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Types of Faculty Incivility as Viewed by Students in Bachelor of Science in Nursing Programs

Heidi Kathleen Holtz, Susan M. Rawl, and Claire Draucker

Abstract

BACKGROUND Faculty incivility can negatively affect student learning outcomes and safe clinical performance, yet little is known about the types of faculty incivility experienced by students.

AIM The aim of this qualitative descriptive study was to describe common types of incidents of faculty incivility as reported by students enrolled in traditional bachelor of science in nursing programs.

MEHTOD Qualitative descriptive methods were used to analyze the narratives of 30 students who had experienced incidents of faculty incivility.

RESULTS A typology explicating the different ways students perceive faculty to be uncivil included six categories: *judging or labeling students, impeding student progress, picking on students, putting students on the spot, withholding instruction,* and *forcing students into no-win situations.*

CONCLUSION Nursing faculty and administrators can use the incident typology to guide discussions related to detecting, assessing, and preventing incivility in nursing education.

KEY WORDS Faculty Incivility – Incivility in Nursing Education – Nursing Students

Faculty incivility in nursing education is a prevalent problem associated with a number of negative outcomes for students. Incivility has been defined as "rude or disruptive behaviors which often result in psychological or physiological distress for the people involved that, if left unaddressed, may progress into threatening situations" (Clark, Farnsworth, & Landrum, 2009, p. 7). Faculty incivility encompasses negative and unwanted acts by faculty members and can include behaviors toward students that are rude, belittling, and demeaning (Anthony & Yastik, 2011; Clark & Springer, 2010).

Most research on incivility in nursing education focuses on students' uncivil behaviors toward faculty (Clark, 2008a; Marchiondo, Marchiondo, & Lasiter, 2010). Recent research indicates, however, that faculty incivility toward nursing students is also a common problem (Clarke, Kane, Rajacich, & Lafreniere, 2012; Marchiondo et al., 2010; Mott, 2014). In a study of 674 nursing students, Clarke, Kane et al., (2012) discovered that 88 percent had experienced uncivil faculty behaviors during their nursing program. Another study of 152 nursing students also revealed that 88 percent had reported experiencing at least one incident of uncivil faculty behavior during nursing school (Marchiondo et al., 2010).

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Students who experience faculty incivility in classroom and practice settings report feelings of embarrassment, stupidity, or belittlement (Bjorklund & Rehling, 2010; Clark, 2008b; Lasiter, Marchiondo, & Marchiondo, 2012). Faculty incivility is associated with distraction, failure to concentrate, and poor learning outcomes in students as well as poor communication and collaboration between faculty members and students (Del Prato, 2013; Luparell, 2011; Marchiondo et al., 2010). Faculty incivility can interfere with safe clinical practice, reduce student retention, and cause disillusionment with the profession (Clark, 2008b; Del Prato, 2013; Marchiondo et al., 2010).

Despite the prevalence of faculty incivility and its negative effects on students, few studies have been conducted to identify types of faculty behaviors that students consider to be uncivil. In one descriptive study (Clark & Springer, 2007), 356 nurse faculty and students were surveyed about faculty behaviors they perceived as uncivil. Results indicated that several classroom behaviors were considered to be uncivil: being unprepared for class, refusing to answer questions or allow discussion, canceling class without warning, and punishing the entire class for one student's behavior. Faculty were considered uncivil if they were disrespectful to students, inflexible, or rigid. In another survey of 504 nursing faculty and students, Clark (2008b) found that students perceived faculty who had ineffective teaching styles and methods to be uncivil. This included deviating from the course syllabus, changing assignments, and using subjective grading.

In a survey of 152 nursing students (Lasiter et al., 2012), participants responded to an open-ended question asking about their worst experience of faculty incivility. The experiences they revealed included faculty being uncivil toward them in front of others, making fun of or belittling them, making comments that made them feel stupid or incompetent, and being disrespectful and threatening toward them. In a phenomenological study (Clark, 2008b), seven current and former nursing students indicated that faculty who made demeaning or belittling remarks, treated students unfairly or

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subjectively, or pressured them to conform were uncivil. Altmiller (2012) conducted focus groups with 24 nursing students and found that they believed faculty to be uncivil when they were unprofessional and belittling toward students or treated them unequally. Faculty were also considered uncivil when they failed to create healthy learning environments for students by allowing other students to act negatively. In this study, students described feelings of helplessness and hopelessness because they feared retaliation if they questioned faculty.

