

Review

Incivility in nursing education: A systematic literature review

Ni Gusti Ayu Eka^{a,*}, Derek Chambers^{b,c}^a Faculty of Nursing Universitas Pelita Harapan, Indonesia^b A Former Associate Professor at The University of Nottingham, UK^c Freelance consultant, UK

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ABSTRACT

Incivility has been investigated worldwide in various settings including non-health and health care settings. However, it has become a growing concern in higher education including nurse education. This is particularly disconcerting since it is concerned with developing a caring profession. This systematic literature review aims to describe perceptions of students and members of faculty regarding incivility in nursing education. It identifies and discusses gaps in the literature and the need for future studies. This review was part of a doctoral thesis to which more recent studies have been added. A systematic literature review was conducted using the following steps: identification of a research question, data searching, data selection and data analysis. The approach was conducted to provide clear systematic steps and accommodate varied methods. Four themes emerged from the analysis including: (i) perceived instances of incivility; (ii) factors related to incivility; (iii) the impact of incivility, and (iv) strategies for promoting civility in nursing education. The study also identifies the need for randomised-intervention studies that investigate the phenomena.

1. Introduction

Despite the claims that incivility is a growing issue in various settings (Bartlett et al., 2008; Schilpzand and Erez, 2014; Wright and Lilian, 2015), the definitions of incivility are very broad and open for interpretation particularly in higher education. Incivility has been defined as rude speech or behaviour, impoliteness, bad manners and inappropriateness (Berger, 2000; Ferriss, 2002). Incivility is influenced by social and cultural contexts (Connelly, 2009; Eka and Chambers, 2017; Moffat, 2001). This also means that incivility can be perceived differently based on social groups, social relations and settings (Alexander-Snow, 2004; Eka and Chambers, 2017; Holm, 2014). For example, people in the United States of America (USA) could perceive incivility differently to people from Asia. However, variations of interpretations may also occur within dominant ethnic and cultural groups as well as minority ethnic and cultural groups within the same country. In addition the meaning of incivility will evolve over time due to changing social and cultural norms.

Within the classroom setting, incivility can embrace behaviour that many academics and students may not find disruptive, such as acting disinterested, ‘playing around’ (Rowland and Srisukho, 2009), not taking notes in a lecture and dominating discussions (Rowland and Srisukho, 2009). Hence ‘What one faculty member may experience as

problematic in a classroom may not bother another’ (Bjorklund and Rehling, 2010, p.17). Conversely, civility, within nursing education, is identified as having “Respect for one another and honoring differences. Listening and seeking common ground. Engaging in social discourse and appreciating its relevance” (Clark and Carnosso, 2008, p.12).

The lack of consensus on what constitutes incivility has led to authors proposing a number of terms such as: uncivil behaviour, disruptive behaviour, vertical violence, horizontal violence and bullying (Clark, 2008a; Hunt and Marini, 2012; Lashley and de Meneses, 2001; Randle, 2003). To clarify the issue, Clark (2013) proposed a continuum to describe incivility by providing a range of behaviours ranging from disruptive to threatening behaviour. Disruptive behaviour including non-verbal behaviour, such as ‘eye-rolling and sarcastic comments’. At the other end of the continuum threatening behaviour includes acts of ‘physical violence and tragedy’ (Clark, 2013, p. 14). Clark’s continuum offers a valuable clarification and recognizes bullying as part of the incivility continuum (Clark, 2011). However, it does not include academic misconduct, such as plagiarism and cheating in examinations, which are also considered as uncivil behaviour within higher education (Osinski, 2003). Some authors (Gallo, 2012; Kolanko et al., 2006) further argue that incivility includes, but is not limited to, impolite behaviour, acts of superiority, academic dishonesty, and violent behaviour.

* Corresponding author.

E-mail addresses: gusti.eka@uph.edu (N.G.A. Eka), derekchambers922@gmail.com (D. Chambers).

