An Integrative Review of Incivility in Nursing Education

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ABSTRACT

Background: Incivility is a persistent problem in nursing education, with research documenting this phenomenon for more than 40 years. Left unaddressed, incivility persists as nursing students enter the profession, influencing patient outcomes. This integrative review describes the current literature on incivility in nursing education. Concept mapping of this integrative review revealed many facets and participants in this ongoing problem. **Method:** Torraco's method guided this integrative review. Databases searched included Cumulative Index to Nursing and Allied Health Literature, ProQuest, and PubMed for research studies. **Results:** Twenty-four research studies were identified for inclusion in this integrative review. **Conclusion:** Incivility in nursing education is well documented in the research literature. Intervention studies mainly focused on changing the behaviors of students without considering the way in which faculty contribute to the problem of incivility. Concept mapping assisted in identifying commonalities in uncivil behaviors experienced by students and faculty. Future interventions may focus on uncivil behaviors demonstrated by both groups. **[*J Nurs Educ.* 2022;61(4):173-178.]**

The phrase, "nurses eating our young," which was introduced in the literature in the 1980s, describes the phenomenon of incivility directed at nursing students and new nurses in the profession (Meissner, 1986). During this period, propagators of incivility included authority figures, such as nurse educators and nurse administrators. Since the 1980s, a growing body of research has identified incivility in nursing education as a reciprocal relationship between faculty and

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nursing students in which each group plays a role in contributing to this phenomenon (Clark, 2008a, 2008b). Incivility in nursing education is defined as "rude or disruptive behavior which may result in psychological or physiological distress for the people involved and if left unaddressed, may progress to threatening situations or escalate into hostility and violence" (Clark, 2009, p. 194). Bullying is a term sometimes used synonymously with incivility in the literature; however, bullying differs in that demeaning and downgrading acts are persistent and therefore represent a different concept from incivility (Cooper et al., 2009; Gallo, 2012).

The most frequently reported root causes of uncivil behavior by both faculty and nursing students are the high stress and lack of a respectful or professional environment in nursing education (Altmiller, 2012; Aul, 2017; Clark, 2008a; Clark & Springer, 2007a). Nursing students and faculty have reported burnout from demanding workloads as the greatest stressor contributing to incivility among nursing students in nursing education (Clark, 2008a). Faculty acknowledged that demanding workloads for nursing students can be a source of incivility; however, nursing students did not reciprocate this acknowledgement with regard to faculty. Both faculty and nursing students agreed that an attitude of faculty superiority was a major contributing factor to faculty incivility (Clark, 2008a).

Several variables, such as gender, age, race, ethnicity, and parents' level of education, influence nursing students' perceived frequency of uncivil behaviors in nursing education (Aul, 2017; Mott, 2014). Furthermore, uncivil behaviors are perceived differently depending on the nursing education program. For example, nursing students in associate degree programs reported making sarcastic remarks, arriving late, and being unprepared for class as more disruptive, whereas nursing students in baccalaureate degree programs reported acting bored, cheating on coursework, and dominating class discussions as more disruptive (Aul, 2017). Despite a decade of research, nursing students and faculty recognize incivility as a moderate to severe problem that persists in nursing education (Altmiller, 2012; Aul, 2017; Clark & Springer, 2007a). This integrative review examined incivility in nursing education to determine common themes among the groups involved to assist in formation of interventions specific to academe. A concept map was developed to assist in thematic analysis of this integrative review.

METHOD

This integrative review of incivility in nursing education used the methodology described by Torraco (2016). This method offers a comprehensive view of what is known

Figure 1 (Incivility in Nursing Education concept map)

Incivility in Nursing Education
Definition: *"rude or disruptive behavior which may result in psychological or physiological distress for the people involved and if left unaddressed, may progress to threatening situations or escalate into hostility and violence"* (Clark, 2009, p. 194).

