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# Academic Nurse Leaders' Role in Fostering a Culture of Civility in Nursing Education

Cynthia M. Clark, PhD, RN, ANEF; and Pamela J. Springer, PhD, RN

## ABSTRACT

Academic incivility is disruptive behavior that substantially or repeatedly interferes with teaching and learning. Incivility on college campuses jeopardizes the welfare of all members of the academy. Academic nurse leaders play a critical role in preventing and addressing academic incivility because these behaviors can negatively affect learning and harm faculty-student relationships. Although studies on student and faculty incivility have been conducted in nursing education, there are no known studies regarding the perceptions of academic nurse leaders about this problem. This is the first known study to investigate the perceptions of 126 academic nurse leaders (deans, directors, and chairpersons) from 128 associate degree in nursing and bachelor of science nursing programs in a large western state. Academic nurse leaders responded to five open-ended questions regarding their perceptions of stressors that affect nursing faculty and students, the uncivil behaviors exhibited by both groups, and the role of leadership in preventing and addressing incivility in nursing education.

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Incivility in American society is increasing (Forni et al., 2003), and rude and disruptive conduct is increasing in institutions of higher learning. Uncivil behavior on college campuses warrants serious attention to prevent these behaviors from intensifying into more aggressive and violent acts. In nursing and other health-related disciplines, the risk assumed by not addressing uncivil behavior reaches well beyond the college campus and can negatively affect patient safety. Because nursing programs are places where students provide direct care to patients through clinical experiences, uncivil and disruptive acts must be addressed so that such behaviors do not spiral into aggression and jeopardize patient safety.

The Joint Commission (2008) recently issued a sentinel event alert regarding the consequences of disruptive behavior by health care providers and their effects on patient care, stating that all intimidating and disruptive behaviors are unprofessional and should not be tolerated. According to the alert, incivility in health care can lead to medical errors, poor patient care, increased medical costs, and loss of qualified health care providers and administrators. Olender-Russo (2009) reported that workplace bullying and unhealthy relationships among colleagues may negatively affect nurse retention. Conversely, healthy work environments that include collaborative practice, shared decision making, and recognizing nurses' unique contributions to practice are directly linked to increased patient satisfaction, reduced staff turnover, increased nurse retention, and job satisfaction (American Organization of Nurse Executives, 2003; Kramer & Schmalenberg, 2008).

Provision 1.5 of the *Code of Ethics for Nurses* (American Nurses Association, 2001) requires nurses to treat colleagues, students, and patients with dignity and respect and states that any form of harassment, disrespect, or threatening action will not be tolerated. Nurse educators and practitioners are not only ethically bound to provide

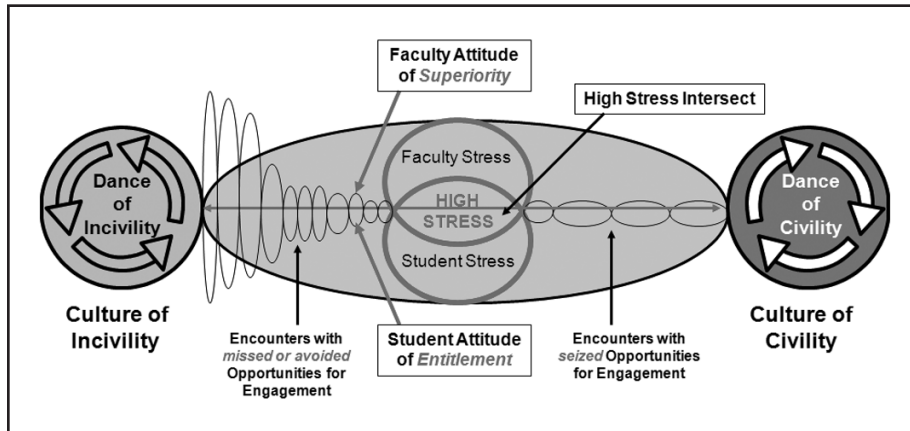


Figure. Conceptual model for fostering civility in nursing education.

a safe teaching-learning environment, but they are also mandated to protect themselves and others. Academic nurse leaders have a unique role in providing the climate and infrastructure to encourage civil behavior. This study describes academic nurse leaders' perceptions of stressors that affect nursing faculty and students, the uncivil behaviors exhibited by both groups, and the role of leadership in preventing and addressing incivility in nursing education.

