NURSING FACULTY EXPOSURE TO STUDENT INCIVILIY AND INTERVENTIONS IN PLACE TO ADDRESS: A CASE STUDY

by

Kimberly D. Lowe

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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Abstract

The purpose of this qualitative case study was to explore nursing faculty exposure to nursing student incivility at a nursing college in the Mid-Atlantic region. Bandura's social learning theory provided this study's theoretical framework. The continuum of workplace aggression and conceptual model fostering incivility in nursing education also guided this study. This study answered the following central research question: How have nursing faculty been exposed to incivility by nursing students? Data were collected for this study through one-on-one interviews with nursing faculty exposed to nursing student incivility and a focus group with the same nursing faculty to discuss the current Code of Conduct used to address nursing student incivility. The data were analyzed and coded, and themes were generated using Braun and Clarke's (2021) thematic analysis to uncover how nursing faculty was exposed to nursing student incivility, which revealed six themes. The six themes from the data analysis included examples of nursing student incivility, causes of nursing student incivility, faculty interventions to address nursing student incivility, institutional interventions in place to address nursing student incivility, code of conduct, and administrative support when addressing nursing student incivility. Findings from this study may provide nursing academic administration with a better understanding of how nursing faculty perceive student incivility, perceptions of administrative support, the importance of strengthening policies and procedures in addressing the behaviors, and how the behaviors are being addressed. It can also assist in strengthening policy and procedures.

Keywords: nursing faculty incivility, nursing student incivility, nursing academia incivility, case study.

Dedication

I dedicate this dissertation to my husband, David, and my two boys and their wives, Cecil, Jenna, Joshuah, and Kaycie. I also want to dedicate it to my four grandchildren, Finnegan, Blakely, Landon, and Avery, who make life exciting. Thanks for keeping me on track. I love you!

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List of Abbreviations

The American Nurses Association (ANA)

Social Cognitive Theory (SCT)

Workplace Bullying Institute (WBI)

The National Institute for Occupational Safety and Health (NIOSH)

Centers for Disease Control and Prevention (CDC)

World Health Organization (WHO)

Intensive Care Unit (ICU)

Long-term Care (LTC)

Incivility in Higher-Education-Revised (IHE-R)

Intimidation, Harassment, Discrimination (IHD)

Workplace Incivility/Civility Survey (WICS)

Quality Improvement (QI)

Action Research (AR)

Semi-virtual Reality Simulation (SVRS)

Critical Care Pedagogy (CCP)

Bachelor of Science in Nursing (BSN)

English Second Language (ESL)

Clinical Nurse Faculty (CNF)

Standard Deviation (SD)

Cardiopulmonary Resuscitation (CPR)

Sub-question (SQ)

Master of Science in Nursing (MSN)

Accrediting Bureau of Health and Education (ABHES)

Commission of Collegiate Nursing Education (CCNE)

National Council of State Board of Nursing (NCLEX)

Institutional Review Board (IRB)

CHAPTER ONE: INTRODUCTION

Overview

Increased incivility is a disturbing trend in nursing and nursing education (Frisbee et al., 2019). Academic incivility may occur in several academic teaching-learning settings, including the classroom, laboratory settings, clinical settings, and online, including email (De Gagne et al., 2020; Small et al., 2019). Incivility can occur in many forms across higher education and has adverse outcomes associated with the teaching and learning environment (Wagner et al., 2019). These uncivil behaviors can occur during faculty-to-faculty, faculty-to-administration, and faculty-to-student interactions (Small et al., 2019). It is a dynamic process that involves both parties taking some of the responsibility (Frisbee et al., 2019).

This chapter will discuss the foundation for the problem related to nursing student incivility, nursing educators' perceptions about student incivility, and interventions in place to address nursing student incivility. Additionally, this chapter will include philosophical assumptions, the research problem, the problem statement, the significance to nursing, and the research questions. Moreover, a discussion of the background of the problem will provide a thorough understanding of how the problem has developed over time and includes historical, societal, and theoretical aspects.

Background

Academic incivility is a problem that is prevalent in nursing schools (Murray, 2020; Olsen et al., 2020). Conducting studies on academic incivility produced only a few definitions for the phenomenon (Itzkovich et al., 2020). Incivility is seen as any verbal or physical action that shows a lack of respect and rudeness. Itzkovich et al. (2020) contend that incivility is any action that disrupts a working and supportive learning atmosphere.

Kamolo and Njung'e (2021) suggest that incivility is a set of behaviors that have been deemed unacceptable or undesirable and can be either overt or covert or, as suggested by Izkovich et al. (2020) and Yrisarry et al. (2019), active and passive. Passive or covert incivility includes sleeping, arriving late, talking in class, and leaving early (Izkovich et al., 2020; Kamolo & Njung'e, 2021; Yrisarry et al., 2019). Overt or active incivility includes unprofessional conduct, bias, belittling, intimidation, humiliation, and verbal or physical abuse. There are some terms and actions related to incivility and placed in either lower-level or higher-level categories, which include eye-rolling, insults, disrespectful remarks, ethnic slurs, sexual harassment, and hostile behaviors exhibited by individuals who try to interfere with educators' teaching and students' learning (Itzkovich et al., 2020; Thupayagale-Tshweneagae et al., 2020; Urban et al., 2021). Incivility will be discussed further by exploring the differences between incivility in the following disciplines: nursing, nursing faculty, and nursing students.

Historical Context

Behaviors associated with incivility and how to deal with those behaviors have been addressed since biblical times. Luke 6:27-28 says, "But I say to you who hear, love your enemies, do good to those who hate you, bless those who curse you, pray for those who abuse you" (*English Standard Version Bible*, 2001). Psalm 34:13-15 says, "Keep your tongue from evil and your lips from speaking deceit. Turn away from evil and do good; seek peace and pursue it. The eyes of the Lord are toward the righteous and his ears toward their cry" (*English Standard Version Bible*, 2001). In literature, incivility in nursing was first introduced in the early 1980s and phrased as "nurses eating their young," which described a phenomenon of nursing students in the clinical setting and new nurses entering the workforce meeting incivility from other nurses (Meissner, 1986). Furthermore, research from the 1980s shows that incivility is a problem in

nursing education that both nurse educators and nursing students perpetrate. Following research from the 1980s, Andersson and Pearson (1999) suggested that in American culture, traditionally, civility is a way of gaining power or favor and claiming superiority, which is an acceptable way of obtaining social advantage. Andersson and Pearson (1999) suggested that historians believe that society is leaning toward more self-expression, which denies the pretext of civility because the belief is that civility denies one's desire for freedom and individuality. Andersson and Pearson (1999) discuss how most research on deviant behaviors has focused mainly on physical forms of aggression; conversely, they focused on lower levels of mistreatment and whether they can evolve into more aggressive behaviors.

According to statistics from the American Psychological Association (2003), one out of five Americans has anger management problems (Tunajek, 2007). Felblinger (2008) claims that since the 1990s, there has been an increase in recognizing negative behaviors in the workplace. Furthermore, according to Tunajek (2007), approximately two million workers in the workplace have been victims of violence, and the financial cost to these workplaces is $4.2 billion. Historically, incivility is actions that are perceived as rude or insensitive, and these actions have been a central theme over the last hundred years (Phillips & Smith, 2003). Examples of these actions are abusive language, intimidation, racial slurs, and criticizing team members in front of others (Felblinger, 2008). Reports show that 89% of Americans feel incivility is a serious social problem, and 78% agree that incivility has worsened in the last 10 years. According to Phillips and Smith (2003), there is a growing awareness of incivility. American President George Bush supports the Framework for Civility that calls for "promoting civility, mutual respect and cooperation in our increasingly diverse society" (Phillips & Smith, 2003, p. 85). Additionally, the former British Home Secretary, Jack Straw, has spoken against the "walk on by" urging

individuals to oppose the disrespect and low-level behaviors encountered during everyday life. A lack of civility by nursing students in higher education has been identified as a problem (Lashley & Meneses, 2001).

Furthermore, the problem includes both verbal and physical contact. Examination on this topic in higher education is on the rise. This is secondary to an increase in school violence, such as the school shooting at the University in Arizona in 2002, Northern Illinois University in 2008, and the deadliest school shooting in higher education at Virginia Tech in 2007 (Clark et al., 2009). According to Clark et al. (2009), incivility has continued to evolve, with documented school shootings in higher education starting in the early 2000s.

Social Context

Caring is a huge part of nursing (Suarez-Baquero & Champion, 2021). In addition to being a caring profession, nursing is also a moral profession (Newham et al., 2019). Good nurses care not only for patients but also care about patients. Nursing is a humane, comprehensive practice involving physical, spiritual, and psychosocial care. "Nursing has an enviable position of societal respect and admiration" (Anderson et al., 2022, p. 1). Thupayagale-Tshweeagae et al. (2020) suggest that the foundation of nursing is four fundamental principles: autonomy, non-maleficence, beneficence, and justice. These principles guide the practice of ethical nursing. Moreover, Anderson et al. (2022) contend that the public views nursing as a caring, ethical, and trusted profession. According to Anderson et al. (2022), nurses' behaviors toward their colleagues and patients must match those expectations.

Unfortunately, nursing's history of bullying and uncivil behaviors now impact nursing academia (Anderson et al., 2022). The academic environment should be safe and favorable for educators to teach and students to learn (Thupayagale-Tshweeagae et al., 2020). Abedini et al.

(2021) argue that professional behavior is vital for healthcare team members, and initiation should occur while studying the profession. Moreover, Clark and Dunham (2020) contend that students who enter nursing academia need to be better versed in safe, proficient, and professional care. Students may need role models who exhibit care, empathy, and compassion when entering nursing academia, as they may have unclear perceptions of how to be a professional nurse.

Incivility in nursing education is a persistent, global problem that threatens the psychological and physiological health of faculty and students and, if left unaddressed, can lead to threatening situations (Butler & Strouse, 2022; Christensen et al., 2021; Urban et al., 2021). Other terms used to describe the phenomenon are bullying, harassment, abuse, hostility, workplace violence, disruptive behavior, vertical violence, horizontal violence, and lateral violence (Eka & Chambers, 2019; MacDonald et al., 2022; Olson, 2021). Bullying has been described as using power for control over another by repeated acts and has negative long-term repercussions for its victims (Rose, Jenkins, & Mallory, 2020; Spadafora et al., 2020).

Nursing educators are challenged to build professional behaviors in future nurses (Sortedahl et al., 2020). Abedini et al. (2021) contend that developing moral values in academia and creating professional working relationships between nurses and students will improve patient outcomes (Abedini et al., 2021). Furthermore, as respect and understanding of moral principles increase among nursing students, uncivil behaviors may decrease. If incivility is allowed to continue in nursing academia, then it will follow those students into the profession and negatively affect patient outcomes (Abedini et al., 2021; Kamolo & Njung'e, 2021; Thupayagale-Tshweeagae et al., 2020).

Nursing incivility affects nurses' mental health, ability to work effectively, and the safety of patients (Stalter et al., 2020). Patient safety concerns include falls, medication and treatment

errors, and care delays (Stalter et al., 2019). Additionally, Stalter et al. (2020) state that in the United States, incivility in the healthcare system causes breakdowns that lead to human medical errors, resulting in the third leading cause of death. Hyun et al. (2022) state that incivility experienced by future nurses has reached epidemic numbers, with reports of 88% of nursing students experiencing incivility that negatively affects patients' safety and satisfaction. In addition to incivility among nurses within the workplace, environmental stress has been reported as a contributing factor to acts of incivility among nurse educators and nursing students (Frisbee et al., 2019). These acts can negatively impact students and faculty and can affect nursing education, thereby impacting attrition (El Hachi, 2019; Frisbee et al., 2019). According to Patel et al. (2022), 88% of nursing students reported experiencing incivility while in their program, which increases the number of students who leave before graduation or within two years of entering the profession. Nursing academic acts of incivility are troubling in the classroom and can transfer to the clinical setting, which may negatively impact the patient (El Hachi, 2019; Park & Kang, 2021).

Student incivility consists of troublesome, rude behaviors that disrupt the learning environment, creating additional challenges for nurse educators (Wagner et al., 2019). When incivility occurs in nursing academia and the clinical setting, there is a negative impact on nursing care (Clark & Dunham, 2020). In addition to negatively impacting nursing care, incivility may result in preventable life-threatening mistakes or complications contributing to patient harm. Outcomes for faculty who deal with incivility include decreased job satisfaction, decreased job performance, anxiety, burnout, increased attrition, and decreases in faculty and student working relationships (Wagner et al., 2019). Students who have experienced incivility have reported depression, anxiety, physical illness, and evading others (Penconek, 2020).

Theoretical Context

The conceptual frameworks of Bandura's social learning theory, the continuum of incivility, and the conceptual model fostering incivility in nursing education guide this study (Clark & Kenaley, 2011; Clark, 2013). The continuum of incivility is now called the continuum of workplace aggression, which changed in 2021 based on findings from empirical studies and contemporary theories (Clark, 2022). The Continuum of Workplace Aggression Scale has low-risk, disruptive behaviors on the left side and high-risk, violent behaviors on the right (Clark, 2013). Further research was conducted by Abedini et al. (2022) when evaluating the incivility questionnaire regarding students' perceptions of incivility. The scale evaluated the incivility questionnaire to determine if it could consistently evaluate student perceptions of incivility. Findings suggested that the questionnaire could measure levels of student perceptions of incivility.

Bandura (1977) perceived learning as affected by the relationship between individuals and their environment. He also believed that people were not born knowing how to behave but learned behaviors by observing others or having direct experiences. Nursing students have several environments where behaviors can be experienced or observed, including classrooms, labs, simulations, and clinical settings. Bandura's social learning theory is often used in research when studying behaviors of individuals when personal factors, environmental factors, and behavioral factors interact (Chen et al., 2015). Bandura (1977) also emphasizes learning through role modeling. Role modeling can have a positive or negative effect on student learning, depending on the qualities of the role model.

Fostering civility in nursing education helps "illustrate how heightened levels of nursing faculty and student stress, combined with attitudes of student entitlement and faculty superiority,

work overload, and a lack of knowledge and skills, contribute to incivility in nursing education" (Clark & Olender, 2011, p. 325). The conceptual model explains incivility by defining the problem, identifying factors contributing to the phenomenon, and providing prevention strategies (Clark, 2008). El Hachi (2019) used Clark's model of fostering civility in nursing education in his phenomenological research to unravel the experiences that nursing students have with nursing educators' incivility. Smith et al. (2022) framed the idea of their study using the conceptual model for fostering civility along with Turner's classic empowerment model to formulate that students and educators could foster a civil environment in education. Using Clark's model, fostering civility in nursing education can assist nursing faculty in better understanding the concept of incivility, reasons for incivility, and ways to manage incivility.

Clark's model came from empirical research involving interviews with nurse educators and nursing students (Clark, 2008). Moreover, after Clark's interviews, themes that depicted a multilayered dance between civility and incivility in nursing education became apparent. Clark and Kenaley (2011) stated, "Incivility is like a dance; one dancer leads, and the other follows, and sometimes the dancers do both" (p. 158). This quote communicates how the relationship between nursing educators and students reciprocates during incivility encounters. Two common themes were found during Clark's research: stress and a sense of entitlement as critical factors contributing to incivility. Civility occurs when nursing educators and nursing students better understand incivility and communicate to resolve conflicts.

Situation to Self

I recently completed my 29th year of nursing, with 12 years as a nurse educator. I believe in the profession of nursing and upholding professionalism. According to Wang et al. (2022), the classification of Nightingale's nursing professionalism includes professional emotion, capability,

and ethics. The two areas that I try to instill in my nursing students are professional emotions, including sympathy and professional ethics, which includes teamwork, love, and responsibility (Wang et al., 2022). I believe that students who practice higher levels of incivility in nursing school, such as gossiping, intimidation, bullying, and verbal abuse, would not hold to these professional values and would, in turn, jeopardize patient safety and outcomes.

I have worked with nursing students of different cultures, races, ethnicities, and generational gaps. I do my best to show respect and role-modeling behaviors in the classroom and clinical setting. I have dealt with nursing students' low levels of incivility, such as arriving late for class, leaving class early, using cell phones, and sidebar conversations with other students. For the most part, my students can redirect when needed. I recently had my first encounter with a student with higher levels of incivility. Shouty caps in emails, refusal to meet, refusal to complete requirements, and inappropriate talking in class are some examples of behaviors the above student exhibited. I worked with a colleague who encountered higher-level incivility within her class, and out of fear for her safety, the administration had to be involved. Although we worked with the same students, I did not encounter the same behaviors, but my interest was piqued, so I decided to explore student incivility in nursing education.

When researchers conduct research, they bring certain philosophical assumptions and beliefs to the body of evidence (Creswell & Poth, 2018). These assumptions and beliefs have entrenched how researchers develop our study topic, research questions, and data collection. The difficulty is determining which philosophy we connect with and whether we will use it in our research. My encounters with nursing students and patients in the clinical setting and my philosophical beliefs influenced the topic and how I want to conduct my research. According to

Ferdynus (2021), nurses need to recognize the philosophy they relate to because it may be helpful to their role as nurses.

One of my philosophical assumptions is ontological. Jenkins et al. (2021) contend that ontological assumptions are concerned with the nature of being and reality as well as being human. Everyone learns through direct or indirect experiences. People gain knowledge through personal experiences or observing others going through an experience. What a person takes away from those lived or observed experiences is unique to everyone.

Regarding incivility, each participant or victim perceives those experiences differently, and minimization should not occur due to our own beliefs. My second philosophical assumption is axiological. Axiological assumptions determine the role of values in research (Creswell & Poth, 2018). As an educator, I always provide valuable information to my students to nurture their future in nursing. I look at the core values of the nursing profession and convey those in both the classroom and clinical settings. I believe that ontological and axiological assumptions will guide me well in my research because everyone has a reality that is real to them and different from mine. In my research on student incivility, I gave meaning to those individual realities and their values and showed respect for both.

The research conducted was qualitative, using a case study approach. Qualitative research takes the observed, tries to make sense of it, and makes it visible to others (Creswell & Poth, 2018). Qualitative research using the case study approach uses the perspectives of all the participants to provide a better understanding of the phenomenon being studied (Billips, 2021). The type of case study used was intensive. The intensive case study includes interpreting or explaining a phenomenon (Tight, 2017). An intensive case study aims to provide a story, explanation, or description of the experiences of individuals with a phenomenon. The paradigm

that guided the study was constructivism, an interpretive framework. Paradigms related to ontological research are a set of beliefs that assist the researcher in defining their theoretical framework related to the nature of reality (Corry et al., 2019). Using constructivism is when a researcher is trying to understand better the world they live or work in and relies on the participant's perceptions of the concept as much as possible (Creswell & Poth, 2018; Rees et al., 2020). I used a case study approach with a constructivist paradigm because I wanted to gain a better understanding of other nurse educators' exposure to nursing student incivility.

Problem Statement

Although there has been research on student and faculty incivility, Frisbee et al. (2019) recommended further research "related to interventions to mitigate incivility and perception of incivility within a nursing education unit." Park and Kang (2021) also recommended that "future research should investigate the perspectives of faculty members regarding their uncivil interactions with students" (p. 9). Literature suggests that nursing faculty need to be more aware of student incivility, interventions to address incivility, and its impact on academia to assist in combating the problem and improving faculty and student collaboration (Wagner et al., 2019). According to Clark (2019), "innovative and evidence-based teaching strategies are needed to prepare nursing students to foster healthy work environments and address acts of incivility that threaten teamwork and patient safety" (p. 64). McGee (2021) suggests that "future research needs to focus on strategies for creating a culture of civility" (p. 99). Spadafora et al. (2020) suggest that "research in the future may also want to explore teacher management styles and views towards incivility in the classroom" (p. 37).

One study completed by Rafiee et al. (2016) showed evidence that nursing student incivility was prevalent in nursing academia (Abedini et al., 2021). Another study by Al-Jubouri

et al. (2021) showed that two-thirds of professors had seen student incivility. Other research showed that 60.2% of students committed irresponsible behaviors while 47.8% of students committed aggressive behaviors in academia, and that incivility existed in more than 50% of students (Abedini et al., 2021a; Abedini et al., 2021c). Another study by Abedini (2019) reported that 52.8 % of responders reported incivility in nursing education, with many uncivil acts observed in nursing students. Hospital leaders have been surveyed about which professional behaviors they want new graduates to possess, and results included communication skills that include civility (Sortedahl et al., 2020).

The problem is that the nursing faculty experience incivility from nursing students. In recent years, incidents of incivility have been on the rise in nursing education (Rose, Jenkins, Mallory, 2020). According to Abedini et al. (2022), previous studies showed that 60.2% of students exhibited irresponsible behaviors, and 47.8% exhibited aggressive behaviors in the educational arena. Two-thirds of students reported witnessing at least one episode of student incivility, with 68% of nurse educators reporting high occurrences. Reports also show that 50% of new nurses are subject to destructive behaviors of nursing students, with 90% witnessing student incivility in the clinical setting.

Purpose Statement

The purpose of this qualitative case study was to explore nursing faculty exposure to nursing student incivility at a nursing college in the Mid-Atlantic region. At this stage in the research, incivility is defined as "rude or disruptive behavior which may result in psychological or physiological distress for the people involved and, if left unaddressed, may progress to threatening situations or escalate into hostility and violence" (Butler & Strouse, 2022, p. 173). The theory that guided this study was Bandura's cognitive learning theory, the conceptual

framework continuum of incivility, and the conceptual model fostering incivility in nursing education (Clark & Kenaley, 2011; Clark, 2013).

Significance of Study

The healthcare system is becoming more complex, and nursing educators must assist future nurses with the ability to communicate professionally with other clinicians, patients, and their caregivers (De Gagne et al., 2020; Sortedahl et al., 2020). The American Nurses Association (ANA) Code of Ethics for Nurses (2015) Provision 1.5 states, "The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect. Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always morally unacceptable behaviors" (p. 4). According to Frisbee et al. (2019), nurse educators have a critical role in providing nursing knowledge in the classroom and clinical setting and their professional development. Moreover, part of professional development is communication skills and behaviors.

Researching incivility is essential to nursing because nurses implement patient care (Abedini & Parvizy, 2019). Incivility in the workplace is why 61% of new graduate nurses leave the profession after one year of service. According to Clark and Gorton (2019), new nursing graduates reported decreased job satisfaction and increased intent to leave because of incivility experiences in the workplace. Patel et al. (2022) reported that 21% of nursing turnover is related to acts of incivility, which is a loss of annual revenue of $22,000 to $64,000 per nurse who leaves. Findings from research conducted within the past decade revealed that 60% to 70% of nursing faculty believe that in academia, incivility is a moderate to severe problem (El Hachi, 2019). Similarly, findings from recent research have shown that incivility in nursing academia is

widespread and detrimental nationally and internationally (Wagner et al., 2019). As incivility becomes widespread, Christensen et al. (2021) suggested that the potential of nursing student incivility to trigger workplace incivility is concerning.

Additionally, Christensen et al. (2021) suggested that 37% of uncivil nursing students are reported for practicing uncivil behaviors as registered nurses (Christensen et al., 2021). Seventy-one percent of participants in a study by Luparell and Frisbee (2019) felt that there were nursing students who should never have graduated because of their uncivil behavior. Fifty-one percent of nursing educators have witnessed first-hand incivility from registered nurses who used to be their students. Christensen et al. (2021) contend that nursing students who were uncivil in academia were subsequently fired from their jobs, sanctioned by regulatory boards, or arrested.

Research Questions

The purpose of research questions in a qualitative study is to narrow the purpose to several questions that will be answered (Creswell & Poth, 2018). Questions in a qualitative study are open-ended, evolving, and non-directional and restate the purpose of the study. The recommendation by Creswell and Poth (2018) is that the author narrow down to one central question with several sub-questions. The following contains one central question and four sub-questions.

Central Question: How have nursing faculty been exposed to incivility by nursing students?

The central question is important because awareness of student incivility will assist nursing educators in identifying interventions that educators and students can use together to decrease incivility (Wagner et al., 2019). The central question addresses the purpose of this qualitative case study: to describe nursing faculty exposure to student incivility at a college in the

Mid-Atlantic Region. The sub-questions address the components of the theoretical model fostering civility in nursing education.

Sub-Question 1: What examples of nursing student incivility have been observed by nursing faculty?

According to Abedini et al. (2022), the educator first needs to assess the situation to understand incivility and how to respond. Assessing is considered the first step and will assist faculty in improving students' performance in nursing school. This is important because student incivility is considered one of the most common problems in academia. Demonstrating professional behaviors is an integral part of promoting respect and the culture of nursing (Abedini et al., 2022). Asking this question will help gain a better understanding of how often and examples of incivility nursing faculty are exposed to.

Sub-Question 2: What are nursing faculties' perceptions of causes for nursing student incivility?

According to Abedini et al. (2021), nursing faculty need to understand the situation in planning to reduce the rate of how often incivility occurs. Understanding why students behave uncivilly is important because academic incivility threatens the welfare of faculty and students (Clark, 2008). A better understanding of why students act badly can assist faculty in appropriately addressing these bad behaviors. Asking this question will allow nursing faculty to gain a better understanding of their perceptions of why students act uncivilly.

