International Journal of Nursing and Health Care Research

Research Article

Nurse Educators' Lived Experiences with Student Incivility

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Abstract

Background: The impact of student incivility in nursing and higher education. The study addresses the need for specific information from nurse educators about their experiences with student incivility, and the impact of those experiences on teaching practices, job perception, and interactions with students.

Aim: To explore the experiences and impact of nurse educators who had experiences with student incivility. Gain understanding from their thoughts on ways to prevent, identify, and manage incivility.

Method: An interpretive phenomenological approach framed the research. A purposive sample group consisting of 10 nurse educators having experience with student incivility were interviewed. Semi-structured interviews were conducted using an interview guide. General inductive data analysis and thematic coding were utilized to identify themes.

Results: The participants asserted that student incivility in nurse education is a growing and disturbing problem and negatively impacts nurse educators and the teaching and learning dynamic. Nurse educators described how student incivility had impacted the perception of their job, their teaching, and interfered with student interactions and student learning.

Conclusions: 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 nurse role to promote awareness and prevent incivility.

Introduction

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 have cited instances of troublesome student behaviors for years. Incivility, bullying and other bad behaviors are especially disturbing considering nursing is a highly respected field which is known as a caring profession [1,2]. Nurse educators continue to believe incivility is a serious and growing concern and negatively impacts the teaching and learning environment [2-4]. Yet, how nurse educators describe or define their experiences, the meaning and understanding that is applied, and the impact these experiences have on their role as a nurse educator is a thought-provoking lens in which to view the impact of incivility. This study addressed these issues by asking nurse educators their thoughts on contributing factors, warning signs, prevention and management, and the impact of incivility on teaching and learning from their unique position in this environment.

Background & Literature Review

According to Clark [5], "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." 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 shortage of nursing faculty and measures are needed to recruit and retain more nursing faculty [1]. 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 [2,6]. Such experiences of incivility potentially disrupt nursing education. Clark [7] 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 by filtering into patient care which negatively influences patient outcomes [8]. Incivility exhibited by student nurses is especially troubling because upon graduation these same students will be providing patient care [2,9].

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 [1]. The Code of Ethics for Nurses [10] Provision 1.5 states, "The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect." This issue is very concerning, not only for the representation of nursing, but the impact on the health care environment as well. Competency 1 of the NLN Core Competencies of Nurse Educators, advises the nurse educator to, "…develop collegial working relationships with students to promote positive learning environments." According to Clark [11], "all institutions of higher learning need to create and widely disseminate clearly articulated vision, mission, and shared values statements with an intentional focus on civility, professionalism, and ethical conduct" (p. 121). Engaging faculty and students in interactive activities designed to promote civility is an effective way to promote a positive teaching and learning environment, encourage professionalism and prevent faculty and student incivility and other unprofessional behaviors. 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 academic setting. It has been well established that the topic of incivility was broad and encompassed every aspect of society including higher education and nurse education.

Research Design & Methodology

Problem & Purpose

The problem with student incivility is not merely the fact it exists; this has been established throughout the literature. This study

addressed the need for specific information from nurse educators about their experiences with student incivility. The study also addressed the subsequent impact of nurse educators' experiences on their teaching practices, job perception, and their interactions with students. Lastly, this study 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. This is important for nurse education because in order for a problem to be resolved it must first be realized and then addressed. 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.

Research Questions

Throughout the study, the researcher attempted to answer three overarching (broad questions) and four narrowly focused research questions.

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?

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 Heiderggerian phenomenology. Martin Heidegger was mentored by Edmond Husserl and later developed his own form of phenomenology [12]. Both were extremely interested in exploring lived experiences; however, each viewed the process entirely differently [13].

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 [14] 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 [15] 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 [13]. 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 [16]. 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 [12]. 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 Heiderggerian 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 Heiderggerian 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 [17]. 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 an interpretive phenomenological approach.

Operational Definition

Clark's [5] definition of academic incivility was used as the operational definition for the study which 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." Participants were asked to share their definition of student incivility as part of the inclusion criteria for participation in the study. According to Mapp [12], 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.