Student-to-Student
- Verbal abuse
- Disruptive behaviors during class sessions
- Habitual tardiness
- Taking advantage of other students
(Altmiller, 2012; Clark & Springer, 2007a; Cooper et al., 2009; Sauer et al., 2017)

- Lower physical and mental health scores
- Higher perceived stress levels
- Decreased self-confidence
(Sauer et al., 2017)

Faculty-to-Student
- Rigid expectations and withholding instructions for curriculum
- Intimidating and bullying behaviors
- Targeting and weeding out processes; threatening of failure; showing favoritism
(Altmiller, 2012; Clark & Springer, 2007a; Clark & Springer, 2007b; Clark, 2008a; Clark, 2008b; Holtz et al., 2018; Mott, 2014)

- Traumatization
- Feeling helpless and powerless
- Physical symptoms: loss of sleep, tearfulness, nausea, headaches
- Dissatisfaction with program
(Cooper et al., 2009; Del Prato, 2013; Holtz et al, 2018; Marchiondo et al., 2010; Mott, 2014)

Common uncivil acts demonstrated by all groups:
- Demeaning or belittling behaviors
- Refusing to help each other
- Not paying attention or using technologies during class sessions/meetings
- Failure to perform one's workload
- Participating in gossip
- Lack of professionalism
(Aul, 2017; Clark, 2008a; Clark et al., 2013; Clark & Springer, 2007b; Cooper et al., 2009; Del Prato, 2013; Jenkins et al., 2013; Peters, 2014)

Student-to-Faculty
- Demanding behaviors by students
- Coming to class unprepared, acting bored and apathetic
- Yelling, shouting, swearing at faculty
(Aul, 2017; Clark & Springer, 2007a; Frisbee et al., 2019)

- Loss of time, productivity, and sleep
- Loss of confidence in teaching ability and self-esteem
- Effects on teaching environment, job satisfaction, and morale
(Frisbee et al., 2019; Luparell, 2007)

Faculty-to-Faculty
- Undermining and rejection
- Power playing and possessiveness of territory
- Lack of mentorship
(Peters, 2014; Clark et al., 2013)

- Avoidance behaviors
- Low morale, increased absenteeism, high turnover
- Diminished quality of work
(Clark, 2008a; Peters, 2014; Clark et al., 2013)

- Implementation of a code of conduct to decrease incivility
- Simulation training to develop personal and professional resilience
- Peer learning using cognitive rehearsal as a strategy
- Journal clubs focusing on civility
- E- learning modules for nursing students describing incivility and ways to intervene through voiceover slides, video scenarios, and embedded quizzes
(Authement, 2016; Clark & Gorton, 2019; Jenkins et al., 2013; Kerber et al., 2012; Palumbo, 2018; Roberts et al., 2018; Schwarz & Leibold, 2017; Thompson & George, 2016)
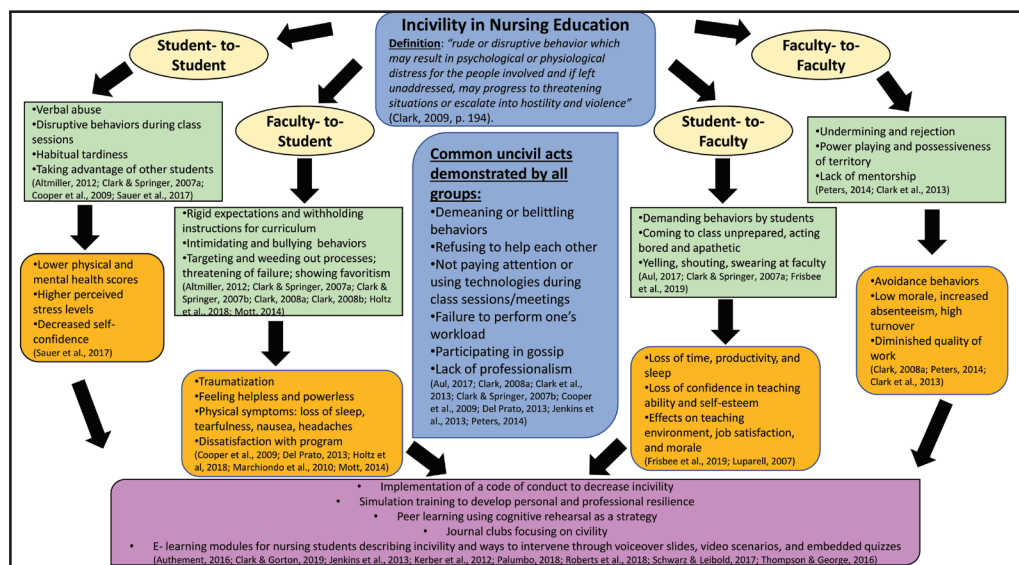
Figure 1. Incivility in nursing education concept map.

