Do Uncivil Nursing Students Become Uncivil Nurses?
A National Survey of Faculty

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Abstract

BACKGROUND Faculty frequently express anecdotal concerns that poorly behaving nursing students will go on to behave poorly as licensed nurses. Unfortunately, no empirical evidence exists to support or refute these concerns.
AIM The purpose of this study was to determine what knowledge faculty have of poorly behaving nursing students who also behaved poorly in subsequent practice.
METHOD A cross-sectional, descriptive design using online survey methods was used to gather data from a national sample of nurse educators.
RESULTS Approximately 37 percent of respondents reported having personal knowledge of a former poorly behaving student who went on to display poor behavior as a licensed provider; 71 percent reported that at least one student had graduated in the previous year whom they thought should not have graduated based on unprofessional behaviors.
CONCLUSION Study findings provide troubling evidence that at least some poorly behaving students continue to demonstrate unprofessional behavior as licensed nurses.

KEY WORDS Disruptive Behavior – Incivility – Nursing Students – Uncivil Behavior – Unprofessional Behavior

Discussions of misbehaving nursing students began in earnest in 2001, when results from a seminal national survey of nursing program directors ($n = 409$) revealed an alarming prevalence of student incivility. In particular, approximately half of the faculty respondents reported faculty being yelled at by students in the classroom, approximately 40 percent reported faculty being yelled at by a student in the clinical setting, and one in four reported faculty being on the receiving end of uninvited, inappropriate physical contact by students (Lashley & deMeneses, 2001). Researchers have subsequently explored the nature and prevalence of nursing student incivility (e.g., Aul, 2017; Clark & Springer, 2007; Clark, Werth, & Ahten, 2012; Wagner, 2014) and how faculty are impacted by student incivility (e.g., Luparell, 2011; Sprunk, LaSala, & Wilson, 2014; Williamson, 2011).

In both formal explorations and informal conversations among faculty, a common concern expressed is that students who behave inappropriately with faculty may later behave inappropriately with patients or health care team members in postlicensure practice. This possibility is of particular concern given the growing body of evidence linking poor behavior by health care team members to a variety of negative outcomes, including decreased job satisfaction (e.g., Brewer, Kovner, Obeidat, & Budin, 2013; Yanchus, Periard, & Osatuke, 2017) and decreased patient safety (e.g., Dang, Bae, Karlowicz, & Kim, 2016; Institute for Safe Medication Practices, 2013: Laschinger, 2014; Rosenstein & O'Daniel, 2008).

The medical profession has demonstrated a link between poor behavior in licensed physicians and their prelicensure behavior in a series of landmark studies. In multiple large, retrospective cohort studies, practicing physicians who had been formally disciplined for unprofessional behavior were significantly more likely to have documented occurrences of poor behavior during medical school or in residency (Papadakis, Arnold, Blank, Holmboe, & Lipner, 2008; Papadakis et al., 2005). However, no literature could be identified that either validates or refutes a link between prelicensure and postlicensure behavior in nursing.

By virtue of the role, nurse educators have close ties with health care agencies and are therefore often in a position to monitor what happens with students after they graduate. For example, many nurse educators maintain part-time clinical positions in the same organizations that hire graduates from the nursing programs in which they teach. Other faculty have developed close working relationships with staff and managers while supervising student clinical experiences. Leveraging these ongoing relationships with clinical agencies, the purpose of this study was to answer the following research question: What knowledge do faculty have regarding poorly behaving or uncivil students who go on to become poorly behaving or uncivil licensed nurses?

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METHOD

This was a cross-sectional, descriptive design using online survey methods. Approval for the study was obtained from the investigational review board at Montana State University.

Sample

A database of faculty email addresses was constructed for this study. At the time of the study, the National League for Nursing (NLN) had 1,209 member programs in the United States. One third of the NLN schools in each of the 50 states and the District of Columbia were randomly selected using computer-generated numbers. Faculty directories of these schools were then accessed via the selected programs' websites, and all available faculty email addresses were downloaded. If no faculty directory could be located, the program was removed from the list, and the next school on the randomized list from that state was added. In states with fewer than five NLN member programs, we attempted to include all; 17 states were represented by 1 to 5 programs, 18 states by 6 to 10 programs, 8 states by 11 to 15 programs, and 8 states by 16 to 32 programs. Ultimately, the faculty database consisted of 9,634 faculty from 453 schools representing all 50 states and the District of Columbia.

