Perceptions of Self-Reported Civility Among Undergraduate Nursing Students

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Incivility in Nursing Education
Disclosure Statement

• All presenters have nothing to disclose.
Session Objectives

• Define incivility, micro-aggressions, and micro-invalidations.
• Identify behaviors of incivility.
• Describe types of incivility and microaggressions.
• Develop awareness of the incivility culture that exists in the nursing classroom and within higher education.
• Discuss attitudes and environments contributing to incivility.
• Present our research study conducted in Fall 2016.
• Review prevention strategies.
• Develop plans for recruiting anti-bullying partners.
• Empower students to prevent incivility by increasing awareness.
Why Research?

- Incivility is a phenomenon that is difficult to apply research methodologies to, due to its sly and underhanded acts.
- Incivility exists in the healthcare culture as demonstrated by current literature.
- Incivility continues even when policies against it exist.
- We need to know **WHY** incivility occurs - the purpose, rewards, and risks taken.
Provision 1:

Relationship with colleagues and others... precludes... any form of harassment or threatening behavior, or disregard for the effects of one's actions on others.
• Nearly 62% of students and faculty in nursing education have reported incivility in an academic setting (Clark & Springer, 2007).

• In a national survey, 24.8% of faculty have been physically assaulted and 42.8% had experienced verbal abuse while in the clinical setting (Lashley & de Menese, 2001).

• Vertical incivility/violence may occur between faculty:students, nurse:students, and administration:employees.

• Horizontal incivility/violence may occur between nurse:nurse, faculty:faculty, and student:student. However, there is very little evidence of incivility reported between student:student.
Problem Statement

- Academic incivility is increasingly problematic nursing education.
- Student Incivility has been described as faculty to student or student to faculty.
- Few studies have identified student to student incivility which may include micro-aggressions, bullying, or disrespect towards each other.
Incivility’s Impact

- Incivility impacts student’s participation in the class resulting in failure, poor attrition, stress, anxiety, depression, and lack of self-esteem.

- Incivility which begins in the classroom results in professional nurses who are uncivil, which may contribute in nurse burnout and poor patient outcomes.
The purpose of this study was to identify perceptions of self-reported civility in undergraduate nursing students.
Methods

• This was a cross-sectional descriptive study of undergraduate nursing students at a large, 4-year public institution in the Southeastern United States.
• There were no inclusion or exclusion criteria.
• An email invitation and consent form was sent to all freshmen, sophomores, juniors and seniors enrolled at the College of Nursing asking them to participate in the survey.
• The Clark Civility Index for Nursing Students was used to collect data via Qualtrics. IRB approval was obtained.
Survey Discussion

- Overall findings were that 98% of the undergraduate nursing students were moderately civil to very civil.
- These findings seem contradictory to the current literature, which reports student incivility.
- There is scant literature on this topic.
- Our findings could be due to the lack of awareness regarding what incivility is and/or that the instrument is not valid in a student population.
- Limitations of the study are self-reporting and findings are from only one university, which cannot be generalizable.
Results

- 1,697 emails were sent to students with a response rate of 252 students.
- Of this number, 202 entries were analyzed.
- The mean score of self-reported civility was 88.3 (SD = 7.02).
Future Research

- More research is needed to better understand the relationship of incivility within higher education, specifically undergraduate nursing education.
- Future research will focus on nurse educator perceptions of incivility in the classroom.
Incivility Defined

- Incivility is difficult to define, often reciprocal and nourished by disrespect between two people.
- Tiberius and Flak (1999) defined incivility as any type of speech or action that is rude or disrespectful.
- It is often identified as a lack of cultural sensitivity including the unwillingness to be empathetic and listen to other’s perspectives, lack of a common ground on daily issues, and minimizing the importance of social discourse.
Forms of Incivility

- Gossip
- Jealousy
- Revenge
- Spiritual/Verbal/Physical Attacks
- Obsessive concern over another's personal behavior/work ethic/lifestyle
- Bullying
- NEGATIVE attitudes
- Sabotage of projects
- Imposing rules and regulations to maintain power and control by a group/person
- Forming cliques or in-groups
- Blaming/taunting/labeling/shunning
Incivility Behaviors: In Academia

