



Fostering Civility in Nursing Education and Practice

Nurse Leader Perspectives

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Incivility in healthcare can lead to unsafe working conditions, poor patient care, and increased medical costs. The authors discuss a study that examined factors that contribute to adverse working relationships between nursing education and practice, effective strategies to foster civility, essential skills to be taught in nursing education, and how education and practice can work together to foster civility in the profession.

The work of nursing is 4 times more dangerous than most other occupations,¹ and nurses experience work-related crime at least 2 times more often than any other healthcare provider.² Root causes for workplace violence are multifaceted and include work-related stress due in part to an increasingly complex patient population and workload and deteriorating interpersonal relationships at the bedside.¹ When normalized or left unaddressed, these uncivil and disruptive behaviors may emerge into an incivility spiral,³ depicted along a continuum from an unintentional act leading to intentional retaliation, escalating to workplace bullying and even violence.⁴ Incivility and disruptive behaviors have been identified both in the academic⁵⁻⁷ and clinical settings⁸⁻¹⁰; however, no direct study of incivility between the 2 environments has been made.

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Review of the Literature

Incivility and disruptive behavior in nursing education and practice are common,^{4,9} on the rise,¹¹ and frequently ignored.¹² Two decades ago, Boyer¹³ noted several challenges facing institutions of higher education, including academic incivility. Although incivility in the academic setting is not a new phenomenon, the types and frequency of misbehavior are increasing and have become a significant problem in higher education, including nursing education. Clark and Springer^{14,15} explored faculty and student perceptions of incivility in nursing education and found negative behaviors to be commonplace and exhibited by students and faculty alike. The majority of respondents (71%) perceived incivility as a moderate to serious problem and reported that stress, high-stake testing, faculty arrogance, and student entitlement contributed to incivility.¹⁴ More than half of the respondents reported experiencing or knowing about threatening student encounters between students or faculty.¹⁴

A small but growing body of research suggests that incivility and disruptive behaviors are particularly commonplace to the new graduate nurse or nursing student within the clinical setting.¹⁰ Paralleling incivility in the academic setting, staff nurses are also vulnerable to bullying, defined as negative behavior that is systematic in nature and purposefully targeted at the victim over a prolonged time frame with the intent to do harm.¹⁶ These findings are also supported by a recent Joint Commission (TJC) survey¹⁷ reporting that more than 50% of nurses are victims of disruptive behaviors including

incivility and bullying, and more than 90% of nurses stated witnessing abusive behaviors of others in the workplace. Likened to the concept of nurses “eating their young”,¹⁸ the findings of several studies suggest that these negative behaviors are a learned process, transferred through staff nurses to new nurses and student nurses via interaction within the hierarchical nature of the profession.¹⁰

Incivility and disruptive behaviors may also be normalized or perpetuated by organizational culture,^{12,18} particularly during times of restructuring or downsizing. This is suggested to be secondary to unclear roles and expectations, professional and personal value differences, personal vulnerabilities, and power struggles common within organizations during periods of change.¹⁸ Other consequences of incivility include heightened stress levels, physiological and psychological distress,⁵ job dissatisfaction,^{10,19} decreased performance,²⁰ and turnover intention.²¹

Bartholomew¹⁸ noted that uncivil behaviors may contribute to the exodus of new graduates leaving their first job within 6 months. If disruptive behaviors are tolerated, nurses may leave the profession altogether.²¹ Disruptive and bullying behaviors have been identified as a root cause of more than 3,500 sentinel events over a 10-year time frame²² and contribute to an annual estimate of 98,000 to 100,000

patients dying secondary to medical errors in hospitals.^{23,24} Collectively, these findings led TJC¹⁷ to intervene and release a sentinel event alert calling for zero tolerance of intimidating and bullying behaviors.