Instrumentation and Data Collection

Survey items were constructed by the researchers and were based on the literature as well as extensive anecdotal evidence. Faculty colleagues of the researchers, who were not eligible to participate in the study, provided initial feedback on face validity and general readability; the survey was amended appropriately based on that feedback. The survey was distributed in mid-April, when most programs would have just come or would be coming to the end of an academic term, and responses were accepted through mid-May.

For the purpose of this study, faculty were informed that the terms *uncivil, unprofessional*, or *inappropriate* were used to describe rude or disrespectful behavior toward faculty, students, or agency staff that would be considered outside the norms of appropriate interpersonal interaction. Faculty were asked: "Are you aware of any former students who exhibited uncivil or unprofessional behavior who are now practicing as nurses and exhibiting uncivil or unprofessional behavior?" They were also offered the opportunity to provide free-text comments and examples. Faculty also were asked how they became aware of the current behavior in practice (e.g., from a trusted colleague, personally witnessed bad behavior while working, feedback from agency staff or manager). A large number of additional survey items explored faculty attitudes and beliefs about student incivility, the faculty role in addressing it, and perceived support for addressing it. These data were reported elsewhere (Frisbee & Luparell, 2017).

Finally, in order to get a sense of the numbers of students successfully completing nursing programs about whom faculty had behavioral concerns, faculty were asked to approximate how many students would likely graduate from their program in the present academic term whom they did not think should graduate because of inappropriate behavior. The question was repeated to determine approximations for the academic year, as well as during their entire academic career, inclusive of all programs where they had taught.

FINDINGS

Surveys were distributed electronically by email to 9,634 faculty, and 2,031 responded, yielding a response rate of 21 percent. Of these, 113 did not meet the inclusion criteria and 49 did not complete any of the survey items. Ultimately, data from 1,869 faculty were included for final analysis, though not all respondents completed all items on the lengthy survey.

Sample Demographics

Faculty respondents were mostly Caucasian (87.6 percent) women (94.7 percent) between the ages of 51 and 60 years (47.5 percent) who were prepared at the master's level (64.7 percent). The majority were teaching in university (44 percent) or community college (34.3 percent) settings, and most (71.5 percent) reported teaching in public programs with at least a 0.8 full-time equivalent (71.2 percent). (See table with detailed demographic information in Supplemental Digital Content 1, available at http://links.lww.com/NEP/A138.)

Faculty Knowledge of Continued Poor Behavior Following Graduation

Just over one in three faculty respondents (n = 688, 36.8 percent) indicated that they were personally aware of a former uncivil or unprofessional student who went on to practice as an uncivil or unprofessional nurse. They became aware of the poor postlicensure behavior from having personally witnessed it while working alongside the former student in an agency setting (51.4 percent) or from having been told about the person's troublesome behavior from a trusted colleague (63.2 percent) or from another former student (33.6 percent). Approximately 15 percent (n = 104) cited additional means by which they became aware; of these, multiple faculty noted that they found out about particularly egregious postlicensure behavior from local news stories or from State Board of Nursing publications. (See Table 1.)

Respondents who identified an uncivil student whom they perceived also to have behavioral problems in postlicensure practice were provided an opportunity to expand upon their perceptions in an open-ended comment section; 505 faculty chose to do so. Many reported that students who had a pattern of tardiness in school often continued a pattern of tardiness or absenteeism on the job. Additional comments suggest that postgraduation behavioral issues consisted of poor interpersonal skills (e.g., horizontal violence, bullying), job hopping and termination, substandard practice, or even criminal behavior. (See Table 2 for representative examples of pre- and postlicensure behavior and state of respondent; a more complete list is provided as Supplemental Digital Content, available at http://links.lww.com/NEP/A139.)

Numbers of Students Perceived to Have Graduated Inappropriately

About two thirds (64.7 percent) of the respondents anticipated that at least one student would be graduating at the end of the current academic term who should not be graduating because of inappropriate behavior. A full 71 percent (n = 1,197) reported that at least one student had graduated from his or her program in the previous calendar year (2013) whom they thought should not have graduated based on poor or unprofessional behavior demonstrated as a student. Moreover, over half (54.7 percent, n = 922) reported that two or more students had graduated who should not have because of behavioral concerns (see Table 2).

