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Incivility: The Lived Experiences of Nursing Students

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Incivility: The Lived Experiences of Nursing Students

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Abstract

In this paper, the experience of incivility on nursing students was explored. This project aimed to answer the question: How do acts of incivility among nursing students affect the victims emotionally, psychologically, and physically? A significant part of answering this question involved exploring the meaning of the experience of incivility to the participant students. The research design was qualitative with a phenomenological approach. The participants of the study consisted of 5 volunteer, current nursing students attending the Bachelor of Science in Nursing program at The University of Southern Mississippi-Gulf Park campus during the fall 2016 semester. The participants were asked to submit electronic journal accounts detailing their experiences with incivility in nursing school. Data were analyzed for themes separately by both the researcher and thesis chair. The three themes identified are: 1) personal impact, 2) managing the situation, and 3) culture of nursing. The themes identified indicate that incivility has a negative effect on nursing students during nursing school.

Keywords: incivility, nursing school, nursing students

Dedication

       This project is dedicated to my wonderful husband, Jorge, my two amazing children Legend and Emma, and to all past, present, and future nursing students who have ever been the victim of incivility.

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Chapter 1: Introduction

Nursing is considered to be one of the most caring professions (Luparell, 2011), but relationships between nurses themselves is wrought with tension and acts of unprofessionalism (Danque, Lane, Serafica, & Hodge, 2014). Often, there is a sharp divide between how nurses believe they should treat patients and how they treat one another. Ideally, the culture of nursing should be supportive, caring, kind, and compassionate; however, this is not consistent with reality when it comes to interactions between nursing colleagues. While the patient care aspect within the culture of nursing is kind and compassionate, the collegial culture often is competitive and aggressive.

Even at the beginning of students' entry into the nursing profession, the nursing school admission process introduces students to a competitive environment. Once admitted, shock sets in and students' excitement quickly dissipates when a demanding curriculum creates a stressful environment (Clark & Springer 2010). An exploratory descriptive study conducted by Clark and Springer identified five themes that contributed to student stress, two of which are academic demands and time management. According to the authors, stress levels rise "when opportunities to resolve conflict are missed, avoided, or poorly managed" (p. 321). Poorly managed stress can lead to anger, rude comments, and cheating, which can all further exacerbate stress. Both scenarios can inadvertently affect the well-being of nursing students in academia.

These behaviors can collectively be called forms of incivility. "Incivility is defined as disregard and insolence for others, causing an atmosphere of disrespect, conflict, and stress" (Clark, 2008, p. E38). It is imperative that a culture of incivility be addressed when it begins in academia, because as Clark and Springer (2010) noted, "the risk assumed by not addressing

uncivil behavior reaches well beyond the college campus and can negatively affect patient safety" (p. 319).

The American Nurses Association (ANA, 2015a) has a formal *Code of Ethics for Nurses with Interpretive Statements* that provides non-negotiable standards of ethical conduct for nurses in America as well as a *Position Statement on Incivility, Bullying, and Workplace Violence* (ANA, 2015b). Provision 1 of the *Code of Ethics* requires nurses be kind and treat everyone with respect, including patients, families, and colleagues (ANA, 2015a). Provision 2 of the *Code* states, "The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population" (ANA, 2015a, p.5). According to the ANA(2015b), nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect" (p.1). If nurses are required to treat patients with respect, nurses should also treat each other with respect.

Incivility is not a new occurrence in nursing; rather, over many years it has been a topic of much concern (ANA, 2015b). In a study conducted by Hunt and Marini (2012), 85% of nurses in workplace settings reported some form of incivility. An American Association of Critical-Care Nurses' (AACN) 2006 survey revealed that nurse colleagues or nurse managers had verbally abused 24.1% of the nurse respondents. "Almost 22% of respondents reported that they receive only fair to poor levels of respect from fellow nurses" (Luparell, 2011, p. 92). Results from a study conducted by Wilson, Diedrich, Phelps, and Choi (2011) showed that 85% of 130 nurses bore witness to uncivil actions against themselves or others. Of a study consisting of 413 new graduate participants, 33% reported reoccurring acts of incivility at least twice a week for longer than 6 months (Lashinger, Grau, Finegan, & Wilk, 2010). Incivility is clearly a problem.

Bullying and incivility do not have to be physical to be classified as violent. In most cases, violence is a negative behavior that can be harmful to another by way of emotional or physical stimulus (American Association of Nurse Anesthetists [AANA], 2014). The two types of violence associated with incivility are vertical violence and lateral violence. Vertical violence occurs between a person of a superior rank and a person of an inferior rank. The causes of vertical violence mimic those of lateral violence. Lateral or horizontal violence occurs between two or more people who are of an equivalent status or rank, such as colleagues in academia or in the workplace. Some people believe this most often occurs between colleagues and peers who have a personal friendship or relationship (Danque, et al., 2014). Violence can occur as a result of resentment, stress, quarrels, and envy. Individuals with working relationships, who also have relationships with one another outside of work, have a higher prevalence of and potential risk for lateral violence because disagreements outside of the workplace can easily affect daily interactions in the work environment.