Conceptual Framework

Clark⁵ developed a conceptual model to illustrate how heightened levels of nursing faculty and student stress, combined with attitudes of student entitlement and faculty superiority, work overload, and a lack of knowledge and skills, contribute to incivility in nursing education. This conceptual model has been adapted to reflect the stressors that contribute to incivility in both nursing education and practice (Figure 1). Factors that contribute to stress in nursing practice are similar to the stressors experienced in nursing education including work overload, unclear roles and expectations, organizational conditions, and a lack of knowledge and skills. Moreover, in both practice and academia, stress is mitigated by leaders who role model professionalism and utilize effective communication skills.²⁵ The importance of modeling effective communication and related education to address incivility cannot be underestimated, can reduce its incidence and effects,²⁶ and can assist in fostering cultures of civility.⁶

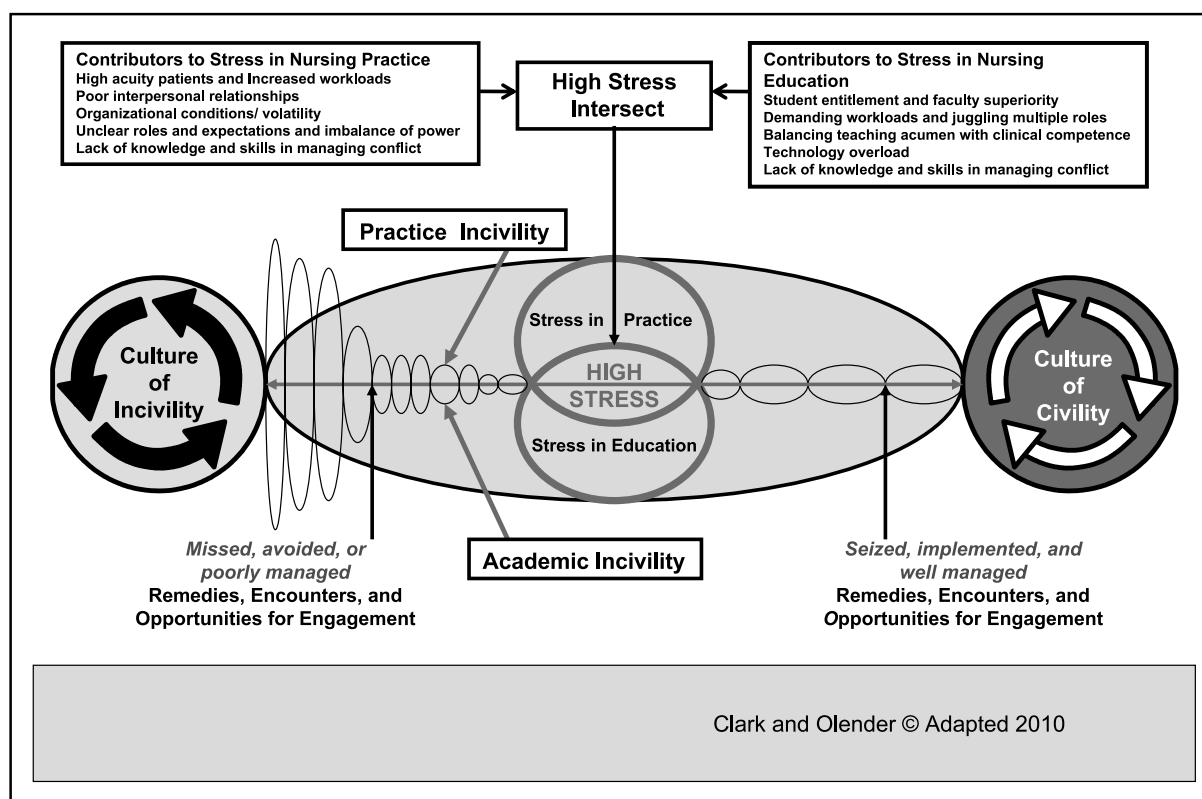


Figure 1. Conceptual model for fostering civility in nursing education (adapted for nursing practice).

Nurse Leaders' Survey

Mindful of the need to enhance the culture of civility both in the academic and clinical settings, a descriptive qualitative study was conducted. The purpose of the study was to gather practice-based nursing leaders' perceptions about factors that contribute to an adverse working relationship between nursing education and practice, the most effective strategies needed to foster civility, the skills needed to be taught in nursing education, and how nursing education and practice can work together to foster civility in the nursing workplace.

