

Incivility in Nursing Education

(Excerpt from Appendix A-THINK like a Nurse: Practical Preparation for Professional Practice

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Though these examples of incivility in the clinical setting are unsettling, our programs to educate nurses may also be part of the perpetuation and normalization of incivility that continues to persist today. The primary contributing factors are stress, disrespect, faculty arrogance, CONTROL, POWER, and a sense of student entitlement. When a culture of incivility is present, it causes emotional distress in students and is an active barrier to learning (14). Incivility can be defined as a disregard for others that creates a culture of disrespect, conflict, and stress (14). It simply boils down to which culture is dominant in your department; RESPECT vs. DISRESPECT. When mutual respect is not evident in faculty/student interactions, the bitter fruit of this seed will be incivility that begins with intense feelings of unfairness, anger, hostility, and even violence expressed toward faculty (14).

Incivility in academia has been likened to a “dance,” one leads and the other follows. It is important that we do not point fingers and say this is a student or a faculty problem. In reality, uncivil behavior does not exist in a vacuum, but both students and faculty are partners and interdependent in this “dance” (14). When both students and faculty engage, communicate, and seek resolution of conflict before it digresses to incivility, a culture of respect and the “dance” of civility is present. But if opportunities to promote engagement by both faculty and students are missed, the root of disrespect is established and a “dance” of incivility is perpetuated. Once this dance has begun, regardless of who may be responsible for initiating it, incivility can escalate and become a blame game with no end in sight (14). Cynthia Clark has written and researched incivility at length in nursing education and has an excellent article series **Creating communities of civility**.

http://www.reflectionsonnursingleadership.org/Pages/Vol38_4_Clark_CivilityPart1.aspx Let's look at the different relational contexts of incivility in nursing education: student to faculty, faculty to student, and faculty to faculty.

Bullying Behaviors: Student to Faculty

Entitlement and incivility have become increasingly pervasive in American society and contribute to incivility in nursing education (15). Unfortunately, students are not immune to this influence and reflect these attitudes as they enter nursing education. As a student or graduate nurse, did you bring attitudes that are also part of this problem? Did you come to your program with a sense of entitlement; that if you paid for an education, the college “owes” you a degree? Entitlement is expecting high grades for modest amounts of work, assuming a “consumer” mentality toward education, refusal to accept responsibility and making excuses for your failures. As a student, examine yourself to see if you are/were “uncivil” based on this list of the most common student incivility behaviors that nursing faculty identified (15).

- Disruptive behaviors in class/clinical that include:
 - Rude comments, engaging in side conversations, dominating class
 - Cell phone, texting, inappropriate computer use in class
 - Late to class and leaving early
 - Sleeping in class
- Anger or excuses for poor performance
- Inadequate preparation (14)
- Pressuring faculty until you get what you want (14)
- Bad mouthing other students, faculty, and the nursing program (14)

Contributing Factors

What is it that causes caring, empathetic nursing students to turn into uncivil beasts? Could the very culture of nursing education that prides itself on being highly competitive and academically rigorous be a contributing factor to student incivility? In one qualitative study the themes that students identified that contributed to incivility included burnout from demanding workloads and competition in a high-stakes academic environment (14). It appears the answer to the question is obvious, and it is imperative that nursing education as a whole examine the current paradigm and determine how students can be supported and nurtured within nursing education. Cynthia Clark has done extensive research on the topic of incivility in nursing education and has an excellent article for nursing students titled: **Cindy’s “Five RITES” for fostering STUDENT-driven civility.** http://www.reflectionsonnursingleadership.org/Pages/Vol39_1_Clark_5RITES.aspx In addition, there is an assessment tool, The Clark Academic Civility Index for Students, in this same

article to determine if you are already or at risk of being an incivil nurse once in practice (16).

Bullying Behaviors: Faculty to Student

Because it takes two to tango with the dance of incivility, we must take a closer look at the role of nursing faculty in this growing problem in academia. Research has confirmed that when incivility is experienced and directed toward students in nursing education, it “was often very hostile and soul destroying” (17). What is it that causes caring, empathetic nursing faculty to demonstrate incivility toward their students? In the same qualitative study, faculty identified STRESS as the primary problem. Ironically, nursing faculty are also burned out from their demanding workloads. Other causes of faculty stress include high faculty turnover, lack of qualified educators, role stress, and incivility from all sides: students, other faculty, and administration (14).

