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Incivility Behaviors among Nursing Faculty

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Abstract: This paper explores incivility among nursing faculty employed in a mid-size, public university located in Northwest Arkansas. The survey identified common incivility behaviors among nursing faculty and the perception that nursing faculty believe incivility is psychologically and emotionally harmful. Resources and support for nursing faculty is discussed and faculty indicate that incivility training could better prepare them to navigate incivility in the workplace.

Keywords: nursing incivility, nursing faculty incivility, academic incivility, incivility behaviors

Research indicates incivility has been a documented problem since 1976 (Samson-Mojares, Chin, Colvin, &Umadhay, 2019). However, it is also documented in order to understand the problem of incivility in nursing, one cannot simply view it from the outside looking in; instead, one must be immersed in the environment or institution (Samson Mojares et al., 2019). In addition, nursing leaders should be aware of the reality of incivility in clinical and nursing academic environments (Zhu, et al., 2019). Often times, through observation one can see the apprehensiveness and overall challenges nurses as a whole experience, indicating that nursing is a life-long profession of learning and experience and can be a challenging road of unexpected outcomes (Knight, 2018; Weurlander et al., 2018). Therefore, it is understandable that incivility still exists in nursing to this day. This paper will include information from a survey of nursing participants in the mid-south region of the United States. The survey indicated that 90% of the participants agreed that for those who experience incivility it can be emotionally and psychologically harmful (Bar-graph A). Also, the survey showed that 66.67% of the participants had experienced incivility in the past one year or more and 33.3% of the participants had experienced incivility in the past five or more years from a direct supervisor (Bar-graph B).

Fear, apprehensions, or challenges for acceptance with the nursing profession often carry over from nursing school into professional practice (Murray, Sundin, & Cope, 2019). What many nurses do not realize is that small interactions speak volumes of words and intent (Knight, 2018). Many nurses can recall being in school and feeling an overwhelming sense of fear with a clinical instructor or a nursing teacher. This fear can paralyze or interfere with student learning (Bazrafkan & Kalyani, 2018). For those who are fortunate and emotionally strong enough to reach graduation, many still carry these memories with them throughout their nursing careers (McConnell& McKay, 2018) The reality is that some nurses can use their negative experiences and become positive influences for students while others follow the same path of negative treatment that was once bestowed upon them (McConnell& McKay, 2018).

It is questionable when negative memories of nursing treatment will change or if ways of treating others in our profession will change since incivility and other abuses continue to impact nurses of all ages (Townsend, 2016). Survey information indicated that a substantial percentage of nurses over 20% feel they do not have emotional support at work (Bar-graph C). Unfortunately, some nurses seem to have the mentality that success was difficult for them so they want to make it nearly impossible or difficult for others. However, to combat incivility and promote a culture of change in our profession, there needs to be time for a cultural change and a healing process from the old emotional wounds of incivility in nursing education and in the nursing in general.

From the survey results seen in Bar-graph D, approximately 80% of the nurses surveyed experienced incivility within 1 year or more of their practice and 40% or more experienced incivility within 5 years or more of their practice. We must change parts of the culture in the nursing profession by being kind while being direct, being respectful rather than demeaning, and realizing that one day the very students or fellow co-workers we are interacting with may become a significant part of our personal healthcare experiences. The survey mentioned previously, 50% of the participants agree that part of combating incivility and changing the culture of incivility could involve incivility training, along with implementation or actions of other interventions to combat incivility. Bar-graph F indicates that a majority of the nurses included in this survey feel that incivility is an expected part of the nursing profession. We must change the mindset we have of making a better work place for nurses and achievement or success for nurses attainable instead of unattainable. We must remember we are a nurturing profession, we care for others, we are therapeutic in many ways for others; therefore, we should not be toxic to one another.

Nothing seems to give a person the words to say like first-hand experiences. Meaning that many nurses have experienced incivility in their work and educational environments. Witnessing a current nursing student crying due to fear, anxiety, or whatever negative emotion that may be occurring is devastating to watch. It is also devastating to watch new or experienced nurses leave our profession, contributing once more to the large shortage in our profession. Bar-graph E shows nearly 33.3% of the nurses included in the survey thought about leaving the profession due to incivility. Nursing has experienced continuing shortages over many years. The time for change in attitude, ways of nurturing, and educational and professional environments must happen quickly or compotent and professional nurses will continue to abandon the profession of nursing. Kindness, humanity, and nurturing can exist without changing the seriousness and rigor of our nursing schools, our nursing environments, and the ethical responsibilities that we must maintain in our profession.

