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# Student Incivility: Nursing Faculty Lived Experience

Elizabeth Ann Sprunk

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

STUDENT INCIVILITY: NURSING  
FACULTY LIVED EXPERIENCE

A Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy

Elizabeth Ann Sprunk

College of Natural and Health Sciences  
School of Nursing  
Nursing Education

August 2013

This Dissertation by: Elizabeth Ann Sprunk

Entitled: *Student Incivility: Nursing Faculty Lived Experience*

has been approved as meeting the requirements for the Degree of Doctor of Philosophy in  
College of Natural and Health Sciences in School of Nursing, Program of Nursing  
Education

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## ABSTRACT

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Incivility against nursing faculty by nursing students is recognized as an area of increased concern in nursing education. Academic incivility is any speech or behavior that negatively affects the well-being of students or faculty members, weakens professional relationships, and hinders the teaching–learning process. The negative experience that this may potentially have on nursing faculty is disturbing. Taking into consideration that these negative experiences may result in harm to the nursing faculty member’s health and well-being, it is important to understand the multifaceted tribulations that confront nursing faculty members who are subjected to student incivility. This investigation looked at the phenomenon of incivility from the nursing faculty members’ perspective.

The purpose of this study was to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university. In addition, this study strived to provide an emic view of student incivility towards nursing faculty and the resulting impact this incivility may have on nursing faculty members. Congruent with the purpose of this study, the phenomenological method, guided by interpretivism and constructionism, was used. This method helped illuminate and understand the lived experiences described by nursing faculty members who participated in this study and, in

turn, helped to answer the research question. The conceptual model for fostering civility in nursing education provided the framework for this study. Twelve nursing faculty members at seven colleges or universities in Ohio and Michigan were interviewed and provided rich descriptions of their experiences with student incivility. A phenomenological method was used to analyze transcripts from the participants' interviews, resulting in six identified themes: subjected to a variety of unacceptable student behaviors, time consuming, tarnished reputation, support is beneficial, harmful to health and well-being, and questioning the future.

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## CHAPTER I

### INTRODUCTION

Chapter I provides an overview of incivility and discusses the concept of incivility, including common characteristics and critical attributes of incivility. In addition, various aspects of academic incivility related to nursing education are outlined. The problem identification, purpose of the study, significance of the study to nursing, and research question are highlighted. The nursing theoretical framework that guided this study is presented. Limitations, delimitations, assumptions, and definition of terms for this study are provided.

#### **Incivility**

Incivility in American culture today is becoming an alarming phenomenon. In general, incivility is often described as any type of action or conduct that disrupts the work, social, personal, or educational environment (Taylor, Bator, Hull, Hill, & Spurlock, 2012). Many aspects of American society are impacted by acts of incivility. In a national survey, public relations firms, Weber Shandwick and Powell Tate, and research firm, KRC Research, reported that incivility in America impacted a variety of areas, including politics, marketplace, workplace, cyberspace, social media, professional sports, music industry, and education. In addition, this study revealed that the American public, in general, is viewed as more uncivil than civil (Weber Shandwick, 2012; Weber Shandwick & Powell Tate, 2011). People are bombarded by reports of incivility and violence in the

media and seem to have become desensitized to the consequences of uncivil acts on humanity (Taylor et al., 2012).

### **Overview of the Term Incivility**

The term incivility is often used in the nursing, nursing education, and health related literature and generally has a negative connotation. Incivility is a common expression and is often broadly defined as a concept. In addition, incivility can occur in various contexts and settings. Workplace incivility is a prevalent problem in today's society, and the nursing academic work environment is not immune to this phenomenon. Workplace incivility may have many negative physical and psychological effects on an individual, such as stress, anxiety, illness, job dissatisfaction, and absenteeism. In addition, workplace incivility may negatively impact retention and recruitment of qualified workers (Cortina, Magley, Williams, & Langhout, 2001; Felbinger, 2009; Heinrich, 2007; Johnson & Indvik, 2001). Furthermore, one of the most drastic effects of incivility is violent behavior (Clark, 2008a). Recently, shocking details of a disgruntled nursing student at a small college in California, who entered a nursing classroom and shot and killed seven students, has been highlighted in the news. An extreme example of violent behavior against nursing faculty in the workplace by a nursing student occurred in 2002, when three nursing faculty members at the University of Arizona were shot and killed by a disgruntled nursing student. A work environment where incivility is not tolerated is essential for the safety and well-being of the employee and fellow co-workers.

### **Commonalities of Incivility**

After examining various definitions of incivility in the literature, this author identified several commonalities of incivility by grouping similar characteristics of

incivility into clusters. These commonalities are (a) any type of rude or discourteous behavior directed at another individual, (b) behaviors that demonstrate a lack of respect towards an individual, (c) uncivil behavior that is perceived as such by the recipient of the behavior, (d) behaviors that may lead to some type of harm or distress to the individual subjected to the uncivil behavior, and (e) behaviors negatively affecting the relationship between the giver and receiver of the uncivil behavior. This author devised a model that depicts the concept of incivility showing instigation of incivility towards an individual, perceived incivility by an individual, and resulting potential effects of the incivility (see Appendix A).

### **Critical Attributes of Incivility**

In addition, this author, after a review of the literature, noted three critical attributes of incivility. A common defining attribute noted in all definitions of incivility was that rude, disrespectful, and discourteous behavior was inflicted on an individual. This behavior could be physical, verbal or non-verbal, and direct or indirect. In addition, the uncivil behavior could vary in degree of severity. Specifically, in the academic environment, this behavior would be inflicted upon an individual in the academic setting. This could be administration, staff, faculty, or students.

Another common critical attribute of incivility noted in most definitions of incivility reviewed was that the behavior inflicted on an individual may cause unwanted harm or distress to the individual if the individual perceived the behavior as uncivil. This distress may be in the form of a physical, emotional, or cognitive response to the uncivil behavior. In addition, the degree of distress could vary in severity. In the academic



environment, the individuals experiencing the unwanted harm or distress would be among administration, staff, faculty, or students.

A third common critical attribute noted in most of the definitions of incivility reviewed was that the behavior resulted in an impairment of the relationship between the giver and receiver of the uncivil behavior. In the academic environment, this relationship could be between administrators, staff, faculty, or students. This, in turn, may negatively affect the workplace environment.

### **Academic Incivility**

Consistent with the broad definition of incivility, academic incivility is broadly described as any action or conduct that disrupts the teaching or learning milieu (Taylor et al., 2012). The educational environment, which includes the classroom, clinical, and online settings, is a reflection of the larger society in general. It is a setting where individuals or groups of people make conscious choices to act in either a civil or uncivil manner. The academic setting consists of a teacher and students, who form an interactive relationship. The people in this relationship determine whether or not a culture of civility or incivility exists (Clark, 2008a; Clark & Springer, 2010; Taylor et al., 2012). A respectful student–teacher relationship leads to a culture of civility, thus allowing for an effective educational experience for both the teacher and the student.

Incivility against nursing faculty by nursing students is recognized as an area of increased concern in nursing education. Student incivility has been reported in all areas of nursing education, including in the classroom, in the clinical arenas, and more recently in the online educational environment (Suplee, Lachman, Siebert, & Anselmi, 2008). The negative experience that this may potentially have on nursing faculty is alarming. A threat

to the psychological and physical well-being of nursing faculty is a potential consequence of nursing student incivility. In addition, nursing student incivility may be detrimental to the retention and recruitment of nursing faculty, an academic area that is already experiencing a large shortage of qualified nurse educators (Clark, 2008b; Luparell, 2007). Furthermore, nursing student incivility may negatively affect the student–teacher relationship, as well as the teaching–learning process (Clark & Kenaley, 2011; Clark & Springer, 2010). Clark (2009a) noted that incivility, including academic incivility, occurs on a continuum, ranging from mild, irritating, and annoying behaviors to severe, aggressive, threatening, and potentially violent behaviors. This researcher stressed the importance of addressing the mild types of incivility before possible progression to the more serious forms of incivility occurs. Additionally, the uncivil behavior exhibited by students while in nursing school may extend into the work environment once the student enters the workforce (Luparell, 2007). Faculty members deserve to feel safe in the nursing educational workplace.

Stress is mentioned repeatedly in the nursing and health related literature. Nurse researchers have consistently and clearly identified that the rigors of nursing education are stressful, often leading to physical and psychological symptoms, as well as impeding the learning process (Gibbons, Dempster, & Moutray, 2008; Shirey, 2007; Tully, 2004). In addition, stress can cause negative behavioral changes such as anger, incivility, violence, increased alcohol and drug use, decreased work performance, and absenteeism (American Institute of Stress, 2010; Gibbons et al., 2008; Tully, 2004). When people experience stress, uncivil behaviors become more common, which in turn can escalate into violent behavior if not constrained (Taylor et al., 2012). Stress associated with nursing education

has been identified as a major cause of both nursing student incivility and faculty incivility (Clark & Springer, 2010).

Students report that faculty exhibit uncivil behaviors in all areas of the nursing educational environment. Stress has been identified as a contributing factor to faculty-to-student incivility in nursing education (Clark, 2008a, 2008b; Clark & Springer, 2010). The negative experiences that faculty-to-student incivility may potentially have on nursing students are alarming. Students have reported feelings of being traumatized, feeling helpless, and experiencing anger in response to faculty incivility. Furthermore, this incivility may negatively affect the student-teacher relationship, as well as the teaching-learning process (Clark, 2008a, 2008b, 2008c; Marchiondo, Marchiondo, & Lasiter, 2010). Nursing faculty members are professionally and ethically obligated to provide students with a safe and respectful environment for learning (Clark & Springer, 2010; National League for Nursing, 2006).

In recent years, faculty-to-faculty incivility in nursing education has become a problem. Faculty members are becoming increasingly more uncivil towards one another (Taylor et al., 2012). Many faculty members report being the target of harassment, negative remarks, and verbal or physical abuse. Faculty members subjected to this incivility by fellow colleagues have reported feeling anger, disappointment, anxiety, stress, and embarrassment as a result of this incivility. In addition, the incivility is very disruptive and counterproductive to the work environment (Heinrich, 2006, 2007; Taylor et al., 2012).

## **Civility in Nursing Education**

In contrast to incivility, civility in nursing is the foundation of caring. Nursing, as a profession, is based on the principle of caring. Being respectful and caring of others in interpersonal relationships, including the student–teacher relationship, is a major aspect of civility (Taylor et al., 2012). Ethical guidelines for the nursing profession, outlined by the American Nurses Association (2001), state that the principle of respect and caring extends to all persons who the nurse encounters. Nurses function in many roles, including the nurse educator role. Within the nurse educator role, this ethical code stresses the importance of treating colleagues and students with respect, compassion, and care. In turn, nursing students are obligated to abide by this code of ethics as well. This standard stresses the importance of acting in a civil manner, precluding any type of harassment, or acting in a disrespectful or threatening manner (American Nurses Association, 2001; Clark, 2010; Clark & Carnossa, 2008). The nursing educational environment should be based on mutual respect and civility; however, this is not always the case. Creating a culture of civility rooted in caring and mutual respect is essential for nursing education. Civility and ethical behaviors exhibited by students in nursing school are linked with civility and ethical behaviors exhibited in the nursing profession (Clark & Carnossa, 2008; Taylor et al., 2012).

### **Statement of the Problem**

Nursing student incivility is reported in the literature. This uncivil behavior is reported increasingly across college campuses in all types of students, including nursing students. The potential consequences of nursing student incivility for nursing faculty in the short and long term are serious, often leading to physical and psychological illnesses

and the potential for violence. Limited information describing encounters of nursing student incivility towards nursing faculty is noted in the literature. In addition, there is a void in the research related to the lived experience of nursing faculty members who have experienced nursing student incivility. Therefore, there is a need for nursing research to illuminate the character of the lived experience through the eyes of nursing faculty.

### **Purpose of the Study**

There is a lack of empirical studies that describe faculty experiences and reactions to nursing student incivility. The purpose of this phenomenological study is to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university.

### **Significance of the Study to Nursing**

Information gathered in this study may provide nurse educators an emic view of the lived experience of nursing faculty members who have experienced nursing student incivility. This new knowledge may guide further research on this topic. Knowledge gained from this study may help guide the development of policies, procedures, and interventions in the academic setting to deal with and prevent nursing student incivility, as well as provide faculty support. In addition, information gained from this study may reinforce the need for nursing faculty to teach students the skills necessary for adhering to a culture of civility in nursing education, which may in turn extend into the workforce.

### **Research Question**

The research question is:

- Q     What is the lived experience of a nursing faculty member who has experienced nursing student incivility?

Subquestions include:

- What are faculty responses and reactions to nursing student incivility?
- What are consequences suffered by faculty related to nursing student incivility experiences?
- What is it like for nursing faculty to teach nursing students after an experience of incivility?
- What contributing factors to nursing student incivility do nursing faculty discern?
- What prevention strategies and interventions to manage incivility do nursing faculty recommend?
- What statements describe this experience of incivility?

### **Nursing Theoretical Framework for the Study**

The conceptual model for fostering civility in nursing education (Clark, 2008a) was used to guide this study. Clark (2008a) devised this model, based on empirical research, to depict what she referred to as the multifaceted dance of civility and incivility that occurs in nursing education. Clark (2008a) noted that in the nursing education setting, there is often a convergence of high levels of faculty and student stress. The convergence of high stress related to demanding student and faculty workloads, attitudes of student entitlement, faculty attitudes of superiority, technology overload, and ineffective coping mechanisms to manage the stress and conflict may result in a clash between nursing faculty members and students. This, in turn, may lead to an increased potential for incivility directed towards the nursing faculty member or students. This clash may escalate to disruptive, unsafe, and threatening behaviors. In addition, if opportunities to resolve the issues causing stress are missed, a rising spiral of incivility occurs, leading to

an overall culture of incivility in the nursing education environment. In contrast, if opportunities to resolve the issues are managed, incivility may be prevented. When students and nursing faculty engage in conversation to resolve issues causing stress, civil behavior is enhanced, leading to a culture of civility in nursing education. This, in turn, leads to a safer and more effective learning environment.

Clark's (2008a) model provides a basis for striving to establish a culture of civility in nursing education. Clearly, incivility is harmful to nurse educators, students, and patients. In addition, incivility negatively impacts the future work environment of nursing students (Taylor et al., 2012). This model offered a helpful guide for this research study to illuminate and comprehend the lived experience of nursing faculty members who have experienced student incivility and helped to provide an understanding of the serious consequences that a culture of incivility has on the nursing faculty member, as well as on the student–teacher relationship and the teaching–learning process. This understanding of the phenomenon, in turn, reinforced the need for creating and adhering to a culture of civility to enhance the nursing educational experience for all involved.

### **Limitations of the Study**

The generalizability and transferability of the study findings was a limitation due to the small, nonrandom sample that was studied, as well as the limited geographic representation of nursing faculty members who were interviewed. In addition, the accuracy of the information from the participants during the interview process could not be absolutely established.

### **Delimitations of the Study**

This study was delimited to participants who are nursing faculty members in two Midwestern states only. The study was also delimited to only the experiences nursing faculty members have had with nursing student incivility, and thus provided a restricted and narrow examination of incivility in nursing education.

### **Assumptions**

Consistent with the underlying assumptions and perspectives of the qualitative research method, several assumptions supported the investigation of and helped to illuminate the essence of the lived experience of nursing faculty members who have experienced nursing student incivility. These included (a) nursing student incivility directed towards nursing faculty members does occur in the nursing educational environment, (b) nursing faculty members' descriptions and perceptions of nursing student incivility are legitimate, (c) reality exists as the participants' see it, and (d) participants in the study answer the interview questions freely and honestly.

### **Definition of Terms**

The definitions of key terms significant to the underpinnings of this study are provided:

**Academic incivility.** Academic incivility is any speech or behavior that negatively affects the well-being of students or faculty members, weakens professional relationships, and hinders the teaching–learning process (Clark & Kenaley, 2011).

**Bullying.** Bullying is going beyond incivility and consists of deliberate, aggressive, and repetitious behavior that is physically or psychologically disruptive and causes purposeful harm to an individual (Felbinger, 2009).



**Civility.** Civility is “the authentic respect for others when expressing disagreement, disparity, or controversy. It involves time, presence, a willingness to engage in genuine discourse, and a sincere intention to seek common ground” (Clark & Carnossa, 2008, p. 13).

**Incivility.** Incivility is discourteous, rude, or impolite speech or actions that violate the standards of mutual respect (Feldman, 2001).

**Nursing academic environment.** The nursing academic environment is any place where nursing education occurs for a nursing program.

**Nursing faculty member.** A nursing faculty member is any full-time or part-time registered nurse who is a member of the nursing division or nursing department at a college or university.

**Nursing student.** A nursing student is any student who is enrolled in a nursing program at a college or university.

**Stress.** Stress is a relationship between the person and the environment that is judged by the person as difficult or exceeding his or her means or wherewithal and jeopardizing his or her well-being (Lazarus & Folkman, 1984).

**Workplace incivility** Workplace incivility is “a low intensity behavior with ambiguous intent to harm that violates workplace norms of mutual respect” (Guidroz, Burnfield-Geimer, Clark, Schwetschenau, & Jex, 2010, p. 177).

### **Summary**

Chapter I presented an introduction to the concept of incivility, with a specific overview of the issues of incivility related to all aspects of nursing education. The purpose of this study was to describe and understand the experiences nursing faculty have

had with nursing student incivility at a college or university. The overall focus of the study was to illuminate the lived experience of student incivility as seen through the lens of nursing faculty members. In addition, it was hoped that knowledge gained from this study would assist in the development of effective policies and interventions in the academic setting to deal with and prevent nursing student incivility. The problem identification, purpose of the study, significance of the study to nursing, and research question were outlined. The nursing theoretical framework that guided this study was presented. Limitations, delimitations, and assumptions for this study were discussed. Definition of terms relevant to this study were provided.

## CHAPTER II

### REVIEW OF LITERATURE

This literature review explores the available literature related to various aspects of incivility with a specific focus on incivility in nursing education. This allows for a better understanding of the multifaceted phenomenon of incivility and the array of circumstances that contribute to incivility, with special attention being devoted to incivility in nursing education. In addition, this literature review identifies any gaps in the literature related to incivility in nursing education. This review is divided into the following sections: the concept of incivility, incivility in American culture, stress and incivility in nursing education, and incivility in nursing education.

#### **Concept of Incivility**

##### **Incivility Definitions in Nursing Literature**

Several definitions of academic incivility in various contexts have been noted in the nursing literature. Overall, the definitions are quite similar. Following are examples of definitions of academic incivility noted in the nursing literature.

In a mixed method study, examining perceptions and causes of student and faculty incivility in nursing education, Clark (2008b) defined academic incivility as any type of verbal or physical action that causes a disruption of the teaching–learning environment. Clark and Springer (2007) also used this definition in an interpretive, qualitative study

exploring perceptions of faculty and student experiences of incivility in the academic setting. Luparell (2007), in a qualitative study, examined effects of student incivility on nursing faculty. This researcher also defined academic incivility in a similar manner as noted above. These definitions all note that the uncivil behavior results in harm, impairment, or disruption of the learning environment and process, but do not specifically state that incivility leads to a personal harm or impairment to the person who is subjected to incivility.

In contrast, Clark, Farnsworth, and Landrum (2009) described the development of their incivility in a nursing education survey instrument. These researchers defined incivility in nursing education as “rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations” (p. 7). Similarly, Clark and Kenaley (2011) defined academic incivility as behavior that negatively affects the well-being of students or faculty members, weakens professional relationships, and hinders the teaching–learning process. These two latter definitions go beyond stating that this behavior disrupts the teaching–learning process, but also point out that this behavior negatively impacts the well-being of an individual and the relationship between individuals.

Heinrich (2006) specifically addressed faculty–to–faculty incivility. This researcher referred to faculty–to–faculty incivility as a joy stealing game that smothers zestful relationships and deters the pursuit of knowledge and scholarship. In addition, Heinrich (2006) referred to uncivil behaviors as tormenting behaviors.

The majority of the nursing literature on incivility in nursing education has been conducted by Clark (Clark, 2008a, 2008b, 2008c, 2009a, 2009b, 2010; Clark et al., 2009;

Clark & Kenaley, 2011; Clark & Springer, 2007, 2010). Many of the other nurse researchers use her definition or an adapted, similar version. In addition, these nurse researchers note that incivility is perceived as such by the recipient of the uncivil act.

### **Incivility Definitions in Non-Nursing Literature**

Several non-nursing articles discuss workplace incivility. Guidroz et al. (2010) described the development of a workplace incivility scale. These researchers defined workplace incivility as “a low intensity behavior with ambiguous intent to harm that violates workplace norms of mutual respect” (p. 177). Felbinger (2009), in a descriptive article, described incivility in a similar manner.

Phillips and Smith (2003) studied common perceptions and experiences of incivility in public places. These researchers defined incivility as a social problem exemplified by rude and inconsiderate actions and interactions. This definition does not include the concept of harm to the individual like the other definitions described.

### **Synonyms of Incivility Noted in the Literature**

Several common synonyms of incivility are noted in the literature. Johnson and Indvik (2001) define office rudeness as a little incivility, being on the low end of a continuum of incivility. In addition, bullying is a common synonym to incivility noted in the literature. Often this term is used interchangeably with incivility, or as a form of incivility. Several scholars, however, distinguish bullying as a separate phenomenon. Felbinger (2009) defined bullying as going beyond incivility and consisting of deliberate, aggressive, and repetitious behavior that is physically or psychologically disruptive and causes purposeful harm to an individual. Similarly, Einarsen, Hoel, and Notelaers (2009)

described the development of an instrument to measure bullying at work. These researchers defined bullying as “the persistent exposure to interpersonal aggression and mistreatment from colleagues, superiors or subordinates” (p. 24).

### **Common Examples of Behaviors Associated with Incivility**

Numerous examples of incivility and uncivil behaviors are noted in the literature. Common examples include behaviors such as making rude comments, disrespectful and condescending language, public criticism, name calling, withholding information, eye rolling, yelling, screaming, finger pointing, blaming, ethnic slurs, sabotage, backstabbing, shaming, excluding, and lying. Extreme forms of workplace incivility can lead to physical violence (Clark & Springer, 2010; Felbinger, 2009; Guidroz et al., 2010; Heinrich, 2006; Johnson & Indvik, 2001).

### **Common Examples of Effects of Incivility**

Effects of incivility are many. Examples of physical effects of incivility include elevated stress levels, headache, inability to sleep, and a weakened immune system, leading to illness. Common examples of emotional effects are erosion of self-esteem, self-doubt, anxiety, and depression. In addition, incivility may lead to impairment of cognition, resulting in an inability to concentrate or learn. Incivility may lead to behavioral changes, such as withdrawal, retaliation, and potential violence (Clark, 2008a, 2008b, 2008c; Clark & Springer, 2010). Incivility also weakens personal relationships. In the academic setting, this could lead to impaired relationships between students and faculty, as well as between faculty members. This, in turn, may affect the teaching–learning process. Additionally, incivility has an impact on the work setting. In the

academic setting, incivility may impact recruitment and retention of faculty and students, hinder job satisfaction, increase absenteeism of faculty and students, and interfere with communication and collaboration (Clark & Kenaley, 2011; Clark & Springer, 2010; Cortina et al., 2001; Felbinger, 2009).

### **Incivility in American Culture**

Several recent national research surveys conducted by public relations firms, Weber Shandwick and Powell Tate, and research firm, KRC Research, have noted that the majority of Americans believe that society has become more uncivil overall. In the most recent survey conducted by these firms, researchers suggested that the majority of Americans have been subjected to incivility. In addition, two-thirds of Americans reported believing incivility in America is a significant problem in today's society. Almost three-quarters of Americans have reported that they believe civility in American society has deteriorated in recent years, with no end to this uncivil societal climate in sight (Weber Shandwick, 2012). Thomas (2003) noted that anger, and the unacceptable actions and conduct related to anger, has become persistent and problematic in the United States. Road rage, air rage, political rage, and rage at sporting events are common examples of inappropriate displays of anger and incivility in American society today.

Since 2010, Weber Shandwick, Powell Tate, and KRC Research have studied the civility crisis in America. These researchers noted that attitudes about the uncivil nature of our society in America have not changed since 2010. In their most recent 2012 survey of incivility in America, these researchers noted that political campaigns were rated by Americans as having the highest level of incivility, with 76% of Americans believing that politicians and political campaigns are the most to blame for the civility crisis in

America. In addition, 84% of Americans believed incivility in politics is escalating and harmful to the future of our nation. Furthermore, 69% of Americans believed that politicians are unable to behave in a civil manner. Unfortunately, this uncivil political climate has led to an acceptance of incivility as a normal part of American society (Weber Shandwick, 2012).

Other areas of incivility are also prevalent in American society. According to the 2012 national survey by Weber Shandwick, Powell Tate, and KRC Research, cyberbullying and school incivility are major areas where incivility is a common occurrence. These researchers noted that personal encounters with cyberbullying have doubled in the past year, with individuals between the ages of 18 to 34 years being the most vulnerable to cyberbullying. Furthermore, these researchers noted that school incivility, in general, is a major concern of parents with 51% of parents reporting that their children have been treated in an uncivil manner in school (Weber Shandwick, 2012).

Incivility touches other areas of Americans' lives. Common encounters of incivility that Americans have reported include incivility while shopping, incivility while driving, incivility at work, incivility in their neighborhoods, incivility at professional sporting events, incivility in social networks, and incivility in the media (Weber Shandwick, 2012; Weber Shandwick & Powell Tate, 2011). The impact of this incivility leads to stress and anxiety.