Both students and faculty identified several behaviors that communicate and demonstrate incivility as well. If you are an educator, examine and reflect to see if these behaviors of incivility are present in your classroom or clinical settings:

- Faculty superiority that is demonstrated by the following:
 - Exerting position and control over students (14)
 - Setting unrealistic student expectations (14)
 - Assuming a “know-it-all” attitude (14)
 - Being rigid, unapproachable, or rejecting students’ opinions (18)
- Devaluing students’ prior life experiences that can include work and academic experiences (14)
- Ineffective educators who cannot manage the classroom (14)
- Making condescending remarks or put-downs to students (18)
- Showing favoritism to certain students (14)
- Refusing or reluctant to answer questions (18)

There are two common denominators that both students and faculty have regarding the contributing factors to incivility: STRESS and DISRESPECT. Students are stressed by the juggling of many roles as provider/parent and student, as well as financial pressures and too little time. Faculty are stressed by multiple work demands, heavy workload, problematic students, and lack of faculty and needed support (15). The lack of

respect by both faculty and students creates a poisonous, downward spiraling circle. If faculty are rigid, set unrealistic expectations, and do not allow open dialogue, students will inevitably respond with anger and lack of respect toward faculty, and a cycle of incivility is in motion. But it doesn't have to be this way; respect begets respect. If both faculty and students respectfully and openly communicate and engage with one another, a culture of civility can be nurtured instead (14).

How to Peacefully Coexist

Nursing academia ought to reflect the core values of the profession, which include caring, compassion, and nurturing of the other. Whether you are a nursing student or faculty, you can do your part to change the culture of your academic environment to make it a place where support and nurturing in a high stress/stakes environment is possible. To create a healthy culture, there must be a healthy relationship between both faculty and students. Therefore, the principles that apply to healthy personal relationships are relevant and also apply in academia. This includes the foundation of open/honest communication, working together, and establishing boundaries that are clearly defined and then enforced. If faculty implemented the following steps, civility can become normative:

1. Model caring and respect in all that you do so your students can see what true professionalism looks like in practice (15)!
2. Provide opportunities to dialogue with students in open formats, such as a town hall meeting format. This can provide needed dialogue and understanding (15).
3. Establish clearly written policies or place expectations in student code of conduct that address incivility, consequences, and then consistently enforce them (15).
4. Listen carefully; give students positive feedback (15).
5. Incorporate time management/stress reduction/self-care in the curriculum (15).
6. If constructive feedback is required for a student, the following approach will be helpful. Sandwich the comments: slice of bread (what student is doing well), middle peanut butter (something for the student to improve upon), and last slice of bread (what student is doing well). You will support and

encourage your student when positive feedback and not just “needs to improve” comments are provided.

As a student, it is essential that you do your part, which includes:

1. Hold yourself to the highest standards of professionalism as a student, which includes:
 - a. Be prepared, respectful, and engaged in your learning (18).
 - b. Do not speak in a negative, derogatory manner openly about other STUDENTS, FACULTY, or the nursing PROGRAM.
 - c. Abide consistently by the standards of student conduct of your institution.
2. Communicate your needs, and what you need/expect from faculty (18).
3. Work toward a common goal of civility and respect (18).

Principles of Respectful and Effective Communication

To complete this discussion on incivility, it is important to recognize that so much hinges on our words and how we communicate with one another. We must strive to be QUICK to listen and SLOW to speak! I have found the following principles of communication life-giving and restorative if they are used consistently in all that we say and do to our students and to one another. Solomon, the wisest man of ancient history, wrote the following words of wisdom in Proverbs that if put into practice will also work to recapture civility in nursing and nursing education:

- *Our words have power*
 - Life and death are in the power of the tongue. Use your words to bring healing, NOT to crush and to destroy the spirit of others (Proverbs 12:18).
 - *“Kind words heal and help; cutting words wound and maim”* (Proverbs 15:4).

- *The source of our words is important*
 - Be sure that what we speak does not provoke strife, but is based in truth, and that it is spoken in love.
 - *“It’s a mark of good character to avert quarrels, but fools love to pick fights”* (Proverbs 20:3).