Sub-Question 3: What faculty and institutional-driven interventions are currently in place to address nursing student incivility?

According to Abedini et al. (2021), implementing appropriate strategies to control and prevent incivility is vital in nursing academia. If these bad behaviors are allowed in nursing

academia, they will follow into the workforce and affect patient care. Asking this question will give participants a better understanding of what interventions are in place and help them realize if their current interventions are working to de-escalate the behaviors.

Sub-Question 4: How do nursing faculty perceive administrative support when addressing nursing student incivility?

According to Stephens et al. (2023), a lack of administrative support is one reason faculty do not report nursing student incivility. The lack of consequences for students who are uncivil will give the impression to students that it is acceptable to behave badly, and this mindset can transfer these bad behaviors into the workforce. Carrying bad behaviors that have been allowed in nursing school will have negative effects on professional interactions with others. Asking this question will help the researcher gain a better understanding of how nursing faculty perceive administrative support when addressing these behaviors.

Definitions

1. *Incivility* – Incivility is "rude or disruptive behavior which may result in psychological or physiological distress for the people involved and, if left unaddressed, may progress to threatening situations or escalate into hostility and violence" (Butler & Stouse, 2022, p. 173).
2. *Civility* – Civility is "authentic respect for others when expressing disagreement, disparity, or controversy" (Rose et al., 2020, p. 165).
3. *Bullying* – Bullying involves a person continually trying to gain power over another person by using varying behaviors that can include physical contact and psychological torment (Christensen & Evans-Murray, 2021).

4. *Lateral violence* – Lateral violence is when "nurses covertly or overtly direct their dissatisfaction inward toward each other, toward themselves, and those less powerful than themselves" (Roberts, 2015, p. 36).
5. *Horizontal violence* – Horizontal violence is nurse-to-another-nurse acts of incivility and is often referred to as lateral violence (Tedone, 2020).
6. *Vertical violence* – Vertical violence is acts of incivility by someone of authority to someone in a lower position (Tedone, 2020).

Summary

Within Chapter One, an introduction to the concept of incivility, focusing on nursing student incivility seen in nursing academia, was presented. The background, purpose, identification, significance of the problem, theoretical framework, and research questions are outlined. The problem is that nurse educators are exposed to incivility from nursing students. This qualitative case study explored nursing faculty exposure to student incivility at a college in the Mid-Atlantic region. The study used a case study approach while interviewing nursing educator participants. The findings of this study will assist nursing educators in understanding the phenomenon of incivility better and developing interventions that will assist in managing nursing student incivility.

CHAPTER TWO: LITERATURE REVIEW

Overview

To introduce the literature review, the concept of civility will be discussed, which may allow the reader to understand incivility better. While there certainly are concerns regarding incivility in the nursing profession and nursing education, the purpose of this proposed study and the literature review is to focus on nursing faculty experiences with nursing student incivility. The literature assesses the concepts of civility, incivility in the nursing profession, incivility in nursing education, and the significant, adverse outcomes associated with each. These outcomes were reviewed, along with perceptions held by nurses, faculty, and students regarding behaviors considered to be uncivil. Finally, this literature review identifies a gap in the literature, which includes the need to describe nursing faculty exposure to student incivility.

When completing a literature review, the researcher gathers information about their topic of choice to synthesize (Pan & Lopez, 2016). To generate the synthesis, the researcher takes different findings and ideas gathered during research and then evaluates and combines the information to create original work. The researcher thoroughly examines and recaps information and applicable theories while finding gaps in the literature, providing readers with a picture of the topic of incivility. This qualitative case study explores nursing faculty experiences with student incivility at a nursing college in the Mid-Atlantic region. Many efforts have been made to promote civility in nursing and healthcare (Clark et al., 2022). With all these efforts, incivility in nursing remains problematic (Layne et al., 2019). Researchers continue to document incivility in both academia and nursing practice. According to Ackerman-Barger et al. (2021), there is a safer learning environment when students and faculty work together to foster a culture of civility. This chapter will begin by discussing the framework of Bandura's social learning theory used to guide

this study. A framework is developed by identifying and developing a phenomenon of interest, reviewing important literature, and determining one's thoughts about the phenomenon (East & Peters, 2019). Clark's conceptual framework, Continuum of Workplace Aggression, and Clark's conceptual model will also be addressed due to their significance to the study. The literature related to incivility in nursing and nursing academia is reviewed. The literature review will synthesize civility, incivility in nursing, and incivility in nursing academia. Additionally, this literature review will explore the gap in the literature and explain how the research addressed that gap.

Theoretical Framework

A theoretical framework is when a researcher uses a theory in their study that conveys both the researcher's values and how the study will provide new knowledge to the phenomenon of study (Collins & Stockton, 2018). A theoretical framework can also be used as a map for qualitative research by providing concepts and connections to the phenomenon (Garvey & Jones, 2021). The framework can assist the researcher in navigating a large amount of research data and then narrowing it down to a particular phenomenon of interest. A conceptual model can be used as a map to show the similarities in the information used for the research (Collins & Stockton, 2018). To provide the framework for this case study, Bandura's (1977) social learning theory, Clark's conceptual framework continuum of workplace aggression, and Clark's conceptual model, fostering civility in nursing education will be utilized.

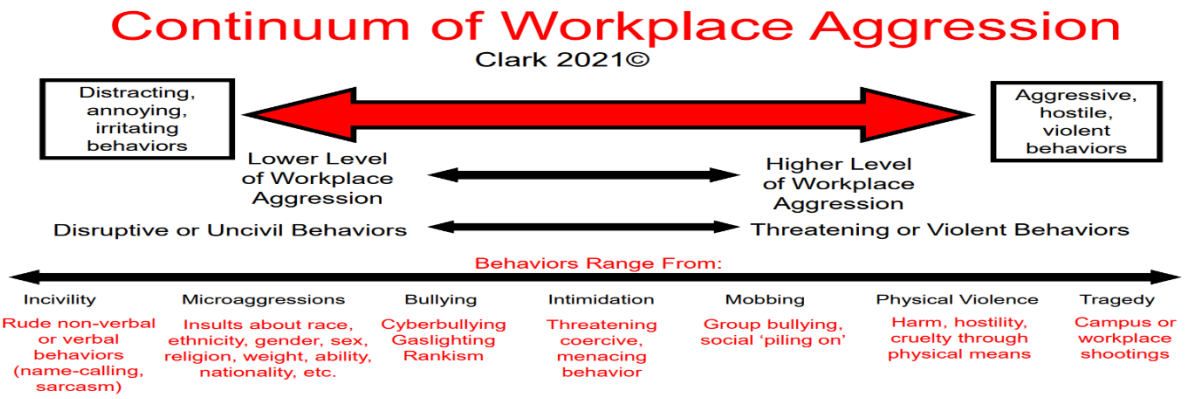
Bandura's Social Learning Theory

Albert Bandura was a social psychologist that has been recognized as being very influential all over the world (Stewart & Krivan, 2021). He is best known for conducting the Bobo doll experiment that showed children exposed to aggressive behaviors portrayed on the

doll would be more likely to display aggressive behavior when playing with the doll. According to Bandura (1977), social learning theory highlights the prominent roles performed by imagined or figurative processes in the mind. He also stated that observation, direct experiences, and fostering can manipulate human behavior and thought. The social learning theory claims that individuals learn from those around them through observing, imitating, and modeling behaviors (McDermott et al., 2021). Nurses or even nursing students become perpetrators when there is a culture of incivility in academia. This study focuses on a better understanding of nursing faculty's perceptions of their understanding of nursing student incivility. Using Bandura's cognitive learning theory helps explain that there are personal, environmental, and behavioral factors associated with behaviors of incivility Students are often seen modeling behaviors that they have observed or experienced by faculty, students, and other nurses in several settings. Therefore, realizing what behaviors constitute incivility and what causes those behaviors is vital. Murray (2020) used Bandura's social cognitive theory (SCT) when devising an educational intervention to promote nursing civility. Based on the theory, nursing students who experience incivility may think the behavior is normal unless taught differently. The behavior change can occur through faculty modeling better interactions. Kile et al. (2019) utilized Bandura's social learning theory to determine the effectiveness of interventions to address nurse incivility. The theory determines the importance of modeling behavior and implementing that model behavior. Implementing the behavior will cause reinforcement, encouraging the individual to adopt it.

Continuum of Workplace Aggression

Figure 1



Conceptual framework: Continuum of Workplace Aggression

Note. From *Core competencies of civility in nursing & healthcare,* by C. M. Clark, 2022, Sigma Theta Tau International. Reprinted with permission.

Clark's original work, developed in 2009, was named the continuum of incivility; however, it was revised and renamed in 2021 to the continuum of workplace aggression (Clark, 2022). The continuum of workplace aggression in Figure 1 demonstrates aggression in the workplace that evolves from lower to higher levels and describes the types of behaviors seen at each level. Behaviors on the lower end of the continuum are considered verbal and nonverbal behaviors that are irritating, including eye rolling, name calling, and walking away from a conversation. On the other end of the continuum, behaviors are considered aggressive, hostile, or violent and include campus or workplace shootings. A range of behaviors starts on the left side of the model. These behaviors begin with incivility and progress to microaggressions, bullying, intimidation, mobbing, and physical violence, ending with tragedy. Each category provides examples of behaviors that are displayed. According to Clark (2013), any behavior on any level on the scale can cause adverse outcomes for the person experiencing the behavior.

Incivility can be seen differently based on social groups and relations (Eka & Chambers, 2019). Incivility can also be interpreted differently among dominant and minority cultural and ethnic groups. This interpretation is accurate to faculty members and their perception of incivility in the classroom, so one faculty member could feel that incivility is a problem and another may not. The lack of mutual understanding of incivility has led to many terms, including uncivil behavior, bullying, disruptive behavior, and vertical and horizontal violence. To clarify, Clark (2013) proposed a continuum of incivility that provides a range of behaviors from mild to threatening (Eka & Chambers, 2019). The model assists in providing a better understanding of how behaviors can escalate from lower to higher levels (Clark, 2022). It is also a reminder that incivility can escalate to threatening situations if left unchecked. The following sections will provide a better understanding of each behavior on the continuum.

Incivility

Incivility is a set of low-intensity behaviors that can cause psychological and physiological distress and, if left unchecked, can spiral into more threatening situations (Clark, 2022). Examples of nonverbal incivility include eye-rolling, door-slamming, refusing to listen, and walking away before the conversation is over. More overt examples are spreading rumors, name-calling, and posting comments that are insulting digitally. Sarcasm is also considered under the behavior of incivility and is the use of cutting remarks used as a weapon to hurt others.

Micro-aggressions

Micro-aggressions typically target individual groups (Clark, 2022). The behaviors can be verbal or nonverbal and have detrimental consequences for those involved. Additionally, they are described as a subtle and prevailing form of discrimination (Ro & Villarreal, 2021). These behaviors concern race, ethnicity, gender, sex, religion, and weight (Clark, 2022).

Bullying

According to the Workplace Bullying Institute (WBI) (2021), "workplace bullying is repeated, health-harming mistreatment of a target or targets perpetrated by one or more offenders-abusive, threatening, humiliating, or intimidating conduct that interferes with a productive work environment; bullying is analogous to domestic violence at work". Additionally, WBI (2021) reports that 48.6 million workers have been directly bullied, with 30.6 million workers witnessing acts of bullying, which equates to 49% of Americans being affected by bullying. Workplace bullying is a primary, psychological source of stress and can result in workplace injuries that include overexertion, falling, trips, violence, and exposure to harmful substances (Teo et al., 2021). There are detrimental effects on those accused of bullying and those on the receiving end (Clark, 2022). Cyberbullying is also a form of bullying that takes place over digital devices.

Intimidation

Intimidation scares someone into submission by inducing fear (Clark, 2022). Lamontagne (2010), who completed a concept analysis on intimation, describes the problem as letting others know they can make things hard for them if they get in their way. Intimidation also includes using forceful behaviors to get others to do what they want. Additionally, individuals that experience intimidation report adverse psychological and physiological effects, powerlessness, and a desire to leave the profession.

Mobbing

Mobbing is a form of bullying that takes the form of more than one person being the perpetrator of behaviors of incivility (Clark, 2022). One person or a group of people conspire with others to gang up against another person. Lemon and Barnes (2021) suggest that

perceptions of higher education include maintaining ethical standards even though research indicates bullying and mobbing are prevalent in higher education. Additionally, they contend that bullying and mobbing in the workplace negatively impact the receiver's health, well-being, and job satisfaction.

Physical Violence

Workplace violence is an international concern that includes threats and attacks in the workplace, such as violence while at work, violence on the way to work, and violence at outings related to work. Workplace violence is categorized as either physical or mental and includes verbal abuse, bullying, mobbing, and abuse that is considered sexual or racial. The National Institute for Occupational Safety and Health (NIOSH; Centers for Disease Control and Prevention [CDC], 2020) has identified four types of violence in the workplace (Clark, 2022). Type I includes criminal intent perpetrated by someone not associated with the workplace, Type II involves perpetrators that are customers or patients, Type III involves violence from one worker to another, and Type IV involves a perpetrator with a personal relationship with the victim. According to World Health Organization (WHO) (2002), nurses are exposed to more workplace violence than other professions (Hertel, 2019).

Tragedy

There are many reports of gun violence in academia. In 2002, a nursing student killed three nursing faculty and then killed himself because he was upset with how he thought he was treated (Clark, 2022). Following the shooting at Sandy Hook in 2012, Everytown for Gun Safety built a database that keeps detailed accounts of shootings on school grounds. According to the database, since 2013, there have been 664 gunfire incidents on school grounds in the United States, resulting in 232 deaths and 456 injuries. According to Clark (2022), at the time of writing

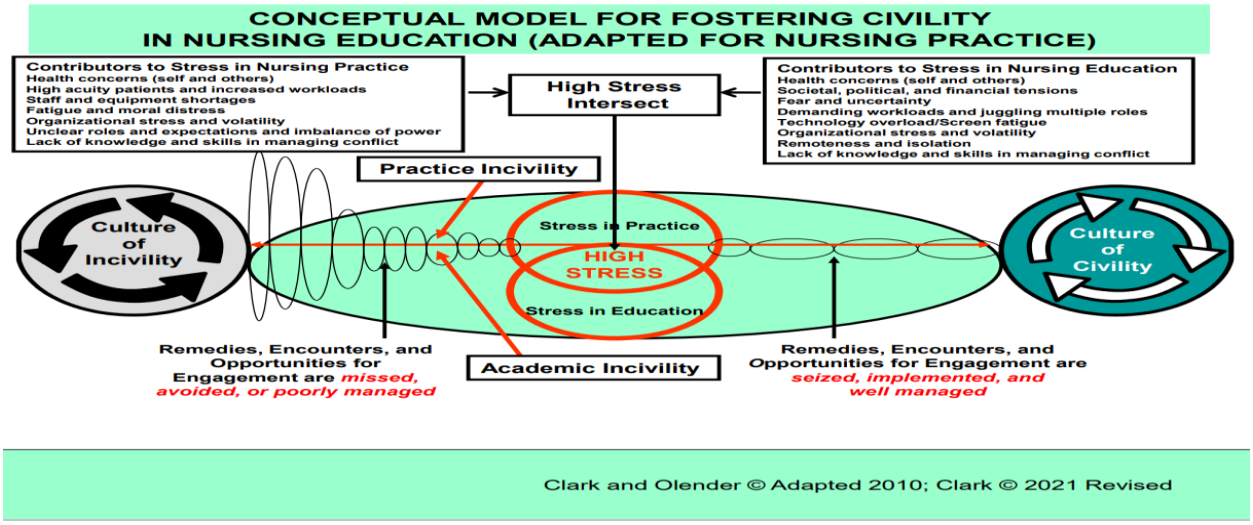
her book on June 21, there had been an additional 30 incidents of gun violence, with nine deaths and 11 injuries (Everytown for Gun Safety, 2021).

Incivility is an overall term used to describe an array of behaviors on a continuum that range from lower to higher levels. Clark's framework better explains how these behaviors score on that continuum. Using this framework can assist in raising awareness of how these behaviors can begin with mild behaviors such as eye-rolling and escalate to possible physical violence. Mild behaviors should not be downplayed or overlooked because of potential harm (Ebbertts & Sollars, 2020).

Conceptual Model for Fostering Civility

Figure 2

Conceptual Model for Fostering Civility in Nursing Education



Note. From *Core competencies of civility in nursing & healthcare,* by C. M. Clark, 2022, Sigma Theta Tau International. Reprinted with permission. (see Appendix A).

A study conducted by Lashley and de Meneses (2001) revealed that 52.8% of nursing faculty reported being yelled at in the classroom, 42.8% reported being yelled at in the clinical setting, and 24.8% reported unwanted physical contact by students. More studies showed a better

understanding of incivility in academia, with 71% of respondents perceiving incivility as a moderate to severe problem that, if left unaddressed, may progress to threatening situations (Clark, 2011). Incivility is cultivated; the model in Figure 2 demonstrates a relationship between civility and incivility that is influenced by faculty and student attitudes, high stress, and opportunities to work with one another. According to Clark and Springer (2010), the model depicts that incivility occurs when stress for both faculty and students is high, and opportunities to resolve conflict are missed or managed poorly. The model's left side depicts escalating incivility that occurs when opportunities to de-escalate are missed, avoided, or poorly handled. The center of the model depicts where high levels of stress for both nurse educators and nursing students intersect. When high stress intersects can be amplified by student entitlement and faculty superiority, increasing workloads, information overload, and poor skills in dealing with conflict. The model's right side depicts how properly managing conflict influences a culture of civility. According to Clark and Springer (2010), the model illustrates that incivility can occur when stress for both faculty and students is high and opportunities to resolve conflict are missed or managed poorly. Additionally, leaders play a significant role in creating a culture and climate of an establishment, and by using the model, these same leaders can positively affect the environment by decreasing stress levels and improving both faculty and student performance.

Using Bandura's (1977) theoretical model will assist faculty in understanding the role they may play in student incivility. Furthermore, faculty will better understand the importance of understanding the behaviors associated with incivility. Using Clark's theoretical model will help faculty better understand factors that influence incivility to occur during their encounter with nursing students. The hope is that by better understanding the causes of incivility, nursing faculty can facilitate positive engagement with nursing students that will increase incivility in nursing

education. Bandura and Clark's models will be used to guide my research, which focuses on expanding the understanding of incivility in nursing education by determining how faculty define student incivility, uncivil behaviors faculty have experienced from nursing students, what reasons they believe contribute to student incivility, and what interventions they currently practice to achieve civility in nursing academia. The models will offer a helpful guide for this research study to illuminate the lived experience of nursing faculty members who have experienced student incivility and help to provide a better understanding of how incivility can harm the culture of civility in nursing academia to include student-teacher relationships and the teaching-learning environment. This understanding of incivility, in turn, will reinforce the need for creating interventions and adhering to a culture of civility to improve the educational environment for all involved.

Related Literature

Civility

To better understand the concept of incivility, one must understand the concept of civility. Clark and Carnosso (2008) conducted a concept analysis on civility and discussed nursing as a caring profession ruled by a code of ethical standards. These standards compel nurses to treat others with compassion and honor while prohibiting threatening behaviors in which one completely disregards others. Many words give meaning to the word civility, including courtesy, politeness, tolerance, listening, and respect. In conducting the concept analysis, three attributes of civility were identified: (a) Respecting and honoring differences among one another, (b) listening to one another while looking for common ground, and (c) participating in and valuing social discourse.

The authors conducted the concept analysis to clarify the meaning of civility. The study examined 49 sources from nine disciplines and used 32. Once the sources were reviewed for commonalities, an operation definition was formed. According to Clark and Carnosso (2008), "Civility is characterized by 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" (p. 13).

Clark et al. (2022) conducted another concept analysis on civility to add new knowledge and operational definitions to research conducted in 2008. There have been numerous efforts to foster civility undertaken in the healthcare system. Several national and international organizations have contributed either visions, statements, or codes of ethics in describing the role and responsibilities of nurses in cultivating a culture of civility in the nursing profession and nursing education that fosters patient safety. The work conducted by these organizations highlights nurses' moral and ethical obligations to respect the rights of others in providing unrestricted care. Clark et al. (2022) included works published between 2008 and 2019 in the analysis. The search conducted yielded 613 articles, and the authors used 517 articles in their study. The authors added three new attributes to the meaning of civility: inclusion and equity, behaviors seen as trustworthy and honest, and expectations of societal norms. The analysis also used 56 definitions in updating the operational definition of civility, which now states that civility is "choosing to authentically engage in respectful, welcoming, and inclusive ways to fostering equity, belonging, community, and connection, including instances when opposing views are expressed (Clark et al., 2022 p. 266).

Incivility

Civility is treating others with dignity and respect. Conversely, incivility includes disrespect for others and may occur in various circumstances. Andersson and Pearson (1999) defined workplace incivility as "low-intensity deviant behavior with ambiguous intent to harm the target, violating workplace norms for mutual respect. Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others" (p. 457). Incivility is behaviors considered rude, and these behaviors can increase in intensity and have been termed as bullying, horizontal or lateral violence, and workplace violence (Phillips et al., 2018). Further discussion will review information about incivility in nursing practice, nursing education, nursing faculty incivility, and nursing student incivility.

Incivility in Nursing Practice

Incivility in the nursing profession is a problem that is seen on a global scale (Aul, 2017). For the last 20 years, conflict in the nursing profession has been reported in nursing literature and is exceptionally high in female-dominated professions such as nursing. According to Aul (2017), an extensive survey by the National Health Service found that 42% of nurses are subjected to incivility in the workplace. According to Neubert et al. (2022), more recent studies found that 67% to 90% of nurses experience incivility, with 75% reporting acts of incivility from their coworkers. Furthermore, strategies to fix these issues have been unsuccessful. Horizontal and lateral violence are terms that Tedone (2020) denotes as incivility or bullying in nursing, which are used interchangeably and represent behaviors between nurses and their peers. Vertical violence is uncivil acts or bullying from a person of authority to someone of lower status (Tedone, 2020). Examples of incivility in nursing are rudeness, lack of courtesy, and acts that violate one's respect (Neubert et al., 2022). These acts can include remarks that are rude or

sarcastic, language that is belittling, gossiping, eye-rolling, and the exclusion of others, which can lead to psychological or physiological distress (Patel & Chrisman, 2020).

Incivility is a set of disrespectful and discourteous behaviors, including criticizing, gossiping, insulting, intimidating, refusing to help, and blemishing the reputation of others (Craft et al., 2020; Croke, 2021). Past research has reported that about 60% of nurses have experienced some form of incivility in practice. A study by Laschinger et al. (2009) reported that 65.7% of nurses were exposed to incivility by supervisors and 75.6% by colleagues. Smith et al. (2018) reported that 90.4% of nurses indicated that colleagues and 77.8% of supervisors perpetrated incivility. Incivility has become so commonplace that uncivil behaviors are an expected part of the culture in nursing (Neubert et al., 2022). Incivility in nursing affects all specialties, types of practice, and academic settings (Croke, 2021). Workplace performance, mental well-being, and retention are areas affected by incivility in the workplace. Acts of incivility can cause nurses to feel humiliated and isolated, and they may cause health problems such as headaches, stomach ulcers, and sleep disturbances (Croke, 2021; Phillips et al., 2018; Taskaya & Aksoy, 2021). Negative consequences affecting the safety and health of those cared for by nurses suffering from incivility include falls, delays in medication administration, impaired patient safety, and medication errors (Patel & Chrisman, 2020; Taskaya & Aksoy, 2021).

Furthermore, there are negative consequences at an organizational level which include poor patient satisfaction, loss of productivity, high turnover, and medical errors that can lead to possible lawsuits and an increase in patient mortality (Olsen et al., 2020; Patel & Chrisman, 2020; Taskaya & Aksoy, 2021). According to Nuebert et al. (2022), one-sixth of the 2.4 million hospitalized Americans die yearly from preventable, adverse events. These fatal adverse events include urinary tract infections, falls, and pressure ulcers. These adverse events result from poor

communication and collaboration because of incivility in nursing practice. Some causes of incivility or bullying are inadequate staffing, lack of support, inadequate coping skills, imbalance of power, and a workplace that displays a culture of silence or acceptance (Craft et al., 2020).

In completing the literature review related to incivility in the workplace, common themes were found. Studies found that other healthcare workers perpetuate incivility as well as patients and family members. Findings also reported the adverse effects of incivility in the workplace, along with the need for both support from management and interventions to address incivility. Smith et al. (2018) conducted a quantitative, correlational, cross-sectional study that analyzed the association between nurse coworker incivility within the nursing environment in which they work. Findings showed that the nursing work environment greatly impacted coworker incivility. Smith et al. (2018) suggest that incivility can be addressed by ensuring appropriate policies and procedures are in place to prevent it. Furthermore, adequate resources and staffing may help to combat incivility. This was further supported by the descriptive, cross-sectional study conducted by Alshehry et al. (2019a) to examine incivility in the workplace and determine its impact on a nurse's professional quality of life. Relevance for practice includes policies in place by human resources to provide for the needs of nurses, reduce incivility in the workplace, and improve the professional quality of life for nurses.

