



Incivility experiences in clinical practicum education among nursing students[☆]

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ABSTRACT

Background: Nursing students' incivility experiences not only cause stress and burnout but also have other negative effects on general clinical training, hindering their learning or even affecting their career decisions.

Objectives: This study aimed to comprehensively and thoroughly examine the specific phenomena and implications of incivility experienced by nursing students during clinical practicum.

Design: Based on the hermeneutical philosophy, this study utilizes an exploratory and qualitative design to describe the incivility experiences among nursing students undertaking clinical practicum.

Setting: This study was conducted at Y nursing college located in W city of South Korea.

Participants: The participants were nursing students attending nursing colleges who were able to describe, in detail, their incivility experiences in clinical practice. These 32 senior-year students completed an entire course of clinical practice.

Methods: Data were collected through focus group interviews from September to November 2017. The focus group comprised 6 subgroups, with four to seven individuals each. For data analysis, the research manager compared the transcriptions with the recordings to confirm their accuracy. Qualitative content analysis methods were used to analyze the transcription contents.

Results: Based on the data analysis, 5 themes and 12 subheadings were derived from 131 significant statements. The derived themes included lack of respect, lack of role models, excessive demands, hostile behavior, and mean behavior.

Conclusions: Nursing students felt neglected and disrespected during clinical practicum, and clinical practice guides made unreasonable demands rather than presenting examples as role models during the learning process. The students also experienced mean behaviors such as refusal and hostile acts. The findings of this study imply the necessity to promote clinical practicum environments that can reduce incivility experiences and empower nursing students undertaking clinical practicum education.

1. Necessity of the Study

As health and medical treatment care and social environments are changing, nurses are expected to play various roles; accordingly, the importance of clinical practice in nursing education is being emphasized more than ever. Likewise, nursing educators put considerable effort into improving students' clinical competence. Clinical practicum is conducted in environments where constant changes and challenges are required, and dynamic interactions with various types of occupations, both professional and nonprofessional, exist (Lancaster et al., 2015). It mostly relies on practical nurse role learning; hence, relations among clinical preceptors, including nurses, health and medical

treatment staff, patients, and guardians, are of great importance. In such clinical settings, however, nursing students experience insolent behaviors, such as disregard, indifference, scolding, impolite speech, and offensive or sluggardly looks, from medical staff, clinical training staff, or patients. Such experiences not only cause stress and burnout but also have other negative effects on general clinical training, hindering students' learning or even affecting their career decisions (Anthony and Yastik, 2011; Babenko-Mould and Laschinger, 2014). Therefore, incivility experiences among nursing students in clinical practice are increasingly drawing much attention.

Incivility is a low-level deviation that violates social norms. Although whether the offender has any intent of harming the object is

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vague, such acts evidently show lack of consideration or respect for others (Holtz et al., 2018). An act of incivility involves ineffective communication in a situation that lacks respect or consideration for the other. It may begin with a speech, look, or behavior that might initially mean nothing, but as the two offensively react toward each other, the act of incivility may advance into verbal or physical violence. In terms of social interaction, incivility starts with a thoughtless deed or word that is recognized by the other person, and that person replies with a more offensive and impolite act that becomes the tipping point and may be followed by violence (Holtz et al., 2018; Lachman, 2015).

In clinical practicum, nursing students often experience incivility, viewing it as an unavoidable phenomenon (Ziefle, 2018). While being subjected to incivility, students feel stressed and helpless because there seems to be nothing they can do about it (Anthony and Yastik, 2011). Incivility also causes emotional exhaustion, burnout (Babenko-Mould and Laschinger, 2014), and physical and psychological pain (Clark and Springer, 2007) as well as dissatisfaction with the clinical practicum experience (Kim et al., 2017). In addition, nursing students' incivility experiences in a nursing education setting negatively affect their self-esteem and self-efficacy. Such experiences hinder development of their character and identity as a professional (Holtz et al., 2018). Hyun et al. (2018) examined incivility experiences in clinical practicum among graduates and suggested that the causative factors included lack of a sense of responsibility for clinical education among instructors, related role models, and respect toward nursing students among instructors and preceptors. As nursing students experience incivility during clinical practicum, they learn from undesirable role models and develop negative images of nurses and the nursing profession. Furthermore, such incivility experiences hinder their development of nursing competency. Therefore, incivility should never be ignored in clinical practicum settings.