No studies have been conducted using in-depth interviews with a robust number of nursing students to obtain detailed descriptions of incidents of faculty incivility personally experienced by students. Such descriptions could yield a better understanding of the range and variety of faculty behaviors that students view as uncivil. Therefore, the aim of this qualitative descriptive study was to describe common types of incidents of faculty incivility as reported by students in traditional (first-degree) bachelor of science in nursing (BSN) programs.

METHOD

A qualitative descriptive approach as described by Sandelowski (2000) guided this study. The goal of this approach is to provide a straightforward description of a phenomenon of interest rather than a highly interpretive or abstract rendering of data. Researchers use analytic techniques that stay "close to the data" (Sandelowski, 2000, p. 334) to provide a detailed summary of participants' experiences in everyday language. Qualitative description studies often use purposive sampling, moderately structured interview procedures, and content analytic techniques. Because the purpose of this study was to identify a variety of common types of faculty incivility as perceived by BSN students, qualitative description was the most appropriate method to meet this aim.

Sample and Setting

BSN students who were members of the National Student Nurses' Association (NSNA) were recruited for this study. Eligible students had experienced faculty incivility personally and were currently enrolled in a traditional BSN program. Students were recruited from the NSNA because the investigator wanted to understand the extent to which incivility occurs nationally. Although the investigators recognize that all students enrolled in nursing programs likely experience faculty incivility, they believe students who are obtaining their first degree in a BSN program may differ from students from other types of nursing programs (e.g., associate degree, second degree, RN to BSN completion) in ways that may substantially influence their experiences of faculty incivility (Korvick, Wisener, Loftis, & Williamson, 2008). Students enrolled in nontraditional programs are often older and have different academic abilities, experiences, and professional goals and thus may experience incivility differently than students obtaining their first academic degree.

Although the sample size in qualitative descriptive studies is not determined a priori, a sampling goal is to obtain enough data to reveal the range of experiences that constitute the target phenomenon (Sandelowski, 2000). Our aim was to identify multiple types of faculty incivility and to provide a robust description of each type. After interviewing 30 participants, our team agreed that data saturation had been reached. Approval was obtained from the Indiana University–Purdue University Indianapolis Institutional Review Board prior to implementation of study procedures.

Recruitment

After permission was obtained from the NSNA advisory board, a study information sheet was sent via email to 4,760 traditional BSN students by the NSNA. The information sheet provided a brief description of the study, eligibility criteria, and the investigator's contact information. The flyer asked potential participants to contact the investigator via email or phone if they were interested in participating. Seventy-seven students responded to the investigator via email or text. The investigator contacted potential participants by email, gave further details about the study, screened for eligibility, and answered their questions. Of the 77 students, 45 were ineligible because they were not currently enrolled in a traditional program. The remaining 32 eligible students agreed to participate and were interviewed.

Interviews were scheduled at a mutually convenient time. During the interviews, it was determined that two participants had witnessed faculty incivility but had not experienced it personally; their narratives were not included in the analysis.

Data Collection Strategy

Participants had the option to complete interviews by telephone or via Skype; all, with one exception, chose to be interviewed by telephone. The principal investigator conducted all the interviews from a private office; interviews lasted an average of 50 minutes (ranged 20 to 60 minutes). Verbal consent was obtained prior to the beginning of each interview; participants were informed that participation was completely voluntary, they were free to withdraw from the study at any time without penalty, and they had the option to refuse to answer any question.

Interviews were guided by a semistructured interview guide where participants were asked to describe a) what faculty incivility meant to them, b) incidents of faculty incivility they had experienced, c) what led up to the incident, d) where the incident occurred, e) how they responded to the incident, f) whether others were involved, g) how the faculty member responded, and h) any consequences that evolved over time.

