Elo & Kyngas, 2008). The aim of qualitative content analysis is a condensed and broad description of the phenomenon with categories describing the phenomenon (Elo & Kyngas, 2008). Morgan (1993) identified that a consistent set of codes used to highlight parts of data that have similar material, is a key distinguishing feature of qualitative content analysis.

A model of the content analysis process (see Figure 2), as described by Elo and Kyngas (2008), was used to guide the analysis of data in this study. Elo and Kyngas (2008) suggested that the content analysis process model could be applied to either

qualitative or quantitative data by using an inductive or deductive approach. Both approaches consist of three phases: preparation, organizing, and reporting.

Figure 2. Content Analysis Process

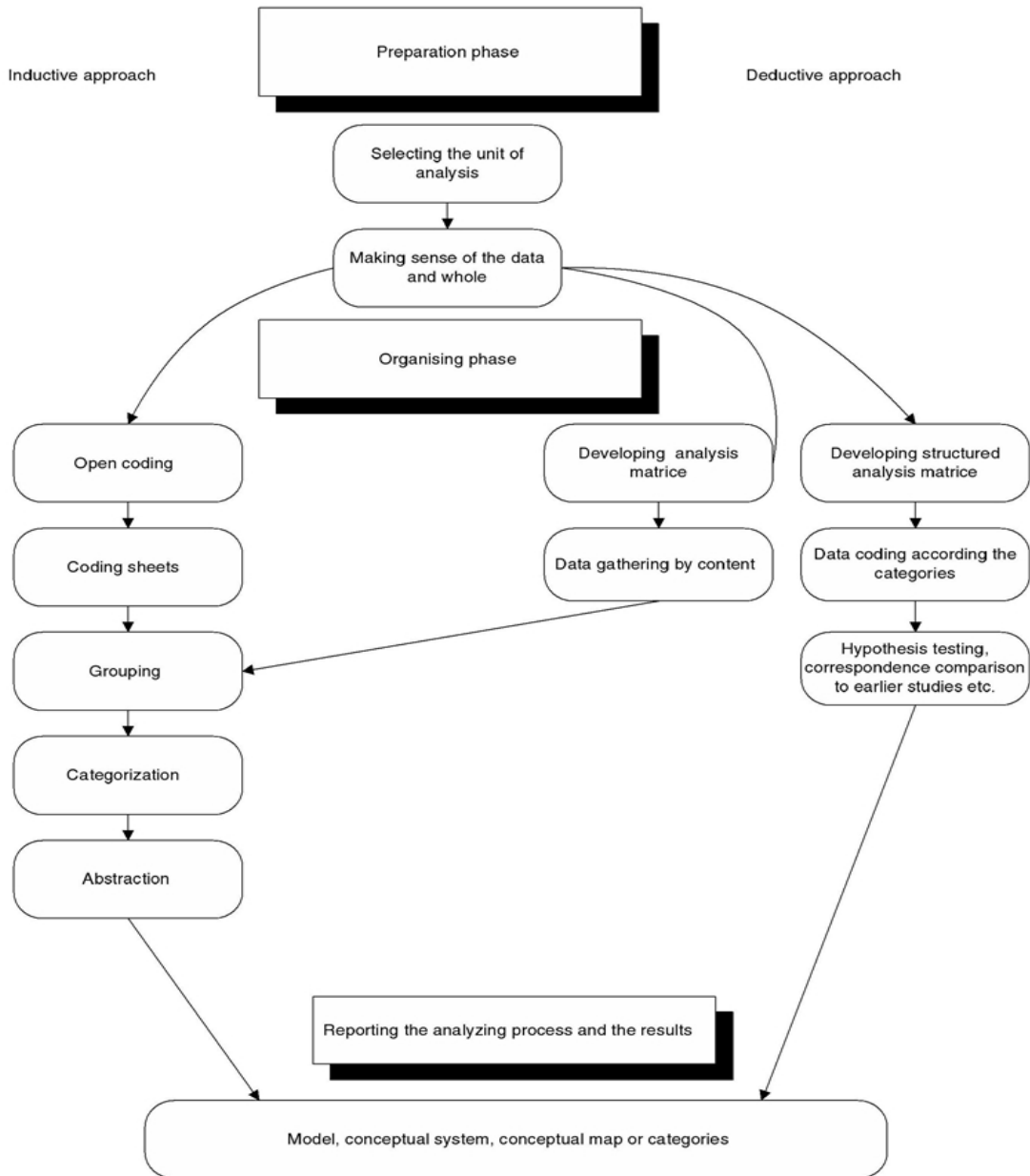


Figure 1 Preparation, organizing and resulting phases in the content analysis process.

Figure 2. Phases and components in the content analysis process. From “The qualitative content analysis process” by S. Elo and H.Kyngas, 2008, *Journal of Advanced Nursing*, 62(1), p. 110. Copyright 2007 by Blackwell Publishing Ltd.

Because this thesis is a qualitative research study and little is known about the experience of academic incivility between and among nursing students in undergraduate nursing education, the inductive approach of content analysis was applied as outlined by Elo & Kyngas (2008). In inductive content analysis, the first phase or preparation includes immersion in the data as well as selecting a unit of analysis (Elo & Kyngas). The second phase or organization phase, consists of open coding where notes and headings are written in the data text (Elo & Kyngas). Categories are then created from the data that bring headings together that are similar or belong together (Elo & Kyngas). Then, general descriptions through broad categories or abstraction complete the organization phase of the data analysis (Elo & Kyngas). The final or results phase involves reporting the process of analysis (Elo & Kyngas).

In the preparation phase, data were collected from participants and organized into a chart format. Field notes were written to include first impressions, ideas, and questions stemming from the data. Participants were then contacted via email if clarification was needed. Data were read through consistently and notes were added to the field notes that were written earlier.

Once all data from participants and online bloggers were collected, the data texts were read through multiple times to achieve a sense of the content. After multiple reads through the text, a unit of analysis was determined. Elo and Kyngas (2008) stated that the unit of analysis or meaning could be a word, a phrase, or a paragraph, driven by the research question. The research question of this study was, what are the perceptions of newly graduated nurses regarding their experiences of academic incivility between and among nursing students in undergraduate nursing education? Thus, I decided the unit of

analysis to be, *experiences of academic incivility between and among nursing students from the perspective of the newly graduated nurse*. Using this unit of analysis as a guide, I went through the participants' texts highlighting the key words or phrases in yellow. I read over the texts multiple times each time highlighting the words or phrases that pertained to the unit of analysis as a way of making sense of the data.

After I made sense of the data using the unit of analysis, I moved onto the next phase, the organizing phase, as indicated by the model of qualitative content analysis (Elo & Kyngas, 2008). In the open coding step, I wrote notes and headings in the margins of the text using the highlighted key words and phrases.

After completing the open coding step, I constructed a coding sheet in a table format where I organized and grouped the headings and notes from the open coding step into higher order headings. This was a continuous process as I grouped and regrouped headings under the higher order headings stopping once I felt that all the headings were in the right groups. These higher-level groups eventually were turned into categories.

Once I had categories, I began the abstraction phase, which according to Elo and Kyngas (2008) is where a general description of the research topic is created through the naming of broad categories. The result of the abstraction phase resulted in four main categories, 11 generic categories, and three subcategories.

The last phase of the model of qualitative content analysis by Elo and Kyngas (2008) is the reporting of the results as either a conceptual map, model, or as categories. Sandelowski (2000) wrote that in qualitative description, data is represented as a descriptive summary of an event and organized in the most appropriate way for the data, such as chronological order of events, or most to least prevalent themes. The descriptive

summaries consist of rich descriptions of the experience from the participants' perspectives and sociocultural context (Magilvy & Thomas, 2009). Thus, I decided to represent the results in a table format outlining the main categories, generic categories, and sub categories. This table is found in the Results chapter and is followed by the descriptions of all the categories supplemented by verbatim text from the participants.

***Multi-Dimensional Analysis.*** In addition to following the model of qualitative content analysis by Elo and Kyngas (2008), I also applied multidimensional analysis throughout the analysis of data. Perry (2009) described the multidimensional analysis of data as various layers. The first layer of analysis is from the participants themselves through their self-reflections and descriptions of their experiences of academic incivility between and among nursing students in their undergraduate nursing education (Perry, 2009). While writing about their experiences with academic incivility, the participants most likely reflected on the experiences and what they meant to them in the realm of their nursing education and eventually nursing practice.

The second layer of analysis was the qualitative content analysis of the participants' texts and creation of the main categories (Perry, 2009). These main categories are descriptive summaries of the participants' experiences and are integrated with the participants' words, my field notes, and current scholarly literature.

The third component of the analysis involved the writing of poems from the perspective of the researcher reflecting the participants' words and expressions (Perry, 2009). As I was analyzing the data, rereading the participants' texts, and writing the results, poems seemed to easily transpire and in a sense, *wrote themselves*. I was inspired

by the participants' words and many of them found their way into the poems, but I also interjected my own words mainly to maintain the integrity and structure of the poems.

I must stress that these poems are from my perceptions of the participants' experiences and in no way do I intend to convey that my perceptions are one and the same as the participants' interpretations. However, when I was reading and rereading the texts, I was enveloped with emotions and it is these emotions that I wanted to pass on to the reader as another layer of analysis to further understanding of this complex experience on incivility. Carr (2003) emphasized that experimental forms of writing such as poems "evoke the reader's emotional response and produce a shared experience" (p. 1330). Further, these poems were not only inspired by the participants' words and expressions, but they also were created in the context of my own experiences and thoughts about academic incivility between and among nursing students.

Glesne (1997) wrote about another experimental form of writing, poetic transcription, which is completed by the researcher after initial analysis of data and can be used to represent the major themes by using the participants' words filtered through the researcher. Although I did not apply poetic transcription, I placed the poems stemming from the analysis at the end of each main category to summarize and represent the descriptions in the categories. These poems are included in the Results chapter.

According to Perry (2009) the very last layer of multidimensional analysis lies with the reader. By reading through the analytical process, results, participants' verbatim texts, and the discussions integrating scholarly literature, readers are invited to determine their own thoughts, insights, questions, and conclusions about the content of the research

study and the experiences of academic incivility between and among nursing students in undergraduate nursing education (Perry, 2009).

**Quality of the Study**

A framework (see Figure 3) as described by Meyrick (2006) for determining the rigour of qualitative research was used in this study. Meyrick (2006) described the framework as practitioner-based and inclusive of various ontological and epistemological viewpoints. The framework is a comprehensive tool, which provides guidance for researchers new to qualitative research (Meyrick, 2006).

Figure 3. Quality Framework for Qualitative Research

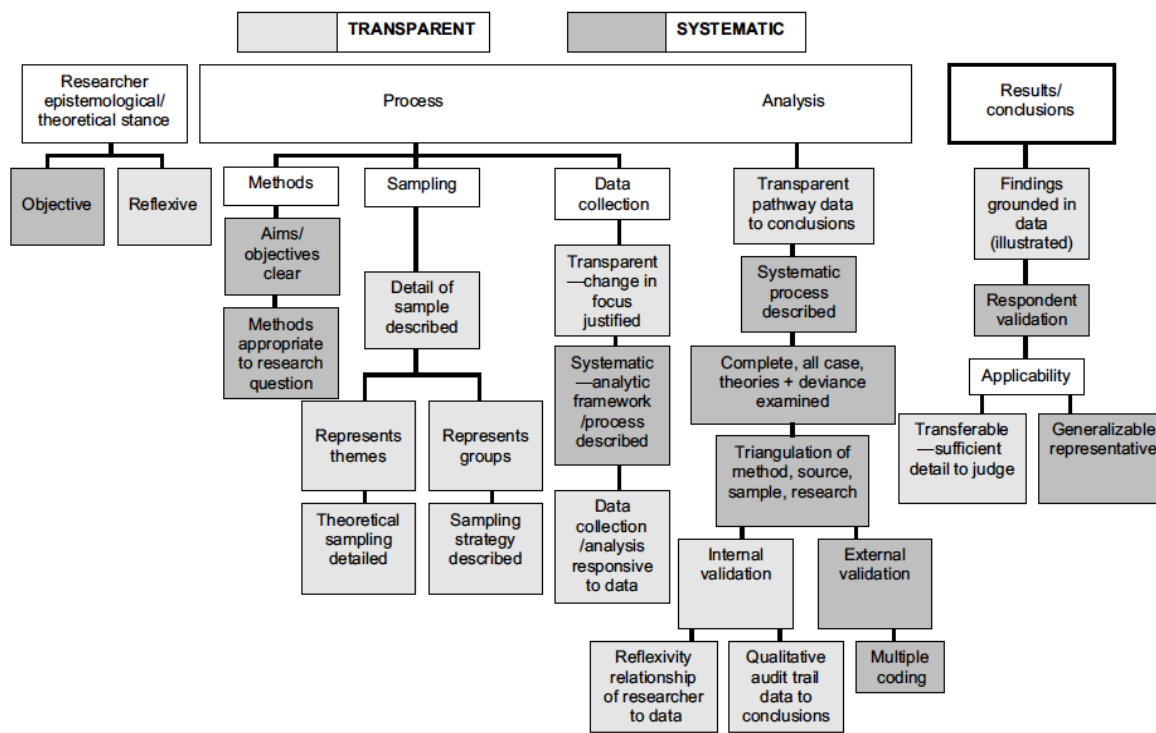


Figure 1. Quality framework for qualitative research.

Figure 3. Quality framework for qualitative research. From “What is good qualitative research?: A first step towards a comprehensive approach to judging rigour/quality” by J. Meyrick, 2006, *Journal of Health Psychology*, 11, p. 803. Copyright © 2006 SAGE Publications.

The quality framework for qualitative research is based on two core principles, transparency and systematicity (Meyrick, 2006). Transparency is the disclosure of processes used in the research study (Meyrick, 2006). I kept an electronic methodological research journal where important decisions and interpretations were recorded throughout the recruitment, data collection, and analysis process. In addition, a separate analysis journal was kept for the analytical process, which included the raw data from the participants and blog entries, as well as the field notes. Last, I also kept a reflexive journal, which included personal experiences and reflections about academic incivility. Thus, I kept and contributed to a total of three electronic journals.

The second core principle of the quality framework by Meyrick (2006), systematicity, refers to the use of established data collection and data analysis methods and any changes or variations are made explicit and described (Meyrick, 2006). All data collection methods were earnestly thought-out and clearly outlined. The reasons for the modifications (phone interview and online survey tool) were also clearly explained. In addition, all individuals who expressed interest in the study, but who did not complete the questions, were offered new options for data collection after ethical approval for this modification was received. This was done to ensure fairness and equal opportunities to participate. Further, a model of qualitative content analysis by Elo and Kyngas (2008) was adhered to very closely in the data analysis process and all steps and decisions were clearly outlined in the analysis journal. Last, I referred to numerous research studies that used the Elo and Kyngas' (2008) model of qualitative content analysis in order to be best informed regarding how to apply the model.