### INCIVILITY IN NURSING EDUCATION

In Clark, Farnsworth, and Landrum (2009), Clark defined incivility in nursing education as rude or disruptive behaviors that often result in psychological or physiological distress for the people involved and may progress into threatening situations when left unaddressed. Over the past decade, several studies have been conducted to investigate the problem of incivility in nursing education. Lashley and deMeneses (2001) noted that the level of student incivility in nursing education increased in the 5 years prior to their study and suggested that national attention be drawn to the problem. In a qualitative study conducted by Luparell (2004), faculty reported being verbally abused by students and described how the negative effects of these encounters left lasting and significant impressions on nursing faculty.

Thomas (2003) studied students' perceptions of faculty incivility and found that nursing students believed that some faculty play significant roles in academic incivility. Nursing students reported faculty unfairness, rigidity, insistence on conformity, and overt discrimination as behaviors contributing to academic incivility. Consequences of this behavior included disrupted student-faculty relationships, problematic learning environments, and increased stress levels among students and faculty. In a later study, Hall (2004) suggested that some nursing faculty contribute to dehumanizing conditions that negatively affect students, resulting in student distress and desperation.

Clark and Springer (2007a, 2007b) broadened the research to assess the problem of incivility from both the student and faculty perspectives. In these studies, the ma-

majority of the respondents perceived incivility as a moderate to serious problem and found that stress, disrespect, faculty arrogance, and a sense of student entitlement contributed to incivility in nursing education. In subsequent studies, Clark (2008a, 2008b) investigated nursing faculty and student perceptions of incivility and concluded that incivility in nursing education often results in psychological and physiological distress in both groups and can negatively impact the academic environment. Students reported that being highly stressed, overworked, and overextended by competing demands contributed to student incivility. Faculty reported being stressed due to burnout from demanding workloads, high faculty turnover, role stress related to competing demands, and exposure to incivility.

Heightened stress levels among faculty and students accompanied by negative attitudes of faculty superiority and student entitlement increase the potential for incivility in nursing education (Clark, 2008a). Faculty superiority, arrogance, and an abuse of authority over students are potentially destructive behaviors. When faculty exerts their position and power over students, assume a "know it all" attitude, and arbitrarily threaten to fail or dismiss students, the possibility for uncivil behavior increases (Clark, 2008c).

Greenberger, Lessard, Chen, and Farruggia (2008) described student entitlement as expecting high grades for a modest effort and contend that this behavior may be a coping strategy for students who experience a decline in grades when confronted with the more rigorous demands of university course work and with a more academically gifted group of students. Clark (2008a) found that student entitlement included a refusal to accept personal responsibility, assuming a "consumer" mentality, and making excessive excuses for one's failures. In the same study, respondents identified several strategies to address incivility, including improving communication through critical dialogue, providing open forums for education and discussion, establishing behavioral norms and comprehensive policies, and addressing incivility swiftly, directly, and fairly. Clark (2008a) concluded that faculty and student stress and disparaging attitudes in conjunction with missed, avoided, or poorly managed opportunities for meaningful engagement are major contributors to incivility in nursing education. Conversely, civility and respect are fostered when students and faculty work together to seek common ground.

### CONCEPTUAL FRAMEWORK

Clark (2008a) developed a conceptual model to illustrate how heightened levels of nursing faculty and student stress combined with attitudes of student entitlement and faculty

superiority contribute to incivility in nursing education (**Figure**). This conceptual model provided the foundation for this study. Incivility is more likely to occur when stress levels between faculty and students are high and when opportunities to resolve conflict are missed, avoided, or poorly managed. On the other hand, when opportunities for effective engagement are seized and managed well, a culture of civility is fostered. When faculty and students work together to resolve conflict, civility is enhanced and a safer, more respectful learning environment is created. Academic nurse leaders have the responsibility of ensuring a climate of civility; however, little is known about the perceptions of administrators and these responsibilities.

Using this conceptual model, academic nurse leaders were asked several questions regarding their perceptions of faculty and student stress, student and faculty incivility, and the role of leadership in addressing incivility in nursing education.

