

Incivility in Nursing: The Connection Between Academia and Clinical Settings

Susan Luparell, PhD, ACNS-BC, CNE

Incivility and bullying in nursing are complex problems that have garnered much attention in recent years. Emerging evidence suggests that incivility in the workplace has significant implications for nurses, patients, and health care organizations. Because today's students are tomorrow's colleagues, conversations regarding how to address incivility and bullying should include specific aspects of nursing academia and the preparation of new nurses. (*Critical Care Nurse*. 2011;31:92-95)

Consider the following scenario: You are used to having nursing students rotate through your unit, and usually they are engaged and enthusiastic, eager to learn what you have to share with them. However, Vanessa is not like most students you've had. She acts bored and disengaged. More alarmingly, she rolls her eyes when you are explaining a procedure to her, and, when you ask her to help you turn a patient, she nastily snaps, "I'm not here to do that." You find yourself tense and on edge when working with her, and you are more than a little dismayed when you hear that she has applied for a position on your unit. You wonder why she has been allowed to progress

through nursing school with such a negative attitude.

Rudeness, disrespect, and general disdain for colleagues—chances are that more than a few readers of this column have witnessed or been on the receiving end of such behavior at work. The results of a 2006 survey by the American Association of Critical-Care Nurses (AACN) revealed that 24.1% of responding nurses reported being verbally abused by a nurse colleague or a nurse manager. Almost 22% of respondents reported that they receive only fair to poor levels of respect from fellow nurses.¹

Emerging evidence suggests that incivility in the workplace has significant implications for nurses, patients, and health care organizations. For example, new research suggests that victims of nurse bullying are more likely to report that

they intend to quit their jobs or leave nursing altogether.^{2,3} Additionally, mounting evidence suggests that poor communication and unprofessional relationships among health care workers have a direct impact on patients' outcomes and safety.⁴ These implications for patients' safety have moved some regulatory and professional organizations to address the problem more assertively. For example, the Joint Commission issued a sentinel alert and in 2010 implemented new standards that require health care organizations to have mechanisms in place to deal with uncivil and disrespectful behavior.⁴ The AACN itself has developed standards for healthy work environments,⁵ demonstrating its commitment to making this serious issue a top priority.

At this point, you may be asking yourself why workplace incivility is being addressed in an academic column. Unfortunately, both nursing students and faculty perceive incivility to be a moderate problem in nursing academia.⁶ Even so, why should clinical nurses be concerned about what happens in academia?

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The answer to that question depends on whether you are inclined to view incivility in the clinical setting as a separate entity from incivility in the academic arena. Many clinical nurses work with students on at least an intermittent basis, and, more importantly, today's students are tomorrow's colleagues, so I argue that this issue should be addressed in its entirety within the broad scope of nursing.

Incivility takes various forms within the ivory tower. Faculty are subjected to a multitude of inappropriate student behaviors that range from seemingly benign to overtly severe.^{7,9} For example, faculty endure tardy, inattentive, and unprepared students in the classroom who make rude, disrespectful, and sarcastic comments. More than a small number of nursing faculty have reported being yelled at by students, threatened with injury, stalked, or physically assaulted. And, many readers will recall the 2002 murders of 3 University of Arizona nursing professors at the hands of a disgruntled student.

Thankfully, most faculty would agree that it is a very small percentage of students who prove difficult. However, these few students frequently require a disproportionate amount of time and energy on the part of the faculty and also exact a disproportionate toll. For example, in response to unpleasant interactions

with students, faculty have reported physical and emotional distress, a loss of self-esteem, and a decreased desire to maintain high educational standards. And, in the face of a dire nursing faculty shortage, some faculty opt out of teaching altogether as a result of uncivil encounters with students.¹⁰

Tempting as it is to regard students as the focal point of the problem in the educational environment, it is simply not the case. Students report being on the receiving end of disrespect by faculty, fellow students, and staff nurses. For example, students note that faculty sometimes belittle or taunt them in public, are inflexible to students' needs, cancel class without warning, or are unprepared for class.^{6,7} As will be discussed later, recent research reveals that students may be treated poorly by staff nurses during clinical rotations.¹¹ Students' responses to uncivil encounters are similar to those of faculty and include depression, physical symptoms, feeling powerless, and feeling judged.¹² Some students experience a strong anger response that may manifest in overt outbursts or be suppressed for long periods of time.¹¹⁻¹³

Therefore, as we consider how to address incivility within the broad context of nursing, several important questions must be considered. To start, we do not know where the propensity for incivility begins. Is

there something in the health care environment that triggers, even in the best of us, uncivil or disrespectful behavior based on the stressors encountered on a daily basis? Or are there certain individuals who have a propensity for inappropriate behavior from the outset, choose nursing as their profession, and successfully navigate a nursing program and the licensure exam? Although both explanations have serious implications, the latter is particularly important for nursing education. Think back to the case of Vanessa presented earlier. Were you not concerned that such a person would make a very unpleasant addition to your nursing unit? An implicit concern of faculty who have dealt with difficult students is that there may exist some likelihood that an uncivil student will enter the practice setting and become an uncivil coworker.

