

NURSE EDUCATORS' LIVED EXPERIENCES
WITH STUDENT INCIVILITY

by

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ABSTRACT

Incivility is currently a topic of concern in nursing and higher education. There is a serious and growing concern on college campuses across the United States as many forms of incivility are occurring, ranging from offensive language and rude behavior to hostility and violent behavior.

The problem this study addresses is the need for specific information from nurse educators about their experiences with student incivility, and the subsequent impact of those experiences on teaching practices, job perception, and interactions with students. This study also addresses the problem by asking nurse educators their thoughts on contributing factors, warning signs, prevention and management, and the impact of incivility on student learning.

An interpretive phenomenological approach was used to frame the research. The study employed a purposive sample group consisting of 10 Associate Degree Nurse (ADN) educators having experience with student incivility. Semi-structured interviews were conducted using an interview guide. Interviews were used to elicit individual experiences with incivility and provide a means for those impacted to describe and define the meaning of those experiences.

General inductive data analysis was utilized to identify themes followed by thematic analysis to arrive at the various understandings and meanings applied to the experiences. Themes emerged, which aligned with and assisted to answer the research questions.

The participants clearly asserted their belief that student incivility in nurse education is a growing and disturbing problem and negatively impacting nurse educators and the teaching and learning dynamic. Identified incivilities encompassed a wide range of behaviors and elicited

strong emotional responses by many of the participants. Many nurse educators described how student incivility had impacted the perception of their job, their teaching, and interfered with student interactions and student learning. Educators also reported changes with their description, definition, or understanding of student incivility following their experiences.

Implications for nursing policy and practice relate to training nurse educators about the expectations of the teaching role and how to address, prevent and manage student incivility. Implications for nursing also include training students about the demanding nature of nurse education and the professional nursing role to promote awareness and prevent incivility.

DEDICATION

Get rid of all bitterness, rage and anger, brawling and slander, along with every form of malice. Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you. Ephesians 4: 31-32

This work is dedicated to my parents Marlin and Donna Milwee who have been a driving force behind every endeavor throughout my life, educational or otherwise. Dad encouraged my creativity and imagination through personally written poems and pictures for every major event throughout my life. I have copies of his great masterpieces and can quote most, which range from a poem about super chicken when my pet chick drowned to the poem he wrote when I received my Masters Degree in Nursing. He is one of my biggest fans and I am his.

My mother is the reason I am so passionate about civility. She is the best person I know. Her beautiful smile on the outside is only a reflection of her true beauty within. Her constant quotation of scriptures, nursery rhymes, stories and songs were a steady source of joy throughout my formative years and a great source of laughter between my siblings and me now.

The Bible, especially Ephesians 4:32 and the Golden Rule were her favorite sources. She is the reason I can quote a scripture, sing a song, or recite a nursery rhyme for almost every significant or insignificant event in my life or the lives of my children. She grounded me through her demonstration of love and respect for others and shaped me into who I am.

The foundation of my parents lives have been built on the love of God and service to others through that love. This love for God, their love for each other, their family and its impact on countless other lives will only be realized in heaven. I have been a recipient of this love and

am forever changed because of it. Therefore, it is with great joy that I dedicate this work to my parents.

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My parents Marlin and Donna Milwee have been a driving force behind every endeavor throughout my life, educational or otherwise. Their love and support of me has been invaluable and I love you both very much. My sister Michelle Scott has always been my cheerleader, but the admiration is completely mutual, I love you Shelzy. My brother Dr. Mark Milwee has always supported me. Even though you are far away ministering to others, sharing the love of God you are always close in my heart.

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CHAPTER 1

INTRODUCTION TO THE STUDY

Incivility is currently a topic of concern in nursing and higher education. There is a serious and growing concern on college campuses across the United States as many forms of incivility are occurring, ranging from offensive language and rude behavior to hostility and violent behavior. Nurse educators in higher education have cited instances of troublesome student behaviors for many years such as cheating, inattention in class, and absenteeism; however, most recently faculty have complained of a steady increase in more disturbing behaviors such as yelling at faculty, and physical hostility. This is an area of significance, leading nurse educators to believe that the level and seriousness of incivility has increased and is impacting the teaching and learning environment (Clark, 2008a, b, c, 2009; Clark, Farnsworth, & Landrum, 2009; Clark & Springer, 2007; Luparell, 2004, 2005, 2007).

The operational definition of incivility used in this study states, “academic incivility is defined as rude, discourteous speech or behavior that disrupts the teaching-learning environment and may range from misuse of cell phones, rude and sarcastic comments to threats or actual acts of physical harm” (Clark, 2008c, p. 458). Instances of incivility directed toward faculty can be frightening, discouraging, and lead to fearfulness related to job security or physical harm and other negative consequences. These instances have the potential to cause a decrease in job satisfaction among nursing faculty leading to an exodus from the field at a time when there is a tremendous shortage of faculty and measures are needed to recruit and retain more nursing faculty (Luparell, 2007).

Student incivility can also negatively influence the teaching and learning environment in the classroom by impeding the learning of others through distraction and disruption of the instruction, and negatively affecting the classroom dynamic (Hirschy & Braxton, 2004). Such experiences of incivility potentially disrupt nursing education. Clark (2008d) suggested that a student who engages in uncivil behaviors while in nursing school can bring those same behaviors to the work environment. Acts of incivility can negatively impact the health care environment and negatively influence patient outcomes. Incivility exhibited by student nurses is especially troubling because upon graduation these same students will be providing patient care (Langone, 2007).

The profession of nursing has always been known for demonstrating concern and compassionate care, so the potential of nurses representing anything less is concerning. Incivility demonstrates a lack of concern for patient welfare and respect for human dignity, which is essential for professional nursing (Luparell, 2005). This issue is very concerning, not only for the representation of nursing, but the impact on the health care environment as well.

Conceptual Framework

Phenomenology or “lived experience” research was developed by Edmond Husserl, a German philosopher. Husserl developed this approach because of his belief that all human phenomena could not be studied and understood using an experimental scientific approach. There are two primary forms of phenomenology: Husserlian phenomenology and Heideggerian phenomenology. Martin Heidegger was mentored by Edmond Husserl and later developed his own form of phenomenology (Mapp, 2008). Both were extremely interested in exploring lived experiences; however, each viewed the process entirely differently (McConnell-Henry,

Chapman, & Francis, 2009). Heidegger's framework was used as a foundation for this study in order to gain a greater understanding of the nurse educator's lived experiences with student incivility.

Heidegger (1962) went a step further than Husserl when studying the phenomena of interest; his focus was not just descriptive, as was Husserlian phenomenology, but interpretative. Heidegger's model focused on uncovering the meaning behind the experience or with interpretation and understanding; he subscribed to the belief that human nature was subjective. Based on Husserl's (1931) descriptive framework, personal beliefs about the research phenomena must be pre-reflective or set aside while attempting to describe the participants' experiences. Heidegger did not believe it was possible to put aside ones' preconceived ideas, which were termed bracketing by Husserl; therefore, his phenomenological model focused on description and interpretation. Heidegger also believed human beings constantly interpret phenomena, based on their own experiences, to achieve understanding (McConnell-Henry et al., 2009).

One of the main differences between descriptive and interpretive phenomenology is in relation to bracketing. Interpretive phenomenology, as understood by Heidegger, states that bracketing is not possible. Heidegger stressed the importance of the researcher immersing oneself into the world of those under study in order to better understand and interpret the experience. According to Heidegger, human experience needs to be interpreted for understanding, not just described (Polit & Beck, 2008). Based on Heidegger's interpretive phenomenological approach, which is also called hermeneutics, the researcher can convey his or her own thoughts and ideas of prior experiences to interpret data in the research process (Mapp, 2008).

An interpretive phenomenological approach, as described by Heidegger, was believed, by the researcher, to be the most appropriate framework to utilize for this study. The researcher was familiar with the issue of student incivility and was interested and willing to explore the phenomenon in-depth. The researcher also sought to gain a greater understanding through interpretation of the experiences, which was best accomplished through Heidegger's phenomenological framework. By using the interpretive approach, the researcher can be immersed into the lived experience of the nurse educator impacted by student incivility, which provides a framework to better understand and interpret the experience. The researcher believed this study would be lacking if the Husserlian model of phenomenology was utilized to frame the study because of the lack of interpretation and analysis the Husserlian framework provides.

By employing the Heideggerian model of phenomenology the researcher can achieve a more thorough analysis of the lived experiences of those nurse educators who have personally encountered student incivility thus allowing the researchers' personal experience and knowledge to direct a more comprehensive study of student incivility. An interpretive phenomenological approach provides a framework for continual analysis of the phenomenon under study, based in part on the researchers' own understanding. The meaning of the lived experience for the nurse educator was also better understood by utilizing the Heideggerian approach because of the interpretive piece this framework provided.

The researcher chose phenomenology as the framework for the study because of the interest of understanding student incivility from the representation of several participants having personal experience with the phenomena of interest. A phenomenological approach allows the researcher to describe the meaning of a similar experience between multiple individuals to better understand the phenomenon. Therefore, the researcher is looking at what is common among the

experiences and how the participants commonly experienced it (Creswell, 2007). The researcher believed other approaches would not allow the researcher to gain full understanding of the meaning behind the experience like a phenomenological approach would. Therefore, the best approach to explore the lived experiences of nurse educators impacted by student incivility was a phenomenological approach.

Problem Statement

The problem with student incivility is not merely the fact it exists, this has been established throughout the literature review. The problem this study addresses is the need for specific information from nurse educators' about their experiences with student incivility. The study also addresses the subsequent impact of nurse educators' experiences on their teaching practices, job perception, and their interactions with students. Lastly, this study addresses the problem by asking nurse educators their thoughts on contributing factors, warning signs, prevention and management, and the impact of incivility on student learning. This is important for nurse education because in order for a problem to be resolved it must first be realized and then addressed. The study is also important because the information is shared from a first-person account from nurse educators who have experienced student incivility, understand the implications, and realize the importance of prevention, management, and resolution.

Purpose of the Study

The purpose of the study was to explore the experiences and impact of incivility on nurse educators. An interpretive phenomenological approach was utilized to frame the study as a means to elicit individual experiences with incivility. The approach provided the framework to

explore the meaning of these experiences for the impacted individuals. Participants for the study were Associate Degree Nurse (ADN) educators at community colleges in a state in the southeast who had experienced student incivility.

When exploring the lived experiences of nurse educators who encountered student incivility, it was important to discover educators' thoughts and perceptions about precursors to incivility as well as prevention and management strategies. With the potential of uncivil behaviors escalating into acts of violence, it was important to gain understanding from those who have experienced the phenomenon, as well as their thoughts on ways to prevent, identify, and manage incivility. Therefore, through the interview process, nurse educators were asked to identify precursors and ways to prevent and manage student incivility in the academic setting.

There were three overarching (broad questions) and four narrowly focused research questions the researcher attempted to answer through the study.

Broad Research Questions

1. How do nurse educators describe or define their experiences and understanding of student incivility?
2. How do nurse educators describe the impact of their experiences with student incivility?
3. How do nurse educators' descriptions and understandings of student incivility impact their role as an educator?

Focused Research Questions

1. How do nurse educators say student incivility impacts teaching?

2. How do nurse educators say student incivility impacts interactions with students?
3. How do nurse educators say student incivility impacts job satisfaction and desire to continue in nursing education?
4. What do nurse educators describe as precursors, prevention strategies, and ways to manage student incivility?

Through the utilization of the phenomenological approach, these research questions were answered. This approach to inquiry is frequently used to explore the lived experiences of multiple individuals looking at a common experience. The researcher focuses on the individual experience, while gaining understanding from the collective meaning and representation (Creswell, 2007). In order to answer these questions, the researcher interviewed nurse educators who had experienced student incivility to gain understanding from their personal experience with the phenomenon. The researcher then answered the questions, through general inductive analysis and thematic representation, by establishing a common understanding and meaning of the themes that were woven throughout the individual experiences.

Themes

Seven emergent themes were identified for this study, which align with and assist to answer the research questions. The designated themes include (1) uncivil experiences, (2) nurse educators' emotions, (3) impact of incivility, (4) addressing incivility, (5) warning signs and contributing factors of incivility, (6) prevention of incivility, and (7) incivility a growing problem. The researcher used the emergent themes and the research questions as a guide to gain understanding of the meaning of the lived experiences of nurse educators impacted by student incivility.

Study Significance and Implications

Encounters with uncivil students can lead to negative emotional and physical consequences for nurse educators and can negatively influence the teaching and learning environment while eroding morale, job approval, and perceptions of the teaching role (Luparell, 2007). At a time when nursing faculty shortages are a very real concern, exploring the causes of incivility and assisting faculty to bring about a successful resolution for both the student and faculty is of utmost importance.

The focus of the study was nurse educators' experiences with student incivility and the impact of incivility in nurse education; however, the findings are applicable to other disciplines in higher education as well because incivility can occur in any institutional setting. For the purpose of the study, faculty incivility directed toward students was not specifically explored but was considered a precursor or contributing factor. Because of the potential negative impact of incivility on the teaching and learning environment and the lack of research on this topic, many avenues of research were warranted. The researcher narrowed the study to include only the experiences and impact on faculty in an attempt to develop a richer understanding of student incivility directed toward faculty.

The literature review established that the topic of incivility was broad and encompasses every aspect of society including higher education and nurse education. It was important for the researcher to focus the study on the impact of incivility on the nurse educator for many reasons: (a) the researcher's interest in the nurse educator role, (b) the nurse educator's influence for change in nursing education through the role, (c) to gain understanding of the negative impact and promote change, and (d) identify ways to positively impact the teaching/learning environment through the role. Therefore, even though the researcher could have chosen many

directions for the focus of this research, the researcher believed this approach would provide the greatest benefit for the nurse educator role and add to the body of knowledge in the research.

Summary

In this study, chapter two contains an extensive literature review that focuses on incivility. The review encompasses numerous examples of uncivil behaviors and is divided into three sections: (1) incivility in society, (2) incivility in higher education, and (3) incivility in nurse education. Through the literature review the researcher identified the growing concern over incivility and the gap in the literature related to student incivility in nurse education. The findings from the review further justified the researcher's reasoning for choosing a phenomenological approach.

In chapter three the focus is on the specific research design, the methodology, and the rationale for choosing a phenomenological approach for this study. Phenomenology was chosen as the conceptual framework for this study because of the researcher's desire to gain an understanding of the nurse educators' lived experience with student incivility. The recruitment and selection of the sample is included in this chapter, which consists of 10 nurse educators from community colleges in a state in the southeast. The chapter concludes with the explanation of the interview protocol used as a guide during data collection and the analysis.

In chapter four, the researcher presents the findings, including the participant's definitions of incivility and the assigned themes. Themes include (1) uncivil experiences, (2) nurse educators' emotions, (3) impact of incivility, (4) addressing incivility, (5) warning signs or contributing factors of incivility, (6) prevention of incivility, and (7) incivility a growing problem. The themes were aligned with the research questions to analyze the data. Throughout

the thematic breakdown the researcher used the themes and the literature to answer the research questions.

Discussion, conclusions, implications for policy and practice, and future research are included in chapter five. The findings from the study inform the field and extend the research, filling a gap in the literature related to phenomenological or lived experience research, and lead to a better understanding of incivility. The findings from the study also offer descriptions from the participants' own experiences and the impact those experiences have had on the teaching and learning environment. Additionally, these findings provide insight into identifying, managing, and preventing uncivil student behaviors from the educators' experiences with uncivil students.

CHAPTER 2

REVIEW OF THE LITERATURE

The purpose of the review was to explore the available literature on different types of incivility in order to gain a better understanding of the multiple contexts contributing to incivility and to identify the gaps in research. In a phenomenological study researchers conduct the review of literature at the beginning of the study, in an attempt to broaden the researchers' understanding of experiences from various viewpoints (Polit & Beck, 2008). Incivility in nurse education was the primary focus, especially in relation to student behaviors and the impact on nurse educators.

It is important to note that throughout the literature review the term “incivility” is used in diverse ways to reflect a variety of behaviors and speech. Incivility is characterized by some as disruptive behaviors such as talking in class or coming in late for class. However, incivility is characterized by others as a range of behaviors including the aforementioned disruptive behaviors, as well as verbal threats, inappropriate touching, and acts of physical violence. It is also noted that some authors do not consider classroom disruption as incivility and only use the term in relation to threatening types of behaviors.

The review of literature was begun using the following keywords: incivility, civility, rudeness, bullying, student behaviors, nursing education, and higher education. The on-line databases of CINAHL Plus with Full Text, ProQuest Nursing and Allied Health Source, and ERIC (EBSCO: online) was utilized for the search through the University's electronic resources.

When reviewing the literature, incivility was identified as an area of concern in society, in higher education, and in nurse education.

There were many anecdotal articles relating observations and experiences of incivility throughout society in higher education and nurse education but far less empirical research, especially in relation to nurse education. The review is divided into three sections: incivility in society, incivility in higher education, and incivility in nurse education.

Incivility in Society

Many anecdotal reports and research studies report that rudeness, anger, and aggressive behaviors are increasing in society (Clark & Spring, 2010; Johnson & Indvik, 2001; Lashley & De Meneses, 2001; Luparell, 2004; Suplee, Lachman, Siebert, & Anselmi, 2008; Thomas, 2003). Participants in a national survey agreed that rudeness in America is increasing from the highway to the workplace and many places in between (Johnson & Indvik, 2001). In a nationwide random telephone survey conducted in 2002 of 2,013 adults, prepared by Public Agenda and funded by The Pew Charitable Trust, researchers concluded that 6 out of 10 Americans believe that rudeness in America is on the rise. “Americans say they are witnessing a deterioration of courtesy and respectfulness that has become a daily assault on their sensibilities and the quality of their lives” (Public Agenda, 2002, p. 10).

The study also included several key findings: (1) Fifty-eight percent of respondents cited aggressive driving at the top of the list for inappropriate behaviors, and 64% said they believed the problem was getting worse. (2) Seventy-one percent reported witnessing unruly parents at children’s sporting events. (3) Forty-nine percent of respondents reported being subjected to noisy and irritating cell phone conversations. (4) Forty-four percent of respondents reported

often hearing cursing. (5) Seventy-seven percent of respondents complained of poor customer service, while 74% said they had witnessed customers treating sales people rudely (Public Agenda, 2002).

This large telephone survey was followed with seven focus groups and interviews with academic leaders as well as leaders in media, customer relations, and public interest groups. The participants in the focus groups concurred with the findings from the telephone interviews concluding that incivility in America is on the rise. Through the survey, the authors attempted to show what many Americans think and report about civility, manners, rudeness, and disrespect (Public Agenda, 2002).

Workplace Incivility

In an anecdotal article, Johnson and Indvik (2001) reported that workplace incivility reflects incidents of social hostility such as aggressive driving and lethal battles over parking places. Workplace behaviors that demonstrate a lack of respect and civility toward others can escalate into abuse and violence. Some of the most common workplace incivilities identified included humiliating and patronizing remarks, public chastisement, harassment, insults, and talking behind coworkers' backs. The authors concluded that when stress is widespread, incivility and rudeness follow.

Healthcare organizations and hospital workplaces are representative of the culture and are not immune from uncivil behaviors expressed and demonstrated by uncivil employees (Kerfoot, 2008). The author further concluded in this report that poor behaviors in the healthcare work environment can range from mild annoyances that decrease job satisfaction to harassment and sabotage that can result in unsafe patient outcomes.

The concern for poor patient outcomes in the health care setting was also raised in several of the nurse education articles. Luparell (2005) indicated that incivility demonstrates a lack of concern for patient welfare and respect for human dignity, which is essential for professional nursing. Suplee et al. (2008) asserted that it is the ethical duty of nurse educators to address student incivility in the hopes of preventing acts of incivility directed toward patients and peers. Langone (2007) stressed that unethical behavior from student nurses will eventually lead to unethical behaviors in the professional workplace, which could affect the life of another person.

Incivility in society and the workplace is on the rise. A participant in the Public Agenda survey summed up her thoughts on experiencing incivility in society as follows:

The mathematics of incivility are disturbing. If you don't face it at work there's a good chance you'll face it during your commute to work; if you don't face it in your immediate neighborhood there's a good chance you'll run into it going to dinner or at the movie theater. (Public Agenda, 2002, p. 24)

As found in the review of literature, incivility in society is a disturbing problem that is prevalent, leading one to understand the need for further research related to the topic.

Incivility in Higher Education

Higher education is a smaller version of society at large, according to Connelly (2009). Anecdotal reports and empirical evidence lend credence to the idea that not only is incivility increasing in society but in higher education as well. Boice (1996) concluded that incivility in higher education had been understudied and unpublished and more empirical research was necessary.

Incivility can negatively impact the teaching and learning environment and can occur in any institution of higher learning. According to Hirschy and Braxton (2004), classroom incivility is defined as behaviors that interfere with a supportive and productive teaching and learning

environment. The authors indicated that student incivility has a negative impact on students in the classroom through distraction and disruption of instruction thus leading to a negative classroom dynamic.

Identification of Incivility

A 5-year descriptive study, utilizing faculty and student interviews and classroom observations to explore classroom incivility in higher education, was conducted by Boice (1996). Over 400 interviews with students and 192 with faculty members were conducted, as well as observations in 16 different classes with greater than 100 freshmen or sophomore students. Findings indicated that classroom incivility is very common and behavioral patterns are often established during the beginning few days of classes.

Throughout the 5 years of data collection, Boice (1996) collected a tremendous amount of data for descriptive analysis. Findings included three student incivilities rated by faculty as highly disturbing such as students talking so loudly during one third of the class meetings that lectures and discussion could not be heard, teachers confronted by students with rude remarks and disapproving moans during class, and the presence of students labeled as “classroom terrorists” who demonstrated dramatic and unpredictable behaviors using intimidation tactics. According to Morrissette (2001), classroom bullies that take over the class through disruption cause other students in the classroom to be shortchanged in the learning environment. Uncivil students tenaciously disrupt the teaching and learning environment and hamper student engagement and learning.

In his anecdotal writings, Feldman (2001) concluded that incivility in the classroom can be assembled into four groupings. The first and largest grouping is identified as uncivil behaviors

such as arriving late for class and leaving early; ringing cell phones and vibrating pagers; and annoyances such as playing computer games, surfing the internet, and reading the newspaper. Each of these behaviors can slowly build over time and erode the teaching and learning environment. The second grouping is identified as “classroom terrorism.” These uncivil behaviors directly interfere with student learning and include such behaviors as interrupting the teacher with questions or comments unrelated to the topic, arguing and becoming verbally abusive with other students or the teacher, or students carrying on disruptive conversations during class.

The third grouping of uncivil behaviors involves student use of intimidation tactics in an attempt to gain some type of leverage or hold over an instructor. These behaviors can include threatening to give negative course evaluations or reporting untrue complaints to a department chair. The final grouping is the most troublesome and involves actual acts or threats of violence. Violence or the threat of violence can completely end the instructor’s career or desire to teach through the negative influence on the mental psyche of the instructor to the point of feeling incapable of teaching. Feldmann (2001) concluded that each of these uncivil behaviors must be addressed to negate repeated offenses.

Contributing Factors

In his review of the literature, Morrissette (2001) identified several factors that contribute to incivility in the higher education setting. Increasing numbers of emotionally troubled students enrolled in colleges and universities was an area of concern identified by the author as potentially leading to incivility. The author surmised that because of the advancement in psychiatric treatment, including outpatient therapy and psychotropic drugs, more people with

psychiatric illnesses are living productive lives in the community and are enrolling in institutions of higher learning. However, Morrissette (2001) suggested that with the added stress of the increasingly demanding educational climate, the student with a preexisting psychiatric illness may be unable to cope with the added stress, resulting in acting out and unacceptable behaviors.

In the review of literature conducted by Morrissette (2001), he also identified the contributing factor of the student with a consumer mentality. The author concluded that with the changing college climate students sometimes identify a college education as a product to be bought. The student pays for the product through tuition and expects to receive a passing grade as a consumer of that product, despite the effort put forth by the student.

From this viewpoint, education can be seen as a product and the student as the consumer or the buyer, leading to the exchange of money for knowledge. The student can exhibit uncivil behaviors when the expectation of a passing grade is not achieved. The author also alleged that rudeness was allowed by faculty or administration, because the student was the paying consumer. This conclusion was very similar to the research findings from Nordstrom, Bartels, and Bucy's (2009) research on predictors of uncivil classroom behaviors.

Survey research was conducted with 593 undergraduate participants examining predictors of uncivil classroom behaviors (Nordstrom et al., 2009). Data revealed support for the primary hypotheses: students who viewed uncivil behaviors positively were more likely to participate in such behaviors; also students who possessed a consumer or narcissistic mentality were more likely to take part in uncivil behaviors. Boice (1996) also concluded that narcissistic inclinations by students were pervasive throughout higher education leading students to believe that high grades should be given with little effort from the student. When expected outcomes are not realized, the end result could be student incivility.

Student Impact

A review of literature was conducted in an attempt to answer questions related to the impact of student incivility on other students and on student commitment to the institution (Hirschy & Braxton, 2004). Findings from the literature led the authors to conclude that disruptive classroom behaviors negatively impact students' perceptions of their own intellectual and educational achievement. Student incivility also negatively impacted students' commitment to the institution. The authors indicated that faculty plan and shape the learning environment; however, students play a vital role in determining the classroom environment.

Unreported Student Incivility

Through observations and interviews, Boice (1996) concluded that institutions of higher education and faculty alike do not report or underreport incidents of incivility for a variety of reasons, including faculty or university embarrassment because of the inability to manage or resolve the situation, and the lack of empirical data related to successful strategies for managing and preventing incivility in the classroom. Morrissette (2001) concluded that novice faculty underreported uncivil classroom encounters for fear of receiving poor teaching evaluations during the tenure and promotion period. Faculty also indicated that intervention was delayed in the hope the situation would resolve without involvement and the fear administration would not be supportive.

Prevention, Intervention, and Management Strategies

Morrissette's (2001) review compiled anecdotal accounts of student incivility in an attempt to fill the gap in the literature related to prevention, intervention, and management

strategies for student incivility. The author concluded student incivility could be prevented and eliminated by educators who assume a proactive position against incivility. The author further concluded, if classroom incivility is not addressed through a proactive stance, rude behaviors can progress into aggressive or even violent behaviors. As behaviors deteriorate, learning opportunities decrease and educators become distracted or even fearful, further impacting the teaching and learning environment.

Numerous strategies were suggested by Morrissette (2001), which faculty and administration could incorporate into the framework of higher education in an attempt to avert, intervene, or manage student incivility. Identified strategies include the following: (1) establishing an attitude of respect through effective communication, (2) providing a clear and concise explanation of behavioral expectations in the course syllabus, (3) allowing student feedback often, (4) faculty scheduling peer observation of instruction and evaluation often, (5) creating an interactive educational environment and engaging students, (6) providing a good example for students to imitate, (7) responding appropriately to potential conflicts, and (8) instituting a student grievance process. The landscape of the classroom in higher education is changing, along with the students being served. Faculty should attempt to understand these changes to successfully prepare for the changing classroom environment, according to Morrissette (2001).

Resistance

Classrooms in institutions of higher education are places where lively discussion and debate should occur (Morrissette, 2001). Questioning authority is not incivility in and of itself; however, the manner in which this questioning occurs should follow the appropriate code of

conduct. A distinction was made between differences in lively debate and heated argument leading to incivility.

According to Morrissette (2001), understanding can result in a classroom where opinions are shared and interactive debate and discussion is allowed. However, he is quick to suggest that student behaviors leading to incivility are counterproductive and have a negative impact on the teaching and learning environment. According to Boice (1996), some student resistance can be labeled as productive when appropriate questioning leads to deeper understanding for both the student and the teacher.

In their anecdotal writings, Bray and Del Favero (2004) concluded that some resistance is necessary in the academic environment to allow for reflection and questioning of values. The authors concluded that higher education would not have made the great strides to alleviate social injustice and promote equality without some form of resistance and confrontation. However, the authors do go on to explain, once again, there is a difference between resistance and incivility. Although resistance is appropriate at times to promote intellectual rigor, student incivility leads to a negative learning environment and is not appropriate.

In his article, Connelly (2009) explained that civility is living and working amicably with others and is other centered. However, he pointed out some in society would take advantage of those who conform, for the sake of civility, to society's norms. He goes on to suggest that those same people attempt to hold those who will conform in a submissive position out of a lust for power. In situations such as this, he believes it is appropriate and necessary to challenge those in power.

A power struggle may be a situation students find themselves in while in higher education, necessitating the use of civil disobedience. It is not incivility but resistance or civil

disobedience if students find themselves in a situation where a person in authority, such as an instructor, is inappropriately using a position of power to command conformity. Students are completely within their rights to resist because this is a form of faculty incivility. It is important to note that there is a difference between student incivility and the appropriate use of resistance in the classroom, according to Connelly (2009).