Leaders play a key role in establishing the climate and culture of an organization. Using this conceptual framework, leaders can affect the health of an organization by lowering stress levels and improving performance. Organizational support theory suggests that leaders play an important role in increasing organizational support (Mulko, Jaramillo, & Locander, 2006). In addition, leaders can promote opportunities for engagement to directly address attitudes of superiority and entitlement. Thus, it is important to understand leaders' perceptions of stress and attitude in an organization.

Research questions included the following:

- What do you perceive to be the biggest stressors for nursing students?
  - What uncivil behaviors do you see nursing students displaying?
  - What do you perceive to be the biggest stressors for nursing faculty?
  - What uncivil behaviors do you see nursing faculty displaying?
  - What is the role of nursing leadership in addressing incivility?

### Sample

The sample included 126 of 172 (73.2%) academic nurse leaders attending a statewide nursing conference in a large western state. Deans, chairs, and directors from 128 associate and bachelor degree nursing programs, 42 private colleges, 70 community colleges, and 16 state colleges and universities responded to five open-ended questions. The questions were used to garner the nurse leaders' perceptions of stressors that impact nursing faculty and students, the uncivil behaviors exhibited by both groups, and the role of leadership in preventing and addressing incivility in nursing education.

### Procedure and Analysis

Institutional approval to conduct the study was obtained. After providing consent, the respondents completed a 5-item survey. The survey questions were reviewed by

**TABLE 1**  
**Perceived Student Stressors**

Stressor	Frequency, <i>n</i>
Juggling multiple roles and meeting competing demands (work, academic demands, family responsibilities)	107 (48.3%)
Financial pressures	66 (29.7%)
Time management	28 (12.6%)
Lack of faculty support and faculty incivility	15 (6.7%)
Mental health problems and personal issues	6 (2.7%)

content experts, related directly to the elements contained in the conceptual model used in the study, and reflected exactly in the research questions. In this exploratory descriptive study, surveys were self-administered during a statewide conference for academic nurse leaders. Completion of the survey was voluntary. Textual content analysis was used to analyze the respondents' narrative responses. Key words or phrases were quantified by the researchers; inferences were made about their meanings and categorized into themes. Each researcher reviewed the nurse leaders' comments independently to quantify the recurring responses and organize them into themes. Areas of agreement and disagreement were discussed and verbatim comments were reviewed until both researchers were confident that analysis was a valid representation of the comments.

### Findings

The first research question garnered the academic nurse leaders' perceptions of stressors perceived to be the most challenging for nursing students. Five major themes were identified, including juggling multiple roles related to work, academic, and family responsibilities; financial pressures; time-management challenges; lack of faculty support and incivility; and mental health issues. **Table 1** lists the stressors nursing students experience as perceived by nurse leaders and the number of times each theme was described.

Next, the leaders were asked to describe uncivil behaviors exhibited by students. Findings were grouped into seven major themes and are displayed in **Table 2**. The first major theme included in-class disruptions such as students making rude comments, using technology in disruptive ways, interrupting others and engaging in side conversations, arriving late and leaving early, and sleeping in class. Other themes included students demonstrating aggressive, intimidating, or bullying behavior, making excuses for poor performance, cheating, displaying a sense of entitlement, or blaming, shunning, or marginalizing other students.

The third research question elicited the leaders' perceptions related to faculty stressors. Four major themes were identified and are displayed in **Table 3**. The first major

**TABLE 2**  
**Uncivil Behaviors Displayed by Students**

Behavior	Frequency, <i>n</i> (%)
In-class disruptions	140 (63.4%)
Rude comments, put-downs, slurs, and rumors (in person and in cyberspace)	53 (24%)
Cell phone, texting, and computer misuse	31 (14%)
Interruptions and side conversations	26 (11.8%)
Late arrivals and leaving early	25 (11.3%)
Sleeping in class	5 (2.3%)
Aggressive, intimidating, bullying behavior	19 (8.6%)
Anger or excuses for poor performance	18 (8.1%)
Cheating and other forms of academic dishonesty	13 (5.9%)
Displaying a sense of entitlement	11 (5%)
Blaming others for their shortcomings	10 (4.5%)
Shunning or marginalizing other students	10 (4.5%)

theme regarding multiple work demands included several associated subthemes. The challenge of demanding workloads, maintaining clinical competence, advancement issues, and a perceived lack of administrative support contributed to faculty stress. Other themes included faculty stress related to problematic students, salary inequities that exist between nurses in practice and nurse educators, and faculty-to-faculty incivility and “hazing.”