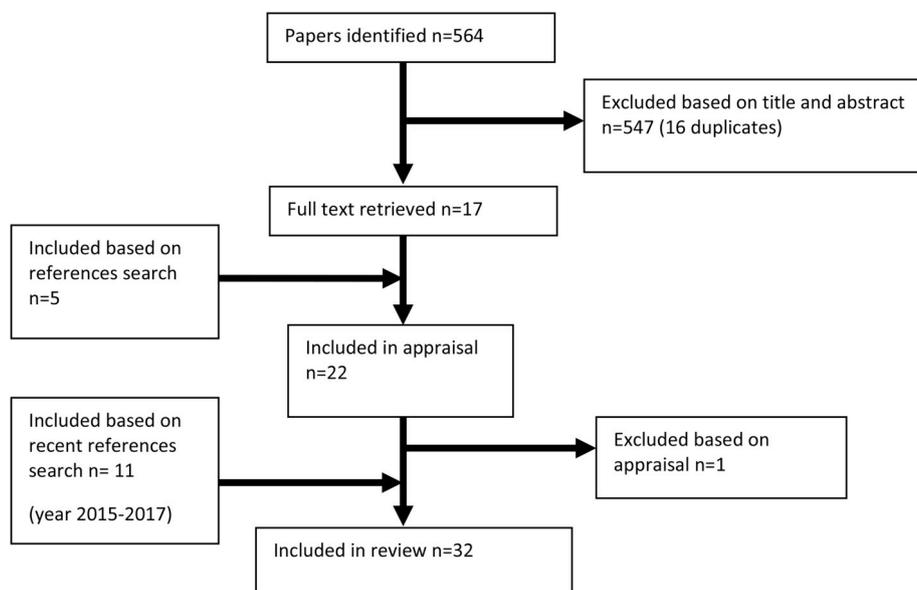


Fig. 1. Description of the search strategy.

This confusion was, in part, an impetus for this review. Another major factor was a concern that although there was a growing number of studies that had investigated incivility in schools of nursing within Western cultures, there was a paucity of studies exploring incivility in nursing education in Asian countries. It was also felt that because of cultural differences, the findings of the studies conducted in the West were not transferable to the Indonesian context.

2. The need for a systematic literature review of incivility in nursing education

Previous studies claim that a comprehensive review of incivility is needed for several reasons including: (i) to provide: a strong theoretical framework for the study of incivility, (ii) develop strategies to address the negative impact that incivility can have on organisations and the individual, and (iii) to develop meaningful research on the topic (Bartlett et al., 2008; Schilpzand and Erez, 2014). One option would be to undertake a meta-analysis, but as Schilpzand and Erez (2014) identify the problem of using this approach is that previous studies have applied a variety of methods and differ in time frame and in the type of incivility.

Hence a literature review, that is systematic, transparent and accommodates broad literature is needed in order to examine academic incivility, especially within nursing education (Eka et al., 2016; Eka and Chambers, 2017; Gallo, 2012). To this end, Aveyard and Sharp (2014) propose a simplified approach that provides clear systematic steps and can accommodate varied methods.

The purpose of this review was to illustrate how current literature has described incivility in nursing education.

3. Methodology

A systematic literature review using a simplified approach (Aveyard and Sharp, 2014) was conducted using the following steps: firstly, a suitable research question was identified. The second step involved a process of searching for appropriate literature using relevant search terms. The third step, involved critiquing the literature using a critical appraisal tool. The fourth step was a thematic analysis of the literature.

3.1. The research question

The research question developed for the study was: “How do

students and faculty staff perceive incivility in nursing education?”

3.2. Accessing the literature

Five databases were explored these were: CINAHL (Cumulative Index to Nursing and Allied Health Literature), Web of Knowledge (ISI), PsycINFO (Ovid), Medline (Proquest) and ASSIA (Applied Social Sciences Index and Abstracts). The search was refined to include English-language articles and full texts. In order to achieve a comprehensive and meaningful study no date restrictions were applied on the publication date.

Keywords/terms used in the search strategy included: incivility, civil, uncivil, uncivil behaviour, civil behaviour, civility, violent behaviour, bullying, lateral violence, horizontal violence, oppressive, and nursing education. The reason for using such varied terms was because the lack of a definition described above meant that previous authors have used a number of terms to describe incivility.

3.3. Inclusion criteria

The inclusion criteria included the following.

1. Participants and locations

Studies that included nurse education faculty and student nurses that were conducted in the classroom, clinical laboratory and clinical practice.

2. Victims and perpetrators of incivility

Studies that investigated incivility towards students and acts of incivility by students.

3. Methodologies

Studies that employed quantitative, qualitative and or mixed methods were included. Quantitative studies included all types of quantitative design such as descriptive, survey and cross-sectional study. The qualitative design included all types of qualitative design such as descriptive qualitative and phenomenology.

A previous search (Eka and Chambers, 2017), had identified 21 studies that met the inclusion criteria. A further search identified an

additional 11 recent studies that had investigated incivility from Asian-Pacific and Middle Eastern perspectives.

Fig. 1 provides a linear description of the search strategy.

3.4. Critical appraisal

A total of 32 studies were appraised and formed the body of the review. The Crowe Critical Appraisal Tool/CCAT (Crowe, 2013; Crowe Critical Appraisal Tool/CCAT, 2013) was used to critically appraise the studies. The results of the appraisal ranged between 30 and 40 points (75%). Some of the studies had relatively small sample sizes, but they were included in the review because they provided new insights into the nature of incivility in nursing education. For example, a small study (25 senior students) by Woith et al. (2012) provided new perspectives regarding academic integrity that was recognised as part of civility culture in nursing education.

All studies contained findings from qualitative, quantitative and mixed method investigations of incivility in nursing education, either from educators or students' perspective, or a mixture of both. More than half of the studies used incivility/civility as their concepts (18 of 32 studies). Most of the studies recruited students as the participants (15 of 32 studies), eight of them were academic staff/clinical/nurse leaders and nine studies were both (academic staff and students). More than half of the studies were located in the USA (18 of 32 studies). A brief description of the studies can be seen in Table 1.