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about the topic in the literature and identifies areas where new knowledge may be needed (Torraco, 2016). A concept map of the literature helps to critically analyze, conceptualize, and provide visualization of the literature review findings and phenomenon. The first step is to conduct a broad search of the literature to identify the scope of the problem. Next, the literature search is narrowed by relevant key terms identified in the initial search, and a deconstruction of the facets of incivility into a concept map helps visualize associations among the basic elements involved in incivility by various groups in nursing education. This allows for further exploration of the phenomenon of incivility in nursing education.

Concept Mapping

The use of concept mapping as a learning tool was developed in the early 1980s, with a greater focus in nursing education beginning in the 1990s (Daley et al., 2016). Concept mapping is a strategy that helps clarify and demonstrate relationships between and among concepts through visual representation. Concept mapping facilitates understanding and organizes data to help create meaning (Conceição & Taylor, 2007; Daley et al., 2016). Research has demonstrated that concept maps are a "flexible tool that can be used in multiple ways to foster the development of thinking and learning in nursing education, as well as in clinical practice" (Daley et al., 2016, p. 634).

Concept mapping of the perspectives in this review assisted the researchers to conceptualize the relationships between individual studies and provide an appreciation of the breadth and scope of the problem. Incivility in nursing education is complex, with multiple perspectives based on roles. Without fully understanding the relationships of subconcepts related to the problem of incivility in nursing education, finding effective solutions to this problem is more difficult. For example, a solution to incivility from a student viewpoint may neglect the faculty view of the same problem, decreasing effectiveness of the intervention and potentially causing more problems than it solves. Concept

mapping is an effective tool to visualize the results of a literature review from these multiple perspectives and offers greater meaning, understanding, and positive resolution strategies to this persistent complex problem. Based on the concept mapping (**Figure 1**) of this integrative review, the following questions regarding incivility in nursing education became apparent:
- In nursing education, who participates in uncivil behavior?
- What acts are considered uncivil?
- What are the emotional and behavioral effects experienced because of uncivil behavior?
- What interventions have been implemented to decrease incivility in nursing education?

Accessing the Literature

The following three databases were explored: Cumulative Index to Nursing and Allied Health Literature Complete, ProQuest, and PubMed. The search was refined to include research studies performed in the United States from January 2007 to May 2020. The research focus on incivility in nursing education increased in frequency in 2007. Thus, 2007 was the lower date range for this literature review. The review included full-text articles available in the English-language.

A combination of the following key words and terms were used in the search strategy: incivility, nursing education, faculty, students, and interventions. Research studies examining interventions implemented in nursing education were analyzed to understand approaches used to decrease incivility. Bibliographies of the articles included in the concept mapping were reviewed for further references.

Inclusion and Exclusion Criteria

Studies examining incivility between groups (e.g., student to student, faculty to student, student to faculty, and faculty to faculty) from both baccalaureate and associate degree nursing programs were included. The focus of this integrative review was to examine classroom incivility, implications to the learning environment, and the impact on the well-being of students and faculty. Studies excluded from the review included those examining incivility in online or virtual nursing programs. Virtual environments are dynamically different from physical interactions within academic infrastructures. Therefore, incivility in virtual environments may confound the results of the literature review. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis for Protocols 2015 (PRISMA-P 2015) guidelines were followed for this review (Moher et al., 2015).

Overview of the Studies

Twenty-four studies were identified for review (**Figure 2**). All of the studies examined incivility among and between faculty and students from a variety of academic settings throughout the United States using quantitative, qualitative, and mixed-methods designs. Some of the studies examined both descriptions of uncivil acts and variables of incivility, while also examining incivility interventions. Other articles simply described the phenomenon.