- Disrespectful behaviors
- Condescending statements
- Negative attitudes
- Bullying
- Violence
- Class disruptions
- Being late for class or leaving early
- Being apathetic or bored

- Moaning during class
- Talking during class
- Academic dishonesty
- Cheating
- Use of phones/computers that disrupt classes
- Challenging faculty, arguing with others
Physical Manifestations

- Sudden loss or gain of weight
- Unusually tired, lethargic, and disinterested
- Quiet and withdrawn
- Being easily brought to tears or angered
- Frequent sicknesses (i.e., headaches, stomach aches, etc.)
- Fall behind in work or make simple mistakes
- Isolated from their peers
- Unexplained increase in absences
Micro-aggressions Defined

• Dr. Chester M. Pierce, Harvard, 1970, first coined the term.
• Applied first to African Americans, later generalized to other groups (e.g., women, people with disabilities)
• Dr. Derald Wing Sue, Columbia: “brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership.”

*Used with permission. Caroline F. Toscano, PhD, Faculty Professional Development Manager and Angie Lawver, M.S., Assistant Professor, Montgomery College, MD.
## Student Micro-aggressions

**Box 1: Example of Micro-aggressions**

- Towards an older nursing student: Why are you in nursing school? You are so old.
- To a male nursing student: You must be gay if you are in nursing school.
- To a homosexual nursing student: I don’t know why you are asking questions about labor and delivery – you are never going to get pregnant.
- To a disabled student in a wheelchair: How can he/she be a nurse? How are they going to work in the hospital or run down the hall in case of an emergency?
- To a minority student: You just got in to the nursing program because you are Latino.
The Faculty Role

Unfortunately, research (e.g., Clark, 2008) has shown that faculty contribute to a climate of incivility just as much as students do.
Micro-aggressions

- Disrespectful or discourteous language.
- Failing to acknowledge the student’s personhood.
- Denying the experiences of students by questioning the credibility and validity of their stories.
Micro-invalidations

- Calling on, engaging and validating one gender, class, or race of students while ignoring other students in the class.
- Failing to learn to pronounce or continuing to mispronounce the names of students after they have corrected you.
- Scheduling tests and project due dates on religious or cultural holidays.
- Lack of addressing disruptive behaviors in the classroom.
Discussion Questions:

• Does a problem exist?
• How could you help the victim?
• Who are the bullies? The victim? The witnesses?
• How can you help manage the incivility within the classroom?
A Case Study #1

• Student Nurse Sam is married with a newborn baby at home. You see his classmates tease him about being tired because of the baby and do not invite him to study groups because “he has to get home to his family.” Sam is struggling to keep up with the demands of nursing school. His peers tell him that he doesn’t belong in nursing school...
A Case Study #2

- Student Nurse Drew is seen on the college’s Facebook Page posing for a “funny faces” picture with his all female clinical group. Drew’s friends see the picture and text him screenshots of it with captions that demean him. One friend comments on his sexual orientation…
A Case Study #3

- Student Nurse Ally is teased about being the teacher’s pet. She always does well on the tests and she is frequently seen talking with many of the nursing faculty after class. While leaving a test review, several female classmates call her names and accuse her of “sucking up” to the teachers…
A Case Study #4

• Student Nurse Maddie is anxious over passing her Fundamentals and Pharmacology classes. She has made her first B in nursing school and she is second guessing herself. Her best friend and classmate keep telling her she should be worried. Maddie becomes withdrawn and starts missing class. She cries easily and isn’t acting like herself…
Think-Pair-Share

Discussion Questions:

• Does a problem exist?
• How could you help the victim?
• Who are the bullies? The victim? The witnesses?
• How can you help manage the incivility within the classroom?
Isolation Due to Incivility
Barriers to Reporting Incivility