Data Analysis

The investigator conducted a content analysis as described by Miles and Huberman (1984) to identify types of faculty incivility reported by participants. The research team, which included the investigator and two doctorally prepared nurse faculty, read the transcribed interviews in their entirety to get an overall understanding of the participants' experiences. The investigator highlighted and extracted all data related to experiences of faculty incivility as text units, which are words, paragraphs, or complete stories relevant to the research aim. She then coded each text unit with a phrase that captured its essential meaning. The other members of the research team verified the codes.

The research team had ongoing discussions in team meetings to ensure that the participants' concerns and perceptions were not dismissed due to researcher bias. All members of the team were nurse faculty and thus were cognizant of the possibility that they might interpret data in ways that presented faculty in a more positive light. They thus remained vigilant to avoid imposing their own worldviews on the data.

Through an ongoing iterative process of discussion and consensus, the research team compared and contrasted codes and grouped similar codes to form categories. Six preliminary categories were developed. The investigator wrote memos that described the essential features of each category, and the research team reviewed

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the codes, categories, and memos. Through discussion and consensus, categories were further refined and labeled with a phrase that reflected its essential features. Once categories began to emerge, the investigator asked subsequent participants whether the categories that were emerging were consistent with their experiences. The final analytic product was a typology that represents six different ways in which faculty exhibit incivility toward students from the students' point of view.

RESULTS

Sample

The sample was composed of 28 women and 2 men; 18 participants were Caucasian, 4 were Asian/Pacific Islander, 3 were Hispanic, 3 were African American, 1 was West Indian, and 1 identified as more than one race. The two men were Caucasian. Participants ranged in age from 21 to 49 years, with a mean age of 27 years. They resided in 20 different states. Twenty-nine were in the senior year of their BSN program, and one was in the junior year.

Description of Interviews

Most participants freely offered in-depth accounts of incidents of faculty incivility in response to the interview questions, although a few were more reticent and needed additional probing. Some participants became anxious and/or tearful during the interviews but still provided robust accounts of faculty incivility. A few participants revealed that this was the first time they had shared their stories. Although many participants stated that sharing their stories was gratifying, a few indicated that the interview was painful because they had to "relive" the experience of faculty incivility.

All participants responded to the interviewer's request to share their most memorable experience of faculty incivility, and some discussed one or two additional experiences. Participants described experiences at various points in their nursing program; many described experiences that had happened within their first year of the program, others shared incidents that had occurred shortly before the interview, and others described incidents that were ongoing. Regardless of the timing of the incident, all participants provided explicit details of their experiences. The interview transcripts, therefore, provided sufficiently rich data to develop the typology.

The researcher developed a typology representing six different types of faculty incivility labeled as follows: judging or labeling students, impeding student progress, picking on students, putting students on the spot, withholding instruction, and forcing students into no-win situations. Some participants described more than one type.

Types of Faculty Incivility

JUDGING OR LABELING Eleven participants experienced interactions with a faculty member who made remarks that implied that the participants were incompetent, destined for failure, uncaring, or lazy. A 22-year-old Caucasian woman stated, "[The faculty member] accused [me], while I was seeking help and guidance, of not being a good student, not being hard working, and not caring." Faculty often criticized participants' study habits, clinical performance, or approach to learning, such as stating or implying that students asked too many questions. This type of incivility was marked by the seemingly mean-spirited nature of the faculty member's comments. A 48-year-old Caucasian woman stated, "The first test went out and the average grade was a 70, passing is 75. The teacher responded to these results in the front of the room by saying — You all just suck at studying.'"

In one case, a faculty member disparaged a student for her religious beliefs, stating, "Although I believe in Christ, please do not talk to me about Him in your emails." In a few instances, faculty members labeled participants with pejorative labels such as "learning disabled," "codependent," or "cheater." As a result of being judged or labeled, participants often questioned their abilities as students and as future nurses. Some contemplated dropping out of the nursing program because they felt incompetent, whereas others feared they would fail out of their program.

One 22-year-old Asian/Pacific Islander woman described an incident that happened when her class did poorly on an exam: "After [the faculty member] said that [we were going to fail], I got stressed out. I was wondering if I'm going to pass this. It kind of made me feel like not even about passing the NCLEX [but] more deeply, am I going to be a good nurse? Am I going to be a safe nurse? Can I actually do this?…I'm almost at the end [of the program] and you're saying I'm going to fail.... I'm afraid that I'm not going to be a good nurse."