3.5. Analysis

Thematic analysis was conducted (Braun and Clarke, 2006). Data familiarization was first applied by reading and re-reading the chosen articles and noting down early ideas/perceptions. Coding was then applied to identify its contribution to a theme. The initial themes were reviewed and refined until the final themes were decided. Despite variance in the quality of the research articles, as identified in the critical appraisal and the location of the studies, similar themes were noted (Table 2). Table 2 lists the studies that reported or discussed each theme.

4. Results

The four themes that emerged from the analysis were (i) perceived instances of incivility, (ii) factors related to instances of incivility, (iii) the impact of incivility, and (iv) promoting civility in nursing education.

4.1. Perceived instances of incivility

Perceptions of instances of incivility ranged from not being a problem to being a serious problem (Clark, 2008a; Clark et al., 2010; Eka et al., 2016). Perceptions of uncivil behaviour of students' included being late to lectures/sessions, taking part in unrelated/disruptive conversations, being unprepared for learning, leaving the class sessions early and 'skipping' class sessions (Clark, 2008a; Clark et al., 2010; Eka et al., 2016; Natarajan et al., 2017). For faculty uncivil behaviour included ineffective teaching methods, being late for class sessions, unscheduled changes to the syllabus, being inflexible, rigid and autocratic as well as ignoring disruptive behaviour (Clark, 2008a; Clark et al., 2010; Eka et al., 2016; Muliira et al., 2017).

The most frequent incidence of uncivil students' behaviour, which was cited by both faculty and students were: being unprepared for class sessions, sleeping in class and displaying bored and apathetic attitudes (Clark, 2008a; Clark et al., 2010; Eka et al., 2016; Natarajan et al., 2017). Both respondent groups also reported instances of threatening behaviour by students, such as disrespecting and challenging the credibility of faculty (Clark, 2008a; Clark et al., 2010; Eka et al., 2016; Muliira et al., 2017). Interestingly, instances of incivility occurred less

in the skills laboratory than in the classroom and clinical settings (Eka and Chambers, 2017).

Faculty were slightly different to students when considering student behaviours uncivil. Significant differences between student and faculty perceptions of students' uncivil behaviour were found in the following areas: acting apathetic or bored, making disapproving groans and sleeping in class with p value < 0.01 ; arriving late to class and leaving class early with p value < 0.05 (Clark and Springer, 2007).

In terms of bullying, a descriptive cross-sectional study reported faculty experiences of bullying in nursing programs in three north-eastern states of the United States (Beckmann et al., 2013). Most of the participants were female (92.6%), Caucasian (88.4%), teaching between 13 and 21 h per week (31.7%). The study reported no significant differences in the frequency of bullying based on race, gender, age, or institution size. Using point-biserial correlation, the study showed that there was a significant correlation between meeting frequency and reports of bullying ($r = 0.18$, p value ≤ 0.001).

A cross-sectional survey of bullying (Birks et al., 2017a,b; Budden et al., 2017) revealed that half (50.1%) of the students indicated they had experienced bullying during the previous 12 months with younger students more likely to be bullied than older students (p value 0.05). Bullying behaviour included various forms of verbal, racial, physical and sexual abuse. The students also identified that the perpetrators were registered nurses (56.6%), patients (37.4%), enrolled nurses (36.4%), clinical facilitators (25.9%), preceptors (24.6%), nurse managers (22.8%) and student nurses (11.8%). Birks, Cant, and colleagues (2017b) further compared their study between Australian nursing students and students from the United Kingdom (UK). Australian nursing students experienced a higher rate of bullying (50.1%) than UK students (35.5%). The students identified nurses as the main perpetrators (Australia 53%, UK 68%), although patients were the main source of physical acts of bullying.

A descriptive study by Clarke et al. (2012) reported that the majority of the student nurses (88.72%) had experienced at least one instance of bullying in a clinical setting. Student nurses most frequently reported bullying behaviour such as: 'having their efforts undervalued (60.24%), being subjected to negative remarks about becoming a nurse (45.25%), feeling that impossible expectations were set for them (43.03%), being victims of hostility (42.14%), being placed under undue pressure to produce work (41.84%), being frozen out, ignored, or excluded (41.54%), and being unjustly criticized (40.36%)' (Clarke et al., 2012, p.272).

Incivility is also experienced in clinical settings. Hunt and Marini (2012) conducted a mixed-method study in a Clinical Teacher (CT) orientation program. The participants worked in clinical areas including: acute care (51%), maternal/child (30%) and community/public/mental health (19%). The instances of uncivil behaviour occurred in clinical practice on a weekly basis, with the highest instance of incivility mean 5.4 (SD 1–15) in acute care has opposed to a mean of 2.5 (SD 1–5) in maternal/child and 3.6 (SD 1–10) in community/public/mental health (Hunt and Marini, 2012).