Student-to-student incivility. Peer incivility was addressed generally in the research literature. However, few studies focused solely on student-to-student uncivil behavior. Students reported uncivil behaviors directed at one another because of the high stress and competitive nature of nursing education (Altmiller, 2012; Clark, 2008a). Students identified cheating on examinations, verbal abuse, habitual tardiness, participating in disruptive behaviors during class sessions, and taking advantage of other students as the most frequently perceived uncivil behaviors demonstrated by this group (Altmiller, 2012; Clark & Springer, 2007a; Cooper et al., 2009, Sauer et al., 2017).

Students reported high levels of perceived general uncivil behavior from peers in the classroom setting that disrupted their ability to learn and expressed frustration that faculty failed to correct these actions when they occurred (Altmiller, 2012; Cooper et al., 2009; Sauer et al., 2017). Students who experienced incivility in nursing education reported doing nothing as a means of coping with uncivil behaviors due to ineffective means of addressing these situations (Cooper et al., 2009). Students who experienced high levels of incivility in nursing education from their peers were more likely to report lower mental health scores, lower physical health scores, and higher levels of stress (Sauer et al., 2017).

Faculty-to-student incivility. Survey analysis and in-depth interviews of undergraduate nursing students from a variety of studies revealed several common acts they perceived as uncivil by faculty. Students thought faculty used their positions to exert rank or superiority over students and displayed this through humiliating students in front of their peers, having rigid or unrealistic expectations, or threatening to fail students (Clark & Springer, 2007b). In a thematic analysis by Clark (2008a), both faculty and students reported similar uncivil behaviors related to faculty incivility directed at students. These faculty behaviors toward students included intimidating and bullying; making demeaning comments and gestures; showing favoritism, inconsistency, and bias; and using poor teaching techniques and lacking expertise in the classroom (Clark 2008a). In-depth interviews of nursing students enrolled in baccalaureate programs uncovered common acts perceived as uncivil by faculty (Holtz et al., 2018). These acts towards students included judging, picking on, or labeling, impeding progress, withholding instruction, and forcing them into no-win situations (Holtz et al., 2018). Students reported that faculty incivility justified their own uncivil behavior as students (Altmiller, 2012).

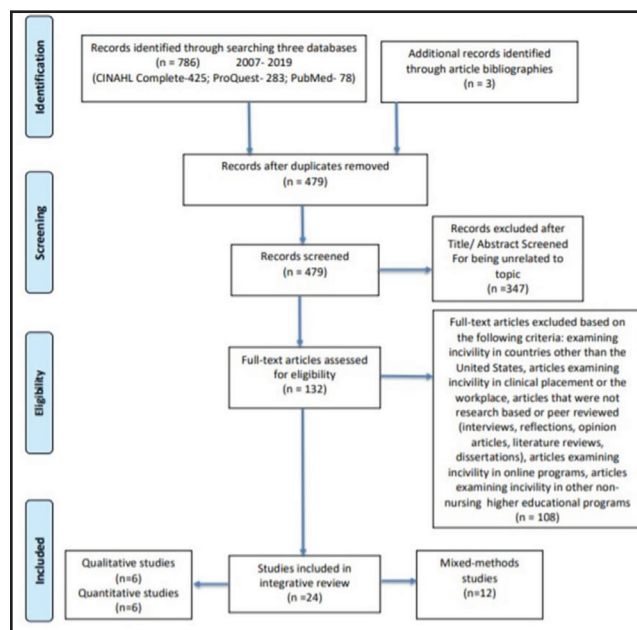Students who experienced uncivil encounters with faculty reported emotional distress, poorer learning outcomes, and bitterness toward the nursing profession (Holtz et al., 2018; Mott, 2014). Higher incidences of faculty-to-student incivility are strongly correlated to a lower satisfaction with nursing programs (Marchiondo et al., 2010). Students who were bullied by nursing faculty expressed emotional experiences including "fear, intimidation, anger, sadness, frustration, feeling stupid, and having decreased self-confidence" (Mott, 2014, p.145).

Findings in the literature revealed that much of the incivility students experienced from faculty was unreported due to feelings of powerlessness, fear of retaliation, or fear of program failure or weeding out practices (Altmiller, 2012; Cooper et al., 2009; Del Prato, 2013; Mott, 2014). Nursing faculty are considered role models in nursing education and play an important part in fostering professional formation of nursing students through positive learning environments (Clark & Springer, 2007b; Del Prato, 2013). Faculty incivility directed at students negatively influences professional formation by "hindering students' learning, self-esteem, self-efficacy, confidence, and developing identity as a nurse" (Del Prato, 2013, p. 288).