Sample/Participants

Polit and Beck [16] 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. The phenomenological study employed a purposive sample group consisting of ten nurse educators having experience with student incivility. After obtaining Institutional Review Board (IRB) approval, an Informational/ Inquiry letter was sent to the Directors of Nursing of the Associate Degree Nursing (ADN) programs in Community Colleges in a state in the Southeast United States. The Directors were asked to inform the nursing faculty of the study. Ten participants responded, met the inclusion criteria and were interviewed for the study. All participants identified as having experience with student incivility, work at community colleges servicing rural communities and are

within a 75-mile radius of each other. Demographic data showed participants were all white females with ages ranging from 31 years to greater than 60 years. Experience in nursing ranged from six years to greater than 25 years and experience as a nurse educator ranged from less than five years to greater than 25 years. One participant's highest degree in nursing was a BSN, 8 had earned a MSN and one had earned an Ed.D. as their highest degree in nursing. All participants were employed as nurse educators at the time of the study with one planning to retire within one year and one leaving the field of nurse education to work in the clinical setting.

Interviews

The researcher conducted semi-structured interviews using an interview protocol. 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. 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 interview protocol was developed by the researcher using guidelines offered by Robert Weiss [18] in his book, learning from Strangers: The Art and Method of Qualitative Interview Studies and from Irving Seidman's [19] book, Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences. According to Weiss [18], 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.

Each interview began by asking each participant to describe or define the significant experience(s) with uncivil student behavior(s) and share 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," and "Did you report the incident?" Each participant shared at least one experience and several of the participants shared many experiences. Each interview lasted between 90 and 120 minutes.

Data Analysis

Qualitative analysis is "A process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge" [20]. Corbin and Strauss [20] 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. 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.

General inductive data analysis was utilized including coding, placing codes in categories, and then placing codes in themes. The research questions, both broad and focused, 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. 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 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.

Thematic Breakdown

According to Creswell [21], 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 [17]. 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.

In the thematic breakdown, 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. During the thematic breakdown, 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. 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. 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.

Themes	Categories
Uncivil Experiences	Wide range of unacceptable student behaviors, further divided into disturbing, troubling or annoying student incivility. Disturbing - especially upsetting & distressing, threats, stalking, lying. Troubling - directly interfered with teaching/ learning, cheating, interrupting conversations, rule breaking. Annoying - 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 educator's 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.
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.

Table 1: Thematic Outline.

Findings

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; verbal disrespect and inappropriate approach to the instructor; disregarding the instructor's teaching knowledge; 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.

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 understanding 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. The researcher agrees with Clark and Carnosso' [22] 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.

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.

Research Questions and Thematic Alignment

The participants' thematic representations and the research questions were used as a guide to explore and interpret the data while assisting the researcher to answer the research questions. The three broad research questions and the four focused research questions were answered and align with the study themes as follows:

Broad Research Question One: How do nurse educators describe or define their experiences and understanding of student incivility?

The first overarching research question 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.

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.

Broad Research Question Two: How do nurse educators describe the impact of their experiences with student incivility?

The themes of impact of incivility, uncivil experiences, nurse educators' emotions, and addressing incivility align with the second overarching research question.

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

The final broad 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.

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.

Focused Research Question One: How do nurse educators say student incivility impacts teaching?

This question 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 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.

Focused Research Question Two: How do nurse educators say student incivility impacts interactions with students?

The themes of impact of incivility, uncivil experiences, nurse educators' emotions, and addressing incivility all align with the second focused research question.

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.

Focused Research Question Three: How do 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.

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.

Focused Research Question Four: What do 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.

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

Nurse Educators' Lived Experiences

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. 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 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. This type of preparation leads to satisfactory resolution of the experiences for all involved.

Conclusions & Implications

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. These findings are also consistent with [1,23-25] 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.

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. According to Luparell [1,23-25], 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. 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. Suplee et al. [26] assertion, 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. 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. Kolanko et al. [27] assertion that nurse educators should integrate accepted professional codes into the curricula, which will prepare students to practice as professional nurses coincides with these implications. 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. These concepts of prevention and maintenance represented their understanding of ways to decrease the impact and prevent student incivility.