Finally, Meyrick (2006) suggested that the responsibility of determining if quality has been established in the study is ultimately left up to the reader. Thus, the framework as described by Meyrick (2006) guides the reader through each step in the research process with a choice of techniques to determine rigour of the qualitative study. All the important steps and decisions are explicitly described in the thesis and the reader will be able to determine if quality was achieved in this study. Moreover, as part of the dissemination strategy, a journal article will be written detailing this research study and those steps in the recruitment, data collection, and analysis phases will be clearly outlined. The article will be prepared for a peer-reviewed academic journal.

### **Ethical Considerations**

Creswell (2013) stated that a good qualitative study is ethical. Ethical considerations in this study included the use of informed consent, the maintenance of confidentiality, and responsible data management. Voluntary participation and voluntary withdrawal from the study without negative consequences were consistently emphasized with potential and actual participants. Care was taken to protect the identities of any individuals or groups mentioned in the participants' written answers. Finally, the recruitment of newly graduated RNs instead of current nursing students diminished the potential power imbalance, vulnerability, and undue influence due to my current role as a nurse educator in an undergraduate nursing degree program.

Due to the potentially sensitive topic of academic incivility between and among nursing students, I was sensitive to the participants' emotions and comfort levels. Participants were encouraged to contact me via email if answering the open-ended questions resulted in emotional distress or discomfort. Open communication via email

was encouraged throughout the study and I provided a safe and supportive email communication environment. A sampling of possible support services was posted on the informational website for use by study participants if needed. None of the six participants of the study indicated or expressed any discomfort or distress regarding participating in the study and completing the open-ended questions. In email contact with participants, I consistently encouraged the participants to contact me if there were any study related concerns or discomforts.

### **Limitations**

A total of six participants were part of this study; this number did not quite meet the desired participation pool of seven to ten participants. The potentially sensitive topic of academic incivility might have hindered full participation. As well there were emails of interest from potential participants that did not result in completed consent forms and actual participation. In addition, some people completed the consent forms but did not complete the question form. There are many potential explanations for this including not wanting to answer the questions once they saw them or not finding time to complete the questions. Also, my inexperience with the research process could have contributed to the need for modifications to recruitment and data collections processes thus affecting the number of participants.

The inclusion of newly graduated nurses as the sample population could also be a limitation to this study, specifically regarding self-reporting of their experiences of academic incivility between and among nursing students. The participants' descriptions of their experiences were retrospective as they were no longer in the context of undergraduate nursing education. Thus, the participants' recounting of the experiences

could be influenced by the passing of time. Further, although I have made the assumption that the participants' answers to the open-ended questions were honest and accurate, one of the disadvantages of self-reporting is that participants may not always be truthful or accurate in their descriptions (Barker, Pistrang, & Elliot, 2002). However, Richards and Morse (2013) stressed that participants' descriptions of experiences should not be judged on accuracy, but rather on "how they felt or experienced or perceived the event at the time" (p.134). This is congruent with the purpose of this study, which was to explore the perceptions of newly graduated nurses regarding their experiences of academic incivility throughout their undergraduate nursing education.

### **Conclusion**

Qualitative descriptive design was the research method used to attain descriptions of experiences of academic incivility from newly graduated RNs. Participants were recruited and selected from a nursing graduate group, as well as from the public domain of online nursing blogs. Data were collected through the completion of nine open-ended questions via a document format and an online survey tool. Data were analyzed using qualitative content analysis and multidimensional analysis. Results were represented as categories in a table format as well as using analytic poems in each category. Last, a qualitative framework for qualitative research (Meyrick, 2006) guided the rigour of the study and ethical considerations were a focus throughout the entirety of the study.

## **Chapter 5**

### **Results**

The purpose of this study was to explore how newly graduated nurses described their experiences of academic incivility between and among nursing students in an undergraduate nursing program. The findings from the data analysis process are outlined in this chapter. The analysis of the participants' responses resulted in four main categories, 11 generic categories, and three subcategories (see Table 1). The four main categories are: Not Here to Make Friends, Nobody Stood Up, Making it to the End, and The Role of Nursing Faculty. The 11 generic categories are: A Range of Uncivil Behaviours, Lack of Social Acceptance, Distractions and Disruptions in the Classroom, Reactions to Academic Incivility, Fears of Speaking Out Against Academic Incivility, Coping Strategies Used to Deal With Academic Incivility, Disconnection and Distrust Among Nursing Students, Ensuring a Positive Learning Environment, Lasting Effects on Current Nursing Practice, Waiting for Faculty to Respond, and Upholding Civility. The three subcategories are Traits of Uncivil Students, Experiences of a Mature Student, and Misuse of Technology. Participant verbatim text is used to support the explanation of the main categories, generic categories, and subcategories. Further, participant verbatim text is used to facilitate readers engaging in analysis (Perry, 2009). Last, poems written by me are included throughout the chapter to add a further layer of analysis.

### **Participants**

Data were collected from six participants. Interested individuals completed the consent forms digitally. Nine signed consent forms were received, six participants completed the open-ended questions. At the time of data collection, participants were

RNs between six and 18 months since graduation from any undergraduate nursing program in Canada. Participants are referred to as *Participant 1 (P1)*, *Participant 2 (P2)* etc. in the verbatim text. The numbers correspond to the order that data were received. In addition to the six participants, data were collected from public online nursing blog entries posted by various individual bloggers. Blog data from the bloggers are represented as aggregate data and will be referred to as *blog entry* in the verbatim text. Table 1 is a representation of the four main categories, 11 generic categories, and three subcategories.

Table 1

*Representation of Main Categories, Generic Categories, and Subcategories*

Main Categories	Generic Categories	Subcategories
Not Here to Make Friends	A Range of Uncivil Behaviours Lack of Social Acceptance Distractions and Disruptions in the Classroom	Traits of Uncivil Students Experiences of a Mature Student Misuse of Technology
Nobody Stood Up	Reactions to Academic Incivility Fears of Speaking Out Against Academic Incivility	
Making it to the End	Coping Strategies Used to Deal with Academic Incivility Disconnection and Distrust Among Nursing Students Ensuring a Positive Learning Environment Lasting Effects on Current Nursing Practice	
The Role of Nursing Faculty	Waiting for Faculty to Respond Upholding Civility	

**Main Category 1: Not Here to Make Friends**

Participants were asked to describe the behaviours involved in the experiences of academic incivility between and among nursing students in their undergraduate nursing programs. Participants were also asked about factors and individual traits (of those nursing students demonstrating uncivil behaviours) they perceived contributed to those experiences of academic incivility. Participants' answers to those questions fall under this first main category, Not Here to Make Friends. The following three generic categories and three subcategories further organize and illustrate the participants' answers.

**A range of uncivil behaviours.** In this first generic category, participants described a variety of behaviours perceived as academic incivility between and among nursing students in the undergraduate nursing environment. The behaviours ranged from seemingly mild behaviours to more serious behaviours. For instance, some of these seemingly mild behaviours included forms of negative commentary about other students in the class. Participant 1 referred to an experience where one student “would often put down other students by negatively commenting on their participation in class conversation.... [The student] would say things such as ‘that was a stupid answer’, or ‘oh my God, I can’t believe she just said that’.” The same person stated she was “not here in nursing school to make friends” (P1).

Other actions perceived as academic incivility included “whispering, a remark made out loud such as ‘just stop talking,’ and staring at another student” (P2). These comments were not always verbal but also occurred as written remarks in online courses. For example, Participant 3 described an online course discussion about an alleged academic dishonesty incident. Participant 3 said, “some of the comments on the course

site on which we discussed the situation with each other and with the professor contained the word *stupid*.” Moreover, incidents of academic incivility may also be attributed to the student that is the target of those uncivil behaviours. For example, Participant 2 explained, “the target of incivility frequently voices lengthy opinions aloud in class, sometimes not allowing the chance for others to speak [which can be frustrating at times].” Last, a blog entry summarized additional behaviours occurring between and among nursing students perceived as academic incivility, including “cliques, undermining, fault finding, lack of information sharing, starting untrue rumors, and not working together at clinical.”

At the other end of the range of uncivil behaviours, participants described more serious and potentially harmful behaviours including discriminatory remarks, group process dysfunction, and physical violence. One blog entry noted, “bullies have been allowed to physically threaten and grab other students,” while another wrote about rudeness in the class and stated, “students were also hostile towards each other; many of them engaged in what I wouldn't hesitate to call something close to mob behavior” (blog entry). While not quite mob behavior, Participant 6 described notable disharmony among a group of students working on a group project where “a disagreement erupted and there were raised voices and some yelling.”

Other academic incivility experiences described by the participants are also more obviously serious and thus concerning. For example, Participant 4 described a situation in a classroom setting where,

A student who was later kicked out of the program was discussing why being gay was sinful, and another student, a gay male, was so upset he was yelling at the other student. It was very awkward, and afterwards the instructor only spoke to the gay student about his behaviour, not the other student.

*Traits of uncivil students.* The participants also described the individual traits of students displaying behaviours perceived as academic incivility. For example, Participant 2 related uncivil behaviours to students who displayed a “general non-attentiveness...[and were] nursing students who did not care.” One blog participant linked a sense of entitlement to a trait that could become a potential cause of incivility stating, “students who think everyone else but them is supposed to ensure their success in the program. They show up unprepared and then make demands on staff and other students” (blog entry).

Participant 1 further explained that some students “complained, were disengaged and helped create a negative atmosphere during classes.” This same participant connected these actions to individual characteristics, such as “personal insecurity whether that be social, personal esteem, financial, emotional” (P1). Participant 2 summarized this point stating, “any instance of incivility seemed to arise from individual characteristics (e.g. maturity level or [limited] value placed on learning via thoughtful discussion).”

In this first generic category, A Range of Uncivil Behaviours, participants described a variety of behaviours perceived as uncivil as demonstrated by nursing students. In the corresponding subcategory, Traits of Uncivil Students, participants described individual student traits associated with these uncivil behaviours. In the next generic category, Lack of Social Acceptance, nursing students’ social standing in the nursing student group is described as contributing to experiences of academic incivility.

**Lack of social acceptance.** Not only were individual traits of uncivil nursing students cited as contributing to academic incivility, so were other factors associated with social acceptance such as “power differentials related to age, life experience, previous



knowledge, and peer popularity” (P1). Participants wrote about how a student’s level of social acceptance contributed to that student experiencing academic incivility from other students, in other words, less socially accepted students often became the targets of academic incivility. Participant 4 commented about a fellow student who experienced academic incivility from a peer saying, “the girl who had ‘nobody cares’ shouted at her was not very popular, although she was very pleasant.” Participant 2 confirmed that in witnessing incidents of academic incivility “the target is not socially accepted by some nursing students.” A blog entry indicated that some students engaging in uncivil behaviours “seemed to do it to the students who didn't have a clique of friends in the program with them, were older, or somehow seemed easy prey to them.” Last, nursing faculty perceived as popular had less incidences of incivility in their classrooms. As Participant 4 wrote, “there was one lovely professor and nothing bad ever happened in her classes that I knew of.”

The following is a poem written by me reflecting the participants’ words and my perception of the experiences with social acceptance and popularity among peers and the relationship to academic incivility.

Peer Popularity

not socially accepted

likeability    T A R G E T    less popular

not fitting in

cliques

***Experiences of a mature student.*** The lack of social acceptance was mentioned as a factor influencing the occurrences of academic incivility between and among all

nursing students. More specifically, mature or older students were often singled out as those students who were not socially accepted and thus targets of incivility. Participant 3 in describing what she considered uncivil behaviours of her classmates wrote,

I was a (very!) mature student. Half of my classmates were young enough to be my daughters, while the other half were young enough to be my granddaughters. I was often chosen last for team projects, even though I was an honour student. I experienced it as ageist discrimination (I was the oldest student in my class). While I totally enjoyed being a student the second time around, I had no peers among my classmates. I didn't fit in.

The following statement by Participant 4 suggests that mature students often had particular perceptions of the experiences of academic incivility stating, “one of the victims was a mature student, so I think we both were able to write off the incivility as immaturity and a remnant of teen clique mentality.” Last, a mature student reflected on how social acceptance was determined by the different learning behaviours between herself and the younger students in her nursing program observing,

I've definitely made some great friends at school who were a lot younger than me but school wise they were somewhat on a different level. I remember a few of them thinking I was a total keener just because I'd actually study for tests and get assignments done by the due date. Not surprisingly, many weren't interested in forming study groups etc. with me. (blog entry)

The following is a poem written by me reflecting the participants' words and my perception of the experiences described by and about mature students related to academic incivility.

#### The Mature Student

I am the mature student  
In your nursing program

I am smart  
An honour student in fact  
I have life experience  
I want to learn

I am older than you  
I am the oldest student in the class  
I want to join

I am mature  
I am keen  
I listen

I am alone  
Without peers  
Not chosen  
I am lonely

It's ok  
You  
Are  
Young

**Distractions and disruptions in the classroom.** Throughout the participants' responses and in the online blog entries, the classroom was the location of many of the experiences of academic incivility between and among nursing students. Participant 1 stated, "these experiences most often took place on campus at school" and Participant 2 wrote, "the experience took place in a classroom setting of about 160 other nursing students." Participant 6 confirmed that an experience of academic incivility between and among nursing students she described "took place in a classroom." A blog entry spoke to the frequency of incivility in the classroom, "there was so much rudeness in my class. People texting and/or talking throughout the class was practically constant." Participant 3 referred to the online classroom environment noting that academic incivility occurred here too "during blogs required for certain courses, [where] the online comments from co-students towards one another were sometimes containing negative character judgments."

Participants referred to dynamics that contributed to the experiences of academic incivility in a classroom. Participant 2 referred to the physical environment of a classroom in which uncivil behaviours occurred noting, “the class was nearing the end of three hours in a stuffy, uncomfortable auditorium.” Participant 4 talked about the timing of students’ questions observing that a student who was the target of negative comments,

Was always asking in-depth questions right before the end of class (meaning the class would run over)... It was her third or fourth question of the lecture, and there were 150 of us in the class.

Referring to an online classroom environment, Participant 3 stated, “the physical distance between participants in online discourse facilitated more inappropriate criticism between us than a face-to-face classroom setting.” The way students are seated in lecture style classrooms was cited in a blog entry noting, “classroom incivility is rampant...it mainly affects other students, especially if they have a seat at the back of the room, where the distractions in front of them are too numerous to overcome.”

In addition to the physical environment of a classroom or online course, Participant 4 noticed the “emotional background” of the classroom was a factor contributing to experiences of academic incivility. This same participant explained the “emotional background” writing, “in the situation where the girl had someone shouting ‘nobody cares,’ this took place in a class where the rubrics were nonsensical, most of the work was busy work, and the class was considered to have very little educational value” (P4). Likewise, Participant 2 stated that classroom incivility occurred when “the majority of nursing students were not truly invested in the course content (i.e. the learning environment was not stimulating intellectually or interesting).” Last, Participant 6 referred to an experience of academic incivility which “involved a group that was

working together on a project” and the resulting emotions surrounding each group members’ contributions and the achievement of a group mark. Thus, both the physical arrangement and the emotional background of the classroom served as a setting where distractions and disruptions existed and were perceived by nursing students as academic incivility.