DEFINITION OF TERMS

The literature review identified multiple terms to describe incivility behavior among nurses. Nursing faculty identified the most common expression of incivility as any behavior whether deliberate or unintended, that devalues another individual. Other definitions of nursing faculty incivility included disruptive behavior, micro-management or controlling, exclusion, belittling, bullying, taking credit for another's work or idea, ignoring, unprofessional remarks, punishing, harassment, shouting, blocking promotion, rolling eyes, offensive communication, intimidation, rudeness, being treated unfairly, uninvited comments or undesirable behaviors.

Research Question and Hypotheses

RQ_1: What are common incivility behaviors identified among nursing faculty?

H_0: Nursing faculty believe incivility is psychologically and emotionally harmful.

H_1: Nursing faculty do not believe incivility is psychologically and emotionally harmful.

METHOD

Participants

To answer the research question, the authors focused on participants who were employed in a mid-size, public university located in Northwest Arkansas. The university offers three tracks for the Bachelor of Science in Nursing (BSN) degree and a Licensed Practical Nursing (LPN) program. The three BSN programs consist of the tradition four-year track, the second BSN program is designed for students who already have a bachelor's degree in another field and are seeking a BSN degree, and the third BSN track is an accelerated track for nurses

who hold an Associate's Degree in Nursing (ADN) and are seeking a BSN. Fulltime nursing faculty may carry a workload in a single program track, two nursing program tracks, or all three nursing program tracks. The nursing programs consist of fulltime faculty and adjunct faculty. Most nursing faculty are Master and Doctorate prepared. Approximately 30 prospective participants were identified. Of the 30 prospective participants, 10 individuals accepted the invitation to participate (*N=10*), yielding a response rate of 30%.

Instrument

The faculty incivility instrument was comprised of 16 questions, 14 questioned were centered on incivility, one question asked respondents to identify gender and one question asked respondents to identify educational level. The recruitment email explained why they were being asked to participate and communicated that the survey was voluntary, and all responses remained anonymous.

Demographics

Participants were asked to identify their gender, educational level, and years of nursing practice. Additionally, participants were provided with an option of selecting prefer not to answer in regards to the gender question.

Data Collection

Literature reviews were conducted and permission was granted by the university institutional review board (IRB). Fulltime and adjunct nursing faculty emails were compiled from a public university website. Nursing faculty were sent an email invitation asking for voluntary participation in the research. The invitation included a link to Survey Monkey which participants could choose to offer responses or comments to 16 questions not all questions are included in this article. The questions were developed to elicit feedback from the nursing faculty's experiences and perceptions on incivility.

Limitations

The sample population was small as it was taken from nursing faculty employed by one mid-size university located in Northwest Arkansas. Only 10% of the participants were male and the remaining participants were female. The first email sent out with the survey link had two questions that were designed as select all that apply however, the question format allowed the respondent to make only a single selection. Participants were sent a second email as a follow-up email with the questions formatted correctly. However, duplicate emails may reduce the interest and sensitivity among respondents. The university gained new leadership, the nursing programs gained new leadership and several other surveys were deployed to nursing faculty during this same period of time which may have decreased the respondent rate.

Survey Questions Included

1. When incivility is practiced it is psychologically and emotionally harmful.

2. During my nursing career, I experienced incivility from a supervisor in the past:

3. I have emotional support at work:

4. During my nursing career, I experienced incivility from a peer in the past:

5. The incivility I experienced made me want to leave the nursing profession?

6. Incivility is tolerated due to the perception that incivility is an expected behavior in the nursing profession.

7. I utilize the following methods to decrease the risk of incivility. SELECT ALL THAT APPLY:

Data Results formulated from Survey Questions

Survey results indicated that 50% of the participants held a Master Degree in Nursing. 40% of the participants agree that incivility is tolerated because it is an expected behavior in nursing. 90% percent of the survey participants agreed that incivility is psychologically and emotionally harmful. At least 70% of the participants included in the survey admitted they had been a nurse 10 years or more. 66.6% of the participants that he or she has experienced incivility in the past year. 44.4% of the participants experienced incivility from a supervisor.100% of the participants included in the survey experienced incivility from a faculty member, client, and physician, 50% experienced incivility from a student. Bar-graph E results indicated that 33.3% indicated the incivility they experienced made them want to leave the profession. 50% of the participants indicated that decreasing the incidence of incivility includes modeling good behavior and participating in incivility training.