Faculty were also asked to estimate how many students they had seen graduate during their entire teaching career whom they did not think should have graduated because of uncivil or unprofessional behavior. Only 160 (9.8 percent) of 1,626 faculty responding to this item reported that they had seen no students graduate inappropriately; approximately one quarter (26.7 percent) said they had seen 10 or more students graduate in appropriately. One respondent estimated that he or she had seen 300 students about whom there

Table 1: Faculty Responses

Responses	n	%
Are you aware of any former students who exhibited uncivil or unprofessional behavior who are now practicing as nurses and exhibiting uncivil or unprofessional behavior? (*n* = 1,869)		
Yes	688	36.8
No	1,181	63.2
How did you become aware that a former uncivil or unprofessional student exhibited similar behaviors as a practicing nurse? (*n* = 673) (Respondents could choose multiple responses)		
I witnessed the current practice behavior personally	346	51.4
A trusted colleague or agency staff shared the information with me	425	63.2
Another former student shared the information with me	226	33.6
Other	104	15.5
In the present academic term, approximately how many students will likely graduate from your program whom you think should NOT have graduated because they exhibited uncivil or unprofessional behavior? (*n* = 1677)		
0	591	35.2
1	383	22.8
2–3	451	26.9
4 or more	252	15.0
In 2013, approximately how many students graduated from your program whom you think should NOT have graduated because they exhibited uncivil or unprofessional behavior? (*n* = 1,684)		
0	487	28.9
1	275	16.3
2	394	23.4
3	206	12.2
4–9	251	14.9
10 or more	71	4.2

(Continues)

Table 1: Faculty Responses, Continued

Responses	n	%
During your entire teaching career at all programs, approximately how many students have graduated whom you think should NOT have graduated because they exhibited uncivil or unprofessional behavior? (*n* = 1,626)		
0	160	9.8
1–3	366	22.5
4–6	436	26.8
7–9	230	14.1
10 or more	434	26.7

were behavioral concerns graduate over a 30-year teaching career (see Table 2). No relationship was identified among faculty gender, faculty age, ethnicity, academic rank, full- versus part-time employment, highest level of education, program type, program size, type of school, and faculty perceptions that students would be graduating inappropriately in the current term.

Additional Qualitative Responses

A large number (*n* = 737) took the opportunity to provide general commentary about uncivil or unprofessional students graduating from nursing programs. Many validated concerns regarding the likelihood that poor behavior would continue after licensure:

- "If a student is unprofessional while in school, how will they be able to act professionally as a nurse? These behaviors are directly related to a person's personality."
- "…if you have to cheat your way through nursing school, then what kind of nurse are you going to be? Are you going to be the type that lies on your documentation, etc.?"

Others noted the challenges faced by faculty in attempting to address uncivil students. As one respondent noted, "It is very difficult to quantify [and] qualify behaviors that can lead to a student not graduating. The documentation needs to be totally objective and non-biased. The behavior has to be observed and documented by more than one faculty member. How many instances do you allow and what is the recourse?" There was a perception noted by some that assessment of student behavior tended to be subjective and variable. Faculty explained:

- "[U]nprofessional students are often manipulative and/or are perceived to be individuals who may be litigious. They often take up large amounts of the faculty's time. For these reasons, and more, faculty often pass them rather than face the real or perceived consequences. Also, to give a student a failing grade is a time-consuming task, requiring systematic documentation over a period of time and multiple meetings with a variety of people. Often faculty avoid this. Often faculty are not skilled at doing this type of interpersonal interaction. Uncivil

Table 2: Representative Examples of Pre- and Postlicensure Behavior With State

Poor interpersonal skills and inability to hold a job

- "Graduates who were difficult in the program — disrespectful to faculty, didn't get along with other students — are now working locally and I hear staff nurses complaining about things they say and do." (NM)

- "…a former student who has a history of absenteeism and rebelling against authority has been jumping from one job to the next (four positions in two years)." (NY)

- "Chronically late student with hostile attitude has been observed on the clinical unit reporting to work late, with a hostile attitude." (KS)

- "…I am aware of one student who routinely openly criticized faculty in demeaning ways who, following graduation, had an explosive encounter with human resources representatives that culminated in her being escorted from the premises by security." (State not provided)

- "A few students have been rude in class. As nurses, they are rude to their colleagues. Also, there are students who are vocal and like to "stir the pot," stirring up all types of negativity. In practice, they are the nurses who are creating hostile work environments and participating in rumor spreading." (CT)

- "Student [with] significant behavioral issues toward several faculty members (i.e., verbally aggressive, disrespectful) now seems to be experiencing problems in the workplace (i.e., consistently being passed over for transfers to higher level care units due to reported concerns of aggressive verbal behavior toward patients & peers)." (AZ)