IMPEDING STUDENT PROGRESS Eight participants experienced interactions with a faculty member who had done something to hinder their advancement in a way they experienced as unfair. Some faculty members gave participants a poor grade or negative clinical evaluation without providing justification, comments, or explanations. A 21-year-old Caucasian woman stated, "I was a little bit confused, I didn't really know what was going on and [the faculty members] sat me down and they told me they were going to give me an unsatisfactory." Without adequate feedback, participants felt they could not improve their performance no matter how hard they tried. A 21-year-old African American woman stated, "The [clinical] evaluation was not thorough, and so I was not able to improve my clinical practice from that evaluation."

In one instance, faculty inexplicably decreased the time students were allowed to complete tests. A 33-year-old man stated, "[Faculty members] decided that they were going to drop [testing time] to 60 minutes per 50-exam questions. Students were telling me they had been A and B students and now they weren't passing."

As a result of having their progress impeded, the participants experienced a sense of helplessness or hopelessness. They were acutely aware that they could fail a course or be dismissed from the program, and they felt there was little they could do to prevent this from happening. They feared that if they raised concerns, their progress could be further impeded by vindictive faculty. A 24-year-old Asian/Pacific Islander woman stated, "I felt like if I approached [the faculty member] on that matter, she would take note of me, and she would also either put down my grade or write a bad clinical evaluation for me in the end." As a result, participants were anxious, fearful, and frustrated.

A 22-year-old Asian/Pacific Islander woman, who had been assigned to care for a child despite the parents' refusal to allow nursing students to care for the child, described the following experience: "Basically, the instructor asked me, 'Oh, did you do assessments?' And I [said], 'No, I wasn't able to because the parent was yelling at me.' And the instructor, instead of barely acknowledging what happened, she [said], 'Oh, so, you didn't do assessments in the end.' And she [said], 'Today, you're not really going to get a satisfactory grade for the day'.... I felt the instructor wouldn't really listen to students. I was very silent, and I guess I was visibly upset because the CAN… [asked me], 'Oh, are you okay?' And I [said], 'Um, I'm fine, just shaken.'"

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PICKING ON STUDENTS Seven participants experienced interactions with a faculty member who seemed to single them out for mistreatment. A 21-year-old Asian/Pacific Islander woman stated, "As the class would go on, it felt like the professor would pick on the same types of people and instead of mixing it up, it seems like she was targeting the same people." This type of incivility was marked by ongoing disparaging remarks that participants felt were unjustified and directed only at them.

These remarks often came when participants struggled with coursework, asked questions, or failed to meet clinical expectations. A 21-year-old Caucasian woman stated, "I had met with her personally about trying to figure out what I was doing wrong within the class and show that I was really trying and she was just accusing me of not trying." Because these participants did not feel others were criticized in the same way, they concluded the faculty member had something against them personally.

As this type of incivility was enduring, participants experienced helplessness, anxiety, and stress. Because they did not witness this sort of treatment toward other students, they often felt alone in their misery. A few participants sought outside counseling to manage their distress. A 47-year-old Hispanic woman described the following experience: "She hit the table with her fist, and she said, 'I don't ever want to see this and I'm going to teach you a painful lesson that you will never forget.' And I didn't really know what that meant, but I felt really intimidated by that remark. And every time I met with her, she always spoke to me in a disrespectful and threatening manner. Because it was affecting my performance in other classes and everything, I started going to counseling."

PUTTING STUDENTS ON THE SPOT Seven participants experienced interactions with a faculty member who criticized them in front of others. A 22-year-old Caucasian woman stated, "In front of the patient [she] stated 'No, that's the wrong answer. That's not the side effect for that.'" This type of incivility was marked by its public nature. A 23-year-old man stated, "I did an IV insertion on the patient and [the faculty member] then proceeded to have a mini post-conference with me still in the room with the patient in the room."

