

Incivility in Nursing Education: A Concept Analysis

Abstract

Background: Incivility in nursing education is a complex concept that is not exactly defined in nursing. The purpose of this study was to clarify the concept of incivility in nursing education in the Iranian cultural context. **Materials and Methods:** Concept analysis was performed based on hybrid model in three steps. In the theoretical phase, a review of studies was conducted from 2000 to 2020. During the fieldwork, 7 nursing faculty members and 9 nursing students were interviewed. The third phase included the comparison of the themes that were extracted from the two previous phases. **Results:** From the 1250 titles, 45 articles were analyzed. Review of literature showed that incivility has several attributes: unconventional communication, irresponsible and disrespectful behavior. The fieldwork phase added unmanaged behavior and being contrary to academic goal. **Conclusions:** Defining the concept of incivility in nursing education refers to an unconventional, disrespectful, unmanaged behavior that is contrary to the academic goal of nursing education and results from individual differences, stress, improper application of technology, and inappropriate role models which, by creating an unsafe learning condition leads to harming the individual, organization and profession. Here, this study provides a comprehensive understanding of the incivility in nursing education that can be used in instrumentation, model building, and development of theory.

Keywords: Analysis, concept formation, education, incivility, nursing

Introduction

Incivility is a common problem in educational institutions.^[1] These behaviors are also increasing in the nursing education and clinical setting, and neglecting those leads to many challenges. Uncivil behavior in nursing education includes student-to-student, student-to-teacher, and teacher-to-teacher misbehaviors. The continuum of incivility in nursing education consists of a range of nonverbal irritating behaviors from eye-rolling to threatening behaviors.^[2] The most common behaviors of students are lateral conversations, trying to take over the discussion, unpreparedness, drowsiness, challenging teacher credentials, disrespect, and sending inappropriate message.^[3] Uncivil behaviors of faculty members are opposing change, failing to perform duties, using cell phones in meetings, and making harsh statements to colleagues and students.^[4] Most students and faculty members reported incivility in nursing education. Irresponsible behavior was presented in 60.2% of students and aggressiveness in 47.8%^[5] and 68%

of Iranian nursing faculties believed that incivility was a serious problem.^[6] Incivility is well documented in the Iranian research literature. More than 50% of nurses found themselves victims of uncivil behaviors and 90% of them were witness of such behaviors.^[7] Uncivil behavior in nursing academia causes despair and lack of self-esteem, anxiety, fear, sleep disturbances, physical illness, isolation, depression, suicide, fatigue, weight loss, gastrointestinal problems, palpitations, headaches, feelings of rejection, and sense of revenge in faculty members. Students may also experience frustration, emotional problems, conflict, and helplessness. It may affect students' motivation and learning process. Incivility in the nursing students and faculties reduces nurses' cooperation and empathy. This situation has impacts on nursing professional identity. Other consequences are leaving the job, absenteeism, inactivity, dissatisfaction, and burnout.^[8] This problem leads to inadequate patient care and increased health costs.^[9]

The root of incivility is from the Latin *incivilis*. It means lacking

Zahra Abedini¹,
Sima Hashemi²,
Fereshteh Javaheri
Tehrani³,
Narges Eskandari⁴,
Maryam Saeedi⁵

¹Department of Nursing, School of Nursing and Midwifery, Qom University of Medical Sciences, Qom, Iran, ²Department of Nursing, Shoushtar Faculty of Medical Sciences, Shoushtar, Iran, ³Department of Community Health Nursing, Shahid Beheshti University of Medical Sciences, Tehran, Iran, ⁴Department of Midwifery, School of Nursing and Midwifery, Qom University of Medical Sciences, Qom, Iran, ⁵Department of Nursing, Saveh University of Medical Sciences, Saveh, Iran

Address for correspondence:

Dr. Maryam Saeedi,
Department of Nursing,
Saveh University of Medical
Sciences, Saveh, Iran.
E-mail: maryamsaeedi2009@
gmail.com

Access this article online

Website: <https://journals.iww.com/ijnmr>

DOI: 10.4103/ijnmr.ijnmr_223_21

Quick Response Code:



How to cite this article: Abedini Z, Hashemi S, Tehrani FJ, Eskandari N, Saeedi M. Incivility in nursing education: A concept analysis. Iran J Nurs Midwifery Res 2024;29:542-8.