Bloom (2019) conducted a mixed methods study that used quantitative and qualitative methods to examine horizontal violence in the workplace between nurses and their reactions to the behaviors. Bloom (2019) further revealed that perpetrators of horizontal violence, as reported by participants, were 85.8% by peers or fellow nurses, 55.1% by physicians, and 37.7% by nurse managers. Bloom (2019) concludes that there is more research needed to identify strategies to address and improve relationships among nurses in the workplace. There is further evidence that

incivility is perpetrated by health professionals, patients, and by family members. A descriptive survey was conducted by Layne et al. (2019) to study the existence and sources of incivility among nurses at an academic medical center. According to Layne et al. (2019), the study's findings showed that nurses in the Intensive Care Unit (ICU) and intermediate care experienced more incivility from patients and family members than in any other area. Implications for nursing management include developing interventions for nurses to effectively communicate with patients and family members to decrease the prevalence of incivility. More research is needed to determine if patients, family members, and other healthcare team members are continued sources of incivility (Layne et al., 2019).

McPherson and Buxton (2019) conducted a phenomenological, qualitative study to examine how lousy workplace incivility is for nurses. The study was conducted to bridge a gap in the literature between nurse incivility and the need for interventions to address incivility. A knowledge gap was identified as problems with recognizing incivility and understanding how to manage the behaviors. McPherson and Buxton (2019) pondered whether giving the skill set to deal with incivility in a nursing program will assist nursing students in transitioning better into the workforce. They further concluded that support for nurses must be available, and interventions must be in place to address incivility. The need for preparing nursing students for incivility in the workforce is further supported by Samson-Mojares et al.'s (2019) grounded theory study that explored critical factors that trigger the existence and fuel the persistence of incivility in nursing. The purpose of the study was to acquire an understanding of and to develop a theory to address nursing incivility. Participants in the study felt their superiors were not listening when dealing with reports of incivility. They felt that nurses who reported incivility were being neglected, and there was a failure to uphold the unspoken agreement between

employers and employees to protect them. Samson-Mojares et al. (2019) suggested that it is essential for nursing academia to include in the nursing curriculum to define incivility by identifying, responding to, and preventing incivility. Sortedahl et al. (2020) surveyed nurse leaders throughout the United States to evaluate their thoughts on professional behaviors that new nurses need to learn in nursing school. Sortedahl et al. (2020) suggested that nursing students need to understand better incivility and how to address the behaviors.

Fang et al. (2020) conducted a cross-sectional, correlational study that examined the relationship between nurses experiencing workplace bullying, assertiveness, psychosocial work conditions, and factors to predict nurse bullying in the workplace. Fang et al. (2020) concluded that nurse managers need to provide support for those experiencing workplace bullying, and there need to be policies with input from nurses to promote a friendly environment in which to work. Howard and Embree (2020) conducted a pretest/posttest, quasi-experimental, mixed methods study to find if an educational intervention could broaden awareness and knowledge of incivility and bullying and improve skills in nurse communication. Howard and Embree (2020) argued that there must be an understanding of incivility among nurses and new ways to have critical conversations if the cycle of violence is to be broken.

Carmona-Coba and Lopez-Zafra (2021) conducted a study using an experience-sampling methodology to determine the adverse effects of workplace incivility concerning the positive effects of daily support received while working and how it affects mental exhaustion and bedtime. According to Carmona-Coba and Lopez-Zafra (2021), the multilevel hierarchical analysis findings showed increased emotional exhaustion when experiencing incivility while working. The study's findings indicated that incivility in the workplace affects the well-being and vitality of nurses. Moreover, it was found that social support from coworkers and

management was noted to reduce incivility's negative impacts. In this study, the role that managers play in fostering a healthy work environment and providing social support for victims of incivility was revealed. Dirgar et al. (2021) conducted a cross-sectional study of 195 nurses to evaluate nurses' attitudes in response to incivility in the workplace. The study's findings showed that incivility was felt to be more of a problem with young nurses, nurses working the night shift, nurses with a bachelor's degree, and nurses working in a supervisory role. Incivility in the workplace has devastating consequences for employees, patients, and institutions and should not be tolerated. This is further supported by the cross-sectional, descriptive, correlational study conducted by Kavakli and Yildirim (2022) to examine the association between incivility in the workplace and nurse turnover intentions. According to Kavakli and Yldirim (2022), nurse managers play an important role in decreasing incivility in the workplace, so it is essential to determine the cause of nurse turnover and design interventions to deal with the problem.

El Ghaziri et al. (2022) conducted a mixed methods study to gather data about nurses' experiences with incivility in the workplace, cyber-space, and outside of work during the early phases of the coronavirus disease of 2019 (COVID-19). According to El Ghaziri et al. (2022), the study's findings revealed that more than one-third of the respondents experienced more episodes of incivility after the COVID-19 pandemic started than before. El Ghaziri et al. (2022) conclude that being better prepared for the pandemic would have helped decrease the chaos and uncertainty that some respondents reported, which would have decreased the incivility nurses experienced. The study adds information to the current literature that has documented incivility as an ongoing nursing problem (El Ghaziri et al., 2022).

Alshehry et al. (2019b) conducted a descriptive, cross-sectional, comparative study to examine when nurses experience workplace incivility and how it affects the quality of nursing

care. The study's findings revealed that either general or nursing incivility negatively affects the quality of care given to patients. Alshehry et al. (2019b) concluded that more robust policies must be developed to address behaviors contributing to workplace incivility. Additionally, workplace incivility negatively affects patient care, so the focus should remain on eliminating workplace incivility. Alquwez (2020) conducted a quantitative study using a descriptive and cross-sectional design to assess incivility in the workplace that is experienced by nurses and the effects it has on the competence of nurses in providing safe, competent care. Findings in the study suggest that nurses encounter incivility at a moderate rate, with reports that 67.5% to 90.4% of nurses experience workplace incivility. Peer incivility in the workplace accounts for 75% of reported incivility. Workplace incivility continues to be a severe problem that must be addressed and eliminated because of the adverse effects on nurses' work outcomes (Alquwez, 2020). Increased workplace incivility also decreases nurse safety competence, negatively affecting patient safety. This study provides information for managers to establish policies focusing on nurse competencies in patient safety and dealing with acts of incivility (Alquwez, 2020). Anusiewicz et al. (2020) conducted a mixed methods study. They only reported on the qualitative portion of the study to examine how experiencing bullying in the workplace by nurses can affect providing patient care. Participants of Anusiewicz et al.'s (2020) study reported that nurses felt bullied in the workplace because they were new nurses, as an abuse of power, and because of the nature of the work. Some participants felt that workplace bullying negatively influenced patient care because it created a distraction, and they were afraid to ask questions or ask for help. Anusiewicz et al. (2020) concluded that there needs to be support for new nurses from an organizational standpoint and management of units to decrease workplace incivility. The authors further concluded that nurse leaders must be educated on fostering a civility climate and

held accountable for behavioral expectations. Cooke and Baumbusch (2021) conducted a study using critical ethnography that consisted of 100 hours of direct observation of participants and semi-structured interviews that took place in two nonprofit, long-term care (LTC) homes in Canada. Furthermore, participants reported that being exposed to incivility and bullying created a work environment where they were reluctant to seek or give assistance. The authors concluded that being exposed to incivility in the workplace decreases opportunities for collaboration, thus decreasing the quality of care delivered.

The study conducted by Bloom (2019) found that horizontal violence in the workplace needs to be eliminated so nurses can better fulfill their work commitments; this is further supported by El Ghaziri et al. (2022) who maintained that incivility is a continued problem that needs to be addressed. Gaps in literature have been reported by Layne et al. (2019) as a need for interventions to promote communication between patients and nurses to decrease experiences of incivility in the workplace. McPherson and Buxton (2019) defined the gap as the inability to recognize incivility and how to address the problem. Furthermore, Kavakli and Yildirim (2022) identify a need for further research to prevent workplace incivility to decrease nurse turnover. The current study addressed gaps in the literature by exploring interventions currently in place to address incivility that can be used in multiple arenas, not just nursing academia.

In summary, within this section, a detailed look at the literature examining nursing incivility in the nursing workplace was discussed and previously defined as a set of behaviors that are disrespectful and discourteous and include criticizing, gossiping, insulting, intimidating, refusing to help, and blemishing the reputation of others (Craft et al., 2020; Croke, 2021). Additionally, through the examination of nurse incivility in the workplace, potential adverse outcomes for both nurses and patients were revealed. Determining the relationship and

mitigating factors between nurses in the workplace and incivility is imperative in providing a culture of workplace civility and improving nurse workplace satisfaction and patient outcomes. Kavakli and Yildirim (2022) found that there was a significant association between incivility in the workplace and turnover intention in nurses, and Carmona-Cobo and Lopez-Zafra (2021) found that nurses experiencing disrespect in the workplace reported an increase in exhaustion and reduced vitality. Additionally, there was a negative impact on nurses' competence in patient safety when they experienced incivility written by Alquwez (2020) and Smith et al. (2018) said that coworker incivility negatively affected the nurse workplace. Moreover, to better understand incivility in the workplace, factors that contribute to incivility, perpetrators of incivility, and interventions were included in the discussion. Although incivility is a broad topic, this part of the review focused on nursing incivility in the workplace. The following section discusses incivility in nursing education.

Incivility in Nursing Education

Nursing faculty members are expected to be role models, contribute to the science of nursing, and lead future professionals in the nursing profession (Karacay & Oflaz, 2022). According to Park and Kang (2021), many nursing students in undergraduate programs have reported facing incivility from one or two faculty members while in their nursing program. Likely causes that contribute to faculty incivility are insecurities, jealousy, stress, and increased workload (Karacay & Oflaz, 2022). The uncivil behaviors that nursing faculty exhibit towards nursing students are making condescending remarks, arriving late to class, subjective grading, and only being available during class time (Park & Kang, 2021). Factors that have impacted students' perception of nursing faculty acts of incivility are attitudes of superiority, rigidity, power misuse, and disregard for students' previous knowledge and experience (Clark & Fey,

2020). Additionally, students have complained that incivility has increased because of nurse educators belittling and making them feel stupid.

Nursing Student Incivility

According to Abedini et al. (2021), past studies report that 60.2% of nursing students engage in mild incivility, and 47.8% engage in severe incivility. According to Clark and Fey (2020) and Butler and Strouse (2022), studies have shown that stress and lack of respect are significant factors for students' uncivil behaviors and are related to demanding workloads, juggling multiple roles, and encountering incivility from faculty, other students, and other nurses. Nursing student incivility is classified into four distinct types: verbal, isolationist, task, and dishonesty (Christensen et al., 2021). Some examples of student incivility that can be classified as verbal or isolationist include arriving late for class, use of inappropriate gestures, leaving class during lectures, using cell phones, being unprepared for class, and sleeping in class (Abedini & Parvizy, 2019; Christensen et al., 2021; Lupraell & Frisbee, 2019). Examples that fall under the category of task and dishonesty are contacting academics after hours, complaining of a lack of timely response to those messages, and plagiarism and cheating (Christensen et al., 2021). More severe examples of incivility are attending class under the influence of drugs and alcohol and physically threatening behaviors that, when left unaddressed, may result in psychological and physiological distress in those involved (Abedini & Parvizy, 2019; Lupraell & Frisbee, 2019; Smith et al., 2022; Yrisarry et al., 2019). Park and Kang (2020) argue that nursing educators perceive multiple factors are significant in incivility among nursing students. These factors include student immaturity, entitlement, increases in workload, and generational cultural differences.

Civility in nursing education has been defined as "respect for one another and honoring differences. Listening and seeking common ground. Engaging in social discourse and appreciating its relevance" (Eka & Chambers, 2019, p. 45). The definition of incivility in higher education is expansive and open to understanding and can be perceived differently among different groups and settings. Incivility includes behaviors that are rude, impolite, and inappropriate. Over the last two decades, research about incivility in nursing education has continued to grow (Clark & Fey, 2020). In higher education, incivility hurts teaching and learning (Wagner et al., 2019). Incivility in higher education is a problem that is considered immoral and includes being rude and showing disrespect for those in an environment where learning takes place (Abedini et al., 2021). These behaviors can be perpetrated by both students and faculty members and cause poor outcomes that include negative student and faculty interactions, anxiety, and a decrease in job satisfaction that leads to burnout (Wagner et al., 2019). Behaviors exhibited by faculty considered uncivil are superior attitude, refusal to change, abusing power, indifference to students' past experiences, and making students feel stupid (Clark & Fey, 2020). Examples of student uncivil behaviors include demanding behaviors and poor preparation for class (Butler & Strouse, 2022).

Nursing education incivility is a global problem that causes adverse outcomes for both faculty and students (Urban et al., 2021). Faculty outcomes associated with incivility are increased stress, decreased job satisfaction, poor performance in teaching, burnout, and a reduced relationship between faculty and students (Clark et al., 2021; Wagner et al., 2019). Student outcomes associated with incivility are reported as emotional distress, decreased learning, low self-esteem, hopelessness, sleep disturbances, and resentment toward faculty (Butler & Strouse, 2022; Kamolo & Njung'e, 2021). According to Patel et al. (2022), current

nursing shortages will only get worse due to nursing students' experiences with incivility. The problem is that because of incivility, students leave school before graduating or leave the nursing profession within two years of graduating from a nursing program. Urban et al. (2021) stress that more research needs to be conducted on student and faculty experiences with incivility to determine institutional needs (Urban et al., 2021).

According to Rose et al. (2020c), 60.7% of nursing students reported moderate problems with incivility, whereas 8.7% reported a severe issue with incivility in nursing education. Another report shows that 70% of nurses reported experiencing incivility from other nursing students, whereas 97% stated they had experienced incivility in the classroom (Rose et al., 2020b). Nursing students feel disrespected and unwelcome in the clinical setting, leading to low self-confidence and the lack of a sense of belonging (Patel et al., 2022). These feelings of not belonging can lead to depression and low self-esteem. Incivility in the clinical setting can contribute to adverse outcomes for the individual and the organization (Zhu et al., 2019). In the clinical setting, incivility can have serious negative consequences, which include errors in patient care and patient safety (MacDonald et al., 2022).

According to Zhu et al. (2019), critical factors associated with acts of incivility are gender, class standing, grades, interactions that take place between faculty and students, and academic achievement. These contributing factors can be categorized into academic, psychopathological, and social factors. Other factors that play a role in education incivility are policies in place to address incivility, the political atmosphere, and environmental factors. It is critical to recognize incivility before it happens (Stalter et al., 2020). There are over 40 different behaviors associated with incivility and including eye rolling, criticizing, intimidating, and undermining. Once incivility is understood, a mindful effort must be made to address the behaviors.

Perceptions and Experiences of Incivility. The literature review conducted for this section will show multiple studies that discuss perceptions of faculty experiences with incivility. Ziefle (2018) conducted a descriptive, non-experimental, cross-sectional study to examine the differences in two generations of associate degree nursing faculty experiences with incivility in nursing education. The highest level of experiences of incivility identified by Ziefle (2018) were from Generation X faculty, which could be explained because of differences in generational values, more educational experiences, and cultural changes in norms. In comparison, Wagner et al. (2019) used a descriptive comparative study design by having students complete the Incivility in Higher Education-Revised (IHE-R) survey to compare perceptions of nursing students and nursing faculty incivility across disciplines at a large public university. Nursing faculty perception of overall incivility was much higher in nursing than in science and math, but not when compared with education. Nursing student perception of overall incivility was significantly higher when compared with both science and math and education.

Lupraell and Frisbee (2019) conducted a cross-sectional study and descriptive, correlational quantitative design to determine if faculty experiences with incivility are related to their level of job satisfaction and their intent to leave their organization. Lupraell and Frisbee (2019) found that job satisfaction had a higher relationship with administrators and other faculty members than with students, and intent to leave had a higher relationship with administrators than with students and faculty members. This was further explored by Tolyat et al.'s (2021) analysis using a conventional, qualitative approach to examine nursing educators' experiences with disruptive behaviors in the workplace. Tolyat et al. (2021) reported that nurse educators experienced disruptive behaviors from several sources: managers, students, patients and their family members, and physicians. Tolyat et al. (2021) concluded that nurse educators that

experience disruptive behaviors could affect the learning environment, including organizational and professional behavior that can lead to failure of the organization in obtaining or reaching their goals. Incivility comes from faculty, administration, patients, and family members. Findley and Harris (2020) conducted a cross-sectional, descriptive survey to explain the extent of intimidation, harassment, and discrimination (IHD) that healthcare trainees experienced and identify their reactions to these experiences. They examined their understanding of the resources available to assist them in dealing with IHD. Results show that while in training, 43% of respondents reported they experienced some form of IHD from patients and their family members.

Clark et al. (2021) conducted a convergent, mixed method student to collect both quantitative and qualitative data to examine the perceptions of nursing administrators and faculty about civility and incivility in nursing education as well as develop and test the Workplace Incivility/Civility Survey (WICS), the instrument that will be used to conduct this study. Clark et al. (2021) reported that half of the respondents thought incivility is either a moderate or severe problem. The qualitative information obtained formulates eight themes: unprofessional behaviors, bullying behaviors, poor communication, circumventing expected processes to resolve conflict, discrediting a colleague, taking credit for another person's work, ineffective leadership, and illegal threats or actions. Examples of incivility are further supported by Singh et al.'s (2022) exploratory, qualitative study using a narrative approach to examine the experiences of Australian nurse faculty within their professional work life. Data analysis was obtained using reflexive thematic analysis and revealed seven themes: lack of work-life balance, staff incivility, increase in workloads that are poorly distributed, lack of recognition, negative culture in the workplace, lack of political awareness, and lack of skills from leadership. Data

from Singh et al.'s (2022) report revealed that 50% of nursing faculty expressed concerns about feelings of intimidation that included threatening behaviors from their managers or superiors and reported experiencing behaviors of incivility. Safapour et al. (2022) conducted a cross-sectional, descriptive-analytical study to assess nursing faculty and nursing student perspectives of uncivil behaviors in nursing academia. Data reported by Safapour et al.'s (2022) study showed that 55% of faculty and 48% of students reported experiencing moderate levels of uncivil behaviors. The total mean score for uncivil behaviors in faculty members was 55.14 ± 6.36, and the total mean score for students was 48.71 ± 14.57. Areas of concern for uncivil behaviors included the learning environment, communication, and ethical climate.

Strategies to Prevent Incivility. Incivility is a problem that affects different disciplines in nursing. Incivility continues to be a problem in nursing and nursing education, and strategies must be implemented to address the behaviors. Lupraell and Frisbee (2019) stated that further studies need to be conducted on interventions to address incivility and perceptions of incivility in nursing education. Findley and Harris (2020) conclude that there needs to be policies and procedures for trainees to empower themselves to respond appropriately to IHD. Tolyat et al. (2021) found that nursing academia needs to implement strategies to address disruptive behaviors in nursing schools. This is further supported by Urban et al.'s (2021) comparative, descriptive, and correlational research study to examine the relationship and differences between the frequency of incivility perceived by nursing faculty and nursing students along with self-reported stress and levels of resilience during the COVID-19 pandemic. Urban et al. (2021) conclude that a better understanding of faculty and student levels of stress and resilience will assist in developing targeted interventions and policies to address incivility.

Merkel et al. (2020) found that effective communication was one intervention that could be used to address incivility. Merkel et al. (2020) created a faculty and student Action Research (AR) team to create a Quality Improvement (QI) project to determine effective interventions to address incivility in nursing education. Results showed that 96% of students and 80% of faculty and administration felt that the QI project was valuable and helpful to them in practice. Additionally, Merkel et al. (2020) concluded that nursing schools could use free resources for faculty and students to start essential conversations about communication and other necessary interventions to address incivility in nursing education.

Rose et al. (2020) conducted an interventional study to observe whether using a semi-virtual reality simulation (SVRS) as an intervention tool in education can increase incivility awareness among nursing students. Although the quantitative data revealed that after the use of the SVRS, there was a change in awareness of student incivility, it was the qualitative data that revealed students had an increase in their awareness of incivility and saw an improvement in their ability to recognize those behaviors in themselves and others. Rose et al. (2020) concluded that increasing one's awareness of incivility is the first step to decreasing acts of incivility. The need for student training is further supported by Abedini et al.'s (2021) quasi-experimental study to examine the effects of training on nursing students' manners regarding uncivil behaviors. The sample population was 83 second- and third-year students, with second-year students representing an experimental group and third-year students representing the control group. Data for Abedini et al.'s (2021) study were obtained before and after the incivility-free thinking course was conducted. Abedini et al. (2021) concluded that free thinking training regarding students' manners effectively managed student incivility. Furthermore, researchers

concluded that unless there is a definition of expectations and civic behaviors for students and faculty members, they may not realize the adverse effects of their behaviors.

Ackerman-Barger et al. (2021) conducted a study that chose the critical caring pedagogy (CCP) to guide them in identifying interventions to improve civility in learning environments. The study was also used to examine thoughts from nurse educators about what they have done or think they could have done to decrease incivility by promoting civility in learning environments. According to Ackerman-Barger et al. (2021), interventions to promote civility using personal action are to engage and be accountable, use open and honest communication, foster positive relationships, and hold those accountable for uncivil actions by upholding a culture of civility. Furthermore, interventions to promote civility using organizational action set clear expectations, establish real consequences for those that perpetrate acts of incivility, and teach conflict resolution. Ackerman-Barger et al. (2021) concluded that nursing academia that can generate and keep a culture of civility is ready to provide a higher level of learning, retain both students and faculty members, increase diversity in the workplace, and build generations of nurses that care about others. Singh et al. (2022) concluded that effective mentoring of new nurse faculty, being treated civilly, and having a better balance between work and life are areas of priority that need to be addressed to improve the recruitment and sustainability of nurse faculty. Furthermore, Safapour et al. (2022) concluded that uncivil behaviors have become common. For this reason, nursing education and authorities in healthcare systems need to implement interventions to decrease these behaviors and the outcomes of nursing students and faculty.

In summary, to understand faculty experiences with incivility, it is crucial to discuss incivility in nursing education. Ziefle (2018) argues that incivility in nursing education affects

faculty, students, and nursing. Tolyat et al. (2021) conducted qualitative research showing that incivility experienced by nurse educators in the workplace can affect professionalism and how well they educate students. Additionally, Clark et al. (2021) conducted a study that found important factors to decrease incivility in nursing education to assess the perceptions of faculty incivility, what contributes to incivility, and strategies to address incivility. Ackerman-Barger et al. (2021) found that effective communication was one way to promote civility in nursing education.

Future research is needed to address the gaps in the literature to have a better understanding of the perceptions of incivility and the need for interventions to address them (Frisbee, 2019; Rose et al., 2020; Shen et al., 2020; Ackerman-Barger et al., 2021; Tolyat et al., 2021; Urban et al., 2021). Although this section detailed incivility in nursing education, there is a need to focus on faculty incivility, student incivility, and the impact of incivility. The research filled the literature gaps by providing a better understanding of nursing faculty perceptions of incivility perpetrated by nursing students and current interventions in place to address the behaviors. The following section explores faculty experiencing faculty incivility, students experiencing incivility, faculty experiencing student incivility, and the impact of incivility in nursing education.

Faculty Experiencing Faculty Incivility

All members of academia deserve to work in a healthy culture where they are treated with respect and dignity and feel like valued members of the institution (Clark & Ritter, 2018). Incivility in nursing education is a challenging problem, whether perpetrated by faculty, students, or administration (Smallheer et al., 2021). Faculty-to-faculty incivility has been defined as behaviors that include berating, sabotaging, excluding, and taking credit for work

completed by others (Stalter et al., 2019). Additionally, it is seen as a problem that is moderate to severe. If left unaddressed, it can lead to situations that can be considered threatening (Smallheer et al., 2021).

Perceptions of Incivility. Thupayagale-Tshweneagae et al. (2020) conducted a qualitative, phenomenological study to examine foreign nurse educators' lived experiences with incivility and their impact on their work and livelihood. Once the data were analyzed, three themes emerged: hostile behavior, discrimination, and inequitable application of procedures and processes. Findings from the study revealed that incivility is experienced by foreign nurse educators that work in Botswana. Findings were further supported by Thupayagale-Tshweneagae et al.'s (2020) qualitative, descriptive study that examined leaders' of nurse education perceptions of nurse educator incivility in academia. Thupayagale-Tshweneagae et al. (2020) found that the nurse educator leaders reported three main themes regarding nurse educator incivility: lack of policy implementation, inadequate leadership skills, and role modeling. Findings exposed nurse incivility in nursing academia in Botswana.