Americans believe there is little they can do to change the uncivil nature of the political climate; however, many Americans are starting to fight back against incivility and are attempting to eliminate or minimize incivility in their lives. Americans have reported ending a relationship due to incivility, quitting a job due to incivility at work,



moving from their neighborhood because of incivility, defriending a friend on social networks due to uncivil behavior, and transferring their children to a different school district due to bullying and incivility in the school. In addition, many organizations are starting to provide workshops and training to prevent incivility and encourage civility in schools, the workplace, and online. Furthermore, many universities are developing websites and conducting workshops dedicated to the topic of promoting civility (Weber Shandwick, 2012).

### **Stress and Incivility in Nursing Education**

#### **Nursing Student Stress in Nursing Education**

Stress is mentioned repeatedly in the nursing and health related literature. Nurse researchers have consistently and clearly identified that the rigors of nursing education are stressful, often leading to physical and psychological symptoms, behavioral changes including incivility, as well as impeding the learning process (Gibbons et al., 2008; Shirey, 2007; Tully, 2004). This stress may also have a direct impact on the competency of skill performance by the student nurse in the clinical setting. Many examples that clearly demonstrate that the clinical experience is a major source of stress for nursing students have been identified. It has been noted that the large amount of academic work in the nursing theory classes is highly stressful for nursing students, which, in turn, puts a strain on their personal relationships, adding to their stress levels. Other personal sources of stress associated with nursing students, such as difficulty with time management and financial problems, are also well documented (Beck, Hackett, Srivastava, McKim, & Rockwell, 1997; Gibbons et al., 2008; Mahat, 1996; Pagana, 1988, 1990; Shirey, 2007; Tully, 2004).

Gibbons et al. (2008) used a qualitative research design, using focus group interviews of 16 undergraduate nursing students to discover their experiences that contributed to not only distress, but also eustress, a favorable level of stress resulting in a positive outcome. These researchers also identified interventions for faculty to help nursing students manage the demands of a nursing course.

The researchers found that experiences such as the highly stressful nature of the clinical experience, the fast pace and intensity of the course work, lack of academic support, and the availability and inconsistencies among instructors were common sources of stress described by the subjects that led to distress. Practical learning opportunities, however, with direct patient care in the clinical setting led to eustress for the subjects. In addition, students reported decreased stress levels when educators provided clear direction, demonstrated empathy and understanding, and showed concern, leading to an optimistic outlook toward the nursing program, contributing to eustress (Gibbons et al., 2008).

Tully (2004) studied the stress experience of undergraduate psychiatric nursing students using a convenience sample of 35 subjects. The purpose of this study was to explore the affective well-being of the subjects. The level of affective stress, sources of stress, and coping mechanisms used by subjects was examined. The General Health Questionnaire was used to measure levels of stress and effects of stress, the Ways of Coping Questionnaire was used to determine coping strategies used, and the Student Nurse Stress Index was used to determine sources of stress.

Tulley (2004) found significantly high levels of stress were reported by the subjects. Although the findings are not generalizable, common sources of stress identified

were intense academic workload, high demands of the clinical experience, peer competition, large amount of responsibility, and lack of time for pleasure and entertainment. In addition, the study participants reported limited coping skills. Those who used adaptive coping mechanisms had lower stress levels than those who used maladaptive coping mechanisms. The researcher also pointed out that nurse educators must scrutinize the intense demands of the nursing curriculum, as well as be more attentive to students' stress levels and sources of stress related to nursing education.

Shirey (2007), in a summary of the literature, found that stress and anger were becoming more widespread amongst students in institutions of higher education, specifically pointing out that the stress associated with nursing education at times led to anger. Expressions of anger may include violence and incivility and lead to impaired learning. Shirey suggested that mindfulness-based stress reduction techniques are an effective method to decrease stress, promote the use of effective and adaptive coping strategies, and increase self-esteem in nursing students, thereby reducing anger manifestation.

### **Stress Management in Nursing Education**

Several studies demonstrate the effectiveness of stress management strategies for nursing students. Nurse researchers have concluded that nurse educators need to make themselves aware of stressors and help students use effective coping mechanisms to manage the stress (Beck et al., 1997; Beddoe & Murphy, 2004; Godbey & Courage, 1994; Heaman, 1995; Kanji, White, & Ernst, 2006; Mahat, 1996; Pagana, 1988, 1990). Teaching students stress management strategies early in their educational program may help them use effective coping mechanisms to manage and reduce the stress.

Several studies offer evidence that implementing a stress management program or teaching stress management strategies may decrease stress levels related to the clinical and classroom setting and have a positive effect on students' learning process, as well as decrease physical, psychological, and behavioral symptoms associated with stress (Beddoe & Murphy, 2004; Kanji et al., 2006). This background in stress management may also positively affect students' future nursing practice by providing a solid foundation for identifying stressors and for stress management, thereby preventing psychological, physiological, and behavioral symptoms of stress. This, in turn, may improve work performance.

### **Faculty Stress in Nursing Education**

The stress experienced by faculty members at institutions of higher learning has been described in the literature. Eddy and Gaston-Gayles (2008), in a phenomenological study, examined experiences of newer faculty members. Findings from this study indicated that faculty experience stress related to heavy workload and teaching responsibilities, unclear expectations of the multiple roles of a faculty member, and work-life integration issues. This phenomenon is also evident among nursing faculty members. There appears to be strong evidence that the stressors confronting nursing faculty members have frequently centered on the clinical portion of teaching and heavy teaching workloads, involving long hours and juggling the multiple roles and obligations expected of a faculty member (Clark & Springer, 2010; Whalen, 2009). In a recent study of part-time clinical nursing faculty ( $N = 91$ ), Whalen (2009) examined sources of work related stress using a stress scale with established reliability and validity. The most frequently noted stressors leading to elevated stress levels were numerous role expectations,

experiencing emotional and physical exhaustion, working long hours, and receiving insufficient monetary rewards. Clark and Springer (2010) investigated nurse leaders' perceptions of faculty stressors and found similar results, with multiple work demands, heavy workload, maintaining clinical competencies, and low salaries as major stress producing factors. In addition to the multiple roles and the heavy workload nursing faculty endure, nursing student incivility, horizontal incivility, and administrator abuse are frequent sources of stress nursing faculty encounter (DalPezzo & Jett, 2010; Luparell, 2007; Thobaben, 2007).

These stressful experiences often negatively affect the physical, psychological, and emotional health of the faculty member (Clark & Springer, 2010; Eddy & Gaston-Gayles, 2008; Whalen, 2009). Furthermore, the stress associated with the role of the nurse educator may also lead to behavioral changes, such as uncivil behaviors directed towards students (Clark & Springer, 2010).

### **Incivility in Nursing Education**

#### **Faculty-to-Faculty Incivility in Nursing Education**

While other forms of incivility have been researched on a limited basis in nursing education, such as student-to-faculty incivility and faculty-to-student incivility, few studies have addressed the issue of faculty-to-faculty incivility specifically in nursing education. Heinrich (2006) pointed out that negative encounters between nursing faculty that impede teaching, scholarship, and the collegial relationship are seldom talked about.

Heinrich (2006) noted that during the National League for Nursing 2005 Summit, she had the opportunity to address the topic of faculty incivility to the attendees. Heinrich (2006) asked 1,400 nursing faculty members attending the Summit to anonymously

describe an experience of incivility in the academic work setting from a faculty colleague. The nursing faculty members in attendance were given one minute to describe an uncivil encounter with a faculty colleague. Heinrich (2006) pledged to publish results of the descriptions from the faculty members. Incidences of faculty-to-faculty incivility were described by 261 respondents. One respondent referred to this incivility as “joy-stealing.”

Heinrich (2006) described 10 main tormenting behaviors or joy-stealing games that were noted by the participants. These tormenting behaviors that nursing faculty members experienced included setting colleagues up for embarrassment or failure, distorting positive aspects into negativity, lying or misrepresenting the truth, shaming with words or actions, betrayal with cover tactics which could be by an individual or group, breaching professional boundaries, failing to honor diversity, demanding unreasonable mandates, blaming others for one’s own shortcomings, and silencing by exclusion.

The participants noted that the tormenting behaviors led to a feeling of disrespect and being devalued. Heinrich (2006) noted that these joy-stealing games impeded a collaborative partnership among nursing faculty members, decreasing the productivity of faculty members and thwarting a collegial work environment.

Later, Heinrich (2007) expanded on her initial concepts describing joy stealing games faculty play. This researcher, in addition to describing the “free writes” from the 261 participants who attended the 2005 National League for Nursing conference, also noted that the joy stealing games robbed nursing faculty of their zest, productivity, efficiency, and feelings of worth and merit. In addition, Heinrich (2006) described the importance of changing the workplace culture from one of competition to one of coopera-

tion and collaboration to help develop a zestful work environment. Heinrich (2007) noted that this change of culture in the nursing educational setting may, in turn, help to enhance the excitement for teaching and the enthusiasm for scholarship among nurse educators.

### **Faculty-to-Student Incivility in Nursing Education**

Several researchers have found that uncivil faculty behavior directed towards students can have devastating physical and psychological effects on the recipient of the uncivil behavior, as well as lead to major disruption of the teaching and learning process (Altmiller, 2012; Clark, 2008a, 2008b, 2008c; Clark & Springer, 2010; Lasiter, Marchiondo, & Marchiondo, 2012; Marchiondo et al., 2010). Few studies have addressed faculty-to-student incivility or the relationship between faculty stress and uncivil faculty behaviors directed towards students.

Marchiondo et al. (2010) used a quantitative, descriptive study to examine the effects of faculty incivility on nursing students' satisfaction with the nursing program. Occurrences and location of the incivility, as well as students' responses to incivility, were also explored. These researchers administered a survey to 152 senior nursing students at two Midwestern universities. The cross-sectional survey developed by these researchers used a Likert-like scale to measure program satisfaction, optimism, and student incivility experiences. The instrument showed high reliability with Cronbach's alpha ranging from 0.86 to 0.94. The survey also included one open-ended question asking participants to describe their worst experience with faculty incivility during their nursing educational program.

Participants reported having at least one experience with uncivil faculty behavior during their nursing program, and the majority reported experiencing incivility with one

or two nursing faculty members. The most frequent locations where participants experienced uncivil faculty behaviors were in the classroom and clinical settings; however, uncivil experiences were also noted in other locations, such as faculty offices and in the online educational environment. Coping mechanisms to deal with the uncivil encounters reported by participants were to discuss concerns with peers or to simply endure the incivility. Participants rarely noted that the uncivil behavior was reported as a formal complaint. Greater than one-third of participants indicated that the experiences with incivility had negative psychological effects, such as nervousness, anxiety, and depression, and 61% of participants reported that experiences with faculty incivility had a long lasting impact on them. These researchers concluded that these experiences with faculty incivility lead to nursing program dissatisfaction.

Alt Miller (2012) used a qualitative, exploratory study featuring a focus group method to explore student perceptions of incivility in nursing education. Participants included 24 undergraduate nursing students from four universities in mid-Atlantic states. Four focus groups ranging from three to nine participants were conducted using a list of questions to provide consistency for each of the focus group sessions. The focus group sessions were audio-taped, transcribed, and analyzed.

Nine themes were extracted that students identified as uncivil faculty behaviors that, in turn, often resulted in uncivil student behaviors. Themes identified also included student behaviors that were perceived as uncivil, as well as staff nurses' behaviors that were perceived as uncivil. The nine themes included unprofessional behavior on the part of faculty, such as teachers making negative comments about other students and retaliation behaviors, as well as unprofessional student behaviors and staff nurse behaviors. In



addition, poor communication techniques, such as belittling students or talking down to students, and a power gradient, such as experiencing a fear of failure and embarrassment from faculty, were noted as themes. Inequality in the form of faculty having different rules for certain students, showing favoritism, or showing racial or gender bias was also a troubling theme extracted. Additionally, the loss of control, such as experiencing hopelessness and fear of retaliation, was a common theme voiced by study participants. Other themes extracted included a stressful clinical environment leading to frustration and uncivil faculty behaviors, such as raised voices and overreaction to situations; authority failure such as faculty failing to control a situation; and difficult peer behaviors, such as fellow classmates talking in class, cheating, or lateness, which in turn can provoke faculty uncivil behaviors.

Disturbing findings from this study showed students perceived many faculty behaviors as uncivil, leading to an escalation of tension or aggression between students and faculty. A major concern identified by students was that they believed student incivility was justified in response to faculty incivility.

Lasiter et al. (2012) conducted a quantitative study to determine the role nursing faculty members play in the spiral of incivility in nursing education. These researchers administered the Nursing Education Environment Survey ( $\alpha = 0.86$ ), as well as an open-ended narrative response question to 152 senior baccalaureate nursing students from two Midwestern universities to obtain information regarding student experiences with faculty incivility in nursing education. The open-ended question asked students to describe their worst experience with nursing faculty incivility. Of the 152 students who completed the survey, 133 (88%) noted experiencing at least one uncivil nursing faculty

encounter. Of the 152 students who completed the survey, 94 completed the narrative open-ended question, providing a detailed description of uncivil faculty behavior.

Narratives were analyzed using content analysis.

Four main themes were identified from the narratives. The first theme identified was that of students being criticized, yelled at, or belittled in other ways in front of others, including other students, patients, families, or other nurses, leading students to a sense of feeling discomfort or embarrassment. The second theme identified was that faculty members talked negatively about students to others, leading to a sense of feeling betrayed and disrespected and breaking the trust between the student and faculty. The third theme identified was that faculty actions and comments made the student feel stupid. This form of faculty incivility led students to experience a feeling of insecurity and distress. Finally, the fourth main theme identified was that students felt belittled. Students noted that faculty seemed uncaring with many actions and comments. This damaged their self-confidence.

These researchers noted that this faculty incivility causes student stress and anxiety, damages the teaching–learning process, leads to program dissatisfaction, and violates the foundational concept of caring that is the basis of the profession of nursing. These researchers pointed out the need for the development of policies addressing faculty incivility at colleges and universities and methods for students to report faculty incivility without the fear of retribution.

### **Studies Concentrating on Both Student and Faculty Incivility in Nursing Education**

Several studies have addressed both student-to-faculty and faculty-to-student incivility in nursing education. Clark and Springer (2007) conducted a descriptive study to examine the problem of incivility in nursing education as viewed from the perspective of the nursing student and the nursing faculty member. The sample consisted of 32 faculty members and 324 nursing students at a university in the northwestern United States. The participants were administered two surveys to measure perceptions of incivility.

Overall, faculty and students perceived incivility in nursing education a moderate problem. The majority of respondents indicated the students were more likely to engage in uncivil behavior than were faculty. The most frequently noted student uncivil behaviors were arriving late for class, leaving class early, cutting class, and not paying attention in class. Other uncivil behaviors of students noted were cell phone usage, sleeping in class, and cheating. The most frequent faculty behaviors noted were belittling or humiliating students, being distant or cold, being inflexible, and being unavailable outside of class. Several behaviors were noted by students and faculty as being beyond uncivil. Those included vulgarity and harassing comments, challenging the faculty member's knowledge, and taunting and disrespectful comments.

Similar results were found in a study conducted by Clark (2008b). This researcher used a descriptive, mixed method study using a survey on a convenience sample of 306 nursing students and 194 nursing faculty at two national nursing conventions. The purpose of this study was to examine nursing student and nursing faculty perceptions of

uncivil behavior. The participants were administered the Incivility in Nursing Education Survey developed by Clark (2008b). This survey consisted of both quantitative and qualitative items that measure both nursing faculty and nursing students' experiences and perceptions of incivility in the academic setting. This instrument has demonstrated validity and internal reliability with Cronbach's alpha of 0.85 to 0.96.

The most frequent uncivil behaviors of nursing students were reported as arriving late for class, talking during class, being unprepared for class, and leaving class early. Other uncivil behaviors of nursing students included sleeping in class, using cell phones in class, making sarcastic comments, and cheating. The most frequent faculty behaviors that were noted as uncivil included making condescending remarks, exerting rank, not being available outside of class, and being distant and cold. Other frequent uncivil faculty behaviors noted were being inflexible, subjective grading, ineffective teaching, and refusing make-up exams or extensions.

### **Student-to-Faculty Incivility in Nursing Education**

Nursing student incivility is becoming more and more prevalent on college campuses. This can have devastating effects on nursing faculty members. Many of the consequences of this problem can be serious. Few researchers have solely focused on this phenomenon (Lashley & DeMeneses, 2001; Luparell, 2007; Robertson, 2012). Furthermore, there is a paucity of information focusing on the lived experience of nursing faculty members who have experienced nursing student incivility. Nurse researchers have suggested that heightened stress levels and ineffective coping, coupled with the lack of strategies to manage or prevent the stress, may lead to an uncontrollable spiral of incivility (Clark, 2008a; Clark & Springer, 2010).

Robertson (2012) conducted a review of the literature related to student incivility in nursing education for the purpose of better understanding factors that contribute to the incidence of nursing student incivility in the nursing educational environment. Robertson concluded after a thorough review that the cause of student incivility is related to a collection of contemporaneous problems. Adding that individually, each problem is manageable, but it is the compounding effect of numerous issues and factors that aggravate the situation, leading to incivility and ultimately negatively impacting the effectiveness of the nursing educational environment. Robertson pointed out that if knowledge and understanding of the causative factors of student incivility are brought to the forefront, preventative measures can be developed.

Robertson (2012) found several common compounding and aggravating factors that nursing students face, potentially leading to student incivility. The juggling of many different roles due to the need to fulfill financial commitments, family responsibilities, and social obligations is an aggravating factor that many nursing students experience. The need to work full-time or part-time in addition to pursuing the rigors of a demanding nursing program are frequent and persistent stressors that students are faced with and often lack the ability to cope effectively with. The fear of failure, combined with nursing faculty who frequently demonstrate a lack of caring, add to the already stressful experience nursing students face and leads to a struggle between nursing faculty and students. Robertson noted that this struggle devalues and diminishes the educational experience for both faculty and students, and, in turn, may lead to frustration and uncivil behaviors.

Lashley and DeMeneses (2001) conducted a national survey of 611 nursing schools to establish the extent of uncivil student behaviors exhibited by nursing students

and how the uncivil behaviors were being dealt with. A questionnaire and explanatory letter, developed by these researchers, was sent to the deans of 611 nursing schools across the country. Surveys were completed by 409 respondents (67%).

Overall, nursing administrators in a variety of nursing programs across the country reported a high frequency of uncivil nursing student behaviors. Common problematic student behaviors noted by all respondents were lateness to class, absence from class, and inattention in class. Other very frequently reported problematic student behaviors included lateness to clinical, talking in class while the instructor was teaching, and cheating on tests. Additional uncivil behaviors that occurred on a less frequent basis, but were noted as very concerning, were verbal abuse of the instructor and peers and yelling at the instructor and peers. Behaviors that were considered extremely serious by the respondents, but occurred less frequently, were threatening the instructor and unacceptable physical contact with the instructor.

A wide variety of consequences of the uncivil behavior were noted by respondents. These ranged from no action to suspension or expulsion from the college. The most common consequences for uncivil student behavior noted by respondents was handling of the behavior verbally by the individual instructor, giving a written warning, mandating a hearing by the nursing program or university, and giving a verbal warning.

Luparell (2007) used a qualitative study to determine nursing faculty who encountered incivility by nursing students. The study involved 21 faculty member interviews from six different states. The participants were asked to describe an experience of incivility, their reactions, and how it changed their teaching methods. The participants described varying levels of severity of incivility and used terms to describe the incivility

such as assaulted, attacked, or wounded. In addition, many participants noted that they felt threatened or believed they were in danger. This researcher extracted seven themes from the interviews, which included physical toll, injury to self-esteem, emotional toll, time expenditure, financial costs, loss of confidence in teaching, and withdrawal from teaching.

Suplee et al. (2008), in a non-research article, reviewed issues of incivility in nursing education and outlined preventative strategies to address this issue. Cases of incivility were reported in all types of educational settings. These researchers noted that nursing student incivility incidences are increasing, and, if not addressed, may carry over into the workplace.

Practical preventative strategies suggested by these researchers included developing administrative policies that address not only the expected behaviors of students, but also the consequences of an offense of the behavior policy. The policy should be placed in the student handbook, faculty handbook, and on the college website. In addition, faculty education regarding incivility issues should be provided. Setting ground rules is also an important preventive measure. These ground rules should be noted in the course syllabi. Finally, it is important for faculty to be aware of their legal rights and have the support of administration in cases of student incivility.

### **Summary**

Varying definitions of incivility exist in the literature; however, overall definitions are similar. Several commonalities in the definitions of incivility exist including any type of rude, discourteous, or disrespectful behavior directed at another individual; the uncivil behavior is perceived as uncivil by the recipient of the behavior; uncivil behaviors may

lead to some type of harm or distress to the individual subjected to the behavior; and the uncivil behaviors negatively impact the relationship between the giver and receiver.

Incivility in America is an increasing and alarming phenomenon that impacts many aspects of one's life. The majority of Americans believe incivility is a major problem in society today. The nursing academic environment is not immune to this phenomenon.

Many forms of incivility have been exhibited in the nursing academic environment. Incivility from faculty directed towards students and colleagues, as well as incivility from students directed towards nursing faculty, have been reported across college campuses and are becoming a distressing phenomenon. Nursing students and nursing faculty subjected to incivility may experience adverse effects to all aspects of their health. In addition, experiences of incivility in the nursing educational environment may negatively affect the teaching-learning process and retention of nursing students and nursing faculty.

Nurse scholars have identified the stressful nature of the nursing educational environment for both students and nursing faculty members, both in the classroom and in the clinical setting. These experiences lead to stress, which, in turn, often lead to negative or harmful physical and psychological symptoms and may cause behavioral changes, including uncivil behavior. Incivility infringes on trust and damages the ability to act in a caring manner, which is the essence of nursing. Incivility damages the teaching and learning process and adversely affects all aspects of the nursing educational environment.

Continued research on this topic is needed to promote a culture of civility in the nursing educational environment. After a review of the literature, this author found that few studies have specifically addressed the lived experience of nursing faculty members



who have experienced nursing student incivility. More research is needed on this topic to allow for a better understanding of this phenomenon. This, in turn, may lead to the development of effective prevention strategies and help direct the development of policies and interventions in the academic setting to handle nursing student incivility in the nursing educational environment.

## CHAPTER III

### METHODOLOGY

Incivility in nursing education is becoming a growing phenomenon on college and university campuses. Limited research has been conducted on faculty experiences with nursing student incivility, and few studies have addressed the lived experience of nursing faculty members who have experienced nursing student incivility. In addition, limited research has been conducted on faculty-to-student incivility or faculty-to-faculty incivility in nursing education. This gap in the nursing literature identifies the necessity to investigate this phenomenon further. This study investigated faculty members' experiences with nursing student incivility in the academic setting. The purpose of this study was to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university. In addition, this study strived to provide an emic view of student incivility towards nursing faculty and the resulting impact this incivility may have on nursing faculty members.

Congruent with the purpose of this study, the phenomenological method was used. The phenomenological method was ideal for this qualitative study. This method helped this researcher illuminate and understand the lived experiences described by nursing faculty who participated in this study, and, in turn, helped to answer the research question.

This section focused on the background for conducting this study, phenomenology as the qualitative research methodology for this study, and the process for data collection and analysis.

### **Groundwork for this Study**

Nursing faculty experiences with nursing student incivility can have devastating and long-lasting effects. The far-reaching effects this incivility has on nursing faculty has had limited investigation. Further research exploring the lived experience of nursing faculty members who have experienced student incivility may provide a more thorough understanding of this phenomenon.

This researcher has experienced and witnessed not only student incivility on a regular basis in the work environment, but also faculty and administrative incivility. These experiences have left this author feeling distressed and determined to investigate and better understand the lived experience of nursing faculty members who have experienced student incivility, potential causes and consequences of student incivility in nursing education, as well as investigate and develop strategies to manage and eliminate this incivility. Personal encounters with nursing student incivility, as well as a pilot study conducted by this researcher in 2010, established the groundwork for this current study.

This researcher conducted a phenomenological pilot study in 2010, investigating the lived experience of nursing faculty members who experienced nursing student incivility. The purpose of this pilot study was to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university. Three nursing faculty at a small college in northwest Ohio were interviewed and asked to tell about their experiences with nursing student incivility. Interview data were analyzed

using Colaizzi's (1978) phenomenological method for qualitative analysis. Five common themes were extracted, which allowed for an overall description of the lived experience of nursing faculty who experienced nursing student incivility to occur. The themes that emerged from data analysis provided insights into the adverse physical, psychological, and emotional effects that experiences of nursing student incivility had on nursing faculty, as well as how these experiences affected the teaching–learning process.

The experience of nursing student incivility for nursing faculty was described as undeserving, humiliating, frustrating, intimidating, and harmful, both physically and emotionally. All nursing faculty described being subjected to rude, discourteous, and disruptive student behavior, both in the classroom, as well as in their faculty offices. Feelings that resulted from this uncivil behavior included shock, anger, worry, fright, and distress, often lasting for an extended period of time. Uncivil student treatment often hindered the teacher–student relationship. A support system was perceived by the nursing faculty as necessary and comforting, providing needed assistance and encouragement. Although faculty questioned their desire to remain in teaching, the resounding consensus was a continued passion for teaching.