Behavioral Conduct Codes

Codes of conduct, behavioral policies, civility standards, and incivility policy statements are being introduced and adopted in institutions of higher education (Connelly, 2009; Feldman, 2001; Gilroy, 2008). Gilroy (2008) emphasized the importance of incorporating behavioral standards into higher education. These policies, standards, and statements are being adopted in an attempt to encourage students to accept personal responsibility for their behaviors and communication. Students are provided examples of unacceptable behaviors and instructed on how to respond upon experiencing or witnessing uncivil encounters. In an effort to foster civility, the codes are also being written to assist students to strive for civility by reflecting cautiously before responding to a challenging circumstance.

The author also indicated professors and administrators are sharing information on how to provide a more civil learning environment. The author interviewed one professor who maintains a website dedicated to providing an open forum for professors to share tips on how to regain control over the classroom. Colleges and universities are also adopting codes of conduct and civility statements in an effort to prevent uncivil behaviors. These codes and statements are also being utilized by professors to inform students of behavioral expectations (Gilroy, 2008).

Another college established campus-wide forums to promote civility. Through these forums, policies have been established such as requiring all faculty members to place civility statements of expected behaviors in all class syllabi. Connelly (2009) stated, “Students can’t read our minds. They can’t be expected to know what we stand for without our making an explicit and vigorous effort to communicate this” (p. 56). The author suggested the implementation of a published Code of Academic Civility to be utilized in classes of first-year college students. The code has two goals: to make explicit acceptable language and behaviors and to assist the student to understand the expected norms and values that encompass civility.

As the anecdotal reports and research in higher education reveal, incivility in society and higher education is a growing area of concern. In this fast-paced, rude, and uncivil society, many of the areas of concern in society are evidenced in the academic classroom as well. As is indicated throughout this review of literature, more empirical evidence is needed related to incivility in higher education to fill the gaps in the literature and extend the research in the field. In order to build common understanding regarding civil classroom actions and speech in institutions of higher learning, both faculty and students must share an understanding of expectations (Bray & Del Favero, 2004).

Incivility in Nurse Education

Increasing incidents of student incivility have been reported in nurse education in both the classroom and clinical setting (Baxter & Boblin, 2007). In this review of literature, empirical research was limited related to incivility in nursing education; however, numerous anecdotal studies were available for review.

Literature related to the identification and impact of incivility on nurse educators and the teaching and learning environment were reviewed, as well as studies providing findings related to the identification of contributing factors for student incivility. Lastly, prevention and management strategies were identified in the literature that the researchers believed could be utilized to either prevent or manage incivility.

Impact of Incivility

As related in a number of manuscripts, Luparell (2004, 2005, & 2007) interviewed 21 nurse educators from six states who had experienced student incivility to establish the effects of those encounters. Luparell utilized the critical incident technique to discover which occurrences faculty considered significant. Thirty-six critical incidents were identified by nurse educators as significant, ranging from comparatively mild behaviors to extremely antagonistic and threatening. Some of the main themes identified included (a) physical effects; (b) harm to self-confidence and self-respect; (c) emotional effects, anxiety, and trauma; (d) lost time; (e) monetary expenses; (f) negative impact on education; and (g) withdrawal and departure from education.

The author found that instances of incivility directed toward faculty can have a negative impact on the nurse educator and the teaching and learning environment. Distress, fear, loss of confidence, and classroom disruption were identified throughout as contributing to a negative atmosphere, along with eroding morale and negative perceptions of the teaching role. The impact of incivility on nurse educators varied and the behaviors ranged from rude actions and speech to aggression and threats of violence (Luparell, 2004, 2005, & 2007).

The author also found incidences of incivility have physical and emotional consequences for faculty and can produce a negative atmosphere in the educational environment while eroding morale, job satisfaction, and perceptions of the teaching role. Posttraumatic stress experienced by some faculty after occurrences of incivility can cause faculty members to relive emotions experienced during the incident. Loss of sleep and interrupted sleep patterns can be experienced by faculty as a physical complaint following negative experiences. Loss of confidence in teaching abilities and lack of self-esteem can also lead to negative results as well as self-doubt and worry over the cause of the uncivil encounters (Luparell, 2004, 2005, & 2007).

The author further indicated educators can become involved in frivolous grievances brought on by disgruntled students, which can be a form of incivility. Personal financial costs related to legal fees and significant time expenditures related to the arduous grievance process and the modification of pedagogy to prevent future conflict can negatively impact the faculty role (Luparell, 2004, 2005, & 2007).

Additionally, faculty may leave the field of higher education because of either a perceived or real threat to self or family. Fear of loss of employment or concern that poor student input and evaluations would negatively impact tenure or promotion can also occur. Luparell asserted, when nursing faculty shortages are a very real concern, exploring the causes of incivility and assisting faculty to bring about a successful resolution for both the student and faculty is of utmost importance (Luparell, 2004, 2005, & 2007).

Anecdotal findings from 14 years of discrete study on anger related issues between nursing faculty and students gained during workshops and conference presentations were related by Thomas (2003). The author performed numerous consultations and interviews with students and faculty members from across the nation who attended workshops conducted on anger related

issues. Throughout this article, Thomas provided insight on the causes of student anger, how to manage student anger, and how to identify potentially violent students. Thomas interviewed faculty who had been threatened, followed, and verbally and physically abused. She believes these inappropriate behaviors by students have resulted in poor student/teacher relationships and have further resulted in an ineffective teaching and learning arena (Thomas 2003).

Participants in a National League for Nursing (NLN) summit conference call shared personal experiences of uncivil encounters and presented a review of the literature. Participants shared increasing reports of aggression have occurred during extremely stressful times such as after receiving the report of a failing grade, or receiving criticism after poor performance (Kolanko, Clark, Heinrich, Olive, Serembus, & Sifford, 2006). An incident in October 2002 brought this issue to the forefront and involved the shooting of three University of Arizona nursing professors by a nursing student after the student received word of a failing grade. The three professors died from their injuries and the student also died from a self-inflicted gunshot wound (Clark & Springer, 2007a).

Such drastic examples of violence are very rare and are much more extreme than cheating or rude behaviors. However, according to Kolanko et al. (2006), faculty members experience incivility every day in classroom and clinical settings which often go unnoticed by individuals and administrators outside of the classroom or clinical setting, but not by the educator experiencing the incivility. Uncivil behaviors of cheating, talking in class, or threats can lead to faculty distress and environmental disruption.

Workplace Incivility

In their review of literature, Baxter and Boblin (2007) identified another area of concern stemming from incivility: the continuation of student incivility into the workplace after graduation which could also negatively impact the profession of nursing as a whole. According to a 2003 Gallop poll, nurses were perceived to be among the most trusted and honest professions with high ethical standards. Langone (2007) asserted in an article that incivility related to patient care was an ethical issue and should be addressed as such. The author further stressed that unethical behavior from student nurses will eventually lead to unethical behaviors in the professional workplace, which could affect the life of another person.

Based on the American Nurses Association Code of Ethics for Nurses, Suplee et al. (2008) asserted it is the nurse educators' ethical duty to address uncivil student behaviors in schools of nursing to prevent these actions and attitudes from entering into the professional working environment and negatively impacting patient outcomes. The authors used a case study approach to analyze issues in incivility, looking at approaches to prevent or manage incivility from a legal and realistic viewpoint. The authors seemed to be implying there is a link between unethical behaviors by the student and acts of incivility. Also, the authors implied further that it is the ethical duty of nurse educators to address student incivility in the hopes of preventing acts of incivility directed toward patients and peers. Thus, the reader could conclude that nurse educators have an ethical responsibility to students and patients who the students will care for.

Incivility demonstrates a lack of concern for patient welfare and respect for human dignity, which is essential for professional nursing. Empathy and care are at the core of nursing, so the researcher questions if a student does not exhibit these characteristics should the student be allowed to practice in a caring profession Luparell (2005)? It is important that incivility in

schools of nursing be addressed before the student is afforded the opportunity to enter into the nursing workforce. It is particularly disturbing that health care providers have linked poor patient outcomes to disruptive behaviors, according to Suplee et al. (2008).

According to Luparell (2008), incivility is seen as an express violation of the ANA Code of Ethics, which is based on the foundation of respect for human dignity, compassionate care, and the uniqueness of all human life. Therefore, Luparell (2008) believed it is imperative that student incivility be addressed and curbed prior to the graduation. Nursing leaders concluded that inappropriate behaviors by health care providers can lead to mistakes, and poor patient outcomes (Clark & Springer, 2010).

Identification and Contributing Factors

A 2001 National Survey on student incivility in nursing programs, where investigators surveyed 409 nursing program directors, concluded that all 409 of the respondents had encountered student incivility. Behaviors exhibited included absenteeism, lateness to class, and inattentiveness while in class. More serious infractions reported by participants included 52.8% of students were yelling at faculty in the classroom, 42.8% were yelling at faculty in the clinical setting, and 24.8% of the faculty experienced inappropriate and offensive touching or physical contact by students. The study also concluded that 43% of those surveyed noted an increase in instances of incivility compared to 5 years prior (Lashley & De Meneses, 2001; & Luparell, 2004).

Contributing factors to student incivility were recognized throughout the literature review which could negatively impact the classroom dynamic and promote student incivility. Contributing factors including high stress environment, competition for grades, and generational

differences between educators and students were identified throughout the literature review as well as many others. Other identified contributing factors included poor student preparation, social isolation, psychological and emotional difficulties, along with an attitude of entitlement which were more involved and evident than previous generations of students (Kolanko et al. 2006).

Several other factors identified that contribute to student incivility were poor moral and ethical development of the student, poor judgment and risk-taking behaviors, and the concern for the negative financial impact if classes were failed. The researchers asserted these factors could lead to a feeling of desperation by the student thus contributing to uncivil behaviors (Kolanko et al., 2006).

Several causes of student anger were identified throughout Thomas's (2003) informal studies, including the following: (a) perceptions of injustice, inflexibility, or bias by faculty, based on race, class, or gender; (b) excessively critical teachers with unrealistic demands; (c) response to unforeseen situations; and (d) unsettled family problems. In society, students have witnessed role models who are antagonistic, not apologetic for inappropriate behaviors, and often receive no punishment for these uncivil behaviors. Thomas believed it should come as no surprise that students in today's college classroom are antagonistic and unrepentant for their poor behaviors.

As referred to in numerous manuscripts, Clark (2008a & 2008c); Clark, Farnsworth, and Landrum (2009); and Clark and Springer (2007a, 2007b) developed and utilized the Incivility in Nursing Education (INE) survey, which contains eight demographic questions, six quantitative questions, and four qualitative questions for data collection. This survey measures perceptions of both students and faculty related to experiences with incivility. In 2004, the INE was piloted with

a convenience sample of 356 nurse educators and students. In 2006, the INE was utilized again with a convenience sample of 504 nurse educators and students. Revisions were made to the survey instrument following these studies.

Following the INE survey of 504 nurse educators and students, Clark (2008c) acknowledged the student behaviors nurse educators most often cited as uncivil were side conversations during class, computer use not related to class, insisting to have make-up tests, late arrival to class, being unprepared for class, and complaints about grades. Nurse educators repeatedly had to address these uncivil behaviors. Whether the behaviors are intentional or not, nurse educators are at a loss because there is limited research in how to prevent and manage these difficult behaviors.

Some of the negative perceptions of education held by faculty, (a) student as consumer, (b) reverse power differentials, and (c) student sense of entitlement, were also identified in the literature review as leading to incivility in the classroom (Clark & Springer, 2007a, 2007b; Kolanko et al., 2006; & Morrissette, 2001). Power differentials between students and educators were identified as an area leading to student incivility. Students threatening to give poor evaluations unless demands were met could lead those same students to feel a sense of power over faculty.

Also, the student with a consumer mentality was another issue identified in the nursing literature and previously explored in the higher education literature. The student who exhibits a consumer mentality rationalizes that tuition pays faculty salaries; therefore, the student is in charge and has the right to mistreat faculty or demand favors because of the power the student possesses (Kolanko et al., 2006).

Cultural Awareness

In the concept analysis, Clark and Carnosso (2008) explored the concept of cultural awareness in relation to conflicts leading to incivility. The authors concluded that the lack of consideration of cultural issues can lead to conflicts and inconsistency ending in incivility. The authors surmised the appreciation of cultural differences along with respect and understanding is the basis for cultural awareness. However, if the appreciation of cultural differences does not occur through cultural awareness then prejudice, disrespect, and negative stereotyping can occur, leading to incivility.

Cultural differences can play a role in how conflicts are viewed and handled, according to Clark and Carnosso (2008). Some cultures see conflict as constructive while others view conflict as an interaction to be avoided; therefore, perceptions can differ. What is perceived by one to be uncivil behavior may be acceptable to another. People view civility through their own personal lens, which is shaped by tradition, knowledge, ethnicity, and past experience. In order to encourage civility in nursing education it becomes necessary to question these views, according to Clark and Carnosso (2008).

Generational Differences

Using a case study approach to analyze incivility issues, Suplee et al. (2008) identified generational differences as a contributing factor leading to misinterpretation of expectations between students and faculty. Generation X, Y, and Baby Boomers all have distinctive characteristics, values, learning styles, ideas, beliefs, and ethical considerations which make each group unique. Most faculty are Generation X or Baby Boomers and most students are Generation Y or the Millennial Generation, which can prove to be a challenge with extremely varied values,

beliefs, and learning styles (Suplee et al., 2008). The authors concluded that generational differences could contribute to increased incidences of student incivility.

In her anecdotal paper, Gibson (2009) indicated that there are four generational groups interacting in society today. She identified the groups as Traditionalists, Baby Boomers, Generation X, and Millennials and offered suggestions for intergenerational communication and successful teaching strategies. Traditionalists are typically conservative and hardworking, appreciate schedules and explicit directions: it is best to offer this group a thorough orientation, allow for questioning, and speak to concerns face to face. Baby Boomers value recognition and respect, and are hard workers. Baby Boomers appreciate personal communication and desire flexibility in education opportunities.

Generation Xers are typically knowledgeable with technology and desire explicit directions in a quick, efficient manner: it is prudent to provide short, challenging objectives and include online supplemental materials. Millennials and Generation Xers need to address work and time equilibrium. Millennials also need to have explicit expectations and structure, along with team collaboration and creative alternatives for assignments. Gibson stated that with the generational differences between faculty and students it is more important than ever for faculty to understand the varying perspectives to promote a productive learning environment free from confusion and inappropriate behaviors (Gibson, 2009). Further research is needed to determine the role of generational differences, along with gender and ethnicity in relation to acts of incivility (Clark (2008c).

In order to better prepare faculty and administrators to manage and prevent acts of incivility, it is important to more clearly understand the multiple contexts that contribute to incivility (Suplee et al., 2008). The highly demanding role of the nurse educator could be

supported more fully through greater understanding of incivility. Students exhibiting behaviors which could lead to incivility such as poor motivation, and unprepared students engaged in a highly stressed environment could be identified and assisted more effectively by understanding faculty members.

Prevention, Intervention, and Management of Incivility

Some prevention, intervention, and management approaches identified in the literature related to faculty education in dealing with incidences of student incivility along with open communication between students and educators (Luparell, 2008; & Suplee et al., 2008). The author's main focus was on the management of incivility, she stressed the importance of purposefully thinking before one acts instead of reacting. She posits that educators can escalate the problem by being too quick with a negative response, contending that educators need to get beyond cynicism, which is the opponent of civility and move toward trust and respect (Luparell, 2008).

The importance of educating faculty to identify early predictors of student incivility so early intervention and positive resolution would result, was stressed by Suplee et al. (2008). The authors contended that early identification of at-risk students followed by swift intervention could assist in the prevention of uncivil behaviors. Predictive behaviors include less motivated or poorly prepared students, poor testing scores, and outward signs of frustration and stress. The authors also contend that it is absolutely necessary that policies that lay out expected classroom behaviors and the consequences are explicitly stated at the beginning of each semester so there are no surprises; then, when students are identified, the policies will already be in place to assist the students and the nurse educators.

The Code of Ethics for Nurses with Interpretive Statements (ANA, 2005) was cited by Luparell (2008) and Suplee et al. (2008) as a realistic guide for nurse educators to utilize to formulate an understanding of the ethical and professional standards that bind every practicing nurse and upon which nursing practice is based. The Code of Ethics for Nurses with Interpretive Statements (ANA, 2005) outlines the responsibilities of nurses toward those individuals being served and to the profession of nursing itself.

The Code of Ethics is a binding agreement for all nurse educators and is an important guide related to professional conduct standards. The overarching theme of compassion and respect is the basis for all relationships, which also includes collegial relationships. “This standard of conduct precludes . . . any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others” (ANA, 2005, p. 9).

These ethical and professional standards were cited by Luparell (2008) and Suplee et al. (2008) to be used by nurse educators to develop policies to assist in preventing and addressing incidences of incivility. The Code of Ethics was also suggested to be utilized by nurse educators as a guide to inform students about professional conduct both in the academic setting as well as the patient care setting. Educational reminders about the Code of Ethics provided to faculty can be beneficial as a proactive approach to address, manage, and prevent incivility.

In 2004, Clark and Springer (2007a) conducted a pilot study, which utilized the INE survey, with 467 nursing students and 36 nursing faculty. Both students and educators (70%) believed incivility in nursing education was a moderate or serious problem and needed to be addressed. The authors concluded that policy development was necessary explicitly outlining expected student behaviors and consequences should those expectations remain unmet. The authors further concluded that research was needed to promote awareness, increase

understanding, and to identify strategies to prevent and manage incivility. Clark (2009) added that faculty should introduce civility statements that focus on tolerance and unbiased attitudes toward opposing viewpoints and establish a commitment to civil communication.

The perceptions of 126 nursing deans, directors, and chairpersons related to incivility in nursing education, was explored by Clark and Springer (2010). In this exploratory, descriptive study, the researchers utilized five open-ended questions to gain information about the perceptions. The researchers asked questions related to how incivility affects nurse educators and students; what type of uncivil behaviors are exhibited; and what role nursing leaders can play in prevention and management of incivility in nurse education.

Findings indicated 86% of participants believed that nurse leaders' role in prevention and management of incivility is to develop an environment of civility that models respect. Forty-eight percent of the participants also believed this could be achieved through educational forums, open communication, and by directly addressing inappropriate behaviors. Nursing leadership plays a key role in creating an environment where civility is fostered and teaching and learning are promoted (Clark & Springer, 2010).

According to Luparell (2008), to resolve and prevent incidences of incivility, nurse educators and nursing students alike should resolve to put aside cynicism, which is based on distrust, and promote an environment of trust and respect. The author further stated that conflict resolution should be taught to decrease conflicts and advance understanding thus decreasing acts of incivility. According to Clark (2009), the importance of preventing and intervening to stop acts of incivility should be taken seriously. The author believed that acts of incivility, if left unaddressed, can progress into threatening and aggressive acts of violence (Clark, 2009).

According to Luparell (2004), if a student is unwilling or unable to control his or her uncivil behavior with an instructor or teacher, who is a person in a position of authority, what will prevent the student from acting in those same uncivil ways in the workplace after graduation with colleagues, a boss, or even patients under his or her care? Kolanko et al. (2006) found that in order to prepare students for ethical and moral practice, nurse educators should integrate accepted professional codes into the curricula that will prepare students to practice as professional nurses. Nurse educators must also identify and address uncivil behaviors in students to ensure understanding is achieved and professional behaviors are practiced.

Schools of nursing should develop and strictly enforce policies that clearly address behaviors that will not be tolerated and to inform students of the consequences for violation of those policies in order to prevent and manage incivility more appropriately, according to Suplee et al. (2008). Clark and Springer (2007a) contended that interventions to address and prevent the problem were clear and enforced policy and procedures, codes of conduct, and mediation panels. The authors also concluded that it is the responsibility of the nurse educator to work closely with college administration to strategize and prevent acts of incivility in the classroom.

Course design could provide a positive impact on the classroom dynamic through the use of cooperative and collaborative learning. Faculty preparation is important in fostering a positive learning environment and reducing incivility; however, students play an important role in shaping the classroom environment (Hirschy & Braxton, 2004). Acts of incivility should be addressed quickly and consistently to prevent future disruptive behaviors. Nurse educators must ensure a positive learning environment to prepare competent and ethical professional nurses, according to Baxter and Boblin (2007).

The college landscape is changing, and faculty must be proactive to curtail and address uncivil student behaviors (Morrissette, 2001). Luparell (2005) identified several strategies to address student incivility including speaking clearly and explicitly about behavioral expectations for class and clinical and to address inappropriate behaviors quickly and effectively so as not to provide the illusion that the behavior is acceptable. The authors concluded that strictly enforcing a zero tolerance policy related to incivility and taking threats seriously would decrease the likelihood of incivility (Kolanko et al., 2006; Luparell, 2005; & Morrissette, 2001). Luparell (2005) further concluded that there is no place for incivility in the profession of nursing; therefore, it is imperative that nurse educators act appropriately to address and prevent such behaviors.

Summary

As is evidenced in the review of literature, there are many anecdotal writings and articles relating observations and experiences of incivility in society, in higher education, and in nurse education, but far less empirical research studies. It has been shown throughout the review that incivility is a growing area of concern in society and in the area of higher and nurse education. Incivility is experienced more frequently because society is experiencing more acts of incivility and higher education is a smaller version of society at large, according to Kolanko et al. (2006).

Uncivil encounters identified, throughout the review of literature, contribute negatively to the teaching and learning environment. The exploration of the literature described the impact of student incivility on nurse educators and the importance of early identification of problematic behaviors in leading to decreased incidences and successful management by faculty of incivility prior to graduation. Incivility demonstrated by students in a healthcare profession such as nursing

is particularly disturbing, because upon graduation these same students will be providing care to patients (Langone, 2007). The conclusion was drawn, in the literature, that it is imperative that acts of incivility be prevented, if at all possible, or addressed quickly and efficiently through a zero tolerance policy.

Nurse educators have a tremendous responsibility to the nursing profession and to the patients being cared for by those students educated in schools of nursing, to not only demonstrate positive and caring behaviors but to expect positive and caring behaviors from students in return. Nurse educators also have an incredible responsibility to those students educated in schools of nursing to promote trust and understanding, demonstrate fair treatment, and advocate for student rights. This phenomenological study promotes reflection and open dialogue as nurse educators explore their experiences and thoughts on student incivility. Nurse educators also inform the study through their understanding of the meaning of incivility and the impact on nurse education.

There is an identifiable gap in not only the lived experiences of nurse educators who have experienced student incivility but also of reflection, discussion, and open dialogue that a phenomenological framework can provide. As is further evidenced in the review, there is very limited research utilizing a phenomenological framework looking at the lived experiences of nurse educators who have experienced student incivility. Incivility in nurse education is an area of concern and warrants further study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Conceptual Framework

Qualitative Design

A qualitative approach was chosen for this study to explore the lived experiences of nurse educators who have experienced student incivility. According to Marshall and Rossman (2006), qualitative inquiry is an expansive approach that is used to study social phenomena. This approach is chosen by researchers who are interested in understanding or seeking to change a social phenomenon. Creswell (2009) stated, “Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (p. 4).

In qualitative research, questions and procedures change and evolve, data are collected from participants in the setting where the phenomena occurred, data are analyzed inductively moving from general details to broad themes, and meaning is derived from the data by the researcher (Creswell, 2009). In qualitative research, a phenomenological approach to inquiry is often used to explore the lived experiences of several individuals with a common phenomenon, focusing on what the participants have experienced individually and how meaning is ascribed (Creswell, 2007).

Phenomenology

Research framed using a phenomenological approach allows the researcher an avenue to attempt to find meaning in the lived experiences of individuals by exploring the implications and

perceptions of their lived experiences (Standing, 2009). Researchers using a phenomenological approach explore the phenomena to find meaning and understanding about an experience from individuals who have lived it and are willing to describe and communicate the experience (Mapp, 2008).

Nurse researchers are more frequently utilizing a phenomenological approach to understand nursing phenomenon related to lived experience (Jasper, 1994). Nursing and nurse education has a medical science basis and thus has relied on quantitative inquiry to provide experimental validity to many areas of research. Phenomenology offers nurse researchers an alternative avenue to guide the exploration of a particular nursing phenomenon when understanding is sought and an experimental approach is not amenable (Jasper, 1994; McConnell-Henry et al., 2009).

Phenomenology is based on reflection of the lived experience. One cannot reflect on an experience while living through it; therefore, phenomenological reflection is retrospective. Lived experiences do not manifest themselves immediately, but are grasped reflectively through past presence (Van Manen, 1990). Thus, when exploring lived experience, one must look reflectively at an experience occurring in the past to establish the present meaning.

For this study, nurse educators were asked to reflect upon their experiences with student incivility, to openly discuss the experiences during the interview process, and to define what meaning incivility holds in order to inform the study and offer understanding of the lived experience. The phenomenological framework also provided a basis for the researcher to gain insight into the nurse educators' perceptions of the experience and the reactions of the nurse educators to the experience.

According to Marshall and Rossman (2006), a phenomenological approach can be utilized to explore the lived experiences and meaning those experiences provide to develop a deeper understanding of the phenomena. In a phenomenological study, conversations or interviews are conducted with individuals to explore the shared meanings of the experiences for the participants. The researcher makes an effort to gain understanding of how the participants depict and reveal personal experiences and the significance the experiences hold.

The outward expression of the personal experience is the focus of this type of inquiry (Rudestam & Newton, 2007). Once completed, the researcher begins the iterative process of interpretation and analysis by depicting and revealing what is understood throughout the interviews. Each interview is transcribed and analyzed in order to find meaning and understanding from the experiences (Mapp, 2008).

The researcher chose phenomenology as the framework for the study because of the interest of understanding student incivility from the representation of several participants. A phenomenological approach allows the researcher to describe the meaning of a similar experience between multiple individuals to better understand the phenomenon. Therefore, the researcher is looking at what is common among the experiences and how the participants commonly experienced it (Creswell, 2007). The researcher believed other approaches would not allow the researcher to gain full understanding of the meaning behind the experience like a phenomenological approach would. Therefore, the best approach to explore the lived experiences of nurse educators impacted by student incivility was a phenomenological approach.

An interpretive phenomenological approach was utilized for this research study. Heidegger believed the researchers' own experiences were important for interpreting and understanding human experience; therefore, he did not believe bracketing was completely

possible or necessary for phenomenological inquiry (Polit & Beck, 2008). Based on the literature and the researcher's understanding, it was determined by the researcher that bracketing was not completely possible and would limit the researchers' ability to interpret and understand the lived experience. The researcher also believed a personal experience with student incivility would strengthen the study allowing for a richer and deeper understanding and interpretation of the lived experiences of the study participants who had experienced student incivility as well.

Through the exploration of the lived experience of the nurse educator, the framework provided a foundation that allowed the researcher to gain insight into the participants' understanding of incivility and how the experience impacted the educator and the teaching and learning environment. According to Mapp (2008), only those who have experienced a phenomenon can answer questions about the experiences and the understanding and meaning the experiences hold. Therefore, participants who had experienced the phenomena were interviewed and asked to share perspective and insight through a first-person account.

Exploring nurse educators' experiences with student incivility through conversations or interviews informed the study, allowing the researcher to explore the significance and meanings of the experiences and determine how the incidences shaped educators' worldview. Also, this approach allowed the researcher to explore shared meanings between nurse educators with similar experiences and determine how the personal experiences affected the educators' lives. Thus, the researcher explored the lived experiences of individuals, the perceptions of what was experienced, how sense was made of such perceptions, and how the perceptions were acted upon.

Methodology

The phenomenological study employed a purposive sample group consisting of 10 nurse educators having experience with student incivility. Clark's (2008c) definition of academic incivility was used as the operational definition for the study and participants were asked to share their definition of student incivility as part of the inclusion criteria for participation in the study.

The researcher conducted semi-structured interviews using an interview guide. All interviews were audiotaped and were conducted at a mutually agreed upon site. An analytic memo was written after each interview and the researcher transcribed each interview. A transcript with identified themes was e-mailed to each participant for member checks. General inductive data analysis was performed to identify themes followed by thematic analysis and breakdown to arrive at the findings and conclusions.

Recruitment and Selection

After obtaining IRB from The University, an Informational/Inquiry letter (Appendix A) was sent to the Directors of Nursing of the ADN programs in Community Colleges in a state in the southeast. The letter explained the study, provided contact information of the researcher (office, and cell telephone numbers and e-mail address), and provided the definition of incivility, for the Directors, which was used in the study. It is important to note that the definition of incivility was used in the letter to the Directors to provide a better understanding of the study and is used in the discussion of findings for comparative purposes. The Directors were informed that the definition of incivility, provided in the letter, was for their understanding and that potential participants would be asked to define their understanding of incivility as part of the inclusion criteria (Appendix B). The Directors were asked to inform the nursing faculty of the study and

provide the contact information of the researcher to the faculty as well, so potential participants could make initial direct contact with the researcher upon choosing to participate.