Nonetheless, incivility among nursing students has been examined in Korea by three research studies to date (Hong et al., 2016; Hyun et al., 2018; Kim et al., 2017), and one methodological study measured the validity and reliability of the Korean version of the incivility measuring tool (Jo and Oh, 2016). All the measuring tools used in the abovementioned studies to analyze nursing students' incivility were developed in foreign countries and thus may not be applicable to the culture and circumstances in Korea. Because impolite behaviors are dynamically practiced during interactions among individuals, such acts need to be considered as important factors influencing nursing practice education. As aforementioned, however, little research has been done on nursing students in Korea.

It is necessary, therefore, to understand and analyze the specific phenomena and implications of incivility that nursing students experience by utilizing exploratory and qualitative methods focusing on the inherent meaning and understanding of human behavior. Particularly, it is essential to systematically analyze how nursing students experience, feel about, and respond to incivility during clinical practicum.

2. Research Objective

The objective of this study was to explore and describe, comprehensively and thoroughly, the characteristics of incivility that nursing students experience during clinical practicum.

3. Study Method

3.1. Research Design

Based on the hermeneutical philosophy by Gadamer et al. (2004), this study utilized an exploratory and qualitative design to describe incivility experiences among nursing students undertaking clinical practicum programs.

3.2. Research Participants

The participants were nursing students attending a nursing college in A city, South Korea, who were able to describe, in detail, their incivility experiences in clinical practice. These 32 senior-year students completed the entire course of clinical practice at local community centers (schools, industrial workplaces, public health institutes, and other facilities) including medical centers (hospitals). The students understood the objective and methods of this study and agreed to participate voluntarily. Among the 32 nursing students, 4 (12.5%) were males and 28 (87.5%) were females. They were aged between 21 and 25 years, with an average age of 22.3 years (standard deviation: 1.07).

3.3. Data Collection

3.3.1. Development of Interview Questions

Open questions were developed based on the materials related to the research subject and were used to comprehensively represent characteristics of incivility that students experience in clinical practice settings. The first question was “What do you think the word ‘incivility’ means?” and the main question was “How would you describe the incivility that you experienced in clinical practicum?”; “What incivility have you experienced from the medical staff (physicians, nurses, etc.)?”; “What incivility have you experienced from patients or their guardians?”; “What incivility have you experienced from the health and medical treatment staff at a local health care institute or facility?”; and “What incivility have you experienced from service users and their families at a local health care institute or facility?” The participants were encouraged to speak and focus on the topic in a relaxed atmosphere. When it was necessary to elaborate, exploratory questions were used, such as “Would you please explain a bit more?” and “Would you please give some examples?”

3.3.2. Collection of Data

From September to November 2017, data were collected via focus group interviews. Data collection was conducted by the research manager with qualitative research competence and expertise in in-depth interviews and counseling. Research assistants observed and documented nursing students' nonverbal reactions, attitudes, facial expressions, etc. The focus group comprised 6 subgroups, each including 4–7 individuals. Each interview was conducted for about 60 min in a comfortable and quiet room, without disturbances.

All the interviews were recorded, and the research assistants took notes of the major points, nursing students' nonverbal clues such as facial expressions during the interview, interview situations, and researchers' perceptions. Within 1 week after the interviews, the recordings were transcribed, and the aspects that were uncertain or needed more explanation were reconfirmed and supplemented by the interviewees. Each piece of interview data was given a unique number and arranged in files, and personal information was removed to protect the nursing students' privacy.

3.4. Data Analysis

For data analysis, the research manager compared the transcriptions with the recordings to ensure accuracy. The transcription contents were analyzed according to the framework proposed by Krippendorff (2003) and Graneheim and Lundman (2004).