Information gathered from this pilot study, as well as personal experiences with nursing student incivility, bolstered this researcher's desire to further investigate this phenomenon. The use of phenomenology as a research method for this pilot study was an effective method for gathering information to describe the lived experience.

### **Theoretical Perspective for Phenomenology**

Interpretivism and constructionism were used to guide this study. Interpretivism strives to comprehend or make sense of an experience or phenomenon as realized by the

person who experienced it. An interpretivist views the world as having multiple realities with the truth being subjective in nature. This view accepts the notion that the world can be interpreted in numerous manners (Nicholls, 2009). Interpretivists try to comprehend and appreciate what an experience means to a person by interviewing them, generating transcripts from interviews, and analyzing the data (Astin & Long, 2009). Interpretivists seek to understand an experience in a holistic manner and from many different perspectives.

By striving to understand and interpret an individual's experience, new meanings and knowledge can emerge. This is the basis of constructionism. Meanings are constructed, not discovered. Meanings are constructed by individuals as they interact in the world (Crotty, 2003).

Phenomenology is based on interpretivism and constructionism. This method seeks to determine how meaning is constructed and how the meaning is interpreted. This research study used interpretivism and constructionism to investigate the lived experience of a nursing faculty member who had experienced nursing student incivility. This allowed for the essence of the phenomenon to be described.

### **Qualitative Inquiry and Rationale**

A qualitative research design was chosen for this study to examine and investigate the lived experiences of nursing faculty members who have encountered or experienced nursing student incivility. Qualitative researchers seek to understand meanings people have constructed and determine how people make sense of their experiences in the world (Merriam, 2002, 2009). Qualitative researchers believe that there are multiple realities and multiple construction and interpretations of those realities. Researchers conducting

qualitative inquiry strive to make sense of those interpretations of a particular phenomenon (Merriam, 2002).

Phenomenology, developed by German philosopher Edmond Husserl in the 19<sup>th</sup> century as an alternative to the positivist research model, was the qualitative method used for this study. This method provided for discovery of the understanding and valuing of the lived experience. Phenomenology seeks to describe individuals' common experiences of a particular phenomenon. This provides for a common essence or meaning of the phenomenon to be described, allowing for a better understanding of what it is like to experience a particular phenomenon (Creswell, 2007; Mapp, 2008; McConnell-Henry, Chapman, & Francis, 2009; Merriam, 2009). Capturing the commonalities of an experience or occurrence through a thorough examination of individual experiences is the premise of phenomenology (Mapp, 2008; Starks & Trinidad, 2007).

Although phenomenology is a perceptive approach for understanding a phenomenon, it is important to note that two main types of phenomenology exist and vary slightly. These include Husserlian transcendental phenomenology and Heideggerian hermeneutic phenomenology.

Heidegger developed an approach called hermeneutics, which means interpretation. With this approach, Heidegger believed that the researcher brings his or her own knowledge, insight, and experiences to the research process. He believed that prior knowledge and awareness of an experience enhances the interpretation of the phenomenon. Heidegger saw the researcher as a valid component of the research (Mapp, 2008; McConnell-Henry et al., 2009).

In contrast, Husserl's approach to phenomenology includes the use of epoche or bracketing. Husserl believed that to render the real meaning or essence of the lived experience, it was first essential to put aside any predetermined ideas or knowledge to prevent biases that may influence the study (Creswell, 2007; Flood, 2010; Mapp, 2008; McConnell-Henry et al., 2009; Starks & Trinidad, 2007). Epoche allows the researcher to be more receptive and open and helps to remove preconceived notions (Moustakas, 1994).

The aim of transcendental phenomenology is to illustrate and express the human experience as it is lived. Occurrences are described as they are experienced, excluding the influence of preconceptions and prior knowledge. The researcher conducting this type of phenomenological research must strive for a keen awareness of his or her own perceptions and knowledge. The use of reduction through bracketing allows the researcher to retrieve any previous awareness, knowledge, or perceptions of an experience that may potentially lead to bias and set these aside. Bracketing helps to establish an ethical element during the phenomenological research method, facilitating the derivation of an accurate description of the phenomenon as it is expressed by the participants in the study. It is important to note that a researcher can never be totally free of bias, but these biases can be controlled (Beck, 1994; Creswell, 2007; Hamill, & Sinclair, 2010; Merriman, 2009). Due to this researcher's prior experiences and knowledge of nursing student incivility, the use of bracketing was of utmost importance in this current study. Therefore, transcendental phenomenology was a very appropriate method for this study. Specific bracketing procedures used are described later in this section.

## **Step-by-Step Process for this Phenomenological Study**

### **Institutional Review Board Approval**

Approval for an expedited research study was sought, and an exempt status was confirmed from the Institutional Review Board at the University of Northern Colorado prior to data collection (see Appendix B). Exempt status was confirmed as this study presented no more than minimal risk to human subjects. The risks were no greater than those normally encountered in everyday life.

### **Participants**

Careful participant selection is an essential step in the phenomenological research process. It is imperative to choose participants who have experienced the phenomenon under investigation (Colaizzi, 1978; Creswell, 2007). For this current study, the phenomenon under investigation was nursing faculty experiences with student incivility.

A purposive sample of participants was selected. The final total number of participants for this study was determined when saturation occurred. To enlist participants who had experienced nursing student incivility, participants were recruited from nursing faculty listings on websites at colleges and universities located in Ohio and Michigan and by word of mouth networking. Networks included recruited participants and the researcher's personal acquaintances that identified potential participants who met the research criteria. Potential participants were sent an electronic message explaining the purpose of the study, benefits of the study, pertinent information regarding the study, as well as the researcher's contact information (see Appendix C). The potential participants were asked to contact the researcher via telephone or e-mail indicating their interest in being a participant in the study. After making the initial contact with potential



participants, the researcher then determined if the interested potential participants met the criteria for this study and had experienced nursing student incivility. The eligible participants were invited, verbally by the researcher, to participate in the study and had the option of whether to participate or not. The procedure of informed consent was followed to provide assurance of the rights of human subjects.

Specific criteria for inclusion was the following: individuals who were full-time, part-time, or adjunct nursing faculty members who taught in a nursing program at a college or university and who had experienced nursing student incivility. There were no restrictions on age, race, gender, ethnic group, socioeconomic status, rank, title, or number of years teaching.

### **Setting**

A meeting was arranged at a mutually agreed upon location and time with each person who was eligible for the study and who verbalized interest in becoming a participant in the study.

### **Method for Data Collection, Procedures, and Protection of Human Subjects**

**Informed consent.** The procedure of informed consent was followed to provide assurance of the rights of human subjects. An introduction and purpose of the study was provided in writing and orally to the participants by the researcher. Explanation of procedures and a description of benefits and any risks were provided. The researcher answered any questions. Written consent for the study was obtained and stored in a locked cabinet (see Appendix D). Participants were also asked to complete a demographic questionnaire (see Appendix E).

**Interview.** In phenomenological research, the researcher must collect descriptive data from the participants who have experienced the phenomenon under investigation. The major benefit gained from the interview process is the construction of a clear image of the experience described by the participant, which facilitates the illumination and understanding of a shared meaning. This helps carry out the intended purpose of Husserlian transcendental phenomenology, which is to explore participants' descriptions of the phenomenon under investigation and their comprehension of it (Flood, 2010; Mapp, 2008). To do so, the researcher must devise a set of questions that would allow for this information to be elicited and illuminated (Colaizzi, 1978; Creswell, 2007). In addition, beginning the interview with a social conversation helps to build a trusting, calm, and relaxed relationship between the interviewer and the participant and helps to put the participant at ease (Mapp, 2008; Moustakas, 1994).

For this study, the researcher arranged a meeting at a mutually agreed upon location and time with each person who was eligible for the study and who verbalized interest in becoming a participant in the study. The interview occurred either face-to-face or via telephone. After obtaining informed consent, qualitative data were obtained by using an audio-taped semi-structured interview with each participant, lasting approximately 60 to 90 minutes. The interview began with an open-ended statement: "Tell me about your experience with nursing student incivility." The researcher used open-ended cues and prompts to obtain clarification and depth. An interview guide was used to provide direction for the discussion and a guide of issues that were covered during the interview (see Appendix F). Participants were informed that the researcher may contact

them for a second brief interview to clarify any unclear information or to obtain more information.

Demographic forms and participant responses were anonymous with no identifying information in the data summary. Tapes were coded using numeric identifiers. Pseudonyms were used to protect confidentiality of participants. The original collection tools and interview data were locked in a secure place by the researcher. Audio tapes were erased after transcription was finalized. Transcriptions were stored electronically in a password protected file by the researcher.

**Analysis of data.** Colaizzi's (1978) phenomenological method was employed to analyze the qualitative data. The audio-taped interviews were transcribed by the researcher. Following transcription, all audio tapes were erased. All transcriptions were analyzed by the researcher. Colaizzi suggested that many steps of this method may overlap, and there is flexibility to this analysis procedure. This analysis included the following seven steps (Colaizzi, 1978; Edward & Welch, 2011):

1. Transcription of all narratives from the audio-taped interview. Colaizzi suggested that this does not have to be done verbatim, as long as the essence of what the participant said is clearly captured. Participants then verified all transcriptions for accuracy. All transcriptions were read several times to make sense of them.
2. Significant quotes and statements that relate directly to the phenomenon of student incivility were highlighted, extracted, and numbered.
3. Formulated meanings were created by making general restatements of the significant statements that were extracted.

4. Theme clusters were created by assigning the formulated meanings into similar groups.
5. An exhaustive description of nursing student incivility experiences expressed by the participants was created by synthesizing theme clusters and formulated meanings.
6. Identification of the essence of the phenomenon of nursing student incivility was completed by performing a thorough analysis of the exhaustive description.
7. Participants were asked to validate the final essence of nursing student incivility, and alterations were made as necessary.

The demographics were summarized by frequency, using numbers, means, and percentages. This information was inserted into a table format, making it easy to see at a glance the demographic information gathered. This researcher was able to determine total number in the sample, as well as frequency distributions for age, gender, marital status, and other information on the demographic questionnaire.

**Measures to ensure trustworthiness.** To ensure validity and trustworthiness of this research study, the researcher used verbatim accounts to make sure that the descriptions were those of the participants and not the researcher. This researcher examined and reflected on personal biases and used bracketing as a technique to set aside any biases identified. Bracketing was also used to set aside any previous knowledge on the topic being researched (Beck, 1994; Creswell, 2007; Hamill, & Sinclair, 2010; Houser, 2008; Merriam, 2009). To achieve effective bracketing, it is important to note that bracketing must occur throughout all phases of the research process and not just during data collection or analysis (Hamill & Sinclair, 2010). This researcher wrote down prior knowledge

and known issues before beginning the research study and revisited these writings throughout the study. This was an important step to ensure that this researcher's ideas or preconceptions did not override those of the study participants. In addition, this researcher delayed an in-depth review of the literature until after data collection to help make sure that questions asked and analysis of data were not influenced by information noted in the literature. Member checking or participant feedback was also used as part of the bracketing process to check the precision and accuracy of the researcher's conclusions, helping to avoid bias. An outside, experienced qualitative researcher was employed to verify the steps this researcher used to conduct this study.

The methodology of this research study was described in detail to create an audit trail so as to substantiate the results of the study. The audit trail involved keeping an outline of all research activities. This entailed several steps by this researcher, including keeping a record of questions, reflections, problems, and decisions made during the research process. In addition, data collection methods and analysis were detailed and described thoroughly as part of the audit trail (Hamill & Sinclair, 2010; Houser, 2008; Merriam, 2009).

### **Summary**

Chapter III detailed the qualitative methodology that was used for this study. Transcendental phenomenology was presented as the research methodology for this study. A description of the qualitative method and rationale for this method was described, focusing on Husserl's transcendental phenomenology. The process of epoche or bracketing used in this study was outlined. A step-by-step process for the study was highlighted, including participant selection, method for protection of human subjects, data collection,

data analysis, and measures to ensure trustworthiness. Colaizzi's (1978)

phenomenological method for data analysis was used to analyze and interpret the data obtained.

## CHAPTER IV

### FINDINGS

This transcendental phenomenological study investigated nursing faculty members' experiences with nursing student incivility in the academic setting. Nursing faculty members at a college or university were asked to tell their story of personal experiences with nursing student incivility. In addition, the nursing faculty members were also asked to describe the consequences they suffered as a result of being subjected to nursing student incivility. The overall purpose of this study was to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university.

This chapter consists of a description of the participant recruitment procedures as well as the distinct qualities of each of the participants who took part in this study. Themes uncovered, through the use of Colaizzi's (1978) phenomenological method, describing the lived experience of a nursing faculty member who experienced nursing student incivility are presented. The use of Colaizzi's phenomenological method provided for discovery of the understanding and valuing of the lived experience through the use of rich, thick descriptions of the participants' encounters with student incivility. This helped carry out the intended purpose of Husserlian transcendental phenomenology, which is to explore participants' descriptions of the phenomenon under investigation and their comprehension of it (Flood, 2010; Mapp, 2008).

Prior to data collection, and throughout the entire research process, this researcher used bracketing. To attempt to set aside previous experiences and any biases with the phenomenon of incivility, this researcher reflected on past personal experiences with incivility and any experiences with incivility that occurred during the research process and described these experiences in a journal. This allowed the researcher to become aware of personal preconceptions or viewpoints. This was imperative to try to view the experience of the phenomenon from another's point of view and aided in the understanding of the lived experience of another.

Data were collected using audio recorded semi-structured interviews and a demographic questionnaire. Colaizzi's (1978) phenomenological method was used to analyze the qualitative data. The audio taped interviews were transcribed. The transcribed interviews were read numerous times to become very familiar with them. Each transcript was then reviewed for significant statements that related to the lived experience of nursing faculty who had experienced student incivility. From these identified significant statements, formulated meanings were devised (see Appendix G). The formulated meanings were then put into theme clusters, which, in turn, allowed for themes to emerge that were common to all participants. This allowed for an overall exhaustive description and essence of the lived experience of nursing faculty who experienced nursing student incivility to occur. A written account describing the experience was provided to the participants for corroboration and validation.

Participants' stories related to experiences with student incivility are reported using their own words in narrative form. Pseudonyms are used to protect their identity



and confidentiality. Participants' demographic characteristics are summarized and discussed.

### **Participants**

A purposive sample of 12 participants was selected for this study. Participants were recruited from nursing faculty listings on websites at colleges and universities located in Michigan and Ohio and by word of mouth networking. The participants were sent an electronic message explaining the purpose of the study, benefits of the study, pertinent information regarding the study, as well as the researcher's contact information. The participants were asked to contact the researcher indicating their interest in being a participant in the study. Those who voiced an interest and who were eligible for the study were invited verbally by the researcher to participate in the study. The procedure of informed consent was followed to provide assurance of the rights of human subjects. The 12 participants in this study were full-time nursing faculty members at 7 colleges or universities in Michigan and Ohio.

Specific criteria for inclusion were individuals who are full-time, part-time, or adjunct nursing faculty members who teach in a nursing program at a college or university and who have experienced nursing student incivility. There were no restrictions on age, race, gender, ethnic group, socioeconomic status, years in teaching, or rank.

The final purposive sample for this study consisted of 12 Caucasian women ages 39 to 65 ( $\bar{X} = 55.8$  years). Ten were married, one divorced, and one single. All 12 were employed full-time at a college or university in Michigan or Ohio as nursing faculty members. Five taught mainly in the classroom, five taught in both the classroom and clinical, and two taught in the clinical setting only. Participants' hours of teaching per

week ranged from 12 to 32 hours ( $\bar{X} = 18.8$  hours/week). Six participants worked at a university and six participants worked at a college. Four of the participants worked in the practice setting as well as teaching. Years of teaching experience ranged from 2 to 35 years ( $\bar{X} = 13.9$  years). Table 1 details characteristics of participants.

The participants freely and with great detail described their experiences with student incivility, as well as the impact the incivility had on them personally and professionally. The participants had vivid recollections of the experiences and the impression the experiences had on them. The uncivil experiences described by participants occurred from as recent as 2 weeks prior to the interview to as long as 14 years prior to the interview.

Table 1

*Participant Demographics*

Participant	Gender	Age	Marital status	Race	Years teaching	Em ployment status	Employment place	Hrs. teaching weekly	Primary place of teaching	Practicing nurse
Isabelle	F	62	Married	White	22	Full-time	University	13	Classroom & clinical	Yes
Nancy	F	41	Married	White	2	Full-time	College	20	Classroom & clinical	No
Celeste	F	63	Married	White	10	Full-time	University	22	Clinical	No
Irene	F	52	Single	White	14	Full-time	University	12	Classroom	Yes
Vivian	F	65	Married	White	30	Full-time	University	32	Classroom	No
Ida	F	65	Married	White	4	Full-time	College	20	Classroom & clinical	No
Laura	F	39	Married	White	9	Full-time	College	20	Classroom & clinical	No
Ingrid	F	52	Divorced	White	5	Full-time	College	19	Classroom	Yes
Theresa	F	55	Married	White	12	Full-time	College	12	Classroom	No
Yvonne	F	62	Married	White	25	Full-time	University	14	Classroom & clinical	No
Rita	F	60	Married	White	25	Full-time	College	23	Clinical	No
Nina	F	54	Married	White	9	Full-time	University	19	Classroom	Yes

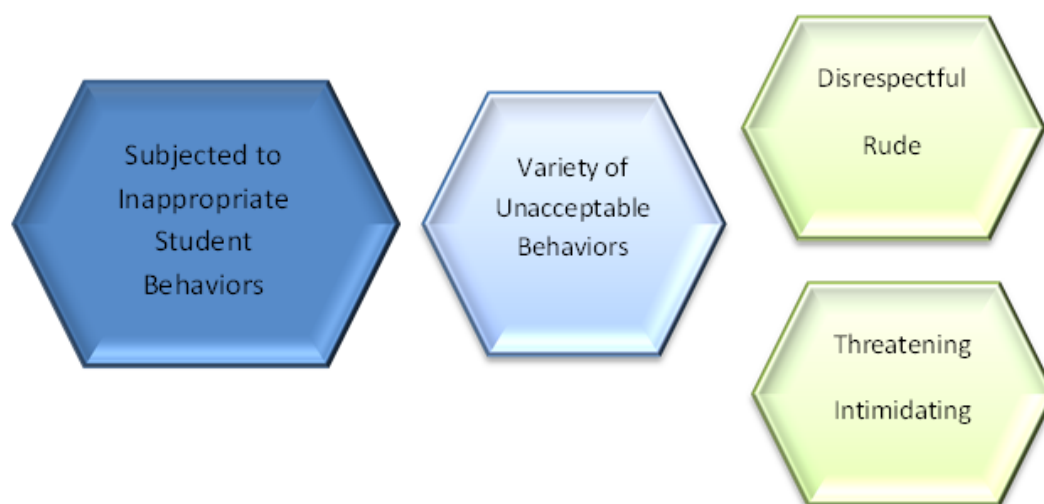
## Findings

Student incivility resulted in multifaceted tribulations for the nursing faculty members who experienced this phenomenon. Two main theme clusters developed related to the main research question:

- Q     What is the lived experience of a nursing faculty member who has experienced nursing student incivility?

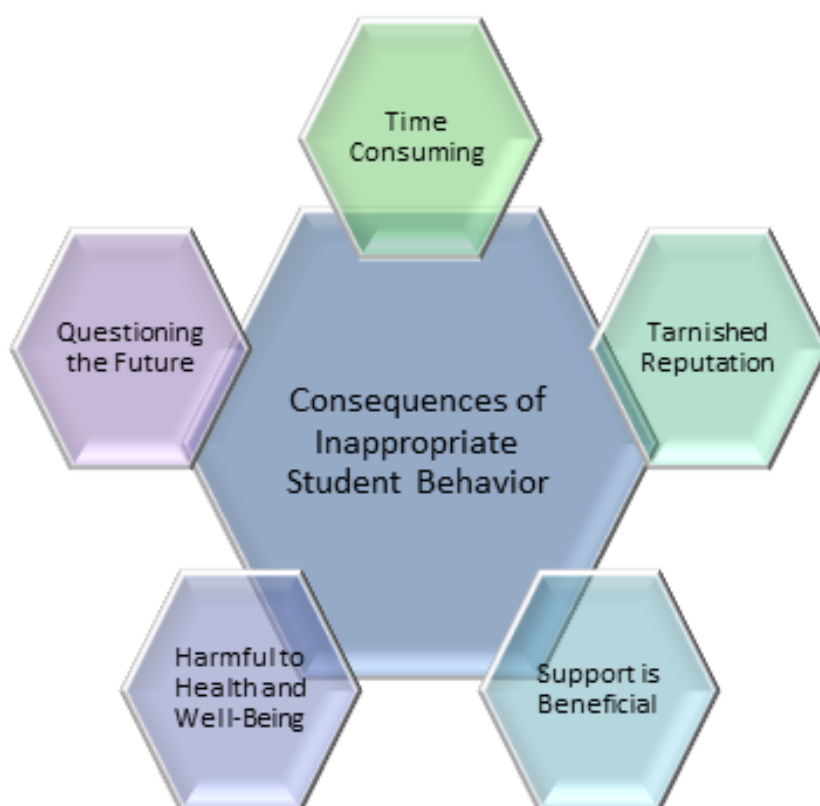
The two theme clusters included: (a) frequently subjected to inappropriate student behaviors, and (b) consequences of being subjected to inappropriate student behaviors.

The main theme related to theme cluster one was identified as subjected to a variety of unacceptable behaviors. This was further broken down into subthemes: (a) rude and disrespectful behaviors, and (b) threatening and intimidating behaviors. Figure 1 depicts this theme cluster.



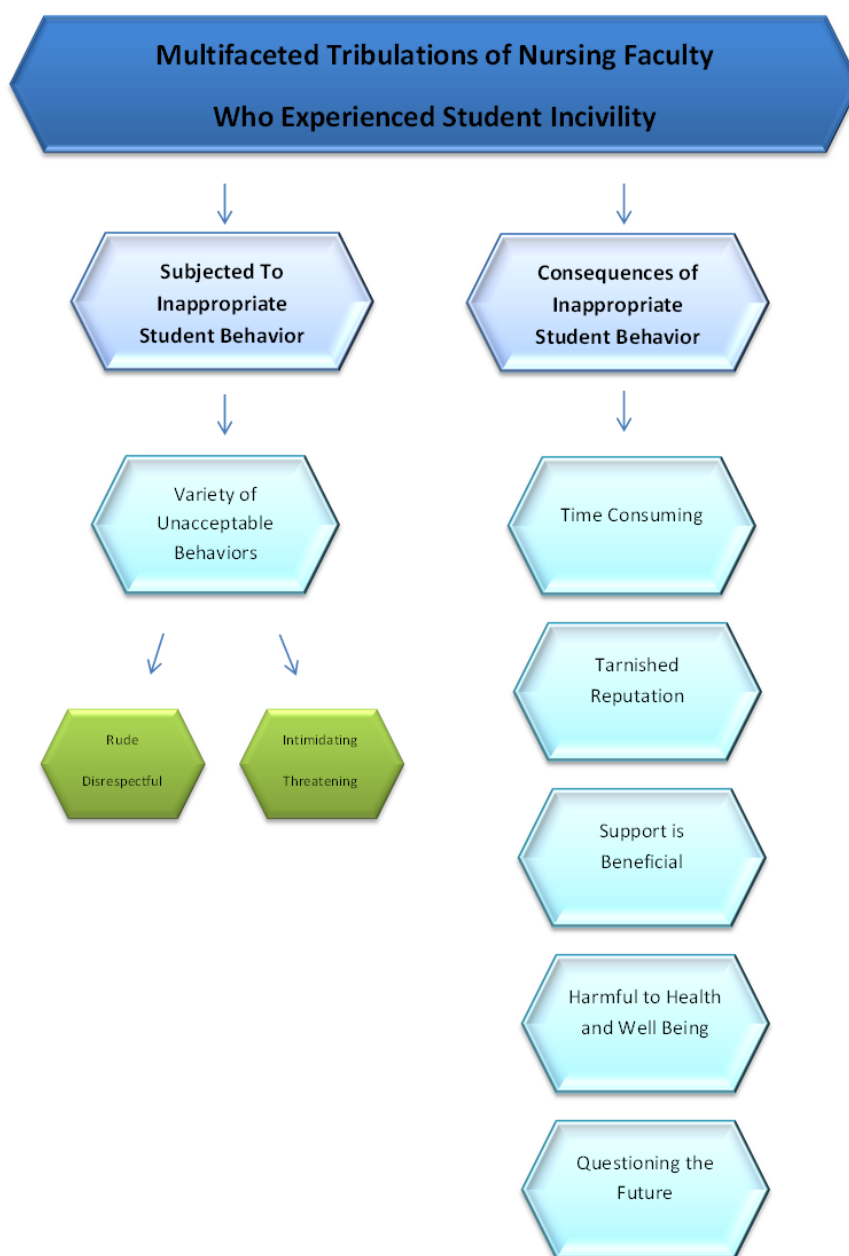
*Figure 1.* Theme cluster one with theme and subthemes.

Theme cluster two, consequences of inappropriate student behavior, developed related to the overall research question as well as subquestions one, two, three, and six which queried: (a) What are faculty responses and reactions to nursing student incivility? (b) What are consequences suffered by faculty related to nursing student incivility experiences? (c) What is it like for nursing faculty to teach nursing students after an experience of incivility? and (d) What statements describe this experience of incivility? Themes identified for the second theme cluster are (a) time consuming, (b) tarnished reputation, (c) support is beneficial, (d) harmful to health and well-being, and (e) questioning the future. This theme cluster is depicted in Figure 2.