Woith et al. (2012) used a mixed-method design to examine students' perceptions of academic integrity at a public university. The authors (Woith et al., 2012) recruited two groups of students: leaders (10 students) and regular students (45 students, with no report of their demographic data). The findings showed that 27% of the participants were dissatisfied with colleagues' academic integrity. In addition, there was no difference in the response type between the two groups of students (no report of the statistic test result) (Woith et al., 2012).

4.2. Factors related to instances of incivility

Three factors that related to occurrences of incivility were revealed from the studies. These included: personal issues, situational issues as well as communication and relationship issues. Personal issues of students, such as self-centered, intolerant, blame and intimidating others,

Table 1
Description of incivility studies.

No	Author (year)	Concept	Methodology	Instrument/s	Sample description	Study location
1	Randle (2003)	Bullying	Qualitative study	Interview	56 students in one nursing program, become 39 at the end. 21 faculty members	UK
2	Luparell (2007)	Incivility	Qualitative CIT (Critical Incident Technique)	Interview	15 faculties (41.6%), 168 (35.9%) students USA	Six states in USA
3	Clark & Springer (2007)	Incivility/Uncivil behaviour	Qualitative Interpretive qualitative method	Open ended survey	194 faculties (38%), 306 nursing students (60.7%) and 4 respondents anonym	A metropolitan public university USA
4	Clark (2008a)	Incivility	Mixed methods design but only present the quantitative part	INE/Incivility Nursing Education Survey; valid and reliable with Cronbach Alpha ranges 0.85–0.96	194 faculty members (38%), 306 nursing students (60.7%) and 4 respondents anonym	Attendees at two national meeting from 41 states in USA.
5	Clark (2008b)	Incivility	Qualitative	INE-open ended questions	194 faculty members (38%), 306 nursing students (60.7%) and 4 respondents anonym	Attendees at two national meeting 41 states in USA
6	Clark and Springer (2010)	Civility	Qualitative Content analysis	Open-ended survey (Reviewed by content experts)	Nurse leader attending a conference 126 of 172 (73.2%).	USA
7	Clark, Otterness, Jun, Allerton, Juan, Black, & Wei (2010)	Incivility	Quantitative	INE/Incivility Nursing Education Survey, valid and reliable Cronbach Alpha (both respondents) ranges 0.494–0.916	Faculty staff 21 (75%), students 392 (81.3%) PRC	One university at South-Eastern China
8	Marchiondo, Marchiondo, & Lasier (2010)	Incivility	Descriptive study	Nursing Education Environment Survey. Content validity and clarity by two experienced nurse researcher; pilot tested with 35 students for its use and readability.	152 (100%) senior nursing students	Two public Midwestern universities in USA
9	White (2011)	Harassment and bullying	Qualitative Attribution Theory	Semi structured interview	12 academic staff	Universities in England
10	Jackson, Hutchinson, Everett, Mannix, Peters, Weaver, & Salamonson (2011)	Violence and interpersonal conflict	Qualitative Content analysis	Open-ended survey	105 nursing students	A large university in Australia
11	Anthony, & Yastik (2011)	Incivility	Qualitative descriptive study	FGD (Focus Group Discussions)	21 participants: 18 Female, 3 Male; most age 20–25 (11 people) and 17 people white (80.9%) Sample: 79 senior nursing students.	A private, Midwestern university with a large nursing school USA One university USA.
12	Kerber, Jenkins, Woith, & Kim (2012)	Civility	Mixed method design but only present the quantitative part	NICE/The Nurses' Intervention for Civility Education questionnaire Cronbach Alpha ranges 0.68–0.79 (pretest) and 0.70–0.86 (posttest) WCC Cronbach Alpha ranges 0.61–0.76 (pretest) and 0.62–0.75 (posttest) Intervention: biweekly journal clubs sessions	674 nursing students	Four campus in Canada
13	Clarke, Kane, Rajacich, & Lafreniere (2012b)	Bullying	Descriptive quantitative study	Questionnaire by Stevenson et al. (2006) with Cronbach's alpha coefficients ranging from 0.86 to 0.93		(continued on next page)

Table 1 (continued)