Student-to-faculty incivility. Faculty reported several uncivil behaviors directed at them by students; these including demanding behaviors related to make-up assignments or grade changes, coming to class unprepared, and acting apathetic or bored during class sessions (Aul, 2017; Clark & Springer, 2007a). More severe uncivil acts reported by nursing faculty included being accused of incompetence in teaching ability and being targeted with angry outbursts such as yelling, shouting, or swearing by students (Frisbee et al., 2019).

Frisbee et al. (2019) surveyed nurse educators to examine the effects of incivility on job satisfaction and intent to leave higher education organizations. Nursing faculty reported their perception of incivility from students was

Figure 2. Flow diagram of the literature review.

higher than their perception of incivility from other faculty or administrators. Although the correlation between student incivility and overall job satisfaction and intent to leave the organization were weak, nurse educators suffer from other physical and emotional consequences related to student incivility (Frisbee et al., 2019; Luparell, 2007). Faculty who experienced uncivil encounters with students reported decreased self-esteem, loss of confidence in their teaching ability, significant time expenditures, and negative effects on the educational process (Luparell, 2007).

Faculty-to-faculty incivility. In a survey examining faculty-to-faculty incivility, Clark et al. (2013) reported the most frequently occurring uncivil behaviors. These behaviors included resistance to change or unwillingness to negotiate, failure to perform one's workload, use of media devices in meetings, lack of communication about work issues, and rude remarks or put-downs. In a study examining the experiences of novice nurse faculty, Peters (2014) reported new faculty often feel a sense of rejection from senior faculty members, directly affected their decisions to stay in nursing academe. Novice nurse educators frequently reported avoidance behaviors as a coping mechanism when dealing with uncivil colleagues. Faculty reported fear of retaliation, lack of administrative support, and lack of clear policies to address the problem as the top reasons for not addressing faculty-to-faculty incivility (Clark et al., 2013).

Faculty-to-faculty incivility leads to low morale within organizations. Incivility experienced by nurse educators from other faculty or administrators is correlated with decreased job satisfaction and a greater intent to leave an organization, which may lead to high turnover rates among nurse educators (Clark, 2008a; Frisbee et al., 2019). The lack of experienced educators due to high turnover rates further increases stress experienced by faculty and directly affects the learning environment for students (Clark 2008a; Peters, 2014).

Interventions

The literature regarding interventions implemented in nursing education demonstrate some influence on uncivil behavior; however, interventions are mainly directed at changing student behaviors without considering the role nursing faculty play in this problem. Authement (2016) developed a comprehensive code of conduct to decrease incivility by outlining specific ground rules to guide the behaviors of both faculty and students in an associate degree nursing program. In a comparison of pre- and post-implementation surveys, significant decreases in perceived acts of incivility were reported by both faculty and students (Authement, 2016).

Clark and Gorton (2019) explored the use of simulation-based training using cognitive rehearsal and HeartMath with a cohort of prelicensure nursing students. The purpose of this training was to assist nursing students in recognizing and addressing incivility while allowing them to practice skills in building resilience (Clark & Gorton, 2019). The researchers concluded this type of educational intervention showed promising results in mitigating uncivil behaviors;

however, continued evaluation of this program is needed to determine the long-term effect of such interventions on nursing practice (Clark & Gorton, 2019). Roberts et al. (2018) studied interactive training using cognitive rehearsal techniques in sophomore and senior nursing students. Nursing students who participated in this training reported having a better ability to identify and respond to incivility (Roberts et al., 2018).

Other interventions addressing student incivility in the literature include journal clubs and online learning modules. Nursing students who participated in a monthly journal club designed to build social capital by raising awareness of civility, collaboration, and collegiality reported changed attitudes and behaviors related to incivility in nursing education (Jenkins et al., 2013). Similar findings were found after a Civility Journal Club intervention was introduced to a larger sample of senior nursing students (Kerber et al., 2012).