*Figure 2.* Theme cluster two with related themes.

The multifaceted tribulations of nursing faculty members who have experienced student incivility, illuminating the lived experience, are illustrated in Figure 3. This includes both theme clusters with their associated themes and subthemes.



*Figure 3.* Multifaceted tribulations of nursing faculty who experienced student incivility.

### **Theme and Subthemes Related to Subjected to Inappropriate Student Behavior**

All participants (100%) described being subjected to inappropriate and unacceptable behaviors that violate the student code of conduct. This type of student behavior ranged from rude and disrespectful behaviors to threatening and intimidating behaviors. Disrespectful and rude student behaviors, such as yelling, arguing, making rude comments, making disruptions in the classroom, or cheating, were commonly described by all participants (100%). Threatening and intimidating behaviors, such as students making threats that they will complain to administrators or a threat of potential violence towards a faculty member, were major concerns for the majority of participants (67%). The threat of potential physical violence was a very real fear for participants, and they actually expressed apprehension and worry about this. Excerpts from participant interviews follow, detailing the variety of unacceptable student behaviors nursing faculty were exposed to.

Nancy described a meeting she had with a disgruntled student who had failed the clinical portion of the course due to unsafe clinical performance. The main course instructors were also present during the meeting. The student exhibited not only disrespectful behavior, but threatening behavior as well that caused concern. Nancy detailed the experience.

The student came into the office and sat down right next to me. She wouldn't even look at me. We reviewed the reason why she was failing, and she started screaming and cussing at me. She said it was all my fault. Every word out of her mouth was profane. I physically thought she was going to hit me. She kept saying she hated me. She was angry, and I thought she was going to lash out at us.

Nancy detailed another encounter she had with another student in her office who was disputing a grade and who was very argumentative and disrespectful. Nancy recalled:

I had a student that had a skills check off and I checked her off and she was very upset with me because she did not pass the check off. She came to my office after class and was arguing and saying she just didn't understand why I failed her. I went over everything with her, but she just kept arguing and badgering me and saying I was not fair. I actually had two of my fellow instructors in the hall that were about to interrupt because it sounded to them like it was escalating, and the student was getting nasty. She finally huffed out of my office, and she hasn't talked to me since then.

Rita described an inappropriate behavior that she was subjected to from a student who was not performing in clinical in a satisfactory manner. Rita detailed this student's behavior, which was disrespectful, rude, and threatening. Rita described feeling very scared and fearful after being subjected to this behavior. Rita stated:

We require each week that the students have a clinical reflective diary. And in that diary he [the student] was saying how clinical is not a learning experience for him because he couldn't do anything right to please me. The line that he wrote in the diary that probably caused me the most stress was, "who do I have to kill to get you off my back?"

Theresa discussed a student's disrespectful behavior she was subjected to during a meeting with the student in her office cubicle. This behavior was intimidating for Theresa. Theresa explained:

The student was yelling in a very loud voice, arguing, and not listening to what I was saying during a meeting in my office cubicle. I was discussing clinical performance with the student. The altercation started escalating. The person in the next cubicle was listening and afterwards she said she couldn't believe it. She suggested that if I am ever with her again to make sure I have security around.

Yvonne likewise described an uncivil and intimidating student who she was subjected to several years ago in the clinical setting. Yvonne remembered:

Some years ago I had a student from Nigeria in my clinical, and he was not one to take any type of examples or correction. I went out with him on a home visit and he was very demeaning to the client. I didn't say anything to him during the visit, but I did tell him afterwards that you don't do that. That it is their home and their choice. He was very upset about it. He continued to lag behind in terms of getting his work done and meeting course objectives, so at the end of the clinical course I gave him a C-. In the middle of his clinical evaluation he got up and stood over



me and yelled at me about being prejudiced and not giving him a chance and how he was going to see the Dean. So he stomped out.

Yvonne described another distressing experience she had with a disrespectful student in the classroom setting. She stated:

I have had students who have been inappropriate in lecture. Just a couple years ago I had a student who was very outspoken and felt she was the leader or speaker for the class. I had a guest speaker in who had changed her slides for her presentation and added to them so they weren't exactly the same as on the handouts she gave to the students. This student got up and said something to her like, you expect us to be prepared and be on time and yet you don't even have the correct slides up. I was appalled and the guest speaker was beside herself with dismay.

Isabelle described a threatening and scary act of incivility that she experienced from a student. She received an anonymous letter in the mail, making her feel intimidated. Isabelle discussed the incident:

At the end of a semester, I had received this [a letter] in my mailbox and it was kind of upsetting because it was addressed to me and it had a return address on it, but I didn't recognize the address. It was in my work box so it was mailed to the university. This is it [showed me the letter]. I had failed a male student a couple weeks before I received this letter. I don't know if this is the student who sent the letter or not, but I always assumed it was. The police took it very seriously.

Isabelle described another incident where students acted in an uncivil manner during a class test review, making her feel uneasy and distressed. Isabelle stated:

I had given a couple exams and I did a class test review, but they [the students] like to argue, and I had one student that argued with me in front of the class and made a big deal out of it. At that point, I felt like the whole class was trying to gang up on me. With this mob mentality, they feed on each other. That was very uncomfortable. I got really defensive after that.

Irene discussed several uncivil experiences she had with students recently. Irene recalled an experience:

This is about a student who could not manage her anger. The first occasion, we were in our small clinical groups and I was telling her and the group that they had an extra clinical assignment. It was in a group setting and I was telling them that they had to make a poster of their community program in order to complete their

clinical hours. I didn't think it was a big deal but she immediately stood up and said, "You can't add that on. It is not in the syllabus, and I have my clinical hours and I am not doing it." She then stomped out of the room. This was in front of all the other students. I was quite appalled by that behavior. So, two days later I saw her in my office so I could finish telling her what her options were because she did not give me a chance to before she stomped out. I told her she had to complete the project for the clinical hours or she would fail and as soon as she heard she could fail she was out of there. She did not let me finish the conversation.

Irene also described another experience with a particularly disruptive and disrespectful class. She noted:

I think this particular class was the most disruptive class I have ever had in my teaching career. I had a horrible time managing them and I had a horrible time keeping up with them. They ran me around pretty good. They were disruptive almost every class session. They would have extended sidebars or talk loudly and discuss other things. I would tell them to be quiet, and they would be quiet for about five seconds and then start talking again. I felt very disrespected while lecturing because they were not paying attention. Another thing I did was collaborative quizzes in the course, and if they didn't like my answer they would become totally inappropriate and start screaming and yelling about how can that be the answer. They were also abusive to each other. They were bullying each other. It was just an amazing experience that I never want to repeat. That semester was exhausting for me.

Irene also described another uncivil experience she had with a class during an exam review. She recalled:

Another really horrible experience I have had was that of a senior class that had a very disruptive personality. Their game was during exam reviews. The game was to gang up on the professor and convince them to change their answer. This was very stressful for me. This class had been successful with this tactic all along until they came to me and they could not get me to collapse. They were like a feeding frenzy and caused a lot of unrest.

Vivian described an overall experience of disrespectful behavior from students in the classroom due to talking to each other while the professor is talking. Vivian found this very bothersome and disruptive. Vivian stated:

Students are simply disrespectful. It is in the classroom. To me the uncivil behavior that really bothers me the most is the disruptive behavior of talking to somebody during class. I see that as the most common uncivil type of student

behavior that I am exposed to. I also see the eye rolling as disrespectful, but it is more of a mild thing. But when the behavior is disruptive to the class and to me such as the talking, that is what really is uncivil, and it really bothers me.

Celeste detailed an uncivil experience she had with a small group of students during class who disputed exam grades. Celeste described this uncivil experience as intimidating and threatening, and she felt ganged up on. Celeste explained:

I had given an exam and done the item analysis and decided to give full credit for some of the questions based on the item analysis. A student came up to the front of the classroom and said he wanted to talk about that because he didn't think it was fair and it was not how other instructors did it. So I said I would talk to him after class about it. So then he went to the back of the classroom and got three or four of his friends together. So then he and the other students ganged up on me and told me that they were insisting that this was unfair. They said what I had done was unfair and they wanted to talk about it right now. I said I would not talk about it right now during class, but I would talk about it with them after class. They just kept insisting and arguing and telling me that by giving everyone credit for the questions caused the people who got the questions right to be penalized and it wasn't fair to them. And I said this wasn't a competition, and he said, "oh yes it is." He said other instructors have not done this and it's not fair. I said if you would like to take this up higher than me you can, but this is my decision. They said, "we are going to talk to the dean about this."

Celeste also described another experience with a rude and disrespectful group of clinical students that led to a very terrible and difficult teaching experience for her. Celeste described this experience:

I had a clinical group of eight students, and I had a couple students who felt very entitled and felt they knew more than I did about what they needed to know. The semester was very difficult with those two students in my group. They were always challenging me, complaining, and whining. They were always telling me how much they didn't like me, and didn't like how I was running things. One told me I was the worst clinical instructor she had ever had. Another student kept blaming me for her poor clinical performance.

Additionally, Celeste detailed another encounter she had with two students who cheated on a paper. The inability to accept responsibility for behavior and the lack of respect one of the students demonstrated was very troubling for Celeste. Celeste noted:

I had two students turn in the same paper in a clinical group. My first reaction was how stupid do you think I am? It was exactly the same paper but two different names. So I brought them in, sat then down, and put the papers in front of them. I told them that was plagiarism and according to the student handbook, there were procedures I needed to follow. Well, one student just broke down and started sobbing and was hysterical. I think she acted appropriately. She apologized for this. The other student, however, was angry at me. She blamed it all on me that I did the wrong thing by following the college policy and reporting it. This happened mid semester, and she refused to talk with me the rest of the semester. I had to tell her that she needed to talk with me and I went out of my way to engage her in clinical, but she still would not speak with me.

Laura was subjected to a group of students who were intimidating and used bullying tactics in the classroom. Laura found this extremely disrespectful and was very disturbed by being subjected to this type of behavior for an entire semester. Laura described this experience.

This last semester I had a group effort in incivility towards me where I had primarily three students who were not just attempting to bully me, the instructor, but other students as well. But what was directed at me was that the three students would contact other students in the group if there was a problem or complaint and they would try to rally other students against me. This was a difficult course and there were a number of them [students] repeating the course and they were struggling, so I think the effort was that they were going to make it through this course no matter what, and they were going to strong arm or try to intimidate me as the course faculty in order to do whatever they felt needed to be done to pass the course. So what they did was contact other students and complain about me, trying to get a large group to all complain about me. They would bypass me with their concerns and either go right to the department chair or the vice president and even the president of the college. And they would complain about really very insignificant concerns with the course such as they didn't like an ATI [Assessment Technologies Institute] assignment. Or they felt my exams were too hard, or they felt the questions were not worded correctly, or they felt the workload was too much, or they didn't like when clinical assignments were due.

Laura also detailed disruptive behaviors that this group of students exhibited during class time that were very rude and disrespectful as well.

The students' behaviors affected my classroom teaching ability because two or three of the students were frequently disruptive in class. They would either ask frequent questions of things I just covered or wanted to talk about things that weren't relevant, even though I had set the ground rules. The ground rules were to

save your questions and write questions down and after I was done with a segment I would answer the questions. One girl yelled out, “well that just doesn’t work for me.” This group of two or three students would interrupt me with questions without raising their hands and would start sharing information without raising their hands, even though I had spoken to them and asked them to wait but they did it in a way that they acted like they were genuinely interested so in their mind their behavior legitimized the interruption. This really affected my ability to teach in the classroom because I was always being interrupted.

Ida experienced uncivil students in her very first classroom teaching experience.

Ida described behaviors that she was subjected to in class as very rude and disrespectful.

These behaviors she was subjected disrupted the classroom environment. Ida explained:

I don’t know how to describe this class—they were not what I was expecting. As far as civility and etiquette for classroom behavior, in my mind, they were disrespectful in class. They would talk while I was teaching and it got out of hand. They refused to participate in class and in group activities. They were very disrespectful. They would argue things with me. They were very confrontational. Once we had a guest speaker and she witnessed students being very argumentative and I was embarrassed to have her see that.

Nina described an alarming and frightening experience with an uncivil student in the classroom setting after returning test grades to the class. Nina recalled:

A student who received a test grade back during class stood up, threw her books across the room and yelled out and used profanity, and we [Nina and a co-teacher] tried to calm her down. She was yelling loudly and was swinging her arms around. She was very, very upset. We try to keep the classroom as a professional environment and, of course, she totally didn’t do well in that aspect.

Nina also discussed less alarming uncivil behaviors that she has been subjected to in the classroom setting that caused her irritation and annoyance. Nina described these types of uncivil behaviors.

I have experienced other incivility in the classroom while teaching. I guess I would call them more minor acts of incivility, where they [students] continue to talk while I am lecturing, and I ask them to stop and they continue. And I consider this incivility. That really aggravates me. I have had several students where this is a defiance issue. I keep asking them to stop talking, and they just keep talking. I also have had a problem with one student with plagiarism, and she has been written up and counseled, and this continued to be an issue for me. Other minor

issues I have had are cell phone usage and texting during class. They are not supposed to bring them in to class. These minor issues are aggravating and disrespectful.

Ingrid detailed her experience with an uncivil student displaying anger, rude, and disrespectful behavior. This has led Ingrid to have feelings of frustration, distress, and worry. Ingrid spoke forcefully as she described this experience.

This is an experience that just recently occurred and it was with a student repeating that we had last year and failed in her first semester. We didn't have any problems with her last year. This year she came back with marked behavioral changes. She is very uncivil in class. Her peers have complained about her. We had an incident just recently. I had three complaints about her [the student] in the skills lab. Three people that work full-time in the skills lab have complained about her level of incivility while practicing in the lab. This student is bossy to her peers and faculty. She says she hates how everything is done. When we try to tell her something is not being done correctly, she gets very upset. I did a counseling form with her and told her that her behaviors had to stop. She would not listen to what I was trying to tell her. She went off on me. My concern is that this is a marked behavioral change. Her anger is coming out in all of her dealings with her peers, faculty, and anybody in charge of trying to educate her. Other students have informed me that they are very upset with her behavior and how it is not fair that lecture time is being taken up by dealing with her anger and unwillingness to listen.

Ingrid further described the uncivil behaviors exhibited by this student that she and others have been subjected to.

She is challenging everything. She just wants to dominate everything. She needs to be right about everything. She doesn't accept constructive criticism. She just goes off on you. She yells. Her sister is also in the class and she bullies her sister. She doesn't care who she bullies or yells at, whether it is faculty or other students. If you try to point out something she is doing incorrectly, you can't get through to her. She has this wall up and she just fires back.

Nursing faculty described being exposed to a variety of uncivil student behaviors, ranging from mildly disrespectful behaviors to threatening behaviors that were serious infractions. These behaviors were undeserving and clearly violated not only the student code of conduct, but also ethical standards for nurses, which students are obligated to

abide by. Nursing faculty subjected to these behaviors voiced concerns ranging from aggravation to fear.

### **Themes Related to Consequences of Being Subjected to Inappropriate Student Behavior**

#### **Theme One: Time Consuming**

The majority of participants (92%) noted that the time to manage or contend with uncivil student behavior was great. This increased time expenditure often took time away from the faculty member's time to prepare for teaching or other job responsibilities, leading to frustration and discontent. Faculty noted extra time expenditure included activities, such as coordinating extra meeting times to discuss the situation with administration, writing counseling forms, letters of explanation, and police reports, as well as arranging for extra meeting times to counsel students. In addition, faculty noted the need to take the time to develop new policies, procedures, or methods of teaching as a result of uncivil student behavior in an attempt to prevent similar uncivil behaviors from occurring in the future. Participants tell their stories below.

Vivian noted that the time to deal with disruptive behavior in the classroom often takes away from class time. She also voiced concerns that the manner in which she must deal with disruptive behavior has changed over the past 30 years and is more time intensive. Vivian stated:

If you say I hear a lot of chatter in the back of the room, they [the students] think that you are uncivil by calling them out. Now, this has changed over the past 30 years. In the past what I did to deal with disruptive classroom behavior such as talking, was to simply say could we stop the chatter in the back of the room please, because it is really hard on others to hear me and some people would like to listen and if you don't want to you can leave. But now I have to stop the class and talk one-on-one to the students about their behavior. Often I will stop a lecture and give a five-minute break if there is a lot of talking going on in the class. Then I will go to the back of the room and confront the students. I will tell

them their behavior is disruptive and if they choose to stay in class that I would appreciate it if they don't talk to each other.

Laura also affirmed that dealing with disruptive behavior was time consuming.

Laura noted, "the amount of time it took for me to handle this [disruptive behavior] was great. It took away from my ability to create the course and the ability to even teach in the classroom."

Irene voiced concerns about the time she had to expend to deal with an overly disrespectful and unruly class. Irene stated:

I spent more time on that class than any class I ever had. Because there were so many of them having issues with disrespectful behavior, I had to take the time to meet with all of them individually and talk with each of them about their behavior. I had to make appointments and meet with each of them in my office.

Irene further described her frustration with the great deal of extra time that it took her to deal with an angry and disrespectful student. Irene explained:

It irritated me a lot because it involved a lot of extra time on my part. I invited the student to my office to discuss the situation in the first place—that took time. I had to coordinate the meeting with a clinical instructor—that took time. Then after making those arrangements, the student wouldn't stay and listen. So then I had to take time to meet a second time with the student. Then I had to take time to make a course of action for her to complete to meet clinical objectives. I saw it as an extreme hassle for me. It takes away from a lot of other things I need to be doing to effectively teach and prepare for the class.

Frustration regarding time expenditure was also discussed by Ida, who talked about the extra time she had to spend defending her reputation after being unfairly slandered by a student. Ida stated:

I received a phone call from the director and was asked to come to her office. I had to make an appointment and take extra time to go to her office. She notified me that she and the vice president of the college had received e-mails from students complaining about me and incriminating me. So, basically I had to defend myself. I asked my superior if I could go tell my side of the story to the vice president. She agreed and I set up a special time to meet with the vice president and tried to explain to her what happened from my point of view.



Defending myself required a lot of extra time on my part that semester— time that I had to take away from preparing for class.

The time consuming nature and of handling various types of uncivil behaviors were also noted by Yvonne, Theresa, Isabelle, Nina, and Ingrid. Yvonne expressed the time consuming nature of having to set up individual meetings with a disruptive student in the classroom. Yvonne noted, “I had to take the time to call the student and set up an appointment for the next week to discuss her extreme disrespectful classroom behavior.” Theresa also remarked that she had to take a lot of extra time to deal with a particular student who was bullying other students in the clinical setting. Theresa stated, “I had to intervene with the bullying situation and do damage control.” Isabelle found dealing with a threatening situation from a student very time consuming. She discussed having to write a long letter to the dean describing the situation, as well as having to make out a police report. Likewise, Nina and Ingrid commented that they had to take the time to write up counseling forms and meet with disrespectful students outside of class to discuss rude and disruptive behavior in the classroom, skills lab, or clinical setting.

Yvonne also discussed the time consuming nature of having to change policies based on uncivil student behavior in the classroom. Yvonne detailed how she had to take the time to develop a classroom policy addressing student incivility after she had a very disrespectful encounter with students regarding a test review during class time. Yvonne stated:

That resulted [the uncivil student behavior the previous semester] in the next semester developing and putting a policy in the syllabus that addresses that kind of behavior—unprofessional and inappropriate behavior. The policy states this type of behavior would not be tolerated and would be grounds for dismissal. I put it in the syllabus and at the beginning of the semester I review the policy and I tell them that we are all adults and I expect them to act like adults. I tell them they

will be banished from the program. So anyway, I feel pretty good about this policy because it is in the syllabus now and whatever is in the syllabus is like a contract.

Celeste described frustrations with having to change her class time test review policy due to an experience with severe uncivil student behavior during test reviews. This policy change requires much more time expenditure on the part of Celeste. Celeste described her new test review policy as a result of uncivil student behavior.

I certainly changed the way I talk about exams now. I don't do exam reviews unless it is one-on-one, and we sit down in my office. I have the student e-mail me to make an appointment. The student comes to my office, and we do the exam review in my office. Of course, this is more time consuming for me, but helps prevent this rude behavior.

Isabelle also described the time consuming nature of changing the way she conducted test reviews after experiences with student incivility during test reviews. She stated, "I never had a full class review again. I did it in small groups or I made appointments with small groups."

Rita described how arranging extra meetings after an incident with an uncivil student in the clinical setting was time consuming and frustrating for her. Rita noted:

So we immediately called the student in to meet with us the next day. In talking with him it was apparent that his thoughts were a little less than coherent. I also arranged for the hospital chaplain to meet with us. He is an extremely wonderful communicator. I asked him to meet with me and this student, because I really didn't trust being alone with him. And so we met. During that meeting, we decided that we [the student and I] needed to meet each day after clinical and discuss any problems that we had. The extra meetings after each clinical were very time consuming for me.

Participants discussed in detail the great deal of added time expenditure that was needed to manage and deal with uncivil students. The time necessary to handle the incivility often took precious time away from their teaching and other responsibilities

related to their job. This led to an overall feeling of frustration and distress for participants.

### **Theme Two: Tarnished Reputation**

Damage to the faculty member's reputation was a major concern and consequence of incidences of student incivility towards nursing faculty. Both personal and professional attacks were made to most faculty members' reputations (75%). Social media, circulation of letters, student comments on faculty evaluations, and word of mouth were all avenues for attempting to damage the faculty members' reputations. Faculty described this as upsetting and hurtful.

Theresa was distressed that an uncivil student was attempting to harm her professional reputation by making negative comments about her on Facebook. Theresa stated:

Other students were telling me that there was a Facebook posting, like an ongoing site where she [the uncivil student] was saying things that were uncomplimentary about her experiences with me, and it was not only directed towards me but her behavior was directed at other students. She was trying to harm my reputation with other students. The postings were among student groups, so definitely she was trying to harm my professionalism.

Isabelle also described her dismay over a posting on a website where students can post thoughts about a professor. Isabelle sadly recalled this situation.

Shortly after the class graduated . . . I saw that on the website [Rate Your Professor] that one person rated me very low and said I was an idiot. I am sure it was this woman in class that got angry and was yelling at me. I am just assuming it was her but I am not sure. This is a time I felt my reputation was harmed.

Yvonne expressed feelings of being upset over receiving poor student evaluations that she believed could harm her teaching reputation. Yvonne detailed her thoughts.

It did affect my student evaluations, but I am resigned to the fact that I get all the brunt of whatever went wrong either in the college or the school of nursing. They

are seniors and they feel comfortable saying whatever they want, and if they don't see the relevance of the course to their needs, it then makes them make comments that trash the course and also trash me. At first it was devastating. I felt I gave 110%. It is difficult every semester to read them [the evaluations]. When I know they are going to be poor, some semesters I don't even read the written comments. They are just slamming everything. So I stopped reading them for quite some time.

Celeste also illustrated her experiences with feeling her reputation was being tarnished by uncivil students. She described a situation that occurred after an argumentative encounter with several uncivil students in the classroom who were disgruntled over test questions.

Students evaluated me anonymously, and there were four really nasty comments that were exaggerating my tone, exaggerating what I said, saying I was uncooperative, saying I was unfair and mean. They were mischaracterizing how objective I thought I was being. I am able to read these anonymous evaluations, so I was able to confirm that what they said about the encounter was not exactly factual. But there was no way for me to defend it. We have to turn in these evaluations to our dean for our peer evaluation so that really bothers me when students say not true things about me because it is going to the dean.

Celeste further described how these students gossiped about her to others. One of these students in particular spread rumors about her to his clinical instructor, attempting to ruin her reputation. She gloomily voiced her disappointment regarding this situation.

And he [a student] mentioned it to his clinical instructor. He found it significant enough that he was still talking about it and telling other students and his clinical instructor that I was a really terrible person. The clinical instructor told me about it, so it kept living on and on and on.

Ingrid voiced concerns that an angry student was saying bad things about her behind her back. Ingrid stated, "I am sure she is saying bad things about me behind my back. I am sure she is badmouthing me. I have no doubt."

Irene expressed being upset as she believed her reputation was attacked because students would ignore the proper chain of command and go straight to the department

chair and complain about her. Irene was not given the chance to tell her side of the story. Irene stated, "I am very disappointed. She [the department chair] listens to whatever the students say about me."

Vivian discussed how students would complain about her to the dean if she called them out in class for talking amongst themselves. Vivian described being upset because her professional reputation was being threatened. Vivian expressed:

If I would call the students out in class, they would go and complain, saying that I was rude and that I humiliated them in front of the class. They would complain to the dean. They would go to the dean and say I was uncivil or they would write in on my evaluation. It was frustrating.

Laura was extremely upset by the behavior of a group of uncivil students in her class that were spreading rumors around to the class to try to discredit her. Laura illustrated the severity of this situation.

It was that they were sending e-mails around to classmates to report me to the board of nursing. I don't know what they thought I was violating, but they were telling the class they should file a complaint against me to the board of nursing. They were badmouthing me, especially one gal in particular. She began telling other students that they had gotten me fired, that I was losing my job, that I had been demoted from teaching in the classroom, and I would be losing my job at the end of my contract, and I had been disciplined. All these things were not true. It was an attempt to discredit, diminish my role, and ruin my reputation. Basically to undermine me as a faculty.