A follow-up letter (Appendix C) was mailed to the Directors 1 week after the initial inquiry/informational letter was mailed to ensure receipt of the letter, distribution of information to the faculty, and to encourage participation. Potential participants currently teaching nursing in an ADN program in a community college in a southeastern state, contacted the researcher and initial contact/inclusion criterion questions (Appendix B) asked included the following: (1) Have you ever had an encounter with an uncivil nursing student? (2) Would you be willing to participate in a research study where you would be interviewed and asked to share your personal experience about your encounter(s) with an uncivil student(s)? (3) Tell me your definition of student incivility?

For the nurse educator to be a participant in the study the answer to questions one and two had to be yes. The potential participants' definition of student incivility also had to match the researcher's definition of incivility, used for the study, to be included. The participant's definitions are included in chapter four. Polit and Beck (2008) concluded that in the selection of the sample for a phenomenological study all participants must have experienced the phenomenon and be capable of expressing what it is like to have lived that experience. Once it was established by the researcher that the potential participant met the inclusion criterion a face-to-face meeting was scheduled.

In an attempt to gain more participants through snowballing, participants were asked by the researcher during the interview process to inform colleagues who might be interested in joining the research study to contact the researcher. Participants were asked to provide contact information of the researcher and to explain the study and what participants' involvement

included. However, no potential participants contacted the researcher through snowballing. Six potential participants contacted the researcher after the initial informational/inquiry letters were mailed to the Directors and four after the follow-up letters were mailed. All potential participants met the inclusion criteria and were included in the research study.

Sample Size, Setting, and Access

The researcher chose to focus this study on nurse educators from community colleges in a state in the southeast for the following reasons: (a) the researcher's interest, familiarity, and knowledge of the community college setting; (b) obvious and available participants with knowledge and experience of the topic; (c) faculty have similar workload and responsibilities in the community college setting; (d) student makeup is similar in the community college setting; and (e) researcher's personal knowledge of student incivility in the community college setting.

The researcher anticipated 10 to 12 participants for the purposive sample. According to Polit and Beck (2008), small samples of 10 participants or less are typically used by phenomenologist. After each participant agreed to take part in the study and inclusion criteria were met, participants were interviewed face to face once. Each semi-structured interview was conducted by the researcher at a location agreed upon by both the participant and the researcher.

Intensive interviews were conducted by the researcher in order to gain a rich description and full understanding of the lived experience. An interview protocol (Appendix D) was used by the researcher to provide direction and to elicit responses from each participant about the lived experience. Flood (2010) asserted that even though the interview is semi-structured, the interview will eventually go through three ordered stages: 1). the interviewee establishing the context of the circumstances around the experience, 2). the building up of the experience, and 3).

the interviewee reflecting upon the meaning the experience holds. According to Mapp (2008), this form of data collection leads to a broader understanding of the experience and the meaning the participant has applied to this experience.

Interview Protocol

The interview protocol was developed by the researcher using guidelines offered by Robert Weiss (1994) in his book, *Learning from Strangers: The Art and Method of Qualitative Interview Studies* and from Irving Seidman's (1998) book, *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. According to Weiss (1994), open communication and the development of a partnership between the researcher and study participants is necessary in order to successfully gain information and understanding about the phenomenon being studied.

The content of the questions for the interview protocol was developed after extensive review of the literature. The researcher was aware of the phenomenological framework being utilized and understood the importance of asking questions to acquire information about the impact, understanding, meaning, and representation of the participants' lived experiences. During the review of the literature, three articles stood out as most helpful when establishing the content of the interview protocol questions. The articles are included in the review of literature for this study as well: Clark and Springer (2007a) and Clark (2008c, 2008d).

For the interview to be beneficial, the interview questions must be carefully developed with knowledge of the type of information needed to be gained and assisting the respondent to provide that information. In a qualitative study utilizing interviews, the interviewer is usually

trying to get the respondent to describe scenes or events the participant has either witnessed or experienced along with the thoughts and feelings that coincide with those events (Weiss, 1994).

According to Seidman (1998), when conducting interviews for a phenomenological study, the researcher should utilize in-depth, open-ended questions to gain understanding of the participants lived experience. The main goal of the interview should be to allow the participant to recreate the experience from beginning to end. For this study, open-ended questions were used in the interview protocol to explore the educators' experience with uncivil behaviors from student(s).

Data Collection

At the face-to-face meeting, the participant signed the informed consent (Appendix E), which included the consent to be audiotaped, and completed the demographic data information (Appendix E). The demographic data were collected on all participants and included gender, age, ethnicity, and the number of years the participant had worked as a nurse educator. Collected data also included the number of students in the nursing program where the participant was employed, the number of years in nursing, the highest degree in nursing, how long since the uncivil encounter occurred, and if the participant was still employed at the facility where the incivility occurred (see Table 1). The demographic data were obtained in order to gain a wider breadth of information.

Initially, before beginning the interview, the participant was asked by the researcher if there was anything about the study that needed to be clarified? Next the researcher asked the participant, using the interview protocol as a guide, to describe or define her understanding of student incivility, followed by a request for the participant to describe her significant

experience(s) with uncivil student behavior(s) and to tell what happened from the beginning. Prompts to elicit information included, “When did this happen?” “How did you react?” “Why do you think it happened?” “Were there warning signs?” “How could it have been prevented?” “Did you report the incident?”

Each participant was informed that a second follow-up interview would be conducted by telephone on an individual, as-needed basis as determined by the researcher. The second interview would only be needed if the researcher determined, through transcription and beginning the analysis process, that a question was not answered fully, to gain further clarification from the participant, or to probe deeper into an identified theme. Each participant was informed that a second interview would last approximately 30 to 45 minutes.

The information obtained from the interview process provided a means for data saturation. According to Mapp (2008), using a phenomenological approach, data saturation is achieved when no new categories are discovered during the collection and analysis of data. The participants were informed that a completed copy of the transcript with identified themes would be e-mailed to each participant following the interview for member checks, including clarification of the interview transcript. According to Lincoln and Guba (1985), member checks are utilized by researchers to obtain clarification that the transcript has captured truthfully what was stated by the participant, allowing for modification to establish credibility.

Through the interview process, the researcher attempted to better comprehend the phenomenological experiences of nurse educators with student incivility, the educators’ understanding of those experiences, and how this understanding shapes how it is framed in nursing education. The researcher also anticipated that through reflection and open discussion in the interviews the nurse educators would discover early identification, management, and

prevention strategies which could limit the negative impact of student incivility on the teaching and learning environment.

Data Analysis

Qualitative analysis is “a process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge” (Corbin & Strauss, 2008, p. 1). Corbin and Strauss (2008) went on to explain that the complexity of the world and the actions and interactions of beings in the world necessitates complex methodologies and analysis to understand and explain experiences.

Each interview was audiotaped, transcribed, organized, and analyzed to identify codes and assign themes. The analysis process, as described, was carried out continually in conjunction with the interview process. According to Corbin and Strauss (2008), data collection and analysis go hand-in-hand, and analysis should begin with the first interview. This approach to analysis allows the researcher to recognize important themes, pursue relevant issues, and question and examine in more insightful ways, revising and redirecting questions throughout the interview process.

As soon as possible after each interview, the researcher typed an analytic memo where the researchers’ first impressions and thoughts from the interview were conveyed. The researcher also attempted to reflect on the interview and determine why those impressions were made and where the impressions originated. The interviews were transcribed as soon as possible after the interview and a brief summary was written by the researcher before interviewing the next participant to assist in thematic analysis and distinction between participants.

The researcher transcribed each interview. Raw data from the transcripts were organized in preparation for analysis and notes were made. Each transcript was read and reread by the researcher, in an attempt to identify similar statements between participants. According to Creswell (2009), each transcript should be read by the interviewer looking for “significant statements,” which can be further broken down into meaningful descriptions.

General inductive data analysis was utilized including coding, placing codes in categories, and then placing codes in themes. The research questions, both broad and narrow, were used as a guide to review the transcripts and relevant data were identified to categorize significant statements and create meaningful descriptions. Codes became evident and were clustered into categories and themes.

According to Creswell (2009), meaningful descriptions are clustered into categories and themes become more evident. Once themes became apparent, the researcher developed a textural description of participants’ experiences followed by a structural description of participants’ experiences in terms of circumstances, location, or perspective. Lastly, a combination of the textural and structural descriptions was developed to describe the overall experience (Creswell, 2007). The emergent themes include (1) uncivil experiences, (2) nurse educators’ emotions, (3) impact of incivility, (4) addressing incivility, (5) warning signs or contributing factors of incivility, (6) prevention of incivility, and (7) incivility a growing problem.

Trustworthiness/Validity of the Study

Validation of the findings was accomplished through multiple means. Findings were clarified with each subsequent interview and through member checks, which allowed clarification and modification of the transcript to establish credibility. The completed transcript

from the participant interviews with highlighted themes was e-mailed to the participants. The participants were asked to validate that the transcribed comments were indeed their spoken words. Seven of the 10 participants responded by e-mail that no changes were needed in the transcript; no response was received from the remaining three participants.

Following the general inductive analysis and thematic coding, an expert qualitative researcher, the researcher's chairperson, was asked to review findings for corroboration of coding and themes. The transcripts, identified codes, and emergent themes were reviewed and validated.

Lastly, the researcher reviewed the data, and the literature to conduct the final data analysis. The final write-up of the findings is included in chapter four following the review of the data and the literature and the thematic breakdown. Lastly the themes and the research questions were aligned and answered, and the discussion, conclusions, and recommendations for future research are included in chapter five.

Timeline

The timeline for this proposal was developed with the realization that the process could evolve and change. IRB approval was sought from the University during the fall 2010 semester. Following receipt of IRB, informational/inquiry letters were mailed to nursing program Directors in ADN programs across the state during the spring 2011 semester. Contact was made with the Directors 1 week after the initial letters were mailed, through follow-up letters to ensure receipt of the information/inquiry letters and dispersal of contact information to potential participants. Participants began contacting the researcher within weeks of receipt of the follow-up letters by the Directors. Once inclusion criteria was confirmed by the researcher, face-to-face interviews

were scheduled for the spring 2011 semester and continued throughout March of the spring 2011 semester. Member checks were completed in April of the spring 2011 semester. Transcription and analysis continued throughout the individual interview process. Final analysis and interpretation of data was completed in May of the spring 2011 semester. Defense of the dissertation began in June of the summer semester of 2011 and ended with the awarding of the doctorate in August of 2011.

Ethical Considerations

The risk to each participant was considered minimal. There was a possible chance that a participant could experience some emotional discomfort during or after participation due to recalling or reliving a frightening or disturbing experience. Also, if the incident had not been shared previously with others, the participant could become fearful of others learning about the experience. Each participant was informed that arrangements had been made for the availability of a counselor if so desired. No emotional disturbances were evident throughout the interview process and no participant requested to speak with a counselor.

Informed consent forms and other identifying information were kept strictly confidential, were coded to protect identity, and will be destroyed in approximately five years. All data are being stored in a locked cabinet in the researcher's office. Each participant was informed that withdrawal from the study at any time without negative consequences was possible; however, to date, no participant has made such a request. A copy of the informed consent was given to each participant at the time of the interview. A copy of the study will be made available to each participant, upon request. No compensation was provided to any participant for participation in the study.

Benefits to each participant included open dialogue and sharing of a significant experience with someone willing to listen and interested in the experience as well as experiencing a form of catharsis through the process. Also, providing useful information assists other nurse educators in better understanding how to identify, prevent, and manage student incivility. Lastly, participants are contributing to the literature that informs nurse educators and promotes a positive teaching and learning environment.

Researcher Positionality Statement

Incivility in nursing and higher education is an area of concern. Where I work, in a community college as an instructor of nursing, we have experienced several significant instances of what I would define as student incivility in the past few years. I think these experiences can negatively shape the teaching and learning dynamic and change who the instructor is in relation to the students.

I have been concerned by the change in behavior among students in the classroom and surprised by the seeming lack of respect for authority, particularly towards faculty, in the classroom and clinical setting. I have wondered on many occasions about what I perceive to be the declining decorum and the change in classroom climate as well as the uncivil discourse in the classroom.

When I was in nursing school I respected and even feared my nursing instructors. I am not interested in nursing students fearing me; however, I believe I deserve respect as a knowledgeable professional in my field and as an authority figure in the classroom and clinical setting. I consider myself a kind and respectful individual and wonder how a student arrives at the understanding where this type of behavior is believed to be acceptable. I am particularly

concerned this type of behavior is occurring among students who are in a profession identified throughout the ages as a caring profession. I have very traditional values and believe it will be very difficult for a student to treat patients with care and respect if the student is disrespectful to authority figures while in nursing school.

I have personally experienced incivility from students such as lateness for clinical and class, rude language, along with attentive or disruptive behaviors; however, many of my colleagues have experienced incivility from students in much more personal and threatening ways. Throughout the preparation for this dissertation and research during the doctoral classes, interested colleagues, classmates, and acquaintances have shared anecdotal stories about personal experiences with student incivility.

The literature is full of anecdotal stories but very limited in empirical research related to student incivility. For these reasons and many more I wanted to explore nurse educators' lived experiences with student incivility in an attempt to fill the research gap and inform the field about an issue that has long-term repercussions for both nursing and education.

Lastly, I value and respect the field of nursing, it is my life work, but it is more than work to me, and I take it very seriously. I want students to value and respect the nursing profession and to also value and respect the patients for who care will be provided. I feel it is my responsibility to provide an environment for the students where mutual respect is demonstrated and experienced.

I want to have a positive impact on the students who are in my classes and I want the students to have a positive impact on the patients receiving care. If I can positively influence a nursing student to provide exceptional care, then in some small way I think my nursing care will

be carried on through the students and I will be able to impact more lives for good than I ever could alone. I think that is a tremendous responsibility and privilege of a nurse educator.

Summary

An interpretive phenomenological or lived experience approach was utilized to frame this qualitative study. The study explored the experiences and impact of nurse educators who had experienced student incivility. A purposive sample group consisting of 10 nurse educators was employed for the study. Clark's (2008c) definition of academic incivility was used as a starting point for the study, and participants were asked to share their definition of student incivility as part of the inclusion criteria for participation in the study.

Interviews were conducted using an interview protocol to elicit individual experiences with incivility and provide a means for those impacted to describe and define the meaning of those experiences. Each interview was audiotaped, transcribed, organized, and analyzed to identify codes and assign themes. General inductive data analysis was used and the research questions, both broad and narrow, were used as a guide to review the transcripts and identify relevant data and assign themes.

While looking at the lived experiences of nurse educators, early identification, management, and prevention strategies were recognized, which could limit the negative impact of student incivility on the teaching and learning environment. In the changing environment of nursing education and the evolving role of the professional nurse, incivility is an issue that warrants further inquiry.

CHAPTER 4

FINDINGS

Introduction

In this chapter the researcher introduces the sample and describes the findings from the thematic breakdown of the data obtained while exploring nurse educators' lived experiences with student incivility. Using the broad and focused research questions as a guide, the researcher carefully analyzed and reviewed the data for emergent themes. Seven themes emerged, which aligned with and assisted to answer the research questions. Through the findings, the researcher was able to better understand the meaning behind the lived experiences of nurse educators impacted by student incivility.

Sample

Ten participants responded, met the inclusion criteria, and were interviewed for the study. All of the participants work at community colleges servicing rural communities and are within a 75-mile radius of each other. All participants were from one of three community colleges. Six participants were employed at the same community college as the researcher, the remaining four participants worked at the other two community colleges, two at one and two at the other. Even though the final two were employed by the same community college, one worked at the main branch and one at a smaller branch.

After each participant agreed to take part in the study and inclusion criteria were met, participants were interviewed once, face to face, for 90 to 120 minutes by the researcher; no

follow-up interviews were needed. Each semi-structured interview was conducted by the researcher at a location agreed upon by both the participant and the researcher. Participants were interviewed at their place of employment either in a private office or a conference room.

Seven participants teach in both the clinical and classroom setting, two participants teach in the clinical setting only, and one participant teaches only in the classroom. In the ADN programs where the participants teach, student enrollment ranges from first-year students 45-84, second-year students 25-96, and two participants indicated the total enrollment for both first- and second-year students was around 500.

When questioned about the timeframe since the uncivil encounter occurred, participants responded as follows: three indicated less than 1 year, four said 2 to 3 years, one reported four to 5 years, two responded 6 to 10 years, one reported 16 to 20 years, and one said the incident occurred greater than 20 years ago. All participants are still employed where the uncivil encounters occurred; however, one participant had more than one experience with incivility and the first encounter occurred at a community college where she was previously employed.

Table 1

Demographic Data

Participants	Age range in years	Gender-Race	Highest degree	Range of years in nursing	Range of years in Nurse Ed.
One	31-40	White-F	MSN	6-10	<5
Two	>60	White-F	MSN	>25	>25
Three	41-50	White-F	MSN	16-20	11-15
Four	51-60	White-F	MSN	>25	>25
Five	51-60	White-F	MSN	>25	>25
Six	31-40	White-F	MSN	6-10	6-10
Seven	>60	White-F	BSN	>25	6-10
Eight	31-40	White-F	MSN	11-15	6-10
Nine	51-60	White-F	EdD/MSN	>25	>25
Ten	41-50	White-F	MSN	21-25	6-10

Research Questions

There were three overarching and four narrowly focused research questions the researcher answered throughout this analysis. The overarching questions are (1) How do nurse educators describe or define their experiences and understanding of student incivility? (2) How do nurse educators describe the impact of their experiences with student incivility? (3) How do nurse educators' descriptions and understandings of student incivility impact their role as an educator?

The narrowly focused research questions include (1) How do nurse educators say student incivility impacts teaching? (2) How do nurse educators say student incivility impacts interactions with students? (3) How do nurse educators say student incivility impacts job satisfaction and desire to continue in nursing education? (4) What do nurse educators describe as precursors, prevention strategies, and ways to manage student incivility?

Research Questions and Thematic Alignment

The research questions and the emergent themes were used as a guide throughout the study to explore the data. The first overarching research question, focusing on describing and defining nurse educators experiences and understanding of student incivility, obviously aligns with the theme of *uncivil experiences*, but the data also suggest this question aligns with the themes of *nurse educators' emotions*, *addressing incivility*, and *incivility a growing problem*.

The themes of *impact of incivility*, *uncivil experiences*, *nurse educators' emotions*, and *addressing incivility* align with the second overarching research question, which asks nurse educators to describe the impact of their experiences with student incivility. The final overarching research question asks nurse educators how their descriptions and understandings of

student incivility impact their role as an educator. This research question aligns with five of the emergent themes: *uncivil experiences*, *nurse educators' emotions*, *addressing incivility*, *incivility a growing problem*, and the *impact of incivility*.

Each of the four focused research questions aligns with more than one theme as the themes run throughout the data. The first focused research question asks how nurse educators say student incivility impacts teachings. This question obviously aligns with the theme of *impact of incivility* but the data also suggest this question aligns with the themes of *uncivil experiences*, *nurse educators' emotions*, *addressing incivility*, and *incivility a growing problem*.

The themes of *impact of incivility*, *uncivil experiences*, *nurse educators' emotions*, and *addressing incivility* all align with the second focused research question. This question asks how nurse educators say student incivility impacts interactions with students. The third focused research question asks how nurse educators say student incivility impacts job satisfaction and desire to continue in nursing education.

The themes of *uncivil experiences*, *nurse educator's emotions*, *impact of incivility*, and *incivility a growing problem* align with this research question. The final focused research question asks what nurse educators describe as precursors, prevention strategies, and ways to manage student incivility. The themes of *warning signs and contributing factors*, *addressing and prevention of incivility*, and *incivility a growing problem* all align with this research question.

The themes and the research questions were used as a guide to gain understanding of the meaning of the lived experiences of nurse educators impacted by student incivility. Throughout the thematic breakdown, the emerging themes were utilized to assist the researcher to explore the data and answer the research questions.

Research Protocol

A phenomenological framework was chosen to address the research questions. In exploring the lived experience, this approach was chosen because of the interest in understanding the social phenomenon of student incivility. Through the exploration of the lived experiences of the nurse educators, the framework provided a foundation that allowed the researcher to gain insight into the participants' understanding of incivility and how the experiences impacted the educator and the teaching and learning environment.

Interviews

Research framed using a phenomenological approach allowed the researcher to explore the phenomena to find meaning and understanding about an experience from individuals who have lived it and were willing to describe and communicate the experience (Mapp, 2008). The outward expression of the personal experience was the focus of this type of inquiry (Rudestam & Newton, 2007).

By using an interpretive phenomenological approach, the framework provided a foundation that allowed the researcher to gain insight into the participants' understanding of incivility and how the experiences impacted the educator and the teaching and learning environment.

Therefore, participants who had experienced the phenomenon were interviewed and shared perspective and insight during a face-to-face interview. Data were collected from participants, by the researcher, in the setting where the phenomena occurred and were analyzed inductively moving from wide-ranging information to thematic representation.

Through the first person account, the researcher was able to feel the environment, witness facial expressions, and hear the expressed words with voice inflection and speed of conversation. The researcher was also able to see any changes in body language or feel any shift in mood throughout the interview. By experiencing the nuance of the setting and observing shifts in expressive emotions throughout the interview process, the researcher was able to more fully understand and interpret the meaning these experiences held for the participants thus strengthening the study.

Incivility Defined

The operational definition used for this study defines student incivility as “rude, discourteous speech or behavior that disrupts the teaching-learning environment and may range from misuse of cell phones, rude and sarcastic comments to threats or actual acts of physical harm” (Clark, 2008c, p. 458). Nurse educators provided a description or definition of their understanding of student incivility as part of the inclusion criteria. Participant definitions corresponded with the operational definition for the study.

Participants defined incivility in a variety of ways: angry confrontations or aggression toward the instructor; behaviors interfering with the educational process; students acting or reacting inappropriately; verbally disrespectful to an instructor; inappropriate approach to the instructor; disregarding the instructor’s teaching knowledge; student showing disrespect to an instructor; acting out behaviors ranging from verbal, physical, or emotional; acting in an uncivilized manner; not behaving or communicating according to expectations of a nursing student; rudeness, lacking integrity, treating peers, or teachers with disrespect; angry, aggressive,

or threatening actions directed toward the instructor; crossing the bounds of professionalism; challenging an instructor with inappropriate questions, comments, or actions.

Throughout the literature, incivility was represented in a variety of ways from diverse sources; the participants' representations were no different. All participants stated their definition or description of what incivility means or represents to them at the beginning of the interview process. Initially, each participant's thoughts on incivility seemed to be very similar. However, throughout the analysis process it became apparent there were many different viewpoints and understandings of what characterized, described, or defined incivility from among the group of participants.

What is believed by one to be uncivil behavior or communication may be completely acceptable to another. The definitions or descriptions and the meaning incivility holds for the participant impact the way each participant reacted to the uncivil experience(s) and how the experience(s) was represented throughout the interview process. Also, it is important to note that verbal or behavioral incivility often may begin as a somewhat benign annoyance and progress over time to overtly aggressive incivility.

The representation of incivility by the participants varies as greatly as the descriptions and the meaning these experiences held for those impacted. Some participants depict student incivility as an ongoing problem that must be dealt with over time. Other participants seem to talk about the experience as infrequently occurring incidents or an isolated experience that must be dealt with and forgotten in order to move forward. The significance of the impact of student incivility for some of the nurse educators was evidenced by their ability to recall vividly instances that occurred, in some cases, 20 years ago. While all participants expressed the belief that incivility is a growing problem, some believe it is more concerning than others.

Themes

Participants who were interviewed in the study were initially asked to describe a significant experience or experiences with uncivil behavior(s): An incident that would make clear what the educator had in mind when thinking of incivility. The participants were also asked to walk the researcher through the experience starting from the beginning. Each participant shared at least one experience and several of the participants shared many experiences.

The emergent themes were found to be woven throughout the interview transcripts. Each theme was reviewed and explored throughout this analysis to assist in understanding the impact and shared experiences of the participants. The emergent themes are (1) uncivil experiences, (2) nurse educators' emotions, (3) impact of incivility, (4) addressing incivility, (5) warning signs or contributing factors, (6) prevention of incivility, and (7) incivility a growing problem.

Table 2

Thematic Outline

Themes	Meaning
Uncivil Experiences	Wide range of unacceptable student behaviors, further divided into <i>disturbing</i> , <i>troubling</i> or <i>annoying student incivility</i> . <i>Disturbing</i> – especially upsetting & distressing, threats, stalking, lying. <i>Troubling</i> – directly interfered with teaching/learning, cheating, interrupting conversations, rule breaking. <i>Annoying</i> – frustrating & irritating but least distressing, arriving late for class, eye rolling, technology use in class – cell phone ringing.
Nurse Educators' Emotions	Strong emotional response related to student incivility prior to, during and following experiences. Emotions such as fear, anger, disbelief, shock, disgust, disappointment, sorrow, discouragement and surprise.
Impact of Incivility	Effect of student incivility on the nurse educator related to job satisfaction, teaching, student relationships, and the teaching/learning dynamic.
Addressing Incivility	Nurse educators thoughts on how student incivility should be addressed, or how should be addressed. Personal response – quick response, listening, remaining calm. Institutional response – rules and policies.

(table continues)

Themes	Meaning
Warning Signs or Contributing Factors	Signs or factors experienced or identified prior to incidents of student incivility. Warning signs – rule breaking, absences, demanding, inappropriate communication. Some believed no warning signs present. Contributing factors – brought on by external or internal stress.
Prevention of Incivility	Strategies and interventions believed by nurse educators to prevent student incivility. Response from personal, institutional or societal level. Some believed could not be prevented.
Incivility a Growing Problem	Thoughts and perceptions that incivility is indeed a growing problem, affirmed by all nurse educators. Causes – societal problem, false expectations, stress, and poor social skills.

Thematic Breakdown

In the thematic breakdown that follows, the themes of *uncivil experiences*, *nurse educators' emotions*, and the *impact of incivility* were combined and shared. It was noted that some themes were expressed and described by the participants more frequently than others. It is believed by the researcher that there is no hierarchy of themes, all themes are equally important; however, when the participants described and responded to the interview questions more responses directly related to the experiences. Because of the nature of the study, more questions from the interview protocol linked specifically to the experiences; therefore, more space was required for the themes of experiences and the impact of those experiences.

During the thematic breakdown, particular participant statements were highlighted as examples along with the circumstances and location of the experiences, in order to provide a broader description of the lived experiences. Also, each participant statement was followed by a section including the impact, emotions, and perspective to allow a more in-depth understanding. The theme of *uncivil experiences* was further divided into the minor themes of *disturbing student incivility*, *troubling student incivility*, and *annoying student incivility*. A description of each of the categories was provided for understanding.

By utilizing this format one can more easily see and follow the participant's description and representation of the experience(s), the emotions that accompanied the experience(s), and understand the impact on the nurse educator through the first person account and the researcher's insights. When the participants shared a description of how the experience(s) was addressed or resolved during the interview process, this was included as well.

The thematic breakdown continues with the theme of *warning signs and contributing factors*. Particular participant thoughts and statements were highlighted as experienced or identified. *Addressing incivility* was the next thematic representation. This section was divided into two sections: addressing incivility from a personal response or a programmatic/institutional response. A variety of viewpoints and ideas were expressed by the participants and shared in this section. The next thematic section was *prevention of incivility*. Participants shared their ideas of prevention of student incivility from a personal, programmatic/institutional, or societal response. The last thematic section identified was the theme of *incivility a growing problem*. This section highlighted participants' responses about their understanding of the growing problem of student incivility.

Uncivil Experiences

Uncivil experiences was the first emergent theme. This initial theme was further broken down into the minor themes of *disturbing student incivility*, *troubling student incivility*, and *annoying student incivility*. It was also noted by the researcher that student incivility could begin as what was classified as *annoying incivility* and progress to *troubling* then *disturbing incivility*.

Uncivil experiences identified by the participants encompassed a wide range of behaviors. Identified behaviors included eye rolling, poor class attendance, being late for class or

clinical, lying, breaking rules, threats, yelling, arguing, belittling the instructor, inappropriate e-mails, verbal demands, inappropriate touching, intruding into personal space, stalking, and aggressive behaviors.

Uncivil experiences categorized as *disturbing student incivility* by the researcher were behaviors or communication considered especially upsetting by the participant, or even frightening. Behaviors included threats, stalking, lying, yelling, inappropriate touching, intimidation, and any aggressive behaviors. This category of incivility was experienced less, but was the experiences shared most often with the greatest details. These experiences were the most profoundly impacting and distressing to the participants.