Palumbo (2108) administered an e-learning module with video case scenarios that students may encounter in the academic or clinical settings. After completing the modules, students reported increased ability and self-efficacy to define, detect, and combat incivility. Similarly, Schwarz and Leibold (2017) provided an online educational intervention to students enrolled in a baccalaureate completion program; after students completed the education, they were better able to identify uncivil behaviors as well as strategies to manage incivility. Thompson and George (2016) administered four online modules to prelicensure nursing students to assist them in recognizing bullying behaviors and identifying appropriate responses using assertive communication styles. The authors concluded that by integrating learning modules into prelicensure nursing curriculum, students entering the profession as newly graduated nurses may be more prepared to handle bullying in the workplace (Thompson & George, 2016).

Multiple interventions to decrease incivility in nursing education are proposed in the literature for all participants. These include establishing zero tolerance policies for incivility, using prompt and open communication techniques, and implementing rules to decrease technology use during class sessions or meetings (Aul, 2017; Clark & Springer, 2007b; Cooper et al., 2009). Mentorship programs for new nursing faculty also have been proposed as another solution to decrease faculty-to-faculty incivility (Peters, 2014). These suggestions are conclusions from previous research studies but have not yet been evaluated for effectiveness.

DISCUSSION

Overall, concept mapping of this literature review on incivility in nursing education reveals the many facets to this problem. It also demonstrates commonalities of uncivil behavior among both faculty and students. Concept mapping also shows interventions are limited mainly to students and do not address all of the participants involved in nursing education incivility, which may limit the effectiveness of the interventions. Further evidence-based interventions are needed to fully address this long-standing issue.

Incivility in nursing education is a multifocal problem stemming from multiple interactions between faculty and students. Most of the incivility research is directed at nursing students without taking into context the array of other contributing factors that increase incivility in nursing education. The findings of incivility among students in a single cohort are especially troubling considering that many nursing schools enroll students in cohorts and thus students spend a great deal of time with one another. Cohorts are intended to encourage a source of social support for the nursing students as they progress through their nursing education. However, cohorts can become a source of incivility throughout the student experience if uncivil behaviors are left unchecked.

New knowledge gained by the concept mapping of this integrative review is the commonality of uncivil acts demonstrated by both students and faculty. These common uncivil acts include demeaning or belittling behaviors, refusal to help each other, lack of attention during class sessions and meetings, failure to perform one's workload, participating in gossip, and an overall lack of professionalism (Aul, 2017; Clark, 2008a; Clark & Springer, 2007; Clark et al., 2013; Cooper et al., 2009; Del Prato, 2012; Jenkins et al., 2013; Peters, 2014). These behaviors are destructive to the learning environment with consequences related to the well-being of those involved. Further research on incivility in nursing education should focus on the commonalities demonstrated by both groups.

Intervention studies have focused mainly on changing the behaviors of students without considering the way in which faculty contribute to the problem of incivility. Although changing the behaviors of students may lessen uncivil acts in nursing education, there is a lack of evidence-based interventions to decrease the perceived uncivil behaviors demonstrated by faculty. However, some of the interventions directed at decreasing student incivility also could be implemented with faculty, such as the use of simulation or online modules. Further research is needed on these potential interventions for faculty. When addressing incivility in nursing education, academic leaders should assess areas of concern specific to their population and tailor interventions to the needs of students and faculty.

A limitation of this review is the exclusion of examining incivility in online learning environments. More academic institutions are switching to fully or partially online programs at all levels of nursing education. Further research is needed to examine incivility in online learning environments.

CONCLUSION

Incivility is a persistent problem in nursing education, with research documenting this phenomenon for more than 40 years. Concept mapping of incivility in nursing education revealed the many facets and participants in this ongoing problem. The literature suggests that interventions to increase awareness of incivility implemented in nursing education have the potential to decrease this behavior. However, much of the research has focused on nursing student incivility without considering the nursing faculty role in this complex problem. By viewing incivility as a problem that stems from multiple interactions with commonalities in both faculty and students, a multimodal approach is suggested. The use of simulation and online modules are possible interventions worthy of exploration with faculty-to-student and faculty-to-faculty incivility. Decreasing incivility in nursing education will only be achieved by involving all key participants in a variety of evidence-based interventions.

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