No	Author (year)	Concept	Methodology	Instrument/s	Sample description	Study location
14	Del Prato (2012)	Incivility	Interpretive phenomenology	Interview	13 participants and 5 participants in the second interviews. From the 13 participants, 9 Female & 4 Male; 2 women of colour, others white.	Three ADN programs in the Northeastern USA
15	Lasiter, Marchiondo & Marchiondo (2012)	Incivility	Qualitative study	A narrative or written method about their "worst experience" of uncivil faculty behaviour.	94 students	Two Midwestern public universities USA
16	Clark, Juan, Allerton, Ohterness, Jun, & Wei (2012a)	Incivility	Qualitative Content analysis	INE/Incivility Nursing Education -open ended questions	382 faculty and student participants (92.5%)	At one nursing college USA
17	Hunt & Marini (2012)	Incivility/Civility	Mixed method	PICS (Perceptions on Incivility Survey); valid and reliable with Cronbach Alpha 0.72–0.86	37 clinical teacher consist of two male and 35 female (71% response rate).	An onsite clinical teacher orientation program in USA
18	Woith, Jenkins, & Kerber et al. (2012)	Academic integrity	Mixed method	Social Capital Survey that reviewed by expert nurse educators for content validity.	Senior students (n = 25) for both survey and interviews. Most students are Caucasian females in their early 20s, from northcentral Illinois	One university USA
19	Beckmann, Cannella & Wantland (2013)	Bullying	Descriptive cross sectional study	NAQ-R (Negative Acts Questionnaire-Revised) questionnaire that based on NAQ (Einarsen & Raknes, 1997; Mikkelsen & Einarsen, 2001).	473 full time faculty member	Three universities USA
20	Clark, Ahten, & Macy (2013)	Incivility	Qualitative	Cronbach alpha 0.88 PBL/Problem Based Learning scenario and Kirkpatrick's model for evaluation	65 senior nursing students with most of them were women and white (90.77%).	A university in USA
21	Jenkins, Kerber & Woith (2013)	Civility/Social capital	Mixed method	WCQ (The ways of Coping Questionnaire) valid and reliable with Cronbach alpha 0.61–0.79 SCI (Social Capital Interview), 15 open ended questions Journal entries of student leaders	Ten student leaders; 25 junior and senior students	At one university USA
22	Budden, Birks, Cant, Bagley, & Park (2017)	Bullying	A cross-sectional survey	The revised instrument (Student Experience Of Bullying During Placement/SEBDP) adapted from the work of Hewett (2010)	A total of 888 participants completed the survey	Australia
23	Birks, Budden, Biedermann, & Chapman (2017)	Bullying	A cross-sectional survey	The revised instrument (Student Experience of Bullying During Placement/SEBDP) adapted from the work of Hewett (2010)	Of the 934 surveys returned, 398 contained A total Of 430 comments that were included in the analysis	Australia

(continued on next page)

Table 1 (continued)

No	Author (year)	Concept	Methodology	Instrument/s	Sample description	Study location
24	Birks et al. (2017b)	Bullying	A cross-sectional survey design	The revised instrument (Student Experience Of Bullying During Placement/SEBPP) survey) adapted from the work of Hewett (2010) INE	Baccalaureate nursing students, a sample totaling 1394 comprised n = 833 Australian and n = 561 UK students.	Australia & UK
25	Mulira, Natarajan and van der Colff (2017)	Incivility-faculty uncivil behaviour	A quantitative cross sectional survey	INE	A total of 40 Nursing Faculty and 155 Nursing Students Participated in the study. The response rate for the NF and NS was 80% and 78%, respectively.	Middle East-Oman
26	Natarajan, Mulira and van der Colff (2017)	Incivility-student uncivil behaviour	A quantitative cross sectional survey	INE	A total of 40 Nursing Faculty and 155 Nursing Students Participated in the study	Middle East-Oman
27	Aul (2017)	Incivility	A cross-sectional study	INE	A convenience sample of 159 senior level nursing students and 14 nursing faculty from two Bachelor of Science in Nursing (BSN) programs, one Associate Degree in Nursing (ADN) program, and one hospital-based diploma in the northeastern United States	USA
28	Ziefle (2017)	Incivility	A quantitative, descriptive methodology with a nonexperimental, cross-sectional survey design	INE	The survey was completed by 71 nursing faculty, 50 in the Baby Boomer generation and 21 in the Generation X generation	Associate degree nursing faculty in one region of the United States
29	Vink & Adejumo (2015)	Incivility	A qualitative descriptive design	Individual face-to-face interviews were conducted until data saturation.	Eleven nurse educators were purposively sampled for their experiences on the factors contributing to incivility.	One nursing school in South Africa that offers both undergraduate and postgraduate nursing education
30	de Swardt, van Rensburg & Oosthuizen (2017)	Professional socialisation	A sequential, exploratory, mixed-methods design	Phase I: Five focus group interviews supported by field notes During Phase II, this evidence and literature were used for item generation of an instrument to explore and describe the perceptions of nurse educators' teaching and facilitation strategies of professional socialisation to students quantitatively.	All nursing education institutions' educators in Gauteng, teaching a specific undergraduate nursing programme, were targeted. The guidelines were reviewed and validated by means of a convenient sample of twelve experts who included managers from nursing education institutions, professional nurses, nurse managers, experts in guideline development and educators closely involved with student support.	Gauteng, South Africa
31	Hogan et al. (2018)	Bullying and aggression	Survey	Evaluation survey (qualitative data)	Participants were 336 undergraduate students enrolled in the subjects in which the educational intervention was embedded and 210 students completed an anonymous evaluation (62.5% response rate)	Undergraduate nursing and midwifery students at an urban Australian university
32	Eka et al. (2016)	Uncivil behaviour/ Incivility	Case study (survey part)	A modified INE (Cronbach alpha 0.83–0.993)	Two nursing schools Private: faculty 6, students 96 Public: faculty 19, students 185	Two nursing schools in the western part of Indonesia

Table 2
Themes emerging from the studies.