Wunnenberg (2020) conducted a cross-sectional, descriptive, correlational study to examine bullying among nurse educators in the workplace along with relationships between bullying, professional demographics, coping strategies, and intent to leave. Additional data showed that 45% of participants had experienced workplace bullying, including being left out, having opinions ignored, and having an unmanageable workload increase. The author concluded that nurse educator bullying in the workplace is a severe problem that must be addressed to retain qualified nurse educators. Furthermore, findings from Wunnenberg's (2020) study can assist in developing strategies that can decrease the effects of bullying and help retain nurse educators. McGee (2021) conducted a descriptive study to evaluate faculty-to-faculty incidences

of incivility in nursing education and their physical and mental responses to uncivil behaviors. Findings from McGee's (2021) study indicated that incivility in the workplace is considered a moderate to severe problem that results between faculty members and between faculty and administrators. Physical effects of incivility in the workplace were reported as headaches, stomachaches, and sleep disturbances, with emotional effects reported as anger, stress, self-doubt, low self-esteem, nervousness, and frustration. Findings were further supported by Karacay and Oflaz's (2022) cross-sectional, analytical study to examine incivility in academia between faculty members and to determine their perceptions of why incivility is occurring and any solutions to address the phenomenon. Reasons reported by Karacay and Oflaz (2022) for incivility among faculty members found seven themes: personality, institution lack of structure and cultural awareness, poor leadership personalities and competence, increased work demand, lack of resources to study, and lack of understanding and respect.

Strategies to Prevent Incivility. Thupayagale-Tshweneagae et al. (2020) recommend equal job opportunities for foreign nurses who relieve nursing shortages by working in foreign countries. Thupayagale-Tshweneagae et al. (2020) suggest that nurse educators must be trained in management skills before filling leadership positions. Furthermore, findings suggest that collaboration between policymakers and nurse educators in addressing incivility in nursing education is imperative. Findings were further supported by Karacay and Oflaz (2022), where three themes emerged from their study related to solutions for incivility, including administration, training and inspection, and control mechanisms. Karacay and Oflaz (2022) concluded that the results from the study could guide leaders in nursing education about the reasons for incivility and solutions. Furthermore, they should take action to eliminate incivility in nursing education.

Through a discussion of incivility between nursing faculty, the need for further exploration of faculty experiences with incivility became apparent. Thupayagale-Tshweneagae et al. (2020) conducted a qualitative study that revealed nursing faculty experience incivility by other nursing faculty members and suggest that it is essential for nurse educators to collaborate with policymakers and be trained on management skills before filling leadership positions to address the problem. Wunnenberg (2020) conducted a study that found bullying experienced in the workplace by nurse educators is a severe problem. Furthermore, the behaviors must be addressed by developing interventions to retain qualified nurse educators. McGee (2021) conducted a study that examined the effects of experiencing incivility that included both physical and psychological manifestations.

Moreover, further research must be conducted on developing strategies to address incivility. As the empirical research of faculty experiences of incivility by other faculty members was explored, the importance of developing strategies to address the behaviors was evident. The focus of the research is on faculty experiences with nursing student incivility and what interventions are currently in place and can be used when addressing incivility from other disciplines. The following section will discuss students' experiences with incivility.

Student Experiencing Incivility

Academia and clinical incivility can cause adverse outcomes for students, faculty, and healthcare team members (Clark & Dunham, 2020). Additionally, Merkel et al. (2020) contend that problems associated with incivility are poor learning in the classroom, incompetent nursing practice, and negatively impacted patient care. Students report belittling, unfair treatment, and undoing pressure as examples of incivility they experience from nurse faculty (Stalter et al.,

2019). These behaviors can lead to an environment that is not conducive to learning, negative workplace behaviors, and violence.

Perceptions of Incivility. Courtney-Pratt et al. (2018) conducted a mixed-methods study incorporating quantitative and qualitative approaches to examine nursing students' experiences with bullying in the classroom and clinical setting, their strategies to address the behaviors, and recommendations for student empowerment. Distress, anxiety, lower levels of confidence, and questioning being a nurse are impacts reported by participants that experienced bullying. In another study, Fathi et al. (2018) conducted a descriptive, cross-sectional study in Kurdistan where nursing students attended a Nursing and Midwifery Faculty to examine the reports of violence among nursing, midwifery, and operating room program students. Furthermore, Fathi et al. (2018) found that 58.7% of participants reported experiencing acts of violence in the last year. Further data obtained during the study revealed that 54.7% of participants reported acts of violence to their clinical instructors. In contrast, 50.4% of participants reported their clinical instructor as a perpetrator of violence. Further data revealed that 72.9% of participants reported that the clinical environment is sometimes dangerous. Mohammadipour et al. (2018) also conducted a quantitative study that aimed to determine nursing student perception of how often and severe incivility was perpetrated by nursing faculty. Findings indicated that according to nursing students, the uncivil behaviors that were of most concern were lack of respect, physical threat, damage to property, and physical violence. Furthermore, 61.8% of nursing students reported experiencing unfair assessments from faculty members sometimes or always.

Holtz et al. (2018) conducted a qualitative descriptive study to describe student reports of common faculty incivility they experienced while in their Bachelor of Science in Nursing (BSN) program. Holtz et al. (2018) found six different themes related to faculty incivility that nursing

student participants reported: juggling or stereotyping, hinder student progress, bullying students, embarrassing students, withholding instruction from students, and forcing students into no-win situations. In another study, El Hachi (2019) used a phenomenological, descriptive approach to explore the lived experiences of graduates from a baccalaureate nursing program with incivility from faculty members. El Hachi (2019) found that nursing graduates reported six major themes for faculty incivility: faculty incivility is an emotionally traumatic experience, unengaged faculty, decreased motivation to learn, displaying favoritism, displaying culturally and sexually inappropriate behavior, and coping behavior. Further research should be conducted to increase understanding of the phenomenon in the region with an exploration of nursing faculty perceptions of student incivility, work satisfaction, and factors that affect faculty disengagement are needed to understand better incivility in nursing education (El Hachi, 2019).

Ruvalcaba et al. (2018) conducted a descriptive, cross-sectional, comparative, and correlational study to determine if differences and relationships exist between perceptions of English as an additional language (ESL) and non-ESL nursing students who have experienced incivility in the clinical setting during their nursing program. The researchers also concluded that age, gender, and length of time in the nursing program predicted which students may have a higher perception of incivility by nursing staff. The findings reported in the study can be used to assist staff nurses in promoting best practices when working with ESL students in the clinical setting. In another study, Tecza et al. (2018) conducted a single-site, quasi-experimental, nonequivalent pre-post study that took place in a pediatric hospital that held a Magnet hospital recognition status to examine nursing student's perceptions of incivility in the clinical setting and test intervention that have a positive effect on those perceptions. Tecza et al. (2018) concluded that the study proved that perceived incivility exists in hospital learning environments. Findings

were further supported by Thomas's (2018) qualitative study to explain the lived experiences of nursing students with incivility in the clinical setting. Once the data were analyzed, Thomas (2018) reported that two themes emerged: covert criticism and open shaming. Emotional consequences reported by students were physical and cognitive, including anxiety, insecurity, physical turmoil, and feelings of being singled out.

Student incivility in the clinical setting has been further supported by Ahn and Choi (2019), who conducted an exploratory, qualitative study to describe nursing student experiences with incivility in the clinical setting. Ahn and Choi (2019) found that nursing students reported five main themes: lack of respect, lack of role models, excessive demands, hostile behavior, and mean behaviors in the clinical setting. Minton and Birks (2019) also found during a cross-sectional survey to present described nursing students' experiences with bullying in the clinical setting. Minton and Birks (2019) reported that three themes emerged with the analysis of free text data: manifestations of bullying and harassment, the perpetrators, and consequences and impact. According to participants in the study, manifestations of bullying were physical, verbal, psychological, and racial abuse that included being ignored or being told they were worthless. Perpetrators of bullying were registered nurses and clinical instructors who reported physical, psychological, and financial burdens that caused some students to leave nursing. According to the findings from Minton and Birks' (2019) study, bullying is a significant problem that nursing students experience during the clinical setting.

In a later study, Kim et al. (2020) conducted a descriptive, correlational study to investigate the relationship between nursing students experiencing incivility in the clinical setting and their critical thinking. Kim et al. (2020) concluded that incivility hurts nursing education in the clinical setting. Moreover, findings contribute to the knowledge that nursing

students suffer at the hands of nurses in the clinical setting during their formative years in nursing school. Shen et al. (2020) conducted a cross-sectional, descriptive study to examine uncivilized behaviors toward nursing students in the operating room, the perpetrators of the behaviors, and how clinical instructors address the behaviors when they happen. Shen et al.'s (2020) study found that the mean total score for incivility was 56.7% (122 out of 215) of participants who reported experiencing some form of incivility in the operating room. Types of incivility experienced by nursing students in the operating room included being yelled at (*n* = 90; 41.9%) and being embarrassed in front of others 36.3% (*n* = 78), and 32.1% of students (*n* = 69) reported that they were called incompetent.

MacDonald et al. (2022) also studied, during an exploratory, descriptive study, the perceptions and incidences of incivility experienced by nursing students in the clinical setting along with impacts, sources, coping mechanisms, and how students report incivility. Data from MacDonald et al.'s (2022) study were analyzed and showed that 70% of nursing students experienced incivility in the clinical setting. The most frequently uncivil behavior experienced by nursing students was discourteous gestures or non-verbals (71.4%), followed by condescending remarks (70%) and aggression (8.8%). Participants reported anxiety (81%) and inadequacy (70.6%) as the highest-ranked impact of experiencing incivility in the clinical setting. Seventy-two percent of participants stated that they avoided communicating with the perpetrator, were afraid to ask questions, and felt the need to leave the profession in response to incivility in the clinical setting. Nineteen percent of nursing students felt that experiencing incivility in the clinical setting affected the quality of care they delivered, and 13% reported errors because of the behaviors. The primary source of incivility was reported as registered nurses (67%), with only 8% of participants reporting acts of incivility. MacDonald et al. (2022) concluded that incivility

experienced by nursing students in the clinical setting is a significant problem that causes serious consequences. In another study, Patel et al. (2022) conducted a cross-sectional study to examine how often student nurses experience incivility and the relationship between incivility from staff nurses and nursing students' sense of belonging. Findings concluded that staff nursing incivility negatively affects nursing students' sense of belonging.

Small et al. (2019) conducted a cross-sectional, descriptive survey using data from a mixed methods quantitative and qualitative study to examine nursing students' perspectives of faculty incivility in a baccalaureate program, expanding on prior literature. The data from the quantitative study revealed that students believe incivility in nursing education is a mild to moderate problem. In another study, Nodeh et al. (2020) conducted a conventional, qualitative, exploratory study to examine nursing students' experiences with incivility from nursing faculty. Participant interviews were conducted, and after analysis of data, two categories emerged: hidden faculty incivility and apparent faculty incivility. Each category has subcategories that give a better understanding of each category. Hidden faculty incivility was reported by Nodeh et al. (2020) as a lack of subject mastery, inattentiveness to the classroom environment, inability to manage the classroom, and evaluations that were considered unfair. Also, apparent faculty incivility was further described as incongruities in speech and behavior, authoritative and unconventional behaviors. O'Flynn-Magee et al. (2020) also found a huge difference in perceptions of bullying among participants, how bullying is addressed, and whether academia relies on policies and procedures to address bullying. Participants had several behaviors they associated with bullying: belittling, demeaning, and picking on. Many participants did not know how bullying was being addressed and stated that many policies were in place to address and

prevent bullying in academia. O'Flynn-Magee et al. (2020) used the study's findings to adopt a definition of bullying because there is no clear understanding of what is considered bullying. Mao et al. (2021) conducted a qualitative study in a private hospital in China to examine student experiences with lateral violence. Mao et al. (2021) reported that two themes emerged after data analysis: making extra efforts and soothing emotional distress. Participants reported that making extra efforts included catching up on knowledge, making the most of the learning resources, and adjusting how they communicated. Furthermore, they reported soothing emotional distress by seeking classmates' support, living with family but crying alone, and adjusting their lifestyle. According to Mao et al. (2021), data obtained indicated that young nurses would not stay in a position of being the victim of lateral violence and struggle to overcome their current predicament. Additionally, the researchers reported a gap between what is learned in the classroom and the clinical setting that is only made worse by the nursing shortages, lateral violence, and incivility against nurses. Incivility not only happens in the classroom and clinical setting but can also occur during online learning. Jones et al. (2022) conducted a mixed methods study to determine how caring by nurse faculty is apparent in learning online, how nursing students prioritize nursing faculties caring behavior, and if there is any difference based on demographics. Findings revealed that the top three caring behaviors reported by faculty and students were due dates and schedules posted and identified, a provided, detailed calendar, and responses to postings and emails within 48 hours. Responses to the open-ended question revealed that students perceived faculty as caring when deadlines were consistent, when they were respectful when answering questions, when they engaged in online lectures, when they provided constructive feedback, and when they kept up with changes in technology.

Strategies to Prevent Incivility. Courtney-Pratt et al. (2018) suggested that strategies that were used by participants to address bullying included seeking assistance from other trusted faculty members and other students. Students recommended that nursing programs better prepare students for bullying because they felt they were not prepared and provide immediate support for those who are experiencing bullying. Courtney-Pratt et al. (2018) concluded that nurse bullying is a significant, long-standing problem and needs more research at a more significant level to examine the impact of bullying and strategies to prevent and address the behaviors. Fathi et al. (2018) also concluded that students who experience violence may have personal and professional consequences from this violence. Thus, Faith et al. concluded that further research needs to be conducted on interventions in place to address the behaviors. The authors further stated that students must be aware of violence and how to address these behaviors. In contrast, in students' program of study, authorities in education, along with classroom and clinical instructors, need to take measures that prevent violence and create a supportive environment.

Holtz et al. (2018) recommended that faculty members use the data obtained to increase awareness of their behaviors and how students may perceive them. In another study, Mohammadipour et al. (2018) concluded that nursing faculty members need to establish a working relationship with students that conveys respect, and that by being aware of uncivil behaviors, faculty can rethink how they interact with students. Furthermore, Tecza et al. (2018) found that perceptions can change by giving the power to direct care nurses to develop and implement strategies to create change. In another study, Thomas (2018) concluded that experiences during education are a time when students are encouraged to role model caring behaviors and strengthen their desire to be a nurse. Furthermore, nursing curricula need to teach students how to notice incivility and strategies to address those behaviors.

Ahn and Choi (2019) recommended using the findings in the study to find solutions to experiences that nursing students have with incivility and help empower nursing students in the clinical setting. Minton and Birks' (2019) concluded that educational institutions are responsible for educating staff about how to recognize and address bullying in the clinical setting and preparing students to respond to these behaviors when they occur. Furthermore, Minton and Birks (2019) concluded that empowering students to develop resilience and assertiveness is the key to addressing bullying. In another study, Small et al. (2019) provided suggestions for addressing incivility in nursing education, such as a student-centered approach, reasonable workload, fair and equal assessment of student progression, and consistent policies. Small et al. (2019) suggested that until effective strategies are available to address incivility, nursing schools should consider using the suggestions given by students in this study. Additionally, Kim et al. (2020) contended that nursing educators and nurses must understand the severity of incivility in the clinical setting and find effective interventions to address the problem.

Nodeh et al. (2020) concluded that faculty incivility can come in many forms beyond the obvious, and authorities in nursing education need to be aware of the different uncivil behaviors by faculty and implement strategies to prevent and alleviate them. These findings were further supported by O'Flynn-Magee et al.'s (2020) qualitative study to examine how educational institutions address bullying experiences that nursing students and other healthcare students report to develop procedures to report personal or witnessed acts of bullying. The study revealed a considerable difference in perceptions of bullying among participants, how bullying is addressed, and whether academia relies on policies and procedures to address bullying. O'Flynn-Magee et al. (2020) used the study's findings to adopt a definition of bullying because there is no clear understanding of what is considered bullying. The authors also designed procedures for

reporting bullying. They developed a guiding framework to address bullying in nursing education, including policy, education provided to faculty and students, and collaboration in the clinical setting. Shen et al. (2020) also concluded that more attention needs to be paid to nursing student incivility by nurse managers and instructors and that a climate of civility needs to be fostered in the operating room.

Mao et al. (2021) concluded that nurse managers must be aware of nursing students and new nurses' vulnerability to lateral violence and incivility and provide any support they can. Furthermore, nursing faculty need to do their part in combating incivility in the clinical setting. Furthermore, MacDonald et al. (2022) encourage nurse educators and leaders in healthcare to collaborate in examining the current curricula and policies to address incivility. In another study, Abdelaziz and Abu-Snieneh (2022) conducted a cross-sectional, descriptive, correlational study to evaluate the prevalence, frequency, and persons responsible for bullying nursing students and their effects on their mental health and educational achievement. Abdelaziz and Abu-Sneineh (2022) concluded that policies must be developed to explain the legal consequences of bullying for student protection. Furthermore, faculty and clinical providers need to collaborate to decrease the amount and impact of bullying on nursing students.

Jones et al. (2022) also wanted to provide educators with tools to assist them when teaching online. Findings concluded that the information gained in this research can be used by nursing faculty for professional development. Patel et al. (2022) concluded that staff nursing incivility negatively affects nursing students' sense of belonging. The authors also concluded that interventions need to be developed to address the effects of incivility on sense of belonging.

In summary, this section contained a discussion of incivility experienced by nursing students in both the classroom and clinical settings. Courtney-Pratt et al. (2018) conducted a

study that revealed recommendations from nursing students to address incivility by providing better student preparation and support when dealing with incivility. Furthermore, more research needs to be conducted to examine interventions to prevent and address the behaviors. Patel et al. (2022) conducted a study that concluded there are negative consequences for nursing students who experience incivility by nurses and that interventions need to be developed to address those consequences. MacDonald et al.'s (2022) study concluded that nursing students' experiences with incivility in the clinical setting are a problem that causes serious consequences. Furthermore, the authors encourage collaboration between nurse educators and leaders in healthcare to assess the current curricula and policies to address incivility. As the empirical research on incivility experienced by nursing students was explored, the importance of understanding the impact of experiencing incivility by student nurses by many different disciplines and how interventions are essential to address the behaviors became evident. Even though the research focuses on nursing faculty perceptions of student incivility, it does discuss interventions that can be implemented when addressing the behaviors. The research findings can also be used when working with students experiencing incivility in nursing academia to provide them with tools to address incivility. The following section will discuss faculty experiencing incivility from nursing students.

Faculty Experiencing Student Incivility

Uncivil behavior in nursing academia is a significant problem that has been growing over the years, with increased attention needed on student incivility toward nursing faculty (Hyun et al., 2022). Student incivility is increasing globally and may include acts of violence both verbally and physically (Christensen et al., 2021). Student incivility is a severe problem that negatively impacts nursing faculty, including anxiety, depression, sleep disruption, decreased productivity,

intent to leave, and a negative impact on the faculty-to-student relationship (Hyun et al., 2022). Student incivility toward nursing faculty must be addressed to prevent problems from arising in the classroom and clinical setting when working directly with patients to promote patient safety.

Williamson (2018) used an interpretive, phenomenological approach to explore nursing educators' experiences with nursing student incivility and how they were impacted. Williamson (2018) found that seven themes emerged: uncivil experience(s), nurse educators' emotions, the impact of incivility, addressing incivility, warning signs or contributing factors, prevention of incivility, and incivility, a growing problem. Findings suggested that student incivility in nursing education is an increasing problem that hurts nursing educators and the learning environment. These findings are further supported by Feeg et al. (2021), who conducted a qualitative study to examine nursing faculty experiences with bullying in nursing education using their own words nationally. The first question posed by researchers focused on the perpetrator of the bullying. Findings from Feeg et al. (2021) revealed that faculty experienced bullying from students (41%), other faculty (63%), and, during clinicals, hospital staff (29%). The second question delved into how faculty responded to acts of bullying. After analysis, three themes emerged: resilience to hostility as a function of the receiver, not the perpetrator, taking actions resulting in either empowerment with vindication or impotence against bullies, and unresolved frustrations and internalized personal cost. Feeg et al. (2021) concluded that bullying in nursing education is more prevalent today and that nurse administrators need to take a more active role in addressing the issue by making policies and providing support to those experiencing the behavior.

Christensen et al. (2021) conducted a study to examine nursing academic experiences with nursing students' harassment using a self-administered questionnaire that was provided online. Data analysis was conducted by using inductive content that yielded four themes: experiencing

harassment, "you are adding to my stress," being set up to fail, and feeling unsafe professionally and academically. Moreover, Christensen et al. (2021) reported that nurse academics experienced several harassing behaviors seen as aggressive, angry, manipulative, and threatening. Christensen et al. (2021) concluded that destructive behaviors are perpetrated by several students with one goal in mind, and that is to pass at any cost, which in turn causes the image of nursing to become tainted. Nursing students who are uncivil in nursing and who successfully graduate from a nursing program can carry uncivil behaviors into the workplace. Luparell and Frisbee (2019) conducted a cross-sectional, descriptive study to determine the nursing faculty's knowledge about nursing students exhibiting destructive behaviors in school and whether they become uncivil licensed nurses. Findings of Luparell and Frisbee's (2019) study noted that one-third of participants (n = 688, 36.8%) reported knowing personally that nursing students with destructive behaviors graduated and became licensed nurses and exhibited terrible workplace behaviors. Participants reported personally witnessing students' destructive behaviors (51.4%), hearing reports by colleagues (63.2%), or hearing reports from former students (33.6%). Additionally, about two-thirds of participants (64.7%) reported that there were currently nursing students in a program that should not be graduating due to uncivil behaviors. According to Luparell and Frisbee (2019), these findings are concerning because incivility is a problem for patient safety due to medication errors, injury, and death. Due to these adverse outcomes, incivility in nursing education needs to be taken seriously, and more research needs to be conducted to understand the link between pre-licensure destructive behaviors and post-licensure destructive behaviors (Luparell & Frisbee, 2019).

Al-Jubouri et al. (2021) used a cross-sectional, descriptive study to examine the extent of incivility in multiple countries that exist in nursing education among nursing faculty. The

researchers hypothesized there would be no difference in the extent of incivility among nursing faculty in different countries. Results from Al-Jubouri et al. (2021) revealed that 29.9% of nursing faculty from 10 countries believed incivility was a moderate to severe problem in education. Fifty-two percent of the respondents felt nursing students were highly likely to engage in uncivil behaviors. In contrast, 26.5% of respondents felt that students and faculty held an equal role in perpetrating incivility. The researchers concluded that nursing education must have open communication with nursing students to establish rules and regulations along with expectations in the nursing education arena. Nursing incivility is a global problem that affects nursing faculty in different ways. Hyun et al. (2022) conducted an exploratory qualitative study to define the experiences of nursing faculty with nursing student incivility in nursing education. Hyun et al. (2022) reported that adverse effects associated with student incivility are threats to an educator's self-esteem, decreased teacher-student relationships, and decreased previous passion for teaching. Hyun et al. (2022) concluded that it is very challenging for nurse educators to deal with nursing student incivility. They suggest interventions to address the behaviors: assisting students in recognizing incivility, fostering a climate of civility, and teaching humanism to nursing students.

Nursing student-to-nursing faculty incivility was discussed to provide a thorough understanding of the cycle of incivility and how it may relate specifically to faculty experiences with incivility. Williamson (2018) discovered a gap in the literature about the lived experiences of nurse educators with nursing student incivility that includes reflection, discussion, and open dialogue that could be addressed through a phenomenological study. The study's findings can help assist in making policies to train nurse educators and help them address, prevent, and manage incivility from nursing students (Williamson, 2018). Al-Jubouri et al. (2021) concluded

that future qualitative studies need to be conducted to understand better nursing education incivility and its impact on the learning environment. Hyun et al. (2022) conducted a study that found a high level of severity in the incivility by nursing students toward nursing faculty and further concluded that dealing with these behaviors can be very challenging for nurse educators. Hyun et al. also suggested that interventions should be developed to address the behaviors. As the empirical research of incivility experienced by nursing faculty from nursing students was explored, the importance of gaining a better insight into the perceptions of nursing faculty incivility and interventions in place to address the behaviors became evident. Current research is being conducted to fill in the gaps left by past research in providing a better understanding of the prevalence of student incivility and how nursing faculty perceive the phenomena. Furthermore, a discussion will also focus on current interventions that are in place to address the behaviors which will assist other nursing faculty when they encounter student incivility. The impact of incivility on nursing education will be discussed in the next section.

Impact of Nursing Incivility

There is an increase in the number of nurses dissatisfied with their profession and workload, including working with student nurses (Furst, 2018). This resistance to working with student nurses causes adverse effects on the clinical learning environment, which can lead to unsafe student practices. The opening question in Vuolo's (2018) study wanted to know the student's understanding of incivility, revealing descriptors of anger, rudeness, arrogance, disrespect, and uncaring attitude, to name a few. Vuolo's (2018) study identified major themes: distraction, positioning, the invisible student, and knowing-not-knowing. Students considered distraction a form of incivility that takes away from the learning environment that existed mainly in the classroom and includes lateness, noise, and problems with technology. Students described

positioning as authority figures putting themselves in roles to assert power. The invisible student is when students feel they are not considered as individuals or seen as learners. Knowing-not-knowing is a student's perceptions about how educators handle either their knowledge or lack thereof. Negative consequences of incivility in healthcare institutions include decreased productivity, medication administration errors, and patient outcomes (Vuolo, 2018). These negative outcomes include decreased patient safety, adverse events, and patient satisfaction (Patel & Chrisman, 2020). Practicing nurses and nurse faculty who experience incivility report job dissatisfaction, intent to leave, and physiological and psychological effects (Croke, 2021; Olsen et al., 2020). Naseri et al. (2022) conducted a cross-sectional, descriptive study to examine the relationship between nursing students experiencing incivility and their professional values. According to Naseri et al. (2022), findings from the study show that decreasing the level of incivility experienced by nursing students can assist students in acquiring professional values in nursing.