Nancy recalled a disturbing experience of a student trying to harm her reputation. Nancy discussed how a disgruntled student she had in clinical sent a letter to all the other students in the clinical making insulting allegations about her. Nancy noted that this incident, which occurred several years ago, still sticks out in her mind today. Nancy explained:

To make it worse she sent a letter to everyone in the clinical group about me. Another student sent the letter to me, and I saved it on my computer. It was a whole page typed letter saying that I am a bully and I am mean and I was not

giving her a chance and I was telling lies about her to everyone. It was a long rambling thing about me. She tried to slander me to everyone else and that was the icing on the cake.

Ida also dejectedly talked about how disgruntled students made untrue allegations about her to the dean and vice president. Ida talked about how she was told of these allegations via a phone call from the dean and believed that they [dean and vice president] believed what the students were saying. Ida stated that this was a very hurtful experience.

Last semester my supervisor gives me a call and says I got another call with complaints from students, and I am beginning think that maybe you shouldn't be teaching. That really hurt me personally and professionally. To think that she thought that. I had to defend myself.

Most participants were very concerned that as a result of student incivility, their personal or professional reputation was being tarnished in some manner. Participants reported being upset and hurt due to attacks being made to their reputation. Many felt the need to defend themselves against these unwarranted and untrue attacks.

### **Theme Three: Support is Beneficial**

The importance of administrative, peer, family, or security support was noted by all participants (100%). Those who felt supported found this to be very beneficial when dealing with the student incivility. Others who found a lack of support to deal with their experiences of incivility found this troubling and voiced the need for support. Following are descriptions of participants' thoughts regarding their experiences with and the value of support.

Theresa found the support of her administrator very beneficial after several uncivil and threatening encounters with a nursing student, who at the end of the semester disputed a failing grade and demanded to review a test from the beginning of the semester. Theresa explained:

Actually, since then [this uncivil student's demand] we changed our policy that students couldn't go back to the first test and look through the questions they missed at the end of the term. Instead we said they have a week after each test to review the test and then the test was closed. She [the administrator] was the driving force behind this change in policy of test reviews. I was very glad for this support!

Theresa also found support from security very comforting, leading to a feeling of being safe during a meeting with the same uncivil student. Theresa recalls: "I felt the college security folks were very supportive, because they were more than willing to come here and sit while I was meeting with her."

Yvonne discussed an incident where she felt physically threatened during and after an incident with an uncivil student who was contesting a course grade. Yvonne recalled being supported by the dean and the college while dealing with this student.

Yvonne noted:

I immediately talked to the interim dean at the time [of the uncivil incident], and she said don't see him again alone. He did, in fact, go over and see the dean and he was just as irate with her and inappropriate, and she said to him that if you talked to your professor like you are to me you are out of line. In the end, they [administration] were supportive of me and upheld his grade. I felt like I had the support of people at the college.

Isabelle also found support from security and administration comforting after receiving a threatening letter in the mail from a student. Isabelle recalled:

The police took it very seriously and actually did check the return address and found out who it came from. The dean also responded to a letter I wrote her requesting the doors to our office suite remain locked. The dean said they would be kept locked. The dean reassured me that the suites would be kept locked. This made me feel a bit safer.

Ingrid found support from supervisors and co-faculty after experiencing incivility from a student. She found this support helpful and was appreciative of it. Ingrid stated, "I called my supervisor and told her of the situation and I did feel supported by her. I talked

to other faculty and felt support from them as well. My co-teacher was also very supportive and helpful.” Ingrid also described an experience with a student where she felt physically threatened and was disturbed that she did not find the support from administration but was thankful that she did have support of security. Ingrid recalled:

I felt support from security and supported by the nursing division, which was great. However, I felt a little less supported from some of the upper administration people, which was upsetting. They didn’t want to get involved. That was very disturbing for me as I felt very threatened and would have appreciated administration taking it a bit more seriously.

Irene discussed her disappointment with the lack of full support she received from nursing administration after several uncivil encounters with a student.

I mean in an ideal world my department head and the chair of the academic affairs would not have talked to the students. They would have said if you didn’t finish your conversation you need to go back to your professor. But they didn’t do that. They did talk to her [the student], but at least they did tell her that she had to do what the professor told her to do. I thought that was really disrespectful. I am disappointed. I operate on following the chain of command and I am trying to get my colleagues to do that as well. I was really appalled by our department chair. She did that in another one of my classes, and I went to her and said I need you to do this for me. I said if a student comes in to your office and complains about me and they haven’t talked to me first, I need you to send them back to me. She said I can’t do that. She said I have to listen to whatever a student says.

Irene further expanded on her discontent with the lack of and the need for support from administration.

I feel more supported by the program director than the department chair. She listens to the students but she does come to me and lets me know. She doesn’t try to intervene but lets me know the issues. She doesn’t send them to me first, but she doesn’t automatically assume the students are correct. The department chair refused to send the students to me but says it is her duty to listen to the students.

In addition to administration not being supportive with student issues, Irene also noted that colleagues were not always supportive of her. She noted that she found this hurtful.



Irene stated: “I also have colleagues that will not send students to me. Faculty listen in detail to bad things student say about me and don’t send the student to me.”

Laura was very distressed over the lack of support she received from administration after suffering through a semester with several extremely uncivil students. Laura detailed her disillusionment with the lack of support she received.

I felt a lack of support from upper administration. I spoke to the vice president of academic affairs several times and she implied she was not going to call in the students and tell them how inappropriate their behavior was. She took a middle of the road approach and waited until the semester ended and hoped it would go away. That was my perception. The vice president of student affairs was supposed to call in two of the three disruptive students and talk about student incivility but told me it was not his job to talk about student-to-faculty incivility. He said that was the job of the vice president of academic affairs. And then I never got any feedback of what happened and then the semester ended. I don’t really know if there was any resolution to that. I did not feel supported to the level I would have been satisfied with. You know, had the vice president said that she had contacted the student and informed her that some of her behaviors were inappropriate, I would have been more satisfied.

Laura discussed how the lack of support made her feel.

I kind of feel like almost defeated. I felt almost victimized that it was allowed to go on without repercussion, and I felt that faculty are almost a sitting target. You know that students can do this [act uncivil], and faculty can file formal complaints and nothing is going to happen. So I feel here at this college that students are allowed to do it [act uncivil]. I really felt helpless and that is not a good feeling for me to have.

Laura expressed gratitude over support she received from colleagues, other students, and her spouse. Laura noted:

I do have good faculty-to-faculty support. I have good co-faculty that I can go to and receive support. These faculty members listened and gave advice and I really felt like I was supported by my co-faculty. Other students also showed me support. Other students wrote e-mails to administration letting them know what was going on from a student perspective. They made it known that the three students were on a witch hunt, and they made it known that these other students were going to take me out as faculty for whatever reason. I had students coming to tell me they felt sorry for me. My husband was the only one I really talked to about it as far as family went and he was supportive. If I would have told anyone

else in my family, then they would have worried that I was dealing with volatile students and would be afraid that I could be assaulted.

Ida found the lack of support she received from administration regarding a class of students who complained about her to them very troubling. Ida disclosed:

There was never really any support put in place for me. I had to go back into the classroom, and I didn't know who it was that complained. I didn't feel the support of administration anywhere. I felt pressured to pass the students no matter what.

Ida further noted how the lack of support from colleagues was upsetting and hurtful for her. Ida stated: "Also, students went to their prior instructors and were talking about me and those other instructors never defended me. They fed into that behavior. And that really hurt me."

Nancy found the support of the course leader and administration very helpful during an experience she had with an unsafe and uncivil student in the clinical setting. Nancy stated:

Every week I was in contact with the course leader and administration. I would contact them by phone or e-mail and everyone was very supportive. They determined she [the student] was unsafe and could not continue in the program. During a face-to-face meeting with this student, the course leader and administration were with me. We had the support of security on the floor too because we weren't sure what her reaction was going to be. This support was very valuable to me.

Rita confirmed that she was upset over the initial lack of support she obtained after receiving an uncivil and threatening diary entry from a student. Rita explained:

Actually I went to my dean and said, look at this [the diary entry] and unfortunately she said, "Oh they are just upset, don't worry about it." I definitely thought there was no support and I was very upset. I looked upset and I was very pale at one point. I think the dean was someone who just didn't want to rock the boat. Because then she would have to report it to somebody and students always were upset anyway.

Rita further explained that later that day she did finally receive the support she needed regarding this uncivil situation. Rita expounded:

As the day went on I went to a faculty meeting and I was still really upset. I told the faculty what was written in the student's diary about me, and I told them I was really upset and very worried about the safety of my family. I read the statement in the diary at the faculty meeting and they [the faculty] said, "did you report this to the dean?" I said yes but she said I shouldn't worry about it. They said, "oh no, you have to report it." So we brought it up again, and finally the dean went to get the student counselor person, a counselor in psychology that is a student resource person and the dean talked to him about this situation more or less to get a reassurance that it wasn't a problem. The counselor said that "we need to meet with that boy." The next day, they did call the student in to meet with him.

Nina was very disappointed over the lack of support she received after having a student throw books, yell, and use profanity in a classroom setting. She not only felt disappointed that she was not supported in her request to mandate counseling for this student, but she was also upset that the uncivil student did not receive the help that she needed. Nina remarked:

I asked that we write her up and I asked that we do some intervention in terms of requesting that she get counseling, but the dean said no, we couldn't do that. The dean said maybe we would advise her to see a chaplain or a person of her choice. I felt unsupported by the dean with this decision. I felt like we did her [the student] a great disservice by not mandating a counseling session for her to be seen by a professional. She was only advised, not mandated.

Nina voiced disappointment that administration was only concerned with having a liability issue and not concerned about this student's welfare or the safety of faculty and other students. Nina further explained:

They [administration] were concerned about liability in terms of mandating someone to have to see a professional counselor. They had just had previous issues that they were in litigation about, and I don't think they wanted to get into another one.

Clearly, all participants valued being supported by their superiors, peers, and other pertinent people. The support led to a feeling of being defended, validated, and important. In contrast, participants who were not supported felt disappointed, hurt, and unimportant, which was detrimental.

#### **Theme Four: Harmful to Health and Well-Being**

All participants (100%) described being harmed psychologically, emotionally and/or physically. Participants voiced being scared, worried, intimidated, threatened, paranoid, stressed, distressed, upset, defeated, and sad. Feelings of anxiety and dread were also described by participants. In addition, several participants reported feeling upset due to the classroom disruption resulting from incivility and the negative impact the uncivil behavior had on their relationship with a student or group of students. Many participants described having negative physical effects from the student incivility as well, such as migraines, bowel disorders, inability to sleep, and crying.

Rita reported being scared and feeling like her family was in danger after receiving a threatening note directed towards her and her family in a student diary. This event occurred about 14 years ago, and Rita still today remembered her feelings and the occasion vividly. Rita detailed her concerns.

I was concerned about my family. I had small children and a husband. My phone number is in the book. And we live in a small community. It wouldn't take much to look through the telephone book and find my name. My concern was that he [the student] was saying who would he have to kill to get me off his back. My first thought was that he would harm my family—come after my family. I wasn't as concerned about me as I was my family.

Rita continued to describe how being scared affected her.

For a long time we [my family] didn't really answer our phone. We would let the machine take it. And at the college, I had caller ID [identification] and I would watch to see who was calling before picking up the phone. I would listen to my messages to see who called. I was very cautious about not having contact with him [the student].

Rita further explained the emotional and psychological trauma the threatening note caused her. Rita described how she started questioning herself and questioning how she would handle dealing with students in the future. Rita expounded:

Actually at one point I felt like it was my fault—that I do not have proper communication skills. That I need to be kinder to these people, but I have been a clinical instructor for a long time. I am in clinical four days a week and I handle students all the time and have to put people on progress alerts and it usually doesn't bother me. But this really made me think, maybe I need to not confront people like this. For a while I didn't want to tell students they did anything wrong. I went in the other direction. I said to myself I will just let it ride and let someone else take care of it. I am not going to rock the boat anymore. But then as time goes by I realized I need to do what I need to do. I can't let people get through the program that could harm someone. It definitely made me more cautious about saying anything negative to students though.

Theresa also described feeling scared and felt like her physical safety was at risk due to a student who displayed inappropriate and disrespectful behaviors, both in the classroom and in the clinical setting. She also noted feeling a great deal of stress as a result of this student's behavior. Theresa explained:

So I felt so threatened by her behaviors that I had to call security to be in the building because of the fact that she was doing all of these things. I felt like I was being stalked by her. I think it was a very stressful experience, but I went to zumba class more often. I definitely thought about it [the experience with the student] at home. I didn't leave it here at work.

Similarly, Yvonne experienced feeling scared and believed that her physical safety was in jeopardy during an uncivil encounter with an irate student. Yvonne stated: "That was the first time I really felt a little concerned about my safety. So it really sticks out in my mind as something to remember."

Ingrid also described feeling physically threatened by an uncivil student. She stated:

I felt physically threatened and was scared. I had to have security walk me out to my car. He [the student] was very hostile and just the way he would interact

during lecture scared me. He was intimidating. He would stare at me with a scary look.

In addition, Ingrid also described a feeling of dread regarding having to meet with an uncivil and argumentative student to review a test that the student did poorly on. Ingrid recalled her feelings.

She failed her last exam, so she will have to come in to my office and remediate and review the test. I dread that. I dread that because she is going to fight everything. She missed four math questions and she will argue every one of those. So, I have a sense of dread with having to meet her. I normally enjoy doing the remediation with students because they really benefit from the remediation. With her, I dread it.

Ingrid further described feelings of being extremely worried due to this particular student's uncivil behaviors. Ingrid voiced her concerns of worry that these uncivil behaviors would be exhibited in the clinical setting as well.

If someone is this uncivil with those trying to educate her, I have to wonder what is she like to staff nurses and what perception do the staff nurses have of our program. I am worried about her patients. I am worried this [uncivil behavior] will spill over into her dealings with nurses, patients, and families.

Isabelle detailed her feelings of paranoia and fear after a threatening experience she had with a student who sent an anonymous letter to her through the United States mail service shortly after the end of a fall semester. This experience happened over five years ago, and Isabelle has kept the letter sent since then. Isabelle brought the letter with her and showed it to me during our interview. Isabelle stated:

It affected me because I got very paranoid. I had family and friends over for the holidays and I was pulling shades down at night because I didn't want anyone looking in. I was constantly looking over my environment to make sure there was nothing suspicious going on. I was afraid for my safety. It took a while for me to relax a bit.

Isabelle further described how this experience still affects her today. Isabelle explained:

It still affects me today. I am always worried about something like this happening out of the blue. You hear about people retaliating years later. So I always pay attention to my surroundings around me when I am outside or even in the house just to see if I see anything suspicious.

Celeste illustrated feelings of being scared, worried, and threatened by a group of argumentative students who were ganging up on her after a class. The group of students was arguing about a test question and participating in mobbing-like behaviors. Celeste remembered the uneasy feeling of intimidation she had during this experience.

Well, it was very uncomfortable. I felt a little physically challenged about it because this one particular male student was a pretty big student. Even though I didn't think he would probably hurt me, it just instinctively got me a little worried. It was very threatening.

Irene described feelings of sadness after receiving some negative student evaluations. She remarked: "I don't totally take the bad evaluations personally, but it still makes you feel bad. On the evaluation they slaughtered me. I get over it, but I can't believe that they really hate me that much." Irene also detailed feeling emotionally upset after a confrontation with an uncivil student in her office. Irene recalled:

I think that it did affect me emotionally and psychologically, absolutely. I was stunned that somebody in this day and age could be that combative and confrontational with an authority figure, especially in nursing school. It was just blatant. I said you have got to be kidding me. That one incident made the whole semester bad for me. It definitely caused me a lot of anxiety. Psychologically, I am still bothered by it today even though it was a couple years ago.

Laura, who was subjected to an extremely uncivil group of students for a whole semester illustrated the magnitude of the many emotional and psychological consequences she experienced. Laura explained:

It caused anxiety, tearfulness. I spent days where I was just crying because I did not want to come back to work. This is not why I am teaching, this is not why I am here. I almost felt helpless. I felt defeated. Just the anxiety of having to deal with these people in this class and not having anyone else to teach with is kind of like you are flapping out there in the breeze by yourself to manage all this, so I

was pretty spent by the end of the semester. I was done. I also felt scared, physically threatened. I felt the potential was there. I felt there was a very real potential that one could be physically violent towards me.

Laura also described being very upset because the student incivility resulted in her having a feeling of uneasiness and intimidation when teaching an uncivil student in the clinical setting who sent a slanderous letter about her to administration. Laura noted:

The one gal that tried to ruin my reputation was in my clinical group and to have her there with all this going on and trying to maintain was very upsetting and difficult. I almost felt like I had to walk a fine line. If I disciplined her, would it be perceived that I was retaliating against her because she sent a letter [to administration]? It created a very difficult relationship for me to teach her and be able to teach her fairly with this going on.

In addition to suffering emotional and psychological distress from student incivility, Laura also noted experiencing physical effects from the stress related to this student incivility. Laura explained:

I was not sleeping well. I was losing sleep. I was crying. I started getting migraines and I have not had migraines in years and I started getting migraines again. I had GI [gastrointestinal] upset almost like irritable bowel syndrome symptoms. So yes, I had many physical consequences from dealing with this experience.

Ida discussed psychological consequences she experienced as a result of students making false allegations about her to the vice president and dean. Ida expressed the feeling of worry and feeling guilty. She stated, "I was very worried that my job was on the line, so mentally it did affect me. I went home every night and I felt bad. I felt it was my fault, and I felt I had let them [the class] down." Ida also explained how this made her feel uneasy and suspicious when teaching in the classroom for the remainder of the semester, leading to a disruption in the teaching and learning environment, as well as with her relationship with students. Ida noted:

I was always on edge [in the classroom] after that. I couldn't relax with the class not knowing who it was that reported me. Every time I went in to the class I was



paranoid or suspicious. I was afraid to call on students or look at the students the wrong way because I was afraid they would go and turn me in again. I think they did get the content though.

Ida also expressed suffering physical consequences as a result of her uncivil experience with students. Ida recalled, “I was unable to sleep and I would toss in bed and think about it.”

Vivian reported feeling distressed when the class she was teaching became disrespectful. Vivian expanded on the distress and upset this caused her.

I don't get too upset over things, but when I have to stop the class, it is to the point where I am distressed and I feel the environment is not conducive to learning. When the behavior [talking to others] is disruptive to the class, not just to me, but to other people, that is what really bothers and upsets me. I hate that. It [disruptive student behavior] bothers the environment. I see non-verbals from other students. I see them cupping their ear to be able to hear me. This disruptive behavior does not allow someone to have a good classroom environment. It is a disruption for the whole class. The environment just becomes not as respectful. This causes the environment to be not conducive to learning and that really upsets me.

She also discussed feelings of fear over the potential for physical violence from students.

Vivian said, “physical violence is something that I always fear because of the media and all the gun shootings and all that.”

Nancy recalled feeling scared during a meeting with a student who became very angry and uncivil. Nancy noted: “It was really scary. I thought she was going to hit me during this confrontation. It was a horrible confrontation. This meeting was extremely difficult.” Additionally, Nancy suffered physical consequences as a result of uncivil student behavior. She noted, “I did get sick that semester. I think it was so physically stressful.”

Nina recalled having feelings of sadness and concern for an uncivil student and concern for other students in the class after the uncivil student had an outburst in her class, threw books, yelled, and used profanity. Nina described her feelings.

I felt very badly for her [the uncivil student] because I didn't know where she was coming from, and this was upsetting and alarming for me. I know she had a lot at stake. Of course I was concerned about her, but I was also concerned about the other students in the room. What upset me the most was that I couldn't calm her down. So it was very alarming. I felt badly for her.

Participants described a gamut of physical, psychological, or emotional consequences resulting from experiences with student incivility. Often, psychological and emotional consequences lasted for an extended period of time. In addition, participants described consequences of incivility against them as leading to an actual physical illness.

### **Theme Five: Questioning the Future**

All participants (100%) questioned their desire to continue teaching after experiencing uncivil student experiences. However, although they did question the possibility of quitting, most (92%) voiced a desire to continue to teach due to their love of teaching. However, the incivility was so troubling for one faculty member (0.08%), the possibility for leaving the nursing education arena was seriously contemplated.

Ida noted that the uncivil student behavior absolutely made her think about quitting teaching. Ida explained:

I love to teach. I was told by many that I should teach. But I did really think, "is this what I want to do or should I quit?" But I have worked too hard to quit. I have had those thoughts about quitting, but I keep coming back and something refreshes me. So yes, I keep plugging away.

Nancy also questioned her desire to continue teaching after an uncivil student encounter. She stated:

I almost didn't teach clinical anymore after that [uncivil encounter] because it was so stressful for me. I had a bad taste in my mouth for a while and I didn't want anything to do with clinical for a while. But after you have some time off, you come back and have a different perspective. You have to think of it as having really nice and good students most of the time. In cases like this, though, it does make you think, is this what I want to do?

Theresa also talked about the possibility of leaving the teaching profession after dealing with incivility in the classroom. She explained: "I shared with my colleagues that if I ever had another quarter like this I would not be doing this anymore." Theresa further expanded, "What I have seen in my years, is that once in a while you have something like this happen [student incivility], but overall it balances out."

Student incivility has also caused Yvonne to consider quitting teaching. She discussed her thoughts.

Yes, I have considered quitting teaching. Some semesters are worse than others. Some semesters are just horrid. It is very wearing. Especially winter semester. It seems like there are a lot more problems in the winter. But yes, I have thought about it [quitting]. I could make more money if I went into service. But at the end of the day, I like who I work with and I get excited at the beginning of the year.

Isabelle also questioned her desire to continue teaching nursing students after experiencing a threatening and intimidating experience with student incivility. Isabelle expounded:

The threatening incident made me feel like I might want to get out of teaching. In the back of my mind sometimes I thought about it, but it didn't influence me to make any decisions. But in the back of my mind I was thinking that the world is crazy now with guns etcetera and it made me think I would be glad to retire, but it didn't influence my decision to retire. I love teaching. Nursing and teaching are my passion. I love what I do but I have been doing it a long time now and I am getting worn out. I think in a couple years I will be ready to do some fun things.

Irene, Vivian, Rita, Ingrid, and Nina all voiced continued love of teaching, even after experiences with student incivility. Irene emphatically stated that the classroom incivility that she experienced did not affect her future teaching plans. Irene stated: "The

incivility never made me not want to come back the next day to teach.” Vivian also indicated that although she has experienced student incivility and it is frustrating at times, it has not resulted in her wanting to quit teaching. Rita also unequivocally denied considering leaving her position as a clinical instructor after being subjected to student incivility. Rita affirmed: “I love what I do! I love teaching.” Ingrid also indicated her desire to stay in teaching even though she has experienced incivility. She noted, “I have no doubt that I still want to stay in teaching.” Likewise, Nina, who also has experienced student incivility remarked, “I think sometimes you get a little tired of it [the incivility], but I never doubted I would stay in teaching.”

Celeste also found herself questioning her desire to continue with teaching after she suffered from a particularly uncivil group of clinical students. Celeste shared: “It was a very uncomfortable semester for me, and that semester I was thinking of quitting.” She further explained why she stays in teaching. She stated, “The students I have in clinical who are excited about learning and who I feel I can make a difference with keep me in teaching. The good outweigh the bad.”

Laura illustrated how the severe student incivility she experienced resulted in seriously questioning her desire to return to teaching. Laura found that teaching for her right now was not what she wanted to do, but would like to return to teaching one day. Laura described her thoughts.

I went through a period where I really thought do I want to do this anymore, is it even worth it, do I even enjoy my job? I was kind of on the fence if I wanted to go back and do my FNP [family nurse practitioner] but after last semester I am doing it [going back for her FNP]. There is no doubt about it—for the long term goals if this is something I have to look forward to as an ever growing problem [student incivility] and something that I am going to have to deal with and can’t put a stop to it or can’t—I don’t behave this way professionally and I certainly don’t expect to have to tolerate it, and if I am going to have to tolerate it I think I am going to

have to do something else for the long term. Maybe I will return to teaching in a different capacity in the future because I do like teaching. I do enjoy teaching but I have zero tolerance for people who behave this way. It is the perception that it is part of my job that I have to deal with people like this and put up with it and I don't think that I do.

Experiences with student incivility led to participants questioning their desire to continue teaching. For most, this incivility did not reduce their desire to quit teaching. Most participants strongly voiced a continued love for teaching.

### **Exhaustive Description of the Lived Experience of Nursing Faculty Who Have Experienced Nursing Student Incivility**

The experience of nursing student incivility for nursing faculty members is multifaceted. Resulting tribulations were described as disrespectful, rude, frustrating, intimidating, threatening, frightful, upsetting, time consuming, and harmful, both physically and emotionally. All nursing faculty described being subjected to rude, discourteous, and disruptive student behaviors in the classroom, in clinical, and in their faculty offices. Feelings that resulted from this uncivil behavior included shock, anger, worry, fright, and distress, often lasting for an extended period of time. Uncivil student treatment often damaged reputations and hindered the effectiveness of the learning environment as well as the teacher–student relationship. A support system was perceived by the nursing faculty as necessary and comforting, providing needed assistance and encouragement. Although faculty members questioned their desire to remain in teaching, the resounding consensus from the majority of participants was a continued passion for teaching.