Themes	Sub-themes	Studies
Perceived instances of incivility	Not a problem at all to a serious problem	Clark (2008a); Clark et al. (2010); Eka et al. (2016)
	Uncivil students behaviour Uncivil academic staff members' behaviour Instances of incivility occur in the skills laboratory, classroom and clinical settings	Clark (2008a); Clark et al. (2010); Eka et al. (2016); Natarajan et al., 2017 Clark (2008a); Clark et al. (2010); Eka et al. (2016); Muliira et al., 2017 Beckmann et al. (2013); Birks et al., 2017a,b; Budden, et al., 2017; Clark (2008a); Clark et al. (2010); Eka et al. (2016); Marchiondo et al. (2010); Hunt and Marini (2012); Woith et al. (2012)
Factors related to instances of incivility	Significant difference on perceived incivility between students and faculty staff	Clark and Springer, 2007b; Eka et al. (2016); Natarajan et al., 2017
	Personal issues	Budden et al., 2017; Clark (2008b); Clark and Springer, 2007b; Eka et al. (2016); Vink and Adejumo, 2015; White (2011); Ziefle, 2017
	Situational issues Communication and relationship issues	Clark (2008b); Clark and Springer (2010); Del Prato (2012) Anthony and Yastik (2011); Clark (2008b); Clark and Springer, 2007b; Clark and Springer (2010); Clarke et al., 2012; Del Prato (2012); Eka et al. (2016); Hunt and Marini (2012); Jackson et al. (2011); Lasiter et al. (2012); Natarajan et al. (2017); Randle (2003); White (2011)
Impact of incivility	Emotional and physical distress/trauma	Budden et al., 2017; Luparell (2007); Marchiondo et al. (2010)
	Time loss	Luparell (2007)
	Financial cost	Luparell (2007)
	The inhibition of the educational process	Luparell (2007); Budden et al., 2017
	Dissatisfaction	Marchiondo et al. (2010)
	Low self-esteem	Luparell (2007); Randle (2003)
	Low confidence	Luparell (2007); Budden et al., 2017
	Withdrawal from the school	Budden et al., 2017; Luparell (2007);
	Patient safety	Woith et al. (2012)
Decreased standard of care	Budden et al., 2017	
Promoting civility in nursing education	Interventional studies (CJC, PBL, Blended learning)	Clark et al. (2013); Hogan et al. (2018); Jenkins et al., 2013; Kerber et al. (2012)
	Non-interventional studies (role modeling, open discussion, respect for others)	Clark (2008b); Clark and Springer (2010); de Swardt et al. (2016); Eka et al. (2016); White (2011)

feeling of entitlement and emotional disturbance produced uncivil behaviour (Clark, 2008b; Clark and Springer, 2007; White, 2011; Vink and Adejumo, 2015). Members of faculty were also found to have poor personal qualities such as: incompetence, intimidation, ineffective teaching or poor quality teaching, being unapproachable, abrupt and unfair (Clark, 2008a; Clark et al., 2012; Vink and Adejumo 2015). In addition, generational differences (Ziefle, 2017) and an individuals' background (ethnicity, religion, and social economic status) were reported to correlate with instances of incivility (Eka et al., 2016; Eka and Chambers, 2017).

Acts of uncivil behaviour related to demographic characteristics such as race, gender, age, year of study and institution size have been reported as being insignificant (without statistical testing) (Beckmann et al., 2013; Clark et al., 2012; Marchiondo et al., 2010). In contrast, studies in Indonesia revealed that individuals' characteristics and backgrounds were related to uncivil behaviour, especially based on qualitative findings (Eka et al., 2016; Eka and Chambers, 2017).

The situational conditions of people can also encourage acts of incivility (Clark, 2008b; Clark and Springer, 2010). Clark (2008b) revealed that 'stress and attitudes of superiority' were factors that contributed to instances of incivility by faculty members. The sources of stress included roles and task overloads as well as exposure to incivility (Clark, 2008b). In other words, stress could be the source and the effect of incivility.

Faculty members further stated that contemporary students are not typical of students of the past, who are dedicated but also have roles as parents and as such have to manage their families as well as work to pay (or contributing toward) their own school fees and lifestyle overheads (Clark, 2008b; Clark and Springer, 2010). These conditions make them overwhelmed with their tasks and roles (Clark, 2008b; Clark and Springer, 2010). Thus, high-stress environments and a lack of professional-respectful atmosphere were reported (Clark and Springer, 2007; Del Prato, 2012) as well as financial pressure and exclusionary behaviour as contributors of incivility (Clark and Springer, 2010). A study also reported burnout as a factor associated with (i.e. causing and arising from) incivility in nursing education settings (Clark, 2008b).

The students felt overwhelmed by their tasks and roles and consequently suffered from exhaustion (Clark, 2008b).