Next, the leaders were asked to describe the uncivil behaviors displayed by faculty. Findings were grouped into seven major themes and are presented in **Table 4**. Themes related to faculty incivility included two major categories: uncivil faculty behaviors toward faculty and administrators, and uncivil faculty behaviors toward students. The incivilities toward faculty and administrators were reduced into two subcategories: overt rude and disruptive behaviors (e.g., hazing and bullying) and avoidant, isolative, and exclusionary behaviors. The first subcategory was evidenced by overt acts of intimidation, including bullying and put-downs, setting others up to fail, exerting superiority and rank over others, and failing to perform one’s share of the workload. The second subcategory was evidenced by marginalizing and excluding others, refusing to openly communicate, gossiping, displaying rude nonverbal behaviors, resisting change, and engaging in clandestine meetings. Faculty incivilities toward students included rude, belittling, and demeaning behaviors, making unreasonable demands, and not appreciating student contributions.

Finally, the nurse leaders’ were asked about the role of nursing leadership in addressing incivility in nursing education. These themes are displayed in **Table 5**. The majority of respondents believed that nurse leaders have a responsibility to create a culture of civility and respect

**TABLE 3**  
**Perceived Faculty Stressors**

Stressor	Frequency, <i>n</i>
Multiple work demands	115 (63.5%)
Heavy workload and workload inequity	51 (28.2%)
Maintaining clinical competence	21 (11.6%)
Advancement issues	17 (9.4%)
Lack of faculty and administrative support	11 (6.1%)
Change in faculty demographics (part-time faculty, turn-over, adjunct faculty)	8 (4.4%)
Personal stressors and poor coping ability	7 (3.8%)
Problematic students	36 (19.9%)
Low salary and financial pressures	15 (8.3%)
Faculty-to-faculty incivility and “hazing”	15 (8.3%)

in nursing education. Specifically, respondents suggested offering educational seminars and open forums to discuss issues candidly and directly, modeling professional behavior, holding individuals accountable for uncivil actions, providing coaching and mentoring, policy development and implementation, and rewarding civility. Other suggestions included stress reduction techniques, counseling, crafting civility statements, hiring consultants, and integrating civility into the nursing curriculum.

## DISCUSSION

The conceptual model used to guide this research includes faculty and student stressors, interactions between faculty and students, faculty and student attitudes, and the progression to civility or incivility. Academic nurse leaders perceived student stressors to include juggling many demands and personal issues, including financial and time-management pressures, mental health problems, a lack of faculty support, and perceived faculty incivility. Student behaviors observed by the nurse leaders included disruptive and aggressive behaviors, in addition to an attitude of entitlement and blaming attitudes. Perceived faculty stressors included pressure from multiple work demands, handling problematic students, financial difficulties, and stress related to faculty incivility. Uncivil faculty behaviors included rudeness, avoidance behaviors, and dismissing or ignoring peer and student comments. These findings are consistent with previous research in which faculty were found to exert their rank and superiority over students and make rude and dismissive comments (Clark, 2008a, 2008c; Hall, 2004; Thomas, 2003).

In this study, perceived faculty and student stressors such as heavy work demands, financial pressures, and lack of support were evident. These stressors can lead to civil or uncivil actions. Researchers in the area of stress



and performance categorize stressors as challenge stressors or hindrance stressors (Cavanaugh, Boswell, Roehling, & Boudreau, 2000). Challenge stressors are those that are perceived to be under the control of the person and may include temporary increased workload and increased responsibility. Challenge stressors are perceived to be manageable by the individual and will result in personal growth once overcome. Hindrance stressors may include role ambiguity and workplace politics and are perceived as unmanageable because they are out of the realm of control of the individual (LePine, LePine, & Jackson, 2004). Challenge stressors can evoke positive emotions, such as eagerness and confidence, and people will actively attempt problem solving when faced with challenge stressors. However, hindrance stressors evoke negative emotions and coping strategies, such as withdrawal and retaliation (Wallace, Todd, Edwards, Frazier, & David, 2009).