Research Question

The design for this research was qualitative with a descriptive, phenomenological approach. The researcher aimed to answer the following question: How do acts of incivility among nursing students affect the victims emotionally, psychologically, and physically? Part of answering this question involved exploring the meaning of the experience of incivility to the participant students.

Significance

Incivility has been a concern in the nursing profession for decades (ANA, 2015b). While numerous studies have been focused on the problem of incivility, they mostly are focused on lateral violence between nursing faculty members and nurses in the workplace. Anthony and

Yastik (2011) studied incivility experiences between staff nurses and nursing students and how the instances affected the students' willingness to complete the clinical course. However, the researchers did not research the horizontal violence experienced between students.

In a study conducted by Jenkins, Kerber, and Woith (2013), "acts of incivility were placed into four categories: gossip, rude or demeaning behavior, refusing to help others, and taking advantage of others" (p. 98). Students described instances in which they were ridiculed for answering a question incorrectly, which made them feel insignificant. The knowledge gained from analyzing instances of incivility can be useful in preparing nursing students to help them develop strategies and coping skills (Clark, 2007).

It is essential to develop a deeper understanding regarding the meaning of incivility and how it affects nursing students in order to equip instructors with the knowledge and tools to better support nursing students. Ultimately, incivility is part of the nursing culture, and it should not be. As evidenced by previously stated supportive statistics, incivility has a high prevalence rate. The problem of incivility among nursing students requires special attention to prevent these negative behaviors from progressing into potentially violent and aggressive acts (Clark & Springer 2010). Furthermore, if incivility is allowed to progress beyond the academic environment, it can have detrimental consequences for the nursing profession as a whole.

Clark and Springer (2010) stated, "Incivility in health care can lead to medical errors, poor patient care, increased medical costs, and loss of qualified health care providers and administrators" (p. 319). When nurses experience incivility from colleagues, it creates an unsafe environment for patients. The emotional stress caused by incivility can lead to medication errors and accidents if the nurse is preoccupied with thoughts of fear and omits the standard safety precautions set by the hospital. According to Westrick (2009), there have been cases of nurses

being abusive towards patients out of frustration or mental distress from incivility experienced by nurses. Instances like the aforementioned cases should be addressed before a nurse ever reaches the point of reacting in such a way.

Chapter 2: Literature Review

In order to grasp the complexity of incivility, it is imperative to understand the concept of incivility and its relevance to the cultural environment of nursing school. This literature review focuses on an explication of incivility as well as the prevalence of incivility in academia.

Incivility Defined

Incivility is described throughout nursing literature in a number of ways. Sprunk, LaSala, and Wilson (2014) described incivility as "any type of action or conduct that disrupts the work, social, personal, or educational environment" (p.1). Peters (2015) described incivility as it relates to an academic environment as a deliberate discourtesy toward another that wounds one's self-esteem and creates doubt about one's abilities. A notable study conducted by Emblad, Kodjebacheva, and Lebeck (2014) offered an encompassing description of incivility and labeled it as rude or disruptive behaviors that often result in psychological or physiological distress for the people involved and, if left unaddressed, may progress into threatening situations.

Signs of incivility include, but are not limited to, bullying, rudeness, bad manners, sarcasm, and gossiping. Factors such as race, culture, morals, values, jealousy, constructive criticism, stress, and job status influence incivility. The term *incivility* is usually interchangeable with bullying and workplace violence because they often occur together (AANA, 2014). Bullying is unwanted repetitive actions that rob the targets of their sense of self-worth. Workplace violence occurs when incivility and bullying are introduced into the work environment. Incivility can be labeled as covert or overt. Overt events are instances in which all persons involved in uncivil acts are aware of the happenings; covert events involve indirect incivility in which one person is unaware of the happenings (Hunt & Marini, 2012).

Incivility in Academia

  The career foundation for every nurse begins in nursing school. Student incivility among peers manifests as bullying with the malicious intent to harm others for personal gain (AANA, 2014). Under high periods of stress, tension increases leading some students to lash out against one another. Stress is not a new phenomenon to nursing students. The time around midterm and final exams has the highest incidence of incivility due to the amount of studying coupled with a diminutive amount of sleep (AANA, 2014).

  According to Condon (2015), "acts of bullying and incivility are not limited strictly to lateral violence, faculty to faculty, but can be found in teacher to student, administrator to faculty, and student to student arenas" (p. 23). Tensions may rise when disagreements occur relating to course curricula, personal biases, and internal affairs. It is imperative for every individual, student, and faculty alike, to recognize the significance of maintaining a healthy ethical and professional cultural environment. If issues cannot be resolved amicably, rancor and aggression may develop leading to workplace violence in the academic setting. Maintaining a professional attitude toward any disagreement is needed to avoid conflict and dissolve any potential for the situation to further escalate.