Uncivil experiences categorized as *troubling student incivility* by the researcher were behaviors or communication that directly interfered with teaching or learning through disruption. Behaviors included cheating, interrupting the teacher with inappropriate questions or comments, carrying on disruptive side conversations, being verbally abusive or arguing with the instructor, rule breaking.

The category of *troubling student incivility* was common and interfered most with the teaching and learning environment. One type of behavioral or verbal incivility that was brought up frequently by multiple nurse educators related to test review and remediation. This category also triggered a great deal of anxiety for the educators impacted.

Uncivil experiences categorized as *annoying student incivility* by the researcher were behaviors or communication considered frustrating, bothersome or disrespectful to the educator, or irritating to fellow classmates. Behaviors included arriving late or leaving class early, poor class attendance, eye rolling, making distracting noises in class, complaints, cell phones ringing,

or surfing the internet. This category of incivility was the most common but least distressing to the participants. Some referred to this category as everyday incivilities.

Nurse Educators' Emotions

Nurse educators' emotions were identified as the second emergent theme. Experiences with student incivility elicited a strong emotional response by many of the participants. Two particular emotional experiences identified frequently during discussion of the emotions or feelings following experiences with student incivility were (1) the emotions of surprise by being caught off guard and (2) the emotions expressed by participants when witnessing student incivility. Emotions were frustration, fear, anger, disbelief, shock, disgust, disappointment, sorrow, and discouragement.

During the interview process nurse educators were asked to share their emotional response both during and after their experiences with student incivility. The researcher asked, "How did this make you feel?" throughout the interview to elicit the emotional response the participant experienced, which assisted the researcher in gaining a broader understanding of the experience. Nurse educators shared a wide range of emotions occurring prior to, during, and following the experiences.

Impact of Incivility

The *impact of incivility* on nurse educators was the third emergent theme. All participants' responses indicated an impact in some way or another following their experience(s). The impact ranged from fear of violence to becoming more aware of policies needing to be changed or implemented. Some nurse educators indicated their experience(s) had led to a desire

to become a better educator while others became discouraged and indicated a desire to leave the field, having no desire to stay in nurse education.

A number of questions used during the interview process addressed the impact of student incivility on the nurse educator, including the following: the impact on perception, interaction, or relationship with the involved student or others; the impact on the nurse educator role, on teaching, and on the perception and satisfaction of the job; and on the nurse educators' description, definition, and understanding of student incivility.

Many nurse educators described how student incivility had impacted the perception of their job and their job satisfaction. Teaching both in the classroom and the clinical setting was impacted as well as an interference with student learning and relationships or interactions with students. Educators also reported changes with their description, definition, or understanding of student incivility after their experiences with student incivility.

Participants' Representations of Uncivil Experiences, Emotions, and Impact

Uncivil Experiences: Disturbing Student Incivility

Participant experience. The nurse educator shared how a disgruntled male student, who was in her clinical group, attempted to follow her home from work after failing to progress in the nursing program. She also shared many more experiences she considered uncivil, which occurred with this same student while he was in her clinical group. She stated, "he was never on time for clinical, lazy, couldn't get his work done at clinical, he was unorganized and had poor time management skills." He lied to the Nursing Program Director by telling the Director the nurse educator had threatened him at clinical. He also hid the nurse educator's car keys from her as the students were getting ready to leave from clinical, he did not tell her he had the keys until she

had looked for several minutes. The instructor stated, “He never followed established rules” (P. T. Five, February 8, 2011).

Several months after the student had failed to progress in the nursing program the nurse educator was heading home from clinical when a car pulled up close beside her. When she looked over at the car the disgruntled student was in the passenger side of the car staring at her. The car pulled behind her car and proceeded to follow her for several miles. She stated, “They were following me. . . . I just kept driving and lost them at some point” (P. T. Five, February 8, 2011). The student finally drove away when she pulled into a service station. She believed the student was attempting to frighten her.

Impact, emotions, and perspective. When questioned about her feelings following the incident she stated, “how stupid . . . it really shook me up . . . that was scary. . . . I was frightened, unsettled, angry” (P. T. Five, February 8, 2011). She went on to explain how she was not thinking clearly because she was so scared. After the incident she did not think the route she took was the most appropriate. She indicated she should have driven to the police station instead of driving around trying to lose the student. However, she was determined not to allow the student to have control over her emotions and for the fear to stay with her. She stated, “I reported it to my Director of nursing . . . we debriefed and I let it go. . . . I didn’t want him to have that kind of control over me” (P. T. Five, February 8, 2011).

When asked how she interacted with students after the incident, she stated, “It made me more cautious about future interactions particularly with male students” (P. T. Five, February 8, 2011). The nurse educator explained how the incivility ranged from small, annoying incidences at the beginning and progressed to overt incidences over time. Initially the student was

disorganized, late for clinical, made rude comments, and did not follow classroom or clinical rules. Later, after the student failed to progress, he followed the instructor home from work in what the instructor characterized as an overt attempt to frighten her by exhibiting uncivil behavior.

Participant experience. This same nurse educator also described an incident with a student who brought a voice activated recorder, hidden in her bra, to clinical and attempted to record an interaction with a patient at a mental health facility. She stated, “She had full intentions of taping an interview, although she denied that, but why else would she have it in her bra?” (P. T. Five, February 8, 2011). When the student was confronted about the recorder and the serious break in patient confidentiality, she denied knowledge of the patient confidentiality breach.

The student attempted to convince the nurse educator she had forgotten and brought the device into the facility and was afraid to take it back to her car because of fear it would be stolen. However, the student had signed a confidentiality statement at the facility prior to beginning clinical which prohibited any type of recording device. The nursing program also had a policy against bringing cell phones or recording devices into any clinical facility and the student had been informed of this policy before the clinical experience (P. T. Five, February 8, 2011).

Impact, emotions, and perspective. From the nurse educator’s perspective, all established policies of both the college and the mental health facility had been upheld, up to the point when the grievance committee reinstated the student back into the program. There was no nursing representation on the committee and the educator felt the committee did not understand the seriousness of the breach of confidentiality and also were intimidated by the student’s attorney.

This incident had a long lasting impact on her perception of her job and how she thought of her role as a nurse educator.

The nurse educator felt anger toward the student for her lies initially and then her uncaring attitude toward the patient's rights. She also was greatly disappointed and frustrated by the ruling of the grievance committee for allowing intimidation tactics to overrule established policies and sound judgment. She indicated that most administrators and faculty in other departments are guided by the directive that students are the main priority. The nurse educator made the point that in nursing the responsibility to the patient is the primary focus because nurses are bound by their license to be patient advocates. She believes this is difficult for others outside of nursing to understand.

When this nurse educator was asked about her perception of her job changing after experiencing student incivility she explained that her job satisfaction overall had not changed. However, she stated, "Everybody has days and . . . classes that you are just ready to see the back end of them" (P. T. Five, February 8, 2011).

Participant experience. After failing to progress in the nursing program, a group of students falsely accused this nurse educator of providing test answers to some of the students in the class. The incident occurred right before Christmas break. An investigation was carried out during the break, causing much anxiety and worry for the educator during the break. She stated, "All during Christmas break I'm waking up at two o'clock in the morning . . . losing sleep, don't know if I'm going to have a job, my license . . . and this is a total fabricated lie" (P. T. Six, February 22, 2011).

Before the issue was resolved and the story was found to hold no merit, one of the students who had made the false accusations asked to meet with the educator to review her test. This student had sent an e-mail to the instructor demanding she find points on her test which would allow her to pass or she would release a letter to the local newspaper and the Board of Nursing; however, the instructor had not read the e-mail prior to the meeting. The nurse educator stated, “She was in there trying to point blank blackmail me” (P. T. Six, February 22, 2011).

Impact, emotions, and perspective. This nurse educator was amazed at the lengths the students would go to in lying about the situation. She mentioned more than once how the students had complete disregard for her feelings or the fact she could lose her job. From her perspective, she has noticed these incidences occur more frequently when the student’s grade is in jeopardy or in a pass/fail situation. As the desperation increases, integrity decreases or is gone completely. She stated, “The bottom line comes down to that grade and when that grade gets in question . . . it’s going to make a difference. I’ve learned they will break all beliefs and integrity” (P. T. Six, February 22, 2011).”

This incident was extremely personal to this participant and the experience greatly impacted the educator’s job satisfaction and desire to continue in nurse education. She was falsely accused and her character was called into question, which was traumatic to her. This experience also impacted her interaction with students and her teaching role as an educator.

When asked about her feelings throughout the experience she stated, “The audacity of a student . . . as a student I never dreamed of arguing with an instructor, much less totally making something up . . . (P. T. Six, February 22, 2011). After the situation was resolved and the students failed to progress, she had those same students repeating the class the very next

semester. She stated, “I had to go back to class . . . and stand in front of them. . . . They are sitting in the classroom again . . . all of them together . . . me wondering which part of what I say are they going to turn around and twist . . . tell something else on me” (P. T. Six, February 22, 2011).

The nurse educator was questioned about the impact of experiencing student incivility.

She stated,

I’d say it’s had 150% impact on me, not only as an educator but about trust. They are looking you straight in the eye telling you one thing and then you are getting slapped from the back. You are thinking you are developing that relationship with this student, meeting their needs to the best of your ability, and they are seeing how they can manipulate you. (P. T. Six, February 22, 2011)

She went on to explain how her perception of her job had changed and she was thinking of leaving nurse education. She stated,

I’ve had job offers, but part of the reason I wanted to be in academia versus working as a nurse practitioner was because I thought if I could make a difference in a life then essentially I could make a difference in the next generations. I think God does everything for a reason and I wonder if my reason here hasn’t been fulfilled. Very few students will take the time to say thank you, the ones who come to you are griping and complaining, which is almost on a daily basis. So my expectations and satisfaction with my job has totally changed. (P. T. Six, February 22, 2011)

Participant experience. Another instructor experienced incivility from a student who was the nursing class president. Any time this nurse educator would address the students about an issue the class president would address the class and contradict what was said, accusing the nurse educator of lying. The educator stated, “She addressed the class and said I was lying and that our nursing program was on probation.” The nursing program was about to go through a routine program evaluation. The student informed the class the program evaluation was occurring because the program was on probation, which was not true. She constantly undermined what the

nurse educator said, was very negative, and kept the other students in turmoil (P. T. Nine, March 7, 2011).

Impact, emotions, and perspective. The educator stated,

I just felt like we had to be on guard all the time. [It] required a lot of my energy staying on top of what she was reporting and trying to keep the students settled down so they could learn. . . . It seemed like a losing battle. (P. T. Nine, March 7, 2011)

This situation was very frustrating for the nurse educator. She could not change the student's uncivil behavior and it was impacting the other students' ability to concentrate and learn because of all the misconceptions about the program closing. This experience impacted her interactions with students and her role as an educator because of the ongoing passive/aggressive behaviors of the student.

When asked to describe her thoughts and feelings after experiencing several uncivil encounters with the same student, the nurse educator stated, "She's still one that I often think about when I think of incivility or disrespect to the school, administrators, or faculty" (P. T. Nine, March 7, 2011). The educator went on to tell how she had bad feelings toward the student and avoided her because of those negative feelings. She was also frustrated because her attempts to stop the behavior were unsuccessful.

She believed student incivility had negatively impacted the teaching and learning environment. She explained how it was difficult for the students to concentrate on learning because of all the untruths the uncivil student was telling. She stated, "The student body was in turmoil . . . a lot of unrest in the class among the students . . . she just kept them upset about something all the time" (P. T. Nine, March 7, 2011).

The educator indicated she had become guarded and more careful with her interactions with students after the uncivil experience. She stated, "Incivility issues make you more aware of

documentation, having a witness and being sure you uphold established policies, treat all students the same . . . not making allowances” (P. T. Nine, March 7, 2011). She also explained how her experience with incivility had impacted her trust with students. The experience caused her to question student motives and not trust easily.

Participant experience. This nurse educator also described a threatening letter that was posted in five locations across campus, which was directed toward the nursing faculty. The letter was unsigned and was very derogatory toward the nursing faculty, their methods of evaluation, unfair grading practices, and personal rude comments directed toward the nursing faculty. The letter was particularly upsetting to the nurse educators because the letter was posted on Monday after a school shooting at a local university had occurred the Friday before. The participant said the letter stated, “I would hate for the situation at the university to be repeated on this campus” (P. T. Nine, March 7, 2011). The participant and the other nursing faculty members believed this was a very serious threat and were very distressed over this incident.

Impact, emotions, and perspective. The educator stated, “It’s made us be more aware of security issues in the classroom” (P. T. Nine, March 7, 2011). She and the other faculty members felt the letter was from a disgruntled current student. There were mixed messages in the letter she thought were intended to confuse the reader. She stated, “The incident was investigated by a law enforcement agency . . . [they] took statements, but nothing was revealed” (P. T. Nine, March 7, 2011).

She felt the letters were intended to intimidate the faculty into compromising grading practices and to evoke fear; however, she felt the incident just made the faculty members more

aware of incivility issues. Therefore, this experience impacted her understanding of student incivility. She now understands and has come to the realization that incivility could also be threatening behaviors or actual acts of violence toward an instructor.

The incident was reported to college security and administration who contacted local law enforcement. This incident was not discussed with students because there was not sufficient evidence from the investigation to approach the suspects. The nurse educator stated,

We did start locking the classroom when we were in the classroom with students, we also started locking our office when we were inside. We also became more aware of being alone in the building because we are an isolated building, we don't leave faculty here alone in the building. (P. T. Nine, March 7, 2011)

When questioned about her job perception and if it had changed throughout the years she indicated it had. She explained how she has been a nurse educator for 29 years and now she often has to remind herself why she continues in nurse education. She believes she has had a positive influence on students' lives but she does not always feel safe, especially after uncivil encounters with students.

She stated, "Nurse educators are often placed in vulnerable positions because we don't know how students will react in certain situations . . . there's danger when you confront a student or when a student is going to fail" (P. T. Nine, March 7, 2011). She also stated,

Incivility has not changed my desire to stay here a few more years . . . it just makes me and my spouse a little nervous. We have an open door policy and someone could just come in, be very angry, and just decide to end it. (P. T. Nine, March 7, 2011)

So, even though her perception of her job has changed throughout the years she will stay a few more years.

The educator was asked to describe how her description, definition, and understanding of student incivility had changed since her experiences. She explained that she did not believe her

description or definition of incivility had changed but her understanding had changed because she had been made more aware of incivility through her experiences.

She stated,

“Incivility became a buzz word about five years ago. . . . It was not anything that we even considered or thought about really. As more happens across the nation, at other colleges, then you say . . . we’ve had the potential for that happening but we really didn’t realize it at the time. You don’t comprehend the magnitude of the situation at the time, years later you look back and it’s just a piece of global incivility and it hits home. We are much more aware of incivility issues across the nation now than we were years ago. (P. T. Nine, March 7, 2011)

Participant experience. One educator explained how she had to ask an irate student to leave her office. The student asked the nurse educator if she could come to her office and speak with her about a test question she had missed. When the student arrived in her office she did not want to discuss the rationale for the correct answer but wanted to defend her answer. The educator stated, “She came to my office and wanted to discuss it again. . . . We started discussing it again . . . she was so angry she was yelling” (P. T. Ten, March 8, 2011).

When she realized the educator was not going to change the answer and give her credit, she became out of control, yelling at her and the educator had to ask the student to leave her office. She said to the student,

Let’s just not discuss this further. . . . She was insistent she was right and she would prove to me that I was wrong. . . . I said to her, ‘I think you should just go cool off and calm down. . . . It was very ugly. (P. T. Ten, March 8, 2011)

Later when the educator received her evaluation of instruction for that semester, she received, “a horrible evaluation from this one particular student” (P. T. Ten, March 8, 2011).

Impact, emotions, and perspective. The instructor realized the student did not want to discuss the rationale for the correct answer to the question; she wanted to prove the instructor wrong and be given credit for the question. When the student realized this was not going to happen she became uncivil. Also, this student attempted to get back at the nurse educator by giving her a poor evaluation. Students do attempt to punish the educator by giving bad evaluations in the hope of causing some type of distress. This experience impacted the nurse educator's interaction with students and also the role of the nurse educator. She went on to explain how new rules for test review were implemented after this incident.

The educator was asked about the impact of student incivility on her teaching. At first, when speaking with the nurse educator, she said there was minimal or no impact on her teaching due to incivility. As the interview continued she provided several examples of how she has changed classroom management techniques to hopefully prevent incivility. She stated,

When I begin lecturing, if I feel I'm pressed for time with a lot of information to cover in a short period of time I'll tell the students to hold their questions to the end and have a question and answer session, which seems to work better. I also have students make an appointment within 2 weeks following the test to review and discuss test questions. (P. T. Ten, March 8, 2011)

When she was questioned about the impact of incivility on student relationships she stated, "Colleges want faculty to be very student friendly, but you need to maintain that student/faculty relationship and not be overly friendly." She continued, "We are still their instructors and we need to keep our relationship on a level where we can maintain that faculty/student relationship" (P. T. Ten, March 8, 2011).

When questioned about her job perception since experiencing incivility, the educator explained how her desire to continue in nurse education had not changed due to experiencing

student incivility. She indicated the experiences had influenced her desire to become a better nurse educator. She stated,

When I first began as a nurse educator my perception of what it was going to be like and what it actually was like did not match as far as aggressiveness of some of the students. Students who do not agree with you think they have the right to challenge you. (P. T. Ten, March 8, 2011)

The nurse's preconceived notion and the reality of the job were not the same; however, she could actually see both good and bad resulting from her experiences.

Participant experience. An international student became infuriated with an instructor after she asked him if he understood her lecture. The student had come up to the nurse educator in front of numerous students and told her he could not understand anything she said during lecture. He stated, "You are talking entirely too fast and I can't understand you. I am just an international student" (P. T. One, January 24, 2011). The next time she lectured she intentionally slowed her lecture down. She looked at the student and asked if he could understand her better.

At break he came to where she was and broke in front of other students waiting to talk with her and began to rant at her. He got into her personal space, two to three inches from her face, was pointing his finger in her face. He stated, "I don't appreciate you telling people that you have slowed down for me" (P. T. One, January 24, 2011). She stated,

I proceeded to apologize immediately, told him I was sorry, told him I wanted to ensure that he understood. . . . I did not mean to offend in any way. . . . I apologized again and attempted to leave the classroom. (P. T. One, January 24, 2011)

He would not let her pass when she attempted to leave the room. After apologizing repeatedly to the student, the educator said, "This conversation is over. . . ." He stated, "I'm not finished with

you” (P. T. One, January 24, 2011). He stepped in front of her and would not let her pass; however, he eventually let her pass.

Impact, emotions, and perceptions. The nurse educator was also this student’s academic advisor and she was very familiar with him. She had literally spent hours working with him outside of class giving him extra help. He was very demanding and had repeatedly brought up the fact he was an international student and needed extra assistance, which she had willingly provided. However, when she attempted to ask him if she had accommodated enough for him he became very angry and hostile.

She was completely caught off guard by this experience and felt there must have been some underlying problem she had missed or misunderstood. She believed because of his ongoing frustration, when his pride was injured he became angry, snapped, and projected that anger onto her. She also wondered if the situation was related to a cultural or gender issue or was an anger management issue.

She was very upset and frightened by this encounter and the incident impacted how she teaches in the classroom. She described the impact of her experience with student incivility by explaining, “Now I watch every word I say during lecture, I don’t directly speak to him, but I do watch him out of the corner of my eye. . . . I feel like I’m walking on eggshells” (P. T. One, January 24, 2011). The experience has impacted how she interacts with students and also her role as an educator.

She remembered explicit details about the experiences since the incident occurred less than one year prior. Throughout the interview it was almost as if her thoughts were changing about incivility: her definition, description, and understanding were evolving and becoming more

detailed from the beginning of the interview to the end. Her definition of incivility initially stated, “A student acting or reacting in a manner that would be unbecoming of a relationship between a student and an instructor” (P. T. One, January 24, 2011). Later she stated,

Before, I thought of a more disrespectful attitude. Now incivility has taken on a whole new meaning. I now know that incivility can be more than just a bad attitude and smart remarks, . . . it can make you feel unsafe. (P. T. One, January 24, 2011)

Her definition had expanded because of the impact of her experience.

The student with which she had the encounter was still in her class. She stated,

Since the incident, he has chosen to quietly ignore me. I’m a little leery of him, I won’t say I’m scared, I don’t go to my car wondering if he is going to cut my tires, it’s not like that. He is a student that I am not comfortable around. I never know--I didn’t see that coming--and I never know when I may say or do the wrong thing to cause it to happen again . . . it’s the unknown . . . so I will say I’m leery. (P. T. One, January 24, 2011)

She was not expecting this behavior and was caught off guard.

When asked about her interaction with the uncivil student this educator stated,

I’ve gone out of my way to be of assistance to him, I’ve changed my lecture to accommodate him. I’ve had to censor every word I say to him and I’m careful about everything that comes out of my mouth so as not to offend. But there are still little things he does, nothing is ever quite right. (P. T. One, January 24, 2011)

When this same instructor was asked about her interaction with students in general after the incident with student incivility she stated, “I still have relatively good communication with them, I do what I’ve always done. I will be there to help them succeed in nursing” (P. T. One, January 24, 2011).

When discussing her job perception since experiencing student incivility she stated,

There was a shooting . . . it was an instructor . . . things like that bring to the forefront of my mind just how dangerous this job could be. Before the incident with him I had honestly never thought that much about it, but it made me stop and think, there is always a possibility that someone could come here and harm us. This experience has changed the way I feel about what I do for a living. I never saw it coming with him, any student could act in the same way. Now it is in the back of my mind. I wonder how safe I am with students” (P. T. One, January 24, 2011)

She continued,

I always wanted to be a nurse educator . . . I love what I do and I can't image wanting to do anything else. But, there is something in the back of my mind that was not there before, a discomfort or fear of what could happen that was not there in the past (P. T. One, January 24, 2011)

Her perception of her job has changed.

When asked about the impact on her description or understanding of student incivility she stated,

Before, I thought of just a more disrespectful attitude: your instructor asking you to do something and you are making smart remarks or having a bad attitude. Now, incivility has taken on a different meaning. I now know incivility can be more, it can make you feel unsafe. Incivility now goes beyond verbal and makes me think physical, when I think of incivility now it encompasses a lot more than it once did. (P. T. One, January 24, 2011)

Her definition, descriptions, and understandings of student incivility have been impacted by this incident.

This same nurse educator concluded her interview with this statement,

I think people need to be aware those students . . . given the stress they are under, and the various personalities and cultural types . . . we need to be aware there is always a possibility of student incivility, even when we don't see the signs. We need to think of our safety . . . we need to consider the fact we are not always as safe as we think we are. There is always a possibility of danger with your students and not to become so comfortable that you forget that. (P. T. One, January 24, 2011)

This experience has definitely impacted her role as an educator and changed her thoughts about student incivility.

Participant experience. This nurse educator experienced several uncivil incidents with a male student. The student was flirtatious, would make inappropriate comments about her looks, and would frequently visit her office for no purpose. He would stand too close, get in her personal space, would brush up against her and deliberately touch her. She stated, "In the

medication room he would deliberately touch my arm or shoulder . . . get too close, get into my personal space” (P. T. Three, February 4, 2011). The student would exhibit these behaviors when no one else was around to witness these incidents which made her feel very uncomfortable.

Impact, emotions, and perceptions. When asked why she thought it happened she stated, “It was probably things he had gotten away with in the past. . . . I mean, he may have thought I would be flattered . . . he may have never been called on this before” (P. T. Three, February 4, 2011). She thought this was very inappropriate behavior for a student and the incident impacted the way she interacted with students, especially male students.

When asked how the situation was addressed she stated, “Me and two other instructors called him in and talked with him about his behavior” (P. T. Three, February 4, 2011). She called the student in and confronted him about his actions. She did this promptly and there were witnesses present. She went on to explain when she first became a nurse educator she did not know how to handle these type situations. She stated, “In the beginning, I would react too quickly [and] say things I shouldn’t have. I have been doing this for a while now and I have learned to remain calm . . . think it through, then act” (P. T. Three, February 4, 2011).

She continued by stating,

I never felt threatened by him, I felt like once I expressed my feelings toward him and how it made me feel, he respected that. He kept his distance from me, it was almost like he was embarrassed that I called him on it. (P. T. Three, February 4, 2011)

However, prior to the incident being addressed she stated,

I felt uncomfortable in his presence . . . just the way he looks at you or the way he makes remarks to you . . . this is inappropriate . . . don’t touch me, I didn’t like him . . . he made me very uncomfortable. (P. T. Three, February 4, 2011)

When questioned about her job perception she stated,

When things like that occur it makes me unhappy in my job, I wonder why I am doing this, I could be doing lots of other things, I don't have to put up with this. But then, you have those students who are thankful for what you do and they outweigh the bad things. (P. T. Three, February 4, 2011)

She stated, "I haven't had one that completely turned me against it" (P. T. Three, February 4, 2011). Even though her perception has changed she still sees more good than bad in her job as an educator.

Participant experience. Another student became out of control, screaming in the hallway after a patient died. The patient's family, nurses, physicians, and other staff were there witnessing her behavior and hearing her screams. She was insinuating with her language that the instructor or the student providing care had done something wrong and caused the patient to die. She was screaming over and over, "What'd you do . . . what was it we did wrong?" The next week the hospital attorney called and questioned the nurse educator about the events of that day (P. T. Seven, February 22, 2011).

Impact, emotions, and perceptions. She stated, "She was totally out of control . . . it took me 15 minutes to calm her down" (P. T. Seven, February 22, 2011). This was the first student she had seen respond in such a manner, she could not reach her. "I got afraid . . . I didn't know if I could snap her out of where she went, I had never seen her behave like that . . . her behavior was totally inappropriate and I was scared" (P. T. Seven, February 22, 2011). The student was changed after the incident. She was unsure if the student had a mental health issue or if she had experienced some trauma related to death and was reliving that incident through this experience with death.

When questioned about her interactions with students following the incident, she responded,

I take care of my students like I take care of my patients, but I backed off of being as open. I try to watch students more from a psychiatric point of view, watch to see if they overreact. It's made me a little scared. (P. T. Seven, February 22, 2011)

She continued, "I'm still open and friendly but not as open and friendly as I'd like to be. It's just there, it happened. I've got a larger personal space and I'm more guarded with students" (P. T. Seven, February 22, 2011). She has been changed by the incident.

When asked about her response now or any continued concerns she stated,

Right now, I don't like the way my desk is because I don't like my back to the door, I want to face the door and see who's coming in. I don't want anyone coming into my back any more. . . . I'm a little paranoid. (P. T. Seven, February 22, 2011)

Even though most of the time she does not think of the incident, it is still in the back of her mind and has changed her. The experience has also impacted her role as a nurse educator through her teaching. She now attempts to head off this type of behavior by laying out explicit behavioral expectations prior to clinical. She also observes students more closely for signs of mental distress so interventions can be implemented quickly if necessary.

When she was questioned about the impact of student incivility on her description/definition or understanding of incivility she stated, "It's made a stronger definition or an expanded definition than what it used to be." She explained how prior to her experiences she thought of student incivility as, "just being a little unprofessional or using a little profanity" (P. T. Seven, February 22, 2011). Now, due to her experiences she has a broadened definition which includes more aggressive and inappropriate behaviors.

Participant experience. At clinical, a student requested a private conference with the instructor. The student made some very degrading comments. The nurse educator stated, "Her

comments were that I was too hard, I expected too much, and it was very hard for a student to be successful. . . . I was in shock because I had no indication” (P. T. Two, January 31, 2011).

The next day the Nursing Director called the instructor into her office and played a tape of the interaction between the student and the educator occurring the day before. The student had recorded the conversation without the educator’s knowledge in an attempt to catch her making inappropriate comments (P. T. Two, January 31, 2011).

Impact, emotions, and perspective. This was a very upsetting situation for the nurse educator, which occurred more than 20 years ago. The educator said it was an effort by the Director and the student to force her out by attempting to catch her making derogatory comments about the student or disparaging comments about other instructors or the Director. (P. T. Two, January 31, 2011).

When describing her emotions the nurse educator stated, “It was a very stressful thing . . . we were all under a great deal of stress at that time” (P. T. Two, January 31, 2011). When describing her emotions she stated, “I just disbelieved what was happening, I couldn’t image. . . . I was in total shock . . . I was trying to defend myself. It was an attempt to intimidate me. I felt betrayed, I was one of her victims” (P. T. Two, January 31, 2011).