Impact on Health and Well-being. When exposed to acts of incivility, nurses' and nursing students' health and well-being is negatively impacted. Studies by Vuolo (2018), Sherrod and Lewallen (2021a), and Sherrod and Lewallen (2021b) found that there is an adverse impact on health and well-being when there is exposure to acts of incivility. Uncivil behaviors toward nursing students, such as anger, rudeness, arrogance, disrespect, and uncaring attitudes, can lead to adverse outcomes associated with learning and personal well-being (Vuolo, 2018). This is further described by students' responses to disruptions in class learning, lost learning opportunities in the clinical setting, and reduced patient safety due to inadequate or misused supervision. Students also described the emotional impact as feeling angry, bullied, embarrassed,

helpless, rage, scared, and stupid. Vuolo (2018) concluded that students can experience incivility in multiple ways in multiple environments that can impact learning outcomes.

Sherrod and Lewallen (2021a) conducted a cross-sectional, correlational survey examining the relationship between attributes of nursing faculty and workplace experiences with incivility, along with the physiological and psychological effects of those experiences. Sherrod and Lewallen (2021a) reported an increased significant relationship between experiences with incivility in the workplace and physiological and psychological well-being. Nurses reported physiological symptoms, including sleep disturbances, problems with the gastrointestinal system, and a decrease in psychological well-being. Sherrod and Lewallen (2021b) conducted a large, quantitative, mixed-methods study and reported the qualitative results. Sherrod and Lewallen's (2021b) study described experiences of workplace incivility ranging from subtle acts to more aggressive behaviors, and one participant related it to the same as living in an abusive relationship. As described by the participants, personal and professional impacts of workplace incivility included physical effects such as headaches, chest pain, and fatigue, as well as emotional effects of anxiety, frustration, and feelings of worthlessness. Smith et al. (2022) conducted a cross-sectional and correlational study to determine if, during the pandemic, resilience influenced stress and its connection with low levels of uncivil behaviors among nursing students. Smith et al. (2022) stated that over half of the participants reported experiencing low levels of incivility rarely, 23.7% experienced incivility sometimes, and 3.1% experienced incivility often. Smith et al. (2022) also reported that for each one-unit increase in stress, there was a significant increase in low levels of incivility. For every one-unit increase in resilience, there was a decrease in low levels of incivility. Furthermore, the authors suggested that increased resilience may decrease stress on low levels of incivility perpetrated by nursing

students. Zhang et al. (2022) conducted a cross-sectional study that used surveys to elicit information about the association between incivility in the workplace, nurse engagement, and fatigue and examine whether nurse engagement can play a facilitating role. Findings for Zhang et al.'s (2022) study revealed that an average female nurse fatigue score was 6.54 ± 3.07, there was a significant negative correlation between fatigue and engagement ($r = -.310$, $p < .01$), and there was a significant positive correlation with workplace incivility ($r = .284$, $p < .01$). Zhang et al. (2022) concluded that female nurses experienced high levels of fatigue. Furthermore, improving nurse engagement may help remove the impact of incivility in the workplace on nurse fatigue.

Decreased Satisfaction and Reduced Retention. Furst (2018) conducted a nonexperimental, quantitative, cross-sectional correlation study to examine the experiences of nursing students attending an associate degree program with lateral violence and the impact those experiences are on their satisfaction with their career choice. Furst's (2018) study revealed that 86.2% of participants reported experiencing lateral violence during the previous semester. Furthermore, these findings were associated with lower levels of career choice satisfaction ($r = -.140$, $p < .05$). El Ghaziri et al. (2021) conducted an exploratory, descriptive, cross-sectional study to examine how prevalent bullying in the workplace toward clinical nurse faculty (CNF) is and the impact it has on stress, job satisfaction, and intent to leave. El Ghaziri et al.'s (2021) study revealed that the most common forms of bullying directed at CNF were being ignored or shunned more than once a month (11%), along with being ignored more than once a month (18%). The potential perpetrators of bullying were nursing staff (24.5%), followed by colleagues with whom they work (21%), and administrators (15%). Regarding work and home stress, job satisfaction, and intention to leave, respondents reported intending to leave within the next year (20%). There was also discussion from participants about questioning their career choices. On an

organizational level, lack of incivility awareness by faculty, poor leadership, and lack of policies to eliminate incivility were some of the reasons depicted by nursing faculty for workplace incivility. Nursing faculty survival related to workplace incivility is regarded as feelings of obligation to stay in their current role even with experiencing the behaviors.

Decreased Quality of Patient Care. Schoville and Aebersold (2020) conducted an exploratory, qualitative, descriptive study to explain the impact of nursing students who participated in a bullying simulation in multiple roles. Once the simulation was completed, students were required to complete post-simulation reflection questions that addressed student perceptions of the impact on patient safety. Schoville and Aebersold (2020) conducted data analysis with four themes emerging: a student perspective on the nurse experience, the patient/family experience, patient advocacy strategies, and impact on patient care outcomes. The authors concluded that nursing students gained knowledge that patient safety and their outcomes are affected when bullying is present. Alquwez (2022) conducted a cross-sectional study to examine experiences that nurses have with incivility in the workplace and perceptions of patient safety culture in response to incivility. Findings from Alquwez's (2022) study revealed that the number one source of incivility nurses reported was by patients/visitors (M = 2.27, SD = 0.88), and the lowest source of incivility was from supervisors (M = 2.02, SD = 0.84). Findings also revealed two strengths associated with patient safety culture: organizational learning and continuous improvement and teamwork within units. Five weaknesses revealed for patient safety culture included: communication openness, supervisor/manager expectations, hospital handoffs, nonpunitive response to errors, and staffing. Alquwez (2022) concluded that workplace incivility, especially by patients/visitors, negatively affected nurses' perceptions of patient safety culture. Bence et al. (2022) conducted a cross-sectional survey design study to explain the

relationship between the practice environment and outcomes for nurse educators, including burnout, engagement, incivility, satisfaction with the job, and intention to leave. Bence et al. (2022) concluded that work environments with a positive culture improve outcomes for nurse educators.

Strategies to Prevent Incivility. Furst (2018) concluded that lateral violence needs to be addressed starting in nursing education by exposing the issue through curricular changes and implementing open communication. Vuolo (2018) conducted a hermeneutical, phenomenological study to examine nursing students' experiences with incivility to use the findings to update strategies to address incivility and decrease their frequency. Vuolo (2018) concluded that educators need to understand incivility better to compose interventions to address and decrease their frequency from occurring. Johnson et al. (2020) conducted a randomized, controlled trial to evaluate how exposure to incivility affects clinical performance, teamwork, and cognitive performance. Johnson et al.'s (2020) study showed no differences in how the participants performed cardiopulmonary resuscitation (CPR), cognitive or teamwork scores, and emotional state. However, 66% of participants in the experimental group had significant errors when performing CPR compared to the control group, which had none. Johnson et al. (2020) concluded that being exposed to incivility may cause errors to occur in clinical performance. Schoville and Aebersold (2020) found that nursing schools need to educate nursing students on recognizing and addressing these behaviors and gaining an understanding of the impact on patient outcomes. El Ghaziri et al. (2021) concluded that gathered data from the study could assist nursing faculty and administration in understanding the prevalence of bullying toward CNF, which can help initiate strategies to support and keep essential personnel in nursing academia. Sherrod and Lewallen (2021a) concluded that incivility needs to be addressed and

managed to continue to hire and retain qualified nursing faculty. Sherrod and Lewallen (2021b) concluded that it is the responsibility of academic leadership to promote a culture of civility in the workplace while showing that behaviors of incivility will not be tolerated. Furthermore, Alquwiz et al. (2022) described relevance to clinical practice as any form of incivility needs to be eliminated from any healthcare setting to ensure a continued culture of patient safety. Additionally, Bence et al. (2022) also concluded that nursing academia's quality teaching practices need to be cultivated and have practical leadership, including nurse faculty, in decision-making to recruit and retain new nursing faculty to address the nursing faculty shortages. For this reason, nurse educators and nursing administrators must collaborate in addressing incivility experienced by nursing students in the clinical setting (Naseri et al., 2022).

In summary, burnout, satisfaction with the job, intention to leave, loss of learning opportunities, and adverse patient outcomes have been recognized as many of the impacts associated with experiencing incivility. Furst (2018) concluded that incivility needs to be addressed starting in nursing education through changes in curriculum and participating in open communication. Furthermore, Vuolo et al. (2018) contended that educators need to understand incivility better to develop interventions to address and decrease how often the behaviors occur. Schoville and Aebersold (2020) concluded that nursing schools need to educate nursing students on recognizing and addressing incivility and gaining an understanding of the impact on the care they provide patients. Alquwez (2022) described eliminating incivility in clinical practice and healthcare settings to ensure a continued patient safety culture. As the empirical research of incivility was explored, the importance of understanding the impact of experiencing incivility in multiple nursing disciplines became evident. This research provided a better comprehension of how incivility in nursing academia negatively affects faculty-student interactions by examining

nursing faculty experiences with nursing student incivility. It also further enhanced the importance of interventions in place to address student incivility.

Summary

Through a review of the literature, it was revealed that incivility has adverse outcomes for different disciplines in nursing, including practicing nurses, nurse faculty, and nursing students, as well as in academia and the healthcare setting (Urban et al., 2021; Vuolo, 2018; Zhu et al., 2019). Andersson and Pearson (1999) first defined workplace incivility as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (p. 457). Clark (2008) first introduced the continuum of incivility, which has served as a model of how incivility can increase from low to high levels of negative behaviors (Clark, 2022). It is also a reminder that, if left unchecked, incivility can escalate to threatening situations. For the individual nurse, incivility was associated with intent to leave (Anusiewicz et al., 2020), burnout (Furst, 2018), and job dissatisfaction (Frisbee et al., 2019). Along with nurses, the healthcare institution suffered from decreased nurse retention (Croke, 2021) and adverse patient outcomes (Abedini et al., 2021). Several studies revealed adverse physiological and psychological effects on nursing faculty and students who experience incivility (Croke, 2021; Olsen et al., 2020).

Despite decades of efforts to promote civility in nursing and healthcare (Clark et al., 2022), incivility remains a problem (Layne et al., 2019). This literature review shows that incivility is an increasing problem reported to be both experienced and perpetrated by nurses in all disciplines, including nursing students. This study addressed the gaps in the literature regarding nursing faculty experiences with student incivility, as noted by Williamson (2018), Al-Jubouri et al. (2021), and Hyun et al. (2022).

CHAPTER THREE: METHODS

Overview

This qualitative case study explores nursing faculty exposure to student incivility at a nursing college in the Mid-Atlantic region. In this study, the researcher examined gaps in the literature regarding nursing faculty and nursing student experiences with incivility and interventions currently in place to address the phenomena. The study's findings can assist nursing academia in better understanding nursing faculty exposure to student incivility. It can also add a better understanding of interventions currently used to address the behaviors that, if successful, can be used by other nursing faculty. The study is significant given the prevalence of incivility in nursing academia and the psychological and physiological distress of those involved (Patel & Chrisman, 2020).

Furthermore, the literature suggests that nursing faculty must be more aware of student incivility and its impact on academia to improve faculty and student collaboration further (Wagner et al., 2019). Findings from this study would bring a better understanding of the incivility experienced by nursing faculty. Additionally, the information gained contributes to a better understanding of the importance of interventions addressing incivility in nursing academia. Data for the study was collected from one college in the Mid-Atlantic Region using interviews and focus groups.

This chapter contains the conducted procedures, the general description of the research design, the selection of the sample size, and how the data were analyzed. There was further discussion about the selection of the setting and the selection of participants. There is one central research question with four sub-questions used to address the gap in the literature related to nursing faculty experiences with incivility and interventions in place to address the phenomena.

The central research question explores nursing faculty exposure to nursing student incivility. The first sub-question demonstrates an understanding of the types of incivility experienced by nursing faculty. The second sub-question demonstrates the nursing faculty's understanding of the causes of student incivility. The third sub-question demonstrates the nursing faculty's understanding of current faculty and institutional-driven interventions used to address incivility. The fourth sub-question demonstrates the nursing faculty's perceptions of administrative support when addressing incivility.

Research Design

A qualitative approach was selected as the research methodology for examining nursing faculty experiences with nursing student incivility. Researchers use qualitative research to put meaning to a social or human problem experienced by individuals or groups (Creswell & Poth, 2018). Researchers use qualitative research to study a phenomenon in a natural setting sensitive to people and use inductive and deductive analysis to create patterns or themes. The data gathered from the participants' voices can be used to understand the phenomena better, contribute to current literature, and make change possible. The qualitative approach gathered more information about the faculty's exposure to nursing student incivility and current interventions to address the issue in this case study. According to Yin (2018), "a case study is an empirical method that investigates a contemporary phenomenon in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident" (p. 15). Research using a case study approach involves the researcher studying a case within a real-life situation that could involve an individual, a small group, or an organization (Creswell & Poth, 2018). Using a case study approach allows the author to use different methods to generate a better understanding of a specific topic using context from real-

life experiences (Brogan et al., 2019). According to De Chesnay (2016), researchers use a case study approach when researching if the goal is to recall meaningful characteristics of real-life events by investigating a problem in its natural context. Using a case study approach allows the researcher to provide an in-depth and inside view of the studied phenomena. To conduct a case study, the researchers must employ several procedures to gather information (Creswell & Poth, 2018). The research was completed by using a collective case study to gather information from multiple sources of information using interviews, a focus group, and documents to gain further knowledge about incivility experienced by nursing faculty.

Data were collected using interviews, a focus group, and documents. The interviews were conducted online using a video platform. Internet methods using online interviewing benefit qualitative research by allowing real-time interactions with the participants that involve sound, video, and possibly written text (Archibald et al., 2019). Researchers can use focus groups if they are trying to gain the best information and when interviewers are hesitant to provide information when talking one-on-one (Creswell & Poth, 2018). A focus group took place using an online platform. Documents included reviewing an institutional policy about student incivility and how the behaviors will be addressed during the focus group to understand better how nursing faculty feel about interventions currently in place to address the behaviors.

Research Questions

The research questions used to guide this study of nursing faculty's exposure to student incivility and interventions in place to address the phenomena were as follows:

Central Research Question: How have nursing faculty been exposed to incivility by nursing students?

Sub-Questions

SQ1: What examples of nursing student incivility have been observed by nursing faculty?

SQ 2: What are nursing faculties' perceptions of causes for nursing student incivility?

SQ 3: What faculty-driven and institution-wide interventions are currently in place to address nursing student incivility?

SQ 4: How do faculty perceive administrative support when addressing nursing student incivility?

Setting

The study occurred at one college in the Mid-Atlantic Region, and the participants received a gender-neutral pseudonym to decrease the risk of identity. The school has been in existence for 130 years and started with a 24-bed for the sick that has since turned into a large-scale hospital. The school offers a traditional BSN program. The school system offers two Master of Science in Nursing (MSN) programs, one BSN program, six associate degree programs that are not nursing-related, and four certificate programs. This study will focus on one traditional MSN program and the traditional BSN program because nursing faculty teach in both programs. The school has four accreditations: the State Council of Higher Education, Accrediting Bureau of Health Education Schools (ABHES), State Board of Nursing, and Commission on Collegiate Nursing Education (CCNE).

The traditional BSN program is highly competitive and admits 100 students each January, with students obtaining 900 hands-on clinical experiences by completing the program in five semesters (no summers). The MSN program only admits 30 students each August, where

students obtain over 900 clinical hours and complete the program in two years (including summers). The nursing faculty teaches both programs, either face-to-face, hybrid, or online classes. They are also part of the clinical faculty and instruct students at the bedside. The hands-on experiences include lab, simulation, and clinical settings. The program has had National Council of State Board of Nursing (NCLEX) pass rates of over 90% each year they have been in operation.

Participants

Permission was obtained from the school using the procedures required for approval. Next, approval from the Institutional Review Board (IRB) was obtained from Liberty University. Once approval from the site and IRB was received, participants were selected for the study. Participants were chosen using purposeful sampling. Researchers who use purposeful sampling intentionally choose participants because they can provide informative information about the phenomenon of interest because of their past experiences (Billips, 2021). Purposeful sampling was used because participants needed to meet certain criteria to participate in the study. The criteria for participating in the study were nursing faculty members who teach didactic and/or clinical courses and have experienced at least one episode of nursing student incivility.

Researcher Positionality

This researcher selected this study because it is a topic that is a part of the everyday work environment. Nursing student incivility is a problem that may start before nursing school and, if allowed to continue in nursing school, will flow over into their work environment once they have successfully graduated. Nursing has been a part of this researcher's career path for the last 30 years, with education being a part of it since 2010. Nursing student incivility in 2010 was a problem that was on a small scale and easily handled. Over the years, the incivility displayed by

nursing students has increased to being witnessed or experienced by this researcher every day. Therefore, I would like to know how nursing faculty are exposed to student incivility, how they address the behaviors, and how they are supported when addressing these behaviors.

Interpretive Framework

An interpretive framework helps illuminate unseen data, inspiring processes that illuminate seen data (Zheng et al., 2024). Social constructivism supports the research's interpretive framework in trying to obtain a better understanding of the work environment of nursing faculty. Social constructivism makes meaning of the world that individuals live and work in (Creswell & Poth, 2018). Constructivism is using current and past knowledge to create new ideas (McCullough, 2022). According to Creswell and Poth (2018), the research goal is to depend on the views of the participants as much as possible. This researcher incorporated social constructivism by using the views of the participants to explain how nursing faculty are exposed to student incivility.

Philosophical Assumptions

Typically, the first ideas developed in research are the philosophical assumptions (Creswell & Poth, 2018). Communicating philosophical assumptions when researching can help decrease biases (Coates, 2020). The following will discuss the philosophical assumptions. The assumptions include ontological, epistemological, and axiological and how they relate to nursing faculty exposure to nursing student incivility.

Ontological Assumption

Ontological assumptions are based on reality, seen from many perspectives (Creswell & Poth, 2018). To report on many perspectives, the researcher needs to use multiple forms of evidence. As the researcher, evidence was gathered through individual interviews, a focus group,

and discussions about policies in place to address student incivility. The voices of all participants were analyzed to help formulate themes to explain how nursing faculty are exposed to student incivility.

Epistemological Assumption

When conducting qualitative research using epistemological assumptions, the researcher gets as close as possible to the individuals who are being interviewed (Creswell & Poth, 2018). This can be done by gathering subjective data while conducting studies in the field where the participants live or work. The interviews and the focus group took place using an online platform where participants were either at work or home. Subjective data was collected by participants explaining how they felt about being exposed to nursing student incivility and how they perceived administrative support when addressing the behaviors.

Axiological Assumption

The axiological assumption is when researchers report their values and biases when conducting their research (Creswell & Poth, 2018). This assumption was important to this researcher's qualitative case study. According to Creswell and Poth (2018), researchers need to achieve epoch or bracketing by setting aside their experiences and taking a fresh look at the phenomenon being researched. I achieved bracketing by reporting any values and biases. Furthermore, my values were shaped by personal experiences with nursing student incivility. Additionally, these personal experiences may cause biases, which shows the importance of achieving bracketing in the research. Bracketing was achieved as I set aside past experiences and analyzing only what the participants reported.

The Researcher's Role

My goal as a researcher is to understand student incivility experienced by nursing faculty better. Yin (2018) suggests that specific values are needed when conducting research using a case study approach, including asking good questions, being a good listener, being adaptive, understanding what is being studied, and conducting research ethically. My role was to facilitate the conversation by asking the correct questions, actively listening, and maintaining the participant's confidentiality. I am a nurse educator who has experienced student incivility, and I want to understand the different levels and the severity of incivility in the nursing education environment. Another role is for me to report word for word what has been reported and not to deviate for personal reasons.

Procedures

This qualitative case study explored nursing faculty exposure to student incivility at a nursing college in the Mid-Atlantic region. The researcher obtained approval from Liberty University's IRB (see Appendix B for IRB approval) to conduct the study. The research department's IRB obtained approval at the Mid-Atlantic College (see Appendix C for IRB site approval). Once the researcher gained approval from Liberty University's IRB, participants were sought by emailing each faculty member, asking for voluntary participation (see Appendix D for recruitment email). The informed consent (see Appendix E for consent) approval was attached to the email, seeking volunteers to read, sign, and return electronically. Once the participants were identified, they were screened to determine their qualifications. To meet qualifications, nursing faculty members must teach a didactic face-to-face or hybrid course, lab/simulation, and/or clinical and have experienced at least one episode of student incivility. Once approval to collect data was obtained from the college's IRB, interviews were conducted via an online conferencing

platform. Interview participants were also invited to participate in an online focus group. The focus group was held only once, and participants discussed the Code of Conduct, which contained policies and procedures specific to the Mid-Atlantic college used in the study.

Data Collection

Data collection uses different activities to gain information to answer research questions (Creswell & Poth, 2018). The researcher needs to understand that there is more to collecting data than using interviews and making observations. An essential step in data collection is recruiting and establishing rapport with participants to obtain good information. Data for this study was collected through interviews using an online conferencing platform.

Interviews

When conducting an interview, interaction takes place through conversation (Creswell & Poth, 2018). Through the interview, the interviewer gains a better understanding of the phenomena through the interviewee's point of view or lived experiences. Interviews can be conducted in several ways, including face-to-face, online, in groups, and using the Internet. According to Creswell and Poth (2018), there are seven steps to the interview process, including thematizing the inquiry, selecting the study design, conducting the interview, transcribing the transcription, analyzing the data, verifying the validity, ensuring reliability, generalizing the findings, and lastly, writing the study report. Part of the interview process is formulating research questions and finding a distraction-free place to conduct the interview. The following are the interview questions (see Appendix F):

(1) How long have you been a nurse educator?

(2) Do you teach in the classroom, clinical, lab, or simulation?

(3) How do you define nursing student incivility in nursing education? (SQ1)

(4) Can you describe your thoughts about nursing student incivility in nursing education? SQ1)

(5) What behaviors or actions have you witnessed that you believe exhibit nursing student incivility? (SQ1)

(6) To what extent have you experienced or witnessed nursing student incivility in the educational environment? (SQ1)

(7) What do you believe are the causes of nursing student incivility? (SQ2)

(8) What interventions do you currently use to address nursing student incivility? (SQ3)

(9) What institutional interventions are currently in place to address student incivility? (SQ3)

(10) What are your feelings about administrative support when addressing nursing student incivility? (SQ4)

(11) Would you like to share any other information about nursing student incivility?

Questions one and two address the inclusions to participate in the study. It also looks for commonalities among faculty members regarding how many years they have taught in the classroom. Questions three through six address examples of nursing student incivility posed in SQ1. Question seven answers sub-question two regarding the causes of nursing student incivility. Questions eight and nine address current interventions to address incivility, which is posed in SQ3. Question 10 addresses nursing faculty perceptions of administrative support, as posed in SQ4.

Focus Groups

A focus group is a flexible way to gain multiple perspectives on a given phenomenon quickly (Fusch et al., 2022). When planning a focus group, the researcher needs to know who, what, when, where, and why the study is being conducted. Participants who were individually

interviewed were asked to participate in the focus group. Informed consent was obtained, and a detailed plan was given to the participants, so they knew what was expected of them. The focus group took place using an online platform and was facilitated by the researcher. The session lasted up to 90 minutes, keeping in mind that faculty members are busy and have other obligations. The faculty participants of the focus group were of equal rank to decrease their anxiety about talking about student incivility in front of management. The following are the focus group interview questions (see Appendix G):

(1) How do you think the current professional code of conduct addresses nursing student incivility? (SQ3)

(2) How often do you refer to the code of conduct when dealing with episodes of nursing student incivility? (SQ3)

(3) What are your thoughts on the disciplinary process found in the professional code of conduct? (SQ3)

(4) What are your experiences with administrative support when trying to enforce the disciplinary process found in the professional code of conduct? (SQ4)

Documents

Documents are typically used to supplement observations and interviews (Creswell & Poth, 2018). Some documents that can be obtained during the study include research journals, personal documents, organizational documents, public documents, autobiographies, and biographies. The documents used for this research included a discussion of the professional code of conduct and the disciplinary process levels. During the focus group, participants discussed their perceptions of the policies that are currently in place and how well they are used to address student incivility. The faculty discussed how they felt the Code of Conduct needed revision to

make it more user-friendly. The discussion was centered on how faculty perceived a lack of administrative support when using the Code of Conduct to address student incivility.