*Misuse of technology.* The experience of academic incivility between and among nursing students in a classroom setting was a common thread throughout the participants’ responses and blog entries with the misuse of technology contributing to distractions and disruptions. One blog entry noted regarding incidences of incivility,

The main culprit in my classes was technology. I began sitting at the front because the distractions from other students who were texting, playing computer games, answering personal emails (rapid click, click, click of keyboards that weren’t associated with note-taking), Facebooking, or IMing each other were irritating to me.

That irritation with the misuse of technology during class was confirmed in a blog entry where the blogger wrote, it is “very frustrating when others are talking, texting, and surfing the Internet in class.” Another blog entry concluded, “the most annoying thing at school is people constantly interrupting the beginning of lecture to ask if the PowerPoint is up, where can I find it, are you sure it's there, under which class?”

Participants wrote about solutions to deal with the misuse of technology in class. One blogger wrote, “I actually think banning computers would be the easiest way to keep the classroom under control.” Another solution was adjusting the physical environment of the classroom. For instance, one blog entry summarized this point this way,

I was sitting in the middle of the room, but opted to move myself up to the front. Too many students texting under the desks, talking, snickering, fiddling with their bags, etc. - the front of the classroom is the best place to be! You can't very well get too distracted up there by the others who care less about the course than you.

The following is a poem stemming from my perception of the experience of classroom distractions and disruptions as uncivil behaviours based on the participants' words.

Clicking of keyboards

the click of the keys  
on the lap tops  
distracts  
disrupts  
click  
click  
move  
move up  
to the front of the class  
fiddling  
shuffling  
talking  
texting  
talking  
texting  
surfing the internet  
click  
click  
click  
don't sit  
in the back of the class

In this first main category, Not Here to Make Friends, participants described the variety of behaviours that they perceived as academic incivility between and among nursing students. These behaviours ranged from negative comments to more serious actions. The lack of social acceptance among peers, with particular focus on the experiences of mature students, was mentioned as a factor contributing to academic incivility. Further, many participants described experiences of academic incivility as part of distractions and disruption in a classroom environment. The misuse of technology reported by participants contributed to those distractions and disruptions in the classroom

environment. The next main category, Nobody Stood Up, which follows describes the nursing students' reactions and fears associated with the behaviours and actions of academic incivility.

### **Main Category 2: Nobody Stood Up**

The first main category of Not Here to Make Friends included the types of behaviours and factors participants described contributing to experiences of academic incivility between and among nursing students. This second main category, Nobody Stood Up, outlines the participants' descriptions of the reactions to these experiences as well as fears in responding to academic incivility.

**Reactions to academic incivility.** In describing the experiences of academic incivility, participants wrote about the reactions of all parties involved, that is, the witness, the target, and the student demonstrating incivility. For example, Participant 1 referred to students witnessing incidences of academic incivility stating, "some students would go along with the negative commentary and participate in the academic incivility. Others would sit quietly and say nothing." Staying quiet was often the response of a target of incivility. As Participant 2 noted, "the student who was a target became quiet." Participant 3 wrote about course online discussions and what reactions happened in an event of academic incivility,

Most of my co-students showed signs of getting emotional in the face of personal criticism and would retaliate with negative comments about the one perceived as attacking them. They would usually modify their comments when the course professor admonished us all to be more professional and less personal in our comments.

Participant 6 described an experience of academic incivility and outlined the reactions of nursing students involved in a group work assignment by writing,

Two members of the group had an issue and the other two members remained silent. The issue was regarding one group member not contributing to the project. One of the assertive group members brought it to the attention of the member not doing her share and an argument transpired. The other two, who remained silent, also felt that this one group member was not doing her share. The assertive student was upset and stated that she was not pleased with the lack of effort from the peer and that this was unacceptable. The student who did not do the work made excuses and became defensive. The assertive student did not acknowledge her peer's explanation and yelled at the peer. The peer yelled back and left the room.

Participants elaborated on the emotional aspects of the reactions to experiences of academic incivility between and amongst nursing students. As Participant 1 reported, "personally, I would become anxious, especially around the student who would talk negatively about our instructor, for fear that others would hear her comments and think I was in agreement with her." Participant 4 wrote about the emotional reactions of the student experiencing incivility, as well as being a witness to these events saying, "the student who asked the question was upset.... It was upsetting to her that nobody stood up for her in the actual experience...and I wish I had said something.... I still feel guilty about it."

Participants described their disapproval of incivility and lack of response to the experiences of academic incivility. Participant 2 said, "some witnesses, including myself, were offended by the lack of civility within the classroom setting. No one stood up for the student who was a target in that moment." Although lack of responses to the incidences of incivility were mentioned throughout the participants' descriptions, one participant wrote about being frustrated with inaction and subsequently intervened,

[It] irritates me to no end...I did say something to the students in our lecture the last semester who would talk incessantly. Our instructor actually stopped the lecture, was standing there staring at them, and they had no idea. They just continued their conversation until I turned around and loudly said something to



them. I just couldn't take it anymore. I think I was angrier than the instructor to be honest. (blog entry)

Reactions by nursing students involved in the experiences of academic incivility between and among nursing students spanned across a variety of responses including staying quiet, retaliating with negative comments, and responding emotionally. The next generic category, *Fears of Speaking out Against Academic Incivility*, addresses the fears students had in effectively speaking out against experiences of academic incivility between and among nursing students.

**Fears of speaking out against academic incivility.** Participants recounted challenges with effectively dealing with, and responding to, experiences of academic incivility between and among nursing students in their undergraduate nursing programs. Student responses to incidences of incivility were influenced by “fear of conflict and disapproval of others” (P1). Participant 2 illustrated this fear of speaking out and facing a confrontation by writing,

As a witness of the experience, it has made me more self-conscious about speaking out in the classroom setting out of fear of becoming a future target and/or tarnishing my rapport with my fellow classmates. The desire to be accepted as a fellow nursing student and being a non-confrontational person (in general) hindered me from speaking up and advocating for a more safe learning environment.

Participants witnessed events of academic incivility and reflected on how they would be treated in similar situations by other students. Participant 4 concluded, “it made me worried that if I experienced something like that, someone berating you for wanting to better understand the course material, or berating me for my sexuality, that I would be alone.” Participants worried about repercussions from speaking out against incivility, “I know other students feel the same way but we don't want to say anything to the other

students mostly for fear of offending someone who has connections or they may end up part of a group activity” (blog entry). Likewise, Participant 5 described, “feeling of powerlessness as a student, feelings that you speak up and it could cost you.” Other challenges in responding to experiences with academic incivility were described by participants such as,

The challenge is that the rude [students] are allowed to continue the behaviour, but the responder is typically blamed and harassed further. Therefore, the tactics suggested (like mentioning it to the bully) would actually get you deeper into a problem with other students who feared the bullies and the teachers who seemed to thrive off of the bullies (or were also afraid of the bullies??) (blog entry).

This poem represents my perspective regarding the reactions and fears in response to experiences with academic incivility as expressed by the participants.

We are the voices

We are the voices  
The voices that never spoke  
That never said no  
That never said stop  
That never said why?  
That stayed silent

We are the persons  
Who knew it was wrong  
Who cared  
But who wanted to remain  
unnoticed

Who sat  
And did not stand  
Stand up

We feel guilt  
We feel uncertain  
We are cautious  
Not safe

We want  
We will

And Have  
Now  
Said something  
And stood  
Stood straight up

In this second main category, *Nobody Stood Up*, participants wrote about varied reactions to being involved in experiences of academic incivility between and among nursing students in their undergraduate nursing programs. These reactions included behavioural and emotional responses leading up to, or as a result of, fear of speaking out against academic incivility. The next main category, *Making It to the End*, addresses the effects of experiencing academic incivility between and among nursing students in an undergraduate nursing program.

### **Main Category 3: Making It To The End**

Participants were asked about how experiences with academic incivility affected them, what personal strengths helped them deal with these experiences and what resources were available and utilized. This main category, *Making It to the End*, covers the effects of academic incivility on nursing students, the learning environment, and the current nursing practice of the participants. Despite the challenges of dealing with academic incivility and the resulting disconnections among nursing students, participants wrote about engaging personal strengths as coping strategies, ensuring a positive learning environment, and the effects on their current nursing practice. The following four generic categories reflect the participants' experiences in surviving their undergraduate nursing programs in spite of experiences with academic incivility.

**Coping strategies used to deal with academic incivility.** Participants described personal coping strategies and support systems that helped them deal with incidents of

academic incivility. For example, Participant 3 wrote, “I do not become easily insulted. I talk myself down. I do breathing exercises” although she also admitted, “I am getting more easily overwhelmed by stress as I am aging.” Participant 1 referred to personal strengths and supportive persons saying, “resilience and positive attitude helped. It helped to connect with positive students and faculty who were supportive both academically and personally.” Likewise, Participant 6 also relied on personal strengths and coping strategies to deal with experiences of academic incivility between and among nursing students. Participant 6 wrote,

I feel I am able to cope well in stressful situations and my resiliency to move forward helps me succeed. I am a passionate individual and at times this gets in the way of handling situations professionally. In regards to this situation I reflected on the situation and this helped me move forward.

Participants identified the support resources they used to address incidences of incivility between and among nursing students. Participant 1 wrote that “our student resource center has information on bullying and the university has policies against harassment and bullying.” Most often, participants described reliance on other students, friends, family, and teachers for support in situations of academic incivility. For instance Participant 4 observed, “I think the students had to use their friends and fellow students for support. I am not sure whether they used university-based resources.” Participant 3 also “had good support from family, friends, and from most teachers.” Further, the same participant found that, “course instructors and teaching assistants were usually available by appointment. There were also courses about stress management offered. Personally, I learned a lot from [a radio show] in which incivility among nurses in general was discussed” (Participant 3).

Some participants talked about the need to prepare oneself for dealing with experiences of academic incivility by developing a hardened exterior as a way of coping. Participant 5 wrote that in addition to “speaking to our teachers, classmates, head of nursing” one also needs to be “brave, having thick skin.” A blog entry referred to the personal accountability needed to cope with adverse situations, “you must understand that being a nurse is not for the faint of heart and that you need to grow a much thicker skin if you're going to survive, in nursing school and beyond.” The following blog entry described the responsibility of the student group to hold others accountable for their actions as a coping strategy.

As a group we held one another accountable, if someone gossiped about how 'so-and-so' was breaking a rule or doing something in an unprofessional manner, the next question would be 'have you said something to them about it?' We, the students, policed ourselves. No one had to speak to the faculty because we spoke to each other. No one student would be allowed to make the group look bad. We only went to faculty when we saw something so serious that it had to be said, but the person (the offender) was always told. (blog entry)

**Disconnection and distrust among nursing students.** Despite personal coping strategies and supportive resources, participants described disconnection and distrust between and among nursing students as a result of experiences of academic incivility. This disconnection and distrust contributed to a negative learning environment throughout the undergraduate nursing program. For example, Participant 1 stated that experiences of incivility between and among nursing students “created a sense of disconnect between nursing students [and] a negative atmosphere at school and on campus, comments which were echoed by faculty months after graduation.” A blog entry also confirmed this disconnection by describing how one student displaying incivility

“single handedly caused great division in our classroom [and] that was not a positive thing” (blog entry).

Experiences of academic incivility not only contributed to a sense of disconnection between and among nursing students, but also created a sense of distrust in the intentions and future capabilities of fellow nursing students. Participants questioned if nursing students who demonstrated incivility were a fit for nursing education and ultimately for nursing practice. In referring to possibilities that an uncivil student nurse may also exhibit these behaviours in practice upon graduation, a blog entry stated, “I’m not sure where that leaves a vulnerable patient if they’re having a bad day. I don’t see how people change their personalities when they graduate or walk through a hospital door.” Similarly another said, “I wonder if these students end up making it all the way through nursing school. I hope if they do that at least their attitudes change” (blog entry). Finally another blogger wrote, “I can’t imagine some of these people having much success in the workplace.”

Participants also wondered about the nursing students who demonstrated incivility and how that reflected on their commitment to, and understanding of, the seriousness of nursing practice and the professionalism of nursing. For instance Participant 4 commented, “perhaps there was an element of thinking that when these girls got into the real world of nursing, that they would get a short sharp shock about what was acceptable and what was not.” A blog entry furthered this train of thought noting,

If they realized the gravity of becoming a nurse and the amount of responsibility that will be in their hands every shift, then they would be taking their lectures and clinicals a bit more seriously...most of the really rude students didn’t make it past the 1st semester thankfully.

The resulting disconnection and distrust between and among nursing students from experiences of academic incivility influenced the learning atmosphere of the undergraduate nursing environment and contributed to uncertainty about fellow nursing students in future nursing practice.

**Ensuring a positive learning environment.** Despite the disconnection that developed between and among nursing students, and its impact on the learning environment, participants also wrote about their perceptions of the frequency of experiences of academic incivility as well as how a positive learning environment can be ensured. Participant 2 observed,

Experiences of academic incivility were a relatively rare occurrence, although it seemed to be more common in fourth year. Personally, it seems difficult to identify any specific actions that could be taken to promote a civil nursing educational environment. It may be helpful to create an atmosphere, from the beginning, that incivility is not tolerated. Furthermore, to follow up on instances of incivility would be beneficial, to prevent the ‘promoting an ideal learning environment’ from becoming rhetoric.

Participant 3 also attests to the frequency of academic incivility stating, “I noticed that I did not witness a whole lot of academic incivility during the years of my program...the occasions of direct academic incivility were few and far in between.”

Participants also wrote about the need to address academic incivility in nursing programs. For example, “I think it would go a long way to improve matters if the subject of horizontal violence were addressed in nursing school” (blog entry) and “I'd rather have rules than chaos, when it comes to trying to learn” (blog entry). Participant 6 referred to the demonstration of incivility amongst nursing students during group work and stated,

I felt that perhaps it could have been handled better however, I do feel like something did need to be said to the peer that was letting down the group. It made for an uncomfortable working environment. The grade we were receiving was for the whole group. If this individual contributed or not the group would

suffer for the lack of work done. The other group members thus had to do extra to make up for their peer's lack of research. For the most part my experience as a student has been positive.

Further, Participant 4 talked about the frequency of academic incivility experiences between and among nursing students and some of the factors that may have contributed to these experiences concluding,

I think [incivility was] very common and peaked in fourth year, when we were all tired and burnt out from studying. The end of the program was in sight, and the general feeling was we were sick of the jumping through hoops that was layered on to each class. I spoke with many people who thought that the stress levels and thus incivility, would decrease if we found the academic work we had to do was anchored into nursing practice instead of pleasing a prof. In first year we were all gung-ho and excited to be doing nursing work!