These challenge and hindrance stressors have not been studied specifically in relation to the student-faculty and faculty-faculty interchange. However, we can postulate that these stressors are similarly evident in the academic environment and the workplace. Several stressors reported in this study may be classified as challenge stressors. For students, these may include juggling family, school, and work or financial stressors. For faculty, these may include workload and advancement issues. However, there were examples of stressors that may be viewed as hindrance stressors (out of the control of the person). These include a lack of faculty support and faculty incivility for students and problematic students and faculty incivility for faculty. What occurs between the stressors and the action (civility or incivility) represents the opportunity for engagement. Leadership can play an important role in creating opportunities and expectations for engagement between faculty and students and among faculty colleagues.

Organizational support theory suggests that individuals are more likely to abide by organizational norms and are more apt to be invested in the success of the organization if high levels of organizational support are present

**TABLE 4**  
**Uncivil Behaviors Displayed by Faculty (N = 150)**

Behavior	Frequency, <i>n</i>
Uncivil faculty behaviors toward faculty and administrators	120 (80%)
Overt rude and disruptive behaviors (in person and in cyberspace)	69 (46%)
Hazing, bullying, and overt acts of intimidation	18 (12%)
Unwelcome and unsupportive put-downs	16 (10.7%)
Setting others up to fail	12 (8%)
Exerting superiority and rank over others—abuse of power	12 (8%)
Not performing one's share of the workload	11 (7.3%)
Avoidant, isolative, and exclusionary behaviors	51 (34%)
Marginalizing and excluding others	10 (6.7%)
Refusing to listen or openly communicate	10 (6.7%)
Gossip and passive-aggressive behavior	10 (6.7%)
Rude nonverbal behaviors and gestures	9 (6%)
Resistant to change, unyielding, unwilling to negotiate	8 (5.3%)
Engaging in clandestine meetings behind closed doors	4 (2.6%)
Uncivil faculty behaviors toward students	30 (20%)
Rude, belittling, demeaning behaviors toward students	26 (17.4%)
Making unreasonable demands	2 (1.3%)
Not appreciating student contributions	2 (1.3%)

(Eisenberger, Huntington, Hutchinson, & Sowa, 1986). Wallace et al. (2009) posited that organizations must support employees in order to improve coping and obtain high performance. Organizational support reduces stress and mitigates negative effects on performance (Byrne & Hochwarter, 2006; Witt & Carlson, 2006). If organizational support is high, there may be cyclical interactions in which employees support one another as they experience support from the organization. This support could mediate the occurrence of uncivil behaviors that can result from challenge or hindrance stressors (Wallace et al., 2009). Organizational support may help increase coping abilities and place more stressors under the control of individuals. Administrators who provide support for employees contribute to organizational support (Rhoades & Eisenberger, 2002) by reducing stressors and decreasing the potential for incivility (Sady, Spitzmuller, & Witt, 2008).

These theoretical underpinnings have been applied in a variety of business arenas (Rhoades & Eisenberger, 2002), but they have not been tested in higher education or with students and faculty. However, it is logical to assume that organizational support in higher education would improve conditions for faculty and students. Leaders in higher education have a responsibility to foster a supportive environment where there are opportunities for productive engagement to occur between faculty and students and faculty with colleagues.

**TABLE 5**  
**Role of Nurse Leaders**

<b>Response</b>	<b>Frequency, <i>n</i></b>
Create a culture of civility and an environment of respect	203 (85.6%)
Provide education, open forums, and address directly	116 (48.9%)
Effective role modeling by faculty and administrators	52 (21.9%)
Hold individuals accountable for their actions	25 (10.6%)
Provide coaching, mentoring, and reward civility	10 (4.3%)
Policy development and implementation	21 (8.8%)
Stress reduction and counseling	10 (4.2%)
Other	
Create commitment to civility statements	1 (0.4%)
Use "civility" consultants	1 (0.4%)
Integrate "civility" education into the curriculum	1 (0.4%)

Academic nurse leaders in this study made several suggestions to address incivility and create cultures of civility in nursing education. Many of these suggestions are targeted toward support for the student or faculty and are consistent with factors that increase organizational support. Role modeling was one strategy suggested by the nurse leaders. This seems simple enough in theory, yet requires leaders to be aware of the values of the organization and model those values through their actions. Using the conceptual model developed by Clark (2008a), academic leaders can role model crucial conversation (Patterson, Grenny, McMillan, & Switzler, 2002) by seizing opportunities for engagement, creating cultures of mutual respect and emotional safety, and encouraging freedom of expression. Leaders display effective engagement by initiating conversations, providing forums for open discussion, and being visible and available to faculty and students.