  Friends have disagreements and gossip arises when one student feels justified in publicizing personal information about another out of anger or jealousy. Regardless of the circumstances and nature relating to the disagreement, disclosing exclusive information without permission is an act of dishonesty and bullying. The *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) is the nurses' handbook for ethical behavior. Sophistication is essential for students to maintain a professional demeanor and attitude, when they experience incivility, and to adhere to a specific college of nursing's handbook. Professionalism is a quality that all

nursing schools emphasize for students to maintain in preparation for clinical rotations in hospital settings. The inability to maintain professionalism in an academic environment indicates a potential for future clinical and workplace complications (Clark & Springer, 2010)

Constructive criticism amongst peers also poses a risk for potential problems. Generally, students welcome constructive criticism from peers. The point at which constructive criticism becomes a problem is when the student delivering feedback does so with malicious intent. In this case, a student may feel as if the constructive criticism is a personal attack rather than an effort to better the student (Anthony & Yastik, 2011).

Sometimes, students are the recipients of incivility from instructors in the classroom and clinical settings. Faculty members may be inclined to exercise frustration against students by imposing extra work during clinicals as a form of punishment (Anthony & Yastik, 2011). The assumption that such behavior is intentional would be amiss. As with all types of incivility, underlying causes such as lack of sleep, jealousy, and other stressors cause impulsive reactions. Most times, the student is not the focus or cause of such aggression but happens to be in the wrong place at the wrong time.

Students also have reported being on the receiving end of vertical violence in the clinical setting from nurses on the clinical ward. The incidence of incivility is high for student nurses due to the need to expand their ever-changing knowledge base in preparation for future success (Danque, et al., 2014). The need to expand upon their knowledge base comes in the form of asking questions that may become an aggravation to some nurses. Students are encouraged to ask questions, offer help, and seek opportunities during clinical rotations in local hospitals. Area hospitals host nursing students for clinical experiences under the careful watch of clinical preceptors. Every semester, hospital wards are likely to receive a new group of young and eager

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student nurses ready to learn new skills and demonstrate skills previously learned in practice labs. As a nursing student, the clinical experience is meant to be enlightening, joyful, educational, and meaningful (Anthony & Yastik, 2011). Hands-on experiences and the opportunities to learn from experienced nurses are what equip nursing students for success after passing the nursing licensure registration exam. Clinical rotations help students learn how to evaluate and execute nursing duties with real life experiences where patients' diagnoses and health status are always changing.

In a study conducted by Anthony and Yastik (2011), students had positive and negative experiences in clinical settings. The study was conducted with 21 nursing students with a focus on incivility experiences with hospital staff nurses. The students reported being dismissed by the nurses, belittled in front of patients, and excluded from their assigned patients' care. The behavior of the staff nurses resulted in the students becoming withdrawn and avoiding asking questions. According to Anthony & Yastik (2011), students "should have opportunities to ask and answer questions" (p. 143). Students should not fear retribution for asking questions pertaining to their patients' care; questions are part of the learning process.

The most difficult part of the clinical experience for the students was giving and receiving report. Select preceptors would often throw written handoff reports given by students into the garbage while stating the information received was from an unreliable source (Anthony & Yastik, 2011). Not every student reported negative experiences during their clinical rotations. At times, a few preceptors rescued students from verbal abuse delivered by patients and staff. Intervention from bystanders when bullying is actively taking place helps the person committing the act to become aware that such actions are taking place and protects the victim from further abuse.

In clinical settings, students should discuss incivility with the clinical instructor. Students should feel at ease relaying clinical issues to their instructor with the comfort of knowing any reports of uncivil acts will be managed appropriately. Some hospital charge nurses may convey rudeness and disinterest due to not wanting student nurses accompanying them for the day (Luparell, 2011). Registered nurses usually do not have the option to choose which student they are asked to mentor nor are they usually supported if they express frustrations or reluctance with teaching. The objective of clinical rotations is to prepare student nurses for the workforce, to eliminate the shortage of nurses, and to provide safe nursing care for the public (Anthony & Yastik, 2011).

Effects of Incivility

While numerous studies have examined the effects of incivility on nurses in the work environment, few have focused on the effects of incivility among students and their peers. Studies show victims of incivility are affected physically and psychologically. Nurses who are on the receiving end of incivility begin to experience changes within the body in response to the stress and anxiety caused (AANA, 2014). Going to work may cause the nurse to be anxious which can lead to gastrointestinal upset, nausea, and decreased appetite. The decreased appetite leads to weight loss related to anxiety and depression. Over time, anxiety leads to insomnia and restlessness.