Participants also described the completion of their nursing education as a survival this way,

By the time we all got out of our program we were thankful we had just survived such a horrible environment where learning was not promoted but rather getting out as early as possible, being left to figure it out on your own, and allowing a few [uncivil students] to control the entire class. (blog entry)

**Lasting effects on current nursing practice.** Participants wrote about the effects of academic incivility on their learning environment, cohesion with the nursing student group, and personal coping strategies. However, further effects of experiencing academic incivility between and among nursing students described by participants went beyond making it to the end of an undergraduate program. Participants wrote about the lasting effects on their current nursing practice. Participant 2 illustrates this saying,

Dealing with academic incivility has helped me become more conscientious of what I'm going to say. For example, I think about exactly what I would say, how much time I'll use, judge whether my opinion is warranted or not, and try to stay on track with the topic. I recognize now that it is important to show as much respect as a speaker as to be a listener. Additionally, I have become more aware of my behaviour as a listener while someone else is speaking; the experience [of incivility] has reinforced the fundamentals of being an effective communicator



and a supportive colleague (e.g. being attentive, not speaking while someone else is speaking, and so on).

Participant 3 also described the lessons learned from incivility experiences on her language and communication,

Witnessing [uncivil] behaviors encouraged me to pay even more attention to the subtleties of English, which is my second language. I attempted to be very precise in my comments and refrain from sounding too critical without losing sight of whatever academic argument I was making. I was occasionally corrected by my course professors who felt I was argumentative. This was painful, but I tried to see it as a learning opportunity.

Participants further reflected on how the experiences of academic incivility between and among nursing students in their undergraduate nursing programs affected their current nursing practice. This self-reflection resulted in Participant 2 acknowledging that,

In the long run, it has likely impacted my ability to verbalize my opinions within the workplace. It has impacted my confidence and sense of self; that I'm not safe to voice my opinion or I may lose respect from my fellow colleagues if I 'say the wrong thing.'

Participant 4 also described these effects on individual nursing practice observing, "I find that now I am unwilling to put forward academic or best practice findings in my own practice. There is a heavy influence to do as the other nurses do - a *when in Rome* feeling." Participant 5 described how experiencing incivility affected interpersonal relations with others in her nursing practice saying, "[it] made me strive to be caring for nursing students and new graduates."

As part of this main category, Making It to the End, participants reflected on the effects of academic incivility on the nursing students and the learning environment overall, sharing their perceptions of the frequency of academic incivility between and among nursing students throughout the duration of the undergraduate nursing program.

Participants also talked about coping strategies and resources used to deal with experiences of academic incivility and how to ensure a positive learning environment. Last, participants reflected on the lasting effects that experiences of academic incivility between and among nursing students have on their current nursing practice as new RNs.

The following poem illustrates my interpretation of the participants' words about making it to the end of the nursing program and surviving experiences of academic incivility.

Survival of the Fittest

I went to nursing school  
Excited  
Nervous  
Wanting to learn  
To care  
To nurture

No one said it would be this way  
Jumping hoops  
Facing challenges  
Staying Quiet  
Stressed

Will I survive?  
Will I make it to the end?

Is this what awaits me  
When I become a nurse?

**Main Category 4: The Role of Nursing Faculty**

In the previous main categories, Not Here to Make Friends, Nobody Stood Up, and Making It to the End, participants described the behaviours, reactions, and effects of experiences of academic incivility between and among nursing students in their undergraduate nursing programs. In this fourth and last main category, participants addressed the role of nursing faculty in these experiences of incivility. The participants

wrote about the seeming level of awareness that nursing faculty had of events of academic incivility, their responses or lack of responses to these events, and the important role that nursing faculty play in addressing incivility and ensuring civility between and among nursing students in undergraduate nursing education.

Participant 1 wrote that faculty were aware of incivility between and among nursing students stating, “a faculty member shared with me that faculty were aware of the incivility between students and the resulting negative atmosphere in classes.” Participant 2, on the other hand, was unsure if nursing faculty had awareness of the incivility noting, “the professor, who may or may not have perceived the academic incivility in the first place, did not enforce a positive learning environment and did not speak out.” Similarly, a blogger questioned whether nursing faculty noticed student-student incivility concluding, “I’m not sure if my instructors didn’t notice or didn’t care.”

**Waiting for faculty to respond.** Participants wrote about waiting for nursing faculty to do something about incivility between and among nursing students. For example, a blogger wrote, “I found myself hoping the professor would say something to put an end to these activities during class.” Similarly, Participant 4 stated,

I think we were waiting for the prof to address it, rather than start a shouting match during the class. We were waiting and waiting for her to say something, then the moment had passed by the time we realized nothing was going to be done right then and there.

Some participants related that in some cases nursing faculty did respond to incidences of incivility between and among nursing students. Participant 3 shared that “our course professors attempted to integrate the discussion of the ubiquity and the inappropriateness of horizontal aggression into our curriculum.” Participant 6 wrote about the support received from nursing faculty stating, “the group talked to the instructor

who offered support and guidance on how to resolve the situation.” Last, a blog entry suggested how nursing faculty could help students address incivility amongst themselves saying, “faculty should emphasize the need for students to take responsibility for their actions and those of their classmates.”

**Upholding civility.** Many participants wrote about the desire for nursing faculty to address experiences of academic incivility between and among nursing students. Moreover, the participants looked to nursing faculty to address incivility and to enforce a positive learning environment. Participant 4 related,

The instructor didn't address it... I only spoke with the 'victims' of the experiences, and they were both upset the instructor did nothing in the first example, and gave a one-sided response in the other. The instructors in both examples were not very well-respected. Both students expected the instructor to uphold academic respect in their classrooms, and felt let-down that this had not happened.

Further, a blog entry also alludes to the inaction, targeted action, or perceived partial inequitable action in regards to incidences of academic incivility saying,

I also saw a lot of instructors not enforcing rules in general and only applicable to 'certain' people in the class that they deemed unworthy. The 'sometime' stipulation of rules was annoying to see. I never had problems with the instructors. However, seeing that kind of behaviour with the instructors did not make me want to be respectful because I saw severe inequality.

A similar statement related to faculty enforcing rules is evident in the following blog entry:

I agree that students should be quiet and respect the speaker. However, when this does not occur, the teacher should give a warning specific to the student involved. If that does not occur, tell them to leave. Stick to your guns. I get annoyed with instructors who do nothing about it. I have also had instructors be wildly unprepared for class. Maybe some of the lack of civility goes to the fact that the instructor is unprepared and students are sick of it.

The next blog entry exemplifies the aspects of nursing faculty actions that the participants wrote about including being aware of the incivilities, addressing the problem, and enforcing rules fairly.

Your instructor is to blame! If she/he sees that this student is intentionally missing you and you have to go get the paper from him/her directly. They should be stopping that behavior. My program had similar problems, weak professors who let some stronger [uncivil] students dominate their classrooms and cause chaos for the rest of us. They would ‘bully’ the teacher even into accepting wrong answers to tests, when the policy said no discussing answers in class period.

The following poetic analysis draws from the participants’ words and my interpretation of the desire for nursing faculty to respond appropriately to incidences of academic incivility between and among nursing students.

#### A Letter to My Nursing Instructor

There have been times  
When I can’t hear you  
There are too many distractions  
I want to learn  
That is why I am here  
But I can’t hear

There have been times  
When some students  
Say mean things to others  
It’s not right  
It doesn’t feel right  
It makes me uncomfortable  
And sometimes mad  
But I am afraid to say anything  
To stand up  
These are my peers  
And I haven’t found my voice yet

But you are a nurse  
An experienced nurse  
And a teacher with a voice  
Please say something  
Please do something  
I have waited

And waited  
I am waiting

Can you see what is happening?  
It is not right  
Do you think it's right?  
I want to learn  
I want to learn to stand up  
Can you help me?  
Can you show me?

Can you show us all?

Sincerely,  
A Nursing Student

### **Conclusion**

The results from the analysis of data from the six participants and 17 blog entries indicated four main categories, 11 generic categories, and three subcategories that are used to describe the experiences of academic incivility between and among nursing students in an undergraduate nursing program. In the next chapter, current literature is added to further depth of discussion and insights related to these categories. In addition, implications and recommendations for nursing education, revealed from the findings, are described. Last, questions for future research in the area of academic incivility are outlined.

## Chapter 6

### Discussion

In the previous chapter, results from the data analysis of participants describing experiences with academic incivility between and among nursing students in undergraduate nursing education were outlined. In this chapter, discussion builds on the four main categories, 11 generic categories, and three subcategories detailed in the results chapter. Current literature is integrated throughout the discussion of the categories to convey possible relationships and links between the participants' descriptions and literature about academic incivility. The discussion also includes implications and recommendations for nursing education and opportunities for further research. Last, a poem illustrates lessons learned from the participants' experiences of academic incivility between and among nursing students in undergraduate nursing education.

#### **Main Category 1: Not Here to Make Friends**

The first main category included participants' descriptions about the range of behaviours involved in experiences of academic incivility, where these experiences took place, and perceived factors that contributed to these experiences. The generic categories included in this main category were A Range of Uncivil Behaviours, Lack of Social Acceptance, and Distractions and Disruptions in the Classroom. The three subcategories were Traits of Uncivil Students, Experiences of a Mature Student, and Misuse of Technology.

**A range of uncivil behaviours.** The participants observed a range of behaviours of academic incivility between and among nursing students from seemingly mild to more serious behaviours. The behaviours ranged from negative comments, yelling, exclusion,

discriminatory remarks, group process dysfunction, to hostile behaviour. This range of uncivil behaviours described by the participants parallels Clark's (2013a) illustration of a continuum of uncivil behaviours ranging from low risk, disruptive behaviours to high risk, potentially threatening behaviours. Similarly, Thomas (2010) classified violent behaviours as *indirect violent behaviours* (more subtle behaviours, gossiping, indirect negative comments, ignoring) and *direct violent behaviours* (obvious behaviours, yelling, striking, arguing). Both of these illustrations demonstrate the wide range of behaviours perceived as uncivil.

Participants described witnessing negative verbal commentary or remarks between and among nursing students. For example, Participant 1 referred to a nursing student who would "put down other students by negatively commenting on their participation in class discussions." Similarly, Participant 2 described uncivil student actions as "whispering [and] a remark made out loud such as 'just stop talking'." In a qualitative study, Clark (2013a) also found that "making rude, sarcastic comments or verbal attacks" (p.60) were part of the student-to-student experiences of incivility. The findings of this study also showed that these remarks included both verbal interactions and written comments. For example, Participant 3 in writing about student-authored comments in an online course noted that, "some of the comments on the course site...contained the word *stupid*."

Further along on the range were the more serious uncivil behaviours participants described, such as the exchange between two students about a student's sexual orientation (P4) or the disagreement between group members about each students' contribution to a group project (P6). In some of the blog entries more serious uncivil



behaviours were described including “bullies [being] allowed to physically threaten and grab other students” while another blogger wrote about hostility in the class as “something close to mob behavior.” In addition to side conversations, inattentiveness in class, cheating, lateness, and intimidation, nursing students also reported competition among peers as uncivil behaviours displayed by nursing students (Altmiller, 2012). The competition amongst peers is echoed in Participant 1’s witnessing of a fellow nursing student stating that she was “not here [in nursing school] to make friends.”

An interesting finding is that it may not only be the uncivil student who demonstrates and contributes to incivility, but also the target student, meaning the student at whom the incivility is directed. This point is explained by Participant 2 stating, “the target of incivility frequently voices lengthy opinions in class, sometimes not allowing the chance for others to speak.” This perspective demonstrates the dynamic nature of incivility, meaning that the occurrences of incivility are rarely one-sided interactions experienced in a negative way by only one party.

Clark (2008a) referred to the dynamic and reciprocal relationship between students and faculty and used the metaphor of a dance to represent the experiences of academic incivility between students and faculty. This same dance metaphor as described by Clark (2008a) could also be applied to represent the dynamic nature of the relationship between and among nursing students. Students participate in civil interactions by engaging and listening to one another, but if they miss those opportunities to engage and listen to one another, then they participate in uncivil interactions (Clark, 2008a).

Although not referring to academic incivility in nursing education but rather to workplace bullying, Hauge, Skogstad, and Einarsen (2009) contributed to the discussion

about the reciprocal and dynamic nature of civil and uncivil interactions. The authors found that those workers who were targets of bullying either occasionally or frequently displayed a tendency to become perpetrators of bullying behaviours themselves (Hauge et al., 2009). This reciprocal nature of uncivil interactions can also be thought of as a cycle of sorts where one person who is a target one day may be the perpetrator the next. Because the nature of a cycle is repetition, strategies to help stop this cycle are important to contemplate and are discussed in more detail in the implications sections of this chapter.

*Traits of uncivil students.* Not only did participants describe a range of uncivil behaviours by students and give insights into the dynamic and reciprocal nature of these interactions, they also described perceived traits of students displaying incivility. Participants described uncivil students as displaying a “general non-attentiveness...who did not care,” (blog entry) or “students who think everyone else but them is supposed to ensure their success in the program...[and] are unprepared [and] make demands” (blog entry). Further, uncivil students “complained, were disengaged and helped create a negative atmosphere” (P1).

In the *dance* of incivility between nursing students and nursing faculty, Clark (2008a) listed several factors/traits from the student perspective that contributed to the uncivil interactions including those mentioned by the participants such as a sense of entitlement and refusing to take personal responsibility. If it is indeed true as Participant 2 stated that, “any instance of incivility seemed to arise from individual characteristics,” then exploring these individual traits as factors in uncivil interactions is worthwhile in the promotion of civility.

This notion of individual traits is explored in literature concerning workplace bullying. Glaso, Matthiesen, Nielsen and Einersen (2007) asserted that although a general target-of-bullying personality profile cannot be confirmed, they did find that victims of bullying possess different personality traits (more anxious and neurotic, and less agreeable, conscientious, and extravert) than non-victims. Again, the authors referred to bullying as a *vicious circle* whereby the target begins with personality traits making them more vulnerable to bullying, then the bullying leads to personality changes, thus predisposing those persons to more bullying (Glaso et al., 2007). Therefore, this may point to a perpetual and repetitive nature of incivility.

***Implications and recommendations for nursing education.*** The participants described various behaviours and traits of uncivil students and uncivil interactions. Understanding the variety of behaviours that are perceived by nursing students as incivility, as well as the student traits contributing to this incivility, is important for nurse educators in the early detection of uncivil interactions. It is also important for nurse educators to understand that what may seem uncivil to one person may not seem uncivil to another person, and the context and intention of the behaviours perceived as uncivil also should be taken into consideration (Clark, 2008b). Last, personality traits should also be considered along with other factors (Glaso et al. 2007) when learning about academic incivility.

Therefore, nurse educators would benefit from developing an awareness and understanding of the range of uncivil behaviours because seemingly normal behaviours from the perspective of the nurse educator may be perceived as uncivil behaviours by the nursing student. Through this increased awareness, nurse educators can recognize these

uncivil behaviours particularly at the lower risk end of the range of uncivil behaviours and address them in a timely manner before there is a risk that these behaviours turn into more serious and potentially harmful behaviours (Clark, 2013a; Jones & Philp, 2010).