- "As the wife of a patient in ICU, I overheard loud and inappropriate comments being made by a nurse who I recognized as a former student. As a student, this individual was disrespectful, had poor attendance, unprofessional dress, but earned high grades." (PA)

- "She was many times unprofessional in the classroom. I took her aside and told her if her behaviors continued she would have a very hard time keeping a job as a nurse. Last count she has been in 5 jobs in 3 years and all due to uncivil or unprofessional behaviors." (GA)

Formal Board of Nursing sanctions or potentially substandard practice

- "One example — very disruptive student in the second or third year out in practice posted on social media negative description of a patient and family. She lost job, disciplined by State Board of Nursing." (NV)

- "Student who repeatedly demonstrated a total lack of care for their patients during the nursing program (too many incidents to relate) but faculty were not supported by administration to fail him. He has, as a nurse, already been found negligent regarding a patient death." (IL)

- "We had one student whom we met with several times thourghout her ASN education. We put her on contracts detailing how she needed to act and she would follow the contracts in order to get through a course. She failed out of our program one time but had the opportunity to come back and did. She graduated, passed boards after a couple of attempts. Two years after graduation she was in the local news (on TV) because of some things she had done at a local hospital. I was not surprised!!!!" (GA)

- "Student cheated on paper and later lost nursing license for diverting narcotics from the Pyxis." (ME)

Potentially criminal behavior

- "I remember one student in particular who there was always a question about her integrity but was 'never caught' while in school. Approximately, a year after she graduated from our program she was let go of from her first job secondary to unprofessional behavior. Specifically, she falsified records and also never completed required orientation modules on own. Instead she used someone elses identity and reported that she had successfully completed the modules." (WY)

- "One very intelligent male student challenged instructors as a student, and after graduation worked on a telemetry unit. I personally witnessed him sleeping on the job when a family member was hospitalized on that unit, and learned later that he was dismissed for fondling a female patient." (IL)

- "A student who was uncivil was later arrested for insurance fraud." (MD)

or unprofessional practicing nurses often meet the same response in the clinical setting: peers and administrators avoid the unpleasant task of confronting them."

- "Problematic students are usually easy to spot but difficult to deal with. You want to flunk them on attitude, but that is very difficult. They require hours of attention and remediation, as well as hours of consultation amongst the faculty and dean…. These students will exhaust you."
- "Uncivil behavior is common and does not usually constitute grounds for denying graduation. We would be up to our necks in lawsuits if we did. And they would win, because being a nice person is not listed as a graduation requirement."

DISCUSSION

To the best of our knowledge, this is the first study that attempts to validate that some uncivil or unprofessional nursing students do indeed go on to become uncivil or unprofessional licensed nurses. In our study, approximately one third of the respondents reported having personal knowledge of a poorly behaving student who subsequently exhibited poor behavior as a licensed nurse, seemingly validating the anecdotal concerns frequently expressed by faculty. Such findings are concerning for several reasons. First, disruptive behavior and incivility are legitimate patient safety concerns, having been linked to medication errors and various negative patient outcomes, including injury and death (Dang et al., 2016; Institute for Safe Medication Practices, 2013; Rosenstein & O'Daniel, 2008). Moreover, incivility among the health care team has also been associated with turnover among new nurses (Brewer et al., 2013), decreased job satisfaction (Read & Laschinger, 2013), and lost revenue associated with adverse event costs, diminished nurse productivity, and staff replacement costs (Hutton & Gates, 2008; Rosenstein, 2011).

We found the numbers reported by faculty in this study to be especially troubling. For example, extrapolating on the finding that 922 respondents reported that at least two students graduated in the previous calendar year whom they did not think should have, it is possible that at least 1,844 poorly behaving students entered the workforce in a single year. Of course, whether or not any or all of these specific students did actually continue their poor behavior into licensed practice is not known. However, given that lateral violence in nursing is already well documented, nurse educators have a responsibility to explore their role as gatekeepers of the profession. Unfortunately, the findings from this study add to a growing body of research (e.g., Docherty & Dieckmann, 2015; Elliott, 2016; Larocque & Luhanga, 2013) providing evidence that nursing programs may be deficient in administering failing grades when student performance falls below expectations.

Uncivil student behavior has been linked to perceived stress (Clark, 2017). It is possible that students who behave poorly may be responding to high levels of stress experienced in nursing programs. Nurse educators have a responsibility to assess the climate of their programs and to initiate process improvements to reduce unnecessary student stressors when able. However, the health care setting itself is also unyieldingly stressful, and questions arise regarding an inherent lack of ability in some individuals to respond appropriately to stress. If poorly behaving students are indeed manifesting stress, without additional development of coping and stress management skills, it is unlikely that these individuals' responses to stress in the clinical setting would be improved.