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. Kolanko et al. [27] 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. 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. According to Luparell [1,23-25], not only is it concerning for nurse educators to leave the field of education, but the negative atmosphere can also decrease the ability to recruit highly skilled and educated professionals to the nurse educator role as well. 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. 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 and is an important implication for nursing policy and practice.

Limitations

The study had several identified limitations. All participants were white females which limited the male perspective and differences from racial or ethnic diversity. All participants were 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. A deeper understanding was gained through this study; however, limitations were present and questions remain, allowing for further study. 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.

References

1. Luparell S (2014) Cultivating civility in nursing education. Presented at Jacksonville State University' CON Professional Development In-service, Jacksonville, AL.

2. Luparell S (2011) Incivility in nursing: the connection between academia and clinical settings. Critical Care Nurse 31: 92-95.

3. Clark CM (2017a) Creating & sustaining civility in nursing education. Indianapolis, IN: Sigma Theta Tau International.

4. Clark CM, Farnsworth J, Landrum E (2009) Development and description of the incivility in Nursing Education (INE) Survey. Journal of Theory Constructing and Testing 13: 7-15.

5. Clark CM (2008a) Faculty and student assessment of and experience with incivility in nursing education. Journal of Nursing Education 47: 458-465.

6. Hirschy AS, Braxton JM (2004) Effects of student classroom incivilities on students. New Directions for Teaching and Learning, 99: 67-76.

7. Clark CM (2008b) The dance of incivility in nursing education as described by nursing faculty and students. Advances in Nursing Science 31: E37-E54.

8. Peters AB (2015) The concept of incivility: A case study. Journal of Teaching and Learning in Nursing 10: 156-160.

9. Langone M (2007) Promoting integrity among nursing students. Journal of Nursing Education 46: 45-47.

10. American Nurses Association (2015) Code of ethics for nurses with interpretive statements. Silver Spring, MD.

11. Clark CM (2017b) An evidence-based approach to integrate civility, professionalism, and ethical practice into nursing curricula. Nurse Educator 42: 120-126.

12. Mapp T (2008) Understanding phenomenology: The lived experience. British Journal of Midwifery 16: 308-311.

13. McConnell-Henry T, Chapman Y, Francis K (2009) Husserl and Heidegger: Exploring the disparity. International Journal of Nursing Practice 15: 7-15.

14. Heidegger M (1962) Being and time. New York, NY: Harper & Row.

15. Husserl E (1931) Ideas: General introduction to pure phenomenology. London: Allen & Unwin Humanities Press.

16. Polit DF, Beck CT (2008) Nursing research: Generating and assessing evidence for nursing practice. Philadelphia, PA: Wolters Kluwer.

17. Creswell J (2007) Qualitative inquiry & research design: Choosing among five approaches. Thousand Oaks, CA: Sage.

18. Weiss RS (1994) Learning from strangers: The art and method of qualitative interview studies. New York: Free Press.

19. Seidman I (1998) Interviewing as qualitative research: A guide for researchers in education and the social sciences. New York: Teachers College Press.

20. Corbin J, Strauss A (2008) Basics of qualitative research, Thousand Oaks, CA: Sage.

21. Creswell J (2009) Research design: Qualitative, quantitative, and mixed methods approaches. Thousand Oaks, CA: Sage.

22. Clark CM, Carnosso J (2008) Civility: A concept analysis. The Journal of Theory Construction and Testing 12: 11-15.

23. Luparell S (2004) Faculty encounters with uncivil nursing students: An overview. Journal of Professional Nursing 20: 59-67.

24. Luparell S (2005) Why and how we should address student incivility in nursing programs. In: Oermann M, Heinrich K. Annual review of nursing education: Strategies for teaching assessment and program planning. New York: Springer. Pg No: pp. 23-26.

25. Luparell S (2007) The effects of student incivility on nursing faculty. Journal of Nursing Education 46: 15-19.

26. Suplee PD, Lachman VD, Siebert B, Anselmi KK (2008) Managing nursing student incivility in the classroom, clinical setting, and on-line. Journal of Nursing Law 12: 68-77.

27. Kolanko KM, Clark C, Heinrich KT, Olive D, Serembus JF, et al. 2006) Academic dishonesty, bullying, incivility, and violence: Difficult challenges facing nurse educators. Nursing Education Perspectives 27: 34-43.