Nurses in the workplace or students in an academic setting are more likely to endure acts of incivility or aggressive behaviors for fear of retaliation or making the situation worse by reporting it. Suppressing emotions and effects of negative behaviors can lead to social isolation, depression, and suicidal tendencies (D'ambra & Andrews, 2014). Job performance is affected negatively when emotions are suppressed, because nurses are not emotionally available for their

patients. The effects of incivility can cause a nurse to ignore personal feelings and depersonalize feelings, which inhibits feelings of compassion (Straughair, 2012).

Victims may become emotionally compromised and question their capabilities as a caregiver, experience periodic episodes of crying, and even have anxiety attacks when dwelling on upcoming shifts if the antagonist is scheduled to work the same shift. Nurses who harbor intense fear of being around their victimizer begin to avoid being in the same environment with the person and may begin missing workdays. As a result, hospital costs increase due to absenteeism. Absenteeism affects patients such that other nurses must work harder and devote less time to each patient. Rushing from patient to patient poses a risk for errors and accidents causing patient dissatisfaction (D'ambra & Andrews, 2014).

Military medics tend to retire from the armed forces and continue their practice in nursing. Military personnel have a higher risk of developing posttraumatic stress disorder (PTSD) due to traumatic experiences associated with war and/or other events. The effects of incivility on nurses or students who do have PTSD can potentiate detrimental outcomes on the nurses' health. Nurses who suffer from other personal health conditions, such as anxiety disorders, Crohn's disease, and irritable bowel syndrome, can experience exacerbations from the stress and emotional trauma caused by acts of bullying (AANA, 2014).

Conclusion

Incivility has become an expected part of the nursing culture. Research has shown that nurses who experience incivility struggle with emotional instability that affects the work environment. Academically speaking, more research is needed to explore the effects of lateral incivility on nursing students. This senior thesis study can build on information exploring how

incivility has affected nursing students in academia to address the effects of incivility and identify root causes.

Chapter 3: Methodology

Overview

The purpose of this senior thesis project aimed to answer the question: How do acts of incivility among nursing students affect the victims emotionally, psychologically, and physically? A descriptive, phenomenological approach was used to "promote a deeper understanding of complex human experiences as they have been lived by the study participants" (Grove, Gray, & Burns, 2015, p. 136). Using the lived experiences of participants as the primary source of data assisted the researcher to discern the emotional, psychological, and physical impact incivility has on nursing students during various stages of their education as well as the meaning of these experiences for students. This methodological approach provided insight into how incivility affects the academic progress and career goals of the nursing students.

Participants

Students with rich incivility experiences were purposively recruited from the junior and senior classes following a presentation of the study. To be eligible to participate in the study, students were required to be:

1. A current nursing student on the Gulf Park Campus.

2. A victim of student-to-student incivility during nursing school. It was predetermined that if enough students who directly experienced student-to-student incivility were unavailable, students who had witnessed student-to-student incivility during nursing school would be recruited.

3. Willing to engage in the study to the best of their ability for the length of the semester and only document truthful experiences.

Participant volunteers consisted of five current nursing students attending the Bachelor of Science in Nursing program located at The University of Southern Mississippi's Gulf Park campus during the fall 2016 semester. Of the five participant volunteers, two documented accounts of personal experiences with incivility and three documented accounts of witnessing incivility experiences.

Procedure

Following the approval by The University of Southern Mississippi's Institutional Review Board (IRB), five students were approved for the study. The researcher presented the study focus to the junior and senior classes at the start of the fall 2016 semester, paying particular attention to clearly explain incivility and how to recognize it. To secure confidentiality, junior and senior students were provided the researcher's contact information should they wish to participate in the study.

Of the thirteen volunteers who signed a consent form, only a total of five submitted journals for the study. The researcher explained study expectations and details to study volunteers. Informed consent was obtained, and participants were informed that they may withdraw from the study at any point without experiencing any form of negative repercussions.

Participants were asked to write an electronic journal describing personal or observed experiences of student-to-student incivility during their time in nursing school. For observers of incivility, observed experiences involving someone other than the participant were experiences that had an emotional, psychological, or physical impact on the participant because of empathy or another emotion. The participants were asked to focus their journal entries on descriptions of incivility experiences with an emphasis on their meaning as interpreted by the students as well as

their impact on the students' emotional, psychological, and physical well-being. Observers of incivility were asked to focus their journals on both themselves and the recipient of the incivility.

Participants were asked to submit journals every two weeks through email. The data was reviewed and analyzed continuously throughout the semester. The time for the study began as soon as participants were selected and stopped at the end of the fall 2016 semester. Consistent with interpretive phenomenology, the researcher engaged in scaffolding by maintaining a personal electronic journal based on the same directions used for other participants. However, the researcher's data was not folded into the sample data. It is presented separately in the introduction of the results section of the research findings.

Participants' journals remained strictly confidential between the researcher and the participants. Data was shared anonymously with the thesis advisor. The researcher and the thesis advisor independently identified themes in the data to increase reliability and validity of data analysis.