She stated,

I lost a lot of respect for the student, developed lack of trust, and I was disappointed she would do this. I have never had friendships with students, I have always avoided that. There is a line there, I’m the instructor, and they are the student, that didn’t change. I became more aware there is a line there, maybe we trust students too much or could trust students too much. There is a definite fine line between an instructor and all students regardless of whether young, old, middle-age, or whatever. Students are students and instructors are instructors. (P. T. Two, January 31, 2011)

The experience with incivility did not change the nurse educator's perception of her job.

She stated,

I've never had any problem since then, my evaluations with students were positive. The evaluations could be bad and I'm sure they would be if there was a problem. I've had no reason to change anything. This was a betrayal I experienced without any reason. (P. T. Two, January 31, 2011)

She continued by stating,

It did not change my job satisfaction. My satisfaction came from knowing I was doing a good job . . . that I was teaching students in a way they were receptive to. I didn't get my job satisfaction from anything other than just knowing the students' appreciated me for what I had done for them. This was shown to me in many ways, this was a single incident that happened. (P. T. Two, January 31, 2011)

Uncivil Experiences: Troubling Student Incivility

Participant experience. One educator described an incident with a student who exhibited uncivil behavior in the clinical setting. The nurse educator was questioning the student about patient medications prior to administration. The student could not correctly answer any of the questions about the medications for her patient. When questioned further by the nurse educator the student reacted, "She crossed her arms in front of her and said, 'Let me tell you something, my mother was sick last night and I'm just lucky to be here today'" (P. T. Eight, March 1, 2011).

Later that day she refused to provide patient care along with the other students and the instructor. "She told me she didn't want to participate and she rolled her eyes at me" (P. T. Eight, March 1, 2011). The student questioned the nurse educator about what time clinical would be over. When the nurse educator provided the answer, the student rolled her eyes and attempted to slam the door; however, the educator's foot was in the door (P. T. Eight, March 1, 2011). "The rolling of the eyes and the huffing around, sighing if asked to do something like it was an

inconvenience . . . her attitude was not great and she was really short and blunt with me” (P. T. Eight, March 1, 2011).

Impact, emotions, and perceptions. The student came unprepared for clinical. When questioned about routine patient care she became defiant and was verbally uncivil. Even though the student was unprepared for clinical she projected her anger from her bad night and lack of preparation onto the instructor. When the student was later confronted about the incident she never apologized and stated, “I’m sorry you took it that way” (P. T. Eight, March 1, 2011). The student never took responsibility for her actions and apologized. The nurse educator stated, “[It] makes me more cautious because I’ve got that in the back of my head . . . the temper tantrum: (P. T. Eight, March 1, 2011). This was very disconcerting to the instructor and impacted the way she viewed her role as an educator.

When questioned about the impact on her role as an educator related to evaluation practices and student interactions she stated, “I try to be friendly and I try to grade objectively” (P. T. Eight, March 1, 2011). She expressed how angry she was after the incident, not wanting to grade the student unfairly; however, she believed the incident had impacted her relationships with students.

When asked how she felt toward the student after the uncivil encounter she stated, “I thought negative about her for the rest of the program. . . . I didn’t want her to finish the program” (P. T. Eight, March 1, 2011). She stated, “Before that happened I never dreamed working with another adult . . . that an adult would do something like that” (P. T. Eight, March 1, 2011). She indicated this would never have happened when she was in nursing school.

The nurse educator was also asked to describe how her description, definition, and understanding of student incivility had changed since her experience. She stated,

I don't believe my description or definition of incivility has changed but I would say my understanding has changed since I am more aware of incivility because of this experience. I have witnessed more, I think it occurs more often now than maybe it did seven or eight years ago. (P. T. Eight, March 1, 2011)

She continued by explaining how her experience with incivility was rare, she stated,

I want to continue in nurse education, I like it. . . . We have a small pocket of students that maybe this is not their goal, it might be a parent's goal or a family member's goal but their heart is not really in it. They get here and see what is involved [and] that is when we have more incivility. (P. T. Eight, March 1, 2011)

She believes there are only a few students who go into the nursing profession for the wrong reasons. Students may feel trapped and act in uncivil ways. However, the small number of uncivil encounters has not changed the way she feels about her profession and she will continue in nurse education.

She stated,

I wouldn't want to judge all students or categorize students just on what this one student did. I like to look at it like partners, I'm here to help you meet your career goals and this is what I think would help you meet your career goals or be successful in this course. I wouldn't want people to lose that from one incident. (P. T. Eight, March 1, 2011)

She indicated she thought educators should put an incident in perspective and see it as one student, one incident, and not categorize all students as uncivil. She shared how she believed this way of thinking could help promote a more positive job perception and create a constructive teaching and learning environment (P. T. Eight, March 1, 2011).

Participant experience. In the clinical setting, a student became upset when the nurse educator corrected him about a clinical skill he performed incorrectly. The student became rude and condescending, and said he did not appreciate the way she taught, stating, "Listen here

young lady, you have to earn my respect and you haven't earned my respect" (P. T. Four, February 7, 2011).

Impact, emotions, and perceptions. This student had a background in health care. The instructor had challenged this student's knowledge and the student became defensive and projected the anger toward the educator. She wondered if gender could be a factor in this situation especially since both the instructor and the student were approximately the same age.

The nurse educator was especially distressed over this incident because of the way administration handled the incident. When asked about her feeling she stated,

I felt like he would either be removed from my clinical group or he would be reprimanded in such a way that something significant would come from it . . . or maybe even dismissed from the program for the lack of respect to an instructor. None of those things happened. (P. T. Four, February 7, 2011)

He was not even given a verbal warning.

When the incident was not handled the way she anticipated, she expressed her feelings as follows:

I was furious, he was left in my clinical group . . . it was a very difficult situation. I was angry . . . I felt like I shouldn't be reprimanded and the student wasn't. I don't think that a student should ever be allowed to look at an instructor and call them a 'young lady' [and] tell them they do not respect them . . . that they had to earn their respect. A student should not be allowed to talk to an instructor that way and nothing happen. (P. T. Four, February 7, 2011)

She indicated she had been forced to surrender her position as a respected authority figure in the situation.

When speaking about her interactions with the uncivil student after her encounter, this nurse educator stated,

I had a hard time getting through the semester . . . I knew no matter what I did with that student it was not going to be right. I avoided that student and he probably didn't get

much out of the clinical experience because I intentionally avoided that student to avoid any type of confrontation. (P. T. Four, February 7, 2011)

This was a very difficult position for her because it was as if she was being punished for his uncivil actions and she was attempting to avoid further conflict.

She stated,

Earlier in my nurse educator career I felt like I had the ability or the freedom to correct students in a manner that I felt was appropriate. After that particular incident I felt like it doesn't really matter what I think, nothing's going to be done about it. . . . This is going to cause me heartache, so I am just going to back off. Any time you have a bad experience it is going to make some impact on you. You are going to get your feelings hurt . . . we all have feelings. It did make an impact on me; I tend to distance myself from students. I don't want to be a student's friend, I'm not here to be their friend, I don't want to know about their social life. I am here to do a job, to help them become a nurse. There was a time when I was friendly with students but I have hardened over the years but I think nurses do, too. (P. T. Four, February 7, 2011)

How she interacts with students has been impacted.

She stated, "When I first started teaching I would have thought that incivility was something horrible. . . . I actually had a student who came to clinical that had been drinking, I thought that was the worst thing that a student could possibly do" (P. T. Four, February 7, 2011).

Now, she explained how she sees incivility as something that happens every day. Students choosing to disobey rules, disrespecting instructors, mannerisms and language that are disrespectful, she sees these behaviors and attitudes occurring on a regular basis in nurse education.

She continued,

Student incivility has impacted my job satisfaction. Every year there are fewer and fewer students that are appreciative of your efforts to try to provide learning experiences. In clinical as soon as it gets near three o'clock students are putting their books in bags and not listening. I feel like it is burnout. I'm here to find learning experiences for these students. I am here to present this material to them and that's about it. . . . I don't go 150% anymore because it's a waste of my time. I don't have anything left to offer them anymore. . . . I am putting forth more effort than they are putting forth. I think it is time

for me to get out because I really have no desire to continue in nursing education. I am tired and I am ready to get out. (P. T. Four, February 7, 2011)

Participant experience. Two students were observed cheating on a pharmacology test. The educator warned the students and gave each several opportunities to stop; however, the students did not stop. First the students were asked by the nurse educator to keep their eyes on their own papers. Next the educator moved each student's paper to the opposite side of the table, the students continued to cheat. After the test was graded and it was determined the students had indeed cheated, the students were called in by the Director. The students adamantly denied cheating, but the evidence was overwhelming and each student was dismissed from the program.

Another student lied to the instructor saying her car had broken down and she had to get her clinical changed. After the educator had gone to great lengths to accommodate the student, the student was overheard in the hallway laughing at how she had fooled the instructor and gotten her clinical changed (P. T. Six, February 22, 2011).

The nurse educator had spent a great deal of time on more than one occasion attempting to answer questions and alleviate concerns of a student who was distressed over a particular upcoming clinical experience. At the end of the semester when the student was failing to progress the student filed a grievance against the entire faculty, including her. The nurse educator stated, "I felt I had a deeper level of trust with her. . . . I had been verbally warned by others, but I got a totally opposite feeling from her. . . . I was totally blindsided" (P. T. Six, February 22, 2011). She was completely caught off guard with this situation. The student was saying one thing and doing another.

Impact, emotions, and perceptions. One of these incidences involved cheating and lying and the other two involved lying. These experiences and many others have impacted this educator's perception of the role of the nurse educator, her teaching, and also her job satisfaction and desire to continue in nurse education. She stated,

I'd say it's had 150% impact on me . . . they are looking you straight in the eye telling you one thing, you are thinking you are developing a relationship with this student, meeting their needs to the best of your ability and they are seeing how they can manipulate you. (P. T. Six, February 22, 2011)

These experiences had impacted her ability to trust students.

Participant experiences. A number of nurse educators shared experiences of what they characterized as uncivil behaviors occurring during test review or remediation. One educator shared several experiences with student incivility. She gave the example of students arguing during test review, attempting to prove their answer was correct, and arguing with the instructor who administered the test. She indicated it was as if the student was verbalizing to the instructor, "I know more than you, you don't know what you are talking about" (P. T. Three, February 4, 2011).

Impact, emotions, and perceptions. When asked how or if her teaching had been impacted from student incivility the nurse educator stated,

I'm making out a test and I'm thinking, they will argue that one question to the end and I won't ask that question, even if it would have been a good question. I try to avoid confrontations. Sometimes when I'm lecturing I won't try to get into a discussion, I won't ask the students a question, I don't want any uproar going on, (P. T. Three, February 4, 2011)

She believed her teaching had been impacted because she was worrying about where the test question could lead. She was concerned about an argument over the test question not

whether the question was of good quality and would evaluate learning. She also avoided classroom discussion because she was concerned about negative student behaviors (P. T. Three, February 4, 2011).

Participant experiences. Another nurse educator expressed how she had experienced instances where students would blatantly argue about test questions and verbally attack the instructor. The student would not ask the nurse educator to explain the rationale for the correct answer, but would tell the instructor she was wrong and the student was right (P. T. Four, February 7, 2011). This instructor had witnessed students shouting all at once, acting out, and screaming at the educators during test review (P. T. Six, February 22, 2011).

“During test review and remediation students sometimes argue, have outbursts, are disrespectful, and lash out at the nurse educator, this type of behavior is very upsetting to experience and uncomfortable to witness” (P. T. Nine, March 7, 2011). Another nurse educator commented that she witnessed a student who, after failing a test, became so angry he broke the glass out of a door (P. T. Four, February 7, 2011).

Impact, emotions, and perceptions. Because of the bad experiences with aggressive behaviors directed toward faculty during test review, an educator shared how the nursing faculty at the college where she teaches changed the way test review was conducted. New policies were implemented which restricted verbal communication and discussion during test review. She said, now there is a specific timeframe when test scores can be reviewed and questions written and submitted before instructors will review. She stated, “A lot of times when questions are allowed during test review they will get very angry and verbal” (P. T. Ten, March 8, 2011).

A nurse educator stated, “When we started test review and remediation here, I knew from experience going into it that it could be a time bomb. You must carefully choose your words . . . to make sure the student understands this is not an argument” (P. T. Five, February 8, 2011).

Participant experiences. Throughout the interview process, several nurse educators cited incidences of witnessing another nurse educator experiencing student incivility. One instructor stated,

We were in test review . . . the instructor was new to this class, she felt a little unsure and students started arguing, it got ugly, the tone of their voice was very loud and abrasive . . . she handled it very well. I didn’t say anything, but I was getting angry. (P. T. Three, February 4, 2011)

One nurse educator witnessed a group of students who had an instructor cornered in the hallway after a test. The students did not feel the instructor had graded the test correctly and one student called the instructor a liar. When the educator intervened on behalf of the other instructor and asked the students to calm down and leave, the instructor started to cry. The nurse educator stated, “She was a mess . . . really upset . . . she no longer works here . . . I don’t know if it had anything to do with that, but it was about 6 months after that when she left” (P. T. Ten, March 8, 2011). This educator who witnessed student incivility stated, “I have seen students being very angry and very ugly, I felt very bad for the instructor, I thought the behavior was very inappropriate” (P. T. Ten, March 8, 2011).

Impact, emotions, and perceptions. A nurse educator expressed how she had witnessed student incivility directed toward another instructor during test review. When asked how this made her feel she stated, “Your first feeling is anger, but you think before you feel, before you behave” (P. T. Five, February 8, 2011). She said instructors need to watch and see how the nurse

educator handles the situation, see if help is needed and step in when appropriate and make suggestions to de-escalate the situation. Another instructor stated,

In test review when you see a student have an outburst or become disrespectful . . . it makes you very uncomfortable. You come to the rescue of the one that's being lashed out at by the student; it makes us defend our peers. (P. T. Nine, March 7, 2011)

Uncivil Experiences: Annoying Student Incivility

Participant experience. The educator gave several examples of incivility she had personally experienced. One student stopped her in the hallway to ask a question, when she attempted to answer the question, the student's cell phone rang and the student held up her finger to the instructor indicating she wanted her to wait. The educator stated, "it was like the student was saying, 'this call is more important than you and you can wait'" (P. T. Six, February, 22, 2011). The student looked as though she was upset when the instructor told her to come to her office when she finished her call and she would answer her question.

Another student brought a laptop into class. During class the educator noticed several students looking at the laptop or in the direction of the laptop. When she gave a break to the class, she walked by the laptop and the student was logged onto gross.com. She stated, "This had absolutely nothing to do with the topic and it was distracting me and the other students" (P. T. Six, February, 22, 2011). There were very graphic pictures on the screen.

This same instructor experienced an incident where a student appealed an exam because she was tested in a different classroom from where she had taken previous exams and this was distracting to her causing her to perform poorly on the test. Another student filed a test appeal

because of distracting noise outside the classroom related to lawn care (P. T. Six, February, 22, 2011).

Impact, emotions, and perceptions. Experiences similar to these were shared frequently throughout the interview process leading to frustration of the educator. The educator considered the incident with the cell phone to be rude and disrespectful. The student's actions indicated the call was more important than the educator's answer.

The student interrupting the class with graphic pictures on his laptop negatively impacted the other students' learning through distraction. The last examples demonstrated students who performed poorly on exams and instead of taking responsibility for their poor test grades, the students filed an appeal. These behaviors collectively can lead to frustration in the nurse educator role.

Participant experience. One student would roll her eyes, huff, and sigh when asked to do something, as if it was an inconvenience. This same student also wrote in her clinical paperwork that she would like to "bitch slap" that patient. These uncivil behaviors and attitudes were very upsetting to the nurse educator (P. T. Eight, March 1, 2011).

Impact, emotions, and perceptions. This student's poor attitude and uncaring behavior impacted the educator's perception of the student and the interaction with the student. She stated, "I thought negatively of that student from then on" (P. T. Eight, March 1, 2011). The nurse educator thought the student was projecting her anger and frustration over external stressors onto the instructor.

Participant experience. One nurse educator explained during the interview how several students repeatedly e-mailed her over Christmas break asking and even demanding she change their clinical schedule. She stated, “I’ve had this posted since before Christmas, they have known what was going on and they had an opportunity to change but the time had passed” (P. T. Three, February 4, 2011).

She attempted to explain her reasoning of why this was impossible at this point; however, one student became offensive in her e-mail comments. The student then emailed the program director in an attempt to go over the instructor’s head and force the change in schedule. The nurse educator described this experience as student incivility (P. T. Three, February 4, 2011).

Impact, emotions, and perceptions. The educator thought the behavior was rude. The student did not get the answer she wanted so she attempted to go to the director to get a different answer. This experience did impact her perception of her job. She stated, “I couldn’t even go on Christmas break . . .” (P. T. Three, February 4, 2011). This experience also impacted how she thought of the student.

Warning Signs and Contributing Factors of Incivility

The fourth theme was *warning signs and contributing factors of incivility*. Throughout the interviews, educators shared their thoughts and ideas about *warning signs or contributing factors* that were experienced or identified prior to the incident(s). However, many nurse educators experienced student incivility where no warning signs were evident. Some of the educators identified factors that were believed to have contributed to the incivility or warning

signs that were missed, but some educators indicated there were no warning signs even when looking back over the incident.

Warning signs identified by nurse educators included not observing program policies or rules, missing exams, clinical or class absences, incomplete or late assignments. Other identified warning signs included, exhibiting physical agitation, being unprepared for class, bad or demanding attitude, inappropriate comments, interrupting the instructor, and asking inappropriate questions. Lastly, nurse educators identified confrontational behaviors, acting out in class or clinical, disrespectful attitude, and a history of uncivil behaviors as warning signs of student incivility.

When reflecting back over the uncivil experiences, some nurse educators shared similar examples of what was considered *warning signs for incivility*. Upon reflection, others shared warning signs that were evident now when looking back over the experiences, but were not apparent to the educators at the time. Still others expressed how there were no warning signs evident at the time or that became obvious upon reflection.

Contributing factors leading to student incivility which were identified by nurse educators included external stressors such as family responsibility, financial difficulties, feeling overwhelmed, and feelings of desperation. Other identified contributing factors included high anxiety at the end of the semester due to the risk of failure, frustration related to unrealistic expectations or feeling unsure of expectations, and high emotional investment in the program.

Contributing factors could extend from institutional issues such as poor course design and disorganization; however, these factors could extend from individual issues such as family responsibilities or financial difficulties. Whether the stressor was internal or external, nurse educators believed stress played a key role in contributing to student incivility. Wherever the

contributing factors originate; institutional or individual, internal or external, the end result is often incivility.

Participants' Representations of Warning Signs and Contributing Factors

Warning Signs and Contributing Factors of Incivility

Warning signs: Participant responses. When asked about warning signs of incivility, this educator stated, “Look for physical agitation, hand wringing, and pacing, starting to become unglued, their paperwork starts out good and then it gets progressively worse. They can’t concentrate and just become unraveled” (P. T. Five, February 8, 2011). Another educator stated, “When students start developing patterns of being late for class or late for assignments, living on the edge, not following through with deadlines, or when students fail to adhere to program policies” (P. T. Nine, March 7, 2011). She continued by stating,

You keep hearing their name, they miss an exam or they miss clinical, as student names become more reoccurring we need to recognize we could potentially have a problem on our hands. We have more issues toward finals, when students realize they may be failing, they start grabbing at straws and becoming a little testy.” (P. T. Nine, March 7, 2011)

According to this nurse educator, warning signs of student incivility can be simple things like, “getting e-mails in all CAPS,” or it could be a student the other students consider to be a leader, “posting a harsh comment on Black Board” (P. T. Six, February 22, 2011). Another nurse educator thought warning signs would be, “students who use opportunities to challenge the instructors’ ability or knowledge” (P. T. Two, January 31, 2011). One nurse educator stated warning signs are “when they start getting very demanding, texting, multitasking . . . doing all of this during class” (P. T. Seven, February 22, 2011). Students not paying attention, grasping bits of content, and unprepared for class, then complaining the instructor did not cover the content. She believes all of these behaviors are warning signs of incivility.

When this nurse educator was questioned about any warning signs she had noticed, she stated, “Students who come in who have some background in the health care profession . . . they have some knowledge and they feel like they have the upper hand on the other students.” She went on to describe students with a bad attitude, or an attitude of knowing how to do everything and these students do not need help from the instructor, these students also tell other students what to do because “they think they know it all” (P. T. Four, February 7, 2011).

When asked about warning signs of incivility this nurse educator stated,

I’ve always told students to not do things without me . . . then they go and do it anyway, then they come back and say, “I went and gave medicines, is that OK?” To me, that is a warning sign. (P. T. Three, February, 4, 2011)

According to this educator, “Inappropriate comments to you personally . . . turmoil among and between students and acting out in class,” are all warning signs of student incivility (P. T. Three, February 4, 2011). The student had a history of uncivil behaviors, which the educator believed was a warning sign; however, she was not aware of his history until after her experience. She stated,

The Dean of Students was very familiar with him because of all the incidents that had been reported to her. She described him as being high strung. He had gone into the bookstore and became very aggressive and belligerent with the staff. He has since been banned from the bookstore. (P. T. One, January 24, 2011)

The nurse educator also stated, “Interrupting the instructor . . . asking questions not related to the issue, or confronting the instructor about something she is talking about . . . I think those are warning signs that the student is going to be confrontational” (P. T. Four, February 7, 2011). According to this nurse educator, “the demanding attitude, and the constant need for attention, disrespect for people and their needs, the outburst in other areas, those should have been warning signs for me and will be in the future” (P. T. One, January 24, 2011).

Another educator stated, “A student that is not well prepared . . . consistently late or absent . . . just the opposite of a well-prepared student who, always attends class, does well in the clinical setting, and applies the nursing process.” She went on to reflect back over the school shootings and how many of those students who committed violent incivilities did not exhibit any warning signs. She stated, “I don’t know that they always exhibit any signs or that you could really say there are signs of this person acting out before they do” (P. T. Ten, March 8, 2011).

Contributing factors: Personal responses. When questioned about contributing factors this educator stated,

I feel in nursing, they have so much to do, so many assignments and activities, the required number of clinical and lab hours, their theory hours and their written exams. These people have as much as you can possibly pile on a plate. They are taking care of children, taking care of their parents and their grandparents. They have to work for gas money to even get to school and minor things can be the straw that broke the camel’s back or the one that’s just too much. They can’t see other options and alternatives. (P. T. Six, February 22, 2011)

“The bottom line comes down to that grade and when that grade gets in question . . . it’s going to make a difference. . . . I’ve learned they will break all beliefs and integrity . . . they won’t have any” (P. T. Six, February 22, 2011). This nurse educator indicated that she believes student desperation is a major contributing factor. The more desperate the student becomes the more apt the student is to exhibit uncivil behaviors (P. T. Six, February 22, 2011). Another educator stated, “As the semester goes along and it gets down to the end . . . they have to pass, it seems like the anxiety level raises and they will act out” (P. T. Three, February 4, 2011)

When questioned about why she felt a student acted in an uncivil manner, the nurse educator concluded,

It was the stress on her that day. She could not handle the stressful situation. It was something new that she had not had to deal with before [and] she was not able to manage

her time. Then, instead of getting positive feedback--she likes positive feedback--she got negative feedback and she broke. (P. T. Ten, March 8, 2011)

The nurse educator believed the contributing factors were related to frustration and embarrassment. She took the instructor's constructive criticism as a personal attack and she lashed out (P. T. Ten, March 8, 2011).

Another nurse educator stated that the student, "had some external stressors not related to nursing school, this is just how it manifested itself. She was able to take it out on me; she had a general attitude problem" (P. T. Eight, March 1, 2011). The instructor explained how the student had been up all night caring for her sick mother and she projected her anger from her situation onto the instructor. The educator continued by explaining how she believes courses that are disorganized, lacking in structure, and where students are unsure of expectations can contribute to student stress. She also believes students may perceive the instructors of these courses as incompetent and initiate more confrontational behavior (P. T. Eight, March 1, 2011).

When discussing contributing factors this educator indicated that students have unrealistic expectations and when they get into the program, nursing is not what they thought. She stated, "They have been trying for 3, 4, or 5 years to get into this program and it is their life." The educator thinks students believe earning this degree is going to save them or their family, "so they are emotionally invested" (P. T. Five, February 8, 2011).

They have invested all this time and money [and] they don't particularly like it. They have told everybody they are going to be a nurse and they have invested the time and money. There is personal pride and the pressure builds (P. T. Five, February 8, 2011)

Addressing Incivility

Nurse educators were asked to share their thoughts on how their experiences with student incivility were addressed. The theme of *addressing incivility* was the fifth theme that emerged. The educators were also asked to express their view on how student incivility in nurse education should be addressed. Many viewpoints and ideas were expressed. It was noted by the researcher, when participants shared how their experiences were addressed or their thoughts on how incivility should be addressed, some spoke of responding from a personal level, while others responded from a programmatic or institutional level.

Strategies identified for *addressing incivility* included training on how to deal with escalating situations, talking down someone when angry or aggressive, listening before talking, open communication, remaining calm, choosing words carefully, dealing with the issue quickly, and specifically explaining expected behaviors to students.

Participants' Representations of Addressing Incivility

Addressing Incivility

Addressing incivility: Personal response. When the student became verbally abusive, this nurse educator stated,

I utilized the knowledge I had from training at the hospital on how to deal with escalating situations where someone is getting angry and out of control, this is used especially on psychiatric units. The training served me well that day and taught me how to talk down someone when angry or aggressive. I spoke to him in a calm manner, reassured him, and apologized to him. At no point did I become belligerent because I was afraid it would escalate. (P. T. One, January 24, 2011)

Another nurse educator stated,

I had training at the hospital for a disruptive patient or family who was acting out . . . how to control someone physically. We always talk about this in psychiatric nursing, how to let someone talk about what they are thinking using open-ended questions. In the

training, it was reiterated using verbiage of how to deescalate a person when they are angry and upset, allowing them to verbalize their frustration. (P. T. Ten, March 8, 2011)

The nurse educator thought this type training would be beneficial for teaching educators how to address student incivility (P. T. Ten, March 8, 2011).

This educator was explaining how she addressed a verbally uncivil student. She stated,

We actually had to leave the nurses desk . . . went to the nurses lounge. I had to explain to her, when I finally got her to calm down, that it's not about looking bad. I only wanted her to see where the situation needed to be corrected. I had to stop her, she would not let me speak. I had to say, 'you are going to have to stop talking and listen to me,' and when I finished I let her talk. We had to talk a long time just to get her to understand our roles before we could even fix whatever the situation was. (P. T. Ten, March 8, 2011)

This nurse educator stated, "If you think the situation is going to escalate, make sure you have someone else there with you, stay calm, and choose your words carefully, don't talk, let them talk and you listen" (P. T. Five, February 8, 2011). When questioned about addressing the uncivil student, this educator stated, "I called her in for a conference and confronted her with the false information she was providing to the class." She addressed the issue quickly and in a manner she believed to be efficient; however, the student's behavior did not change (P. T. Nine, March 7, 2011). She continued, "I kept coming back into the class to provide them with the correct information when they were misled."

This nurse educator addressed the situation immediately as it occurred. She stated,

I told him that this conversation was over that I did not want to discuss this anymore with him. It was my job as his instructor to let him know when he was doing something inappropriate or incorrectly and that's what I thought I had done. He continued to say something and I said . . . the next time we talk will be in the Director's office. I called my Director, explained the situation. She told me to write it up on his evaluation and we would meet with the student. (P. T. Four, February 7, 2011)

For classroom incivility where students are getting out of hand, this instructor stated,

I'm thinking . . . stay calm, address this, you don't want any more of this going on. I try to get them to calm down. I tell them we are not going to tolerate any outbursts, if you have a question, raise your hand. I try to calm the whole room down, put a soothing effect

over it. I say, I don't mind answering questions, come to me at break and we'll discuss. (P. T. Three, February 4, 2011)

She went on to explain how the educator must explain to the students what acceptable behavior is and not assume the students know (P. T. Three, February 4, 2011). Another instructor stated, "I think incorporating some policies or statements into the syllabus talking about that type of behavior would be good" (P. T. Eight, March 1, 2011).