**Lack of social acceptance.** In addition to the range of uncivil student behaviours and individual traits involved in academic incivility, the results also pointed to a notable finding that lack of social acceptance of the targeted students is a possible factor in the experiences of academic incivility between and among nursing students in undergraduate nursing education. This is illustrated by Participant's 2 comment of "the target [of academic incivility] is not socially accepted by some nursing students," while a blogger expanded this point as targets of incivility often "didn't have a clique of friends in the program with them, were older, or somehow seemed easy prey." This lack of social acceptance may be linked to the personality traits discussed earlier in the first main category, Not Here to Make Friends, where certain personality traits could contribute to selected individuals becoming targets of uncivil behaviours. Likewise, it may be that these personality traits also contribute to the lack of social acceptance of these individuals. Another explanation may be that certain nursing students such as those who are older or mature view the context of the learning environment differently. This aspect is discussed in the following subcategory.

***Experiences of a mature student.*** An aspect of lack of social acceptance is the unique experience of the mature or older nursing student being singled out as a target of incivility. Participant 3 who was a mature student described "often [being] chosen last for team projects...[and having] no peers among classmates," while a self-identified older

student blogger noted that “many [students] weren’t interested in forming study group with me.”

These experiences of academic incivility are supported by the findings of a descriptive study about the abuse experiences of nursing students in a Turkish nursing school, where researchers found students aged older than 22 years were more often exposed to academic abuse than students 21 and younger (Celik & Bayraktar, 2004). Likewise, Stevenson, Randle, and Grayling (2006) also found that in their survey study of nearly 300 second and third year nursing students, those nursing students over 35 years old experienced uncivil interactions more often than nursing students under 35 years old. Thus, it seems that mature or older students may be more likely at risk to be targets of uncivil behaviours or may perceive more behaviours as uncivil.

Moreover, an online blogger referred to a difference in learning styles between the generations noting, “I remember a few of [the nursing students] thinking I was a total keener just because I’d actually study for tests and get assignments done by the due date.” Although not referring to interactions between nursing students, Suplee et al. (2008) pointed out that generational differences in learning styles between faculty and nursing students could serve as a possible cause of incivility.

The lack of social acceptance of mature students, and the possibility that these nursing students may be more at risk for incivilities could perhaps be explained by how mature nursing students view the learning environment. For example, Walker et al. (2013) found that *baby boomer* (those born between 1946 and 1964) nursing students valued a sense of belongingness, supportiveness, and appreciation of their role in their undergraduate nursing education. This means that if these nursing students experienced

ineffective communication, lack of clarity of their roles, and a sense of disconnectedness, then they faced barriers in their development as nurses (Walker et al., 2013), and perhaps subsequently impediments to connecting with nursing student peers in their programs. Although focused on the experiences of minority rather than mature nursing students, Sedgwick, Oosterbroek, and Ponomar (2014) found that connection amongst peers was most influential for the minority nursing students' sense of belongingness. In other words, if they felt a sense of connection to their peers they felt a sense of belongingness (Sedgwick et al., 2014). Participant 3 illustrated this by stating, "while I totally enjoyed being a student the second time around, I had no peers among my class mates. *I didn't fit in*" (italics added for emphasis).

***Implications and recommendations for nursing education.*** Lack of social acceptance of certain nursing students has so far been discussed as a possible factor in the risk of those nursing students becoming targets of academic incivility, particularly mature or older students. As mentioned by some of the participants, a cause of this may be a lack of understanding amongst nursing students about generational learning differences. Walker et al. (2013) agreed that mature nursing students benefited from others recognizing and valuing their past knowledge and skills. Baby boomer nursing students also responded well to positive encouragement and timely feedback (Walker et al., 2013). Thus, the social acceptance of older or mature nursing students may be enhanced if they have opportunities for social interaction with other nursing students to enrich the sharing of knowledge and experiences among all group members. Although referring to the nursing workplace environment, Leiter, Price, and Spence Laschinger (2010) asserted that all generations need to feel respected and supported in their relationships and this can

be achieved through the enhancement of social interactions. Planned social gatherings, activities, or group work in courses can perhaps serve as those social interaction opportunities for all nursing students to help minimize the potential of uncivil interactions.

The findings also show that students form groups of friends or cliques and this may lead to uncivil behaviour perhaps stemming from a lack of understanding about other students. As a current nurse educator, my professional experiences with laboratory instruction attest to this. Often times in a laboratory setting of 12 undergraduate nursing students, students quickly pair up for practicing psychomotor skills with someone they know and they tend to want to stick with that partner for the duration of the semester. Moreover, during the introductions on the first day, many students do not know each other even though they have already spent a few years together in the same nursing program. For this reason, Clark's (2013a) suggestions of using name tents to identify students in the class and doing meaningful introductions on the first day of class could reduce this anonymity amongst students. Getting to know something about one another helps to build connections and helps break down interpersonal barriers hopefully promoting understanding and acceptance of one another (Walker et al., 2013). The longer term goal of these deliberate and meaningful introductions is the promotion of a civil learning environment (Clark, 2013a).

In my laboratory instruction, I have often asked students to switch partners at different times in the semester after explaining to them that they may benefit from learning different things from another person and having the opportunity to get to know someone new. Clark (2013a) outlined that faculty need to be transparent to students by

explaining why they are doing what they are doing. In addition, during high fidelity simulation scenarios, I often randomly assign the groups so that students may have an opportunity to prepare for, and participate in, the scenario with a group of students that they would not normally work with. Many times students will comment positively about the opportunities to work with others. Perhaps such strategies, used in different contexts in the undergraduate learning environment, can encourage students to engage with various students as opposed to consistently congregating with only students they know. In this way, students may become more familiar with, and better understand each other. This could be a benefit in helping younger students understand older students and vice versa. Hopefully, with increased understanding and familiarity, the being-chosen-last phenomenon, and other actions that some experienced as uncivil, can be prevented.

**Distractions and disruptions in the classroom.** Participants described experiences of academic incivility as mostly occurring in a classroom setting. One participant referred to experiences of academic incivility in an online course environment. This is aligned with the findings of Marchiondo et al. (2010) who discovered that the most common location of academic incivility was the classroom. However, it is important to note that academic incivility can take place in any academic environment. Clark, Nguyen, & Barbosa-Leiker (2014) outlined that the academic environment can include the physical or virtual classroom, laboratory settings, clinical practicums, simulation centres, and essentially any space where learning takes place. Thus, it seems that academic incivility may take place anywhere where nursing students interact with one another.



Some of the distracting and disruptive behaviours in the classroom that the participants described included talking, texting, and asking questions at inappropriate times. Clark and Springer (2007b) outlined faculty perspectives of uncivil student behaviours in the classroom as including disrupting class, carrying on side conversations, using negative remarks, challenging professors, and preventing other students from joining in. Although those uncivil behaviours were from the perspective of nursing faculty, this study shows that some nursing students also perceive these student behaviours as uncivil.

***Misuse of technology.*** Participants also wrote about the distractions and disruptions caused by nursing students using technology in the classroom. This included texting on cell phones, constant clicking of the keyboards on laptops, and surfing the Internet during class. This is congruent with the literature and findings that both nursing faculty and nursing students perceived using cell phones or computers in class for purposes not related to the class as uncivil student behaviours (Clark & Springer, 2007a; Clark 2008b).

This leads then to the question of, what strategies can be applied to the learning environment to minimize the impact of inappropriate technology use without outright banning technology? Lam and Tong (2012) found that the use of technology in classrooms could be beneficial in enhancing motivation and participation in classroom activities, while also at times being distracting for both students and teachers. The authors suggested that rather than outright allowing or not allowing use of technology in lectures, rather limits and good practices should be outlined and enforced such as only allowing computers to be used for class related activities (Lam & Tong, 2012).

Another interesting finding in this study stems from the participants' description of incidents of academic incivility in relation to the physical and emotional settings of the classroom. Participants talked about "stuffy, uncomfortable auditorium[s]" (P2) and large number of students in the class, "150 of us in the class" (P4), as well as lecture style classrooms where being at the back of the room was distracting due to disruptive behaviours of students sitting in the back. Herzog (2007) found that the physical size of the classrooms, as well as the timing of the classes, influenced the cognitive growth and retention of first-year nursing students. However, Herzog (2007) also stressed that research on ecological factors of classroom environments on student success is very limited and topics to include for further research could include how the physical environment such as classroom set up, room ambience, lighting, and use of technology affects students and their interactions with one another.

Participant 3 also referred to "the physical distance between participants in online discourse facilitating more inappropriate criticism between [student] than a face to face classroom setting." The "emotional background" (P4) was also a factor in academic incivility. Participants wrote about "nonsensical, busy work" (P4) and a "learning environment [that] was not stimulating intellectually or interesting" (P2). Thus, it seems that the overall classroom learning environment can either contribute to or serve as a backdrop to experiences of academic incivility between and among nursing students in undergraduate nursing education.

***Implications and recommendations for nursing practice.*** Being aware of classroom distractions and disruptions as well as the misuse of technology in the classroom is also significant for nurse educators in undergraduate nursing education.

Clark (2013a) suggested that addressing distracting and disruptive behaviors early on creates an agreeable classroom environment for all students. Even before classes begin, students should receive and attend a general orientation about professionalism, ethical conduct, and the meaning and significance of civility (Clark, 2013c). Once classes begin, Clark (2013c) suggested the collaborative creation of classroom norms including establishing what behaviours are and are not acceptable, how the norms will be enforced, and what the consequences are if the norms are not abided by. Clark (2013c) also suggested that the general orientation material regarding civility be reviewed periodically throughout the entirety of the program and that classroom norms should be evaluated throughout the course. Altmiller (2012) agreed that consequences for behaviours that are not tolerated in a classroom setting need to be communicated ahead of time, preferably on the first day of class, so it is clear that a particular behaviour is not accepted in the classroom environment.

As noted earlier, one of the key findings of this study was the effect of the physical environment of classroom on experiences of academic incivility. Many participants wrote about moving to the front of the class as a way of dealing with the distractions and disruptions in the classroom. Some participants made the recommendation to move up to the front of the class stating, “the front of the classroom is the best place to be” (blog entry). Moving up to the front of the class seems like a suitable temporary solution, however, it does not permanently prevent or decrease the “many students texting under the desks, talking, snickering, fiddling with their bags, etc.” (blog entry). Clark (2013a) suggested taking a critical look at the physical set up of the room, where the students are seated, and where the instructor is located and making changes if

necessary. This could mean setting up the classroom seating arrangement so that students place their desks or chairs in a circle, or if possible, scheduling rooms that are not set up as lecture style. Also, the placement of the instructor could be considered such as moving throughout the room while talking or sitting amongst the students rather than in front of them.

Participants also described that the inappropriate use of technology in the classroom was a “main culprit” (blog entry) in academic incivility in the classroom.

A recommendation made by a blogger stated, “banning computers would be the easiest way to keep the classroom under control.” Again, this may serve as a temporary solution to managing computers in the classroom, however, it would not be a long-term or preventative solution. Rather establishing norms and limits about proper cell phone and lap top etiquette at the beginning of a course could serve to create and ensure a positive learning environment (Clark, 2013a; Lam & Tong, 2012).

Finally, nursing faculty can adopt active teaching and learning strategies for the classroom to promote a positive and engaging atmosphere. These strategies can include a variety of classroom activities that are dependent on the instructor’s teaching philosophy, style, delivery method, as well as the program guidelines (Clark, 2013a). Furthermore, the use of these strategies requires a shift in the perspectives of both faculty and students in that students must take on a more active learning role while faculty take on a more facilitative role (Clark, 2013a). Luparell (2005) asserted that “students who are engaged actively in their learning are less likely to be disruptive” (p.29) and it is up to nursing faculty to examine and adjust their teaching styles to promote student engagement. Last, it may be necessary for academic leaders and experienced nursing faculty to mentor and

guide other nursing faculty in the implementation of active teaching and learning strategies that would engage students in the learning process.

### **Main Category 2: Nobody Stood Up**

In the first main category, Not Here to Make Friends, discussion centered around the range of uncivil behaviours, lack of social acceptance of targeted students, and the distractions and disruptions of the classroom setting. In this second main category, Nobody Stood Up, discussion focuses on the reactions to incidents of academic incivility between and among nursing students, as well as fears students experienced in speaking out against incidences of academic incivility. The two generic categories that are part of this main category are Reactions to Academic Incivility and Fears of Speaking Out Against Academic Incivility.

**Reactions to academic incivility.** Participants wrote about the reactions of those involved in experiences of academic incivility between and among nursing students. The most common reaction seemed to be to “sit quiet and say nothing” (P1) as a witness, or “the student who was a target became quiet” (P2). Celik and Bayraktar (2004) also found that the nursing student participants in their study most commonly responded by *doing nothing* in relation to abuse. Furthermore, participants described witnessing students who “would go along with the negative commentary” (P1) and some who would “retaliate with negative comments” (P3) or “yelling back” (P6). These behavioural reactions described by the participants are consistent with Clark’s (2013a) findings that most nursing students avoided or ignored the behaviour or retaliated with similar responses.

Last, many participants described that students “showed signs of getting emotional in the face of personal criticism” (P3), not knowing what to do, and remaining quiet and unnoticed.

Participants also described emotions associated with experiences of academic incivility between and among nursing students. “Becoming anxious” (P1), “upset” (P4), “guilty” (P4), and “taking offence” (P2) were some of the emotions listed in the participants’ statements. Clark (2013a) indicated that students would often feel angry in response to an uncivil encounter with another student. This relates to the response an online blogger had to students continuously talking during a lecture. This blogger “turned around and loudly said something to [the students]...and was angrier than the instructor.” Further, Clark (2008c) found that students’ emotional responses to uncivil faculty experiences included feeling traumatized, powerless, helpless, angry and upset. This parallels students’ emotional responses to student-to-student incidents of uncivil behaviours. Participant 4 illustrated the emotions of powerlessness and helplessness after witnessing a student receive negative commentary after asking a question. Participant 4 said, “that nobody stood up for her...I wish I had said something.... I still feel guilty about it.”

***Implications and recommendations for nursing education.*** It is important for nurse educators to understand the behavioural and emotional responses to incidents of academic incivility between and among nursing students. The effects of academic incivility could compromise the learning environment, increase stress levels, and result in strained relationships (Clark, 2008a). Furthermore, students who experienced academic incivility in their undergraduate nursing educations are less likely to be satisfied with

their educational programs (Marchiondo et al., 2010). Therefore, both behavioural and emotional reactions to incidents of academic incivility between and among nursing students have the potential to affect the individual person, interpersonal interactions, the teaching learning environment, as well as program satisfaction.

**Fears of speaking out against academic incivility.** Participants recounted fears of speaking out against academic incivility between and among nursing students. Participants shared that there was “fear of conflict” (P1), “fear of tarnishing rapport with fellow classmates” (P2), and “fear of offending someone who has connections” (blog entry). Participants also described fears of retaliation if they or others responded to the incidents of academic incivility between and among nursing students. For example, Participant 2 described a “fear of becoming a future target,” while others worried about how they would be treated in a similar situations. They feared repercussions of speaking out such as “feeling that you speak up and it could cost you” (P5). Moreover, Participant 2 described that, “the desire to be accepted as a fellow nursing student... hindered me from speaking up and advocating for a more safe learning environment,” further emphasizing students’ fears about negative consequences of speaking up.