Conversations take time, intention, and commitment. As a result, some leaders may prompt conversations by gathering information through surveys. Survey data may provide insight into the level and type of incivility that may exist in the academic department or unit and reveal ways that civility is fostered. It is imperative that the results of the survey be shared with students and faculty and that changes be made based on survey results. Participating in surveys without seeing results can foster feelings of disengagement and frustration. Therefore, having clear procedures in place to ensure prompt feedback of survey data in conjunction with an effective plan of action

to address the issues will help to ensure that individuals feel listened to and appreciated.

Nurse leaders also suggested providing forums for students and faculty to openly express their concerns and directly address issues. Transparency within a nursing program is easy to promise yet often difficult to deliver. Disruptive behavior and ways to foster civility need to be frequent discussion topics in formal department meetings and meetings outside traditional department meetings. Forums for discussion and problem solving can be conducted in a town hall meeting formats with students, administration, and faculty taking turns facilitating the conversation. These opportunities for dialogue can increase understanding and open new avenues for support. Scheduling, conducting, and providing adequate follow-up requires dedicated effort and time. Nonetheless, academic leaders must prioritize these actions to ensure engagement with, between, and among faculty, students, staff, and administrators. Academic leaders who value and model these activities reinforce the mission of the nursing program and play a key role in fostering a culture of civility.

Nurse leaders also suggested counseling, coaching, and mentoring as effective strategies to address incivility. These supportive actions offer opportunities for engagement and show support for all members of the organization. Other suggestions included providing opportunities for students and faculty to minimize stress by incorporating self-care exercises to cope with the stress associated with nursing education and clinical practice. The American Holistic Nurses Association (2009) recommends several stress management techniques, including enjoying the company of family, friends, and other supportive people; getting regular exercise and adequate sleep; eating healthy foods; and drinking plenty of water. Other stress reduction techniques include relaxation exercises; finding quiet time for reflection and contemplation; avoiding sleeping pills, alcohol, and other drugs; and talking with a trusted person when worries build up.

Although academic nurse leaders in this study made several useful suggestions for cultivating cultures of civility in nursing education, other useful approaches merit discussion. Academic nurse leaders play a key role in creating vision statements and norms that reflect an emphasis on civility and respect. Olender-Russo (2009) suggested that treating one another with regard and discussing the desired way the organization's members will treat themselves, each other, and the organization should be embedded within the organization's strategic plan, vision, mission, and values. Olender-Russo (2009) suggested that doing this can increase the likelihood that change will occur and be sustained. Schools of nursing can partner with other campus professionals and student groups to adopt and implement statements of shared values, norms for acceptable behavior, and non-punitive reporting systems (Clark, 2009).

Surveys can be used to measure student and faculty perceptions of the academic incivility (Clark, Farn-

sworth, & Landrum, 2009). Because faculty and students spend a substantial amount of time in the clinical setting, similar surveys can be administered in nursing practice to describe faculty's, students', and nurses' perceptions of the unit's emotional climate (Dellasega, 2009). In addition, Clark and Landrum (2010) have developed the Organizational Civility Scale to measure disruptive behavior, stress levels, and ways of coping among health care workers in practice and academic environments. Findings from these surveys can reveal the organization's level of civility and incivility so that problems can be adequately addressed and successful strategies can be continued and reinforced. Academic nurse leaders must be alert to the possibility of incivility in nursing education, address it fairly and confidently, and role model behaviors that demonstrate respect for all members of the campus community so that cultures of civility can be created and sustained.

## CONCLUSION

Incivility in nursing education is troubling. Several strategies to address the problem have been identified by academic nurse leaders. Most important is the need to create opportunities for effective engagement and open dialogue. Engagement is enhanced by increasing organizational support, and academic nurse leaders have an important role in not only improving organizational support, but also in creating open forums, coaching, mentoring, and rewarding and encouraging civility. Ultimately, it is the role of academic leaders to foster cultures of civility where engagement can occur and respectful communication is encouraged.

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