Procedure and Analysis

The survey was developed by the author (C.M.C.) and included 4 open-ended questions designed to garner nurse leaders' perceptions on ways to foster civility in nursing education and practice. The questions were constructed based on a comprehensive review of the literature on incivility and numerous empirical studies. Two other researchers reviewed the survey for content validity and logical construction. Institutional approval to conduct the study was obtained. The surveys were administered to nurse leaders attending a statewide nursing conference using a paper method for gathering narrative, handwritten responses. Once the study was clearly explained, the respondents provided consent and voluntarily completed the survey. Aside from indicating their employment position, no demographic information was gathered about the participants. The survey contained 4 questions:

1. What factors contribute to an adverse working relationship between nursing education and practice?
2. What are the most effective strategies for fostering civility in the practice setting?
3. What essential skills need to be taught in nursing education to prepare students to foster civility in the practice setting?
4. How can nursing education and practice work together to foster civility in the practice setting?

The sample consisted of 174 nurse leaders: 68 (39.1%) nurse executives and 106 (60.9%) nurse managers who were attending a statewide conference held in a large western state. The respondents were recruited by the researcher (C.M.C.), who explained the purpose of the study during the keynote address. The surveys were collected and prepared for analysis.

Textual content analysis was used to manually analyze the respondents' narrative responses. Key words or phrases were quantified by the researchers;

inferences were made about their meanings and categorized into themes. Two members of the research team reviewed the nurse leaders' comments independently to quantify the recurring responses and organize them into themes. Then, 2 other research members reviewed the comments. Areas of theme agreement and disagreement were discussed, and verbatim comments were reviewed until all researchers were confident that the analysis was a valid representation of the comments.

Findings

Analyses of the narrative responses from the participants were organized into themes, ranked in order of the number of responses, and described according to each research question. The first research question asked nurse leaders to identify factors that contribute to an adverse working relationship between nursing education and practice. Both groups identified a noticeable gap between nurses in education and practice (Table 1). Nurse executives reported nurse educators failing to keep pace with practice changes, lacking familiarity with practice regulations and standards, being slow to respond with curricular changes, and a lack of shared goals between nurses in education and practice. Nurse managers reported similar findings, but suggested that a limited number of nursing faculty, a highly stressed work environment, and lack of adequate resources also contributed to adverse working relationships. These reported deficits resulted in the perception that students were not being adequately prepared for practice.

The second research question asked the respondents to identify the most effective strategies for fostering civility in the practice setting. Nurse executives identified 4 major themes, and nurse managers identified 7 themes, listed in Table 2. Strategies that rendered less than 10 responses are not listed in the table. For nurse executives, these themes included holding self and others accountable for acceptable behaviors, addressing incivility in nursing education programs, implementing stress reduction strategies, making civility a requirement for hiring, and conducting institutional assessments to measure incivility. Nurse managers' responses to this question were similar to those of nurse executives. Notable differences between the 2 groups were nurse executives' recommendations for civility teaching starting at the education level, civility as a requirement for hiring, and ongoing civility assessment. Nurse managers' responses differing from executives were establishing a healthy work environment, ongoing practice-preparedness education, and reinforcing positive behavior.

Table 1. Factors Contributing to an Adverse Working Relationship Between Nursing Education and Practice^a

Nurse Executives (n = 67 of 68 [98.53%]) ^b	Nurse Managers (n = 101 of 106 [95.28%]) ^b
1. Educators not keeping current with practice changes (standards and regulations) (39)	1. Limited number of faculty and disconnected from practice (40)
2. Lack of communication, collaboration, and mutual curriculum planning between nursing faculty and staff (16)	2. Highly stressed work environments plagued by rude, uncivil behaviors among members of the health care team (32)
3. Lack of preceptor engagement due to stress and workload (23)	3. Faculty and staff workload and being stretched too thin (29)
4. Lack of shared vision, mission, and goals between practice and education (11)	4. Lack of communication, collaboration, and mutual curriculum planning between nursing faculty and staff (21)
	5. Lack of adequate resources (human and financial) (18)

^aFactors identified by less than 10 respondents are not included; please see text.