Literature about nursing students speaking out against faculty incivility highlighted that participants had a fear of conflict and of being targeted for speaking out (Altmiller, 2012; Del Prato, 2012; Lasiter et al., 2012). Nursing students felt like they could be targeted by nursing faculty if they asked questions, failed to answer questions correctly, made mistakes, or asked for transfers in clinical placements (Del Prato, 2012). In other words, the nursing students were afraid to speak up. Furthermore, the students in Del Prato’s study worried that if they did speak up, they would become the next targets of

faculty driven incivility (2012). Emotions such as hopelessness and helplessness prevented students from reporting faculty incivilities (Altmiller, 2012). Finally, Lasiter et al. (2012) found that even if there were plans in place for students to report faculty incivilities, the students did not do so because they felt powerless and feared negative consequences.

Although these studies referred to nursing student to nursing faculty experiences, the findings fit with the nursing student-to-student experiences with incivility. In both situations, failure to report, prevent, or stop uncivil behaviours means that the uncivil behaviours most likely continue and the cycle of incivility continues.

***Implications and recommendations for nursing education.*** One barrier to speaking out against incidents of academic incivility between and among nursing students could be that students do not have the tools or guidance to help them deal with and speak out about these behaviours. Celik and Bayraktar (2004) found that nearly 90% of the nursing students in their study did not receive any instruction about dealing with abuse, but would have liked to receive instruction on how to deal with and report these incidents. This is concerning in several aspects.

First, failure to report incidents of incivility may also exacerbate the psychological consequences including anxiety, nervousness, and depression (Marchiondo et al., 2010). This means that the emotional reactions the participants described could be prolonged or made worse by not having any avenues of dealing with and reporting uncivil behaviours. This is clearly articulated by Participant 4 who stated, “I wish I had I said something.... *I still feel guilty about it*” (italics added for emphasis). If this



participant had tools and guidelines to say something, perhaps it could have prevented the guilt related to inaction felt months after graduation.

Second, nursing students need to be given tools, such as conflict mediation skills or assertiveness training (Clark and Springer, 2007b), to speak out against academic incivility in their educational settings. Such guidance means students may confidently and comfortably use these tools in speaking out against incivility in their future nursing practice. Moreover, tools used to speak out about one aspect of their nursing practice could be extended to other areas of nursing practice such as advocating for patient safety and use of best practices.

A recommendation from this study is that academic institutions and nursing programs need to provide guidelines and specific strategies (tools) for students so that they are able to speak out against experiences of academic incivility between and among nursing students. The Registered Nurses' Association of Ontario (2009) suggested that academic institutions strictly outline and enforce policies, procedures, and practices in relation to uncivil behaviours. These guidelines and strategies need to be created in such a manner that nursing students have no fear of repercussions academically or socially if they speak up. Because social acceptance by other nursing students is important, having the opportunity to report incidents of academic incivility anonymously might result in more students feeling comfortable speaking out without the feeling of jeopardizing their social standing. The policies and guidelines also need to be clear in the descriptions and consequences of uncivil behaviours (Suplee et al., 2008), as well as be readily disseminated and easily available to all parties who could use them (Lasiter et al., 2012). Lack of policies and guidelines about uncivil behaviours conveys that message that these

behaviours are acceptable (Kolanko et al. 2006). Thus, nursing students should not only be prepared to actively respond to incidents of incivility, they should also be encouraged to do so (Marchiondo et al., 2010).

### **Main Category 3: Making it to the End**

In the second main category, Nobody Stood Up, discussion built on the emotional reactions and fears associated with experiences of academic incivility between and among nursing students. In this third main category, Making it to the End, discussion centers on coping strategies nursing students used to deal with experiences of academic incivility. In addition, the disconnection and distrust among nursing students, lasting effects of these uncivil experiences, and ensuring a positive learning atmosphere are discussed. The four generic categories of this main category are Coping Strategies Used to Deal with Academic Incivility, Disconnection and Distrust Among Nursing Students, Ensuring a Positive Learning Environment, and Lasting Effects on Current Nursing Practice.

**Coping strategies used to deal with academic incivility.** Participants wrote about using personal strengths as a way of coping with experiences of academic incivility between and among nursing students. These personal strengths and coping strategies included “breathing exercises” (P3), “resilience and positive attitude” (P1), and “resiliency to move forward” (P6). Participants mainly relied on personal strengths to deal with, and move past, experiences of academic incivility. Although not referring to the dimension of student-to-student incivility, Marchiondo et al. (2010) discovered that students’ main coping actions with faculty incivility was to talk about it with peers and to put up with the treatment, but rarely did students make formal complaints.

Participants also wrote about the persons that they relied on for support. Participant 1 noted, “it helped to connect with positive students and faculty who were supportive,” while Participant 3 also “had good support from family, friends, and most teachers.” Stevenson et al. (2006) also found that nursing students preferred talking to someone about their incivility experiences and that their clinical placement experiences were much more positive if they received support from their mentors.

Participants also mentioned academic institution based resources, however it was not evident if participants accessed these resources. For example, Participant 1 mentioned, “our student resource center has information on bullying,” while Participant 3 noted that “there were courses about stress management offered.” Again, it seems that participants were aware of academic resources but it is not clear whether these resources were used or not and whether the resources were accessible and applicable. Participant 4 summarized this by stating, “I think the students had to use their friends and fellow students for support. I am not sure whether they used university-based resources.” Although Participant 3 outlined several program-based supports such as appointments with course teachers and stress management courses, this participant “learned a lot from [a radio show] in which incivility among nurses in general was discussed.”

The previous statement by Participant 3 about relying on a radio show to learn about incivility in nursing, is concerning. All academic institutions have some variances of student services and supports, so are they being used effectively in relation to student incivility? If a nursing student who has paid tuition to attend an academic institution learns about incivility in nursing from a radio program, despite being aware of some resources at the institution, then educators, administrators, and academic leaders need to

be asking themselves if their programs related to academic incivility are being successfully shared with students. Further, are there enough services and programs to help students deal with experiences of academic incivility? Are the programs and services appropriate, effective, and easily accessible? Are the students' schedules amenable to having the time to seek out services and resources related to uncivil behaviours? Are the people running the programs or offering services able to support students dealing with student-to-student incivility? These questions are only a start to the possible future exploration of academic based services and programs designed to help nursing students with incidents of academic incivility. Therefore, it would be beneficial to further explore how often academic services are accessed for experiences with incivility and if these services are indeed helpful.

Besides writing about personal strengths and supports used in experiences of academic incivility between and among nursing students, participants also reflected on personal and group accountability. For example, Participant 5 commented on being "brave [and] having thick skin" and a blog entry noted the importance of "needing to grow a much thicker skin." These comments alluded to personal development such as becoming more resilient to the experiences of academic incivility. Stephens (2013) proposed that the development of resilience is useful in "helping nursing students confidently face challenges and move forward" (p.125). Finally, a blogger referred to a nursing student group who "held one another accountable" and indeed "policed [themselves]." This seemed to be an effective way for nursing students to hold one another accountable for not only their individual behaviours, but also of the groups' collective behaviours.

*Implications and recommendations for nursing education.* Participants described personal strengths and coping strategies they used to deal with experiences of academic incivility between and among nursing students. Friends, family, fellow peers, and faculty were often used as supports with these experiences. A recommendation stemming from the results of this study is that it is important for nurse educators to be aware of available and accessible academic based resources, as many times it is the faculty member who is the first person to hear from a nursing student requiring services. Another recommendation is that it is essential that faculty be given guidance and support in helping students through experiences with academic incivility.

As a nurse educator, I have given out abundant numbers of pamphlets and information cards about my academic institution's student services and programs when students come to my office and share with me their experiences of academic incivility in class, clinical, lab, or even on social media. Although I do not know if the students access the services after I have relayed the information, I do know that it is my door that they knock on first and I need to be prepared to suggest specific resources. Thus, faculty development about academic incivility, and teaching faculty about available resources, is vital to being able to guide students in helpful directions.

Furthermore, participants referred to being focused on developing more resilience or learning in order to hold each other accountable as a cohesive group for the prevention and recognition of uncivil behaviours in their peers. Nursing students should be given tools and guidance to facilitate their formation of a group process and tools to help with the development of resilience. As an example of a strategy, the use of journal clubs with nursing students was found to increase awareness about civil and uncivil behaviour,

increase helpfulness to peers, and develop student coping skills such as seeking social support and accepting responsibility (Kerber et al., 2012). Further, Stephens (2013) emphasized that nurse educators have an important role in assisting nursing students to develop their resilience to effectively cope with challenges, such as incivility, they may face in the academic setting. For instance, nurse educators can help nursing students critically reflect on their protective factors (e.g. social supports or positive attitude) in challenging situations and identify if these protective factors were sufficient or need improvement (Stephens, 2013). The ability to develop personal resilience to uncivil student behaviours can contribute to a nursing student's satisfaction and success in their nursing program (Stephens, 2013).

**Disconnection and distrust among nursing students.** Participants wrote about how experiences of academic incivility between and among nursing students contributed to a disconnection between nursing students. Participants described that uncivil student behaviours resulted in “a sense of disconnect between nursing students” (P1) and “caused great division in our classroom” (blog entry). Furthermore, participants referred to a sense of distrust in the competencies of other students as a result of academic incivility. Participants reflected on the fit of some of their nursing peers to the profession of nursing stating, “I wonder if these students end up making it all the way through nursing school” (blog entry) and “I can't imagine some of these people having much success in the workplace” (blog entry). Similarly, Clark (2013a) found that two participants, in a qualitative study about nursing student-to-student incivility, reported thinking poorly about their program for allowing students of “questionable quality” (p.61) into the nursing program.

This sense of disconnection and distrust is an interesting but also concerning finding in this study. If it is not remediated during the nursing education program, is this sense of disconnection and distrust in nursing education a possible beginning to a sense of disconnection with, and distrust of, future co-workers in nursing practice? Also, Participant 1 stated that the resulting disconnection due to academic incivility contributed to “a negative atmosphere at school” perhaps further perpetuating experiences of academic incivility between and among nursing students?

Horizontal violence exists between and among nurses (Edwards & O’Connell, 2007; Vessey et al. 2010; Weinand, 2010), so is nursing education the origin of horizontal violence in nursing (Weinand, 2010)? This question is beyond the scope of this study, however, it is clear that a sense of disconnect between students and a sense of distrust of other students are results of academic incivility between and among nursing students in undergraduate nursing education. Whether there is a linear transfer of distrust and disconnection to nursing practice or a cycle of incivility from a negative learning environment, it is also clear that academic incivility needs to be addressed in nursing education to prevent and minimize incivility in nursing practice (Suplee et al., 2008).

***Implications and recommendations for nursing education.*** A finding in this study was that a sense of distrust of other students’ intentions and a lack of confidence in their competencies developed after experiences with academic incivility between and among nursing students. Participants wondered if the uncivil behaviours shown in nursing education would transfer to nursing practice and questioned if some other nursing students were a good fit for nursing. This leads to questions about screening individuals interested in becoming nurses for a fit into nursing before acceptance into a nursing

program, evaluating nursing students' professionalism throughout the duration of the program, and screening for past perpetration of uncivil behaviours during the hiring of nursing graduates. Luparell (2011) proposed that an assessment of an applicant's fitness to be a nurse, take place alongside a grade assessment for admission to a nursing program. Furthermore, competencies in professional communication, crisis management, and conflict resolution need to be integrated in student evaluations as some students successfully complete the technical and empirical components of nursing programs, but are lacking in the area of professional communication (Luparell, 2011). Therefore, a nursing student's professional attributes need to be considered at the same level as their grade assessment or technical competencies.

**Ensuring a positive learning environment.** In this generic category, participants wrote about their perceptions of the frequency and timing of academic incivility between and among nursing students in their undergraduate nursing programs. Participant 2 observed "experiences of academic incivility were a relatively rare occurrence, although it seemed to be more common in fourth year." Similarly, Participant 3 agreed "occasions of direct academic incivility were few and far between," while Participant 4 stated that incivility "was very common and peaked in fourth year." Whether it was infrequent or common, it is clear that experiences of academic incivility between and among nursing students do happen in nursing education. Likewise, Altmiller (2012) found that nursing students expressed concern about the increasing frequency of student incivility in the educational environment. Finally, it is important to remember that regardless of frequency or exposure to experiences of academic incivility, any exposure with incivility



can create devastating effects (Clark, 2013a), such as recurrent reliving of the event, sleeplessness, and decrease in confidence and self-esteem (Luparell, 2007).

It is noteworthy that participants mentioned the year of study as being a factor in the frequency of academic incivility between and among nursing students. A typical baccalaureate nursing program is four years long and participants stated that incivility “peaked in fourth year” (P4) and was “more common in fourth year” (P2). Celik and Bayraktar (2004) also found that fourth year nursing students were more likely to experience verbal and academic abuse. Meanwhile, Clark et al. (2014) discovered that perceived levels of civility declined somewhat during the course of a three-year study, meaning that perceived levels of incivility from the nursing student perspective slightly rose over the three years. This trend of the increase in perceived incivility over the program of study could be due to an increased exposure to experiences of academic incivility over the duration of the nursing program or numerous other factors. This is perhaps a query for future research.

In other research, Curtis et al. (2007) found that novice nursing students at the beginning of their programs became overwhelmed with experiences of academic incivility, while nursing students in their final year of their programs accepted incivility as part of the profession. Participant 4 linked an increased level of incivility in fourth year to being “tired and burnt out from studying,” as well as higher “stress levels.” It may be the case that senior years of a nursing program may be more stressful as there is increased workload and the looming transition to graduation, licensing, and transition to the workplace (Clark, Nguyen, & Barbosa-Leiker, 2014) and stress whether personal or environmental was found to be a contributor to the experience of academic incivility

(Clark & Springer, 2007b; Clark, 2008a). The perceived increase in incivility in the senior years of a nursing program could benefit from further exploration.

In sum, the participants' descriptions indicate that levels of perceived incivility may rise minimally throughout the years of a nursing program. This finding is troubling for several reasons. First, it demonstrates that experiences of incivility continue to occur throughout the duration of the nursing student's education. Thus, it is possible that this trend may continue through to nursing practice after graduation. Second, it also demonstrates that either there are limited strategies in place to prevent or minimize experiences of academic incivility throughout the nursing program, or the strategies in place are ineffective. If there were effective strategies in place, it would be possible that perceived levels of academic incivility would decrease over time spent in the program.

***Implications and recommendations for nursing education.*** Participants described their perceptions of the frequency of academic incivility between and among nursing students in their undergraduate nursing program. Participants also offered suggestions of how to ensure a positive learning environment. For instance, bloggers wrote, "I think it would go a long way to improve matters if the subject of horizontal violence was addressed in nursing school," and "I'd rather have rules than chaos, when it comes to trying to learn." Moreover, Participant 2 summarized stating, "it may be helpful to create an atmosphere, from the beginning, that incivility is not tolerated.... To follow up on instances of incivility would be beneficial, to prevent the 'promoting an ideal learning environment' from becoming rhetoric."