### **The Essence of the Lived Experience of Nursing Faculty Who Have Experienced Nursing Student Incivility**

The lived experience of nursing faculty members who have experienced nursing student incivility is subjection to a variety of inappropriate student behaviors imposed a superfluous expenditure of time; damaged one's reputation; and inflicted emotional, psychological, or physical dismay, giving rise to seeking support, questioning the future, and dispelling doubts with a positive affirmation or alternate plan.

#### **Other Pertinent Information**

During discussions with participants, many voiced concerns and viewpoints regarding causes for uncivil student behavior, helping to answer research subquestions four and five, which queried: (a) What contributing factors to nursing student incivility do nursing faculty discern? and (b) What prevention strategies and interventions to manage incivility do nursing faculty recommend? Several common causes and prevention strategies were noted by participants.

Causes included students having a sense of entitlement, students having no respect for authority, competition for grades, stress and anxiety, and a cultural climate of incivility. Prevention strategies suggested where to have clear guidelines and policies related to incivility and guidelines to deal with episodes of incivility in a consistent manner. Included here are narratives from several of the participants who shared their thoughts.

Vivian discussed her thoughts on faculty disorganization as a contributing factor for student incivility as well as prevention strategies to prevent the minor types of student incivility that she had experienced in the classroom. She stated:

The students are not very forgiving of any faculty members that are not very organized. They expect a very complete syllabus that addresses everything. I think it is because they want to plan their life. So they are very hard on individuals that have any type of disorganization in the class. We have classroom rules to try to prevent disrespectful student behaviors, such as not texting during class and cell phones must be put away unless there is an emergency. Computers may be brought to class but can't be used for social networking in class.

Nina discussed her thoughts on factors that contribute to student incivility and did voice concerns over these. She noted:

The thing that distresses me the most is that they [the students] don't see it as being incivility. They think they have a sense of entitlement and they think they are entitled to act that way. They see it as being empowered and in charge of their learning, which is wonderful, but there is a way to do it, and we are trying to teach professionalism. I think this incivility is not a major issue, but a mild issue. I have seen it increasing over the past four years that I have been here at this college. Maybe due to the use of technology, they are more disconnected from people due to technology use. They are not taught respect that we were. You wonder, gee, if you are going to disrespect me as an instructor, are you going to disrespect your patients.

Celeste detailed her beliefs on contributing factors of student incivility. Celeste shared her thoughts.

I went to nursing school in the 1970s with my BSN [Bachelor of Science in Nursing] and it was a much different generation and I had a much different attitude. These students that we have, I don't know if it is true on all campuses, but they are very competitive for grades. Grades are so important to them. I just remember when I was in nursing school, I was not so concerned about grades. I was concerned about learning and doing a good job and pleasing my instructor and not hurting anybody. I certainly would not have ever disagreed with my teachers. I think the culture now is much different. The culture is different in that we have a lot of students who are from upper middle class backgrounds who have been handed everything. They have an entitlement attitude. They are not respectful of authority. We have students that tell us they are a 4.0 student and, therefore, they deserve a 4.0.

Laura expressed her thoughts on contributing factors leading to nursing student incivility. She discussed concern over the mob mentality and entitlement attitude of many students. Laura expounded:

I think it is the mentality of the students. I think it is a mindset or mentality that someone brings with them. In my last class, I had one student who was the mouthpiece for everyone in the class, and she would always present everything as the mob mentality. She would say things like, we all feel, or the majority. . . . She would use words like that so it seemed like it was all of them against you. I also think there is a lot of entitlement going on, and this is not just with the young students. This is also with the 30 plus age students and many are married with children.

Laura also discussed strategies she thought would help prevent and manage student incivility at the institution she works at. She stated:

I think we need a clearer defined definition or policy of what incivility entails, detailing behaviors of incivility and the consequences of it. I also think progressive discipline would be a good idea. I think the progressive discipline would give faculty the authority to dismiss a student if the policy was violated.

Theresa voiced her beliefs regarding precipitating factors that led to student incivility. She stated: “It’s the culture. It is not just in school, it is everywhere in our culture. The incivility is accepted in our culture.” Theresa also stated that at her college they just had an in-service on incivility for the nursing faculty. They had an expert speaker come in for a day-long in-service.

Rita also discussed how an increase in incivility on her campus led to this topic being discussed at a college-wide retreat. Rita noted: “Incivility incidences began discussion at a retreat the next year. The retreat was about how to handle incivility.”

Irene shared her thoughts of contributing factors to student incivility. She expressed concerns over reasons for disrespectful student behavior.

I think a lot of incivility is related to stress and anxiety. I think a lot of the stress is self-inflicted. I think it is related to wanting to get an A. The grade is more important than anything else that happens in class. If things don’t go their [students] way, I think students expect to get an A. They don’t even consider getting another grade. And if they get another grade it is a huge trauma in their life. I give people the grade they deserve, and many of my students don’t get an A and that is not a popular thing at all. I don’t know if it is generational, it might be part of the generational personality. They are focused very much on themselves and not the



greater good. I think for whatever reason they don't have respect for authority figures anywhere. I don't think it is just in teaching, it is anywhere. They don't respect anything that older people have to tell them. We, as faculty, need to follow policy and stick to the policy when dealing with disrespectful and uncivil students.

While not noted as an overall theme, several participants offered their thoughts on a variety of causes of student incivility. Entitlement, stress, anxiety, and competition for grades were common causes described by participants. Participants also provided several suggestions for strategies to prevent and manage student incivility.

### **Summary**

Chapter IV described the participant recruitment process and detailed characteristics of participants. Findings were presented that described the lived experience of nursing faculty members who had experienced nursing student incivility as they were discovered through the use of Colaizzi's (1978) phenomenological method. Interviews with 12 participants, who described their experiences with student incivility, were transcribed and thoroughly reviewed, allowing for significant statements about the lived experience of nursing faculty members who experienced nursing student incivility to be extracted and formulated meanings to be created. The formulated meanings were then divided into six main themes, which illustrate the participants' lived experience of nursing student incivility. An overall exhaustive description and essence of the lived experience was presented.

## CHAPTER V

### DISCUSSION

This study sought to discover new knowledge to better explain and understand the lived experience of nursing faculty members who have experienced nursing student incivility. An increase in nursing student incivility towards nursing faculty members on university and college campuses has been noted in the literature as a disturbing phenomenon (Clark, 2008b; Clark & Springer, 2007, 2010; Lashley & DeMeneses, 2001; Luparell, 2007; Robertson, 2012; Thomas, 2003). Minimal research has been conducted to specifically explore the lived experience of nursing faculty members who have been subjected to student incivility.

This study focused solely on occurrences of incivility in the nursing education environment from the viewpoint of the nursing faculty member. Faculty members provided rich descriptions of their experiences with student incivility and the consequences they sustained as a result of the incivility. These rich descriptions helped to fulfill the purpose of this study, which was to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university. Colaizzi's (1978) seven-step phenomenological method was employed, allowing for six main themes to emerge, an exhaustive description to be expressed, and the essence of the phenomenon to be identified. This, in turn, provided an answer to the overall research question:

- Q      What is the lived experience of a nursing faculty member who has experienced nursing student incivility?

Additionally, information gained from this study offered resolutions to the six subquestions which are:

- What are faculty responses and reactions to nursing student incivility?
- What are consequences suffered by faculty related to nursing student incivility experiences?
- What is it like for nursing faculty to teach nursing students after an experience of incivility?
- What contributing factors to nursing student incivility do nursing faculty discern?
- What prevention strategies and interventions to manage incivility do nursing faculty recommend?
- What statements describe this experience of incivility?

Chapter V includes a discussion of the findings of this research study. The theme clusters and themes that emerged from participants' rich descriptions are presented. In addition, findings related to the conceptual model for fostering civility in nursing education (Clark, 2008a) are described. Conclusions, implications for nursing education and practice, and recommendations for further research are discussed. The chapter closes with a discussion of challenges, strengths, limitations, and reflections.

## **Findings and Interpretations**

### **Findings Related to the Conceptual Model for Fostering Civility in Nursing Education**

The conceptual model for fostering civility in nursing education (Clark, 2008a) helped guide this researcher through the examination of the lived experience of nursing

faculty members who experienced student incivility. This model helped to facilitate an understanding of the serious consequences that a culture of incivility had on nursing faculty members who participated in this study and on the nursing educational environment. The two main theme clusters of (a) subjected to inappropriate student behavior, and (b) consequences of being subjected to inappropriate student behavior, and their associated themes and subthemes, illustrated and illuminated the escalating spiral of incivility that occurs and the negative consequences that ensue when opportunities to handle issues causing incivility are not implemented. Participants' stories clearly illuminated the numerous types of uncivil student behaviors that nursing faculty members were undeservingly exposed to in a variety of academic settings. These uncivil behaviors ranged from mild and non-threatening types to intimidating and threatening types of behaviors. In addition, participants distinctly spoke of suffering multifaceted negative effects as a result of student incivility. Participants noted having emotional, psychological, and physical tribulations as a result of exposure to student incivility. Additionally, many participants found uncivil student behavior disruptive to the nursing education environment overall and harmful to the student–teacher relationship. Findings from analysis of participants' stories illustrating the escalating spiral of incivility, portray how an overall culture of incivility in the nursing educational setting develops and amplifies. These findings unmistakably confirm the importance of developing strategies and interventions to prevent and manage student incivility. This is imperative to create a culture of civility in the nursing academic environment.

### **Findings and Interpretations of the Theme Cluster of Subjected to Inappropriate Student Behavior**

Regarding theme one, subjected to a variety of unacceptable student behaviors, incivility from students directed towards nursing faculty has been reported across college campuses and is becoming a common phenomenon. Inappropriate student behavior is noted in the nursing literature as an example of nursing student incivility. Clark (2009a) noted that incivility occurs on a continuum, ranging from mild, irritating, and annoying behaviors to severe, threatening, or potentially violent behaviors. The inappropriate behaviors described by the participants in this study are frequently noted in the nursing literature (Clark, 2008a, 2008b, Clark & Springer, 2010; Lashley & DeMeneses, 2001; Luparell, 2007; Robertson, 2012). Furthermore, the student behaviors described by participants in this study varied in the level of severity, ranging from disrespectful and rude behaviors to threatening and intimidating behaviors, validating the continuum of incivility depicted by Clark (2009a).

Rude and disrespectful actions were identified by all participants in this study as frequently occurring uncivil student behaviors. Participants in this study described being subjected to a variety of disrespectful and rude behaviors such as yelling, arguing, making rude comments, making disruptions in the classroom, and cheating. These rude and disrespectful behaviors experienced by the participants in this study are consistent with what is described in the nursing literature. Nurse researchers have noted that nursing faculty members are repeatedly subjected to disrespectful student behaviors, often on the mild to moderate end of the continuum of incivility such as yelling, arguing, talking

during class, cheating, and cell phone usage during class (Clark 2008a, 2008b; Clark & Springer, 2007, 2010; Lashley & DeMeneses, 2001; Luparell, 2007; Robertson, 2012).

Threatening and intimidating student behaviors were also detailed by many participants and were considered extremely inappropriate as well. Participants noted behaviors such as students making threats that they will complain to administrators and a threat of potential violence towards them as major concerns. Participants viewed these as exceptionally severe and major infractions of the student code of conduct. These types of behaviors are on the extreme end of the continuum of incivility and may potentially lead to violence (Clark, 2009a).

The threat of being reported to an administrator was a student behavior that was troubling for several participants. The threat of potential physical violence was also a very real fear for many participants. These threatening and intimidating student behaviors are consistent with what has been reported in the nursing literature. Robertson (2012) found that these extreme behaviors, such as threatening an instructor or physical violence towards an instructor, although occurring less frequently, are severe and inappropriate behaviors that nursing faculty members are subjected to in the academic setting. Luparell (2007) examined faculty experiences of student incivility in the academic setting and found that faculty members reported that they often felt threatened by students or believed they were in danger. This is similar to reported findings from several participants in this study.

Although the nursing educational environment should be based on mutual respect and civility, this is not always the case. As evidenced by participants' stories, nursing faculty members in this study were commonly subjected to uncivil and unacceptable

student behaviors. Students are obligated to abide by ethical standards set forth by the American Nurses Association (2001), which stress the importance of acting in a civil manner, barring engaging in any type of disrespectful or threatening behaviors. This ethical code extends into the academic setting. Nursing faculty members do not deserve to be subjected to disrespectful, rude, threatening, or intimidating behaviors. Nursing faculty members should feel safe in their work environment. Basic societal expectations and common courtesies call for people to treat each other with respect and dignity. The student–teacher relationship should be based on respect.

Similar uncivil behaviors that were noted by participants in this study have also been noted by researchers investigating other types of workplace incivility. Felbinger (2008) pointed out common types of workplace incivility experienced by nurses working in a healthcare setting. Common uncivil behaviors from co-workers or patients experienced by nurses in the workplace noted by Felbinger (2008) included yelling, screaming, angry outbursts, interrupting others, and disrupting meetings.

Johnson and Indvik (2001) studied office rudeness and noted that uncivil and rude behavior is often exhibited in the business office setting. Examples of this rude behavior in the office, which is on the lower end of the incivility continuum, include sending nasty e-mails, making demeaning comments towards a co-worker, disrupting meetings, yelling, and making insulting comments about another. These uncivil behaviors are clearly equivalent to uncivil behaviors noted by Felbinger (2008) and parallel behaviors that participants in this study experienced from students.

It has been noted that incivility is a rising problem in all aspects of American society today, often resulting in violence (Weber Shandwick, 2012). This incivility seems

to have spilled over in many workplace settings, including the nursing academic setting. A troubling fact is that uncivil behaviors have the potential to intensify, leading to violent behaviors (Clark, 2009a). In the nursing educational environment, or in any workplace setting, all acts of incivility are considered morally and ethically wrong and demonstrate a violation of professional etiquette.

### **Findings and Interpretations of the Theme Cluster of Consequences of Being Subjected to Inappropriate Student Behavior**

**Theme one: Time consuming.** Consequences of inappropriate student behaviors are multifaceted, resulting in many tribulations for nursing faculty members. The time consuming nature of managing and dealing with student incivility was a common consequence of student incivility and was described as extensive for the majority of participants in this study. Examples of time expenditure to manage uncivil student behaviors detailed by participants included activities such as completing counseling forms, arranging extra meetings with students, arranging extra meetings with administration, writing letters, filing police reports, and reporting and dealing with cheating. In addition, participants noted having to develop and implement new policies or teaching strategies to handle student incivility, which proved to be very time consuming. Participants also reported that the time consuming nature of dealing with student incivility was frustrating, distressful, and took time away from teaching or preparation for teaching.

The time consuming nature of managing student incivility has been reported sparingly in the nursing literature. Luparell (2007) examined faculty experiences with student incivility and found a common consequence of the student incivility among faculty members was the extravagant and disproportionate expenditure of time involved



in handling and addressing the incivility. In addition, Luparell (2007) noted that faculty reported spending a great deal of time documenting uncivil encounters with students. This parallels experiences participants in this study described.

On a broader note, Clark (2010) described changing the culture of an organization from one of incivility to a culture of civility as a very time consuming undertaking. Clark (2010) noted that changing the culture requires deep commitment, patience, and resolve but is essential for an effective and healthy academic environment. The process may take years. This broader view of the time consuming nature of student incivility was not noted by participants in this study.

Developing and implementing interventions to combat incivility in the workplace can be very time consuming. Leiter, Day, Oore, and Laschinger (2012) described a six-month intervention process to foster civility in the workplace. This intervention proved effective in the long term, supporting the implementation of interventions to combat incivility in the workplace. Civility interventions could be developed and implemented in the nursing education setting, helping to develop a culture of civility. Although the intervention process may be time consuming, if effective, it may reduce the time involved for faculty members to manage and deal with incivility in the academic setting on a regular basis. Participants in this study described the time consuming nature of developing policies and procedures to combat student incivility in the academic setting. If the policies and procedures are effective in reducing and managing student incivility, this may be time well spent.

Limited information related to the time consuming nature of dealing with student incivility is noted in nursing or other literature. This is an area where further research may

be beneficial for nurse educators. Research exploring methods to prevent or better manage student incivility, thereby reducing the time consuming nature of managing incivility, may benefit students, administrators, and faculty members in the nursing educational setting.

**Theme two: Tarnished reputation.** A majority of participants described being very concerned and distressed over damage to their personal and professional reputation as a consequence of student incivility, a theme that has had limited discussion in the nursing literature. Damage to participants' reputations were often carried out in a very public arena on social media sites, for example, Facebook, or on public websites that rate a professor's job performance, such as Rate My Professors. Participants fervently described being slandered and discredited by false comments students made about them publically. Several participants also noted that circulation of e-mails by uncivil students to the entire class was done in an attempt to spread untrue rumors and ruin their reputation. Clark and Springer (2007) explored issues of academic incivility and found that faculty often were subjected to being publicly criticized and badmouthed by students in an attempt to discredit the faculty member. These authors noted that often this public criticism was done verbally and by e-mail. This corresponds to experiences described by participants in this study.

Misuse of social media is becoming more and more common today. Cyberbullying is receiving much national attention and is becoming more prevalent in today's society (Weber Shandwick, 2012). This phenomenon is congruent with experiences described by participants in this study. The American Nurses Association and the National Council of State Boards of Nursing have implemented social media policies for

nurses and nursing students. Engaging in unethical and unprofessional conduct aimed at damaging one's reputation via social media is not acceptable and could be viewed as lateral violence (National Council of State Boards of Nursing, 2011).

Another common avenue for attempting to tarnish a faculty member's reputation pointed out by participants in this study was on the student evaluations of the faculty member. Many participants in this study voiced being very distressed about receiving negative criticism rather than constructive criticism on student evaluations. Participants also remarked that many comments on student evaluations were personal attacks that were not true.

Damaging one's reputation, either deliberately or unintentionally, is a behavior that should not be tolerated in any work setting, including the academic work setting. The long lasting detrimental effects this can have on one's career and one's health and well-being can be devastating. This is a behavior that is not socially acceptable and clearly violates professional protocol.

The consequence of nursing faculty members suffering damage to their reputation as a result of student incivility has been noted in the nursing literature, although infrequently. Participants in this study emphatically voiced serious trepidations as a result of damage to their personal and professional reputation. This is an area where more research is needed to explore this harmful and distressing consequence of uncivil student behavior. In addition, development and implementation of interventions and guidelines to prevent or prohibit the tarnishing of one's reputation may reduce this harmful consequence of student incivility.

**Theme three: Support is beneficial.** All participants in this study unequivocally noted the importance and benefit of administrative, peer, family, and security support when confronted with managing uncivil student behavior. Those who experienced support found this support very helpful and were very grateful for the advice and encouragement they received. The importance of administrative and peer support is noted in the nursing literature sparingly. Nurse scholars who have examined academic incivility have reported that faculty and students suggested that developing and enforcing a strong student code of conduct may offer support for faculty members with managing student incivility. In addition, it was suggested that colleges and universities offer support by teaching faculty and students conflict management skills (Clark & Springer, 2007, 2010; Suplee et al., 2008).

Not all participants in the study experienced support. Many participants voiced serious concern and distress related to not receiving support from administration or peers when confronted with student incivility. This lack of support was troubling, and many participants stressed the need for support. A lack of support from administration was a very common occurrence noted by participants in this study. Participants described this lack of support in detail and with frustration. Terms such as defeated, victimized, irritated, and upset were used to describe how participants felt about the lack of support from administration.

The lack of support from peers was also reported by participants in this study, although less frequently than the lack of administrative support. This lack of peer support resulted in distress and sadness. This lack of peer support also resulted in frustration and stress.

Clark and Springer (2010), in an examination of the academic nurse leader's role in promoting civility in the education setting, noted that the lack of support from administration and other faculty regarding issues of student incivility was perceived as a stressor for faculty who experienced incivility. This is clearly comparable to findings described by participants in this study. These researchers also found that nurse leaders and administrators suggested that it is important that they provide support and counseling for faculty who experience incivility.

On a more general note, Taylor et al. (2012) noted that college administrators and leaders in academia often ignore the fact that incivility exists in their particular institution. In addition, denial of a problem with incivility is also a common reaction from college administrators. Taylor et al. stressed that the lack of action in dealing with incidences of incivility by administrators leads to a feeling of defeat for those who are victims of the incivility. This distinctly corresponds to emotional and psychological consequences resulting from experiencing a lack of support from administrators described by participants in this current study.

Relatedly, Miner, Settles, Pratt-Hyatt, and Brady (2012) used a quantitative design to examine the benefits of two types of social support, including emotional and organizational support for victims of incivility in the workplace and undergraduate students in the academic setting. Organizational support is an individual's beliefs that the organization they are associated with truly appreciates their work and input to the organization and is concerned about their overall health and well-being. Emotional support is offered by another individual, such as a family member, coworker, or friend, who sympathetically listens to concerns and offers words of encouragement. Miner et al. noted that findings

from their study showed that victims of incivility in the workplace and in the academic area benefited greatly from organizational and emotional support. Those who received these two types of support reported less serious negative consequences as a result of the incivility. These two types of social support helped to cushion the negative effects of the incivility. This parallels findings from participants in this current study who clearly found that receiving support made them feel valued and important, but those who did not receive support felt abandoned and unimportant.

Support is extremely important for nursing faculty members, or anyone who is a victim of incivility. In any type of workplace, including the nursing educational setting, support is beneficial. Support may help safeguard victims of incivility from negative consequences. This, in turn, may promote well-being and productivity in the workplace, which is not only beneficial for the victim of incivility, but also for the organization. Limited research on this theme has been documented in the nursing literature and is an important topic to pursue. Promoting and providing support for nursing faculty members who have experienced student incivility may not only benefit nursing faculty members, but also students and administrators, which, in turn, may help to establish a more effective educational environment overall.

**Theme four: Harmful to health and well-being.** All participants in this study expressed suffering consequences of incivility against them resulting in harm to their health or well-being. Harm was described in detail by participants, either in the form of physical distress or illness or emotional and psychological anguish or upset. Others believed their physical safety or a loved one's physical safety was in jeopardy, resulting in emotional turmoil. This theme emerged frequently during interviews with participants in

this study and is congruent with nursing literature regarding consequences of student incivility against nursing faculty (Clark, 2008a, 2008b; Clark & Springer, 2007, 2010; Lashley & DeMeneses, 2001; Luparell, 2007; Robertson, 2012; Suplee et al., 2008; Taylor et al., 2012; Thomas, 2003).

Several participants in this study reported having negative physical effects from the student incivility, such as migraines, bowel disorders, tearfulness, and sleeplessness. Nurse researchers have noted that physical consequences are common among nursing faculty members who have experienced nursing student incivility, including physical illnesses and the inability to sleep. Luparell (2007) examined effects of student incivility on nursing faculty and found that encounters with student incivility resulted in suffering a negative physical toll. The main physical consequence noted by Luparell (2007) was the loss of sleep or interrupted sleep experienced by nursing faculty members who experienced the incivility.

The emotional and psychological aftermath that experiences with student incivility had on the participants in this study were immense and for many have lasted for an extended period of time, often for several years. This corresponds to what is reported in the literature. Luparell (2007) noted that often faculty experienced posttraumatic stress as a result of being subjected to uncivil student behavior. In addition, Luparell (2007) found that faculty often experienced emotional reactions years after the initial experience when reliving an uncivil experience or re-experiencing a similar uncivil encounter with a student.

The negative emotional and psychological dismay noted by participants in this study included negative reactions, such as fear, paranoia, stress, intimidation, sadness,

dejectedness, disappointment, frustration, shock, and alarm. These emotional and psychological responses were described in detail by many participants. Many participants remembered their feelings and responses vividly and provided specific, thorough, and rich descriptions. These emotional and psychological consequences described by participants in this study are common effects noted in the nursing literature (Clark, 2008a, 2008b, 2008c; Clark & Springer, 2010; Luparell, 2007).

Participants in this study also reported emotional distress and upset as a result of the student incivility encounters harming their professional relationship with the student and resulting harm to the teaching and learning environment. Damage and harm to the student–teacher relationship and the academic learning environment as a result of student incivility is well documented in the nursing literature (Altmiller, 2012; Clark, 2008a, 2008b, 2008c; Clark & Springer, 2007, 2010; Lasiter et al., 2012; Marchiondo et al., 2010; Luparell, 2007; Robertson, 2012). Taylor et al. (2012) pointed out that the foundation for an effective teaching and learning experience for faculty and students is dependent on a respectful, professional relationship between students and faculty members. It is imperative for educators, administrators, and students to work together to foster a civil learning environment.

Harm to health and well-being as a result of incivility is not limited to the academic setting. Workplace incivility occurs in a variety of venues. Researchers investigating the effects of incivility in organizations have found that as incivility experiences increase so do complaints of physical illnesses and stress levels. This, in turn, leads to job dissatisfaction (Cortina et al., 2001; Johnson & Indvik, 2001). These findings



parallel findings noted by nurse researchers and experiences described by participants in this current study.

Similarly, Felbinger (2008) noted that nurses in the clinical setting, who are subjected to incivility and bullying in the workplace, frequently suffer negative health consequences. Both physical and psychological negative effects have been reported, such as sleep disturbances, depression, anxiety, posttraumatic stress, inability to concentrate, and low self-esteem. In addition, these negative consequences often result in missed work or poor work performance. This, in turn, may jeopardize patient safety. These negative effects noted by Felbinger (2008) are similar to the negative effects described by participants in this study. The domino effect that incivility has on victims who experience this phenomenon is very concerning.