While 100% of the participants indicated that decreasing incivility included promotion of health and wellness along with not making excuses for incivility. 60% of the participants indicated they would be interested in incivility training. 100% participants agreed that incivility can include: bullying, offensive communication, and, intimidation. However, only 50% understood that incivility can include undesirable behaviors and hostility. Aggregate data from survey questions were included in the section above. Although not all the bar graphs or SPSS data will be included in this article that correlate with the survey results provided, below are some examples of the bar graphs that formulated survey results to show where survey result data was extracted from for the purposes of this article. In addition, SPSS data listed below correlates with statistical findings created from cross tab data and chi-square results for validity of data collection. All statistical analysis data was ran by Dr. Uhm, Associate Professor of the Mathematics Department at the public university in Arkansas where this survey took place.

When Incivility is practiced it is psychologically and emotionally harmful
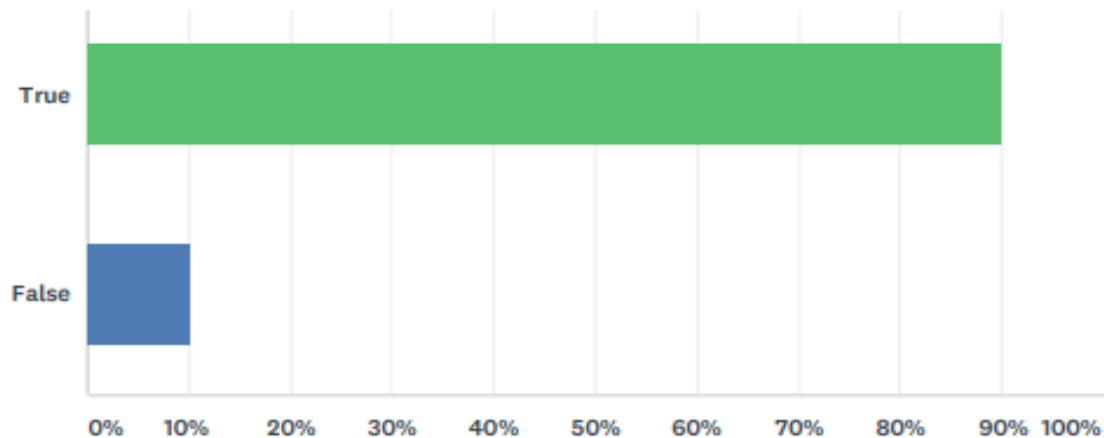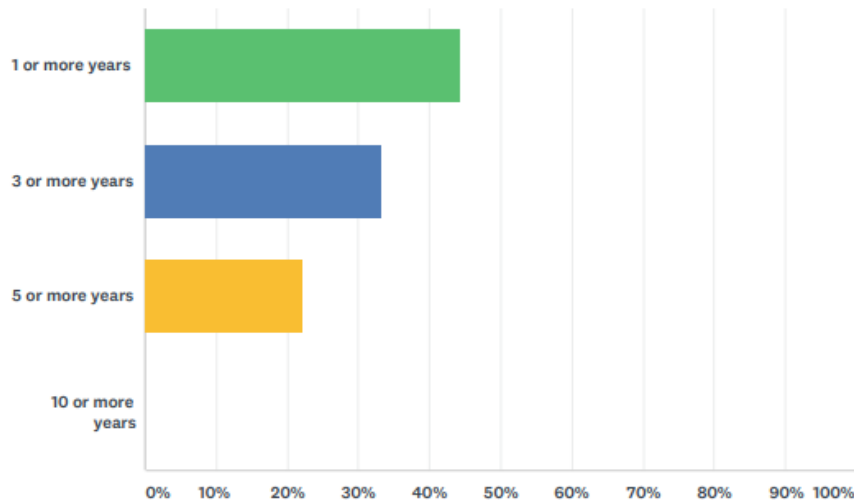

Bar-graph A

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	True	9	90.0	90.0	90.0
	False	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

SPSS for Bar-graph A

During my nursing career, I experienced incivility from a supervisor in the past:

Bar-graph B

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 or more years	4	40.0	44.4	44.4
	3 or more years	3	30.0	33.3	77.8
	5 or more years	2	20.0	22.2	100.0
	Total	9	90.0	100.0	
Missing	System	1	10.0		
Total		10	100.0		

SPSS data for Bar-graphB

I have emotional support at work:
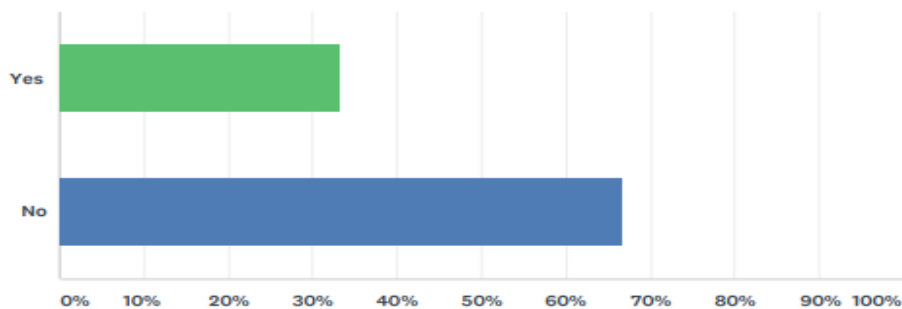
Bar-graph C

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	80.0	80.0	80.0
	No	2	20.0	20.0	100.0
	Total	10	100.0	100.0	

SPSS data for Bar-graph C

During my nursing career, I experienced incivility from a peer in the past:

Answered: 9   Skipped: 1
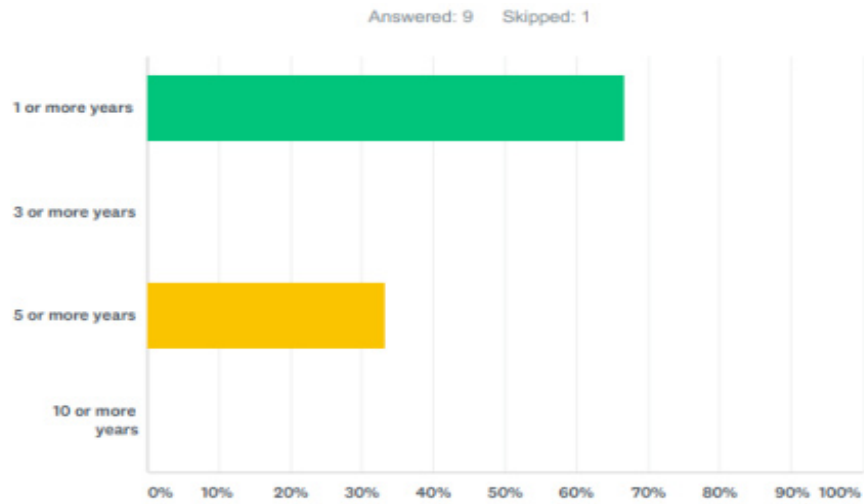
Bar-graph D

		Frequency	Percent	Valid Percent	Percent
Valid	1 or more years	6	60.0	66.7	66.7
	5 or more years	3	30.0	33.3	100.0
	Total	9	90.0	100.0	
Missing	System	1	10.0		
Total		10	100.0		

SPSS data Bar-graph D

The incivility I experienced made me want to leave the nursing profession
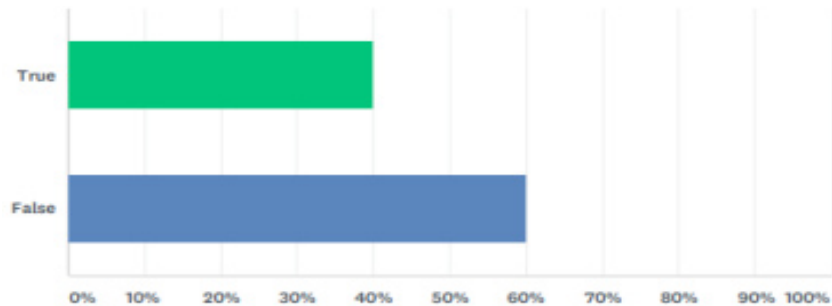
Bar-Graph E

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	30.0	33.3	33.3
	No	6	60.0	66.7	100.0
	Total	9	90.0	100.0	
Missing	System	1	10.0		
Total		10	100.0		