In the first step of data analysis, the transcriptions were repeatedly read to find experiences that seemed evidently related to incivility (body of text). In the second step, similar significant statements (sentences, phrases, clauses, words, etc.) were selected (meaning units). In the third step, significant statements were classified into categories and summarized (condensed meaning units). Finally, in the fourth step, the summarized contents were conceptualized to themes and subheadings (code units). Based on the data analysis, 5 themes and 12 subheadings

were derived from 131 significant statements.

3.5. Research Trustworthiness

To ensure this study's trustworthiness, the following standards suggested by Lincoln and Guba (1985) were applied: credibility, dependability, transferability and confirmability. To assure the credibility of research findings, the contents under each analyzed theme regarding nursing students' experiences were compared with their feedback. To establish dependability, a session of mutual inspection and discussion among the research manager and two professors with experience in qualitative research was conducted, and they agreed upon a conclusion. For transferability, details of the research process were stated. Finally, an audit trail was conducted on raw materials and the exploratory process to ensure confirmability.

3.6. Ethical Considerations

This research passed the review of the research ethics committee of the institute, to which the researchers belong (Approval No. CR317060). Prior to the focus group interviews, every student was provided detailed explanations of the entire process, including the research objective and methods and how research results would be used. Thereafter, the nursing students completed the written agreement of voluntary participation. The research manager explained that they could withdraw anytime during the interviews and that even if they did not participate or quit halfway, their performance evaluation or school record would never be affected. It was further explained that in order to protect their private information and maintain confidentiality.

4. Research Findings

The participants' incivility experiences during clinical practice mostly occurred at hospitals and rarely at mental health institutions, elderly facilities, local health centers, and industrial workplaces. From 131 significant statements, 5 themes and 12 subheadings were derived (Table 1). Each theme included 1–3 subheadings and 6–59 statements.

Table 1
Themes and subheadings of incivility experiences among nursing students.

Theme	Subheading	Contents
1) Lack of respect	Disregard	<ul style="list-style-type: none"> • Disregarding students' active attitudes toward clinical practice (nurses and physicians) • Neglecting regulations on student practice (practice time, lunch break, etc.) (nurses) • Neglecting students' knowledge (nurses and physicians)
	Indifference Inappropriate language	<ul style="list-style-type: none"> • Indifference to students' health conditions (nurses) • Inappropriate ways of calling students (nurses and patients) • Insolent speech to students (nurses, patients, and industrial workers) • Private questions and approaches to students (patients, physicians, health center visitors)
2) Lack of role models	Insufficiency of guidance	<ul style="list-style-type: none"> • Inappropriate feedback on student assignments (nurses and clinical practice preceptors) or passive attitudes toward education (community-health nurses and physicians)
	Lack of guidance Scolding	<ul style="list-style-type: none"> • Lack of feedback or practical guidance on student assignments (nurses and clinical practice preceptors) • Criticism of students' unskilled nursing acts or inappropriate behaviors without advance education or explanation (nurses and clinical practice preceptors) • Scolding due to differences in methods of practical guidance among wards or nurses (nurses and clinical practice preceptors) • Scolding in a public space (nurses and clinical practice preceptors)
3) Excessive demands	Excessive practice work Extra work beyond the scope of practical training	<ul style="list-style-type: none"> • Excessive demand for duties such as vital sign and urine output measurement (nurses) • Demand for chores beyond the scope of practical training (nurses, mental facilities, and health centers)
4) Hostile behavior	Rejection	<ul style="list-style-type: none"> • Rejection of requests for practical guidance (students' inquiries, accompanying staff for observation, and assessment reports) (nurses) • Rejection of students' nursing service (patients)
	Gossiping Aggressive speech and attitudes	<ul style="list-style-type: none"> • Gossiping about students (nurses) • Gossiping about other clinical preceptors (clinical practice preceptors) • Bursting into a rage (nurses, clinical practice preceptors, and guardians) • Raising voice in anger, speaking or acting with aggressive looks (nurses, especially the older ones in facilities)
5) Mean behavior	Laying blame upon students	<ul style="list-style-type: none"> • Laying errors in patients' biometric measurement on students (nurses) • Laying errors in the examination of patient conditions on students (nurses)

The derived themes included (1) lack of respect, (2) lack of role models, (3) excessive demands, (4) hostile behavior, and (5) mean behavior.