^bThe number in parentheses following the factors indicates the number of times the factor was identified. The number exceeds the number of respondents because of suggestions of multiple factors.

The third research question asked the respondents to identify essential skills that need to be taught in nursing education programs to prepare students to foster civility in the practice setting (Table 3).

Nurse executives identified 4 major themes, and nurse managers identified 8 themes. Strategies that rendered less than 10 responses are not listed in the table. For nurse executives, these themes included reflective practice and critical thinking, respect for diversity, and stress reduction strategies. Nurse managers had similar responses for essential skills and also suggested critical-thinking skill sets (time management, decision-making, and problem-solving skills), organizational culture of civility, and civility education.

The final research question asked nurse leaders for strategies about how nursing education and practice can work together to foster civility in the practice setting (Table 4). Both groups identified 5 major

themes. Once again, strategies that rendered less than 10 responses are not listed in the table. For nurse executives, these themes included making civility a requirement for hiring, teaching conflict resolution and managing difficult situations, implementing stress reduction strategies, and conducting institutional assessments to measure incivility. Teaching civility was identified only by nurse executives, and themes identified only by nurse managers were mentorship, professionalism, and reinforcing and rewarding civility. Nurse managers also suggested focusing on patient care and safety and implementing stress reduction strategies (<10 responses).

At both the organizational level and unit levels, nurse leaders in practice noted the importance of having a shared vision of civility and underscored the importance of adopting and implementing codes of conduct and effective policies and procedures. Both

Table 2. Strategies^a for Fostering Civility in the Practice Setting

Nurse Executives (n = 64 of 68 [94.11%]) ^b	Nurse Managers (n = 95 of 106 [85.62%]) ^b
1. Conducting joint meetings to develop a shared vision and a culture of civility (49)	1. Conducting joint meetings to develop a shared vision and a culture of civility (38)
2. Establish codes of conduct with and policies with clearly expected behaviors (40)	2. Establish codes of conduct and policies with clearly expected behaviors (32)
3. Provide ongoing education (conflict resolution, problem solving, respectful communication) (23)	3. Establish a healthy practice environment, emphasizing workplace civility (32)
4. Positive role modeling by all members of the healthcare team (20)	4. Positive role modeling by all members of the healthcare team (30)
	5. Provide ongoing education (conflict resolution, problem solving, respectful communication) with a focus on practice preparedness (20)
	6. Hold self and others accountable for acceptable behaviors (19)
	7. Reinforce positive behavior (11)

^aStrategies identified by less than 10 respondents are not included; please see text.

^bThe number in parentheses following the strategies indicates the number of times the strategy was identified. The number exceeds the number of respondents because of suggestions of multiple strategies.

Table 3. Essential Skills^a Needed to Prepare Students to Foster Civility in the Practice Setting

Nurse Executives (n = 61 of 68 [89.70%]) ^b	Nurse Managers (n = 99 of 106 [93.39%]) ^b
1. Conflict resolution, negotiation, assertiveness, learning to address incivility (43)	1. Effective communication, teamwork, and collaboration (57)
2. Effective communication, teamwork, and collaboration (31)	2. Conflict resolution, negotiation, assertiveness (38)
3. Professionalism and leadership skills (24)	3. Professionalism and leadership skills (35)
4. Personal accountability and patient safety (22)	4. Time management, organizational skills, and decision-making and problem-solving skills (17)
	5. Creating a healthy work environment and organizational culture (17)
	6. Civility education (13)
	7. Patient-focused care and patient safety (11)

^aSkills identified by less than 10 respondents are not included; please see text.

^bThe number in parentheses following the skills indicates the number of times the skill was identified. The number exceeds the number of respondents because of suggestions of multiple skills.

nurse executives and managers expressed the need for effective communication and collaboration, positive role modeling, and the importance of vigilant and purposeful hiring with civility in mind.