Although harmful consequences to nursing faculty members' health and well-being are documented in the nursing literature as a result of student incivility, detailed rich descriptions of the physical, psychological, and emotional toll of student incivility against nursing faculty are minimal. Many studies in the nursing literature regarding the harmful effects to health and well-being as a result of student incivility have been quantitative studies. Clark and Springer (2007) highly recommended further research to examine and understand the negative consequences resulting from student incivility in the academic setting.

Incivility persists in the workplace, regardless of the type of organization or setting. The harmful consequences to the health and well-being of victims of incivility in any setting are not acceptable. Incivility leading to harmful consequences to victims

cannot be tolerated in the nursing educational setting. As a caring profession, caring and civility must start with those in the profession and those entering the profession.

**Theme five: Questioning the future.** All participants in this study commented that the uncivil student experiences instigated contemplation as to whether or not teaching was really what they wanted to do. However the majority of participants emphatically stated that the positive experiences far outweighed any negative experiences they have had with teaching. Most participants voiced a strong continued love for teaching. A love and passion for teaching was very evident and clearly articulated by the majority of participants. Only one participant voiced a desire to leave teaching for the time being after encounters with student incivility, with the possibility of returning to teaching in the future.

A continued desire and passion for teaching is contrary to what is frequently noted in the nursing literature. Nurse researchers have found that nursing student incivility has resulted in nursing faculty resigning, retiring, or withdrawing from their teaching positions (Altmiller, 2012; Clark, 2008b; DalPezzo & Jett, 2010; Luparell, 2007, 2011). Luaprell (2007, 2011) noted that often faculty members left the teaching arena entirely as a result of student incivility and the compiling multifaceted tribulations of student incivility. Additionally, Luparell (2007) pointed out that many faculty members stated that they could make more money in the practice arena and not have to be subjected to student incivility and its resulting negative effects. Furthermore, DalPezzo and Jett (2010) pointed out that faculty who have been subjected to repeated student incivility lose passion and excitement for teaching, eventually resulting in vacating their teaching positions. This trend noted in the nursing literature as a result of student incivility is

troubling. There is already a shortage of qualified nurse educators. The nursing profession cannot afford to lose nurse educators as a result of student incivility.

General studies on workplace incivility have also explored this phenomenon as a result of uncivil experiences in the workplace. Researchers examining organizational workplace incivility have found that the majority of people who suffer incivility in the workplace eventually have a decrease in work productivity and decrease in job satisfaction. Many others eventually leave their jobs or completely separate from the organization (Cortina et al., 2001; Hutton & Gates, 2008; Johnson & Indvik, 2001; Miner et al., 2012). Leaving the job due to incivility in the workplace is a trend that conflicts with what participants in this study reported. However, this tendency, reportedly occurring in the academic arena and in the workplace, in general, is concerning. The lack of productivity, as well as leaving a position as a result of incivility, is not cost effective for any organization. Clearly, development of organizational policies and procedures to prevent and manage workplace incivility of all types is warranted.

**A pattern.** Many participants in this study offered viewpoints regarding contributing factors for uncivil student behavior. Participants also offered suggestions for practical prevention strategies and interventions to manage student incivility. Common causes noted by participants included student entitlement, lack of respect for authority on the part of students, a mob mentality, grade competition, stress and anxiety, and an overall climate of incivility in our culture today.

Contributing factors to student incivility have been widely reported in the nursing literature, including the ones mentioned by the participants in this study. Clark and Springer (2010) reported contributing factors to student incivility included the many

stressors students are subjected to while in nursing school. Similarly, Clark (2008a) reported that high levels of stress and attitudes of entitlement contribute to student incivility. Clark (2008a) reported that student stress was caused by a sense of burnout related to a very challenging and difficult workload, a very competitive academic environment, and extreme pressure to perform well, both in the classroom and clinical environments. Clark (2008a) noted that student entitlement was exemplified by students having a consumer mentality, a sense of being owed an education, and refusal to accept personal responsibility. Clark (2008a) expounded and reported that students believed that in view of the fact that they were paying for their nursing education, then they were warranted to do whatever they wanted to do in class or clinical. This entitlement attitude and student stress was clearly expressed by many participants in this study during discussions regarding contributing factors of student incivility.

Stress has been noted in the nursing literature as a major problem in nursing education today. Many nurse researchers have identified that the rigors of nursing education are stressful, and often lead to behavioral changes, including incivility (Gibbons et al., 2008; Shirey, 2007; Tulley, 2004). These findings demonstrate the need for teaching students stress management strategies during their educational program to manage and reduce stress. Several nurse researchers have offered evidence that implementing stress management programs for nursing students may decrease stress levels for students (Beddoe & Murphy, 2004; Kanji et al., 2006). Learning effective stress management strategies may not only benefit students while in school, but also may benefit them in their future nursing practice. This, in turn, may help to reduce incidences of incivility. Stress has also been reported as a contributing factor in workplace incivility in general.

Johnson and Indvik (2001) reported that stress is a major contributing factor to workplace incivility. These researchers found that when stress levels at work increase, so do rudeness and other acts of incivility. This is congruent with what has been noted in the nursing literature for contributing factors of student incivility in the educational setting. In addition, participants in this study also identified stress as a contributing factor of student incivility.

Several participants in this study voiced frustrations with the fact that their college or university did not offer clearly defined policies or support for student incivility or policies were not followed. These participants offered suggestions and ideas for prevention strategies and interventions to manage student incivility in the nursing academic environment. Similar to suggestions noted in the nursing literature, participants' ideas included developing clear guidelines and policies related to expectations for behaving in a civil manner and developing and implementing specific policies to deal with episodes of incivility. Many nurse researchers have stressed the importance of developing policies and procedures to prevent and manage student incivility (Clark & Springer 2007, 2010; Gallo, 2012; Suplee et al., 2008; Thomas, 2003). In addition, Clark and Springer (2010) also suggested other interventions to help prevent and manage student incivility, including role modeling, engaging in conversation, counseling, coaching, mentoring, and engaging in stress management strategies. Likewise, Clark (2009b) has developed a guide with similar prevention and intervention strategies for nursing faculty members to use in the academic setting to promote a culture of civility. Clark (2009b) stressed that faculty are in a position to create change to develop a culture of civility in the nursing educational environment.

Similarly, many researchers investigating organizational workplace incivility have suggested development of clear policies and procedures for prevention and management of incivility in the workplace (Felbinger, 2008; Hutton & Gates, 2008; Leiter et al., 2012). These researchers noted that management and prevention of workplace incivility increases job satisfaction, productivity, and overall health and well-being of the employees. These suggestions for development of policies and interventions for incivility management parallel suggestions noted in the nursing literature.

Findings from this current study clearly support findings from studies found in the nursing literature, as well as the larger body of research on organizational workplace incivility. This information strongly suggests the importance of not only identifying contributing factors of incivility present in nursing students, but also developing and implementing policies and procedures to prevent and manage the incivility. In addition, offering stress management education for nursing students is highly recommended as a prevention strategy for student incivility in the nursing education setting.

### **Conclusions**

The purpose of this phenomenological research study, guided by interpretivism, constructionism, the conceptual model for fostering civility in nursing education (Clark, 2008a), and Colaizzi's (1978) phenomenological method, was to explore and document the lived experience of nursing faculty members who experienced nursing student incivility. Twelve nursing faculty members at seven colleges and universities in Ohio and Michigan provided detailed encounters and rich descriptions of incidences of and subsequent consequences of being subjected to nursing student incivility. Themes that emerged from data analysis provide insights into the variety of uncivil student behaviors

that occur along a continuum that nursing faculty members are subjected to, as well as adverse physical, psychological, and emotional effects that experiences of nursing student incivility have on nursing faculty members. Additionally, details of how these experiences affect the teaching–learning process and the academic environment are illuminated. Findings support the view that nursing student incivility is becoming more and more prevalent on college campuses and can have devastating effects on nursing faculty members.

Findings from this study indicated that participants suffered multifaceted tribulations as a result of being subjected to nursing student incivility. These findings revealed that nursing faculty members who participated in this study were subjected to a wide variety of uncivil student behaviors ranging from mild to severe types of behaviors. Participants in this study were confronted with a great deal of trepidation and tribulations as a result of being subjected to student incivility. In addition, participants in this study subjected to student incivility also experienced disruption and damage to the learning environment and the student–teacher relationship. This study exposed the need to eliminate incivility in the nursing educational setting and create a culture of civility. The opportunity for administrators, faculty, and students to engage in conversation to address the problems of incivility may be the first step in creating a culture of civility in the academic setting.

Findings from this study also illuminated the variety of consequences that participants in this study subjected to student incivility suffered. The time consuming nature of managing student incivility that participants were faced with resulted in frustration and often took precious time away from teaching. Damage to participants’

personal and professional reputation caused much anguish. In addition, this study clearly demonstrated the need for administrative and peer support and assistance for participants in this study who had experienced student incivility. This includes offering support in the form of providing encouragement, mentoring, and counseling that may help faculty deal with an uncivil student encounter. In addition, findings from this study suggest that administrators should provide information for faculty on prevention strategies, as well as suggestions on how to intervene or handle an uncivil encounter. This may, in turn, help to facilitate a culture of civility in the nursing educational environment by encouraging a respectful and open dialogue and developing policies and preventative strategies to address student incivility.

Multiple harmful outcomes that participants in this study endured as a result of student incivility were clearly illustrated as a result of this study. Participants were confronted with physical, emotional, and psychological harm to their health and well-being. Many of these harmful consequences lasted for an extended period of time, which resulted in much distress and disappointment.

The multitude of negative consequences of student incivility experienced by participants in this study gave rise to questioning their future teaching aspirations. This study shows that participants thoroughly examined their desire to continue teaching. While uncertainty and doubt existed for participants, this study illustrates that for most participants, a continued love for teaching prevailed.

Multifaceted encounters and tribulations illustrate the lived experience of nursing faculty members, who experienced nursing student incivility, significantly affecting their work as a nurse educator. The participants in this study who described their experiences



with student incivility validate a strong need for creating a culture of civility in the nursing educational environment. Their accounts, richly describing their experiences, have helped to enlighten, clarify, and illuminate the lived experience of nursing faculty members who have experienced student incivility.

### **Implications for Nursing and Nursing Education**

Incivility in America is becoming a rising phenomenon. We live in a desensitized world. People are inundated by reports of incivility and violence in the media and seem to have become insensitive to the many negative and traumatizing consequences of uncivil acts on humanity. The educational environment is a reflection of the larger society in general. Thus, it stands to reason that incivility is creeping into the academic setting, and nurse educators are experiencing this in the nursing educational environment. This troubling phenomenon is contrary to the essence of nursing. Taylor et al. (2012) affirmed that incivility is the antithesis of caring. Nursing is based on the concept of caring. Those joining the nursing profession must demonstrate and value the underlying principles of caring and respect that are essential for nurses to embrace. Accordingly, in the nursing educational environment, the student–teacher relationship should be based on respect and care. Ethical guidelines for the practice of nursing extend to the nursing student as well. It is very disturbing to contemplate that uncaring and disrespectful behaviors exhibited by students while in nursing school may very well extend into the workplace once the student graduates. Therefore, developing and implementing effective policies and procedures to prevent and manage student incivility in the nursing education setting is suggested. In addition, effective communication, faculty role modeling, and education for students regarding incivility issues are necessary. Furthermore, faculty members sub-

jected to student incivility should receive the support and guidance needed to manage incidences of student incivility. It is crucial for a culture of civility to exist in the nursing educational setting. This foundation of civility may, in turn, encourage and promote a civil culture in the work environment.

### **Development of Policies and Procedures**

This study clearly demonstrates the need for colleges and nursing programs to consider the development or revision of code of conduct policies and procedures for both students and faculty members outlining expectations for civility and consequences of violating the policies. Colleges and universities must have no tolerance or lenience for acts of incivility exhibited by students or faculty members. These policies should be very visible, transparent, and easily accessible for all to view. In addition, it is suggested that faculty members include these policies in their syllabi and review the policies with the students at the beginning of each semester. It is imperative for faculty members to consistently follow the policies and abide by and uphold the stated consequences of a violation of the code of conduct.

### **Student Development**

This study demonstrates the need for students to understand and internalize the value and importance of civility, caring, and respect from day one of their college experience. Faculty role modeling civil behavior is a valuable method to promote and establish a culture of civility in the academic setting. Nursing faculty must lead by example. Nursing faculty members must demonstrate respect and caring behaviors in all interactions with students, peers, and others they come in contact with in and out of the academic setting. This will, in turn, allow students to identify the expectations for a

culture of civility and embrace and emulate behaviors that are civil, respectful, and professional.

It is imperative that education regarding the importance of civility begin in nursing school. Throughout the nursing program, students should be taught about professional and ethical codes of conduct. Dialogues with students focusing on treating patients, families, peers, and co-workers with respect and care are important. Students should be taught methods to identify, handle, manage, and report occurrences of incivility in the educational setting and in the workplace. In addition, faculty should teach students the potential negative consequences of incivility, not only in the educational setting, but also in the workplace. Student education regarding the importance of establishing a culture of civility in the educational setting while in nursing school may also help to establish expectations and a demand for a civil work environment.

### **Faculty Development and Support**

Nursing faculty members are frequently subjected to student incivility, leading to many negative consequences. These negative consequences may, in turn, result in nurse educators leaving the teaching profession. In a profession where there is already a shortage of nurse educators, to retain and recruit quality nurse educators, it is vital that student incivility and other incivilities in the nursing educational environment be eliminated or drastically minimized.

This study emphasizes the need and demand for faculty development and support for nursing faculty members dealing with issues of incivility. In the nursing educational setting, it is imperative for administration and fellow colleagues to provide support and encouragement for nursing faculty members who have experienced nursing incivility.

Support may be provided by listening and mentoring. In addition, providing forums, meetings, or roundtables to allow faculty members to discuss and share experiences, issues, and concerns they have with student incivility may allow for ideas for prevention and problem solving to occur. These supportive behaviors exhibited by administrators or fellow colleagues may help an individual who has experienced student incivility to have a sense of feeling important, valued, respected, and cared for. Furthermore, administrators should provide information for faculty on prevention strategies, as well as suggestions on how to intervene or handle an uncivil encounter. Offering faculty development, specifically addressing the topic of student incivility, may help faculty feel empowered and better able to effectively prevent or manage student incivility. These supportive strategies may help facilitate a culture of civility in the nursing educational environment by encouraging respectful and open dialogue and developing policies and prevention strategies to address student incivility. This, in turn, may benefit recruitment and retention of quality nurse educators and establish a healthy work environment.

### **Recommendations for Further Research**

There are numerous opportunities for further research on the topic of academic incivility in nursing education. Examples of nursing student incivility are increasing. The far-reaching effects this incivility has on nursing faculty has had limited investigation. Pursuing further research exploring the lived experience of nursing faculty members who have experienced student incivility may provide a more thorough understanding of this phenomenon. In addition, development of a quantitative study to investigate this topic, utilizing the emerged themes from this current study, would allow for a larger sample size with a greater geographical representation to be reached, helping to provide further

understanding of this phenomenon. This would ultimately allow for greater generalizability of results.

Further research might explore the characteristics of the initiator of the incivility. For example, does the age, gender, or status of the initiator affect the type or frequency of occurrences of uncivil encounters? Conversely, exploring whether or not the characteristics of the recipient of the incivility, such as the age, gender, teaching experience, or status, affect the type or frequency of uncivil encounters is also an area for expansion of research. This information may help provide insights for the development of prevention and management strategies for incivility in the nursing educational environment.

In addition, future studies may examine contributing factors to student incivility in nursing education, such as the role of stress. High stress levels have been reported by nursing students. High levels of student stress have been reported in the nursing literature as an antecedent to incivility. Research investigating factors leading to elevated stress levels in nursing students and prevention of stress for nursing students may provide valuable insights into methods to reduce incivility in the nursing educational setting. Additional contributing factors of student incivility, such as generational differences and attitudes of entitlement, are also topics to further investigate and may lead to valuable ideas for management of student incivility.

Further research is needed to explore the valuable benefit support for nursing faculty members who have experienced student incivility offers. Limited information regarding the importance of providing support is noted in the literature. In addition, research exploring if the effectiveness of support is determined by the type of person

giving the support may provide valuable information. For instance, is support more effective if given by an administrator, a peer, or a family member?

Further investigation is needed to study whether or not uncivil behavior exhibited by students while in nursing school extends into the work environment once the student enters the workforce. This could have harmful implications for patient care, as well as for relationships with colleagues in the work setting. This potentially could have a negative impact on nursing practice. Nursing is a caring profession, and incivility in nursing practice is not acceptable.

Incivility in nursing education is not limited to student-to-faculty incivility. Further research is needed to explore the dynamic and reciprocal relationships in the academic setting that exist between faculty, students, and administrators. One such avenue for further research on academic incivility may include exploring faculty-to-student incivility. This phenomenon has been reported in the nursing literature. For example, investigating whether or not student incivility is exhibited in response to faculty or administrative incivility is an avenue for examination. Does poor role modeling by nursing faculty exhibiting incivility result in nursing students modeling that same behavior? In addition, examining contributing factors for faculty incivility may provide valuable insights into prevention and management strategies.

In addition, examining incivility between faculty members and administrators is also an important avenue to pursue. Limited research has been conducted on faculty-to-faculty incivility and administrator-to-faculty incivility. All of these types of incivility damage the overall effectiveness of the nursing educational setting. Information obtained through research may prove beneficial for reducing or eliminating academic incivility.

### **Challenges**

This research study presented several challenges. It was surprising that many nursing faculty members declined to participate in this study, even though they had severe experiences with nursing student incivility. Expanding this study to a larger geographical area may have helped to recruit participants. In addition, extensive travel via automobile to various universities or colleges during the winter months to conduct interviews was often treacherous due to inclement weather. However, the time frame of this study was during the winter in Ohio and Michigan. These minor challenges did not deter this researcher from obtaining ample participants or conducting interviews for data collection.

Past and recent experiences with student incivility challenged this researcher to reflect and set aside these experiences to remain unbiased. Frequent personal reflection and journaling allowed biases from previous experiences to be set aside. Reflection and journaling also allowed the researcher to become aware of personal preconceptions or viewpoints. This was imperative to try to view the experience of the phenomenon from another's point of view. In contrast, these previous personal experiences of incivility enabled this researcher to better understand the experiences described by participants and facilitated an appreciation of common themes and subthemes that emerged from analysis of data.

### **Strengths and Limitations**

Strengths of this phenomenological research study include the fact that the issues of student incivility that faculty members experienced were able to be explored in great depth and detail through the one-on-one interview process. Data were gathered through interviews that were not restricted, but could be redirected by the researcher as needed as

new information and data emerged. The data obtained in this study were based on the human experience, allowing for compelling and captivating data to emerge. In addition, intricacies about the participants in the study were discovered through body language, gestures, posture, and voice tone during the one-on-one interview process.

No research study is without limitations. As with all qualitative research, limitations exist and several existed in this study. Limitations for this study include the fact that only experiences and perceptions of nursing faculty members who experienced student incivility were examined. This presents a narrow and limited understanding of the larger and more encompassing phenomenon of academic incivility. However, this particular study specifically focused on understanding faculty members' experiences with student incivility. In addition, the geographic representation of nursing faculty members interviewed was limited to Ohio and Michigan. Additionally, while this study did provide a deeper and richer understanding of the variety of experiences faculty members have had with student incivility, as well as the negative consequences that result from this incivility, this study did not impart information regarding specific evidence-based interventions to manage and prevent student incivility.

### **Reflections**

Incidences of student incivility experienced by nurse educators in this study are troubling and potentially problematic. This study provided vivid and detailed descriptions of a wide variety of unwarranted uncivil encounters with nursing students, as well as the negative consequences associated with this incivility, as experienced by nursing faculty members. These negative consequences were not only detrimental to the physical, psychological, and emotional health of the nursing faculty members who participated in



this study, but also damaged the nursing educational environment overall, making it less effective. A disturbing thought is that these types of uncivil student behaviors exhibited while in school may conceivably, in turn, be expressed in the work environment after graduation. Developing and implementing measures to prevent, reduce, and eliminate incivility in the nursing educational environment is important. Incivility infringes on the fundamental nature of nursing, which is caring. Promoting civility in the nursing educational environment is vital to the underlying values of the profession of nursing.

### **Summary**

This phenomenological study sought to discover new knowledge to better explain and understand the lived experience of nursing faculty members who have experienced nursing student incivility. Twelve nursing faculty members from colleges or universities in Michigan and Ohio, who experienced nursing student incivility, disclosed their stories during one-on-one interviews, providing rich descriptions of their experiences. Through the use of Colaizzi's (1978) phenomenological method, six main themes were identified: subjected to a variety of unacceptable student behaviors, time consuming, tarnished reputation, support is beneficial, harmful to health and well-being, and questioning the future. Chapter V provided an evaluation and interpretation of the qualitative data obtained through the interview process. Conclusions of the study were presented and findings were related to the conceptual model that guided this study, the conceptual model for fostering civility in nursing education (Clark, 2008a), as well as pertinent literature. Implications for nursing and nursing education were described, highlighting the importance of the development of policies and procedures to prevent and manage incivility in nursing education, the need for student education, and the need for faculty

development and support. Recommendations for further research were presented.

Challenges, strengths, and limitations of the study were discussed. This chapter concluded with the researcher's final reflections.

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## APPENDIX A

### MODEL OF THE CONCEPT OF INCIVILITY

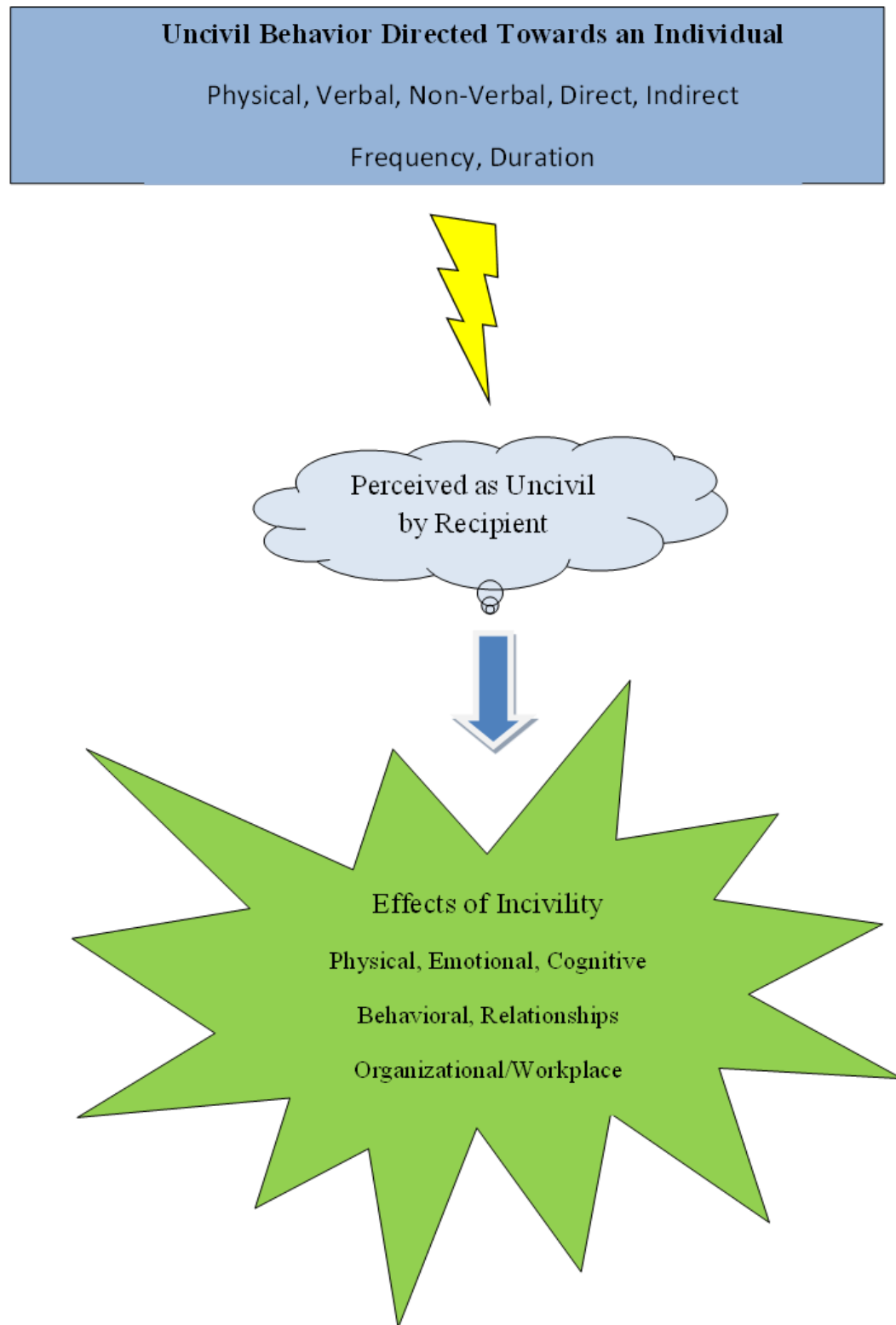


Figure 4. Model of concept of incivility.

## APPENDIX B

### INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY of  
NORTHERN COLORADO



*Institutional Review Board*

DATE: January 4, 2013

TO: Elizabeth Sprunk, MSN, RN  
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [397674-2] Student Incivility: Nursing Faculty Lived Experience  
SUBMISSION TYPE: Amendment/Modification

ACTION: VERIFICATION OF EXEMPT STATUS  
DECISION DATE: January 4, 2013

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB verifies that this project is EXEMPT according to federal IRB regulations.