The students referenced in this study all successfully met the academic requirements to graduate from their nursing programs. However, it is possible that programs are failing to admit students with the maturity and emotional skill set required in nursing. Many programs rely heavily on grade point average in their admission criteria. In addition to academic abilities, programs should develop means by which to assess the overall qualifications of applicants, such as ability to manage stress, specific interpersonal skills, and skill at conflict resolution.

Qualitative comments from respondents provide troubling insights about the challenges experienced by faculty in attempting to address problematic behavior. As one survey respondent noted, "Theory or content grades and clinical skills do not necessarily reflect unprofessional behavior." The American Association of Critical-Care Nurses (2016) suggests in its Healthy Workplace Standards that communication skills are as important as clinical skills, and it has been argued that nursing programs should therefore place more emphasis on evaluating these skills (Luparell, 2011). However, much clarification is needed about the degree to which so-called *soft skills*, such as attitude, interpersonal communication, and civil comportment, should factor into admission criteria or subsequent evaluation of overall student performance.

Recommendations for Future Research

Much work is needed to further our understanding of how student behavior in prelicensure programs is linked to postlicensure behavior. However, given the severe implications of uncivil and disruptive behavior on patient and nurse outcomes, studies are needed to determine what, if any, factors predict bad behavior in both prelicensure and postlicensure settings and how to align these factors with admission criteria into nursing programs. Additional work is needed to develop interventions that successfully remediate poor behavior. Exploration of policy approaches that best support faculty in managing inappropriate student behavior would also prove useful.

Limitations

Extreme caution should be used when interpreting the results of this study. The findings represent faculty *perceptions* of poorly behaving students, and no specific definitions of uncivil behavior were provided. Even though some definitional guidelines were provided, individual perceptions about what qualifies as rude or disrespectful behavior may vary. It is possible that some faculty respond negatively to, for example, aspects of students' appearance (e.g., presence of tattoos) or specific variations in behavior that do not match with individual faculty values. Nonetheless, it is also reasonable to expect that the faculty respondents, as seasoned nurses, would generally be able to identify students whose actions and demeanor are not consistent with the norms of the profession.

In addition, although the 21 percent response rate is considered within the norm for electronic surveys (Fluid Surveys University, 2014), perceptions of roughly 8 out of 10 faculty members are missing, and there may be significant nonresponder bias. Since all faculty at a single program were eligible to participate, it is also possible that multiple faculty recounted stories and perceptions about the same student or students. Also, the faculty database was constructed by the researchers from readily available faculty directories accessed via program websites. We perceived that faculty emails were not as available from practical nurse programs or from proprietary programs. Thus, it is possible that faculty from specific types of programs were underrepresented in the database. Lastly, the database consisted of only NLN-affiliated programs, which may further contribute to sampling bias.

CONCLUSION

Because of the negative ramifications uncivil and disruptive behavior may exert on patients and staff, it is imperative that this topic be considered seriously. Much work is needed to further our understanding of how student behavior in prelicensure programs is linked to postlicensure behavior. However, findings from this study suggest that such a link may exist.

REFERENCES

American Association of Critical-Care Nurses. (2016). *AACN Standards for establishing and sustaining healthy work environments: A journey to excellence* (2nd ed.). Aliso Viejo, CA: Author.

Aul, K. (2017). Who's uncivil to who? Perceptions of incivility in pre-licensure nursing programs. *Nurse Education in Practice*, *27*, 36-44. doi:10.1016/j.nepr.2017.08.016

Brewer, C. S., Kovner, C. T., Obeidat, R. F., & Budin, W. C. (2013). Positive work environments of early-career registered nurses and the correlation with physician verbal abuse. *Nursing Outlook*, *61*(6), 408-416. doi:10.1016/j.outlook.2013.01.004

Clark, C. M. (2017). *Creating and sustaining civility in nursing education* (2nd ed.). Indianapolis, IN: Sigma Theta Tau International.

Clark, C. M., & Springer, P. J. (2007). Incivility in nursing education: A descriptive study of definitions and prevalence. *Journal of Nursing Education*, *46*(1), 7-14.