Discussion

The applicability of Clark and Olender's (Figure 1) conceptual model for fostering civility in nursing academic and clinical practice environments is supported by the results of this study. Indeed, results suggest an increased awareness of stressors likely contributing to a culture of incivility by these nursing leaders. As depicted in the model, and as Table 2 denotes, the implementation of strategies to reduce stressors (such as policy and procedure, education, and self-care initiatives) is a key objective for the establishment of a culture of civility. A high percentage of nursing leaders emphasized the importance of a collaborative vision and partnership between education and practice to meet this goal. This vision could emerge via joint education and practice meetings

that focus on designing up-to-date and relevant curricula that reflect current practice standards with emphasis on civility education and teamwork. Ideally, this would result in the development and implementation of comprehensive, well-defined, nonpunitive policies and procedures that focus on civility, are widely disseminated, and have measurable outcomes. An emphasis on individual accountability at all organizational levels, as well as organizational adoption of a culture of civility, would be required for policies to be effective. In addition, leadership mindfulness and intentionality toward positive role modeling, professionalism, collaboration, teamwork, and ethical conduct would be required. Related competencies would be reinforced and practiced through simulation and role playing, in real time, and inclusion of these skills within competency assessment systems.

Our findings lend support to studies indicating that stress is a major contributor to incivility^{1,5,14,15,19}; thus, it is important to integrate self-care and stress reduction into daily activities. The American Holistic

Table 4. How Nursing Education and Practice Can Work Together to Foster Civility in the Practice Setting^a

Nurse Executives (n = 58 of 68 [85.29%]) ^b	Nurse Managers (n = 84 of 106 [79.24%]) ^b
1. Improve communication and partnerships between education and practice (33)	1. Improve communication and partnerships between education and practice (55)
2. Develop a shared vision for a culture of civility (14)	2. Integrate civility into the nursing curriculum (30)
3. Integrate civility into the nursing curriculum (13)	3. Develop codes of conduct with expected behaviors (23)
4. Foster leadership and positive role modeling (11)	4. Foster leadership, professionalism, positive role modeling, and mentoring (16)
5. Teach civility and behavioral expectations (11)	5. Reinforce and reward civility (11)

^aStrategies identified by less than 10 respondents are not included; please see text.

^bThe number in parentheses following the strategies indicates the number of times the strategy was identified. The number exceeds the number of respondents because of suggestions of multiple strategies.

Nurses Association²⁷ recommends several stress management techniques including enjoying the company of family, friends, and other supportive people; getting regular exercise and adequate sleep; eating healthy foods; and drinking plenty of water. We also suggest lunchtime walking programs, change of shift aerobic classes, meditation, and 5-minute massages. This may also include implementing caring competencies such as empathy, collaboration, and conflict resolution in the work site. Last, Olender-Russo²⁸ suggests creating forums to share success stories and to communicate evidence-based outcomes such as staff and patient satisfaction, low turnover rates, and patient-related adverse events or avoidances both at the organizational and unit levels to sustain workplace civility and staff motivation.

Conclusion

Recent reports of the increasing prevalence of incivility and related disruptive behaviors within our nursing academic and clinical settings are alarming, especially when considering the impact on patient and staff safety. The old adage, “it takes a village,” rings true when one considers the complexity of the task of fostering a culture of civility. A comparison study with academic nurse leaders could illuminate shared perceptions or alternative ways to foster civility in nursing education and practice.

The model proposed in this study is newly adapted to practice and requires further empirical testing. For example, evidence-based data obtained through institutional assessments, such as the Organizational Civility Scale,²⁹ are needed to measure the organizational culture so that targeted interventions may be implemented and empirically tested. Case study methods may be beneficial to showcase best practices.

Researchers also suggest that negative behaviors in the workplace may be a learned process and likely exacerbated within stressful academic and clinical settings.¹² Conversely, fostering civility in nursing education and practice may also be a learned process and, as such, amenable to positive interventions. Nurse leaders need to be extremely attentive and supportive toward the success of the nursing practice and nursing education partnership for the cocreation and sustenance of a healthy work environment. Indeed, the promotion of a positive organizational culture has been shown to be a successful strategy and is associated with increased nurse manager engagement in authentic leadership.²⁵ As healthcare providers, we all have an ethical responsibility to care for those who care for others. Specifically, nurse leaders must create and promote a work environment conducive to caring. This includes fostering a culture of civility both within the academy (where nursing learning begins) and within practice environments (where learning of nursing continues).

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