These examples of participants' suggestions take us back to the discussion in the first main category, Not Here to Make Friends, where orientation days and the creation of

classroom norms were suggestions for early introduction of the concept of civility and strategies to deal with the potential of academic incivility. To build on those strategies, Clark and Springer (2007b) suggested enforcing the academic institution's code of conduct, adopting a zero tolerance approach, and ensuring quick action when issues of incivility are noted.

But the first step to managing, preventing, and stopping incivility, and in turn promoting civility, is to recognize that uncivil behaviours are not acceptable (Registered Nurses' Association of Ontario, 2009). This recognition may require 'buy in' from all levels and persons in a nursing educational setting. That is the reason that it is the academic leaders (Chairs, Deans, Directors etc.) who have a responsibility to ensure civil work environments by developing policies, holding individuals accountable for uncivil behaviours, and subsequently rewarding civil behaviours (Clark & Springer, 2010). Further, it is the role of all nurse educators to encourage their leaders to become aware of, and understand, academic incivility and the commitment needed for the effective prevention and management of it.

**Lasting effects on current nursing practice.** In this generic category, participants described the effects of their experiences of academic incivility between and among nursing students on their current nursing practice. This perspective is unique in this study as newly graduated registered nurses were involved as participants rather than current nursing students. Therefore, the elapsed time from completion of an undergraduate nursing program and entrance into the professional working practice of nursing allows this unique perspective to be revealed.

Participants reflected on their interpersonal communication skills in nursing practice. For example, Participant 2 related, “the experience [of incivility] has reinforced the fundamentals of being an effective communicator...[it] has helped me become more conscientious of what I’m going to say.” Participant 3 also recounted, “witnessing [uncivil] behaviours encouraged me to pay even more attention to the subtleties of English, which is my second language.” Participant 2 also wrote about experiences with academic incivility reinforcing the importance of being a “supportive colleague,” while Participant 5 shared that academic incivility experiences “made me strive to be caring for nursing students and new graduates.”

These reflections by Participants 2, 3, and 5 all portray seemingly positive outcomes of experiences with academic incivility, but other participants shared seemingly negative outcomes on their current nursing practice. Participant 4 stated that as a result of experiences with academic incivility between and among nursing students “I am unwilling to put forward academic or best practice findings in my own practice. There is a heavy influence to do as the other nurses do – a *when in Rome* feeling.” This statement is troubling as registered nurses are required to use best practices. When a novice registered nurse is unwilling to do this due to experiences of incivility, then the potential effects of uncivil behaviours during educational programs go farther than causing new graduates to fear speaking out or desire social acceptance. Not using best practices can potentially affect safe and competent patient care.

Further, Participant’s 2 statements are particularly meaningful about the effects of academic incivility on the professional practice of a registered nurse. Participant 2 stated,

*In the long run, it has likely impacted my ability to verbalize my opinions within the workplace. It has impacted my confidence and sense of self; that I'm not safe to voice my opinion or I may lose respect from my fellow colleagues if I 'say the wrong thing.'* (italics added for emphasis)

This statement from Participant 2 is alarming on many levels. First, the role of an undergraduate nursing program is to prepare nursing students for nursing practice.

Whatever the graduate outcomes of the academic institution are, nursing graduates should have confidence in their knowledge and competence and be able to practice within any multidisciplinary setting by using effective communication techniques. When nursing graduates do not feel safe or confident enough to voice their opinions and verbalize their needs then nurse educators and health care leaders should be concerned. This inability to use one's voice can potentially affect the nursing graduate's successful transition to nursing practice and the lack of inclination to advocate for patients can negatively impact care.

***Implications and recommendations for nursing education.*** Because this study focused on the views of new RNs, a unique perspective on the effects of experiencing academic incivility between and among nursing students in undergraduate education is captured. Regarding experiences of academic incivility, participants described both seemingly positive effects on their communication skills as well as seemingly negative effects on their ability to voice their opinions in their current practice settings.

This results in several implications for nursing education. The first implication is integrated throughout this entire discussion chapter and that is that academic incivility needs to be addressed throughout nursing education. As the findings show, effects from

experiencing academic incivility influence the nursing practice of new registered nurses. As discussed previously in this chapter, nursing students need to be made aware early on in their nursing programs about the concept of academic incivility including how to prevent it, recognize it, respond to it, and where to access programs and services.

The second implication is for the nursing curriculum in an undergraduate nursing program. Course content about communication is included in many nursing programs and needs to remain that way. Content about civility should be included in the courses or communication content and threaded across all years of the program. Nursing students need to be guided in developing comfort, confidence, and competence in applying appropriate communication techniques in both the educational and practice setting. Stevenson et al. (2006) suggested that nursing students should receive assertiveness training (using scenarios typically encountered in nursing practice) as part of their nursing curriculum to prepare them for practice settings. In the same vein, Clark, Ahten, and Macy (2013) explored the use of problem-based learning scenarios about incivility in the workplace as part of a senior level leadership course. The authors found that the nursing students increased their awareness of incivility in the practice setting (Clark et al., 2013). These approaches may be helpful for nursing students to become familiar with incivility in nursing practice and eventually learn to effectively deal with uncivil situations in nursing practice.

The above-mentioned examples of civility training in the nursing curriculum highlights the third implication for nursing education and that is the importance of socialization education for nursing students. Del Prato (2012) defined socialization as the “process whereby students develop the knowledge and skills needed to assume the

professional role” (p. 286). It is the role of nursing educators through well-designed programs to prepare nursing students for professional nursing practice (Suplee et al., 2008). Learning how to recognize and deal with incivility should be part of that socialization education. Kelly and Ahern (2008) asserted that nursing programs should include socialization education in the curricula so nursing graduates are able to recognize, stop, and replace oppressive behaviours. These authors drew this conclusion after finding that student participants in their phenomenological study were not socialized into the profession of nursing. More importantly, socialization education related to dealing with incivility should be emphasized in nursing education to prevent the following statistic. According to a study by Eggerston, approximately 60 % of new nursing graduates in the United States left their first job within six months after experiencing some form of horizontal violence (2011). Thus, preparing nursing students to understand incivility, and how to respond to it, can and should be integrated into all nursing education programs.

#### **Main Category 4: The Role of Nursing Faculty**

In this fourth and last main category, The Role of Nursing Faculty, discussion focuses on the important role of nursing faculty in the awareness and management of academic incivility between and among nursing students in undergraduate nursing education. The two generic categories included in this main category are Waiting for Faculty to Respond and Upholding Civility.

**Waiting for faculty to respond.** First, it is important to point out that in the findings participants were not sure if nursing faculty were aware of incidents of academic incivility between and among nursing students. Participant 1 stated that nursing faculty

“were aware of the incivility between students,” while an online blogger stated, “I’m not sure if my instructors didn’t notice or didn’t care.”

Despite not being sure whether faculty were indeed aware of the incivility, there was a resounding statement throughout the participants’ descriptions that nursing students wanted, expected, and were waiting for nursing faculty to respond to the examples of academic incivility between and among nursing students. The following participant phrases support this: “hoping the professor will say something” (blog entry), and “waiting for the professor to address it... We were waiting and waiting” (P4). This aligns with Altmiller’s (2012) finding that nursing students believe it is the role of nursing faculty to address uncivil student-to-student behaviours.

Some participants wrote about nursing faculty partially or fully responding to incidents of academic incivility between and among nursing students. For example, Participant 3 stated, “our course professors attempted to integrate the discussion of the inappropriateness of horizontal aggression,” while Participant 6 reflected, “the group talked to the instructor who offered support and guidance on how to resolve the situation.” Even though nursing faculty did make attempts to discuss topics of incivility or provided support and reassurance which indicated the desire and intention to support nursing students, these attempts demonstrated a lack of specific interventions and strategies for dealing with student-to-student academic incivility.

***Implications and recommendations for nursing education.*** The central issue that the results revealed concerning nursing faculty responding to academic incivility between and among nursing students is the great need for faculty development in the area of academic incivility. It is not clear from this study why some nursing faculty did not



respond (or responded minimally) to student-to-student incivility, but it may be that nursing faculty did not know how to respond. Further, perhaps faculty did not have enough information about the nature of academic incivility to fully understand what it is or to recognize it.

Just as nursing students need tools to address events of academic incivility, the same is true for nursing faculty. Faculty development is needed to teach nursing faculty to recognize, address, and prevent student-to-student academic incivility. Nursing faculty cannot be expected to intervene in incidents of academic incivility between and among nursing students if they do not have appropriate tools and resources. As Suplee et al. (2008) asserted, “faculty education focusing on issues of incivility and student behaviours is vital for faculty to feel empowered to address these behaviours in all types of settings” (p.75). Some topics for faculty development could include understanding what incivility is, how different student populations perceive incivility, how to address uncivil emails, and how to take control of one’s classroom creating an educational environment to prevent uncivil behaviours (Suplee et al., 2008).

Faculty development in the area of academic incivility is a key factor to supporting and enhancing the emotional well-being of nursing students. The policies, procedures, and guidelines that were discussed earlier as strategies to help with the integration of civility early on and throughout the nursing program need to be disseminated and made easily available to nursing students and also to nursing faculty.

Nursing faculty need well prepared and thought-out guidelines in order to be consistent, fair, and appropriate in managing academic incivility with nursing students. As a nurse educator, I am often unsure and uncertain when dealing with incidents of

academic incivility that nursing students report to me. For example, I met with a nursing student in my office to review some of her psychomotor skills. This was supposed to be a fairly straightforward meeting about individualized constructive feedback, which I offer many students. The nursing student did not seem engaged in the meeting and I simply asked what was going on. What transpired next was an agonizing recounting of this student's experiences of being a target of incivility on a social media site. Instead of focusing on her studies and learning nursing skills, this student was emotionally in turmoil due to negative comments and remarks on a social media site! My heart went out to this student as I thought that undergraduate nursing education is difficult enough without having to deal with uncivil students in such as public setting. I responded to her by allowing her to get all the words and emotions out. I gave her information about student services, and then I watched her leave my office stooped over looking as if the weight of the world was resting on her shoulders.

I had no clear guidelines as to what to do in a situation like this. Student-to-student incivility was not addressed in the faculty orientation or in faculty development sessions I attended. As a follow-up to this meeting with the student, I did the only thing I knew and that is I brought it to the attention of my academic leaders and I watched this student in class to make sure she was all right. But I was left hanging, with no closure. I thought that there was something missing from the faculty education programs that left me unprepared to handle this situation. That is, nursing students and nursing faculty were not provided with tools, resources, and guidelines about how to be civil (or to help others be civil) in the academic environment.

I find myself drawing on all the readings about incivility I have completed for this research study and this knowledge guides my actions as an educator, but I wonder about those nursing faculty who have not the opportunity to read in-depth about incivility. I often find myself being sought out to listen to a faculty member's or nursing student's comments and concerns about uncivil events or I am asked about how to best offer support for unproductive group dynamics. I have even been asked to help write civil and polite emails that deal with conflict resolution. Currently, I only offer support, not concrete guidelines, due to my limited capacity and knowledge in this area. In sum, based on my experience as a nurse educator with an interest in incivility there is a great need for faculty development in this area.

**Upholding civility.** Participants wrote about looking to nursing faculty to address and uphold civility, as well as to ensure positive learning environments. Participant 4 described an experience of academic incivility between two students where “both students expected the instructor to uphold academic respect in their classrooms, and felt let-down that this had not happened.” Some participants wrote about seemingly unfair enforcement of class rules and norms such as the following statement by a nurse blogger, “I also see a lot of instructors not enforcing rules in general and only applicable to certain people in the class.” Thus, nursing students hold expectations for nursing faculty to uphold civil learning environments and experience disappointment when that is not the case.

Participants relayed the desire to have nursing faculty enforce the rules and norms in the classroom. For example, a blogger stated, “I get annoyed with instructors who do nothing,” while another blogger reflected on “weak professors who let some stronger

[uncivil] students dominate their classrooms and cause chaos for the rest of us.” These statements suggest that nursing students look to nursing faculty to role model examples of civil and professional behaviours. Nursing students may have difficulty responding appropriately to uncivil students if they witness nursing faculty responding inappropriately (or not responding at all) to uncivil students.

Further, a blogger referred to a nursing instructor enforcing rules unfairly and noted that this impacted this individual’s perception of civility, noting, “seeing that kind of behaviour with the instructors did not make me want to be respectful because I saw severe inequality.” Another online blogger similarly noted, “I have also had instructors be wildly unprepared for class. Maybe some of the lack of civility goes to the fact that the instructor is unprepared and students are sick of it.” These statements further suggest that nursing students look to nursing faculty to model and exemplify civility and when this is not the case, it is cited a reason for their own incivility.

To support this, Altmiller (2012) found that nursing students justified uncivil actions towards faculty when they perceived faculty behaviours as uncivil and unjust. This finding is consistent with the cycle of civility meaning that if individuals experience civil behaviours then they will more likely respond civilly, but if they experience incivility they may respond with uncivil behaviours. For example, Jones and Philp (2011) asserted that perceived negative or strong responses from academic staff contributed to student incivility. Last, Marchiondo et al. (2010) discussed that nursing faculty participate in incivility only when provoked by incivility in student behaviour. These findings again point to the cyclical nature of incivility. If uncivil behaviours perpetuate further uncivil behaviours, then the likelihood of stopping the cycle of incivility is

minimized. It also makes clear that stopping the cycle of incivility requires deliberate and skillful actions.

***Implications and recommendations for nursing education.*** It was clear in the participants' descriptions in the findings that nursing students expect nursing faculty to respond to incivility and encourage civility in nursing education. This is consistent with Altmiller's (2012) finding that nursing students want faculty to effectively manage and deal with academic incivilities. The following are several strategies for nursing faculty in the addressing of academic incivility between and among nursing students.

One of the first ways to respond to, and address, academic incivility between and among nursing students is for nursing faculty to model and exemplify civility themselves. Altmiller (2012) suggested that it is the role of faculty to demonstrate civil behaviours such as discretion, attentiveness, respectful communication, and overall professional behaviour. Moreover, Clark and Springer (2007a) asserted that it is imperative that nursing faculty set positive examples for students as nursing students are continually observing faculty.

As was demonstrated at the very beginning of the discussion chapter, nursing students who are older students, or somehow seem different from other nursing students, may be at risk for being on the receiving end of student incivilities. Therefore, nursing faculty should model civil behaviours such as respecting and supporting diverse knowledge, viewpoints, and opinions (Clark, 2008b). Nursing faculty role modeling civil behaviours is also important to the development and maintenance of positive learning environments another factor in preventing incivility. The Registered Nurses' Association of Ontario mandates that it is the role of academics to role model and ensure learning

environments free of uncivil behaviours (2009). Finally, Fontaine et al., concluded nursing faculty share the responsibility for maintaining and ensuring a safe and healthy learning environment where faculty, staff, and students flourish (2012).