Furthermore, members of faculty reported that they sometimes did not perform as role models for students (Clark, 2008b; Clark and Springer, 2007; Del Prato, 2012). This is largely related to the increasing commercialisation of education – just as students see themselves as paying customers and not as deferential seekers of knowledge, staff members see themselves as paid workers and not as vocational figures of intrinsic respect (Del Prato, 2012). Thus, the students become disillusioned with the ethics and professionalism of nursing (Clark, 2008b).

Communication and relationship issues were the most common issues that emerged from both academics and student nurses in previous studies (e.g. Clark, 2008b; Clark and Springer, 2007; Clark and Springer, 2010; Clark et al., 2012; Eka et al., 2016; Hunt and Marini, 2012; White, 2011), although they were labeled in different ways. The most common phrases used were: verbal communication issues, such as 'harsh comments' and 'disturbing conversation'. Nonverbal communication issues included rude behaviour and disrespect for others, as well as relationship issues such as superiority and 'feeling of being belittled' (Clark, 2008b; Clark and Springer, 2007, 2010; Clark et al., 2012; Hunt and Marini, 2012; Natarajan et al., 2017; White, 2011).

It seems that these common phrases emerged from both Western and Eastern perspectives. For example, disregard for others occurred in the USA (Clark, 2008b) and the PRC/People Republic of China (Clark et al., 2012), although perceptions of what constitutes such disrespect may differ between cultures.

Moreover, Jackson et al. (2011) undertook a qualitative study of 105 Australian nursing students in a clinical setting in Australia. This study exposed students' negative experiences of intimidation and discrimination related to racial comments. For instance, an Asian student who was studying at one university in Australia reported how

'... abuse between Asian and Aussie because she [clinical facilitator] always says the "Asian" do it that way. Also, how many "international" students fail the nursing board every year?

However, I am the only one “international and Asian” in this placement’ (Jackson et al., 2011 p.2016).

4.3. Impact of incivility

The cost of incivility includes emotional and physical distress, time lost from work, financial waste, and the inhibition of the educational process (Budden et al., 2017; Luparell, 2007; Marchiondo et al., 2010). The mere act of reporting experiences of incivility consumes time through documentation of incidents and their investigation. It also costs money if the incident becomes very serious (e.g. threatening conditions) when costs for security and attorneys are involved. The cost on the educational process includes the decrease of enthusiasm and confidence for performing teaching-learning (Luparell, 2007).

Marchiondo et al. (2010) undertook a cross-sectional study, to investigate the effect of faculty members' uncivil behaviour on senior nursing students using the Nursing Education Environment Survey. This study revealed that students' dissatisfaction was significantly associated with the experience of faculty's uncivil behaviour with a beta of -0.47 ($p < 0.001$, $r^2 = 0.22$). Marchiondo et al. (2010) also found that there was no correlation between the experience of faculty members' incivility and student age or self-reported GPA/Grade Point Average (no report of test analysis result).

Luparell (2007) conducted a qualitative study and interviewed 21 academic staff from six states in the USA to explore how students' uncivil students' behaviour affects faculty. This study revealed some disturbing findings with faculty members reporting sleep disturbance, low self-esteem, low confidence, emotional trauma and withdrawal from the school.

The effect of incivility was also related, by students, to practical issues such as patient safety and decreased standards of care (Budden et al., 2017; Woith et al., 2012). The students expressed the need for academic staff to inform students regarding the reality of incidents of incivility to better prepare them for it (Anthony and Yastik, 2011).

4.4. Promoting civility in nursing education

Four interventional studies were conducted to provide evidence on promoting civility in nursing education (Clark et al., 2013; Hogan et al., 2018; Jenkins et al., 2013; Kerber et al., 2012). Clark et al. (2013) applied Problem Based Learning (PBL) as an intervention to promote students' civility in nursing education. There were 65 senior nursing students from the USA involved in the intervention, which provided scenarios that included incidences of uncivil behaviour in clinical practice. The intervention encouraged students to be more civil. Student participants expressed that they had learned to recognise and handle incidences of incivility incidence from the scenario (62.8%) (Clark et al., 2013).

A Civility Journal Club (CJC) program was conducted at one university to promote students' civility in nursing education in again in the USA. The study recruited 79 senior nursing students (Kerber et al., 2012). In another study, 195 student nurses were recruited including ten student leaders (Jenkins et al., 2013). Both programs encouraged students to discuss articles regarding incivility during specified times (Kerber et al., 2012; Jenkins et al., 2013). Both programs were successful in promoting civility (Kerber et al., 2012; Jenkins et al., 2013). The students involved were more aware helpful, interested in role modeling, and condemned and challenged acts of incivility (Kerber et al., 2012; Jenkins et al., 2013).

A survey at one Australian University developed blended learning for undergraduate nursing and midwifery students to manage bullying and aggression in clinical settings (Hogan et al., 2018). Blended learning provided interactive online learning modules, including movie clips of realistic clinical scenarios, related readings, reflective questions, and role-play in how to response to bullying and aggression effectively.

