ESL versus Non-ESL Nursing Students’ Perceptions of Staff Nurse Incivility

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ABSTRACT

BACKGROUND:

Incivility is a problem that exists in nursing education and practice and one that has serious repercussions. Clark and Springer’s (2010) defined incivility as “rude or disruptive behaviors, which often result in physiological or psychological distress for people involved, and if left unaddressed, may progress to a threatening situation” (p. 320). Incivility is known by other terms such as bullying, mobbing, lateral or horizontal violence, and relational aggression hostility (Croft & Cash, 2012; Decker & Shellenbarger, 2012; Dellasega, 2009; Goldberg, Beitz, Wieland, & Levine, 2013). The relationship that student nurses develop with staff nurses have a significant impact on their learning and sense of belonging. Incivility toward nursing students by staff nurses has been reported as contributing to students’ negative experiences in the clinical environment and the disruption of the teaching-learning environment (Anthony et al., 2014; Clark & Springer, 2007; Marchiondo, Marchiondo, & Lasiter, 2009). However, these studies do not include students who are English as Second Language (ESL). ESL students may struggle to meet the challenges presented their nursing education program due to differences in their culture and language. As the numbers of ESL students enrolled in nursing education program increase nationally, it is important to study whether culture and language have an impact on their perceptions of incivility. The purpose of the study was to determine whether there was a difference between English as Second Language (ESL) and non-ESL nursing students’ perceptions of staff nurse incivility.

Method:

A three part survey was distributed to nursing students who were members of the National Student Nurses Association. A final sample of 975 survey cases was analyzed using SPSS version 23.0 software.

RESULTS:

Results demonstrated exclusionary behaviors and total incivility scores were statistically different between ESL and non-ESL students. However, the effect size of both findings were extremely low (little practical difference). A significant multivariate result was found in the four scales between the two types of ESL students. Univariate analysis found a significant difference on vertical collectivism which indicates that ESL students had a higher mean and identified themselves more with a vertical collectivism orientation than non-ESL students. However, the effect size of the significant finding was extremely low. Time in program, age, and gender were found best predictors of perceptions of incivility.

CONCLUSION:

This study attempted to explore ESL versus non-ESL nursing students’ perceptions of staff nurse incivility. There was no practical difference in ESL and non-ESL student’s perceptions of staff nurse incivility. However, time in program, age, and gender were characteristics that may help predict which students are more likely to encounter and/or perceive staff nurse incivility. The results of this study clearly point out that although incivility in the clinical setting is an occurrence, the students in this study did not perceive staff nurse incivility to the extent as previously reported in the literature.

Key words: incivility, ESL nursing student, perception
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Abstract Summary:
This study explored ESL versus non-ESL nursing students’ perceptions of staff nurse incivility. There was no difference in ESL and non-ESL student’s perceptions of staff nurse incivility. However, time in program, age, and gender were the best predictors of perceptions of incivility.

Content Outline:

I. Background
In civility in the clinical setting
English as Second Language Nursing Students (ESL)
The effects of culture on language, communication, & perception

II. Review of literature on clinical education and incivility

III. Theory of Cultural Variability
Hofstede (1980’s) theory of cultural dimension
Triandis (1995) Individualism and Collectivism (IC)

IV. Research Questions

V. Sample
Members of the National Student Nurses’ Association (NSNA)
Sample size

VI. Methodology
IRB approval
Mass broadcast email to all members
Embedded video
Link to three part Qualtrics survey
   Demographic form
   Uncivil Clinical Behavior in Nursing Education (UCBNE)
   Horizontal and Vertical Individualism/Collectivism Scale
   Completion of survey as informed consent

VII. Data Analysis
Descriptive
Mean & Standard deviation
Inferential
Parametric tests

VIII. Discussion of findings

IX. Limitations of the study

X. Implications for nursing education and practice

XI. Recommendations for future research

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Professional Experience: Education 2017: Doctor of Nursing Education from University of West Georgia, Carrollton, Ga. 2008- Masters of Science of Nursing/Nurse Educator from California State University, Carson, California. 1992- Bachelors of Science of Nursing from the University of West Florida, Pensacola, Florida - Graduated Cum Laude. Experience 08/2010-5/2017: Clayton State University, Morrow, Georgia- Clinical Instructor and former Peer Tutor Coordinator. Educating student nurses in the generic BSN and RN-BSN completion program in the classroom, online and in the clinical setting. 07/2008-09/2013: Piedmont Newnan Hospital, Newnan, Georgia. -Healthcare Educator. Responsible for providing nursing orientation, patient education, and staff education and training. 11/04- 06/2007: Women, Infants, and Children Overseas Program, Camp Foster, Okinawa, Japan. - Competent Professional Authority (CPA). Responsible for providing nutrition education and counseling to participants in the program. 08/02-05/03: Mira Costa College, Oceanside, Ca. -Associate Faculty in LVN Program. Responsible for providing theory and clinical instruction in the LVN program to freshman students. Author Summary: Dr. Judy Ruvalcaba has been a nurse since the age of 19 working her way up the nursing ladder from being a CNA to LVN, RN ADN, BSN, MSN, and EdD. She became interested in the topic of incivility after taking an ethics course in her EdD program.