Assumptions

Before the research was conducted, it was assumed that an adequate number of students would qualify and volunteer for the study. It was also assumed that participants were truthful when documenting their experiences and in detailing their thoughts, feelings, and how incivility has affected their day-to-day lives in the academic setting.

Limitations

The inexperience of the researcher was a limitation. The study consisted of only five participants and seven journal entries. This sample size was smaller than the desired number. Student participants found it difficult to work journaling into their busy schedules. Finally, the

study was limited to one semester and a pre-set endpoint rather than allowing the researcher to

achieve a saturation point to end data collection.

Chapter 4: Results

In keeping with the philosophical underpinnings of phenomenology, it is imperative to understand a researcher's interest in his or her own subject. In this study, this means the researcher needed to probe her own experiences and perceived meanings related to student-to-student incivility in nursing school. Incivility became a topic of interest for me early in my nursing curriculum. In the first semester of nursing school, I was the target of incivility by a friend and peer. The emotional effects I experienced motivated me to research the prevalence of incivility among classmates to see how it might affect each person.

In the beginning of nursing school, I was excited to begin my journey toward achieving my ultimate goal of being a registered nurse. I was even more excited that I would be going on this journey with a friend. Once classes began, it became apparent that nursing school can change a person. It is "survival of the fittest" or more aptly "survival of the smartest." In such a competitive and demanding environment, cheating is something that some people turn to. I pride myself in holding the value of integrity; so when cheating was brought to my attention, I reported it. As a result, I became the target of incivility not just by my classmates but also by my friend. The incivility came in the form of gossiping, subtle comments in class, and exclusion from the group. I felt hurt and betrayed, because I was so convinced that reporting cheating was the right thing to do. I withdrew socially from my classmates, and my grades began to suffer. Overall, the betrayal led to anger and animosity.

However, I learned a valuable professional lesson from this experience that I will take with me going forward. I learned that sometimes the best response to incivility is to remain professional and to be kind to others, even those who have been the source of one's personal hurt feelings and stress.

The data for this study were communicated through personal electronic submissions that were then analyzed for common themes relating to the purpose of the study. The journal entries consisted of witnessed accounts of incivility and personal counts of incivility. Three themes were consistently identified among the participants' journals: 1) personal impact 2) managing the situation, and 3) culture of nursing.

Personal Impact

Most of the journal entries focused on the personal impact that occurred following the acts of incivility. Personal impact encompasses the emotional and physical effects of incivility. The emotional impact of incivility resonates with all participants, encompassing all journal entries. A wide range of emotions were identified throughout journal entries. Anger was a common subtheme among participants who witnessed incivility being directed toward fellow students. Participant 3 described an instance of overhearing a group of peers threatening to harass another student who was not present at the time. Participant 3 reported feeling "furious" with what was being said. The same participant later stated, "I was offended and hurt and it wasn't even about me!" Participant 3 further expressed frustration with the event saying, "I'm taking time away from my family and working hard to pass my classes and THESE are the people I have to work with?!"

> A more subtle form of anger can be seen in the frustration expressed by participant 2:
> As the oldest student in the class I expect some good natured ribbing on my age…Throughout the semester my questions have been met with sighing and quiet comments from several students. I ignored these comments for the most part until recently. It was at this point that I felt the best thing to do was to leave the classroom and not escalate the situation by addressing their verbal and nonverbal actions.

If incivility is a persistent matter, the victim may lash out at the offending party. It is important to note this participant recognized the personal limits at which one can endure uncivil acts before the situation had the potential to escalate to violence.

Incivility is a hard thing to witness. For some students, it is even harder when it is a friend who is suffering from the emotional turmoil of incivility. Participant 5 detailed an instance in which a friend and fellow classmate was bullied for all to see on social media by another classmate. The participant described the friend as "extremely upset" and was "seriously concerned with my friend and her well-being" due to the nature of the incident. Nursing school can be a turbulent journey for many students and causes elevated stress in an already competitive atmosphere.

Loss of motivation was a subcategory shared by participant 1. Participant 1 described an incident of cyber bulling with a loss of motivation and regret stating: "I know for certain that I don't want to go to clinical tomorrow. I wish I could go back in time and not even voice my opinion."

Throughout the journal entries, sadness was experienced in some way or another. Participant 1 shared feelings of regret and sadness after the incident stating, "I am obviously upset," adding "I wish I could go back in time and not even voice my opinion the other day."

Some participants expressed feelings of annoyance with acts of incivility. Participant 2 explained:

> What I do not appreciate is how my questions are delaying the class from getting released early. I have been in these situations plenty of times over my 54 years, but I truly thought that a university setting would allow me to be in an environment that was willing to gain more knowledge other than what was going to be on the next exam.

This implies that the participant has experienced recurring episodes of incivility and had expectations of a more mature environment at a university. Participant 5 mirrored the feelings of participant 2, "I was emotionally upset and honestly kind of annoyed at the fact that we are all in university; however, some students act and treat others as if they are still in middle school." These participants seem to associate maturity with a university setting thus, incivility is not an expected occurrence.