This study recruited 210 participants who completed an anonymous qualitative survey (65.2% response rate). Three themes emerged including ‘Engaging with the blended learning resource’; ‘Responding to bullying’ and ‘Responding to aggression’. This study concluded that blended learning provides an approach to responding and coping effectively with bullying in clinical settings and suggests further application of the study in different settings to achieve generalisability.

Non-interventional studies also provide a number of suggestions to promote civility in nursing education such as role modeling (de Swardt et al., 2017; Eka et al., 2016; Eka and Chambers, 2017) as well as open discussion and respect for others (Clark, 2008b; Clark and Springer, 2010). Most faculty members suggested ways to address incivility, which included open discussion and respect for others (Clark, 2008b; Clark and Springer, 2010). The open discussion could be proposed at the beginning of the semester by establishing ground rules in the classroom (Clark, 2008b; Clark and Springer, 2010). When faculty respect students, the students will, in turn, respect members of faculty (Clark, 2008b; Clark and Springer, 2010). As part of the open discussion, other forms of uncivil behaviour that concern academics could be raised, such as the misuse of communication devices, use of mobile phones and computers for non-learning purposes while in the classroom or laboratory setting or clinical setting, as well as sending inappropriate emails to members of faculty (Clark and Springer, 2007; White, 2011). Students also agreed that civility could be promoted by an open discussion between people involved that could foster a feeling of equity and team working to solve the issues (Clark, 2008b).

5. Limitations

This literature review was conducted systematically, but it was not a systematic review. Has such it did not include grey literature, expert opinions and policy standpoint. However, the research articles of this review were taken from varied methodologies/studies and included different countries, thereby adding diversity.

6. Discussion

A strong theme that has emerged from in this review is that incivility has been identified has a frequently occurring issue in nursing education. (e.g. 88% in Marchiondo et al., 2010; 88.72% in Clarke et al., 2012), regardless of whether it was perceived to be a problem or not (Clark et al., 2010; Clark and Springer, 2007). Quantitative studies have supported opinions that incivility contains a variety of adverse behaviours that occur in nursing education. Qualitative components of the studies have given insights into the reasons for occurrences of incivility. Both quantitative and qualitative studies also describe interventions that can be used to support a civility culture.

There were a number of statistically significant findings regarding reporting of uncivil behaviour. Students' experiences of uncivil behaviour committed by members' of faculty was significantly related to their dissatisfaction (Marchiondo et al., 2010). Students' labeling some acts of incivility, such has, bullying, was associated with their intention to leave the nursing program (Clarke et al., 2012).

Uncivil behaviour was also reported to be both significant (Eka et al., 2016; Eka and Chambers, 2017) and insignificantly related to demographic characteristics (Beckmann et al., 2013; Clarke et al., 2012; Marchiondo et al., 2010). It is noted that Eka's study is particularly pertinent in the Indonesian context where ethnic and religious tensions and conflicts overflow into the classroom (Sutantoputri and Watt, 2013).

Additionally, the impact of uncivil behaviour can be serious and include physical and psychosocial issues (i.e. sleep disorder and emotional distress) (Budden et al., 2017; Luparell, 2007). This also means that the students could become caught up in a negative spiral (Andersson and Pearson, 1999).

Moreover, four studies applied intervention studies aiming to

promote civility in nursing education. The studies applied CJC (Jenkins et al., 2013; Kerber et al., 2012), PBL (Clark et al., 2013) and a blended learning resource (Hogan et al., 2018). The authors concluded that the interventions were effective in promoting students' civility. However, each study was conducted and recruited students in one university (25–210 students). Although this study provided valuable insight, larger studies are needed to provide conclusive and definitive evidence of the interventions that influence students' civil behaviour. Furthermore, these are not randomised controlled studies which can identify whether the intervention are or are not effective.

7. Implication of the study

This study exclusively focused on examining instances of incivility from both the students and faculty perspectives, either in the classroom setting or in clinical practice. It is imperative to investigate incivility from nurses' perspectives, to provide a comprehensive understanding of acts of incivility instance in nursing settings.

Findings pertaining to addressing incivility in nursing education further show that most of the intervention strategies are applied by single institutions, such as incivility prevention by conducting CJC intervention (Jenkins et al., 2013; Kerber et al., 2012), a PBL program (Clark et al., 2013) and a blended learning resource (Hogan et al., 2018). Therefore, a larger-randomised interventional approach to managing incivility in nurse education is warranted.

8. Conclusion

Incivility has been identified as a factual problem in nursing education though perceived differently. Incivility includes a variety of disturbing behavioural acts such as disrespect and undermining others, academic dishonesty, and bullying. Incivility also impacts negatively either physically or psychologically. It is important that nurse educators take action to promote civility in nursing education. Suggested ways of promoting civility include respond and cope effectively, open discussion and respect for others as well as the implementation of effective rules. Additional research is further needed with larger samples to examine occurrences of incivility and to promote civility using randomised intervention studies. These data will provide nurse educators with the knowledge and tools that they need to address issues of incivility which are socially constructed and varied from setting to setting.

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Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.nepr.2019.06.004>.

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