Data Synthesis

Data analysis is interpreting data using multiple approaches, including organizing, coding, and representing themes (Creswell & Poth, 2018). First, the data needs to be prepared and organized for data analysis. After data is prepared for analysis, themes will emerge from the obtained data, which is done through coding and condensing the codes. Lastly, data must be represented in figures, tables, or discussions. Data were collected through interviews that were recorded and then transcribed using the online platform. The data were analyzed using the software program NVivo. Data were organized into digital files with a file naming system that includes the participant's number and the interview date. According to Creswell and Poth (2018), using a file naming system will guarantee that materials will be easily accessible. Data were prepared by typing the audio recordings using the available transcriptions for each interview by this author. Documents and field notes were stored in the corresponding electronic folders that are password-protected for three years, after which they will be permanently erased from the computer. Creswell and Poth (2018) recommend that the researcher read the transcripts several times to immerse themselves in the details. The transcripts were read several times to ensure a complete understanding of the collected data. Once the re-reading was completed, the data were interpreted. This is where researchers apply codes and develop themes (Creswell & Poth, 2018). Once all the data were transcribed, participants read them for accuracy. Braun and Clark (2021) thematic analysis method was used to assist this researcher in establishing themes.

The thematic analysis used includes six phases: familiarization, generating initial codes, searching for themes, reviewing themes, defining themes, and finalizing the analysis. This

researcher became familiar with the data by reading and rereading the transcripts and making shorthand notes on what was perceived as important. Codes were then generated by taking the shorthand notes and placing them into the NVivo software looking for commonalities. Themes were then generated using the codes that were formulated. This was done by taking codes that were placed together because of how they answered each research question. The generated themes were reviewed to determine adequate representation of the data. The themes were then defined and given their final names. The final phase was when this researcher wrote the report after all the data was analyzed (Braun & Clarke, 2021)

Trustworthiness

Trustworthiness is an essential part of qualitative research and can be obtained through accuracy and neutrality with work based on sound ethical practice (Billips, 2021). Four elements constitute trustworthiness and include credibility (truth), dependability (consistency), transferability (applicability), and confirmability (neutrality). Trustworthiness is also seen as validating the data (Creswell & Poth, 2018). Validation can be accomplished by obtaining evidence through the triangulation of multiple data sources.

Credibility

Credibility for qualitative research must appear honest and represent the phenomenon being studied (Billips, 2021). Several methods can be used, but triangulation was used for this study. Triangulation is when the researcher uses several approaches to collect data (Billips, 2021). Yin (2018) contends that triangulation in case study research allows the researcher to gather in-depth data in the real world. Interviews, a focus group, and documentation were used to triangulate data in providing rich information about faculty experiences with student incivility.

Dependability and Confirmability

Dependability is ensuring that a study can be replicated using the same research method or analyses of one researcher and can be supported by another researcher (Billips, 2021). Confirmability is crucial in qualitative research to produce confidence by ensuring accurate findings (Billips, 2021). For a study to have confirmability, the researcher must lack personal bias (Lapan et al., 2012). Audit trails and reflexivity are two common strategies to ensure dependability and confirmability. Audit trails are like a blueprint of the study that other researchers can use to replicate similar results (Billips, 2021). When other researchers can replicate similar results, the confirmability of the study is strengthened. Reflexivity is the ability of the researcher to look at what they know and how that affects what the research participants have shared. Dependability, for this study, was obtained by the researcher keeping detailed records of data collection, data analysis, and data interpretation. This includes telling the readers the detailed purpose of the study and how and why participants were chosen and reviewing the procedures used to establish the credibility of the data. Confirmability was obtained by the researcher, making sure to avoid leading the participants by asking for clarification where needed during the interview process. The researcher made sure to separate any bias they may have on student incivility, rely only on what is being reported by the participants, and be honest about what has been observed. This separation of bias was done by allowing participants to review the recorded data.

Transferability

Transferability is obtained by ensuring that a study's findings can be generalized to other studies that contain the same population (Lapan et al., 2012). The researcher can ensure transferability by providing the readers with enough details about the participants and the study

setting to use those findings in their research. Transferability can also be accomplished by generating a rich, thick description by providing physical, movement, and activity descriptions (Creswell & Poth, 2018). Additionally, this allows the reader to transfer information to other settings. The researcher obtained transferability by describing the participants, their role in education, classroom setting, and interactions with students during lectures.

Ethical Considerations

When conducting research that involves human participants, ethical considerations are important and involve the participant's voluntary participation by obtaining informed consent and guaranteed confidentiality (Billips, 2021). According to Yin (2018), ethics in research includes neither plagiarizing nor falsifying information, being open and honest by avoiding deception, ensuring accuracy, and striving for credibility. The Belmont Report is a document that researchers can use to protect all research participants (Miracle, 2016). The report also serves as a framework for researchers and includes three components: respect for person, beneficence, and justice. Furthermore, there needs to be respect for participants' decisions, and every effort needs to be made to keep from causing them any harm. These considerations are pursued by the researcher and reviewed by institutional committees responsible for allowing the research to be conducted (Billips, 2021). IRB approval was obtained before the study was conducted to determine if any ethical considerations need to be addressed and, if so, how they would be addressed (Creswell & Poth, 2018). Before conducting the proposed research, participants were given an informed consent form to sign that was placed on file. Confidentiality was maintained by assigning each participant a gender-neutral pseudonym instead of using their given names. Electronic files are password-protected to ensure confidentiality. Participants were allowed to read the transcripts for accuracy before moving forward into the results phase of the study.

Summary

Chapter Three discusses the methodology that was used to conduct the research. This chapter highlighted the problem statement that nurse faculty experience incivility from nursing students. The problem was established from a gap in the literature revealed by Clark (2019), Frisbee et al. (2019), and Wagner et al. (2019) and was supported by research from McGee (2021) and Park and Kang (2021). Clark (2019) suggests that teaching strategies are needed to address incivility and foster a healthy work environment. Frisbee et al. (2019) recommend researching faculty experiences with incivility and interventions to address the behaviors. Wagner et al. (2019) suggest that future research be conducted to increase faculty awareness of incivility and interventions to address it. McGee (2021) recommends researching strategies for creating a culture of civility. Park and Kang (2021) also recommend researching nursing faculty perceptions of student incivility. This chapter discusses the problem statement and purpose of the study. Additionally, there was a discussion of the research questions, how data were collected and analyzed, steps to ensure trustworthiness, and ethical considerations.

Chapter Four includes an examination of the findings of the case study. Using a case study approach, this qualitative case study explores nursing faculty exposure to student incivility at a nursing college in the Mid-Atlantic Region. This chapter provides a detailed description of the participants and an analysis of the results of the interviews, focus group, and the Code of Conduct.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this qualitative case study was to explore nursing faculty exposure to nursing student incivility. Data was collected through interviews and a focus group. The current code of conduct was used for the focus group discussion. The findings will be presented by the development of the following themes: examples of nursing student incivility, causes of nursing student incivility, faculty interventions to address nursing student incivility, institutional interventions in place to address nursing student incivility, Code of Conduct, and administrative support when addressing nursing student incivility. An explanation will be provided on how the themes were developed during data analysis. The research question will be answered by first addressing the sub-questions. Nursing faculty exposure will be presented and assist in answering the central research question. The chapter will end with a summary of the discussion that takes place.

Participants

Participants in the research were nursing faculty at a nursing college in the Mid-Atlantic region that teaches didactic and have experienced at least one episode of nursing student incivility. Initial recruitment emails were sent to 30 full-time faculty and 30 adjunct faculty, and five participants demonstrated initial interest in the study. Another email was sent one week after the first email and seven more participants showed interest in participating. One of the 12 initial participants was excluded because consent for participation was not completed. The expected sample size was 10 and the actual sample size was 11. The study was conducted using 11 participants that met the requirements for the study. The participants included 10 females and one male, as displayed in Table 1. Table 1 also includes how long participants have been nurse

educators. Each participant was given a gender-neutral pseudonym to protect their identities. A detailed description of the participants cannot be provided because of the risk of breach of confidentiality. The information provided by the participants would make it easy for the college to determine the identity of the participants.

Table 1

Gender Distribution/Years of Nursing Education Experience

Participants	Gender	Years of Teaching Experience
1, 2, 3	Female	2 years
4, 5	Female	4 years
6, 7	Female	5 years
8	Male	5 years
9	Female	7 years
10	Female	15 years
11	Female	18 years

Results

Data analysis in a case study involves making a description that is detailed about the case and the setting involved (Creswell and Poth, 2018). Primary data were collected from each participant through an interview and a focus group. Eleven one-on-one interviews took place, and 10 participants attended the focus group. The virtual interviews were conducted using the Zoom platform and audio-recorded for transcriptions. All participants were informed of the nature of the study, confidentiality, and data collection measures. The participants were asked a total of eight questions during the one-on-one interviews. During the interviews, participants were able to provide personal insight into their own exposure to nursing student incivility.

During the focus group, each participant had an opportunity to answer an additional four questions and provide their own thoughts about the current code of conduct used at the facility being studied in addressing nursing student incivility. Transcriptions from the participants' interviews and the focus group interview were provided through the online platform used. The transcripts were then verified by the researcher watching each interview and correcting any errors found. Within four weeks of the individual interviews and the focus group, the transcripts were emailed to each participant. Participants were asked to review the transcripts for both their individual and the focus group for errors and necessary corrections. After two weeks, no participants requested any corrections to the transcripts.

Theme Development

Once the accuracy of the transcripts was obtained, coding began. NVivo software was used to organize and analyze codes to find themes. Codes represent how the researcher interprets the meaning of the data (Brawn & Clark, 2021). The coding process evolves throughout the analysis. The further a researcher progresses in the analysis phase, the more familiar they will become with the data. Braun and Clarke's (2021) thematic analysis was used to help this researcher establish themes. The thematic analysis used includes six phases: familiarization, generating initial codes, searching for themes, reviewing themes, defining themes, and finalizing the analysis.

According to Braun and Clarke (2021), the familiarization phase includes the researcher reading and rereading all the data to determine what information is relevant to the study. Transcripts were downloaded into a Word document and reviewed for corrections by comparing them with each video interview. Once the transcripts were determined to be accurate and approval from participants was received, the transcripts were read and reread, and important

data was highlighted. The highlighted notes were annotated to become more familiar with the data. Bracketing could be achieved by completing transcript accuracy. According to Gregory (2019), bracketing is used to set aside one's own preconceptions or life experiences. Making sure the data obtained is accurate and receiving feedback from participants about accuracy decreases researcher bias.

The next phase is to generate initial codes by producing concise descriptions using shorthand or labels that may be important to research questions (Braun & Clarke, 2021). Using the NVivo software, the research questions were used as reference points. Words or phrases directly linked to the research questions were placed under those headings. This is when the codes emerged. Data driven coding also helps decrease research bias by making sure that all codes are derived from participant data.

According to Braun and Clarke (2021), the third phase is generating themes, which begins after the codes have been generated. During this phase, the focus shifts from analyzing individual data to analyzing aggregated data. The coded data are analyzed to see if some codes can be placed together to generate themes and sub-themes. The data were analyzed, and initial themes that consisted of covert and overt behaviors, dealing with incivility immediately, and lack of support from the administration were established. Next, the established themes were reviewed to determine if they represented the data well. A couple of changes were made to the initial themes by making the initial themes into subthemes to better represent the data. Next, the themes were defined and given their final names. According to Braun and Clarke (2021), the final phase is writing the report at the end of the analysis. An overview of the themes and subthemes is provided in Table 2. The themes discussed in this chapter were embedded in the experiences and convictions of the individual participants. Once the data were synthesized,

overarching themes detailed nursing faculty exposure to nursing student incivility: examples of nursing student incivility, causes of nursing student incivility, faculty interventions to address nursing student incivility, institutional interventions in place to address nursing student incivility, code of conduct, and administrative support when addressing nursing student incivility. Subthemes came from examining the themes and finding some commonality for each theme.

Table 2

Themes, Subthemes, and Codes

Themes	Subthemes	Codes
Examples of Nursing Student Incivility	Disruptive in Class	Arriving late to class Computer and cellphone use Having food delivered Sidebar conversations in class
	Unprofessional Conduct	Cheating Plagiarizing Challenging faculty Comments to degrade others Disrespect Students lying
Causes of Nursing Student Incivility	Generational	Generational changes These younger students Coming right out of high school
	Lack of Accountability	Not holding students accountable Give them 'grace' Not following policy and procedure
Faculty Interventions to Address Nursing Student Incivility	Address the Incivility When it Happens	Calling them out Make the students aware Pull them aside Shut it down

	Escalate to Administration	Discuss with administration Talk with the program coordinator Move it up the chain
Institutional Interventions to Address Nursing Student Incivility	Disciplinary Action	Disciplinary action protocol Follow professional code of conduct Student activity report
	Nursing Faculty Unaware of Institutional Interventions	Don't know I have never had to use and really don't know Unsure of write-up procedure
	Need for Change at the Administrative Level	Incivility needs to be defined Incivility is the 'buzz word' so it needs to better defined Talk to nursing students early about incivility Have in-services at the beginning of the school year and throughout about incivility
Code of Conduct	Faculty Unsure how to access or use the code of conduct	Not sure how to access Had a hard time finding the code of conduct Do not use it when writing students up
	Changes need to be made	Like reading VCR instructions No hard limits Some verbiage hard to understand meaning Need to make easier to read and use
Administrative Support in Addressing Incivility	Administrative Support is Available	Administration would handle it
	Lack of Administrative Support	Good support Not always perceived as good

	Administration expecting faculty to handle it Give grace to students Inconsistent Lack of support Not holding students accountable Not where it should be Student focused Students allowed to act uncivil

Theme 1: Examples of Nursing Student Incivility

The different types of incivility experienced or witnessed by nursing faculty were important to discuss because they give a better understanding of how prevalent nursing student incivility is in academia. Every participant reflected on witnessing or experiencing some form of nursing student incivility in both the classroom and clinical setting. The faculty participants were able to provide many different examples of the incivility they either witnessed or experienced. Faculty expressed how most forms of incivility were experienced daily.

Disruptive in Class. Ten participants provided examples of nursing student incivility that fall under the category of being disruptive in class. The negative impact can include effects on teachers' and students' emotional states, keeping from reaching teaching goals and decreasing classroom learning effectiveness. Cameron states, “people being less engaged and not participating” and “being disruptive in class and being on cell phones during clinical.” Cameron described how frustrating this behavior is. Bailey “definitely sees cell phone usage in class.” Billie had a student who “was laughing and giggling, and she put her feet on the table in clinical.” Bailey described their frustrations when trying to counsel the student about these behaviors. Other faculty members, like Charlie, stated, “Students rolling their eyes and lip-smacking when another student is talking.” Charlie also divulged, "A student was sitting at the

nurse's station with a drink as if they were making themselves at home." Charlie also described how the student did not see this as a problem and tried to downplay the occurrence when disciplined. Emerson "sees students on their computers shopping, texting, talking over other students, having conversations next to each other, laughing during class, distracting behaviors." Emerson also states that "she has students walking in with food or having food delivered to the classroom while she is teaching." Morgan has witnessed "students rolling their eyes, laughing when another student is talking, doing a lot of frustrated blowing and rolling eyes during class." Another faculty member, Reese, stated, "They come in late and come in late with their food." Reese also "saw a student one day come in probably 20 minutes late as they were lecturing, and they passed out doughnuts." Madison witnessed "students who do other things while in class when you're trying to teach." Jordan mentioned, "eye rolling when a student talks." Taylor witnesses "sidebar talking in class while the instructor is talking and arriving late for clinical." The above participant's words relay examples that take place both in the classroom and clinical settings. Four of the 11 participants spoke openly about these behaviors happening daily. They discussed a lot about their frustrations when encountering these behaviors and how disruptive it was for them when trying to teach in the classroom or clinical setting.

Unprofessional Conduct. Unprofessional conduct can include behaviors that are impolite, rude, disrespectful, manipulative, and sarcastic. Eight faculty discussed how some student interactions witnessed or personally experienced fit under the category of unprofessional conduct. For example, one participant stated, "Cameron has had students plagiarize and cheat." Charlie has witnessed:

> Students lying to their professors, make comments to degrade another student or to make them feel stupid, student's thinking they are above giving a patient a bath during clinical,

> students stating how we didn't know what we were doing or how it was disorganized, whether I even knew about the content in which I was teaching, and having an argumentative attitude.

Emerson has had students "not showing a level of respect for what is actually happening in the academic setting, issues of plagiarism, students feeling of being entitled to send anything you want through written word, how students nickname professors, how they talk about people, make false accusations in order to bolster, if you will, their grade, cheating, they have felt totally free to have their say in whatever means possible with other professors." Emerson also witnessed "a faculty member verbally attacked by a student based on her grading practices." This was very distressing to experience.

Morgan has had "students be disrespectful" where a "discussion got elevated, and voices were raised." Reese had a "student come to the door and say hey Pro" and a "student cussing in the hallway." Another faculty member Addison "had students, at some point, not coming back to class after a break." Addison also "had a student counseled on conflict management because of an incident in clinical. The student then wrote in their faculty evaluation that they needed to work on their conflict management." Madison has witnessed "students just talking disrespectfully to other faculty" and has experienced "students talking about other faculty during their clinical rotations." Madison also reported that "they (students) are very defensive about their grades and do not do it (talk about it) appropriately." Jordan has had a student make "inappropriate comments made about a student's medical condition" and witnessed "unfairness in group assignment evaluations, some students being uninvited or not invited to the cohort Facebook page or study groups, and had a student say she was bullied for ageism." Jordan had a "meeting with a student where she told us we were horrible instructors." Taylor had students

"not following policies and procedures and challenging me on those things." All these examples provided by the participants are examples of student incivility that they either witnessed or experienced. Participants were very emotional in talking about the behaviors they had witnessed happening to other students and faculty and that had experienced themselves. Faculty discussed how frustrated they were when dealing with these behaviors and the lack of support they felt they had when addressing them.

Theme 2: Causes of Nursing Student Incivility

Discussing the causes of nursing student incivility is important to provide a better understanding of what makes students behave badly. Faculty members had several causes they thought were responsible for nursing student incivility. Four of the 11 participants felt that it was a generational problem. Two of the 11 participants felt a lack of accountability on the students' side. The other participants gave an array of causes for student incivility.

Generational. Cameron detailed how they felt generational changes were the reason for nursing student incivility. Cameron felt one reason for this was that students' final high school years were completely online. Additionally, this, according to Cameron, "changed their expectations on how information is delivered." Cameron also felt that the expectation of students in high school being completely online is that they want all the information handed to them instead of "actively learning and engaging in the material." Students just want to be given a study guide that narrows the information to the exact answers so they can memorize the material. Bailey felt the same way as Cameron but for different reasons and felt there may be some bias because younger students tend to have more issues. Cameron explained that cell phones are a big part of school life for the younger generation and stated "it is how they communicate and something they never put down." This generation of student always has it

with them. Additionally, Cameron is aware that it is a way to access information in the classroom, but it is hard for an educator to judge if that is why the student is using it in the classroom. Are they following along with class instruction or are they shopping online. Cameron reiterates how that tends to occur with younger students.

Addison also felt that generational changes were a cause of nursing student incivility and shared how they thought there were differences in generations or at least influenced by those differences. Addison explained more by stating, "I am Gen X, and we would never have displayed that kind of behavior." Furthermore, Addison continued to discuss how they felt when they were in school; they had too much respect for their professor or teachers that we do not see today. Madison provided thoughts on why students are uncivil, which reflected some of the same feelings from Addison, Bailey, and Cameron by reflecting on the problem is that there are now more younger students. These students are coming directly out of high school or after taking a few prerequisites. Addison felt the problem was due to "younger students not having much experience in college or a university setting," which indicates a lack of knowledge of how to navigate higher education appropriately. Additionally, Addison felt that the younger students "are more outspoken but do not know how to speak out appropriately." Furthermore, younger students do not always know how to behave professionally.

Lack of Accountability. Two faculty members strongly felt that a lack of accountability was the leading cause of nursing student incivility. They felt this was a lack of accountability on the student's side and on the administrative side. Emerson felt strongly that a lack of accountability was the cause of nursing student incivility because faculty and administration do not hold them accountable. It is the academic's responsibility to hold students accountable for bad behaviors. Emerson felt the reasons for lack of accountability on the academic side is

monetary in nature by stating "we do not hold students accountable for their actions because we need to hang on to the students we have" because if we get rid of them "there is a loss of monetary funds for the school." This is the reason that bad behaviors displayed by students are overlooked. Reese also felt that a lack of accountability was a reason for nursing student incivility. Reese also felt it is because faculty members are not holding them accountable. Lack of accountability is not only on the student side but also on the faculty side. Faculty and students can behave badly, and the bad behaviors are not addressed. The lack of accountability starts at the top by not following policies and procedures that are in place. Reese felt that the policies and procedures detail "what we are going to do to hold people accountable but then when it comes time to do that, we give them grace instead." Both participants discussed how frustrating it was dealing with a lack of accountability from students and administration. They were also frustrated in the lack of support they perceive from administration when trying to hold students accountable.

Theme 3: Faculty Interventions to Address Nursing Student Incivility

Interviewed participants discussed how they currently address nursing student incivility. Two out of the 11 expressed that it depended on the level of incivility committed. One of the 11 has no real defined personal interventions they may use. The main consensus was to address the incivility as it was happening or right after it occurred.

Address the Incivility When it Happens. Cameron shared thoughts about addressing incivility when it happens. If the behaviors are associated with lower levels of incivility, such as talking in class or being on the phone, it is addressed at that time. This is done both in the classroom and clinical setting. Cameron stated, "In clinical, I say it is not the time for being on TikTok, so go into your patient's room." Bailey described addressing the incivility when it

happens but having to address the situation when others are present. Bailey discussed how depending on the degree of incivility, they would pull the student aside and personally talk to them about being disruptive. For lower levels of incivility, Bailey "address[es] those things in real time as they happen." For example, if it is something happening in class and Bailey is the only one that sees the faces that a person is making, then a blanket statement is made. Bailey stated, "the classroom needs to be safe." This can be accomplished by honoring everybody in the classroom and giving them the space to ask questions, make responses, or tell live stories. Charlie also shared how they would shut behaviors down immediately, which may involve pulling a student aside and having that conversation in private. They (Charlie) would pull the student aside if they notice behaviors such as eye rolling when a students is talking in class to make them aware that the behavior is being noticed. Additionally, this is done because Charlie believes, "students sometimes do things without even knowing they are doing it." It is different if the atmosphere is the room or clinical setting is escalating, Charlie explained that in that case, it is shut down immediately. When having discussions in the classroom, students are allowed to have open conversations, but if the behaviors escalate, such as voices getting louder or argumentative, then the conversation is shut down and students are allowed to meet with Charlie in a more private setting. Emerson shared thoughts about controlling nursing student incivility in both the classroom and clinical settings by explaining how they patrol the room during class and will call the student out for uncivil behaviors. Furthermore, Emerson stated, "if it affects me directly, I will stop teaching because I am not going to share the platform." Taylor agreed with the others on how important it is to talk to the students by pulling them aside. This is never done in front of others. Emerson addresses the students by asking "can you help me understand what is going on." Further discussion about why the behaviors are happening takes place. Emerson

feels that students need to know that the standards are high but that you also care. Five out of the 11 faculty participants described how they would address the incivility immediately. They described different ways in which they would address the behaviors but agreed with each other that the behaviors could not continue to happen. There was discussion about the importance of faculty expectations being known early and how faculty should be on the same page.

Escalate to Administration. Three of the participants felt that when addressing bad behaviors, they would escalate to administration. Cameron stated, "for the heavier-hitting things, I follow our professional code of conduct policy. I then reach out to those above me for guidance on how to handle situations I have not had to handle before." Emerson stated that when they "think this is a valid concern, then you need to discuss it with somebody higher than me." Morgan also handles incivility and stated, "if it is something that is done, I would document that students have done something wrong. It is uncivil or unprofessional because incivility falls underneath professionalism, and the very first code of conduct violation is unprofessional or unethical conduct." Furthermore, Morgan discussed how they would write the student up and escalate to the administration.

Theme 4: Institutional Intervention to Address Nursing Student Incivility

Three out of 11 participants did not know what the institutional interventions were. They then expressed their feelings that it looked bad for the institution, but they were being honest about not knowing what occurred. Three out of 11 stated they would talk to another faculty member. There was no real in-depth discussion about the institutional interventions that are currently in place.