According to another nurse educator she believed incivility should be addressed right away and students should be informed that their behaviors are being perceived as uncivil. She stated,

You've got to call your student on their behavior as it happens . . . keep records of what's going on with your student. You also need to make them aware of their incivility, some students may not be aware they are acting uncivil. It may be a cultural issue . . . need to address it as it happens. (P. T. Nine, March 7, 2011)

Addressing incivility: Programmatic/institutional response. This nurse educator addresses unacceptable behaviors the first day of class. She stated,

I tell them at the beginning, they cannot be late for class. When it does happen I stop class and address it right then in front of everybody. If we've already begun a test and they're late, they aren't allowed to take the test, I don't allow them to interrupt the class, they have to take a makeup exam. (P. T. Ten, March 8, 2011)

When I do counsel a student for anything that's inappropriate, I say, "the point is, you are in a college setting and you are here to learn to be a professional, the behavior you are exhibiting is not professional and it is my responsibility to shape you into a professional. We want you to be a professional nurse." It's important they know where you stand, we enforce the rules and the policies and they are going to be held accountable for their actions. (P. T. Ten, March 8, 2011)

According to another nurse educator, incivility is best addressed by providing students with specific guidelines up front before class begins so the students will know the consequences of inappropriate actions (P. T. Seven, February 22, 2011).

When asked how she believed incivility should be addressed she stated,

I was going to say it should not be tolerated, incidences like that should be addressed and handled. I could say you need to remove him from campus for all those things he did, but how is he going to respond? I don't know . . . I have to stop and wonder. I don't have the answer to that question. Would removing him from campus provoke him to do something? (P. T. One, January 24, 2011)

When questioned about how to address incivility the educator stated,

We need more classes available to teach us how to deal with this type situation, not just at the moment, but how you react to the student after that point. What barriers do you need in the relationship to prevent incidences from happening again? (P. T. One, January 24, 2011)

Another nurse educator stated, "I think it would be a good thing to have some professional development on how to handle student incivility in the classroom. It would also be applicable to all departments not just nursing" (P. T. Eight, March 1, 2011).

When discussing how to address incivility, another nurse educator expressed how classes, conferences, or seminars are needed to teach nurse educators how to respond to uncivil student behaviors. She stated,

I think that is a huge need, not just in nursing but in the health education fields. Most of us go to school to be nurses, we don't go to school to be educators. I just think that it's something that every faculty member needs that are in terminal programs. (P. T. Five, February 8, 2011)

Prevention of Incivility

Throughout the interview process, nurse educators were asked to share their thoughts on how or if their experiences with student incivility could have been prevented. *Prevention of incivility* was the sixth theme. After reflection, some educators believed there were early warning signs present and education about *prevention* could have helped to identify those. Others

believed prevention was out of their hands or nothing could have been done to prevent the incidents of incivility.

The educators were also asked to express their view on how student incivility in nursing education in general could be prevented. A variety of views and ideas were expressed ranging from student and faculty education to early intervention and positive educator attitudes. It was noted by the researcher when participants discussed prevention and prevention strategies, some spoke of responding from a personal level, others from a programmatic or institutional level, while still others responded from a societal level.

Participants' Representations of Prevention of Incivility

Prevention of Incivility

Prevention of incivility: Personal response. Looking back over her uncivil experience with a student in clinical, this nurse educator stated, "I probably should have sent her home. I probably should have said, knowing you've had this night we should just reschedule your clinical" (P. T. Eight, March 1, 2011). When she reflected back over the incident she realized the student was stressed. She believed if she had sent the student home when she realized she was stressed and unprepared for clinical the shouting incident and aggressive behaviors may have been prevented. However, she also concluded that if she had attempted to send the student home early from clinical the uncivil encounter may have happened then instead of later.

One nurse educator expressed how she will not be as casual with students anymore and will attempt to make students accountable for their behavior. She stated, "The more casual way I have approached things in the past, I'm not going to do that anymore. There are things I will do differently, such as discussing issues with students in a private setting with a witness present" (P.

T. One, January 24, 2011). This nurse educator also believed she should have addressed the incident with the student in a private place. She stated, “I should have taken her to a private place to discuss her work . . . to me that was a secure area, but to her it was not” (P. T. Ten, March 8, 2011). Yet another educator stated, “In retrospect I should have taken him into a private room to discuss his findings. But, I don’t normally do that with a teaching moment, it was not meant to demean or embarrass him” (P. T. Four, February 7, 2011)

Another instructor explained how she believed she should have addressed the issue sooner. She stated, “I should have said something before the incident in clinical.” She indicated she should have thoroughly explained acceptable behaviors toward instructors prior to entering clinical during orientation (P. T. Three, February 4, 2011). This nurse educator stated,

I think it depends on setting a good foundation. We always go over the syllabus the very first day. I let them know what the expectations are, tardiness is not acceptable, and they need to be prepared. I set the ground rules at the beginning of class. I like to be strict; you can’t be slack on students then try to be hard again. It is important they know where you stand and they need to follow the rules. When you have policies, enforce them. (P. T. Ten, March 8, 2011)

This nurse educator viewed prevention from a different perspective. She stated,

It starts with our attitude toward students. I don’t think instructors should be intimidating to students in such a way they would feel they had to challenge us or defend themselves. I was taught with respect, I was not intimidated or made to feel inadequate, I was made to feel I could do anything. We as instructors should give students ample opportunities. If they fail they fail on their own, not because of our attitude toward them. We should be student advocates. I think that takes care of a lot of attitudes we encounter with students . . . it starts with us. She concluded by stating, I realize, some students, because of their background, personality, and inability to deal with stress, it may happen anyway, but we should do all we can to not provoke negative behaviors. (P. T. Two, January 31, 2011)

Prevention of incivility: Programmatic/institutional response. Another nurse educator believed some instances of incivility could be prevented through faculty communication. The educator stated,

Faculty have small clinical groups. They need to communicate with each other an ongoing issue with a student. Make them aware so they are not caught unprepared with a student who could be of harm to those in their environment whether patient, classmate, instructor, or a fellow nurse. (P. T. Nine, March 7, 2011)

When questioned about prevention of incivility, this nurse educator thought the best prevention was to address expected behaviors early in the program. Tell the students what are acceptable and unacceptable behaviors. Teach students how to address their instructors and other supervisors, and teach the students how to ask appropriate questions or make appropriate comments (P. T. Four, February 7, 2011). Another nurse educator stated, “More comprehensive student handbooks . . . have policies laid out in a systemized, organized manner” (P. T. Nine, March 7, 2011).

When asked if incivility statements or codes of conduct read to students would be beneficial in preventing incivility, she stated, “If we had consequences for their behavior attached to the codes. If there are no consequences attached to that type of behavior I don’t think it would help anything, it would be just another thing to read to them” (P. T. One, January 24, 2011).

Another nurse educator believes incivility could be prevented if life coaches were hired by schools of nursing to support and counsel students. She stated,

We need life coaches for our students. Some students do not have the emotional tools to deal with issues so they use defense mechanisms. Uncivil students have an external locus of control; not their fault it’s ours, not for them to learn, we haven’t done our job, not their fault, it’s ours. (P. T. Five, February 8, 2011)

Life coaches could counsel and teach to accept responsibility . . . almost like a counselor . . . is the bridge between faculty and the student. They work with students on any problems they have, financial, personal, problems with faculty. They teach students how to handle their temper, how to plan their day, much like a counselor that would take on some of these emotional issues that we really don’t have any business dealing with. We do not need to be their personal counselors. (P. T. Five, February 8, 2011)

She believes nurse educators do not have time to be students' personal counselor, and a life coach could fill the gap (P. T. Five, February 8, 2011).

When questioned about prevention of incivility this educator stated, "Doing some training about how to recognize students or situations that might provoke this, more education on recognizing what factors contribute to this" (P. T. Eight, March 1, 2011). This nurse educator stated,

Educating the instructors about how to handle a situation . . . guidelines should be laid down . . . you do this and this is going to happen . . . this is what we expect from you as a student. Prevent incivility by giving strict guidelines during orientation to each class. (P. T. Three, February 4, 2011)

Another nurse educator believed that prevention should be two-fold with both faculty and students involved and supporting each other. She stated,

. . . having a harassment or violence class for the students at the beginning of the semester. Have some scenarios played out and how they look from different perspectives. Let them see this does occur but it's inappropriate. They need to see how they are coming across. The faculty still needs to do their part too, we need to support the students and be more supportive of each other and have more training on how to prevent and deal with incivility. (P. T. Seven, February 22, 2011)

Prevention of incivility: Societal response. When questioned about prevention, this educator stated,

I don't believe it can be prevented because I believe it is in our society and I believe it starts at a very early age in the school system. Their attitude is picked up from their peers. I hear kids talking to adults [and] I see adults who allow a child to dictate a situation. That is just astounding to me. It is a problem we all talk about as instructors . . . [one] we've all seen. I think teachers in the school system say the same thing about grammar school on up and especially high school students. It starts there and continues on. I don't know how we can expect them to act with civility in the nursing program if they've gone through 12 years of school being able to say what they feel and talk to individuals any way and not have some sort of disciplinary action. (P. T. Four, February 7, 2011)

The educator continued by stating, “Some people you can’t change. The average age of our students is 30, which is a little late in life to be changing personalities” (P. T. Nine, March 7, 2011). When discussing prevention of student incivility this educator concluded, “It’s one of those never-ending situation cycles. . . . We need a total reform of education. Do I think it is going to happen? No.” She believes incivility prevention must begin in early childhood through structure, routine and consistency (P. T. Six, February 22, 2011).

Incivility: Growing Problem

Throughout the literature it is commonly concluded that *incivility is a growing problem*, which was the seventh and final theme. As part of the interview protocol, nurse educators were asked to describe their perceptions and thoughts of the statement, “incivility in nursing education is a growing problem.” All nurse educators affirmed their belief that incivility is indeed a growing problem.

Perceptions and thoughts of educators related to the growth of incivility in nurse education included the following: incivility is a major problem nationwide, students exhibit incivility when expectations are not met, poor social skills related to increased dependence on technology, students expect instant gratification, false expectations of nursing, no personal boundaries, and a lack of respect for authority figures. These were just a few examples nurse educators shared.

Participants' Representations of the Growing Problem of Incivility

Incivility: Growing Problem

Growing problem: Participant response. When questioned about incivility, this nurse educator stated, "I think incivility is a growing problem in every area of our society today. We see it politically; we see it with children to parents and parents to children. I think incivility is a major problem nationwide" (P. T. Two, January 31, 2011). Another nurse educator stated, "I don't think it is calming down, yes I do think it will continue to increase, partly because of parenting and partly because of the way technologies and other things continue to advance" (P. T. Six, February 22, 2011). "We are more likely to see actions of incivility. Students say things like, 'I'm paying for this education, who are you to dismiss me?' 'It's my right . . . education is an entitlement'" (P. T. Nine, March 7, 2011).

When asking the nurse educator her thoughts about the statement, "incivility in nurse education is a growing problem," she stated,

Yes, it is a big growing problem. I believe it has to do with our students . . . many of them are the generations of computers. They don't have the social skills or the social manners that we were raised with. They want it when they want it and they want it after a click of a button. (P. T. Seven, February 22, 2011)

She discussed at length how today's student expects instant gratification because of a dependence on technology. According to this nurse educator, students of today are demanding and impatient with instructors, exhibit rude behaviors, want assignments posted immediately or test questions reviewed without delay or the students will start e-mailing demanding the information. The students of today have an unrealistic sense of immediacy and when this is not met, the students exhibit incivility (P. T. Seven, February 22, 2011).

This nurse educator was asked to describe her thoughts about incivility being a growing problem. She stated,

Yes I agree, I've made the comment before . . . when I was in school and I've been a nurse for 22 years . . . I would have never asked some of the questions that have been asked of me. I am talking about challenging an instructor or questioning their judgment. I don't think the students are respectful as they used to be. (P. T. Ten, March 8, 2011)

Another nurse educator indicated she believes incivility in nurse education is a growing problem. She believes it is related to false expectations about nursing. The student enters the program, becomes overwhelmed, and when the stress level is up there is more incivility (P. T. Eight, March 1, 2011).

The nurse educator believes incivility is a growing problem, and students say and do anything without consequences. She stated,

I really feel like that is true. It seems like more and more students feel like they can talk to instructors any way they see fit [and] there is not going to be any repercussions. If you do address the student, the student attempts to turn the situation around and make the situation the instructor's fault. This happens every semester somewhere during clinical. Instructors say things that happened that are just totally inappropriate. It is happening more and more often, I believe that with all my heart. (P. T. Four, February 7, 2011)

The statement, "incivility is a growing problem," is a true statement, according to this nurse educator. She stated, "I can see it with my own eyes that it has gotten worse. Sometimes I feel like my hands are tied, we can't do anything about it. I don't know if it is our society or the generation" (P. T. Three, February 4, 2011). Another nurse educator stressed that incivility in nurse education is a growing problem. She stated,

I really think it is society in general--no filters, no personal boundaries. I hate to bring up something as trivial as Facebook but that just goes to show that people will tell anything and everything to complete strangers and get by with it. There are no consequences put on their behavior. (P. T. Five, February 8, 2011)

When questioned about incivility in nurse education being a growing problem, this educator stated,

I think it is a true statement. I can use my experience in nursing school as an example. Never did I see anything like what I experienced in my nursing class. We respected the instructor; we respected their knowledge, even when we didn't completely agree with

them. You would have never gotten belligerent with them or smart with them, or show absolutely no respect for the instructor or their clinical judgment. Today I could be listening to a patient's lungs, report the results and the student would argue with me. The attitude toward the nursing instructor has completely changed in the past 10 years . . . it has changed quite a bit. I see things out of students that I never would have seen in my nursing class as a student. Yes, incivility is definitely a growing problem. (P. T. One, January 24, 2011)

All 10 participants agreed that incivility in nurse education is a growing problem. The nurse educators also indicated it is not surprising that incivility is growing in nurse education because it is growing in all aspects of society.

Summary

In this chapter, the researcher introduced the sample and the findings from the thematic breakdown of the data obtained while exploring nurse educators' lived experiences with student incivility. The research questions and the designated themes were aligned and used as a guide by the researcher to describe and represent the findings. The experiences were shared from the participants' perspective, including a description of the impact, the emotional response, and the perception of the lived experience with student incivility: the lived experiences as lived in the words of the participants.

Each theme was reviewed to assist in understanding the impact of the shared experiences. The emergent themes of *uncivil experiences*, *nurse educators' emotions*, and the theme of the *impact of incivility* were examined in relation to concepts from the research questions. The concepts included the role of the nurse educator; the interactions with students; the perception of the job; and the description, definition, and understanding of student incivility.

As part of the exploration of the shared experiences, the themes of *warning signs and contributing factors*, *prevention of incivility*, and ways to *address incivility* were also examined

from the research questions looking for the assigned meaning. Lastly, the nurse educators' thematic representation of the *growing problem of incivility* was shared, revealing the understanding of the nurse educators in relation to the research question.

Throughout the thematic breakdown it became apparent all participants affirmed their belief that incivility was indeed a growing problem. There were many different viewpoints and understandings of how the nurse educators characterized, described, or defined incivility. One important note from the findings is that a limited number of the participants' represented student incivility as a process occurring over time while others represented incivility as more of an event occurring only once. Also, the researcher found that verbal or behavioral incivility often may begin as a somewhat benign annoyance and progress over time to overtly aggressive incivility, again pointing to a process of incivility.

The definitions or descriptions and the meaning incivility held for the participants impacted the way participants reacted to the uncivil experiences and how the experiences were represented throughout the findings. These varying viewpoints also impacted the way the participants assigned meaning to the experiences. Through the findings, the researcher was able to better understand the meaning behind the lived experiences of nurse educators impacted by student incivility. The breakdown also assisted the researcher to analyze and interpret the findings, which was necessary for the discussion in the following chapter.

CHAPTER 5

DISCUSSION

Based on the literature, incivility is on the increase in all areas of society, higher education, and nurse education. According to the research participants, student incivility in nurse education is a growing and disturbing problem as well and can negatively impact the educational environment. This is an area of concern leading the researcher to understand the significance of this research to further the literature and the implications for policy and professional practice.

Initially, the researcher reviewed the literature and compared the data from the study with the data from the literature. The researcher continued the exploration by looking at the data from an interpretive, phenomenological mindset, attempting to see what was there, was not there, and what particular insights could be generated from the phenomenological perspective. Finally, the researcher began the iterative process of interpretation of the findings using the research questions and emergent themes to gain understanding. The analysis and interpretation of the findings was also understood from the researcher's personal history and experience as a nurse educator impacted by student incivility.

The key elements, as perceived by the researcher, which ran throughout all the major themes of the study and aligned with the research questions, were extracted looking for the story under the story. The lived experience as perceived by the researcher looking in with experience and knowledge of student incivility but attempting to understand the meaning behind the experience from the participants' representations. The participants' thematic representations and the research questions were used as a guide to interpret the data.

Research Questions

Seven research questions were answered throughout the study: four narrowly focused and three broad focused research questions. The three overarching questions are (1) How do nurse educators describe or define their experiences and understanding of student incivility? (2) How do nurse educators describe the impact of their experiences with student incivility? (3) How do nurse educators' descriptions and understandings of student incivility impact their role as an educator?

The four narrowly focused questions include (1) How do nurse educators say student incivility impacts teaching? (2) How do nurse educators say student incivility impacts interactions with students? (3) How do nurse educators say student incivility impacts job satisfaction and the desire to continue in nursing education? (4) What do nurse educators describe as precursors, prevention strategies and ways to manage student incivility?

Themes

While exploring for insight into the nurse educators' understanding of student incivility and how the experiences impacted the educator and the teaching and learning dynamic, seven recurring themes emerged. The emergent themes are as follows: (1) uncivil experiences, (2) nurse educator's emotions, (3) impact of incivility, (4) addressing incivility, (5) warning signs and contributing factors, (6) prevention of incivility, and (7) incivility a growing problem.

When exploring the emergent themes based on a phenomenological framework, the researcher identified how the themes were woven throughout the process and resulted in the product of the lived experience of the nurse educator. Also, as the researcher explored the

individual experiences from a phenomenological viewpoint the researcher attempted to identify the meaning behind the experiences and interpret for understanding.

Discussion and Conclusive Outcomes

The research questions are inserted throughout the text in the section where the answer is provided. A brief answer is provided initially followed by an answer through the thematic breakdown and the participants' shared experiences.

Broad Research Question 1

How do nurse educators describe or define their experiences and understanding of student incivility?

Participants linked descriptions of incivility with individualized definitions of the phenomenon as well as generalized continuum of activities that extend from common annoyances to acts eliciting participant fear and intimidation.

Participants stated definitions of incivility include descriptive words that represent the participants' understanding of the phenomenon of student incivility and how it is directed toward and perceived by the nurse educator. The descriptive words and phrases include: angry confrontations or aggression; interfering behaviors; inappropriate actions or reactions; disrespect; inappropriate approach; disregarding teaching knowledge; acting out; uncivilized actions; rudeness, lacking integrity; threatening actions; unprofessional; and inappropriate questions, comments, or actions. Through these words or phrases, it is evident that participants understand incivility to be a phenomenon that is disruptive to student learning and impacts nurse educators negatively.

Uncivil Experiences

When looking at the uncivil experiences the participants described, the researcher noted that incivility began as what the participants described as annoying behaviors occurring every day. As external or internal stressors continued to build the behaviors escalated and became more aggressive, leading to much more distress on the part of the nurse educator.

Initially, participants were asked to describe or define their understanding of student incivility. Each gave a definition or description of behaviors or attitudes that coincided with the operational definition used by the researcher for the study. Then the participants were asked to describe an experience(s) with incivility that would make clear what meaning incivility held for each participant.

Each participant described a significant experience that almost always dealt with disturbing behaviors including threats, stalking, lying, yelling, inappropriate touching, and intimidation. These descriptions led the researcher to question what behaviors really do encompass student incivility. Does incivility include all of the behaviors and attitudes the participants' definitions described?

The definitions provided by the participants included many more generic behaviors or attitudes such as showing disrespect, lacking integrity or acting in an uncivilized manner. Making one wonder, when the participant was defining incivility was the definition just meant to provide an impersonal answer to a question? This was the meaning provided apart from the personal.

However, when asked to share an individual experience, the meaning changed to a much more personal or aggressive description because this represented the participants' personal meaning behind the experience being described instead of just a mere definition. This was a

portrayal of the meaning behind the experience, which a phenomenological approach provides. When the nurse educators experienced an uncivil encounter with a student, the meaning became personal. Therefore, when asked to describe or define incivility the impersonal answer was provided but when asked to describe their personal experience a different meaning was applied.

This is why uncivil behaviors or attitudes are described as annoying or frustrating or not described as incivility at all; these behaviors or attitudes lack the meaning that is assigned to a personal experience. The researcher agrees with Clark and Carnosso' (2008) assertion that each person views civility through their own personal lens which is shaped by tradition, knowledge, ethnicity, and past experience. As the educator has more experiences with incivility, new meanings are assigned from a personal level. When moving from objective to personal definitions, the participants are becoming closer to their experience which is a prominent aspect of phenomenology.

Participant experiences. Several nurse educators reiterated this point throughout the interview process. When asked how her description, definition, and understanding of student incivility had changed since her experiences, this participant stated, "Incivility was not anything that we even considered or thought about really. As more happens . . . it really hits home more now than it did years ago" (P. T. Nine, March 7, 2011). She went on to explain how her understanding had changed as she had been made more aware of incivility through her experiences. As the experience becomes more personal the experience takes on new meaning and is no longer represented from the impersonal.

During the interview process, another participant's definition, description, and understanding of incivility seemed to be evolving. Her definition initially stated, "A student

acting or reacting in a manner that would be unbecoming of a relationship between a student and an instructor.” Later she stated, “Now incivility has taken on a whole new meaning . . . it can be more than just a bad attitude or smart remarks . . . it can make you feel unsafe” (P. T. One, January 24, 2011). The participant’s definition began to expand and gain new meaning following the experience.

Another educator stated, “It’s made a stronger definition or an expanded definition than what it used to be” (P. T. Seven, February 22, 2011). Initially, the participant’s definition portrayed incivility as being a little unprofessional but now includes more aggressive and inappropriate behaviors. The educator’s understanding had changed after personally experiencing incivility.

Nurse educators’ emotions. Participants described a wide array of emotional responses both during and following the uncivil experiences. Responses ranged from shock and disbelief to frustration and disappointment. While exploring the emotional responses to incivility from a phenomenological approach, responses were interpreted to gain understanding. During the interview process the participants’ feelings about the experiences were elicited by asking follow up questions such as, “How did this make you feel?”

Throughout the interviews, a key emotional response kept recurring, the emotion of surprise. Participants expressed the feeling of being caught off guard or blindsided. The educators’ understanding of the relationship between she and the student was found to be untrue and the educator expressed the emotion of surprise. There was a story under the story which the participant was unaware of. The participant stated, “I was in shock because I had no indication” (P. T. Two, January 31, 2011). The meaning this held for the educator was the feeling of being

deceived, and disrespected, impacting trust and leading the educator to question the student's motives.

The outward expression of emotion by the participants reflected the inward understanding and meaning these experiences represented. Therefore, when the participant expressed surprise outwardly for being caught off guard by the student's behaviors, the inward meaning was one of confusion.

Participant experiences. One educator expressed, "They are looking you straight in the eye telling you one thing and then you are getting slapped from the back" (P. T. Six, February 22, 2011). The educators' interpretation of the relationship between she and the student was inaccurate: the educator was being manipulated. This led to the participants' expressed need to be on guard or more cautious with future student interactions. One nurse stated, "I've got a larger personal space and I'm more guarded with students" (P. T. Seven, February 22, 2011).

Throughout the data, the emotional response of being caught off guard or expressing surprise goes hand in hand with participants who respond to student incivility by saying, "When I was in nursing school we would have never. . . ." A number of the participants expressed shock at the behaviors or expressed incivility that students exhibited. Such behaviors as arguing test questions, becoming verbally demanding, or questioning the instructors' authority or knowledge and skills. The nurse educator stated, "I was completely caught off guard by this experience and felt there must have been some underlying problem I missed or misunderstood" (P. T. One, January 24, 2011).

There seemed to be a link between the participants' history in nursing school and the shock of experiencing incivility as faculty; a misalignment between individual history and

contemporary experience. This resulted in participants lacking the initial skills or strategies to deal with incivility in the classroom. Because of their history in nursing school it never occurred to the participants or their peers that incivility would be encountered, so the participants were shocked and caught off guard.

Another participant stated,

Never did I see anything like this in my nursing class. We respected the instructors, we respected their knowledge, even when we didn't completely agree with them . . . you would have never gotten belligerent with them. The attitude toward the nursing instructor has changed completely in the past few years. (P. T. One, January 24, 2011)

These types of uncivil responses or attitudes directed toward nurse educators expressed by participants throughout the interview process. In each representation, the educator expressed the understanding of this behavior as student incivility. The meaning behind the experience was foreign to the participants' experiences as nursing students, leading to complete shock.

These responses come from deeply held understandings of the meaning the participants have applied to the representation of a nurse educator. The participants were socialized into the role of the nurse in nursing school, understood the nurse educator role represented authority, having earned and gained respect through the position: the understanding of the nurse educator had remained intact. These feelings led to the expressed emotion of shock from the nurse educators in response to the uncivil student behaviors or verbal expressions.

These firmly held beliefs have also led to false expectations or preconceived notions as the nurse transitions into the role of the nurse educator with these beliefs firmly intact. One nurse educator stated, "When I first began as a nurse educator my perception of what it was going to be like did not match" (P. T. Ten, March 8, 2011). Examples from the data support the premise that these firmly held representations of the nurse educator role have led to shock and disbelief over student incivility directed toward the nurse educator.

Burnout. When reviewing the data, the emotional response of burnout was identified as another factor resulting from the impact of student incivility. The expressed feeling of nurse educator burnout was articulated by only one participant; however, the feeling was implied by most of the participants through the relating of experiences as continuous or as an ongoing emotional response that was never over.

The participants expressed a constant state of worry and stress, continually having to be on guard leading to frustration, which represented burnout. Based on the researcher's interpretations, the participants exhibiting the most burnout were also the ones who were most dissatisfied with their jobs.

One participant stated, "I knew at that point he felt he could talk to me any way he wanted, he could do or not do what I told him and nothing was going to become of it." She continued by stating, "After that particular incident I felt like . . . it doesn't really matter what I think, nothing's going to be done about it, this is going to cause me heartache, so I am going to back off." Lastly she stated, "A lot of things have happened over the years to harden me . . . I feel like it is burnout" (P. T. Four, February 7, 2011). This participant had experienced many incivilities which represented an ongoing struggle and the researcher interpreted the underlying meaning to be burnout.

The educator stated, "It required a lot of my energy staying on top of what she was reporting" (P. T. Nine, March 7, 2011). Another stated, "I've done everything I know to do to make it better . . . nothing is ever quite right" (P. T. One, January 24, 2011). Yet another educator provided numerous examples of student incivility ranging from what she described as rudeness to situations where students lied about her actions. She stated, "They weren't the ones

upset and concerned or worried . . . they didn't care if it cost me a job, a license, and whatever else. . . ." She went on to say, "very few students will take the time to say thank you, the ones coming to you griping and complaining that is almost a daily basis" (P. T. Six, February 22, 2011). Even though the expression burnout was only spoken once, the emotion was implied through the continuous and ongoing nature of the experiences and the frustration exhibited.

Broad Research Question 2

How do nurse educators describe the impact of their experiences with student incivility?

Participants' descriptions of the impact of their experiences with incivility vary but include generalized representations throughout. The impact of these experiences relate to teaching, student interactions and learning, and how nurse educators view their jobs.

Representations include relationships with students, the teaching role, the perception of their job, and the impact on student learning. The impact for some participants was described as an emotional response of being guarded and cautious with future student interactions. The impact on the teaching role was described as feeling distracted or frustrated in the classroom. Another participant described the impact on student learning through avoidance behaviors. One described the modification of test questions in an attempt to avoid confrontations and another described the avoidance of a student during clinical to prevent conflict.

The impact on job satisfaction or perception of the job was described by the majority of participants as having no impact. However, two participants described the impact of their experiences with student incivility as leading to feelings of anger, resentment, and dissatisfaction in the job. These participants expressed no desire to continue in nurse education. Some of the remaining participants described dissatisfaction with their jobs immediately following the

experience or a lingering feeling of unease but none expressed any desire to leave nursing education.

The impact of student incivility on nurse educators ranges from responses which are evident immediately to long-term emotional response of feeling guarded or cautious with students, which can have enduring impact.

Broad Research Question 3

How do nurse educators' descriptions and understandings of student incivility impact their role as an educator?

Nurse educators describe the impact of incivility through their speech, and their understandings are represented through their speech and outwardly through their behaviors. Descriptors are used such as discouragement, distraction, or a feeling of frustration that has changed their understanding of the role and led to changes in their behaviors. Nurse educators responded to the new understanding of their role from a personal or an institutional level. The personal description characterized how the uncivil encounter changed the way one performed in the role at a personal level. The institutional response was characterized as how policies or procedures were changed at the institutional level. Both descriptions characterized the impact of student incivility on the role of the nurse educator.