The common subthemes indicating a physical impact following experiences with incivility included inability to focus, loss of sleep, academic duress, and crying. Participant 1 shared a combination of loss of sleep and feelings of physical impairment:

I have never even considered missing clinical. Even last week when I was so sick a patient literally asked me to leave the room because I sounded like Darth Vader masquerading as a nursing student I put my game face on and went to clinical. Tonight, I can't even contemplate calming my mind in order to sleep let alone getting up in 6 hours to go to clinical. I am getting nauseated even thinking about putting on my uniform.

Participant 1 later explained the transition of being a generally confident individual to being timid around and in front of classmates, "I am generally pretty confident when public speaking and yet I am super nervous to give presentations in front of my class now. I am afraid to voice my opinion because my classmates are bullies."

Incivility can be manifested physically in the form of violence. Participant 1 documented an account of cyberbullying in which violence was threatened against their person, "I cried buckets. I have never even said two words to this student." Understandably, this was an extraordinary circumstance. Physically, crying is a sign of sadness, hurt, and frustration.

Finally, participant 5 defended a fellow classmate and stated that while the student's grades did not suffer, the student's focus was jeopardized in class, "Anytime that I see the particular individual and her friends, I am always wondering if they are talking rudely about me or my friend."

Managing the Situation

Throughout the submitted journal entries, participants described variations of how instances of incivility were managed. The common subthemes of managing the situation include dealing with perceived gangs, being a defender, personal withdrawal, and being nicer. Participants who personally experienced incivility communicated an approach of withdrawal while some participants who witnessed incivility took the role of being a defender.

Some of the participants described the perception of having to deal with a gang in different ways. Participant 1 shared a personal experience in which the student was targeted by a "group of girls" who have "bullied" other peers in the class. Similarly, participant 3 described an instance in which a group of "at least 5 or more" classmates were "making jokes about how they should 'gang up'" on a student for being late to class.

When witnessing acts of incivility, a question reflected in the data is: "Does one become complicit in furthering the culture of incivility if they do not act upon it but rather stand idly by?" When put in the role of defender, participant 5 acted when faced with incivility directed at a fellow classmate via social media. This participant described an instance in which social media became a platform for incivility by exclusion and derogatory comments stating, "I took it upon myself to go to her defense…" Participant 5 takes this philosophy further when stating, "I will not tolerate bullying towards a patient or another coworker if I ever see it. We as nurses need to be compassionate towards our patients, their families, and fellow colleagues." This demonstrates

a clear understanding by participant 5 of the role nurses should play in being defenders and advocates in their professional lives.

Two participants reported witnessing acts of incivility involving other students yet, despite having strong emotional reactions to the situation, they failed to act on the victim's behalf. Participant 3 described being "angry, offended, and hurt" but failed to direct these feelings into action. Participant 4 offered support to fellow classmates by stating, "I have however been the kind ear, or the strong shoulder, that a couple of my nursing school friends have turned to when others have not been kind" but did not come to the defense on behalf of the bullied classmates.

All participants who personally experienced incivility reported withdrawing from the situation in one way or another. Participant 1 demonstrated withdrawal from class by being afraid to voice opinions and not wanting to go to clinical. Similarly, participant 2 physically withdrew from the situation by leaving the classroom to avoid confrontation. Withdrawal can be an instinctive reaction victims assume to effectively "get away" from the situation.

Following an experience with incivility, participant 1 emerged from the experiences with a new outlook on how to manage incivility. This participant reported taking a proactive approach to incivility by learning from it: "I have learned how to sit next to a classmate who has said unkind things about me and treat them with nothing but kindness. I have learned that doing so feels much better than hating them." Being nice to a bully and standing up for oneself can assist the victim in healing further demonstrated by the same participant with a description of emailing the bullies in question. The participant stated that it, "felt very cathartic to stand up for myself" when taking a stand against bullying.

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Culture of Nursing

Nursing is predominately a female profession, so most nursing students are female. Incivility in nursing school among women is often seen in acts of gossip. An example of presented by participant 4 when recounting an instance of gossiping, "My friend overheard gossip in the hall, a normal occurrence when you work, or go to school around too many females at once." Participant 1 described another example of this subtle form of incivility among females when recounting the offending classmate's friends making "veiled comments" and referring to gender as "her" indicating that this group of classmates are females. Participant 1 shared the thought, "What is it about women that we are not allowed to be smart and confident amongst other women?" This statement was connected to a situation in which the participant was made a target due to the student's academic achievement. Participant 4 shared a similar experience in which peers attempted to do things to another peer to "knock her down."