4.1. Lack of Respect

Nursing students felt neglected by nurses or physicians during clinical practicum. As an example of incivility experiences from nurses, the students were reprimanded for failing to know much about patients despite the fact that they have understood and were able to explain about the patients' conditions to a certain degree. When students stated that more than an hour has passed from the time the practice hours were supposed to end or it was lunch break, nurses would scold the students, emphasizing the busy schedule at the ward. Moreover, nurses often neglected students' greetings as if they did not even hear it. Their indifference toward the students' physical needs made students feel ignored. As an example of incivility experience from physicians, students felt that physicians were sarcastic about students' enthusiastic attitudes and ignored their observation and knowledge. Nursing students also felt disrespected when the patients called them inappropriately or talked down to them during clinical practicum. Nurses often call out students with "Hey," and patients called the female students "Miss." Students felt disappointed when the nurses spoke rudely while commanding them right from the moment they met each other for the first time.

"The clinical nurse often said 'Hey, you! Get out of my way. Do you even not know how to do this?' Then at that moment, I felt humiliated."

"It was quite often that clinical nurses talked down to us right from the very first moment of meeting each other. They would just say 'Hey, you student! Come here and do this' or 'Hey, you! Come over here and do that.' Throughout the training, clinical nurses would be somewhat rude to us."

4.2. Lack of Role Models

Nursing students experienced passive irresponsible attitudes toward

education, such as lack of feedback or practical guidance, inappropriate feedback on assignments, and scolding, among clinical educators including nurses, clinical preceptors, and physicians. Students were not provided any feedback on their assignments by nurses and clinical preceptors or any practical lessons. In case of a feedback, the students felt that they were compared with students from other schools or that their efforts were underestimated. Nurses or clinical preceptors often did not explain much during the education session or about the situation; therefore, the nursing students were still unfamiliar with the nursing practice, but they were often scolded due to their poor skills. As nursing methods or procedures often differed depending on the nurses or sick wards, nursing students were scolded every time for their unskillful acts, sometimes even in front of all other medical staff or students in nursing rooms, sick wards, or examination rooms. Furthermore, the physicians did not explain much about the surgeries or examinations to the nursing students.

“We were given an assignment by the department head so we did it and submitted it on the very first day. At first, we were embarrassed because we received feedback not immediately but on the very last day. We were not given a chance to show how we applied the feedback and made improvements.”

“Clinical nurses or preceptors were not active in bringing us along or training us, so all we could do was just chase them silently. I felt as if we were neglected. All we could do was just observe what was happening. Clinical nurses did not teach us much. It was as if they just put us out to the pasture and ignored us. They did not care much about our education. They just disregarded us.”

“The way of treating practicing students was different among clinical nurses. One preceptor let me do a task, viewing it as appropriate, but another preceptor did not allow me to do the same. In such an embarrassing situation, one preceptor scolded me saying ‘Why are you doing this? I didn’t ask you to do it. You should have asked me first.’”

4.3. Excessive Demands

Nurses would give nursing students tasks such as vital sign monitoring and urine output measurement, and the nursing students were often asked to do more than the designated scope of practice, including chores.

“At the intensive care unit, where I practiced in my senior year, there were many high-severity patients. When there were practicing nursing students, they were asked to check vital signs and urine output. Students were there to learn and practice, but they were treated like workers without pay. They were expected to work even with no explanations right from the very first day.”

“During the senior year, I thought that there would be things I should learn according to the purpose of the nursing practice, but all we had to do was mere odd jobs or chores (e.g., arranging medicines, carrying seats, taking broken things to and from the repair room). Students even had to handle tasks entrusted to nurse aides. It seemed as if students were supposed to be there for such labor.”