**I am changing this study to exempt. I refer to the quote from your application below.**

**I really appreciate your caution, but the pregnant woman aspect of IRB has to do with studies that solicit pregnant women in order to do something to them physically. If you decide that the topic is causing undue stress as you conduct interviews please add a change of protocol with a reference list of psychological referrals.**

**"This study may have pregnant women as participants, therefore it is not eligible for the exempt category. This study also contains research on individuals' perceptions of incivility experiences, therefore this study is not eligible for exempt review".**

**Best Wishes, Maria Lahman**

*(UNCO IRB is now using "verification" instead of "approval" for exempt IRB reviews. You may now commence.)*

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or [Sherry.May@unco.edu](mailto:Sherry.May@unco.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

## APPENDIX C

### LETTER TO POTENTIAL PARTICIPANTS

Dear Nursing Faculty Member,

I am a PhD student at the University of Northern Colorado and am completing my dissertation examining the lived experience of nursing faculty members who have experienced nursing student incivility.

I am conducting a phenomenological research study to describe and understand the experiences nursing faculty members have had with nursing student incivility at a college or university. While student-to-faculty incivility and faculty-to-student incivility in nursing education have been studied, there is a lack of empirical studies that have focused solely on the lived experience of the nursing faculty member who has experienced this phenomenon. Knowledge gained from this study may help guide the development of policies, procedures, and interventions in the academic setting to deal with and prevent nursing student incivility, as well as provide faculty support. This in turn may lead to a culture of civility and a healthy work environment, thereby benefiting this group of people. In addition, information gained from this study may reinforce the need for nursing faculty to teach students the skills necessary for adhering to a culture of civility in nursing education, which may in turn, extend into the workforce.

If you have experienced nursing student incivility, would you be willing to participate in this phenomenological study? If you agree to participate, you will be asked to schedule a 60-90 minute interview with the researcher about your experience with nursing student incivility and complete a demographic questionnaire. The interview will take place in a mutually agreed upon private setting, and will be audio taped. A second interview may be requested for clarification of information. All audio tapes will be transcribed and then erased. Any information that is obtained in connection with this study that can be identified with you will remain confidential.

Your thoughts and experiences are valuable and are needed to accurately illuminate the lived experience of nursing student incivility. If you are interested in participating in this study, please contact me via phone at 999-999-9999, or 999-999-9999, or via email at [Elizabeth.sprunk@mercycollege.edu](mailto:Elizabeth.sprunk@mercycollege.edu) or [EAS0412@aol.com](mailto:EAS0412@aol.com).

Sincerely,

Elizabeth Sprunk, MSN, RN, CNE  
PhD Student, University of Northern Colorado

## APPENDIX D

### WRITTEN CONSENT FORM FOR STUDY



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH  
UNIVERSITY OF NORTHERN COLORADO

Project Title: Student Incivility: Nursing Faculty Lived Experience

Researcher: Elizabeth Sprunk      Advisor: Kathleen LaSala and Vicki Wilson

Phone: 999-999-9999      Phone: 999-999-9999 and 999-999-9999

You are being invited to participate in a research study to tell your story about your experience of a nursing faculty member who has experienced nursing student incivility. The purpose of this phenomenological study is to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university. You were selected as a possible participant in this study because you are a nurse educator who has experienced nursing student incivility. Information obtained will help nurse educators in their efforts to understand the experiences and consequences that nursing student incivility has on nursing faculty and develop possible interventions to prevent nursing student incivility.

If you agree to participate, you will be asked to schedule a 60–90 minute interview with the researcher about your experience with nursing student incivility and complete a demographic questionnaire. The interview will take place in a mutually agreed upon private setting, and will be audio taped. A second interview may be requested for clarification of information. All audio tapes will be transcribed and then erased.

If you indicated your willingness to participate in this study by signing this document, your identity will not be revealed while the study is being conducted or when the study is reported or published. Data will be analyzed and become part of a data pool so that your identity is protected. All study data will be collected by Elizabeth Sprunk, and stored in a locked, secure place. Any information that is obtained in connection with this study that can be identified with you will remain confidential.

The risks in this study are minimal and are no greater than those normally encountered in everyday life. No harm is expected, however anxiety or distress related to expressing or reliving the experience associated with nursing student incivility may occur. The researcher will assess your level of comfort during the interview. If you feel discomfort at any time during the interview, you will be reminded that you have the option to withdraw from the study. A phone number to a local hospital and a local rescue center will be



provided. You may benefit from participation in this study by being able to share your experience of nursing student incivility which may help you achieve a sense of self-awareness, empowerment, and healing.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled.

Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado, Greeley, CO 80639; 970-351-1907.

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Subject's Signature

Date

---

Researcher's Signature

Date

## APPENDIX E

### DEMOGRAPHIC QUESTIONNAIRE

**Demographic Survey****Research Title: Student Incivility: Nursing Faculty Lived Experience**

Directions: Please complete the following questions by filling in the blanks with the appropriate number or answer.

- |                                    |  |
|------------------------------------|--|
| 1. Gender_____                     | 1 Female<br>2 Male   |
| 2. Marital Status_____             | 1 Single<br>2 Married<br>3 Divorced/Separated/Widowed<br>4 Domestic Partner                |
| 3. Race/Ethnicity_____             | 1 African American<br>2 Asian<br>3 Caucasian<br>4 Hispanic<br>5 Native American<br>6 Other |
| 4. Age_____                        |  |
| 5. Number of years teaching_____   |  |
| 6. Employment Status_____          | 1 Full-time faculty member<br>2 Part-time faculty member<br>3 Adjunct faculty member       |
| 7. Place of Employment_____        | 1 College<br>2 University  |
| 8. Hours per week teach_____       |  |
| 9. Practicing Nurse_____           | 1 Yes<br>2 No  |
| 10. Primary place of teaching_____ | 1 On-site in classroom<br>2 Online<br>3 Clinical   |

## APPENDIX F

### INTERVIEW GUIDE

### Interview Guide

**Research Question:** What is the lived experience of nursing faculty members who have experienced nursing student incivility?

**Purpose and Aims of the Study:** The purpose of this phenomenological study is to describe and understand the experiences nursing faculty have had with nursing student incivility at a college or university.

Would you please tell me about your experience with nursing study incivility? I may ask you more specific questions if there are areas that I would like to know more.

1. Describe your experience. What stands out most? What has been the most difficult aspect of this experience?
2. How do you think this experience affected you?
3. Describe any physical consequences this experience with incivility has had on you.
4. Describe any psychological consequences this experience with incivility has had on you.
5. Describe any consequences this experience has had on you professionally.
6. Has this experience affected your student–teacher relationship with this student? With other students?
7. What are your feelings about the future? What are your goals?
8. Describe contributing factors that precipitated the uncivil encounter with this student.
9. What strategies or interventions do you suggest to prevent uncivil student behavior?

#### Prompts

1. Would you give me an example of \_\_\_\_?
2. Would you explain that further?
3. What do you mean when you say \_\_\_\_?
4. Could you tell me more?
5. How did you handle that?
6. How did you feel about \_\_\_\_?

## APPENDIX G

EXAMPLES OF SIGNIFICANT STATEMENTS,  
FORMULATED MEANINGS, THEME  
CLUSTERS, THEMES,  
AND SUBTHEMES

### **Examples of Significant Statements, Formulated Meanings, Theme Clusters, Themes, and Subthemes**

**Theme Cluster:** Subjected to inappropriate student behavior.

**Theme:** Subjected to a variety of unacceptable student behaviors.

**Subthemes:** Disrespectful, rude, intimidating, threatening.

**Formulated Meaning:** The faculty members all reported being subjected to a multiplicity of undeserving inappropriate and unacceptable student behaviors ranging from mild disruptive and disrespectful types of behaviors to severely threatening behaviors. Being subjected to these behaviors resulted in nursing faculty members experiencing many types of negative consequences.

#### **Examples of Significant Statements:**

“The student came into the office and sat down right next to me. She wouldn’t even look at me. We reviewed the reason why she was failing and she started screaming and cussing at me. She said it was all my fault. Every word out of her mouth was profane.”

“I physically thought she was going to hit me. She kept saying she hated me. She was angry and I thought she was going to lash out at us.”

“She came to my office after class and was arguing and saying she just didn’t understand why I failed her. I went over everything with her but she just kept arguing and badgering me and saying I was not fair.”

“I actually had two of my fellow instructors in the hall that were about to interrupt because it sounded to them like it was escalating and the student was getting nasty. She finally huffed out of my office and she hasn’t talked to me since then.”

“We require each week that the students have a clinical reflective diary. And in that diary he [the student] was saying how clinical is not a learning experience for him because he couldn’t do anything right to please me. The line that he wrote in the diary that probably caused me the most stress was ‘who do I have to kill to get you off my back?’”

“The student was yelling in a very loud voice, arguing, and not listening to what I was saying during a meeting in my office cubicle.”

“The altercation started escalating. The person in the next cubicle was listening and afterwards she said she couldn’t believe it. She suggested that if I am ever with her again to make sure I have security around.”

“In the middle of his clinical evaluation he got up and stood over me and yelled at me about being prejudiced and not giving him a chance and how he was going to see the Dean. So he stomped out.”

“I have had students who have been inappropriate in lecture. Just a couple years ago I had a student who was very outspoken and felt she was the leader or speaker for the class. I had a guest speaker in who had changed her slides for her presentation and added to them so they weren’t exactly the same as on the handouts. This student got up and said something to her like ‘you expect us to be prepared and be on time and yet you don’t even have the correct slides up’. I was appalled and the guest speaker was beside herself with dismay.”

“At the end of a semester, I had received this [a letter] in my mailbox and it was kind of upsetting because it was addressed to me and it had a return address on it, but I didn’t recognize the address. . . . The police took it very seriously.”

“I had given a couple exams and I did a class test review, but they [the students] like to argue and I had one student that argued with me in front of the class and made a big deal out of it. At that point, I felt like the whole class was trying to gang up on me. With this mob mentality, they feed on each other. That was very uncomfortable. I got really defensive after that.”

“This is about a student who could not manage her anger . . . she immediately stood up and said ‘You can’t add that on. It is not in the syllabus and I have my clinical hours and I am not doing it.’ She then stomped out of the room. This was in front of all the other students. I was quite appalled by that behavior.”

“I think this particular class was the most disruptive class I have ever had in my teaching career.”

“They were disruptive almost every class session. They would have extended sidebars or talk loudly and discuss other things. I would tell them to be quiet and they would be quiet for about five seconds and then start talking again. They were also abusive to each other. They were bullying each other. It was just an amazing experience that I never want to repeat. That semester was exhausting for me.”

“Another really horrible experience I have had was that of a senior class that had a very disruptive personality. Their game was during exam reviews. The game was to gang up on the professor and convince them to change their answer. This was very stressful for me.”



**Theme Cluster:** Consequences of being subjected to inappropriate student behavior.

**Theme:** Time consuming.

**Subthemes:** Counseling, writing letters, classroom disruption time, make change in policies, develop new teaching methods to prevent incivility.

**Formulated Meaning:** The faculty member felt that various types of uncivil student behavior lead to a great deal of extra time expenditure on their part to handle the situation, taking away from other essential aspects of their job as a nursing professor. This results in aggravation and distress.

**Examples of Significant Statements:**

“Now I have to stop the class and talk one on one to the students about their behavior. Often I will stop a lecture and give a five minute break if there is a lot of talking going on in the class. Then I will go to the back of the room and confront the students

“The amount of time it took for me to handle this [disruptive behavior] was great. It took away from my ability to create the course and the ability to even teach in the classroom.”

“I spent more time on that class than any class I ever had.”

“Because there were so many of them having issues with disrespectful behavior, I had to take the time to meet with all of them individually and talk with each of them about their behavior.”

“It irritated me a lot because it involved a lot of extra time on my part.”

“ I invited the student to my office to discuss the situation in the first place—that took time. I had to coordinate the meeting with a clinical instructor—that took time.”

“So then I had to take time to meet a second time with the student.”

“I had to take time to make a course of action for her to complete to meet clinical objectives.”

“It takes away from a lot of other things I need to be doing to effectively teach and prepare for the class.”

“I had to make an appointment and take extra time to go to her office.”

“I set up a special time to meet with the Vice President and tried to explain to her what happened from my point of view. Defending myself required a lot of extra time on my part that semester—time that I had to take away from preparing for class.”

“I had to take the time to call the student and set up an appointment for the next week to discuss her extreme disrespectful classroom behavior.”

“I had to intervene with the bullying situation and do damage control.”

“That resulted [the uncivil student behavior the previous semester] in the next semester putting a policy in the syllabus that addresses that kind of behavior—unprofessional and inappropriate behavior.”

“I don’t do exam reviews unless it is one on one and we sit down in my office. I have the student email me to make an appointment. The student comes to my office and we do the exam review in my office. Of course, this is more time consuming for me.”

“I never had a full class review again. I did it in small groups or I made appointments with small groups.”

“I wrote a letter to the Dean explaining the situation, and also had to make out a police report.”

“So we immediately called the student in to meet with us the next day. During that meeting, we decided that we [the student and I] needed to meet each day after clinical and discuss any problems that we had.”

“I had to take the time to write up a counseling form and meet with a disrespectful student outside of class to discuss her rude and disruptive behavior.”

**Theme Cluster:** Consequences of being subjected to inappropriate student behavior.

**Theme:** Tarnished reputation.

**Subthemes:** Slander, untrue accusations, negative comments on student evaluations, social media, e-mail.

**Formulated Meaning:** The faculty members felt a sense of dismay and distress resulting from disgruntled and uncivil students making false accusations about them. The faculty members believed these false claims harmed their personal and professional reputation, leading to angst.

**Examples of Significant Statements:**

“Other students were telling me that there was a Facebook posting like an ongoing site where she [the uncivil student] was saying things that were uncomplimentary about her experiences with me.”

“She was trying to harm my reputation with other students.”

“The postings were among student groups, so definitely she was trying to harm my professionalism.”

“Shortly after the class graduated. . . . I saw that on the website [Rate Your Professor] that one person rated me very low and said I was an idiot.”

“This is a time I felt my reputation was harmed.”

“It did affect my student evaluations but I am resigned to the fact that I get all the brunt of whatever went wrong either in the college or the school of nursing. They are seniors and they feel comfortable saying whatever they want and if they don’t see the relevance of the course to their needs it then makes them make comments that trash the course and also trash me.”

“At first it was devastating. I felt I gave 110%. It is difficult every semester to read them. When I know they are going to be poor, some semesters I don’t even read the written comments. They are just slamming everything. So I stopped reading them for quite some time.”

“Students evaluated me anonymously and there were four really nasty comments. . . .”

“We have to turn in these evaluations to our Dean for our peer evaluation so that really bothers me when students say not true things about me because it is going to the Dean.”

“It was that they were sending emails around to classmates to report me to the board of nursing.”

“There were badmouthing me, especially one gal in particular, She began telling other students that they had gotten me fired, that I was losing my job, that I had been demoted from teaching in the classroom and I would be losing my job at the end of my contract, and I had been disciplined.”

“It was an attempt to discredit, diminish my role, and ruin my reputation. Basically to undermine me as a faculty.”

“To make it worse she sent a letter to everyone in the clinical group about me. Another student sent the letter to me and I saved it on my computer. It was a whole page typed letter saying that I am a bully and I am mean and I was not giving her a chance and I was telling lies about her to everyone. It was a long rambling thing about me.”

“She tried to slander me to everyone else and that was the icing on the cake.”

“That really hurt me personally and professionally. To think that she thought that. I had to defend myself.”

“I am sure she is saying bad things about me behind my back. I am sure she is badmouthing me. I have no doubt.”

**Theme Cluster:** Consequences of being subjected to inappropriate student behavior.

**Theme:** Support is beneficial.

**Subthemes:** Lack of support and presence of support.

**Formulated meaning:** The faculty felt that administrative, peer, student, and family support was very essential, however often this support did not occur. The lack of support led to a feelings of distress and feelings of being defeated, victimized, and unimportant. When support was shown, this led to a feeling of being defended, assisted, and important.

**Examples of significant statements:**

“Actually since then [this uncivil student’s demand] we changed our policy. . . . She [the administrator] was the driving force behind this change in policy of test reviews.”

“I felt the college security folks were very supportive because they were more than willing to come here and sit while I was meeting with her.”

“In the end, they [administration] were supportive of me and upheld his grade. I felt like I had the support of people at the college.”

“I mean in an ideal world my department head and the chair of the academic affairs would not have talked to the students. They would have said if you didn’t finish your conversation you need to go back to your professor. But they didn’t do that. I thought that was really disrespectful. I am disappointed.”

“I said if a student comes in to your office and complains about me and they haven’t talked to me first, I need you to send them back to me. She said I can’t do that. She said I have to listen to whatever a student says.”

“I feel more supported by the Program Director than the Department Chair. The Department Chair refused to send the students to me but says it is her duty to listen to the students.”

“I also have colleagues that will not send students to me. Faculty listen in detail to bad things students say about me and don’t send the students to me.”

“I felt a lack of support from upper administration. . . . She took a middle of the road approach and waited until the semester ended and hoped it would go away.”

“I did not feel supported to the level I would have been satisfied with.”

“I kind of feel like almost defeated. I felt almost victimized that it was allowed to go on without repercussion and I felt that faculty are almost a sitting target.”

“I do have good faculty to faculty support. I have good co-faculty that I can go to and receive support. These faculty listened and gave advice and I really felt like I was supported by my co-faculty.”

“Other students also showed me support.”

“My husband was the only one I really talked to about it as far as family went and he was supportive.”

“There was never really any support put in place for me. I had to go back into the classroom and I didn’t know who it was that complained. I didn’t feel the support of administration anywhere.”

“Also, students went to their prior instructors and were talking about me and those other instructors never defended me. They fed into that behavior. And that really hurt me.”

“Every week I was in contact with the course leader and administration. I would contact them by phone or email and everyone was very supportive.”

“During a face to face meeting with this student, the course leader and administration were with me. We had the support of security on the floor too because we weren’t sure what her reaction was going to be.”

“Actually I went to my Dean and said look at this [the diary entry] and unfortunately she said oh they are just upset, don’t worry about it. I definitely thought there was no support and I was very upset.”

“I called my supervisor and told her of the situation and I did feel supported by her. I talked to other faculty and felt support from them as well. My co-teacher was also very supportive and helpful.”

“I felt support from security and supported by the nursing division.”

“I felt a little less supported from some of the upper administration people, which was upsetting. They didn’t want to get involved.”

“I asked that we write her up and I asked that we do some intervention in terms of requesting that she get counseling, but the Dean said no, we couldn’t do that. I felt unsupported by the Dean with this decision.”

**Theme Cluster:** Consequences of being subjected to inappropriate student behavior.

**Theme:** Harmful to health and well-being.

**Subthemes:** Physical illness, emotional and psychological distress, scared, physically safety threatened, paranoia, stunned, sadness, helpless, tearful, defeated, intimidation.

**Formulated meaning:** Incivility by nursing students leads to physical, emotional, and psychological harm for the nursing faculty member, often lasting for an extended period of time.

**Examples of significant statements:**

“I was concerned about my family. I had small children and a husband. My phone number is in the book. And we live in a small community. It wouldn’t take much to look through the telephone book and find my name.”

“My concern was that he was saying who would he have to kill to get me off his back. My first thought was that he would harm my family—come after my family.”

“For a long time we [my family] didn’t really answer our phone. We would let the machine take it. And at the college, I had caller ID and I would watch to see who was calling before picking up the phone.”

“I was very cautious about not having contact with him [the student].”

“This really made me think maybe I need to not confront people like this. For a while I didn’t want to tell students they did anything wrong. I went in the other direction. I said to myself I will just let it ride and let someone else take care of it. I am not going to rock the boat anymore.”

“It definitely made me more cautious about saying anything negative to students though.”

“So I felt so threatened by her behaviors that I had to call security to be in the building because of the fact that she was doing all of these things. I felt like I was being stalked by her.”

“I think it was a very stressful experience. . . . I definitely thought about it [the experience with the student] at home. I didn’t leave it here at work.”

“That was the first time I really felt a little concerned about my safety. So it really sticks out in my mind as something to remember.”

“It affected me because I got very paranoid. I had family and friends over for the holidays and I was pulling shades down at night because I didn’t want anyone looking in. I was

constantly looking over my environment to make sure there was nothing suspicious going on.”

“I was afraid for my safety. It took a while for me to relax a bit.”

“It still affects me today. I am always worried about something like this happening out of the blue. You hear about people retaliating years later. So I always pay attention to my surroundings around me when I am outside or even in the house just to see if I see anything suspicious.”

“I don’t totally take the bad evaluations personally, but it still makes you feel bad. On the evaluation they slaughtered me. I get over it, but I can’t believe that they really hate me that much.”

“I think that it did affect me emotionally and psychologically, absolutely. I was stunned that somebody in this day and age could be that combative and confrontational with an authority figure, especially in nursing school. It was just blatant. I said you have got to be kidding me.”

“It definitely caused me a lot of anxiety. Psychologically I am still bothered by it today even though it was a couple years ago.”

“It caused anxiety, tearfulness. I spent days where I was just crying because I did not want to come back to work.”

“I almost felt helpless. I felt defeated. Just the anxiety of having to deal with these people in this class and not having anyone else to teach with is kind of like you are flapping out there in the breeze by yourself to manage all this, so I was pretty spent by the end of the semester.”

“I also felt scared, physically threatened. I felt the potential was there. I felt there was a very real potential that one could be physically violent towards me.”

“I was very worried that my job was on the line, so mentally it did affect me. I went home every night and I felt bad. I felt it was my fault and I felt I had let them [the class] down.”

“I don’t get too upset over things, but when I have to stop the class it is to the point where I am distressed and I feel the environment is not conducive to learning.”

“Physical violence is something that I always fear because of the media and all the gun shootings and all that.”

“It was really scary. I thought she was going to hit me during this confrontation. It was a horrible confrontation. This meeting was extremely difficult.”

“I did get sick that semester. I think it was so physically stressful.”



“I was not sleeping well. I was losing sleep. I was crying. I started getting migraines and I have not had migraines in years and I started getting migraines again. I had GI [gastrointestinal] upset almost like irritable bowel syndrome symptoms. So yes, I had many physical consequences from dealing with this experience.”

“I was unable to sleep and I would toss in bed and think about it.”

“I was always on edge [in the classroom] after that. I couldn’t relax with the class not knowing who it was that reported me.”

“Every time I went in to the class I was paranoid or suspicious. I was afraid to call on students or look at the students the wrong way because I was afraid they would go and turn me in again.”

“I felt physically threatened and was scared. I had to have security walk me out to my car. He [the student] was very hostile and just the way he would interact during lecture scared me. He was intimidating. He would stare at me with a scary look.”

“I felt very badly for her [the uncivil student] because I didn’t know where she was coming from and this was upsetting and alarming for me.”

**Theme Cluster:** Consequences of being subjected to inappropriate student behavior.

**Theme:** Questioning the future.

**Subthemes:** Continue love for teaching, quit teaching.

**Formulated meaning:** The experience with nursing student incivility did result in the faculty members questioning their desire to continue teaching, but for most these experiences did not reduce their desire to continue teaching or affect their love of teaching.

**Examples of significant statements:**

“I love to teach. I was told by many that I should teach.”

“But I did really think is this what I want to do or should I quit?”

“But I have worked too hard to quit.”

“I have had those thoughts about quitting, but I keep coming back and something refreshes me.”

“I almost didn’t teach clinical anymore after that [uncivil encounter] because it was so stressful for me.”

“I had a bad taste in my mouth for a while and I didn’t want anything to do with clinical for a while. But after you have some time off you come back and have a different perspective.”

“You have to think of it as having really nice and good students most of the time.”

“In cases like this though it does make you think is this what I want to do?”

“I shared with my colleagues that if I ever had another quarter like this I would not be doing this anymore.”

“What I have seen in my years, is that once in a while you have something like this happen [student incivility], but overall it balances out.”

“Yes I have considered quitting teaching. Some semesters are worse than others. Some semesters are just horrid. It is very wearing.”

“But yes, I have thought about it [quitting]. I could make more money if I went into service. But at the end of the day, I like who I work with and I get excited at the beginning of the year.”

“The threatening incident made me feel like I might want to get out of teaching. In the back of my mind sometimes I thought about it, but it didn’t influence me to make any decisions.”

“Nursing and teaching are my passion.”

“I love what I do but I have been doing it a long time now and I am getting worn out. I think in a couple years I will be ready to do some fun things.”

“The incivility never made me not want to come back the next day to teach.”

“It was a very uncomfortable semester for me and that semester I was thinking of quitting. The students I have in clinical who are excited about learning and who I feel I can make a difference with keep me in teaching. The good outweigh the bad.”

“I went through a period where I really thought do I want to do this anymore, is it even worth it, do I even enjoy my job?”

“For the long term goals if this is something I have to look forward to as an ever growing problem [student incivility] and something that I am going to have to deal with and can’t put a stop to it or can’t. . . . I think I am going to have to do something else for the long term.”

“Maybe I will return to teaching in a different capacity in the future because I do like teaching. I do enjoy teaching but I have zero tolerance for people who behave this way.”

“It is the perception that it is part of my job that I have to deal with people like this and put up with it and I don’t think that I do.”

“I love what I do! I love teaching.”

“I have no doubt that I still want to stay in teaching.”

“I think sometimes you get a little tired of it [the incivility], but I never doubted I would stay in teaching.”