Whether responding in their speech or behaviors or from a personal or institutional level, participants described incivility as impacting their role as an educator. The participants' personal description was one of being distracted and frustrated with the job. The institutional response as described was related more with how incivility was addressed from a programmatic level, so changes were made impacting the whole department or college.

Impact of incivility. The impact of incivility represents multiple meanings including the impact on the nurse educators' relationship with students, the teaching role, and the educators' perception of the job. When seeking to achieve understanding of the impact of student incivility on the many facets of the nurse educator role, the impact on the teaching role stands out. Teaching is multifaceted and is a primary responsibility of the nurse educator.

Narrow Research Question 1

How do nurse educators say student incivility impacts teaching?

The participants said incivility impacts teaching negatively. Responses ranged from fear and frustration to anger. Participants also expressed a loss of trust, which negatively impacted the learning of students. Participants shared how their daily practices of teaching were negatively impacted through avoidance behaviors, changing how test questions were asked to avoid conflict, or leaving out classroom discussion to prevent unnecessary disturbances in class.

Nurse educators said student incivility impacts teaching through an emotional response, causing feelings of fear, discouragement, distraction, frustration, anger, or resentment. Others said incivility impacts teaching through loss of confidence and trust with students and increased negative perceptions of the teaching role. Others indicated the teaching role was impacted by a change in the way educators interacted with students leading to strained or distracted responses. Nurse educators said teaching was impacted by student incivility which, in turn, interferes with student learning.

Teaching. Participants indicated that following the experiences with student incivility, teaching is impacted in diverse ways especially in relation to the type of incident. Some

participants expressed personal and emotional responses such as fear, discouragement, distraction, or a feeling of frustration, while others expressed feelings of anger and resentment. These responses have led to changes in the teaching role of the educator.

These findings are consistent with Luparell's (2004, 2005, 2007) studies, which found that incivility directed toward faculty can have a negative impact on the nurse educator and the teaching and learning environment. Luparell's findings also concluded that these experiences led to distress, fear, and loss of confidence, which promoted negative perceptions of the teaching role.

Personal responses. After repeated uncivil encounters with a group of students, this nurse educator had those same students in class the very next semester repeating the course. When questioned about the impact on her teaching she stated, “[It had] me wondering which part of what I say are they going to turn around and twist . . . tell something else on me” (P. T. Six, February 22, 2011). She was distracted during her teaching for fear of what else the students might say or do. The researcher contends that these expressed incivilities impacted the educator's teaching experience and the meaning behind the experience represented distress and worry.

Another nurse educator reported, “I just felt like we had to be on guard all the time. . . . [It] required a lot of my energy staying on top of what she was reporting and trying to keep the students settled down so they could learn” (P. T. Nine, March 7, 2011). This situation led to frustration in the role of the educator and impacted the teaching and learning environment through distraction of the students. As evidenced by the participants comments, the researcher asserts that this was an ongoing issue, which the participant felt necessitated the allotment of a

great deal of instructional time to address, which the educator felt should be allocated to other areas of instruction.

This nurse educator expressed how her uncivil encounter, occurring with a student following classroom lecture had impacted how she teaches in the classroom. She explained, “Now I watch every word I say during lecture. . . . I watch him out of the corner of my eye” (P. T. One, January 24, 2011). She went on to say, “I’ve changed my lecture to accommodate him. I’ve had to censor every word I say to him and I’m careful about everything that comes out of my mouth so as not to offend” (P. T. One, January 24, 2011). The researcher contends that this educator was exhibiting signs of distress in her teaching role. She was distracted, worried, and anxious in the classroom setting, watching the student during her lecture to see his response. The educator was also unable to focus on what was in front of her and needing to be done in her teaching role because she was sidetracked, observing him for a potential uncivil outburst.

After experiencing incivility in test review, one nurse educator began to change how she selected test questions, she stated,

I’m making out a test and I’m thinking, they will argue that one to the end and I won’t ask that question, even if it would have been a good question. I try to avoid confrontations. Sometimes when I’m lecturing I won’t try to get into a discussion, I won’t ask the students a question, I don’t want any uproar going on (P. T. Three, February 4, 2011)

Because of her previous, personal experiences with student incivility during test review and remediation and having witnessed other instructors’ experiences, she was more concerned about the response the test question would elicit than the evaluation of learning.

The researcher noted another personal response by a participant where a student was left in her clinical group after an uncivil encounter. After being questioned about the impact on her teaching she stated, “He probably didn’t get much out of the clinical experience because I

intentionally avoided that student to avoid any type of confrontation” (P. T. Four, February 7, 2011). She continued by stating, “I am here to present this material to them and that’s about it” (P. T. Four, February 7, 2011). This negative experience changed how the educator represented her role as an educator and the meaning her teaching represented in both the clinical and classroom setting.

Institutional responses. The researcher noted how other participants expressed how incivility had led to institutional responses to teaching such as changes in testing and test review procedures or institutional policies. After receiving a threatening letter directed toward the nursing faculty, this nurse educator expressed how security practices in the classroom were changed. She stated, “We did start locking the classroom when we were in the classroom with students” (P. T. Nine, March 7, 2011). The teaching role was impacted related to the perceived threat and the educator’s assigned meaning of distraction, anxiety, and fear with their understanding of the teaching role.

One facility implemented new policies after a significant incident with student yelling following testing and numerous incidences with incivility related to testing and test review. Verbal communication was prohibited between students and instructors and time restrictions were instituted following the establishment of the new rules that impacted the teaching role

Student incivility impacts nurse educators’ teaching. The meaning behind the experiences represents fear, frustration, time expenditures, distress and distractions, avoidance behaviors, and policy and procedure changes. The researcher also contends that these experiences lead to changes in the understanding of teaching for those impacted.

Narrow Research Question 2

How do nurse educators say student incivility impacts interactions with students?

Nurse educators said interactions with students following uncivil encounters led to difficult or strained interactions leading to avoidance behaviors. How the situation was solved also impacted future interactions. If a satisfactory resolution occurred then nurse educators said future interactions were more cordial, if unsatisfactory then educators said interactions were tense.

Nurse educators indicated the degree of the incivility impacted future responses as well. If the incivility was described as annoying, such as eye rolling or making distracting noises, the impact on future student interactions was less than if incivility included such disturbing behaviors as threats, lying, or stalking. Nurse educator's future interactions with students were negatively impacted related to the perceived degree of incivility.

Student interactions. Findings led to the conclusion that student incivility impacts nurse educators' interactions with students. Following uncivil experiences, educators indicated that interactions with students became strained and difficult, leading some nurse educators to avoid the student altogether. The researcher noted several factors that impacted future interactions with the uncivil student or students in general following the experience.

Resolution. One identified factor which impacts future student interactions was how the incident was resolved. The researcher asserts that if the participant felt satisfied with the way the situation was resolved, future student interactions were more amicable. However, if the situation was not resolved in a satisfactory manner, future interactions were more strained.

A participant shared how she was frustrated because her attempts to stop the uncivil behaviors were unsuccessful. She went on to tell how she had bad feelings toward the student and avoided her because of those negative feelings (P. T. Nine, March 7, 2011). This educator suggested that the student's poor attitude and uncaring behaviors impacted her perception of the student and the interaction with the student. She stated, "I thought negatively of that student from then on" (P. T. Eight, March 1, 2011). The meaning behind the experience was one of frustration and burnout. The participant repeatedly attempted to stop the incivility without success, leading to negative feelings directed toward the student

Another educator expressed how following an uncivil experience the student never apologized or took any responsibility for her inappropriate actions. The nurse educator stated, "[It] makes me more cautious because I've got that in the back of my head . . . the temper tantrum" (P. T. Eight, March 1, 2011). There was never an appropriate resolution for the situation impacting the participants' relationship with students.

Degree. Another factor recognized by the researcher that impacted future interactions with students was the degree of the uncivil experiences. Based on the literature, and for the purpose of this study, uncivil experiences were divided into three categories; *disturbing student incivility*, *troubling student incivility*, and *annoying student incivility*. *Disturbing behaviors* included threats, stalking, lying, yelling, inappropriate touching, intimidation, and any aggressive behaviors. *Troubling behaviors* included cheating, inappropriate questions or comments, disruptive conversations, verbal abuse, arguing, or breaking rules. The last category division was *annoying behaviors*, which included arriving late or leaving early for class, cell phone usage, distracting noises, and eye rolling.

The category of *disturbing incivility* was experienced less by the participants, but was the experiences shared the most throughout the study and with the greatest details. These experiences impacted the participants the most, causing the most distress. *Troubling behaviors* were common, interfered most with the teaching and learning environment, and triggered a great deal of anxiety. *Annoying behaviors* were the most common but the least distressing to the participants. If the uncivil experiences were categorized as *disturbing* or *troubling* the impact on future student interactions was greater.

Following her experience with a male student who attempted to follow her home from work, the educator stated, “It made me more cautious about future interactions, particularly with male students” (P. T. Five, February 8, 2011). Another participant indicated her trust had been broken with the student. She stated, “You are thinking you are developing that relationship with this student, meeting their needs to the best of your ability and they are seeing how they can manipulate you” (P. T. Six, February 22, 2011). The researcher interpreted the meaning for the participant to be one of shock and disbelief because she was caught off guard when the student’s pleasant verbiage was followed by conflicting actions.

Another participant shared how her trust was broken following her experiences and she became more guarded and careful with her interactions with students. She stated, “Incivility issues make you more aware of upholding established policies, treating all students the same . . . not making allowances” (P. T. Nine, March 7, 2011). The experience represents a trust issue for the participant, leading to guarded behaviors.

The researcher identified yet another nurse educator whose experience led to guarded behaviors following an incident with a student where she was caught unaware. She stated,

Since the incident, he has chosen to quietly ignore me. . . . He is a student that I am not comfortable around. . . . I never know when I may say or do the wrong thing to cause it to happen again, so I will say I'm leery. (P. T. One, January 24, 2011)

Another participant commented on the outcome of her experience by stating, "I'm more guarded following the experience" (P. T. Seven, February 22, 2011). The researcher identified the significance of the impact on relationships and interactions between nurse educators and students when trust is broken, leading to the educator becoming more guarded.

Instructor and student relationships. Another important factor identified by the researcher was related to the nurse educators' understanding and meaning given to student and faculty relationships both prior to and following the uncivil encounter. The researcher maintains the importance of preserving a professional relationship with students and preserving appropriate boundaries for healthy relationships. One educator stated, "Colleges want faculty to be very student friendly, but you need to maintain that student/faculty relationship and not be overly friendly." She continued, "We are still their instructors and we need to keep our relationship on a level where we can maintain that faculty, student relationship" (P. T. Ten, March 8, 2011).

Another nurse educator stated,

I have never had friendships with students, I have always avoided that. There is a line there, I'm the instructor, and they are the student, that didn't change. I became more aware there is a line there, maybe we trust students too much or could trust students too much. (P. T. Two, January 21, 2011)

When discussing student interactions, this nurse educator stated,

I tend to distance myself from students, I don't want to be a student's friend, I'm not here to be their friend . . . I am here to do a job, to help them become a nurse. There was a time when I was friendly with students, but I have hardened over the years. (P.T. Four, February 7, 2011)

All participants shared an understanding of the importance of maintaining the boundaries of the student and educator relationship. The relationship changes as new meanings are applied following an uncivil encounter; maintaining professional boundaries is the key to healthy relationships.

Narrow Research Question 3

How do nurse educators say student incivility impacts job satisfaction and desire to continue in nursing education?

Nurse educators' responses varied in what was said about the impact of incivility on job satisfaction and desire to continue in nurse education. Two nurse educators were negatively impacted by their personal experiences with student incivility and indicated a complete dissatisfaction with their jobs and a desire to leave nurse education. However, the remaining eight participants indicated only minimal job dissatisfaction immediately following their uncivil experiences and indicated no desire to leave nurse education. Several of the respondents did indicate a "different" or "uneasy" feeling or change in their job perception, but still no desire to leave. By addressing incivility through specific steps in institutional policies, incidents of incivility could be resolved in an efficient and productive manner or prevented altogether.

Job satisfaction. The collected data were explored looking for the impact of incivility on nurse educators' perceptions of their jobs and their job satisfaction in an effort to gain greater understanding. Nurse educators do not agree on how student incivility impacts job satisfaction or the desire to continue in nurse education. Two of the participants expressed a strong dissatisfaction with their job following the experiences and a desire to leave nurse education as

well. One nurse educator is at the end of her career, having greater than 25 years of experience and the other is at the beginning of her career as an educator, having 6 years of experience.

The seasoned educator described an uncivil encounter with a student where she felt disrespected and was very angry and upset after the incident. However, she was even more upset and angry after the experience due to the lack of administrative support. She also shared other examples of student incivility she has experienced throughout her 25 plus years as an educator. She stated, “I really have no desire to continue in nursing education. . . . I am tired and I am ready to get out” (P. T. Four, February 7, 2011).

The meaning behind the experience for her was one of frustration, disappointment, and anger leading to a desire to leave nursing education. Throughout the literature several examples of student incivility were identified leading to negative perceptions of the teaching role causing withdrawal and departure from the nurse educator role (Luparell, 2004, 2005, 2007). However, this was not necessarily the case for this study.

The participant with 6 years of experience in education shared numerous uncivil incidents with students; however, one experience within the last year was particularly distressing, changing how she viewed her job. She talked about the job offers she had received and stated, “I know those that have gone into academia and stayed their entire careers. Do I think I will be sitting here at retirement age . . . probably not” (P. T. Six, February 22, 2011). The underlying meaning for this participant is one of conflict. She has a negative perception of her job because of the experiences with incivility; however, she is not totally convinced that leaving is desirable.

Nurse educators leaving the field because of decreased job satisfaction related to student incivility is concerning. Both of these educators have a wealth of knowledge and skill to offer students; therefore, their exodus from nurse education would negatively impact the educational

environment. According to Luparell (2004, 2005, 2007), nursing faculty shortages are a very real concern. Determining the causes of student incivility and achieving a successful resolution is very important for nurse educators to feel satisfied and appreciated in the teaching role.

Neither of these nurse educators characterized their uncivil experiences as frightening. Throughout the literature it was noted that nurse educators often leave the teaching field after frightening experiences with student incivility. It was anticipated that most of the participants would express fear related to student incivility; however, this was not the case for this study. A few of the educators mentioned being frightened by an experience initially but no participants complained of long-term issues with fear.

Both experiences were understood to be extremely personal and involved teaching practices. One called the educator's character into question, and the other involved verbally disrespectful and degrading comments about teaching practices. These were very personal experiences for the educators; therefore, the meaning applied to these experiences was significant. Implications were clear, specific steps should be laid out to prevent incivility or resolve incidents in a proficient and useful way.

The other eight participants were varied in their responses as well. Some complained of job dissatisfaction immediately following the experience, which was later resolved. Others expressed how there was no change in job dissatisfaction, and still others expressed a change in the perception of their job but had no desire to leave nurse education and did not characterize the experience as leading to job dissatisfaction.

The researcher anticipated there would be much job dissatisfaction based on the level of student incivility experienced and the findings from the literature; however, this was not the case. Eight out of the 10 participants indicated no desire to leave nurse education. This led the

researcher to conclude that the meaning assigned by the participants to the satisfactory elements of their jobs exceeded the meaning assigned to the negative.

Narrow Research Question 4

What do nurse educators describe as precursors, prevention strategies, and ways to manage student incivility?

Nurse educators described contributing factors to incivility as external stressors, such as family responsibilities and financial difficulties, and internal stressors, such as a high stress environment, leading to feelings of anxiety and desperation. Warning signs described as precursors were students missing exams, classes, or clinical; not following rules or program policies; poor class preparation; disrespectful or demanding attitude; confrontational behaviors; and a history of uncivil behaviors in the past.

Nurse educators provided descriptions of innovative strategies to prevent and address student incivility such as (a) implementation of codes of conduct or incivility statements, (b) the hiring of life coaches to support and counsel nursing students, (c) educational preparation for faculty to identify precursors and management techniques and for students to understand uncivil behaviors, and (d) therapeutic training for addressing aggressive incivility.

There could be many understandings by the participants related to their suggested prevention strategies. One points to life coaches as an acceptable prevention strategy. This could allude to the underlying belief that more attention should be paid to the socialization process among nursing students. Other participants suggested the need for therapeutic training to address and manage uncivil student behaviors when occurring. This could allude to the understanding by the nurse educators that more training should be implemented prior to the incidents as well as

training. There are many underlying implications that could be explored more thoroughly to assist in the prevention of incivility.

Addressing Incivility

An attempt was made to gain understanding of how nurse educators address incivility, before, during, and after an incident. When exploring the data against the findings from the literature, the researcher concluded that many of the strategies offered by the participants were the same or similar to what was suggested in the literature.

Personal and institutional strategies were identified from both the literature and the participants. These strategies included establishing policies that provide explicit behavioral expectations and ensure students' understanding of those policies, strict enforcement of all behavioral policies, and addressing incivility immediately. Other identified strategies included demonstrating open communication between faculty and students, exhibiting a respectful demeanor, and offering faculty development classes to assist in the identification of contributing factors, prevention, and management concepts. The researcher agrees with Luparell's (2005) assertion that acts of incivility should be addressed quickly and consistently so as not to provide the illusion that the behavior is acceptable.

Therapeutic training. A unique idea offered by three separate participants, which was not found in the literature, related to strategies which could be implemented to deescalate a situation before it became unmanageable. All of these educators had a mental health background and had been trained in the use of therapeutic communication to talk down patients. Also, all of the

participants had utilized elements of these techniques successfully throughout their careers. One participant stated, “The training served me well that day” (P. T. One, January 24, 2011).

The participants understood these techniques to be very effective in multiple contexts. The participant stated, “I had training at the hospital for a disruptive patient or family who was acting out. We talk about this in psychiatric nursing, how to let someone talk . . . using open-ended questions” (P. T. Ten, March 8, 2011). Because of the high level of meaning the participants placed on the use of these therapeutic techniques, the researcher contends that this type training could be adapted and utilized to not only address a situation but also help prevent an incident through the identification of early warning signs.

Uncivil behavior. An important point made in the literature is, according to Luparell (2004), if a student is unwilling or unable to control his or her uncivil behavior with an instructor or teacher, who is a person in a position of authority, what will prevent the student from acting in those same uncivil ways in the workplace after graduation? One participant made this same assertion stating,

If a student does not respect those in authority, that could be a warning. I see a student having problems respecting those in authority and I wonder . . . how they react in other situations, to other people, or when they become a nurse. When a student is uncivil to a nursing faculty then later on in life . . . somewhere they are going to be uncivil to a patient or family member. (P. T. Ten, March 8, 2011)

Another participant stated,

I felt like the student would get out and do exactly the same to other individuals, to other nurses, or even be disrespectful to physicians or family because they felt like they could talk to anyone in any way since they were not reprimanded in nursing school. (P. T. Four, February 7, 2011)

The concept of incivility transferring into the work setting after graduation is an area of concern. The assertion is made here and throughout the literature that if incivility is not

prevented or addressed during nursing school it can negatively impact the healthcare environment. However, this issue can be dealt with from many different angles, not just through management of student incivility, but through prevention as well.

Prevention of Incivility

While reviewing the data, the researcher explored the meaning the participants placed on prevention and determined how prevention was represented by the participants. The participants represented prevention strategies from either a personal, institutional, or societal level. However, some participants believed prevention was not possible in their particular experience. Others believed early warning signs were present and identification could have led to prevention.

Upon reviewing the literature, it was noted that interventions used for prevention of incivility were very similar to the strategies used for managing or addressing incivility. It was also noted that nurse educators identified the lack of educational preparation to identify and prevent incivility as an area needing to be addressed. Another area highlighted by nurse educators was the importance of codes of conduct, behavioral objectives, and incivility statements. However, when questioned further, the participants indicated that their facilities did not have these codes, objectives, or statements.

Policies. All participants indicated their facilities had academic honesty policies that addressed cheating and plagiarism but only one had any type policy that addressed incivility. The participant stated, “This non-academic misconduct policy is in our nursing handbook” (P. T. Ten, March 8, 2011). She went on to share how this policy addressed misconduct affecting the

college or its operations and specifically addressed dishonesty, obscene language, lewd dressing, and harassing or threatening communication through e-mail or fax.

Incivility was not specifically addressed in this institutional policy; however, the researcher concluded that the language could represent incivility and could be used to address such behaviors if the nurse educator had the support and backing of the administration. When questioned further, the participant indicated that she was not that familiar with the policy and this policy was not read to the students at the beginning of the semester.

Civility statements. Policies that specifically address expected student behaviors as contained in civility statements would be much more beneficial to addressing student incivility. The researcher's view is consistent with Clark's (2009) assertion, which stressed that faculty should introduce civility statements that focus on being open-minded to opposing views and committing to civil communication.

The researcher agrees with Kolanko et al.'s (2006) assertion that nurse educators should integrate accepted professional codes into the curricula, which will prepare students to practice as professional nurses. Civility statements and codes of conduct which explicitly address expected student behaviors and resulting consequences if not followed would be a beneficial addition to academic misconduct and dishonesty policies.

Life coaches. Another noteworthy concept suggested by a participant indicated that incivility could be prevented if life coaches were hired by schools of nursing to support and counsel students. Life coaches work with all students, counseling on issues and concerns such as financial, personal, emotional, and even issues with faculty. The participant asserted, and the

researcher agrees, the life coach could take some of the emotional counseling and support from the nurse educators. The participant stated, “Nurse educators do not have time to be students’ personal counselors, and a life coach could fill the gap” (P. T. Five, February 8, 2011). Life coaches could be a beneficial addition to the nursing programs, helping to reduce stress and thereby preventing incivility.

Education. Another prevention strategy identified by the participants was educational preparation. The participants asserted, and the researcher agrees, that educational preparation is important to prepare the nurse educator to identify contributing factors and warning signs to prevent incivility as well as management techniques. One nurse educator stated, “Doing some training about how to recognize students or situations that might provoke this, more education on recognizing what factors contribute to this” (P. T. Eight, March 1, 2011).

Another participant suggested educational training for both the faculty and the students. She believed training is important for the students also. She stated, “Let them see this does occur but it’s inappropriate . . . they need to see how they are coming across” (P. T. Seven, February 22, 2011). She continued by saying that faculty and students need to support each other to prevent and resolve this issue. Education is important for all involved; the faculty, staff, administration, and the students.

Prevention difficulties. Other interesting areas of consideration related to the contention that some incivility cannot be prevented. One participant stated, “I don’t believe it can be prevented because . . . it is our society and I believe it starts at a very young age” (P. T. Four, February 7, 2011). She contended that children, adolescents, and young adults are allowed to say

whatever is felt without any repercussions, so how can nurse educators expect students to act with civility.

Another participant made a very interesting contention that bears consideration, she stated, “Some people you can’t change. The average age of our students is 30, which is a little late in life to be changing personalities” (P. T. Nine, March 7, 2011). This is an interesting statement and there is obviously meaning behind the participant’s experiences.

This is the same educator who had a student in their 30s who was lying about the nursing program to her classmates and the educator could not change the student’s behaviors. The experience was obviously very distressing for her, leading to the belief that in some, incivility cannot be prevented. This is an important point to note; however, attempting to prevent and address incivility is important even if there are no guarantees that all incivility can be prevented

An attempt was made to uncover the meaning attached to all the assertions of the participants related to prevention of incivility. The contention is made that for greater understanding of how to prevent incivility many different strategies, interventions, and concepts need to be studied, implemented, or attempted. There needs to be a coordinated effort to address the complexities inherent in the issue of the prevention of student incivility.

Warning Signs and Contributing Factors

The literature and the participant data were reviewed to explore nurse educators’ thoughts about warning signs and contributing factors of student incivility. The exploration was conducted from a phenomenological perspective to gain greater understanding of the lived experience. Numerous warning signs and contributing factors were identified; however, some participants shared how there were no warning signs or precursors to their uncivil experiences.

The researcher agrees with Suplee et al.'s (2008) assertion, which stressed that nurse educators recognize incivility more fully through a greater understanding of those exhibiting behaviors which lead to incivility such as poor motivation, and unprepared students engaged in a highly stressed environment. If the nurse educator understood the meaning behind the behaviors then prevention of the behaviors would be a more realistic endeavor.

One nurse educator stated, "When students start developing patterns of being late for class or late for assignments [and] not following through with deadlines, or when students fail to adhere to program policies." She continued by stating, "You keep hearing their name, they miss an exam or they miss clinical . . . names start reoccurring. Also more issues toward finals, when they realize they may be failing" (P. T. Nine, March 7, 2011).

Contributing factors. Upon reviewing the data, numerous behaviors represented as contributing factors by the nurse educators were identified. The contributing factors included external stressors, such as family responsibilities and financial difficulties, and internal stressors, such as a high stress environment, leading to feeling overwhelmed, anxious, or desperate. Other identified precursors included unrealistic expectations of the nursing program, poor course design and disorganization, personal pride and high emotional investment in the nursing program, and fear of failure. Any or all of these factors either cause stress or are the result of stress leading to uncivil student behaviors.

When one nurse educator was questioned about contributing factors, she asserted that the more desperate the student became the more apt the student was to exhibit uncivil behaviors (P. T. Six, February 22, 2011). The researcher agrees with Kolanko et al.'s (2006) assertion that poor judgment and the concern for the negative financial impact if classes are failed are all

factors that could lead to a feeling of desperation by the student thus contributing to uncivil behaviors.

Almost all of the participants questioned placed high emphasis on the meaning stress played in contributing to student incivility. One participant emphasized, “The bottom line comes down to that grade and when that grade gets in question it’s going to make a difference” (P. T. Six, February 22, 2011). Another educator stated, “As the semester goes along and it gets down to the end, they have to pass, it seems like the anxiety level raises and they will act out” (P. T. Three, February 4, 2011). Kolanko et al. (2006) identified, and the researcher agrees, that a high stress environment contributes to student incivility. Incivility is the outward expression of the internal contributing factor of stress.

An interesting point was made by one participant: When discussing contributing factors she indicated that students have unrealistic expectations of the nursing program and when students are admitted and these expectations are not realized this leads to incivility. She stated, “They have been trying for three, four, or five years to get into this program and it is their life.” She continued by stating, “They have invested all this time and money . . . they don’t particularly like it . . . they have told everybody they are going to be a nurse . . . they have invested the time and money. There is personal pride and the pressure builds” (P. T. Five, February 8, 2011).

There are many behaviors represented as warning signs and contributing factors for incivility. By exploring the lived experiences of nurse educators the importance of recognizing these precursors to incivility became apparent to assist in prevention.

Incivility a Growing Problem

Throughout the interview process, it was noted that all nurse educators affirmed their belief that incivility was indeed a growing problem in nursing education. Some thoughts that represented the understanding of the growth of incivility included unmet expectations, poor social skills related to increased dependence on technology, the expectation of instant gratification, no personal boundaries, and a lack of respect for authority figures.

One nurse educator stated, “I think incivility is a growing problem in every area of our society today. We see it politically; we see it with children to parents and parents to children. I think incivility is a major problem nationwide” (P. T. Two, January 31, 2011). The researcher agreed with the findings from Johnson and Indviks’ (2001) nationwide survey, which concluded that rudeness in America is increasing from the highway to the workplace and many places in between.

Another nurse educator concurred and stated, “I really think it is society in general . . . no filters, no personal boundaries . . . there are no consequences put on their behavior” (P. T. Five, February 8, 2011). Baxter and Boblin (2007) concluded, and the researcher agrees, that increasing incidents of student incivility have been reported in nurse education in both the classroom and clinical setting.

An interesting assertion made by one participant who stated, “Incivility in nurse education is a growing problem, it has to do with our students. Many are the generation of computers. . . . They don’t have the social skills or the social manners that we were raised with.” She believes students of today are demanding and impatient with instructors, exhibit rude behaviors, want assignments posted immediately, or test questions reviewed without delay. She expressed how students of today have an unrealistic sense of immediacy and when this is not

met, the students exhibit incivility. The participant concluded by expressing how she believes this is a major contributing factor to the growth of incivility today in nurse education (P. T. Seven, February 22, 2011).

The researcher agrees with the literature and the data from the participants that student incivility in nurse education is a growing problem negatively impacting the nurse educator and the educational environment. Throughout this exploration of nurse educators' experiences, many avenues have been recommended to identify, address, and prevent incivility. It is important to note the meaning applied to the varied experiences of the participants throughout this study to understand the significance behind the experiences.

Description of the Phenomenon of Student Incivility

The data were searched, looking for common elements of the experiences of student incivility the nurse educators described. When nurse educators are describing what happened during their experiences and how it was experienced there were several common elements that provided an overall description of the lived experience.