The findings show that nursing students looked to faculty to not only model professional and civil behaviour, but also to fairly and consistently enforce rules and norms. In this way, the learning environment is seen as safe and predictable. Again, it would be beneficial for nursing faculty to be provided professional development to learn strategies of fair and consistent enforcement of course expectations when challenged by student incivility. One strategy for the fair and consistent enforcement of rules and norms is the efficient use of a well-constructed course syllabus (Clark, 2013a; Suplee et al. 2008). Suplee et al. (2008) discussed that uncivil behaviours have arisen from the misinterpretation of evaluation methods and assignment guidelines, therefore, course syllabi should include easy-to-follow objectives and guidelines. Clark (2013a) suggested that course syllabi be thoroughly reviewed and discussed on the very first day of classes to set the stage for a civil and positive learning environment. Last, the course syllabus can be seen as a ‘contract’ between nursing students and faculty and can be readily used throughout the entirety course (Clark, 2013a; Suplee et al. 2008).

Similarly, Williams and Lauerer (2013) described the process by which their nursing department “adopted a civility code for publication in the student handbook and in the department’s standardized syllabus template” (p.165) where nursing students were requested to sign the code in their nursing classes. Suplee et al. (2008) also asserted that behavioural expectations should be included in the syllabus as the syllabus acts as a contract between the students and faculty. The authors emphasized that the code served

as a tool to be used wisely in the promotion of civility in the academic environment and needed to be accompanied by discussions about agreeable behaviours, modeling of civil and professional behaviours, as well as consideration of feedback from both nursing faculty and nursing students (Williams & Lauerer, 2013). Thus, introducing guidelines, whether course syllabi or codes of civility, can be used as strategies to inform and engage nursing students in the fair and consistent implementation of these guidelines. However, the question also needs to be asked (and perhaps an area for further research) is how effective are such strategies in the promotion of a civil learning environment.

Modeling professional and civil behaviour, as well as developing strategies to fairly and consistently enforce rules and expectations, are both appropriate ways that nursing faculty can provide guidance and direction regarding experiences of academic incivility between and among nursing students. There seems to be little question that the role of nursing faculty in promptly and efficiently addressing incivilities as well as promoting civility is needed so that nursing students have good role models and are able to develop skills in managing uncivil behaviours themselves. However, the focus cannot solely be on nursing faculty, the focus must also be on the nursing student.

Kolanko et al. (2006) stressed that both nursing faculty and nursing students are responsible for setting positive examples of respectful communication. And despite a resounding message from the participants that it is the role of nursing faculty to respond to, intervene in, and prevent academic incivility between and among nursing students in nursing education, a blogger suggested, “faculty should emphasize the need for students to take responsibility for their actions and those of their classmates.” It is in this statement where the challenge lies.

If nursing students look to nursing faculty to take on the role of dealing with academic incivility between and among nursing students, then there may be the possibility that nursing students either do not accept accountability and responsibility for uncivil behaviour amongst each other, or they lack the knowledge and understanding about incivility and simply do not know what to do. This uncertainty brings the discussion almost full circle to the second main category, where reactions to incivility were discussed and where most nursing students *did nothing* to respond to experiences of academic incivility between and among nursing students. In that discussion, the importance of nursing student development about strategies to use to deal with these experiences of uncivil student behaviour was discussed. This point is emphasized here where nursing students for the most part *did nothing* in those experiences of academic incivility and looked to nursing faculty to deal with a problem that is not exclusively theirs but belongs with and amongst nursing students as well.

Therefore, I believe this a fitting place to tie in the conceptual model that is used as the conceptual framework for this research study, The *Faculty Empowerment of Students to Foster Civility Model* (Appendix B). To summarize, this model developed by Clark and Davis-Kenaley (2011) illustrates that nursing students who feel empowered and in control of their learning process, have a higher possibility of participating in constructive, reciprocal, and engaged personal interactions leading to a more civil learning environment. Thus, if nursing students do not feel empowered they may possibly become disengaged and not invested in a civil academic environment (Clark & Davis-Kenaley, 2011). Thus, nursing faculty play an important role in the empowerment of



nursing students by facilitating the development of problem solving skills, critical thinking, and reflection (Clark & Davis-Kenaley, 2011).

This reflects what was found in this study that nursing students look to nursing faculty to deal with academic incivility while nursing faculty need to transfer some of the accountability to nursing students by giving them tools to confidently control their learning process and thus themselves help to ensure a civil and positive learning environment. Nursing faculty also requires professional development and guidance in how to create student-centred classrooms and courses as Clark and Davis-Kenaley (2011) suggested that this pedagogical approach could benefit student empowerment with the positive outcome of enhanced civility. Thus, the discussion ends on the belief that both nursing students and nursing faculty play important roles in the creation and maintenance of civil academic environments in undergraduate nursing education.

### **Summary of Key Findings**

Participants in this qualitative study were asked about their experiences of academic incivility between and among nursing students in undergraduate nursing education. Participants described a range of uncivil student behaviours from negative comments to physical violence. Participants also reflected on factors that contributed to these experiences such as lack of social acceptance by nursing peers, particularly for the mature or older nursing student. The classroom setting was the main context for academic incivility between and among nursing students and it was a place of distractions and disruptions where the inappropriate use of technology was also distracting. Participants described that the most common reaction to incidents of academic incivility was to stay quiet and do nothing and reach out to friends and family for support. Participants

described personal strengths and support systems, but had no set ways for dealing with experiences of academic incivility. Experiences with incivility caused emotional reactions for those involved and a sense of disconnect and distrust towards other nursing students developed. Most notable in this study, was the unique perspective of new graduate nurses and the effects of their experiences with academic incivility on their current nursing practice. Last, the role of the nursing faculty was a strong thread in the participants' descriptions and nursing students looked to nursing faculty to address and deal with incidents of academic incivility.

### **Summary of Key Implications and Recommendations for Nursing Education**

From the discussion of the findings in this study, several implications for nursing education practice surfaced. However, it seems that these implications centered on a few key recommendations. First, there is a strong need for professional and educational development for both nursing students and nursing faculty on topics related to academic incivility. Nursing programs need to include education and development about what academic incivility is, what the contributing factors and common contexts are, and how to appropriately recognize, react to, and deal with experiences of academic incivility. Second, there is a need for both nursing students and nursing faculty to have access to tools and resources to help them address events of academic incivility and to promote a civil learning environment. Last, strategies and plans need to be in place to empower both nursing students and nursing faculty to feel confident and comfortable in participating in civil interactions thus contributing to a civil educational setting.

This study set out to explore the perceptions of newly graduated nurses regarding their experiences of academic incivility between and among nursing students in an

undergraduate nursing program. It could be suggested that the success of positive student-to-student interactions in nursing education very much involves a positive connection with nursing faculty as well.

### **Opportunities for Further Research**

This study added to the knowledge about academic incivility in undergraduate nursing education specifically about the experiences of academic incivility between and among nursing students from the perspective of newly graduated nurses. Research into the area of academic incivility remains limited and further research is needed to understand the nature of academic incivility, its effects, and what strategies may reduce its occurrence and impact (Clark, 2008a; Clark, 2008c). As a person with a deep interest in this area, there remain many aspects of academic incivility that I wish to explore. In particular, this study showed that face-to-face classroom incivility is a common occurrence, but nursing students' experiences of online and social media academic incivility would be another aspect to explore.

Further, by using the unique participant pool of new RNs, this study showed that academic incivility experiences in undergraduate education might have an impact on and carry through to negatively affect the nursing students' future nursing practice. This aspect could use further exploration in relation to how current nursing practice is affected and what, if anything, the new RNs recommend be done in nursing education programs to ease this transition and minimize the practice impact. Last, as student empowerment is a strong message of this study, further exploration about evaluation of strategies and tools to help students recognize, manage, and prevent experiences of academic incivility in nursing education would be worthwhile.

**Lessons Learned**

The following poem is my interpretation and summary of the lessons I learned from the participants' descriptions of their experiences of academic incivility between and among nursing students. I am indebted to the participants and online bloggers who shared their experiences about a topic that I feel is very important not only in the sphere of nursing education, but also important to nursing practice, and to the quality of the workplace environment. Thank you.

I have learned this...

I have learned that the classroom  
Can be a very noisy and busy place  
Where some students engage  
And others do not  
It is wise to sit in front of the class

I have learned that students  
Are not always civil to one another  
There are negative comments  
And remarks and sometimes anger  
It is best to work together

I have learned that some students  
Are afraid to speak up  
About what they see and hear  
And others feel isolated  
But most want to fit in

I have learned that incivility  
Has many effects on the students  
And on the places where they learn  
There are emotions and fears  
It affects their nursing practice too

I have learned that students  
Look to their faculty  
To address incivility  
To fairly enforce the rules  
And ensure a learning environment  
That is safe

That is positive  
That is civil

### **One More Dedication**

I would also like to include a poem I wrote that stemmed from the writing of this discussion. I believe it communicates why I chose to engage in this study in the first place and to offer recognition to the nursing students with whom I have worked with and who daily touch my life.

I watched...

I watched while the student left  
left my office  
after sharing with me  
the pain and humiliation  
of negative remarks  
and comments  
from other students  
on a social media site  
shared by so many other students

I watched  
the hurt  
the tears flow  
the eyes redden  
the shoulders deflate  
and the stress rise

I watched

I offered silence  
and kind words  
some advice  
not much else

and I watched you leave

I would like you  
to know  
this is why I  
studied what I studied

and wrote what I wrote  
so that  
I don't have to watch  
you leave again  
but can walk out with you  
and  
help

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## Appendix A

### Glossary of Terms

This glossary is provided for increased clarity and easy access of the various terms pertaining to incivility. The following terms are summarized as they are defined in the review of literature and used throughout the thesis. Terms are presented in alphabetical order.

#### Academic Incivility

- Any speech or action that disrupts the harmony of the teaching-learning environment (Clark & Springer, 2007b) including but not exclusive to rude, impolite, and disrespectful oral or written words, gestures, actions or behaviours (Robertson, 2012).

#### Civility

- Courteous behaviour, politeness, or a courteous act or utterance (*TheFreeDictionary*, 2013).
- “An authentic respect for others when expressing disagreement, disparity, or controversy. It involves time, presence, a willingness to engage in genuine discourse, and a sincere intention to seek common ground” (Clark & Carnosso, 2008, p.13)

#### Incivility

- Noun, deliberate discourtesy (*TheFreeDictionary*, 2013).
- The direct opposite of civility, that which is polite, decent, and respectful (Clark & Springer, 2007b).



- Relatively new and *gentler* term for violence or bullying (Registered Nurses' Association of Ontario, 2009).

### Uncivil

- Adjective, not civil (*TheFreeDictionary*, 2013).
- Because incivility consists of behaviours that are considered uncivil or not civil, the terms uncivil behaviours and incivility were used interchangeably in this study depending on the context of the sentence.

## Appendix B

## Ethics Approval



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**MEMORANDUM**

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**DATE:** September 20, 2013

**TO:** Tatiana Penconek

**COPY:** Dr. Beth Perry (Research Supervisor)  
Alice Tieulié, Acting Secretary, Athabasca University Research Ethics Board  
Dr. Vive Kumar, Chair, Athabasca University Research Ethics Board

**FROM:** Dr. Sherri Melrose, Chair, Centre for Nursing & Health Studies Research Ethics Review Committee

**SUBJECT:** **Ethics Proposal CNHS 13-04\_:** *Beware of Uncharitable Speech: Experiences of Incivility between and among Nursing Students in Undergraduate Nursing Education*

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The Centre for Nursing & Health Studies (CNHS) Research Ethics Review Committee, acting under authority of the Athabasca University Research Ethics Board to provide an expedited process of review for minimal risk student researcher projects, has reviewed the above-noted proposal and supporting documentation

I am pleased to advise that this project has been awarded **APPROVAL TO PROCEED**.

**You may begin your research immediately.**

This approval of your application will be reported to the Athabasca University Research Ethics Board (REB) at their next monthly meeting. The REB retains the right to request further information, or to revoke the approval, at any time.

**The approval for the study “as presented” is valid for a period of one year from the date of this memo.** If required, an extension must be sought in writing prior to the expiry of the existing approval.

**A Final Report is to be submitted when the research project is completed.** The reporting form is available online at <http://www.athabascau.ca/research/ethics/>.

As implementation of the proposal progresses, if you need to make any significant changes, please obtain approval from your research supervisor, prior to forwarding this information to the for the changes, please forward this information immediately to the CNHS Research Ethics Review Committee for further review via the AU REB Office at [rebsec@athabascau.ca](mailto:rebsec@athabascau.ca).

If you have any questions, please contact the Centre for Nursing & Health Studies Research Ethics Review Committee Chair (as above), or the Research Ethics Administrator at [rebsec@athabascau.ca](mailto:rebsec@athabascau.ca)

I wish you all the best with your research.

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**Centre for Nursing & Health Studies  
Research Ethics Review Committee**

(A Sub-Committee of the Athabasca University Research Ethics Board)

## Appendix C

## Ethics Approval Revised



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**MEMORANDUM**

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**DATE:** February 5, 2014

**TO:** Tatiana Penconek

**COPY:** Dr. Beth Perry (Research Supervisor)  
Alice Tieulié, Acting Secretary, Athabasca University Research Ethics Board  
Dr. Vive Kumar, Chair, Athabasca University Research Ethics Board

**FROM:** Dr. Sherri Melrose, Chair, Centre for Nursing & Health Studies Research Ethics Review Committee

**SUBJECT:** **Revised Ethics Proposal CNHS 13-04\_:** *Beware of Uncharitable Speech: Experiences of Incivility between and among Nursing Students in Undergraduate Nursing Education*

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The Centre for Nursing & Health Studies (CNHS) Research Ethics Review Committee, acting under authority of the Athabasca University Research Ethics Board to provide an expedited process of review for minimal risk student researcher projects, has reviewed the above-noted proposal and supporting documentation

I am pleased to advise that the revised project has been awarded **APPROVAL TO PROCEED**.

**You may begin your research immediately.**

This approval of your application will be reported to the Athabasca University Research Ethics Board (REB) at their next monthly meeting. The REB retains the right to request further information, or to revoke the approval, at any time.

**The approval for the study “as presented” is valid for a period of one year from the date of this memo.** If required, an extension must be sought in writing prior to the expiry of the existing approval.

**A Final Report is to be submitted when the research project is completed.** The reporting form is available online at <http://www.athabascau.ca/research/ethics/>.

As implementation of the proposal progresses, if you need to make any significant changes, please obtain approval from your research supervisor, prior to forwarding this information to the for the changes, please forward this information immediately to the CNHS Research Ethics Review Committee for further review via the AU REB Office at [rebsec@athabascau.ca](mailto:rebsec@athabascau.ca).

If you have any questions, please contact the Centre for Nursing & Health Studies Research Ethics Review Committee Chair (as above), or the Research Ethics Administrator at [rebsec@athabascau.ca](mailto:rebsec@athabascau.ca)

I wish you all the best with your research.

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**Centre for Nursing & Health Studies  
Research Ethics Review Committee**

(A Sub-Committee of the Athabasca University Research Ethics Board)