Nursing students are taught that they are supposed to act in ways characteristic of the profession, such as being caring, compassionate, and professional. A reversal of expected character was communicated by an entry from participant 4:

> We work hard, we save lives, we deal with people's privacy, and handle seriously dangerous medications every day. People trust us more than their priest, or a police officer, we are there from the first breath, to the last more often than not. So why, during training, are we the most vicious towards one another, willing to step on, stab, maim, or anything in the effort to achieve the same goal, the RN behind our name. We should be the biggest sorority/fraternity of college students, willing to help and hold up the next one in the efforts to ensure everyone is successful. What we are is far from that, sometimes the nastiest!

Participant 5 echoes the words of participant 4 by stating, "we as nurses need to be compassionate" to everyone, including each other. In the nursing profession, nurses are expected to be courteous and professional so it surprising that incivility happens in nursing school where knowledge and professionalism are emphasized by nursing faculty.

Participant 1 expressed exasperation as to why incivility occurs within the nursing culture:

I have heard that this type of cattiness is "normal" in nursing schools. I call bullshit. Nursing students become nurses who then act in a way they were taught was okay in nursing school. How can we blame nurses for being uncivil if it has become entrenched so deeply in our curriculum?

The concept of perpetuation of behaviors from nursing school to professional practice resonates with the above statement. Participant 5 is taking a stand about ending the perpetuation of bullying by indicating that "not tolerating bullying" in any form and defending victims of incivility should be the norm for nursing students.

Chapter 5: Discussion

The purpose of this phenomenological study was to explore the effects of incivility psychologically, physically, and emotionally and the nursing students' thoughts about the meaning of incivility experiences. The participants discussed the personal impact that incivility holds over their emotions and thoughts and how it impairs their internal balance of harmony and, sometimes, physical functioning. The results of this study do not adequately represent the nursing student population, which is an expected part of the phenomenological research (Grove, Gray, & Burns, 2015).

In addition to the personal impact incivility had on the participants, the participants discussed different ways of managing the situation, including the presence of gangs, defending fellow classmates, withdrawing from the situation, and learning from the experience. A couple of participants reported witnessing incivility and described how it made them feel but did not intervene or come to the aid of the victim. In contrast, Jenkin, Kerber, and Woith (2013) found that being caring and being supportive of one another was an important factor for being civil. Some participants reported withdrawing from the situation. The study by Jenkin, Kerber, and Woith (2013) found similar results in their study on how to promote civility among nursing students. Their study revealed that some participants used distancing as a form of coping.

Finally, the participants implied that incivility is associated with the culture of nursing, and indicated a belief that it is a gender issue. Specifically, several journals in this study indicate incivility came in the form of gossip from fellow female classmates. This compares to the study by Jenkins, Kerber, & Woith (2013) in which women tended to primarily engage in incivility in the form of gossip and did not use physical aggression.

Several participants detailed instances in which female classmates were involved in uncivil behaviors. One participant shared an experience in which the participant was victimized by fellow female classmates because of her academic achievement. According to Kelly (as cited in Rich & Butts, 2009), this type of incivility correlates with a concept known as the "tall poppy syndrome" in which individuals who succeed in areas such as academia are targeted due to their success.

Conclusion

Personal impact, managing the situation, and the culture of nursing were described by the sample of nursing students in this study. Incivility has a negative effect on nursing students in nursing school whether the participants personally experienced uncivil acts or whether they only witnessed them. Many participants experienced a range of emotions from anger to sadness suggesting that incivility has the potential to cause emotional distress in the already stressful environment of nursing school. More research is needed to explore the health of the nursing school culture and how to improve it. Additional research may introduce new measures to help nursing students who are victims thereby raising awareness of the problem.

References

American Association of Nurse Anesthetists. (2014). *Promoting a culture of safety and healthy work environment*. Retrieved from

http://www.aana.com/resources2/professionalpractice/Pages/Promoting-a-Culture-of-Safety-and-Healthy-Work-Environment.aspx

American Nurses Association. (2015a). *Code of Ethics for Nurses.* Retrieved from

http://www.nursingworld.org/DocumentVault/Ethics_1/Code-of-Ethics-for-Nurses.html

American Nurses Association. (2015b). *Position statement on incivility, bullying, and workplace violence.* Retrieved from http://www.nursingworld.org/DocumentVault/Position-Statements/Practice/Position-Statement-on-Incivility-Bullying-and-Workplace-Violence.pdf

Anthony, M., & Yastik, J. (2011). Nursing students' experiences with incivility in clinical education. *Journal Of Nursing Education, 50*(3), 140-144. doi:10.3928/0148434-20110131-04

Clark, C. (2008). The dance of incivility in nursing education as described by nursing faculty and students. *Advances in Nursing Science, 31*(4), E37-E54.

Clark, C. M., & Springer, P. J. (2007). Incivility in nursing education: A descriptive study of definitions and prevalence. *Journal of Nursing Education, 46*(1), 7-14.

Clark, C. M., & Springer, P. J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education, 49*(6), 319-325.