Clark, C. M., Werth, L., & Ahten, S. (2012). Cyber-bullying and incivility in the online learning environment, Part 1: Addressing faculty and student perceptions. *Nurse Educator*, *37*(4), 150-156. doi:10.1097/NNE.0b013e31825a87e5

Dang, D., Bae, S. H., Karlowicz, K. A., & Kim, M. T. (2016). Do clinician disruptive behaviors make an unsafe environment for patients? *Journal of Nursing Care Quality*, *31*(2), 115-123. doi:10.1097/ncq.0000000000000150

Docherty, A., & Dieckmann, N. (2015). Is there evidence of failing to fail in our schools of nursing? *Nursing Education Perspectives*, *36*(4), 226-231. doi:10.5480/14-1485

Elliott, C. (2016). Identifying and managing underperformance in nursing students. *British Journal of Nursing*, *25*(5), 250-255. doi:10.12968/bjon.2016.25.5.250

Fluid Surveys University. (2014, October 14). *Response rate statistics for online surveys: What numbers should you be aiming for?*. Retrieved from http://fluidsurveys.com/university/response-rate-statistics-online-surveys-aiming/

Frisbee, K. & Luparell, S. (2017, March). *Today's nursing student as tomorrow's nurse: The role of academia in shaping healthy work environments*. Podium presentation at STTI Creating Healthy Work Environments Conference, Indianapolis, IN.

Hutton, S., & Gates, D. (2008). Workplace incivility and productivity losses among direct care staff. *AAOHN Journal*, *56*(4), 168.

Institute for Safe Medication Practices. (2013). Unresolved disrespectful behavior in healthcare: Practitioners speak up (again), Part 1. *ISMP Safety Alert Newsletter/Nurse Advise-ERR*, *11*(10), 1-4.

Larocque, S., & Luhanga, F. L. (2013). Exploring the issue of failure to fail in a nursing program. *International Journal of Nursing Education Scholarship*, *10*, 1-8. doi:10.1515/ijnes-2012-0037

Laschinger, H. K. (2014). Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. *Journal of Nursing Administration*, *44*(5), 284-290. doi:10.1097/NNA.0000000000000068

Lashley, F. R., & de Meneses, M. (2001). Student civility in nursing programs: A national survey. *Journal of Professional Nursing*, *17*(2), 81-86. doi:10.1053/jpnu.2001.22271

Luparell, S. (2011). Incivility in nursing: The connection between academia and clinical settings. *Critical Care Nurse*, *31*(2), 92-95. doi:10.4037/ccn2011171

Papadakis, M. A., Arnold, G. K., Blank, L. L., Holmboe, E. S., & Lipner, R. S. (2008). Performance during internal medicine residency training and subsequent disciplinary action by state licensing boards. *Annals of Internal Medicine*, *148*(11), 869.

Papadakis, M. A., Teherani, A., Banach, M. A., Knettler, T. R., Rattner, S. L., Stern, D. T., … Hodgson, C. S. (2005). Disciplinary action by medical boards and prior behavior in medical school. *New England Journal of Medicine*, *353*(25), 2673-2682.

Read, E., & Laschinger, H. K. (2013). Correlates of new graduate nurses' experiences of workplace mistreatment. *Journal of Nursing Administration*, *43*(4), 221-228. doi:10.1097/NNA.0b013e3182895a90

Rosenstein, A. H. (2011). The quality and economic impact of disruptive behaviors on clinical outcomes of patient care. *American Journal of Medical Quality*, *26*(5), 372-379. doi:10.1177/1062860611400592

Rosenstein, A. H., & O'Daniel, M. (2008). A survey of the impact of disruptive behaviors and communication defects on patient safety. *Joint Commission Journal on Quality and Patient Safety*, *34*(8), 464-471.

Sprunk, E. A., LaSala, K. B., & Wilson, V. L. (2014). Student incivility: Nursing faculty lived experience. *Journal of Nursing Education and Practice*, *4*(9), 1-12.

Wagner, R. S. (2014). *A comparative study of undergraduate upperclassmen students' perceptions of student and faculty incivility in three academic disciplines: Nursing, education, and business*. (3641944 Ed.D.), Liberty University. Retrieved from ProQuest Dissertations & Theses Global database.

Williamson, M. M. (2011). *Nurse educators' lived experiences with student incivility*. (3478640 Ed.D.), University of Alabama. Retrieved from Retrieved from ProQuest Dissertations & Theses Global database.

Yanchus, N. J., Periard, D., & Osatuke, K. (2017). Further examination of predictors of turnover intention among mental health professionals. *Journal of Psychiatric and Mental Health Nursing*, *24*(1), 41-56. doi:10.1111/jpm.12354

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