- *We must learn to listen*
 - Listen carefully to what is communicated. That is the only way you will learn and grow from constructive feedback.
 - *“The ear that listens to life-giving reproof will dwell among the wise”* (Proverbs 15:31).

- *THINK before you speak*
 - Becoming slow to anger is the beginning of wisdom (Proverbs 16:32).
 - *“The start of a quarrel is like a leak in a dam, so stop it before it bursts* (Proverbs 17:14).

- *Speak less*
 - Too much talking tends to digress in time to gossip. Let our words be few, and only what is needed.
 - *“But whoever restrains his lips is prudent”* (Proverbs 10:19).

- *Our tone matters*
 - *“A soft answer turns away wrath, but a harsh word stirs up anger”* (Proverbs 15:1).

For Faculty Only...

Bullying Behaviors: Faculty to Faculty

Though this book is focused on preparing students for professional practice, it is important to address one more aspect of incivility that has relevance to nursing education. This is the incivility that is present in the majority of nursing education departments (18). In one study only 5 percent felt that faculty worked well together (19). In a recent national study 68 percent of nursing faculty reported moderate to severe levels of faculty to faculty incivility. But when mild levels of faculty to faculty incivility are included, the prevalence of incivility in nursing academia rises to **96** percent (19)! Leading nurse educator and scholar Patricia Benner has made it clear that nursing education is in need of a RADICAL TRANSFORMATION, but in order to see this vision realized, it must first begin by seeing our nursing departments transformed through eliminating all vestiges of incivility!

Incivility in academia has been shown to lower job satisfaction, decrease productivity, and increase turnover (20). By allowing incivility to perpetuate as it has in the past, the **anticipated nursing shortage** <http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf> will be exacerbated because of the inability to retain educators who, like myself, have a viable plan B called clinical practice if academia remains a hostile work environment. Because of the current **nursing faculty shortage** <http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf>, in 2011, over 75,000 qualified nursing students were turned away in part because of lack of qualified faculty. Two-thirds of nursing programs surveyed indicated this was the primary contributing factor to not admitting all qualified students (22). There is a “perfect storm” brewing as the average age of associate professors is 57 (22) and the mean age of practicing registered nurses is 46 (21).

I have been amazed at the awareness and insightfulness that nursing students have regarding the presence of incivility among faculty. Though it may be thought to be successfully “hidden” from students’ awareness, it typically is not. It is “caught” and an object of discussion among students. What is the “hidden” curriculum in our programs and what are we really teaching our students? Are educators guilty of normalizing incivility and accepting it as a fact of life of working in academia? Even if you are not experiencing incivility personally, if you are passive and tolerant when it is expressed toward other colleagues, you too are part of the problem.

Is your department part of the problem or part of the solution? Is your nursing department civil or uncivil? INCIVILITY according to Clark is defined 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” (3). CIVILITY can be defined by “an authentic RESPECT for others during encounters of disagreement or controversy. It involves time, presence, and a willingness to engage in genuine discourse with the intention to seek common ground” (23). Examine yourself to see if any of these most commonly experienced examples of incivility in nursing education are present in you or others in your department:

- Persistent gossip, criticism, and insulting, demeaning remarks (15).
- Nonverbal disapproval in staff meetings that include eye rolling, arm crossing, walking out of meetings, and the use of the “silent treatment” (4).
- Avoidant, isolative, and exclusionary behaviors that marginalize (15).
- Setting others up to fail and intentional sabotage (15).
- Exerting superiority and rank over others/abuse of power (15).
- Not performing one’s share of the workload (15).
- Department chair or senior faculty who use positional power to bully colleagues who are vulnerable due to their lower status in the department (20).

Transforming Academia

In one report, the key to cultivating civility in academia came down to three T’s, truth telling, transparency, and tending to relationships (17).

1. **Truth Telling**
 - a. Be direct and honest in all communication with both faculty and students.
2. **Transparency**
 - a. Be willing to place in writing the standards as a faculty group that you want to establish regarding how to support one another during the school year or scholarly pursuits.
3. **Tending to relationships**
 - a. A principle to live life by that can prevent the root of incivility from sprouting in your department is to not let the sun go down if you are still angry with a colleague. Deal with it that same day! Make the

relationships in your department a priority, and nurture them so that the joy and passion that led you to become a nurse educator does not become derailed by incivility and hostile relationships.