Disciplinary Action. Cameron seemed to be aware of institutional interventions and explained that there is a protocol in place that includes documented counseling and written

documentation. The protocol starts by talking to the students and making them aware of the problem, and no further action is needed. Cameron further explained that "it can then go to a written warning, probation, suspension, and then dismissal from the program." Furthermore, once the faculty member gets past the documented counseling then people higher up take over the process of what happens next. Billie stated, "We have the student activity report." Emerson described what institutional interventions are in place by saying there is a hierarchy of filing a complaint or a grievance. I have sat on a decision board for expulsion, and a large part of that complaint was conducted through the way that a student interacted with a professor through written word or through text. Emerson also stated, "I think the bigger issue is that a lot does not get reported and a lot just gets swept under the rug and I think a very small amount of true cases are even discussed or made more." Morgan stated, "we have a zero-tolerance policy now for bullying." Morgan also talked about how "we have methods of the code of conduct violations that we can follow for student incivility." Madison stated, "the professional code of conduct. It details a lot of the behaviors that the students are expected to have and to maintain." Jordan also talked about the fact that "we have a policy for student incivility and bullying." Most of the conversation centered around knowing there were policies and procedures in place to address incivility, but they could not elaborate on what that looked like. Most of the responses were short sentences that did not expand on using the policies and procedures to guide their disciplinary actions.

Nursing Faculty Unaware of Institutional Interventions. Three of the participants were not familiar with institutional interventions. Bailey stated, "I guess my answer would be I do not necessarily know as an institution what we have in place formally in order to address incivility." Further discussion with Bailey revealed that they have not tried to address incivility

at an institutional level. Charlie also commented “institutional interventions where I currently work. I honestly do not know.” Reese followed up with “Do we? Do we have any? I do not know what the policy is.” This is concerning because faculty need to be aware of institutional interventions to hold students accountable. When in doubt, faculty can refer to policies and procedures to fight for what is right and having documents to support how they address bad behaviors. The policies and procedures need to be strong enough to make it hard for students to grieve the process.

Need for Change at the Administrative Level. At the end of the individual interviews and the focus group, the last question presented was about giving any last thoughts as it pertains to nursing student incivility, such as things they think may need to be improved or changed in how incivility is addressed. Ten participants felt the administration needs to be strong enough to hold students accountable for their behaviors and not focus on keeping students for monetary gains. The faculty felt that the administration needs to take incivility more seriously because the behaviors can escalate to dangerous behaviors. Faculty felt that allowing the behaviors allows students to feel entitled. It is a slap in the face to the student that does the work and performs appropriately and professionally.

Define Incivility in the Code of Conduct. The faculty felt strongly that incivility was the “buzz” word now to define students' bad behaviors, so there needs to be a definition in place and published in the Code of Conduct. Bailey stated, “I think we need to specifically address a formal policy associated with incivility and not have it crowded out by other things such as sexual harassment, bullying, and that nature.” Charlie also thinks “having policy and procedures with definitions of low and high incivility would be beneficial.” Having those definitions will

assist faculty and students in having a better understanding of what is considered uncivil behaviors.

Address Incivility with Students. Bailey stated that "it is becoming a bigger issue. I hear you guys talk about it, and I think, as a result, it needs to be something we address on the first day of class, like every class, along with the syllabus. We are going to talk about incivility." Jordan provided thoughts on addressing incivility among students. This needs to be done during their first class starting in the program. Additionally, Jordan felt that during the discussion, "making very specific key points of what is not acceptable. It will not be tolerated, and the repercussions of that behavior." The students are adult learners and know how they are to treat people. Even though they know how to act and have access to the policies and procedures, faculty still need to have a 30-minute conversation in the first class. Jordan continued by stating, "Does this solve all of it? No, because I think it is a personality defect, and we cannot fix people's personalities." When discussing institutional interventions, there was minimal discussion on what they knew was in place. There was some discussion about a policy and procedure, but three out of the 11 did not know about that policy. The faculty was also frustrated that even though there are policies in place, they are not upheld on the administrative side. They agreed that incivility needs to be discussed early in the school year with students. This could be accomplished by having modules assigned to them that need to be completed. Whatever is agreed on needs to have enough support because it is an important topic.

Theme 5: Code of Conduct

During the focus group discussion, faculty had the opportunity to review the code of conduct and discuss what worked well and what needed improvement. Over half of the participants had a hard time finding the policy and admitted to not using the document. The

document was too wordy and vague in some places. Every participant felt there needed to be some change to the code of conduct.

Faculty Unsure how to Access or Use the Code of Conduct. Two of the participants did not know where to find the Code of Conduct. According to Jordan, "the code of conduct is called something else like professional something." Madison reported, "having a hard time finding the student handbook. I always go to the faculty handbook first." When the discussion centered around the use of the Code of Conduct when addressing incivility, Reese stated, "We are not consistent with how we uphold it." Charlie followed up by stating, "100% I agree with that." Jordan discussed her methods when writing students up for incivility and using the Code of Conduct:

> I do not. I mean, I am just going to throw it out there and be honest. Never. I am not saying that I do not write people up for incivility, but I do not need that policy. I do not think so because, number one, it is not as specific as it should be. So, I take it upon myself to say that was terrible behavior, and I am going to write you up. I mean, it is there, and I know it is there, but I would not say that I would sit there and read it line from line to figure out how to write it. I do it. I write students up. The policy is like reading VCR instructions.

Billie stated, "I was taught that you copy and paste the policy onto the student activity report." Cameron also "goes to the policy and see which line item was violated. I keep it as factual and as objective as possible." When following up with the disciplinary process found in the Code of Conduct, faculty were divided on where to place the write-up. Billie wanted to know, "Is it in anthology?" Emerson responded by saying, "Student activity reports are not kept in the anthology." Jordan countered with, "I put all of my write-ups in the anthology." Emerson stated,

"The administration specifically told me I was not to put it there." Madison agreed by stating, "I thought I was told not to put it in there." Jordan continued, "I do not know if it is a policy, but I put everything in anthology. I have never been told not to." Reese is wondering "why we cannot talk to each other about student behavior that should be observed and continually observed and addressed." Faculty felt they were not encouraged to talk to one another about student incivility and where students stand in the write-up process.

There is inconsistency among faculty when using the Code of Conduct. Different administrative faculty tell faculty different ways to use the document. Faculty have a hard time accessing the document and had never accessed it before the focus group. The Code of Conduct is an important document that addresses all the behaviors that are deemed unacceptable. It is important for faculty to understand how to access and use the document when addressing incivility behaviors.

Changes Need to be Made to the Code of Conduct. Reese "feels like, honestly, that document is very long and very vague." Charlie talked about the verbiage in the Code of Conduct. "I think of the term incivility. I do not know if that is used in our policies and procedures." Each line item of the Code of Conduct was discussed. First, all the infractions in the code of conduct state that students may be dismissed from the program. This ranges from bringing firearms onto campus and disruptions in the classroom. Jordan stated, "I think it should say it will result in." Madison also stated, "I agree because they are bad, lick conviction of a felony or crime. That should be dismissal." Jordan "thinks the one that is sticky icky is the plagiarism one. This is not because plagiarism is not important but because so many people plagiarize accidentally and not intentionally. Cameron agreed with Jordan by saying, "I agree that there are certain levels to that, and I have experienced all of them." Continued conversation

was centered around the different levels of infractions and how they should be categorized. Right now, the Code of Conduct has every infraction under the same category. Jordan stated, "Yeah. Also, repeat violation of dress code. I mean, ok, I get it. However, is it a serious critical violation? I mean, unless they are naked." Reese responded, "I do not understand why they have them lumped together as serious and critical. Where the hospital policy has them separated out as a serious list and then a critical list." Madison agreed, stating, "Well, that is true." The participants discussed some specific parts of the Code of Conduct, such as #17, which states failure to cope with the stress of the clinical area in a professional manner. The question was asked what that means. Madison stated, "That is kind of crazy," and Reese stated it meant "that I can take a psychologist to clinical." The next was #18, which reads insubordination with refusal to follow reasonable requests of faculty. The participants questioned again what that means. Charlie wanted to know, "What is a reasonable request?" Cameron provided further thoughts on some changes needed:

> So, I think that if we lump all these things into the same category, then we almost have to use ambiguous language because what it says may result in a written warning. Yeah, if you have an infringement on one of these things, like bringing a firearm into campus, that is going to be very different from having a dress code violation. So, I think that that is where that may be appropriate, but I think it would be more appropriate to kind of filter these out and say dress code violation, you get counseling, and then the repeated offense is a written warning. Filter it out based on the severity.

Madison agreed by stating, "Yeah." Cameron continued, "If we were to do that, then you could use more concrete verbiage so it was not so up in the air." Jordan stated, "I also think they could probably just remove anything behind the categories that state they may result in." Madison

followed up by stating, “I agree with that. Put them underneath the categories, but then I think you would also have to put repeated offenses will escalate.” Emerson responded, “You need to have a level of accountability that goes with the Code of Conduct that is non-negotiable. So, I agree that pieces and parts of this need to have levels of severity.” Emerson also provided further thoughts about what should happen if there is an infraction:

> What they must also consider is whether that infraction follows the student all the way through the program. So, if you start at a documented counseling in your sophomore year and then continue on, it should be documented or a written warning, and it should not be from semester to semester. You should not be able to start over.

Addison agreed that “there is a communication issue. So, I would not necessarily know somebody had been written up prior to coming to my class. So, there is some missing link there that you know it is not communicated amongst staff.” Charlie also stated, “I guess from my perspective, there is nothing in here on how one treats someone else.” Emerson responded by stating, “There is a separate form, and it is sexual and gender-based harassment and other forms of personal misconduct.” Jordan countered with, “How would any of us know to go under sexual assault for someone who rolled their eyes.” Charlie followed up with thoughts on how to improve the document:

> I think if we could link any policy, it would make it easier for us. If it is here in black and white, I would say you cannot argue it, but a lot of them do anyway. However, that is your way of knowing you are being fair with anyone who goes against the conduct. So having it all in one place, being able to find it, being able to copy and paste it onto the clinical write-up, I think, would make it a lot easier. Plus, when you write the student up

and present it to upper administration, you can say it says here in the policy that these things might be done for this.

There was a lengthy discussion about the Code of Conduct. The focus group delved into different conducts and discussed how the faculty felt about certain conducts. Several conducts were hard to understand. There were no hard limits, and all the conducts were lumped together. Faculty showed some frustration in trying to decipher the document and understanding of why it is hard to hold students accountable for incivility.

Theme 6: Administrative Support

Administrative support was a question posed during the individual interviews and the focus group. Five of the 11 participants felt that the support was or would be there if needed. Six of the 11 participants were adamant that administrative support was lacking or nonexistent. Faculty felt that the lack of support was because administration is student-focused.

Administrative Support is Available. Five participants felt that administrative support would be available if needed. Not all of the five participants have sought administration out to assist with student incivility. Bailey stated, "I do feel that if I approached the administration with the issue, I think it would be handled. So, I think that there is support there." Morgan added that they thought it was strong. Additionally, "I know it is not always perceived that way by all faculty." This may be because the administration has to look at the issue from both vantage points, and because action is not taken right away, faculty may think they are not being heard. Morgan concluded, stating, "On the back side, the data is gathered, and the administration is very supportive of Code of Conduct violations." Addison stated, "I feel like they would be supportive. However, I probably would not go to my administration for something like that because I would rather rely on my peers to talk about it." Jordan spoke about administrative

support by stating, “I feel like our college is good at allowing us to bring problems to the forefront, to administration to help us.” Jordan relayed how they have been guided by the administration in how things should be handled. When things are considered too egregious to handle, they send it up the chain of command. Taylor also felt that administrative support is good, and they want the students to be successful.

Lack of Administrative Support. The other six participants felt the opposite and that administrative support was not there for them. Cameron reflected on the times that they have needed administrative support and provides the following insight:

> I think it is inconsistent. I have had really good support before, and then I have had not so great support before. So, I think it depends on the situation. I think it depends on who you are talking to. I feel like if I were to go to one leader and give them the same information, I would get a different course of action than if I went to another leader and gave them the exact same information. I do feel like they tend to give a little bit more grace to the students than is necessarily warranted at the time. But. I understand that we need retention rates and that if a student makes one mistake, then that should not determine the whole course of the program. So, I do understand, but it is a little inconsistent, so you never know what you are going to get when you bring an issue up.

Billie stated, “I was called to discuss the feedback for a student and was made to believe I was partly to blame and made to change a clinical grade to reflect what the student wanted.” Charlie shared that they believe the administration is expecting the instructor to try to handle it in the moment, which Charlie thinks is fair. For behaviors that I cannot handle, “I do not see them holding students accountable and providing consequences for students who have repeated offenses.”

Emerson also provides some insight into how they believe they are supported:

> I think it goes back to the same thing: we need to keep the students we have, and so if it is considered minor, it gets pushed aside. I do not feel like there is a lot of administrative support to hold them accountable. Yeah, or even I was going to say on the other side of that as well, like on both sides, I think student incivility is reciprocal. You could have situations where educators pick on students, and I do not think necessarily that is also addressed. So, to really have good administrative support to address incivility, it has got to be that two-way street. But I feel like that is how they handle everything.

Reese relayed that when they discussed a concern in the curriculum with the administration, "I was told I am so sorry you experienced that. That was it. That was not what I was looking for. But I feel like that is how they handle everything." Madson stated, "I do not think it is where it should be, honestly. I think they say that they do not tolerate it, but I do not think it is carried out. I think they are student-focused." Discussion then took place during the focus group, which asked the same question about administrative support when trying to enforce the Code of Conduct. Reese responded with, "Grace, give them grace. At some point, we need to hold people accountable." Taylor stated, "You do not want to keep lowering the bar. How much do we keep lowering that bar? Let this one go, and then do we have to let the next one go?" Emerson responded to a statement made by Reese, "Not all nursing students can be nurses," by stating, "I disagree with that statement. I think they all can be nurses, and that is the problem. The problem is that we are not weeding them out when they should not be in the program." Emerson followed up on the previous comment, "Administrative support does not exist, and I think it gets swept under the rug." Madison agreed with what Emerson previously stated. Billie shared some past experiences by stating, "There were a few faculty who put disciplinary action

on students and for vagrant issues, and they were allowed to stay in the program." Bailey felt that "if we are charged with maintaining the standard personal code of conduct of incivility, but we do not feel supported, what is the point of having the standard?" Charlie felt they did not even have the support to start the process of discipline. Furthermore, they have not been encouraged or educated to write the student up.

Administrative support is important when addressing nursing student incivility. Faculty members discussed the lack of support they feel they are receiving from the administration as a reason to leave. One faculty member talked about how faculty only perceive that the administration is not supportive. The faculty that did not agree voiced their frustrations on dealing with students who felt there was no disciplinary action in place. Faculty felt they would have a target on their back when they were not supported in the disciplinary process.

Research Question Responses

Incivility is defined as behaviors that are rude or disruptive to the working and learning environment (Johnson et al., 2020). According to Abedini and Parvizy (2019), in recent years, incivility in nursing academia has reached a high level and is considered a widespread problem. Incivility can occur at low to high levels of behavior (Smith et al., 2022). It is important to identify and address low levels of behavior so they do not spiral into high levels of behavior that can include physical violence. Results from this study show that 100% of the faculty interviewed were exposed to lower levels of incivility, with seven of the 11 respondents stating the behaviors were experienced or witnessed daily. Nine respondents witnessed or experienced behaviors that were disrespectful or unprofessional including openly talking negatively about other faculty, being argumentative, using profanity, lying, cheating, and plagiarizing.

Central Question: How have nursing faculty been exposed to incivility by nursing students?

Participants expressed their feelings about exposure to nursing student incivility. They first described examples that they had either witnessed or experienced. Some also provided some secondhand stories told to them from other faculty members who experienced the behaviors of students. Participants then expressed their thoughts on why students behave uncivilly to others. Discussion then continued regarding both faculty and institutional interventions in place to address the behaviors. Most participants were comfortable enough to take care of the situation as it was happening. There was not a lot of discussion on specific examples of institutional interventions, and it seems that most of the participants did not move to administration for assistance. This is supported by Emerson, who stated, "I think the bigger issue is that a lot does not get reported…a very small amount of true cases are even discussed." There was a focus group discussion about the Code of Conduct. Several participants felt that it was a hard document to follow and that changes needed to be made to make the verbiage more specific. The conversation then was centered on administrative support, which, for most participants, was lacking. The final discussion was about whether the participants had any last thoughts. Several participants felt that incivility needed to be introduced early to students and that the conversation had to matter.

All the pieces covered above describe how faculty have been exposed to nursing student incivility. There is more to exposure than just the initial encounter with the behavior. How faculty address incivility and how faculty perceive administrative support are part of that exposure. Billie expressed this, "who was made to believe I was partly to blame" when she encountered nursing student incivility.

Sub-Question 1: What examples of nursing student incivility have been observed or experienced by nursing faculty?

In this study, participants discussed a range of behaviors that they both observed and experienced. Incivility is a behavior that seems to be either witnessed or observed daily. According to Charlie, "I have witnessed a lot of low levels. I would say that is something I witness almost daily." The levels of incivility that are either witnessed or observed range from disruption in class to unprofessional conduct. Examples of disruption in class range from talking while others are talking, laughing while other students are talking, using cell phones and computers for personal use while the lecture is taking place, and eating or having food delivered to class while the lecture is taking place, to name a few. According to Bailey, "cell phone use is pretty big." Another participant, Charlie, stated, "I have witnessed students rolling their eyes while another student is talking." Emerson verified that cell phone use is big by stating, "I will be teaching in class, and I see students on their computer shopping and texting." Emerson also has problems with disruptive behaviors in class, which include "students walking in with food or having food delivered to the classroom while the lecture is taking place." These are just a few examples of how class is disrupted by students who are behaving uncivilly.

Unprofessional conduct is the other type of incivility witnessed by the participants. According to participants, this type of incivility can range from cheating to showing disrespect to both students and faculty members. According to Emerson, "the amount of, I do not even know the word for it, disrespect, or the feeling of being entitled to send anything you want through the written word. Emerson continued the conversation by saying, "I have seen incivility in how students nickname professors." When interviewing another participant, Madison, about incivility they personally witnessed, they shared the following, "I have witnessed the students talking disrespectfully to other faculty. Madison has also witnessed "students talking about other faculty during their clinical rotations." Both Cameron and Emerson reported students cheating

and plagiarizing. Charlie and Emerson reported students being untruthful to faculty. Charlie stated, “I noticed or witnessed in my career students lying to their professors about things that they have done or have not done while in the clinical setting.” Emerson also felt that the students were untruthful but in a different context. Emerson stated she had students “make false accusations in order to bolster their grades.” These behaviors display how nursing students act unprofessionally in the classroom and clinical setting.

Sub-Question 2: What are nursing faculties' perceptions of causes for nursing student incivility?

In this study, there were different faculty perceptions of the causes of nursing student incivility. Discussing causes for nursing incivility with the participants will help gain a better understanding of why nursing students exhibit different uncivil behaviors. Faculty members having a better understanding of the causes of nursing student incivility may help them better understand how to address why it is happening. Cameron, Bailey, Addison, and Madison felt that causes were associated with generational differences but for different reasons. Cameron felt that the generation differences were associated with “having their final years in high school completely online…. which changed their expectation to how information is delivered…and they want it all handed to them.” Bailey felt that the generational differences were associated with “cell phones are big with this generation. It is how they communicate… it seems to be something they never put down.” Addison felt that there are “potential differences in generations or influenced by that… I am Gen X and would never have done that behavior… we had that much respect for our professors.” Madison believes that generation differences are related to a “lack of knowledge.” Two other participants, Emerson and Reese, feel the cause of incivility is a lack of accountability. Emerson stated, “In my personal opinion, we do not hold students

accountable for their actions because we need to hang on to the students that we have." Reese also felt that lack of accountability was a cause and stated, "Policy and procedures are there. This is what we are going to do to hold people accountable, but when it comes time to do it… we need to give grace." Again, having a better understanding of the causes of incivility may help faculty better understand and appropriately address the behaviors.

Sub-Question 3: What faculty and institutional-driven interventions are currently in place to address nursing student incivility?

In this study, participants discussed both faculty and institutional interventions that are currently in place to address nursing student incivility. When discussing faculty interventions, there was an in-depth conversation about what they do to address incivility. Five of the 11 participants stated that their faculty-driven intervention was to address the incivility when it happened. Cameron, Bailey, Charlie, Emerson, and Reese would address this immediately but some in different ways. Cameron stated, "minor things…. I address them right there and then." Bailey "will pull the student aside and talk to them personally." Charlie and Emerson intervene the same way that Cameron and Bailey do; Charlie stated, "pulling them aside… and shutting it down" and Emerson said, "I will call them out…. shut it down immediately." One faculty felt very strongly about what they would do about uncivil behaviors. Bailey stated, "I am very hesitant to provide feedback to students." This was due to the lack of support they received when reporting students in the past. Other participants had other interventions that they used and felt strongly about getting to the incivility before it happened. Morgan "tries to avoid it from happening… by opening that line of communication." Jordan stated, "I think you need just to notice it." They both felt that if you treat students civilly, they will reciprocate and by doing so, student incivility will be kept from occurring.

Discussion about institutional intervention was a lot different than when discussing faculty interventions. There were not a lot of in-depth discussions because most of the participants did not know what institutional interventions were in place, or they started talking to someone higher up. Bailey, Charlie, and Reese did not know what institutional interventions were in place. Bailey stated, "I do not necessarily know," and Charlie said, "I honestly do not know." Reese discussed that they knew that there was an honor code but stated, "I do not know what the policy is." Cameron, Billie, Emerson, Morgan, Madison, and Jordan talked about having policies and procedures in place, but all did not expand any further. Emerson stated, "The bigger picture is that a lot does not get reported, and a lot just gets swept under the rug." This was very frustrating for Emerson, and they felt it was because the administration wanted to keep students for monetary reasons.

Sub-Question 4: How do nursing faculty perceive administrative support when addressing nursing student incivility?

In this study, the perception is that administrative support is lacking when addressing nursing student incivility. When interviewing participants individually, there were some strong emotions toward the administration and their perceived lack of support when addressing nursing student incivility. During the focus group interview, there were also strong emotions about lack of administrative support when trying to enforce the disciplinary process in the Code of Conduct. Cameron stated, "I think it is inconsistent…and depends on who you are talking to." Charlie believes that administrative support is lacking, stating, "I do not see them truly providing consequences for students." Emerson believes that the reason "there is not a lot of administrative support to hold them accountable" is because "we need to keep the students." Madison supported Emerson by stating, "I think they are very student-focused… I feel like it

(student incivility) is allowed." On the other hand, there are faculty members who believe administrative support is available. Bailey believes "it would be handled…but it (student incivility) has not been a problem for me." Morgan believes administrative support "is pretty strong," but "it is not always perceived that way." Addison also stated, "They would be supportive," but stated, "I do not know that I would even bring in administration with it."

During the focus group, participants talked a little more about the lack of support when trying to enforce the disciplinary action in the Code of Conduct. When asked this question, Reese responded with "grace, give grace" and wanted to know, "At some point, you need to hold people accountable." Taylor followed up with, "Do we keep lowering the bar… if we let this one go, and then do we have to let the next one go." The conversation continued with Emerson stating, "We are not weeding them out when they should not be in the program." Billie responded with the "waxing and waning of accountability." More conversation took place, and then Charlie stated, "We do not have administrative support," which was supported by Emerson saying, "Administrative support does not exist." Participants did not provide many examples of why they felt administrative support was not there. Billie stated that they knew faculty "who put disciplinary action on students and for vagrant issues, and they were allowed to stay." Billie also expressed how they were fearful of writing students up because they were not supported in the past when trying to provide feedback to students.

Summary

This chapter started with an overview of the study's 11 participants, along with their pseudonyms. This researcher then explained how the data analysis led to the six overarching themes: examples of nursing student incivility, causes of nursing student incivility, faculty interventions to address nursing student incivility, institutional interventions in place to address

nursing student incivility, code of conduct, and administrative support when addressing nursing student incivility. Data collected from all participants were used to support the results about faculty exposure to nursing student incivility. All research questions were answered, starting with the sub-questions and ending with the central research question. Participant quotes from the individual interviews and the focus group were used to answer the research questions and support the themes found. According to the data, faculty are exposed to nursing incivility daily. The examples provided proved that the types of incivility that faculty are exposed to range from disruptions in class to unprofessional conduct. Faculty provided their thoughts on why students portrayed uncivil behavior, with generational changes at the top. Interventions that are faculty- and institutional-driven were also discussed. Faculty revealed that the number one faculty intervention is to deal with the behavior immediately, whereas institutional interventions were not known enough to provide details. Exposure to nursing student incivility also includes how faculty perceive administrative support when addressing the behaviors. Faculty were divided into their perceptions of administrative support, with some being happy with how they are being supported and others feeling there is a lack of administrative support.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this qualitative case study was to determine how 11 nursing faculty were exposed to nursing student incivility. This chapter will include a discussion about the interpretation of findings based on the themes discussed in Chapter Four. A discussion will also take place about relevant findings in relation to the theoretical and empirical research. This chapter will explore the limitations and delimitations of the conducted research. Finally, recommendations for future research will also be discussed.

Discussion

The foundation of the research was created on the investigation of the theoretical and empirical literature provided in Chapter Two. This section discusses the interpretation of the research findings developed from the six themes. The findings provide details of nursing faculty exposure to nursing student incivility, how the behaviors are addressed, and the perception of administrative support. The findings also provide a review of the current Code of Conduct and any thoughts nursing faculty have about how the document is used and supported by administration. The information gained from this research may provide a better understanding of the types of incivility perpetrated by nursing students and how often they occur. The findings can also assist administration in understanding the importance of addressing incivility and showing support to nursing faculty.