The participants stated that student incivility in nurse education is a growing problem. The participants' descriptions suggested that all nurse educators could have a significant experience with student incivility some time during their career. How the incident is addressed by both the educator and through the support or lack of support of the administration could impact the educator's long-term perception of their job. The experience can lead to guarded behaviors with students and a breach in trust. The experiences can possibly even lead to temporary dissatisfaction with the educator's job. However, the more prepared the nurse

educator is from a personal level and programmatically from an institutional level the better the outcome and the long-term impact for the nurse educator.

These experiences elicit strong emotional responses in most nurse educators because these incidents are so foreign to their own experiences in nursing school. These strong emotional responses can lead to frustration, shock, and disappointment from the nurse educators and can result in guarding or avoidance behaviors when interacting with students. The end result can be a negative impact on the teaching and learning environment where both the student and the nurse educator are negatively impacted.

This leads the researcher to understand the implications for policy and practice. Although nurse educators should be prepared to experience a significant event with student incivility during their careers, the participants stressed the importance of being prepared and having policies in place to not only manage student incivility but to prevent incivility as well.

Nurse educators also stressed the importance of personal management and prevention strategies such as behavioral expectations for the classroom and clinical experiences. Also, from a professional level, having institutional policies and statements in place that support faculty and provide specific guidelines to address incivility is important and cannot be overstated. This type of preparation leads to satisfactory resolution of the experiences for all involved.

Implications for Policy and Practice

The purpose for this study and the problem this study addressed was the need for specific information from nurse educators about their experiences with student incivility. Through this study, the researcher also addressed the subsequent impact of nurse educators' experiences on their teaching practices, job perception, and their interactions with students. Lastly, the

researcher addressed the problem by asking nurse educators their thoughts on contributing factors, warning signs, prevention and management, and the impact of incivility on student learning. Through this study, the researcher added to the body of knowledge about student incivility and filled a gap in the literature related to lived experience research with nurse educators impacted by student incivility.

This research is important for nurse education, because in order for a problem such as student incivility to be resolved, it must first be realized and then addressed. The study is also important because the information is shared from a first-person account from nurse educators who have experienced student incivility, understand the implications, and realize the importance of prevention, management, and resolution.

The researcher concluded that nurse educators believe student incivility is on the increase in nurse education and is negatively impacting the teaching and learning environment. As is evidenced throughout the thematic review, there are many implications for policy and practice. Three identified implications for nurse education will be specifically addressed: nurse educator training for prevention, nursing student training for prevention, and nurse educator training for expectations of the teaching role.

Nurse Educator Training for Prevention

Important implications for nursing practice can be achieved by training nurse educators to prevent student incivility through education about contributing factors and warning signs, student policy implementation, and maintenance of professional boundaries. This concept of prevention through training to identify precursors, along with policy implementation and establishment of professional roles, was significant to the participants in this study. These concepts of prevention

and maintenance represented their understanding of ways to decrease the impact and prevent student incivility.

The nurse educators overwhelmingly believed student incivility was increasing, needed to be addressed, and early intervention was an important component of addressing incivility. However, throughout the study, nurse educators stressed the need for educational preparation, providing training to identify early warning signs, and contributing factors of student incivility.

It is important to note that novice and seasoned nurse educators will have varying degrees of experience and knowledge required to prevent, identify, and address student incivility. Therefore, educational preparation and training opportunities would need to be established which would accommodate for this diversity of faculty experience. Training would be differentiated based on teaching and professional experience. These agile training programs would address the multiple needs of local participants and address the complexity inherent in student incivility which requires a more fluid approach to training.

Another important tool identified in the research was behavioral expectation policies such as civility statements. The nurse educators also suggested the importance of maintaining the professional educator and student boundaries to prevent incivility.

Many educators expressed the frustration of being caught off guard by uncivil student behaviors. One nurse educator expressed, “I was in shock because I had no indication” (P. T. Two, January 31, 2011). When questioned about prevention of incivility, this educator stated, “Doing some training about how to recognize students or situations that might provoke this, more education on recognizing what factors contribute to this” (P. T. Eight, March 1, 2011).

Warning signs and contributing factors were listed throughout both the research and the participant data, which, if understood by the educators, could assist to prevent student incivility.

However, education is needed to make educators aware of those precursors to incivility so educators will be prepared and not caught unaware.

In addition to providing training to identify precursors, nurse educators also expressed a need for training on how to establish specific guidelines and policies to assist in the prevention of incivility as well. This nurse educator stated,

Educating the instructors about how to handle a situation . . . guidelines should be laid down . . . you do this and this is going to happen . . . this is what we expect from you as a student. Prevent incivility by giving strict guidelines during orientation to each class. (P. T. Three, February 4, 2011)

Luparell (2005) asserted that acts of incivility should be addressed quickly and consistently so as not to provide the illusion that the behavior is acceptable.

Civility statements and behavioral codes of conduct that explicitly address expected student behaviors and resulting consequences would be a beneficial addition to academic misconduct and dishonesty policies. Clark (2009) asserted that the introduction of civility statements is beneficial to preventing and addressing student incivility because of the specific wording related to behavioral expectations. Nurse educators expressed repeatedly the importance of providing students with the expected student behaviors during orientation to prevent misunderstanding of expectations.

Another important component for prevention of student incivility is the establishment and maintenance of professional student and educator boundaries. One educator stated, “You need to maintain that student/faculty relationship and not be overly friendly.” She continued, “We need to keep our relationship on a level where we can maintain that faculty/student relationship” (P. T. Ten, March 8, 2011). Another educator stated, “I’m not here to be their friend, I am here to do a job, to help them become a nurse” (P. T. Four, February 7, 2011). The importance of a student and educator boundary is important to prevent incivility.

When the boundary is not maintained by the educator, the lines can become blurred, leading to false expectations of the students resulting in incivility. One nurse educator stressed, “Students will attempt to constantly manipulate that boundary but instructors cannot allow that” (P. T. Five, February 8, 2011). Therefore, the researcher believes education to assist nurse educators in ways to implement and maintain professional boundaries are important for practice.

Training provided for nurse educators to assist in the prevention of student incivility is an important implication for nursing policy and practice. Training of nurse educators represents a means to decrease the impact on nurse educators and the teaching and learning environment.

Nursing Student Training for Prevention

Important implications for nursing practice can be achieved by training nursing students to prevent incivility through the awareness of the intensely demanding nature of nurse education and the professional role. This concept of prevention through training is important to promote understanding and decrease false expectations which could result in student incivility.

Nurse educators stressed the need for students to be informed and made aware of the intensely demanding nature of nursing school and the role of the professional nurse prior to entering the nursing program. One nurse educator expressed how students who have unrealistic expectations of the nursing program can exhibit incivility when those expectations are not met.

The educator shared how students have sometimes been trying for years to get into the nursing program. She stated, “They have invested all this time and money . . . they don’t particularly like it [and] they have told everybody they are going to be a nurse--there is personal pride and the pressure builds” (P. T. Five, February 8, 2011). The students are not only

financially invested but emotionally invested and when stress increases due to internal or external stressors student incivility can result.

Nurse educators expressed the need for students to be informed and made aware of the intensely demanding nature the role of the professional nurse prior to entering the work force. Kolanko et al. (2006) asserted that nurse educators should integrate accepted professional codes into the curricula which will prepare students to practice as professional nurses. One nurse educator suggested that life coaches could be hired to support and counsel students, which she believed would decrease stress and promote understanding of the role.

The researcher stresses the importance of student education to prevent incivility. Classes which address the demands of the nursing role and the intensity of the program or profession were suggested. Codes laid out in the curriculum or hiring of staff to support the students and promote understanding of the roles was suggested as well. However the education is provided, the participants in this study believed this was important to prevent student incivility.

Training provided for nursing students to assist in the prevention of student incivility is an important implication for nursing policy and practice. Training of nursing students represents a means to enlighten students on the demanding nature of educational preparation and the professional role of the nurse. The training of nursing students would promote awareness and understanding of the stressful environment, leading to decreased stress and student incivility; thus, decreasing the negative impact on nurse educators and the teaching and learning environment.

Nurse Educator Training for Expectations of Teaching Role

Important implications for nursing practice can be achieved by training nurse educators about the expectations of the teaching role. This concept of training for awareness would decrease false expectations of the role and promote job satisfaction and retention of nurse educators. Training the nurse educator for expectations of the teaching role would represent a means to prevent the negative impact of student incivility on nurses transitioning into the role of nurse educator.

The nurse educator role has evolved and changed throughout the years. One nurse educator stated, “When I first began as a nurse educator my perception of what it was going to be like did not match” (P. T. Ten, March 8, 2011). Another educator stated, “Never did I see anything like this in my nursing class; we respected the instructors, we respected their knowledge. The attitude toward the nursing instructor has changed completely in the past few years” (P. T. One, January 24, 2011).

In the research, nurse educators have firmly held beliefs of the role of the nurse educator which were acquired during their nursing educational experience and have remained. These understandings of the role can lead to false expectations as the nurse transitions into the role of the nurse educator leading to dissatisfaction in the role and resulting in the educator leaving the field of nurse education. According to Luparell (2004, 2005, 2007), nursing faculty shortages are a very real concern. Not only is it concerning for nurse educators to leave the field, but the negative atmosphere can also decrease the ability to recruit highly skilled and educated professionals to the nurse educator role as well.

Because of the negative impact of student incivility on the nurse educator role and the expressed false expectations of the nurse educator role, the researcher asserts that training nurses

transitioning into the field is important. This training could prepare nurses for the role, decrease false expectations, and assist in the transition to promote well-adjusted and satisfied nurse educators. This is an area of concern because of the need for well trained nurse educators and because of the shortage of educators in this field.

Training about expectations of the role provided for nurse educators is an important implication for nursing policy and practice. Training of nurse educators represents a means to decrease the negative impact of student incivility on nurse educators and promote awareness.

Recommendations for Future Research

In the pursuit of discovering the impact and exploring the implications of student incivility on the nurse educator role, many questions were answered but just as many arose. Participants agreed that student incivility in nurse education is a growing and disturbing problem and can negatively impact the educational environment. However, questions about what really does encompass student incivility and what does not and why were identified but left unanswered. Therefore, even though the research questions for this study were answered and the phenomenological approach allowed the researcher to better understand the lived experience, there are still many avenues available for further research.

There is an identifiable gap in the research not only of the lived experiences of nurse educators who have experienced student incivility but also of reflection, discussion, and open dialogue that a phenomenological framework provides. This study serves to add to the body of knowledge related to student incivility and to help fill the gap in the literature related to incivility in nurse education from a phenomenological perspective. Additional meaning was derived

through the comparison of the findings with information gathered from the literature thus extending the research of the experiences and impact of student incivility on nurse educators.

Increasing incidents of student incivility have been reported in nurse education in both the classroom and clinical setting (Baxter & Boblin, 2007). There is very limited empirical data addressing student incivility. The researcher noted that additional research is needed to find out why this is occurring and ways to prevent the incivility.

Further research should be conducted on the implementation of new strategies to prevent student incivility. Many strategies and interventions were listed throughout the literature and were suggested by the research participants. However, more research is needed to understand the appropriateness of the strategies or interventions for use by nurse educators to prevent student incivility. Some of the prevention strategies or interventions suggested by the participants were life coaches, civility statements, and therapeutic training.

The growing problem of student incivility in nursing education warrants further study to examine and explore why the problem is continuing to grow and what can be done to prevent it. Kolanko et al. (2006) concluded that incivility is experienced more frequently because society is experiencing more acts of incivility and higher education is a smaller version of society at large. But why is incivility increasing in the caring profession of nursing and what can be done to prevent it?

The understanding of why incivility is increasing in a caring profession is confusing to many nurse educators and this was questioned by the participants throughout the study. The participants' deeply held understanding of the role of the nurse and the nurse educator came from being socialized into the role when the participants were in nursing school. The researcher questioned the current socialization process of nursing students and wondered if some of the

behavioral changes are related to these issues or others. The issues related to the socialization of nursing students into the role of the nurse and the relationship with student incivility warrants further research.

Further research should be conducted using a phenomenological approach to expand on the beginning research implemented through this study. In order to achieve a broader understanding of the impact of student incivility, a larger more expansive study would be beneficial. The expanded study would include a larger number of participants which would provide a broader and deeper understanding of student incivility from a broader participant group.

An expanded version of this research would look at the lived experiences of students impacted by faculty incivility, peer-to-peer incivility, or faculty-to-faculty incivility. The expansion of this research would also look at the impact of each or all of these forms of incivility on the teaching and learning environment.

It is important to note that this study did not directly address the issues of race, class, and gender, though such issues may have impacted the study. Such social processes have historically played a role in power dynamics as they occur between individuals, within educational classrooms, and throughout institutions. This would prove to be an important area for follow-up or future studies especially in relation to the implications of social, institutional, and individual responses to incivility.

Research has shown that incivility is a concerning and growing problem in society, higher education, and nursing education. It is important to continue the research to explore ways to prevent, manage, and address student incivility to promote a positive and productive teaching and learning environment.

Limitations and Questions

During the analysis phase, and while writing up the findings, the researcher noted the sample was limited to 10 White females. The sample was a purposive sample and the participants contacted the researcher expressing an interest in participating in the study. However, this limitation could potentially impact the understanding and perspective of the phenomena. The choice was made by the researcher to address depth over breadth with the limitation to 10 participants, which is in line with phenomenological inquiry. The sample for the study was drawn from three similar rural institutions, which also could have implications for the study and was identified as another limitation

There were also several issues identified in the literature that were not addressed by the participants. This could be seen as a limitation of the study or a natural progression of the semi-structured interview where the participants were allowed to share what was important from their perspective. Each of these issues will be addressed.

One such issue was the transition of student incivility into the work setting following graduation. This was addressed briefly by two participants, but there was no in-depth input related to this issue. This was an area of significance from the literature and the researcher is unsure why this was not addressed as significant by the participants.

Another issue only addressed minimally by the participants but identified frequently in the literature was the generational difference between students and faculty. Participants did raise some questions regarding this issue when discussing contributing factors, but no answers or conclusions were drawn. Again the researcher is uncertain of the meaning of this.

Lastly, the issue of job satisfaction was addressed significantly in the literature as an area of concern that was leading to nurse educators leaving the field. This was not the case for this

study. All but two participants expressed no desire to leave nursing education in spite of their experiences with uncivil students. The researcher is unsure if the limited number of participants contributed to this finding or if there were other contributing factors.

In the phenomenological approach used for this study, participants were asked to share incidents that were significant to their experiences, through the interview process. There were so many important issues related to addressing incivility and the impact of incivility on nurse educators that all of the issues and implications could not be covered by either the researcher or the participant. A deeper understanding was gained through this study; however, limitations were present and questions remain, allowing for further study.

Summary

Nurse educators expressed concern for the growing problem of student incivility and the negative impact on nurse educators and on student learning. Throughout the study, nurse educators offered descriptions of their own personal experiences with student incivility. Additionally, the nurse educators provided insight into identifying, preventing, and addressing uncivil student behaviors from the educators' personal experiences with incivility.

Discussion, conclusions, implications for policy and practice and future research were presented by the researcher. The findings from the study inform the field by contributing to a deeper understanding of the experiences of nurse educators who experienced student incivility. The findings also extend the research, filling a gap in the literature related to phenomenological or lived experience research.

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APPENDIX A

INFORMATIONAL/INQUIRY LETTER TO DEANS OR DIRECTORS

Dear Dean or Director of Nursing:

I am a doctoral candidate in the Instructional Leadership, Nurse Educator Program at the University of Alabama completing my dissertation on the impact of student incivility in nursing education. I am conducting this study under the direction of Dr. Aaron Kuntz who is an assistant professor in the Department of Educational Studies at the University of Alabama in Tuscaloosa.

I am requesting that nurse educators from your institution, who have experienced student incivility, participate in a research study, which will involve being interviewed about the experience(s). I would appreciate your participation, which will involve informing the nurse educators from your institution about the study and providing my contact information to those who express an interest in participating in the study. The time expenditure required for participation could range from 1 ½ to 3 hours.

The definition of incivility that is being used for this study is based on Clark's (2008c) definition and is defined as; "...rude, discourteous speech or behavior that disrupts the teaching-learning environment and may range from misuse of cell phones, rude and sarcastic comments to threats or actual acts of physical harm" (p.458). I include this definition for your understanding; however, the potential participants will be asked to define their understanding of incivility as part of the inclusion criteria.

I have included an informed consent form which explains the study, what is being asked of the participants and why and that participation is voluntary. I have included an abstract of the study for your review as well. I have also explained that this study is being used for my dissertation and may be published; however, participants' identity will be confidential.

Those interested in participation may contact me either by e-mail at williamsonm@nacc.edu, cell telephone number at (256) 738-2393, or office telephone number at (256) 638-4418, ext. 357. If you have any questions concerning this study, please contact me or you may contact my academic advisor, Dr. Aaron Kuntz at (205) 348-5675 or e-mail at akuntz@bamaed.ua.edu.

Thank you in advance for your consideration and assistance.

Sincerely,

Myrna Williamson, EdD(c), MSN, RN

Doctoral Candidate, Instructional Leadership, Nurse Educator Program

APPENDIX B

INITIAL CONTACT/INCLUSION CRITERIA QUESTIONS

1. Have you ever had an encounter with an uncivil nursing student?
2. Would you be willing to participate in a research study, where you would be interviewed and share your personal experience about your encounter(s) with an uncivil student(s)?
3. Tell me your definition of student incivility?

APPENDIX C

FOLLOW-UP LETTER TO DEANS AND DIRECTORS

Dear Dean or Director of Nursing:

One week ago I mailed you requesting that nurse educators from your institution, who have experienced student incivility, participate in a research study on the impact of student incivility in nursing education. I requested your participation, which would involve informing the nurse educators from your institution about the study and providing my contact information to those who express an interest in participating in the study.

The purpose of this study is to explore and understand what behaviors and speech nurse educators describe as student incivility. Nurse educators' experiences with student incivility are explored seeking understanding of the effects on nurse educators and the teaching and learning environment. This includes the impact these encounters have on nurse educators' teaching, job satisfaction, and the nurse educators' relation to students. There is also an interest in what nurse educators describe as precursors, prevention strategies and ways to manage student incivility.

I am writing to encourage participation in this study and ask if there are any questions or concerns that I can answer for you or the nurse educators at your institution. Questions or concerns or nurse educators who are interested in participation in this study can contact me either by e-mail at williamsonm@nacc.edu, cell telephone number at (256) 738-2393, or office telephone number at (256) 638-4418, ext. 357. Questions concerning this study can also be addressed to my academic advisor, Dr. Aaron Kuntz at (205) 348-5675 or e-mail at akuntz@bamaed.ua.edu.

Thank you in advance for your consideration and assistance.

Sincerely,

Myrna Williamson, EdD(c), MSN, RN

Doctoral Candidate, Instructional Leadership, Nurse Educator Program

APPENDIX D
INTERVIEW PROTOCOL

1. Is there anything about the study you would like me to tell you before we begin?
2. Please describe or define your understanding of student incivility?
3. Describe or walk me through a significant experience with uncivil student behavior(s)? An incident that you could think of that would make clear what you have in mind when you think of incivility. Tell me what happened, starting from the beginning?
4. When did this happen?
5. How did you react?
6. Why do you think it happened?
7. Tell me about any warning signs prior to the incident(s)?
8. How do you think it could have been prevented?
9. How was the situation resolved?
10. How did you feel about the way the situation was resolved?
11. Did you report the incident? To whom? What happened?
12. After your incident(s), tell me how you interacted with the student(s)?
13. Describe the student which the uncivil encounter occurred?
14. Tell me how the uncivil experience impacted the way you perceived the involved student?
15. Tell me how incivility has impacted the way you interact with other students?
16. Tell me how incivility impacts the way you perceive or relate to other students?
17. If an uncivil encounter occurred in front of other student, tell me how this impacts you and other students or their interactions with you?
18. What impact has this experience had on you as a nurse educator (grading, evaluation, relationships with students, trust, friendliness, etc.)?
19. Tell me if or how your job has changed or your perception of your job has changed since your experience(s) with student incivility?
20. Please describe how your description, definition, and understanding of student incivility have changed since experiencing student incivility?

21. Tell me how student incivility has impacted the way you teach in the classroom or clinical setting?
22. Since experiencing student incivility, have you witnessed an incident of student incivility directed toward another nursing instructor?
 - a. If you have, how did you react and how did this make you feel?
23. Tell me how student incivility has impacted or changed your job satisfaction or desire to continue in nurse education?
24. Have you ever attended a conference/class/seminar or had any training on how to respond to uncivil student behaviors?
 - a. If you have, please describe your experience and thoughts?
 - b. If you have not, please describe your thoughts about this type training (either negative or positive).
25. Describe for me the administrative support in your facility related to student conduct.
 - a. Tell me about student incivility statements or codes of conduct established at your institution.
 - b. Tell me your thoughts on these statements or codes whether positive or negative.
26. Describe your perceptions and thoughts of the statement, “incivility in nurse education is a growing problem.”
27. Tell me about what warning signs, if any, the nurse educator should be aware of?
28. Tell me how you believe student incivility in nurse education should be addressed?
29. Tell me how you believe student incivility in nurse education could be prevented?
30. Tell me anything else you would like for me or other nurse educators to know about your experience(s) with student incivility or about student incivility in general.

APPENDIX E

THE UNIVERSITY OF ALABAMA
INFORMED CONSENT TO PARTICIPATE IN RESEARCH

You are being asked to be in a research study.

The study is called “Nurse Educators’ Lived Experiences with Student Incivility.” The study is being conducted by Myrna Williamson, RN, who is a doctoral candidate in the Instructional Leadership, Nurse Educator Program at the University of Alabama in Tuscaloosa. The study is being supervised by Aaron Kuntz who is an assistant professor in the Department of Educational Studies at the University of Alabama in Tuscaloosa. The study is part of Myrna’s doctoral dissertation.

What is the study trying to learn?

The purpose of this study is to explore and understand what behaviors and speech nurse educators describe as student incivility. Nurse educators’ experiences with student incivility are explored seeking understanding of the effects on nurse educators and the teaching and learning environment. This includes the impact these encounters have on nurse educators’ teaching, job satisfaction, and the nurse educators’ relation to students. There is also an interest in what nurse educators describe as precursors, prevention strategies and ways to manage student incivility.

What will be done with the information from the study?

This information will be used to plan helpful programs to assist nurse educators better understand ways to prevent and manage student incivility and identify precursors of problematic student behaviors.

Why am I being asked to be in this study?

You are being asked to be in this study because you are a nurse educator in a community college in a state in the southeast who has experienced an uncivil encounter(s) with a student(s). You are mentally able to give consent and take part in the interview about your experience. You are above 19 years of age. You are an expert on this topic. You are in a position to help other educators understand your experience(s), what occurred and what would help in making the best decisions about prevention and the identification of precursors of incivility. You also can help other educators understand management strategies should an encounter with an uncivil student occur.

How many people will be in this study?

There will be 10-12 nurse educators who will be in this study.

What do I have to do if I am in this study?

If you have had an encounter with an uncivil student, are willing to participate and share your personal experience, and your definition of incivility meets the inclusion criteria of the definition used throughout this study, you will be included in this study. You will be interviewed about your experience(s) related to student incivility and how it has impacted you as a nurse educator. You will be allowed to choose a convenient location for the interview which we mutually agree upon.

First you will be asked for some personal information like age, education, and how long you have been a nurse educator. You will be asked to share a significant experience(s) with uncivil

student behavior(s), when it happened, how you reacted, and your thoughts and feelings about warning signs, prevention, resolution, and reporting of the incident. You will be asked to tell about your response to students following the encounter(s), the impact on you as an educator and how the encounter(s) has changed how you view your job.

You will be asked about any training you have had related to incivility, you will be asked about administrative support, and about your thoughts about incivility statements or codes. Lastly, you will be asked about warning signs, management and prevention strategies. This interview will take about 1 ½ to 2 hours. The interview will be audiotaped (tape recorded) to make accurate record of what you said. Also, it will let the interviewer give you full attention without having to take notes.

A second interview may be needed by telephone if it is determined by the interviewer that some of the initial questions were not answered fully or to gain clarity. This interview should last approximately 30 to 45 minutes.

Next a transcript of the interview(s) will be mailed to you which has themes identified that the interviewer believes is important. You will be asked to read the transcript and inform the interviewer by phone or e-mail about the clarity and truthfulness of the transcript in relation to what you said in the interview(s). This process should take about 45 minutes to 1 hour. The entire study will take about 3 ½ hours of your time.

Are there risks (dangers) to me from being in this study?

Little or no risks are foreseen; however, there is a possible chance you may experience some emotional discomfort during or after the interview from recalling or reliving frightening or disturbing experiences. If you would like to talk to a counselor about your feelings, that will be arranged. Also, if you have not shared previously with others there may be fear of others learning about the experience.

You may get tired from the interview(s) and upset by thinking about the uncivil experience(s). If you become tired during the interview, you will be able to take a break. If you would like to take a break or even continue the interview at another time, just say so. You may withdraw from the study at any time; this is your right as someone in a research study.

Are there any benefits to me from being in this study?

No benefits can be promised to you. However, it is possible that you may feel good knowing that telling about your experience(s) with student incivility may be useful in helping other nurse educators better understand how to identify, prevent and manage student incivility. It may feel good to talk about your experiences with a safe, understanding person who will not gossip about you.

Will I be compensated for participating in this study?

You will not be compensated for being in this study.

Will being in the study cost me anything?

The only cost to you from this study is your time spent in taking part in the interview(s) and the time spent reviewing the transcript.

What are the alternatives (my other choices) to being in this study?

Your alternative to being in this study is to refuse to be in it.

How will my privacy (confidentiality) be protected?

Several things will be done to protect your privacy. Your consent form and other identifying information will be kept strictly confidential by giving you a code number on your consent, transcripts, and tapes to protect your identity. This information will be kept in a locked cabinet in Mrs. Williamson's office. (Consent forms are like income tax records—they have to be saved for several years, in case the university or the government wants to check to see that people's consent was obtained to be in the study.) Once the interviews are typed up and identified only by code, the tapes and transcripts will be locked in the cabinet and will be destroyed in five years.

The results of this study will be used for Mrs. Williamson's dissertation and published in a professional journal (magazine), but no names will be used. If people's actual words are used to make a point, they will be given "fake" names or details like their age will be changed a little bit. Also, the dissertation and the article will say only that the nurse educators in the study came from community colleges in a state in the southeast.

What are my rights as a participant in this study?

Your decision to be in this study or not is voluntary. It is your free choice. You may refuse or agree (consent), and you may change your mind about participating once you start. If you start the study, you can stop at any time. There will be no effect on your relations with the University of Alabama.

You are invited and encouraged to ask questions about the study now. If you have questions, concerns, or complaints later on about the study, you can talk to Myrna Williamson at (256) 738-2393. If you have questions about your rights as a person in a research study, you may contact Ms. Tanta Myles, the University of Alabama Research Compliance Officer at (205) 348-8461 or toll free at 1-877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://osp.ua.edu/site/PRCO_Welcome.html or email us at participantoutreach@bama.ua.edu.

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office of Research Compliance, Box 870104, 152 Rose Administration Building, Tuscaloosa, AL 35487-0104.

I have read this consent form. I have had a chance to ask questions. I agree to take part in it. I will receive a copy of this consent form to keep.

Signature of Research Participant

Date

Signature of Investigator

Date

Audio Taping Consent

As mentioned above, each qualitative interview will be audio recorded for research purposes to learn about student incivility experienced by nurse educators. The tapes will be stored in a locked file cabinet in a locked room and available to the research staff. The tapes will be destroyed five years after completion of the study.

I understand that part of my participation in this research study will be audiotaped and I give my permission to the research team to record the interview.

Yes, my participation in this study can be audiotaped.

No, I do not want my participation to be audiotaped.

APPENDIX F
DEMOGRAPHIC DATA QUESTIONS

1. Do you teach nursing in the classroom, clinical setting, or both?
2. What is your current enrollment of nursing students?
 - First year –
 - Second year –
3. How long have you been a nurse?
 - <5 years; 6-10 years; 11-15 years; 16-20 years; 21-25 years; >25 years
4. How long have you been a nurse educator?
 - < 5 years; 6-10 years; 11-15 years; 16-20 years; 21-25 years; >25 years
5. What is your age range? 20-30 years; 31-40 years; 41-50 years; 51-60 years, >60 years
6. What is your gender? Male or Female
7. What is your race/ethnicity?
 - White
 - Black or African American
 - Hispanic or Latino
 - Asian
 - American Indian
 - Other
8. What is your highest degree in nursing?
 - BSN
 - MSN
 - Doctorate
9. How long ago did the uncivil encounter(s) occur?
 - <1 year; 2-3 years; 4-5 years; 6-10 years; 11-15 years; 16-20 years; >20 years
10. Are you still employed at the facility where the encounter(s) occurred?