- Failure to recognize actions as incivility behavior.
- Hope that the behavior will stop.
- Fearfulness or embarrassment.
- Don’t know what to do or how to ask for help.
- Afraid of retaliation.
- Afraid of getting in trouble.
- Belief that no one will believe or understand them (your word against mine).
Other Biases and Barriers

• Even “small” or “insignificant” forms of bullying can have a large emotional impact on a person.
• Recognize the existence of hidden harm.
• The “baggage” we all carry with us from our life experiences.
• A bullying act could trigger an emotional response that could lead to depression, attrition from the institution, academic failure, or other risky behaviors.
Preparing to Respond
Prevention Strategies

- Record IT
- Report IT
- Don't Support IT
Prevention Strategies

• Educate students on the signs and symptoms of incivility.
• Teach that incivility is not accepted in the academic or work environment.
• Acknowledge bullying behaviors.
• Teach accountability for your actions.
• Participate in and lead team building activities.
• Practice and teach bystander intervention.
• Work with closely with peer leaders.
• Stop competitive behaviors in the classroom.
Culture Change

• Know your stakeholders and the culture in the classroom (community).
• Partner with existing programs to combat incivility before developing new programs (e.g. PIE Workshops at UA)
• Be determined despite challenging events, change is possible.
• Prepare students for “real-world” scenarios.
“Real-World” Scenarios
How to Respond, Example 1:

Verbal Abuse (Yelling in front of others)

Response: “I do not appreciate being yelled at in front of other people. If there is something you need to discuss with me, let’s do it in a more private place.”

ANA TIPS FOR NURSES: Dealing with Bullying & Lateral Violence (ANA, 2012).
How to Respond, Example 2:

Nonverbal abuse (Eye-rolling, making faces)

Response: “I sense that there is something you want to say to me. Do you wish to discuss it?”

ANA TIPS FOR NURSES: Dealing with Bullying & Lateral Violence (ANA 2012).
How to Respond, Example 3: Overhearing someone talking about you:

Response: “If there is an issue that we need to talk about, please come to me directly so we can discuss it.”
Recap

• Incivility exists between students in nursing programs.

• Incivility in undergraduate programs is reported as a problem both in the classroom and in clinical settings.

• Incivility can result in poor performance in the classroom and higher attrition rates in nursing programs.

• Incivility experienced by nursing students may impact the role of professional behavior in those that are both the perpetrators and the victims of incivility.
Implications to Nursing

- The negative consequences of incivility to students will impact attitudes towards the profession after graduation, resulting in uncivil nurses.
- During the nurse education experience, students must learn how to be civil to each other to be prepared to work with other nurses and health care providers in their professional careers.
- There is a lack of knowledge with faculty on how to address incivility. Faculty must be able to identify incivility and stop it when it occurs.
- As well, further research is needed to examine the psychological and social consequences of incivility in undergraduate nursing students which may include coping, self-efficacy, stress, anxiety, depression, health and wellness.
Future Challenges

• A change in culture takes time.
• Students are competitive.
• Nursing is a competitive program.
• Competitiveness in nursing education is often encouraged and rewarded.
• Faculty, Staff, and Students are NOT prepared to combat incivility.
Call To Action

• Students and Faculty must be empowered to understand what student to student incivility is and be able to intervene when it is experienced.

• It is imperative to improve relationships between nurse professionals at an early stage in order to promote team work and healthy work environments.
Research Trajectory

• What role, if any, does student resilience play in mitigating the effects of incivility?
Resilience Framework

**Vision**
- Purpose, goals & congruence

**Collaboration**
- Support networks
- Social context
- Manage perceptions

**Composure**
- Regulate emotions
- Interpretation bias
- Calm and in control

**Tenacity**
- Persistence
- Realistic optimism
- Bounce back

**Reasoning**
- Problem solving
- Resourcefulness
- Anticipate & plan

**Health**
- Nutrition, sleep & exercise

**The Six Domains of Resilience**
Take A Stand

- Bullying Video
The number one most powerful intervention to stop the cycle of bullying is for the witness to speak up, not the target.
ASNA (2012). Bullying lateral violence In the workplace. Ethics and Human Rights Committee (PowerPoint slides).
Questions