SPSS data for Bar-graph E

Incivility is tolerated due to the perception that incivility is an expected behavior in the nursing profession.
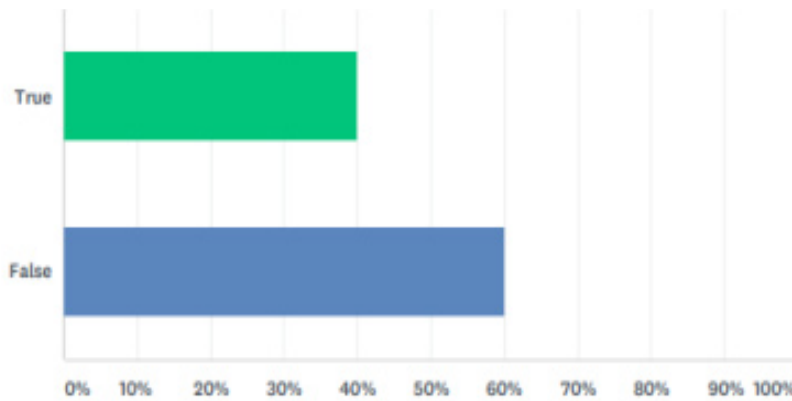
Bar-graph F

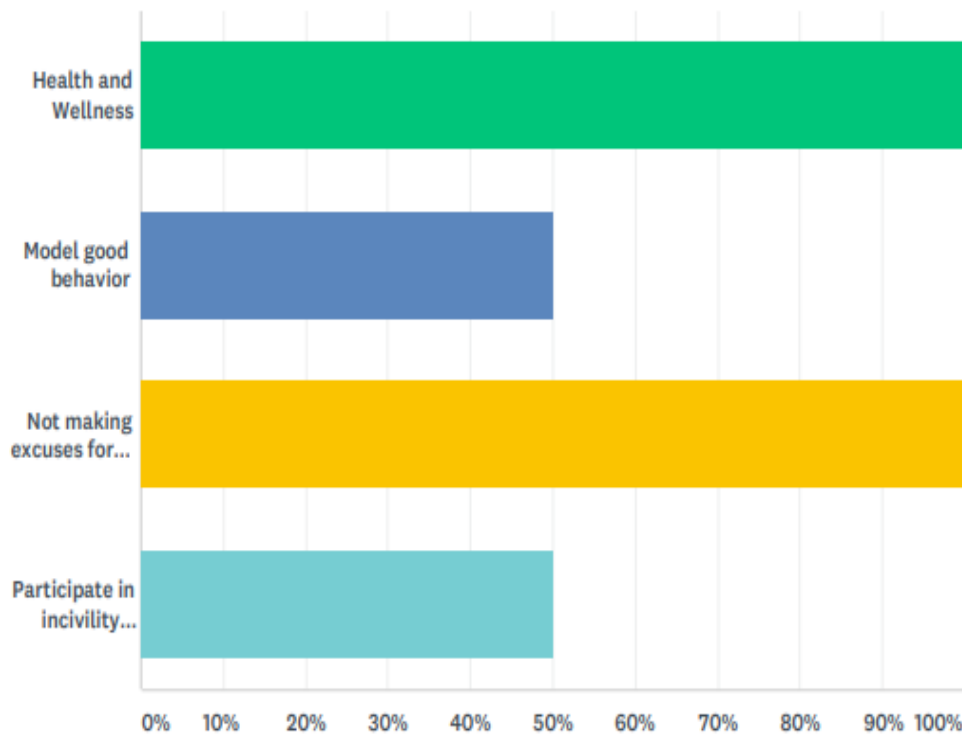|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	True	4	40.0	40.0	40.0
	False	6	60.0	60.0	100.0
	Total	10	100.0	100.0	

SPSS data for Bar-graph F

I utilize the following methods to decrease the risk of incivility. SELECT ALL THAT APPLY:

Bar-graph G

CONCLUSION

This study examined nursing faculty incivility that can take on many different forms of behaviors. Nursing faculty unanimously agree that incivility is real and it does exist in academia. Incivility has been known to result in emotional and psychological harm. According to the research study, nursing faculty are receptive to incivility education and training. Faculty who are better prepared to navigate incivility might have less opportunities for incivility to occur.

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