4.4. Hostile Behavior

Nursing students experienced refusals to their inquiries among nurses, asking to accompany nurses to observe them work and explain their views or opinions. Even some patients rejected their nursing services. Nursing students also heard nurses talking behind their backs or clinical preceptors gossiping about other preceptors. Sometimes, nurses or clinical preceptors vented their anger, raised their voice in anger, and spoke or acted with aggressive looks. Due to lack of understanding on the nursing student’s practicum program, some guardians burst with

rage at students.

“In my junior year, I knew that I could not learn things based only on what I observed from afar, so I followed nurses administering medicines. They treated me as if I was invisible. Even some said ‘I feel uncomfortable. Can you go to another nurse?’”

“Early in my senior year, I was practicing in a general ward. One preceptor asked me to explain what I learned, and I did not understand some aspects so I answered that I was not sure about them. The preceptor replied ‘Are you saying that you just don’t know?’ So I said ‘I will study more.’ I felt uncomfortable at that moment so I laughed a bit, just a bit. However, the preceptor said ‘Is this situation ridiculous to you?’ So I was really embarrassed.”

4.5. Mean Behavior

When there were errors in the measurement of patients’ vital signs and urine output or when patients were transferred to the wrong place, the nurses sometimes blamed the nursing students.

“At the ICU, students would be asked to check the amount of urine every time. No explanation was given to us about it though. We also had to assess the patient, and sometimes we missed the time of checking the urine while listening to the preceptor’s explanation. One day, the preceptor blamed us, saying ‘This is supposed to be done by now. What have you been doing?’ We were not at the ward since we were out for lunch. The clamp was released, and she gave me a suspicious look. I said ‘It was not me who checked the urine.’ However, she replied ‘Then tell me who did that.’ The thought that students warrant suspicion distressed me.”

“Students would measure vital signs and urine output and record them in the EMR (electronic medical records). The person measuring the amount of urine was supposed to open the clamp and fasten it after measurement in principle. We knew it and followed that rule all the time, but they sometimes asked me suspiciously ‘Why did you leave this open? Now, how can you check the amount of urine?’ Even if we said that we fastened and double-checked it, they just blamed me.”

5. Discussion

This study aimed to explore the incivility experiences during clinical practicum among the nursing students at hospitals and local communities and to examine the necessity of considering incivility perceived by students in the context of nursing education. Based on these study findings, 5 themes were derived (lack of respect, lack of role models, excessive demands, hostile behavior, mean behavior).

Nursing students viewed such incivility during clinical practice as an act of disregard or disrespect. As they experienced such incivility from nurses, physicians, and patients, nursing students felt that their knowledge and designated practice time were ignored and that inappropriate ways of calling and insolent speech were disrespectful. The results of this study correspond to the findings of [Hyun et al. \(2018\)](#). [Hoel et al. \(2007\)](#) also asserted that such feelings of disrespect and disregard are common among nursing students in clinical practice. Particularly, neglecting regulations on practice time and lunch breaks not only was a form of neglecting students but also needs to be considered from an ethical perspective.

With respect to guidance on clinical practice, nursing students recognized that learning from nurses and clinical preceptors as role models was insufficient. Nurses and clinical preceptors directly affect students as role models and should practice teaching as exemplary educators. Nonetheless, they failed to provide feedback on students’ assignments, compared students with others from another school, and scolded them publicly for unskillful or improper acts without advance education or explanation on the situations, which are assumed to be quite inappropriate. Furthermore, the students may face certain

problems because nursing methods or procedures might differ among the nurses or wards. In such cases, the related aspects of the clinical practicum education system of the medical center need to be considered rather than merely scolding students. If clinical practicum guides fail to perform their roles for students who intend to receive clinical training, students experience stress (Hyoungh et al., 2014), and feedback or explanations of preceptors affect students' self-efficacy and self-esteem (Clark and Springer, 2007). Preceptors' roles are of great importance because their ways of treating students respectfully improve students' self-respect and directly affect their learning performance or competence (Ahn and Choi, 2015). Therefore, everyone involved in clinical practicum, including nurses, clinical practice guides, and physicians, should properly play their expected professional roles and help students learn from them as role models.