Because the criticism occurred in front of patients, clinical staff, and classmates, the participants felt "attacked" by the faculty member; they did not always disagree with the criticism but wished it had been delivered privately. Participants were also put on the spot when a faculty member questioned them aggressively in front of others, in the classroom or in the clinical setting. A 49-year-old Hispanic woman stated, "She would put you down when she called on you if your answer wasn't 100 percent correct; she would make you feel inferior so that you didn't want to raise your hand." These participants were particularly upset when questioned in front of patients and did not believe this was an effective teaching strategy.

When put on the spot, participants felt flustered and embarrassed. The 49-year-old Hispanic woman described the following experience: "She [the faculty member] berated me in front of the other students and during the clinical, for an hour, in front of other staff members, and in front of patients, and in front of guests who came in, continued to put me down and basically tell me that I was cheating and dishonorable and I can't even think of all the things that she did, so I was literally in tears."

WITHHOLDING INSTRUCTION FROM STUDENTS Seven participants experienced interactions with a faculty member who did not provide the guidance they believed they needed. A 21-year-old Caucasian woman stated, "We [students] would ask our teacher 'What do we really need to focus on?' She would not really give us any answer." In some instances, participants struggled to carry out a procedure that was new to them in the clinical setting, and a faculty member did not "step in" to help them with the procedure. A 22-year-old Asian/Pacific Islander woman stated, "We [students] were asked to do a Situation, Background, Assessment, and Recommendation, and we were never really given guidance or instruction on how to do an SBAR."

In other cases, a faculty member refused to assist participants with a class assignment when they requested help. A 21-year-old Asian/Pacific Islander woman stated, "It was like a power struggle trying to get what we needed to know, especially for deadlines that were due that next 24 hours." Faculty members frequently refused to answer questions, telling participants that they should already know the information or should look it up.

As a result of having instruction withheld, the participants experienced disappointment, frustration, self-doubt, and anger. The 22-year-old Asian/Pacific Islander woman participant described this experience: "So a lot of the students would ask questions and the professor responded back by saying 'Google it.' It feels like, as a professor they're there to teach us or to guide us through nursing school because nursing school is not easy. It just made me feel stupid."

FORCING STUDENTS INTO NO-WIN SITUATIONS Three participants experienced interactions with a faculty member who required them to manage a situation in which they felt they were destined to fail. Some were forced to work with patients who had specifically asked to not have a nursing student. The 24-year-old Asian/Pacific Islander woman stated, "I was assigned to a patient whose parents didn't want students at all and the instructor still told me to go into the room." One participant was forced to work with a nurse who was known to be explosive. This 48-year-old Caucasian woman stated, "So [the faculty] clearly knew this was a problem…yet [the faculty] didn't do anything."

One participant felt she was put in an impossible situation because she was asked to "call a code" on a patient after becoming emotionally distraught. The 22-year-old Caucasian woman stated, "I was standing outside the patient's room crying because I was scared and my faculty came up to me and said, 'What are you doing? That's your patient. Get in there.'" After insisting participants handle these difficult situations, the faculty members often failed to provide the support or supervision that would help them cope with and manage the situation. The nursing student who was asked to "call the code" describes the following experience: "So I was sitting there just watching everything happen in the room and my professor, you know, asked me. She comes over and she asked, 'Why are you crying?' I answered, 'I'm just really scared and I feel bad.' And so she just was in no way trying to comfort me and was almost mad at me and I think she feels like the code was my fault."

DISCUSSION

Thirty traditional BSN students described a variety of types of incidents in which they believed a faculty member had been uncivil toward them. Although the incidents ranged from those that were seemingly mild (e.g., shaving 10 minutes off a timed test) to severe (e.g., denigrating a student's character), all the incidents involved faculty behaviors that were perceived as disrespectful, unfair, incompetent, or unprofessional. The students associated these behaviors with emotional distress, poor learning outcomes, and, in some cases, bitterness toward the nursing profession.

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The findings of this study support and extend the findings of prior qualitative studies that explored faculty incivility. For example, our finding that students particularly resented being put on the spot was consistent with Altmiller's (2012) finding that nursing students were particularly sensitive to being scolded in the presence of peers, staff nurses, and patients, as well as Lasiter and colleagues' (2012) finding that being criticized in front of others was problematic.