Interpretation of Findings

This qualitative case study examined how nursing faculty are exposed to nursing student incivility. The following information is an interpretation of findings that were presented in chapter four. From the data collected through individual interviews, a focus group, and review of

the Code of Conduct, a case study was implemented. According to Warren and Bell (2022) a "case study is an umbrella research methodology, under which a researcher adopts different methods for data collection and analysis, is a particularly useful approach for research projects concerned with an in-depth investigation of a particular phenomenon within a specific real-life context." A case study method was used to identify six themes: examples of nursing student incivility, causes of nursing student incivility, faculty interventions to address nursing student incivility, institutional interventions in place to address nursing student incivility, code of conduct, and administrative support when addressing nursing student incivility. The identified themes provide a better understanding of nursing faculty exposure to nursing student incivility.

Summary of Thematic Findings

The thematic findings provide a better understanding of how nursing faculty are exposed to nursing student incivility. Based on the six themes: examples of nursing student incivility, causes of nursing student incivility, faculty interventions to address nursing student incivility, institutional interventions in place to address nursing student incivility, code of conduct, and administrative support when addressing nursing student incivility, four understandings of nursing faculty exposure to nursing student incivility are provided. The following discussion will focus on examples and causes of nursing student incivility and interventions in place to address these behaviors. This will be followed by how administrative support is perceived and ends with a discussion about the code of conduct.

Examples and Causes of Nursing Students Incivility. The first understanding of the research's findings is how and why nursing student incivility occurs. According to Spadafora et al. (2020), incivility is a growing concern in academia that can negatively affect student's learning and teacher's ability to teach. Faculty should be more aware of the prevalence and

impact incivility has on nursing academia (Wagner et al., 2019). Nursing faculty were interviewed about their perceptions of the behaviors they have witnessed or experienced and the causes of the incivility. Nursing faculty reported how they individually were exposed to incivility that was disruptive to class and conduct that was unprofessional. This was reported as happening daily. Examples of incivility include being late to class, having sidebar conversations, using cell phones and computers, rolling eyes, laughing at other students, talking about other faculty, using profanity, cheating, and plagiarism. This supports Clark's (2008) research that states behaviors that are considered uncivil are eye rolling or hand gestures, making incentive remarks, ignoring others, spreading rumors, name-calling, and threats that include either verbal or physical bullying, stalking, or even homicide. Nursing faculty reported that these negative behaviors occurred in the classroom, lab, and clinical settings. The behaviors that took place in the classroom were very disruptive to students and faculty. Students would go so far as to have food delivered to class and then start passing food out while faculty were teaching.

According to Clark (2008), factors that contribute to student incivility are stress and a sense of entitlement. When faculty were interviewed about why they felt that students behaved uncivilly, only one stated that stress was a factor. Faculty believed the main cause for student incivility was a generation change. They remembered being in school years ago and would never have dreamed of acting as disrespectful as the younger generation of students. They felt they had too much respect for their faculty. Others believed it was because of an increase in the amount of technology that is being used today. Students have easy access to cell phones or laptops and never seem to be without their cell phones. Students do everything with their cell phones, and it is their main source of communication with others. Another cause of student incivility that was discussed was lack of accountability. Faculty felt that students had a lack of accountability and

did not see that what they were doing was wrong. Students did not understand why they were being reprimanded for their behaviors because they did not understand how low levels of incivility is so disruptive and disrespectful. Faculty also feel that other faculty and administrators are not holding students accountable for their behaviors.

Interventions in Place to Address the Behaviors. Discussion focused on faculty and institutional interventions that are in place to address student incivility. When discussing faculty interventions, five of the 11 participants stated they would address the incivility when or while it was happening. Bailey expressed that the classroom or clinical setting needed to be a safe area for students to learn and there was no place for bad behaviors that decrease that safety for students. Faculty would either call the student out at the time of the incidence or pull the aside later to have a private conversation. Three of the 11 participants would write students up and then escalate to administration. When discussing institutional interventions there was not an in-depth discussion because three out of the 11 participants did not know what those interventions were. Another three participants stated they would discuss with other faculty what needed to be done.

Administrative Support When Addressing Nursing Student Incivility. Faculty members were divided about how they felt about administrative support. Half of the faculty interviewed felt that administrative support is good. The same faculty felt that if they needed administrative support, it would be readily available because they had had good mentoring from the administration when dealing with other things. The other half of the faculty were very vocal in their perceptions that faculty support from administration is nonexistent. Faculty felt they were not encouraged even to start the process of disciplining students for incivility. The nursing faculty also felt they were encouraged to give students more grace than was warranted and that a

lot of infractions were swept under the rug. They believed that administrators were student-focused because of the monetary gain, so more bad behaviors were allowed to occur.

Code of Conduct. During the focus group, the Code of Conduct was the center of discussion. The different items listed in the Code of Conduct, along with the disciplinary action, were the main topics of discussion. It was initially found that faculty had a hard time finding the Code of Conduct. Once found, only four of the participants stated they used the document when addressing student incivility. The document was found to be hard to read and was compared to reading a set of videocassette recorder (VCR) instructions. Faculty felt there were no behaviors considered hard limits and would result in immediate removal from the nursing program. This means that the disciplinary action will be the same for those who bring a firearm to school or do things that are disruptive to class. The student may be removed from the program for committing either offense. The faculty felt that their offenses needed to be placed in specific categories, with harsher offenses being placed in a category of immediate removal from the program. Some offenses were hard to understand what they meant.

When discussing the disciplinary actions in the Code of Conduct, faculty felt that the levels were good when addressing the behaviors. The problem that faculty voiced was not the disciplinary actions but that the administration is not enforcing them. The faculty felt that the administration continually gives grace to students and allows the behaviors to go unchecked. The faculty also felt that the administration was very student-focused for monetary reasons. One participant felt that they were not even supported in starting the process of disciplining students.

Implication for Policy

The findings of this research can be used to make recommendations to stakeholders such as nursing academia administration, nursing faculty, nursing adjuncts, and clinical nursing

faculty. These stakeholders must better understand how nursing student incivility impacts nursing faculty in the classroom and clinical setting. It is also important that the administration understand how nursing faculty perceive the support they receive when addressing nursing student incivility. The mentioned stakeholders also need to determine if the current policies and procedures are appropriate.

By studying how nursing faculty are exposed to nursing student incivility, a better understanding is provided of how nursing faculty perceive the behaviors and how they are supported when addressing the behaviors. Exposure to nursing student incivility encompasses more than just being exposed to the behaviors; it also includes what happens after being exposed to the behaviors. Faculty discussed how they are exposed to student incivility and why they believe the behaviors occur. They continued their discussion about how they are supported when addressing these behaviors. Recommendations from faculty were for the administration to define incivility and place that definition in the Code of Conduct. There are also recommendations to reevaluate the current document and make the verbiage stronger. Faculty also want to see incivility discussed early with nursing students, along with updates each semester. This involves a rich discussion that would include providing a certificate for completing any modules that may be included. Participants also suggested having a mentor for faculty that could also be a go-between for faculty and administration. Lastly, there were suggestions from faculty for the administration to be more transparent and allow more transparency between faculty when addressing nursing student incivility. These findings could assist other stakeholders in initiating interventions to address student incivility.

Another concern for stakeholders is that the nursing faculty revealed that they did not know how to find the Code of Conduct and did not use the document. They were also not

familiar with how the administration addressed student incivility. These findings can shed a better understanding of why student incivility is not being properly addressed. Stakeholders need to make sure their faculty are well versed in policy and procedures by conducting routine in-services.

Implication for Practice

Findings from the study can help nursing faculty better understand nursing student incivility. Faculty need to understand the causes of nursing student incivility so they can better respond to the behaviors. They need to self-check to make sure the students are not responding to what they may feel is faculty incivility. Student in-services about incivility are important to start early in the nursing program and continue routinely so they can understand the implications of acting uncivilly. Nursing faculty need to understand how to manage their classroom and clinical settings. This can be accomplished by the administration providing professional development courses. Additionally, nursing faculty need to know policies and procedures and how to discipline students correctly. The administration needs to support nursing faculty when addressing student incivility so faculty will not only feel supported but also so that students will be held accountable.

Theoretical and Empirical Implications

The following section discusses the theoretical and empirical implications of the qualitative case study that explores nursing faculty exposure to nursing student incivility. Bandura's (1977) social learning theory and Clark's (2010) conceptual model fostering civility in nursing education served as the theoretical framework guiding this study, contributing to current literature on incivility in nursing academia. This will be followed by a discussion about the empirical implications of how the conducted study has contributed to current literature on

student incivility. The empirical implications includes how the gaps in literature were addressed in this case study.

Bandura's Social Learning Theory

Bandura's (1977) social learning theory was the basis for this study's theoretical framework. The premise of Bandura's theory is that people are not born knowing how to behave; they must learn how to behave. Learning how to behave can be accomplished by experiences they have either observed or directly experienced (Bandura, 1977). Additionally, the theory also focuses on how to understand, predict, reshape, or change behaviors (Yildirim et al., 2020). According to Bandura (1977), direct experiences can affect how one learns based on the positive and negative effects produced by actions. Observational learning can be accomplished not only by personal actions but also by the actions of others. Behaviors can be learned through modeling by others. This was emphasized by faculty who felt that student incivility could be a learned behavior previously developed before nursing school. There were in-depth conversations about students who graduated from high school or took their first years of college courses during COVID and were not given all the tools to make the transition from classroom to virtual learning easier. The faculty felt that student expectations were the same when they entered nursing school and were expecting the information to be handed to them and not have to put forth the effort in facilitating their own learning. The faculty also expressed that behaviors are learned through faculty modeling and that it is important that nursing faculty work at being good role models. If faculty members act badly, students will learn and exhibit those behaviors. Findings from this study showed that interactions between nursing faculty and students are different. Some faculty members held students accountable for their behaviors immediately where others allowed the behaviors to continue. The reasons were either out of fear of retaliation

from the administration or students, lack of support from the administration, and lack of how to address those behaviors.

Clark's Conceptual Model Fostering Civility in Nursing Education

Clark's (2010) conceptual model of fostering civility in nursing education was used to explain why incivility occurs in nursing academia. Clark's model illustrates how an increase in stress for faculty and students along with student entitlement and faculty feelings of superiority can contribute to incivility in nursing academia (Clark & Springer, 2010). This was not fully supported in the findings of this study. Faculty felt that generational changes were a major factor that contributed to incivility. Having the use of cellphones and other technology were factors that faculty thought helped to explain why they decided generational changes was a cause of incivility. Only one faculty member felt that stress was a precipitating cause of the bad behaviors. This stress was due to not doing well in school and personal factors such as family life and work. Lack of accountability was another cause of incivility, not a sense of entitlement. The lack of accountability was seen as a problem by students and the administration. Clark's (2008) conceptual framework the continuum of workplace aggression shows the different levels of behaviors starting with low levels and ending in with high levels. The low levels are incivility that include rude nonverbal or verbal behaviors and tragedy on the high end of the spectrum. In the middle of the spectrum is bullying and intimidation. Nursing faculty report behaviors ranging from low levels to acts that are perceived as bullying and intimidation. There were no reports of physical violence or tragedy. According to Clark (2008), low level behaviors that are left unchecked can escalate to high levels of behaviors such as physical violence.

Empirical Implications/Gap in Literature

This qualitative case study supports and adds to the current literature on nursing incivility in nursing education. It targeted nursing faculty who currently teach in either the classroom, lab, simulation, or clinical setting and have been exposed to student incivility. Many of the findings in this research align with current research, especially when discussing interventions currently used and administrative support when addressing student incivility. The following study supports and adds to the existing literature.

Research on classroom incivility was conducted by Spadafora et al. (2020) to determine if attitudes toward behaviors were associated with more intense behaviors in the classroom. The researcher suggested more research needed to be conducted on teacher management styles and their thoughts about incivility in the classroom and if it had any impact on the attitudes of students. Participants who were interviewed for this study taught in the classroom. They voiced how lower levels of incivility took place in the classroom daily. They also discussed how they would address the behaviors immediately, but it did not have a positive impact on curbing the behaviors. Participants did not voice that the lower-level behaviors in the classroom ever escalated to higher levels of incivility. Findings from the study found that newer faculty lacked knowledge on how to manage the classroom setting. This was obvious by how lower levels of incivility were happening daily. The faculty discussed interventions they would use but it did not seem to decrease the amount of incivility that was happening in the classroom. The current research added to the knowledge that faculty attitudes toward incivility did not negatively impact uncivil behaviors seen in the classroom.

Park and Kang (2021) conducted a meta-aggregation of qualitative studies regarding nursing faculty incivility toward nursing students. The researcher found that nursing faculty

incivility toward students had detrimental effects on their learning. This is supported by a phenomenological study by Vuolo (2018) that found incivility can cause less engagement and have negative impacts on student's academic and intellectual development. Park and Kang (2021) recommended that future research be conducted on nursing faculty perspectives of their uncivil behaviors toward nursing students. Participants who were interviewed discussed how they were approachable and flexible when dealing with students. Taylor, Morgan, and Emerson discussed how important it was to model the behavior they wanted students to portray. They felt that not all faculty were perceived as civil by students. This study added to current research in that participants shared stories about their interactions and examined whether they dealt with the situation or if they were the cause of the behaviors. The faculty felt that most of the uncivil behaviors they were exposed to were either generational or derived from a lack of accountability.

Frisbee et al. (2019) conducted a study discussing the negative impact incivility had on nursing faculty. Nursing educators are pivotal in preparing nursing students to be future nurses. They recommended future research to include interventions to decrease incivility and perceptions of incivility in nursing education. This was also a recommendation from McGee (2021) that strategies need to be developed to create a culture of civility. This current study gave a voice to participants about their perceptions of nursing incivility in academia that builds on prior studies. Nursing faculty expressed how they are exposed to student incivility daily. Most forms of nursing incivility are lower levels but have also included behaviors that are considered unprofessional. Participants also discussed how they perceive administrative support to be lacking when addressing the behaviors. The discussion also centered around interventions used by faculty and administration to address student incivility. Participants stated they would address

the incivility immediately by pulling the student aside or setting a later time to discuss the behavior. They would make sure the student was alone when doing so. Findings from faculty also showed the importance of modeling the behaviors that are expected of students. Findings also revealed nursing faculty lack knowledge on administrative interventions used to address student incivility by simply stating "I am sure it would be handled."

Wagner et al. (2019) conducted a study to determine the differences in how different disciplines perceive incivility. The conclusion of their findings suggests that future research needs to focus on making faculty more aware of the prevalence, antecedents, and impact of incivility in education. The conducted study builds on the current body of evidence by showing the examples of incivility that nursing faculty experience daily. Eleven participants recounted stories of the experiences they have encountered. Faculty stated how frustrated they were with the experiences and lack of administrative support they received.

The study findings show that nursing student incivility is prevalent in the school that was being studied. A lot of research has been conducted on nursing student incivility to determine causes and interventions in place to address. Even with all the research that has been conducted, nursing student incivility is still very prevalent. This researcher believes there are three main reasons why incivility is still a problem in academia. The first is nursing faculty's lack of understanding on how to address incivility. Secondly, is the lack of consistency between faculty on how they perceive incivility. Thirdly, is the lack of administrative support when faculty try to address the behaviors.

Limitations

This study had several limitations. The demographic makeup of the participants was the first limitation. There were 11 participants, with only one being male. Hand and Reid (2022)

states that 7% of full-time nursing faculty are male. According to Maranon et al. (2019), male nurses are described as more rational than relational, which could have provided a different perspective on nursing student incivility. The second limitation was that 10 participants were Caucasian, and one was African American. Having a better diverse representation of participants in this study could have generated different findings for the study. The third limitation was how new most of the participants were to education. Eight out of the 11 participants were educators for less than five years. Having more participants with more years of education could have provided richer stories about their exposure to student incivility. The last limitation was the time frame in which the study was conducted. This researcher received IRB approval in mid-November, which only allowed two weeks before Christmas break to start getting participants. In January, the faculty only had a week to prepare student classes. A change in the time frame could have allowed more interested participants who had more time to complete the interviews and focus group.

Delimitations

The first delimitation of this study was the population used. The study used an inclusion criterion that included nursing faculty who teach didactically and have been exposed to at least one incident of incivility by students. Exclusion criteria would include anyone who did not meet the above criteria. The inclusion criteria were used to easily identify participants who could participate in the study and not make it too hard to find participants who would meet the criteria.

The second delimitation for this study was the facility used to conduct the research. The academic setting was chosen near the researcher's employment site. The location also allowed easier access to nursing faculty. Additionally, the location was shown to have a large pool of full-time and adjunct nursing faculty that could easily meet the inclusion criteria. The location was a

good choice to conduct the study because it has a large number of faculty that teach didactic and allowed the researcher to have a large enough pool of participants in the study.

Recommendations for Future Research

After all the research that has been conducted on incivility in nursing academia, there continues to be a problem. The conducted research focused on nursing faculty exposure to nursing student incivility, interventions in place to address, and administrative support. Plenty of research has been conducted on the examples and causes of incivility. There has been increased research on intervention used to address the behaviors. More research needs to be conducted on whether the interventions used by faculty and administration work in managing incivility. This can include incivility in-services that are provided to students at the beginning of nursing school and whether faculty notice a decrease in the behaviors. Future research should be conducted on policy and procedures that are currently in place to determine if nursing faculty know how to access them, how to use them, and that they are user friendly. Lastly, future research can be conducted to determine nursing faculty perceptions of administrative support when addressing student incivility and ways to improve transparency.

Summary

The purpose of this qualitative case study was to explore nursing faculty exposure to nursing student incivility at a nursing college in the Mid-Atlantic region. This study builds on Bandura's (1977) social learning theory and Clark's (2008) model of fostering civility in nursing education, which provided the theoretical framework for this study. Bandura's social learning theory focuses on how students learn how to behave through past experiences and role modeling. Clark's model focuses on how stress on the student and faculty contributes to increased incivility. Data collected through individual interviews, a focus group, and discussion about the current

Code of Conduct was analyzed, and six themes emerged from the study, which helped this author gain a better understanding of how nursing faculty are exposed to student incivility.

All study participants discussed how they were exposed to lower levels of incivility daily and even higher levels of incivility that were considered unprofessional conduct. Participants discussed examples and reasons they believe incivility occurs, interventions used by faculty and the institution, and administrative support. This study supported current research that has been conducted on nursing student incivility and added valuable information to fill the gaps in the literature. This was accomplished by providing more information about the intervention used, nursing faculty perceptions of incivility, and academic support. There was a common theme when discussing examples and reasons for student incivility that included generation changes and lack of accountability. Interventions used by faculty were to deal with behaviors when they happened, and role modeling administrative support was evenly divided into half feeling the support was there. The other half felt the support was lacking.

The limitations of the study were demographics, a lack of diversity, and years as an educator. In the future, researchers may want to focus on recruiting more males for the study. They also may want to have a more diverse group of participants. Recruiting faculty with more than five years of experience could provide more stories and examples of incivility to which they have been exposed. A lot of research has been conducted on incivility. The focus for future research should be on how the interventions affected the amount of incivility that takes place. Future research could also take place on administrative support and how to increase transparency.

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Appendices

Appendix A

Permission Letter

Dear Kimberly, thank you for your note and your interest in my work. And congratulations on moving forward with your doctoral journey. Your study sounds great and will be an important contribution to the scientific body of work. My Conceptual Model for Fostering Civility in Nursing Education and the Continuum of Workplace Aggression (FKA the Continuum of Incivility) have been revised/updated. The citation for both is:

Clark. C.M. (2022). *Core competencies of civility in nursing & healthcare*. Sigma Theta Tau International Publishing.

To access the model and continuum, please browse my *Civility Matters* website at https://www.boisestate.edu/research-ott/civility-matters/ click on the Resources, Assessments, and Models link, scroll to read about the specific materials, along with published works and associated fee structures. I hope you find the resources and descriptions helpful. Because the materials are copyrighted, usage requires a licensing agreement and a modest user fee ($19.99 each).

If I can be of further assistance, please let me know.
Very best wishes with your endeavors,

Dr. Cynthia Clark

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and Creating and Sustaining Civility in Nursing Education
https://www.sigmamarketplace.org/creating-sustaining-civility-in-nursing-education-second-edition-

Appendix B

Liberty IRB Approval

IRB #: IRB-FY23-24-525

Title: Nursing Faculty Exposure to Student Incivility and Interventions in Place to Address: A Case Study 9-27-2023

Creation Date: End Date: Status: Approved

Principal Investigator: Kimberly Lowe

Review Board: Research Ethics Office

Sponsor:

Study History

Submission Type Initial Review Type Limited Decision Exempt - Limited IRB

Key Study Contacts

Member Kara Schacke Role Co-Principal Investigator Contact

Member Kimberly Lowe Role Principal Investigator Contact

Member Kimberly Lowe Role Primary Contact Contact

Appendix C

IRB Approval Letter

Angela Taylor PhD, RN
College President
Sentara College of Health Sciences
Crossways I - Suite 1051441 Crossways Blvd.
Chesapeake, VA 23320
September 11, 2023

Kimberly Lowe

Liberty University

Re: Proposed Research: Nursing Faculty Experiences with Student Incivility And Interventions In Place To Address: A Case Study

Dear Kim,

Thank you for your request to conduct research at Sentara College of Health Sciences as part of your journey to complete your PhD at Liberty University.

I have completed a review and found the following is in order:

- Your project plan was submitted to the SCOHS Research Committee on May 4, 2023
- Your Project Plan was reviewed by the SCOHS Research Committee on May 19, 2023
- Feedback from the Committee was provided to you following that meeting.
- The Liberty University Institutional Review Board has approval under the US Department of Health and Human Services, Office for Human Research Protections. (Approval number IORG0006023 exp. 10/15/2023)

Therefore, you are approved to begin your research at the College if you achieve IRB approval through Liberty University.

Please notify the Research Committee when you receive IRB approval and your planned start date for the research. Please provide a copy of your approval letter to the Research Committee as well.

Sincerely,

Angela S. Taylor

Angela Taylor, PhD, RN

Appendix D

Recruitment Email

Dear Potential Participant,

As a doctoral candidate in the School of Nursing at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to explore nursing faculty exposure to nursing student incivility and determine what interventions are currently in place to address the behaviors, and I am writing to invite eligible participants to join my study.

Participants must be nursing faculty members who teach didactic or clinical courses and have experienced at least one episode of nursing student incivility. Participants will be asked to take part in a one-on-one, audio-recorded online interview, take part in a video-recorded focus group, and review the findings for accuracy. It should take approximately two hours to complete the procedures listed. Participation will be completely anonymous, and no personal, identifying information will be collected.

To participate, please contact me to schedule an interview.

A consent document will be emailed to you if you meet the study criteria. The consent document contains additional information about my research.

Sincerely,

Kimberly Lowe
Doctoral Student

Appendix E

Consent Letter

Consent

Title of the Project: Nursing Faculty Exposure to Student Incivility and Interventions in Place to Address: A Case Study
Principal Investigator: Kimberly Lowe, Doctoral Candidate, School of Nursing, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a nursing faculty member who teaches didactic or clinical courses and has experienced at least one episode of nursing student incivility. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore nursing faculty exposure to nursing student incivility and determine what interventions are currently in place to address the behaviors.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Allow me to interview you (45 minutes). The online interview will be recorded.
2. Participate in a focus group done through Google Meet (60 minutes). During the focus group, we will discuss the professional code of conduct and the disciplinary actions for violations.
3. Review the accuracy of findings (5-10 minutes).

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a better understanding of faculty exposure to nursing student incivility and what current interventions are used, which can help create more effective interventions to address the behaviors.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Data will be stored on a password-locked computer to which only the researcher has access. After three years, all electronic records will be deleted.
- Recordings will be stored on a password-locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or Sentara College of Health Sciences. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Kimberly Lowe. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at. You may also contact the researcher's faculty sponsor, Dr. Kara Schacke.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix F

Research Questions

1. How long have you been a nurse educator?
2. Do you teach in the classroom, clinical, lab, or simulation?
3. How do you define nursing student incivility in nursing education?
4. Can you describe your thoughts about nursing student incivility in nursing education?
5. What behaviors or actions have you witnessed that you believe exhibit nursing student incivility?
6. To what extent have you experienced or witnessed nursing student incivility in the educational environment?
7. What do you believe are the causes of nursing student incivility?
8. What interventions do you currently use to address nursing student incivility?
9. What institutional interventions are currently in place to address student incivility?
10. What are your feelings about administrative support when addressing nursing student incivility?
11. Would you like to share any other information about nursing student incivility?

Appendix G

Focus Group Research Questions

1. How do you think the current professional code of conduct addresses nursing student incivility?
2. How often do you refer to the code of conduct when dealing with episodes of nursing student incivility?
3. What are your thoughts on the disciplinary process found in the professional code of conduct?
4. What are your experiences with administrative support when trying to enforce the disciplinary process found in the professional code of conduct?