Certainly, if this is true, it has significant implications for the practice arena. Thus, as part of the debate, we must consider whether more aggressive assessment of the individuals entering nursing programs should be undertaken. Many nursing programs rely on objective criteria such as grade point average in prerequisite courses for acceptance into their programs. Little, if any, attempt is made to assess the affective competencies of student applicants. Nor do most programs assess applicants for their fit with nursing or for their moral and ethical proclivities. And, to complicate matters, the poorly behaving students are often quite competent at demonstrating empirical knowledge and mastering technical skills. They are able to pass courses and entire nursing programs, especially when

Author

Susan Luparell is a clinical nurse specialist and associate professor on the Great Falls Campus of Montana State University in Bozeman, Montana.

Corresponding author: Susan Luparell, PhD, ACNS-BC, CNE, 400 15th Avenue South, Suite 106, Great Falls, MT 59405 (e-mail: luparell@montana.edu).

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little screening is done for how they will potentially treat faculty, other students, and professional colleagues in the classroom or the clinical settings. Serious discussions are needed on whether nursing programs should be employing useful affective screening measures of applicants on a more widespread basis.

Second, we need to debate where our emphasis on student learning and evaluation should best be placed. The content focus of many nursing curricula is on didactic types of information such as pathophysiology, pharmacology, specific procedural skills, and nursing care associated with specific patients' problems. If we are committed to fostering healthy work environments, the elements that are essential to those environments, such as professional communication, crisis management, and effective conflict resolution, need more formal emphasis within nursing curricula. It is most likely a false assumption that students intrinsically know how to behave and communicate professionally.

Likewise, evaluation of students often emphasizes clinical skills and judgment, that is, the ability to perform a thorough assessment or complete procedures adequately or administer medications accurately. In my teaching career, I have encountered many students who were highly intellectual and could perform adequately in terms of the clinical practicum but were grossly lacking in the ability to interact with others in an effective and professional manner. A major tenet of the AACN is that communication skills are as important as clinical skills.⁵ If we collectively hold this to be true, then nursing programs and nursing faculty

should be called upon to alter the focus of our evaluations, or at least add weight to criteria other than clinical skills and empirical knowledge of nursing students. Such a change would be consistent with AACN's standards for a healthy work environment and would require that faculty assess students' ability to communicate with more depth than is traditional, evaluating not just one's ability to initiate therapeutic relationships with patients, but also one's ability to communicate results of laboratory tests accurately to a physician and to develop and foster therapeutic relationships with all professional colleagues.

Additionally, in a sometimes overlooked portion of the Code of Ethics,¹⁴ nurses are reminded that we, in all professional relationships and in all encounters, including those with colleagues, should act with respect. Specifically, nurses believe that ethical comportment precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one's actions on others.^{14(p9)}

Further, it is further stipulated in the Code that nurse educators have a responsibility to ensure that those graduating are prepared to undertake all facets of the role of the nurse. Thus, one must wonder if it is professionally ethical to graduate students who, although by all accounts clinically proficient, have obvious and serious deficits in their ability to communicate clearly or in their ability to form professional, respectful, and collegial relationships. However, faculty face many

challenges when trying to deal assertively with uncivil students, especially when they have otherwise performed adequately. These challenges may include institutional pressures to retain and graduate students, the potential of being aggrieved or sued by students, and a lack of administrative support for faculty decision making. Perhaps the biggest challenge lies in overcoming the general perception that dealing assertively with uncivil students is somehow uncaring and therefore inconsistent with the profession of nursing.

Third, we need to consider more fully how well staff nurses are prepared to participate in the educational process. A large number of staff nurses contribute as formal preceptors for nursing students or interact with them regularly as students rotate through various clinical units. We need to make sure that staff nurses are adequately skilled in evaluating all aspects of student learning. We also need to make sure that staff nurses and preceptors are empowered to give honest feedback not only about clinical skills, but also about the more subtle and sometimes less tangible skills related to appropriate communication and the ability to develop therapeutic collegial relationships. Many readers can no doubt recount a time when they have been taken aback by an encounter with a nursing student, be it a poor attitude or a disrespectful remark, and have not known how to address the situation. Preceptors especially are in the best position to give the most comprehensive feedback. Yet, Luhanga et al¹⁵ note that many preceptors fail to

administer a failing grade because of lack of confidence in their assessment of student performance, lack of clear evaluation criteria, or fear of causing emotional distress to a student. They further note that this breakdown is paramount to a lack of professional self-regulation.