Several of the uncivil behaviors identified by Clark and colleagues (Clark, 2008b; Clarke, Kane, et al., 2012) would fit well into this study's typology. These behaviors include making demeaning and belittling remarks (judging or labeling students), treating students unfairly or subjectively (picking on students), pressuring students to conform, using poor teaching methods (withholding instruction), changing course requirements without notice (impeding student progress), and teaching styles that challenge students to adjust (impeding student progress).

Our study's findings expand existing knowledge of faculty incivility by providing in-depth descriptions of types of faculty incivility as well providing real-world examples of how these behaviors occur in classroom and clinical settings. A few of the types of uncivil behaviors identified have yet to be discussed in detail in the literature. For example, few studies discussed the experience of students being put in no-win situations or being specifically targeted for maltreatment.

This study also advances prior work in this area by identifying specific student reactions that were associated with specific types of incivility. Being judged or labeled, for example, was particularly likely to cause students to question their abilities as nurses, whereas being picked on was particularly likely to cause students to feel helpless, with little they could do to stop the mistreatment. This typology suggests that the nuances of different types of incivility need to be further explored. Not all actions seem to influence students in the same way.

Limitations

The findings should be interpreted in the context of the limitations of this study. One substantial limitation is that findings are derived from students' perspectives only; faculty or administrators' narratives were not obtained. Because faculty incivility is an interactional process and because it is natural for persons to present their "side" of these interactions in a positive light, student contributions to the incivility might have been minimized in certain instances.

The sample included only two men; therefore, any gender differences in perceptions of faculty incivility could not be explored. Finally, the sample was comprosed of only traditional BSN students who were members of the NSNA. Because the focus of this organization is providing educational resources, leadership opportunities, and career guidance to its members, the sample might have included students with particularly high expectations of faculty performance and increased sensitivity to the rights of nursing students. Participants therefore might have considered incidents to be uncivil that other students might have overlooked.

The sampling strategy also eliminated students who left nursing school as a result of faculty incivility. Thus, the most egregious types of faculty incivility (e.g., sexual harassment, racial bias) might not be included.

Future Directions

To further explore the scope and nuances of faculty incivility, a study is needed that explores incidents of faculty incivility from the perspectives of students, faculty, and administrators, optimally describing the same incident from each of their perspectives. Ethnographic studies that include observation of faculty and student interactions would be needed to fully explore the interactional nature of faculty incivility. Studies that explore types of faculty incivility in populations other than BSN programs could be conducted to compare and contrast incidents of incivility across program types and among different groups of students.

Implications for Nursing Education

Faculty members may choose to use the typology presented here to increase awareness of their own behaviors and to consider how these behaviors may affect student learning. For example, the typology could be used in faculty development programs as a springboard for discussion about times faculty members may have been seen as uncivil by students, without being aware that this was the case, or about instances in which they witnessed faculty incivility by colleagues. By discussing the six types of faculty incivility, faculty could become more aware of both egregious types of incivility as well as types that are more subtle, but nonetheless problematic, for students.

The typology could also provide a framework by which alternative forms of behavior that would be more palatable to students, but that nonetheless promote learning objectives, could be identified. Faculty might engage in discussions, for example, about how to best to provide feedback to students without using judgmental labels or how to encourage students to embrace challenging learning situations without feeling they are forced into a "no-win" situation.

The study results also have implications for administrators of nursing education programs. The findings suggest that nursing programs need to have established procedures by which students can report faculty incivility without fear of retaliation. In addition, faculty must be held accountable for behaviors that interfere with student learning, and students should receive support if their learning has been impeded by uncivil faculty behaviors.

The results also suggest that students might benefit from resources that help them manage aversive interactions with faculty and examine their own behaviors, if any, that may contribute to such interactions. Many of the incidents described by the participants would likely be perceived differently by faculty. Opportunities for safe student and faculty dialogue could help both groups consider alternative ways of managing such challenging learning situations.

CONCLUSION

The typology developed for this study suggests that faculty incivility as viewed by students occurs in a variety of ways, each of which is associated with particular types of student responses. The findings of this study expand our knowledge of faculty incivility and its impact on students in traditional BSN programs. Understanding common types of faculty incivility can help faculty reflect on their own practices, and the typology can serve as a springboard for discussions about ways to recognize, rectify, and address faculty incivility.

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