Nurses would assign nursing students tasks such as vital sign monitoring and urine output measurement, and often nursing students were asked to do more than the designated scope of practice, including chores. They thought that measuring vital signs and urine was an essential part in students' learning of clinical nursing skills and understanding patients' status. However, requiring students to measure several patients' vital signs or to do chores merely to reduce the workload of nurses is against the standard for clinical practicum education, and such behaviors need to be corrected. In addition, nursing students experienced nurses' refusal to provide practical training, gossiping, venting their anger, raising their voice in anger, and speaking or acting with aggressive looks. Nursing students experience verbal violence from nurses or patients during clinical practice; hence, they are likely to become stressed (Holtz et al., 2018; Kim et al., 2011), and such acts of incivility such as verbal violence in an organization may result from ineffective ways of communication (McNamara, 2012). In fact, nurses are exposed to verbal or nonverbal incivility acts at work, making them defenseless (Kim et al., 2013), and they lack negotiation skills to cope with rude behaviors such as self-assertion (Lachman, 2015). During the practicum program, students may imitate such incivility, as reflected in their verbal or nonverbal acts. It is necessary, therefore, to strengthen the education or training programs to teach communication skills to nurses and clinical preceptors involved in clinical practicum.

In addition, the nursing students experienced refusal from patients when trying to present their assessment reviews to or interview patients. This result corresponds to the findings of Anthony and Yastik (2011). This is one of the most difficult challenges to handle. Understanding the patients' medical diagnoses, present conditions, medicines, and nursing needs is extremely important for the students. They are required to know what to observe, ask questions, and find the answers. Accordingly, practice and training in accordance with the standardized protocols are essential in their clinical practicum. If such aspects were disregarded, errors would easily occur. Nursing students were often unjustly accused when nurses made errors in measuring vital signs or urine output. This type of incivility seems to be due to the fact that students are in a relatively inferior position as learners in the field of clinical practicum.

Acts of incivility may be neglected or depreciated because they might aim to guide students during clinical practicum education with no intention of harming others. During clinical practicum, however, students experience many cases of incivility, resulting in stress, feelings of helplessness (Anthony and Yastik, 2011; Ziefle, 2018), physical and psychological pain (Clark et al., 2012), and emotional burnout or exhaustion (Babenko-Mould and Laschinger, 2014; Hong et al., 2016). As a result, their self-esteem or self-efficacy decreases, and development of their character or identity as a professional is negatively affected (Lasiter et al., 2012; Marchiondo et al., 2010). Therefore, incivility is one of the major concepts to be examined in the context of nursing education. From the students' perspective, acts of incivility are viewed as something they must bear to complete a practical training course (Curtis et al., 2007) and as a prerequisite to become a nurse (Anthony and Yastik, 2011).

In conclusion, clinical practicum education is a process of acquiring roles as a nursing professional that is directly related to the quality of nursing service in the future. Hence, educational and clinical efforts need to be made to address the problem of incivility that students experience. It is expected that this study's findings can be utilized as a useful basis for finding solutions to students' incivility experiences.

6. Conclusions

This is an exploratory and qualitative study that examined the nursing students' incivility experiences during clinical practicum education at hospitals or local community centers. Most nursing students experienced acts of incivility from nurses, preceptors, physicians, patients, and guardians involved in clinical practice. Nursing students felt that during clinical practice, they were neglected and disrespected and lacked learning from clinical practice guides as role models who rather made excessive demands. Students also experienced mean behaviors such as refusal and hostile acts. Based on the abovementioned findings, this study suggests developing tools to objectively measure the incivility experiences among nursing students in clinical practicum settings and to examine the variables related to incivility. It is expected that this study's findings can be utilized as a basis for the promotion of healthy clinical practicum environments and educational systems that can help reduce incivility experiences and empower nursing students undertaking clinical practicum education at nursing institutions. Furthermore, these findings can help nursing students refrain from acting impolitely when they become nurses in the future.

Conflict of Interest

The authors have no conflict of interest to declare.

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