Last, we need to critically examine how students are socialized into the profession, not only within the formal educational environment, but also as they interact with practicing nurses during clinical experiences. Each of the student respondents to a recent survey reported having experienced or witnessed violence during their clinical rotations, including verbal abuse and bullying. Half of the reported violence was perpetrated by staff nurses.¹⁶ Thomas¹¹ similarly found that students experience a variety of injustices from staff nurses, including being made to feel unwelcome or ignored, being belittled, being falsely blamed for events, and being publicly chastised or humiliated.

Additionally, faculty members, to whom students have frequent exposure, do not always treat each other with respect. Heinrich^{17,18} has written extensively on “joy-stealing games” in academia, detailing the numerous ways in which nursing faculty and administrators disrespect, devalue, and demean one another, thereby draining the zest from their workplaces and from the teaching-learning environment.

If indeed students are exposed to this behavior in the clinical and academic settings with any degree of regularity, the potential exists that they will see the behavior as the norm within health care, and especially within nursing. We stand little chance of breaking the chain of workplace incivility if we communicate to the next generation of nurses that this type of behavior is accepted as a part of our professional culture.

Summary

It is good that fostering a healthy work environment has become a priority in health care in general and nursing in specific. However, to address it solely from the practice perspective is one-sided and fails to acknowledge its full complexity. Given what we now know about the implications for the workplace and for patients’ safety that stem from poor communication and unhealthy work environments, it is imperative that we address the issue of incivility in nursing from matriculation into academic programs to retirement from professional positions. Nurses in both the practice and academic arenas must partner to understand this issue better and combat this problem adequately. CCN

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Financial Disclosures
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References

1. Ulrich BT, Lavendero R, Hart KA, Woods D, Leggett J, Taylor D. Critical care nurses’ work environments: a baseline status report. *Crit Care Nurse*. 2006;26(5):46-57.
2. Johnson SL, Rea RE. Workplace bullying: concerns for nurse leaders. *J Nurs Adm*. 2009;39(2):84-90.

3. Simons S. Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Adv Nurs Sci*. 2008;31(2):E48-E59.
4. Joint Commission. Sentinel event alert: behaviors that undermine a culture of safety. http://www.jointcommission.org/sentinel_event_alert_issue_40_behaviors_that_undermine_a_culture_of_safety. July 9, 2008. Accessed January 18, 2011.
5. American Association of Critical Care Nurses (AACN). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. <http://www.aacn.org/WD/HWE/Docs/ExecSum.pdf>. 2005. Accessed January 18, 2011.
6. Clark CM, Springer PJ. Incivility in nursing education: a descriptive study of definitions and prevalence. *J Nurs Educ*. 2007;46(1):7-14.
7. Clark CM. Faculty and student assessment of and experience with incivility in nursing education. *J Nurs Educ*. 2008;47(10):458-465.
8. Lashley FR, de Meneses M. Student civility in nursing programs: a national survey. *J Prof Nurs*. 2001;17(2):81-86.
9. Luparell S. Faculty encounters with uncivil nursing students: an overview. *J Prof Nurs*. 2004;20(1):59-67.
10. Luparell S. The effects of student incivility on nursing faculty. *J Nurs Educ*. 2007;46(1):15-19.
11. Thomas SP, Burk R. Junior nursing students’ experiences of vertical violence during clinical rotations. *Nurs Outlook*. 2009; 57(4):226-231.
12. Clark CM. Student voices on faculty incivility in nursing education: a conceptual model. *Nurs Educ Perspect*. 2008;29(5):284-289.
13. Thomas SP. Handling anger in the teacher-student relationship. *Nurs Educ Perspect*. 2003;24(1):17-24.
14. American Nurses’ Association. *Code of Ethics for Nurses With Interpretive Statements*. Silver Springs, MD: American Nurses’ Association; 2001.
15. Luhanga F, Yonge OJ, Myrick F. “Failure to assign failing grades”: issues with grading the unsafe student. *Int J Nurs Educ Scholarsh*. 2008;5(1):1.
16. Hinchberger PA. Violence against female student nurses in the workplace. *Nurs Forum*. 2009;44(1):37-46.
17. Heinrich KT. Joy-stealing games. *Reflect Nurs Leadersh*. 2006;32(2). http://www.reflectionsennursingleadership.org/Pages/Vol32_2_Heinrich.aspx. Accessed August 22, 2009.
18. Heinrich KT. Joy stealing: 10 mean games faculty play and how to stop the gaming. *Nurse Educ*. 2007;32(1):34-38.



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