Condon, B. B. (2015). Incivility as Bullying in Nursing Education. *Nursing Science Quarterly, 28*(1), 21-26. doi:10.1177/0894318414558617

D'ambra, A. M., & Andrews, D. R. (2014). Incivility, retention and new graduate nurses: An

      integrated review of the literature. *Journal of Nursing Management, 22*, 735-742.

Danque, C. T., Lane, S. H., Serafica, R., & Hodge, M. A. (2014). Incivility in the hospital

      environment. *Journal for Nurses in Professional Development, 30*(4), 185-189.

      doi:10.1097/NND.0000000000000059

Emblad, R., Kodjebacheva, G., & Lebeck, L. (2014). Workplace incivility affecting CRNAs: A study

      of prevalence, severity, and consequences with proposed interventions. *AANA Journal,*

      82(6), 437-445.

Grove, S. K., Gray, J. R., & Burns, N. (2015). *Understanding nursing research.* St. Louis, Missouri:

      Elsevier Saunders.

Hunt, C., & Marini, Z. A. (2012). Incivility inthe practice environment: A perspective from clinical

      nursing teachers. *Nursing Education In Practice, 12*(6), 366-370.

      doi:10.1016/j.nepr.2012.05.001

Jenkins, S. D., Kerber, C. S., & Woith, W. M. (2013). An intervention to promote civility among

      nursing students. *Nursing Education Perspectives, 34*(2), 95-100.

Lashinger, H. S., Grau, A. L., Finegan, J., & Wilk, P. (2010). New graduate nurses' experiences of

      bullying and burnout in hospital settings. *Journal of Advanced Nursing, 66*(12), 2732-

      2742.

Luparell, S. (2011, Aprill). Incivility in nursing: The connection between academia and clinical

      settings. *American Association of Critical-Care Nurses, 31*(2), 92-95.

Peters, A. B. (2015, October). The concept of incivility: A case study. *Teaching and Learning in*

      Nursing, 10(4), 156-160. doi:10.1016/j.teln.2015.06.002

Rich, K., & Butts, J.B. (2009). Foundations of ethical nursing practice. In K. Masters (Ed.), *Role development in professional nursing practice* (pp. 217-239). Sudbury, MA: Jones & Barlett Learning.

Sprunk, E. A., LaSala, K. B., & Wilson, V. L. (2014, June 22). Student incivility: Nursing faculty lived experience. *Journal of Nursing Education and Practice, 4*(9), 1-12. doi:10.5430/jnep.v4n9p1

Straughair, C. (2012). Exploring compassion: implications for contemporary nursing. Part 1. *British Journal of Nursing, 21*(3), 160-164.

Westrick, S. J. (2009). Violence in the workplace. In S. J. Westrick, & K. Dempski, *Essentials of nursing law and ethics* (pp. 238-241). Sudbury, MA: Jones & Bartlett Learning.

Wilson, B. L., Diedrich, A., Phelps, C. L., & Choi, M. (2011). Bullies at work: The impact of horizontal hostility in the hospital setting and intent to leave. *The Journal of Nursing Administration, 41*(11), 453-458.

Appendices

Appendix A: IRB Approval Letter

THE UNIVERSITY OF SOUTHERN MISSISSIPPI.

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 16082905
PROJECT TITLE: Incivility: The Lived Experience of Nursing Students
PROJECT TYPE: New Project
RESEARCHER(S): Stephanie Pecua
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Collaborative Nursing Care
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Exempt Review Approval
PERIOD OF APPROVAL: 08/30/2016 to 08/29/2017
Lawrence A. Hosman, Ph.D.
Institutional Review Board

Appendix B: Participant Consent Form

ORI | Office *of*
Research Integrity

INSTITUTIONAL REVIEW BOARD
SHORT FORM CONSENT

SHORT FORM CONSENT PROCEDURES
This document must be completed and signed by each potential research participant before consent is obtained. • All potential research participants must be presented with the information detailed in the Oral Procedures before signing the short form consent. • The Project Information section should be completed by the Principal Investigator before submitting this form for IRB approval. • Copies of the signed short form consent should be provided to all participants. • The witness to consent must be someone other than the Principal Investigator or anyone else on the research team. Last Edited July 22nd, 2014

Today's date:		
PROJECT INFORMATION		
Project Title: Incivility: The Lived Experiences of Nursing Students		
Principal Investigator: Stephanie Pecua	Phone: 228-806-7799	Email: stephanie.pecua@usm.edu
College: USM Gulfport Park College of Nursing	Department: Collaborative Nursing Care	
CONSENT TO PARTICIPATE IN RESEARCH		

Participant's Name: _____

Consent is hereby given to participate in this research project. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected.

The opportunity to ask questions regarding the research and procedures was given. Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

Questions concerning the research, at any time during or after the project, should be directed to the Principal Investigator using the contact information provided above. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-5997.

_____   _____
      Research Participant   **Witness to Consent**

_____   _____
          Date   **Date**