Submitted: 13-Jun-2021. **Revised:** 21-Apr-2024.

Accepted: 05-May-2024. **Published:** 04-Sep-2024.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

good manners and social behavior. Researchers said that the Oxford Dictionary has defined this concept as lack of civilization, impolite, and violent behavior.^[10] According to the Persian dictionary, incivility means lack of politeness and disrespect. Incivility is referred to as destructive behaviors leading to physical or emotional distress in people. Civility is needed to establish norms and reduce conflict by creating the healthy communication. Incivility in nursing education is one of the most challenging issues that is given little attention. The literature revealed a lack of conceptual clarity and the related research has been limited. There is no common definition of incivility in nursing education in Iranian culture. Understanding incivility and its consequences is the first step to managing it.^[11] Clarifying and creating transparency of the concept of incivility can provide experience for civil performance. Concept analysis is a useful way to enhance knowledge about the phenomenon. Awareness of this gap is needed to define the concept. Incivility varies based on discipline, values, and context.^[12] It helps students and faculty members to develop the culture of civility in the educational setting. This study aimed to clarify the concept of incivility in nursing education in the Iranian cultural context.

Materials and Methods

This study was a qualitative concept analysis conducted between July and April 2022. This article is a part of a large study and a hybrid model was used to clarify the incivility concept in nursing education. Hybrid analysis consists of three phases: theoretical, fieldwork, and final analysis. The purpose of the initial phase was to provide a definition of the concept. The second phase was performed to refine the concept by a qualitative method. The final analysis phase involved integrating the results of two phases.

At the theoretical phase, the studies published on incivility in nursing education were searched using the databases of CINAHL, Google Scholar, Science Direct, PubMed, SID, Springer, and OVID with the terms: Faculty, Incivility, Nursing, Student, and Education between 2000 and 2020. The keywords used in the search strategies were “incivility,” “academic behavior,” “nursing education,” “student,” and “faculty,” using Boolean operators of AND, OR, and NOT. Inclusion criteria for the studies included keywords, concept relevance, full-text access, and written in English language. In the initial search, 1250 articles were found. After reviewing the titles and abstracts and the availability of the full text, and after removing duplicate articles, finally 45 articles related to incivility and nursing education were found [Figure 1]. This phase was conducted by selecting questions and inclusion criteria, study selection, theme extraction, and dissemination. To extract the features and factors related to the concept of incivility, the articles were thoroughly reviewed and read word by word several times and similar codes were classified as categories. The categories were formed by creating homogeneity within

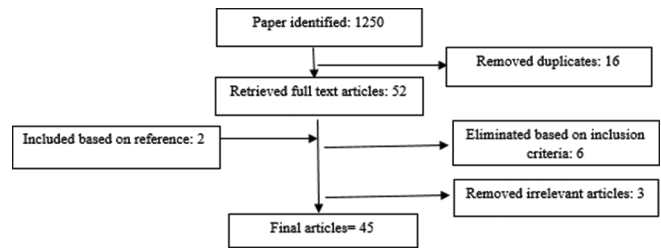


Figure 1: Search strategy

them and heterogeneity between them and summarized in several themes. Finally, in this phase, 194 initial codes, 8 categories, and 3 themes were obtained. The search for articles continued into the next phase of the study, that is, fieldwork phase. As a result, the attributes, antecedents, and consequences were determined.

In the fieldwork phase, 9 nursing students and 7 faculty members were selected by purposive sampling. This study took place at nursing academia in Qom, Iran. Male and female students were selected from different academic years and faculty members with different fields of nursing discipline and various work experience and employment status were invited to interview. Inclusion criteria were at least one year of experience in nursing school and consent to participate [Table 2]. Sixteen semi-structured individual interviews (9 students and 7 faculty members) and interviews with focus groups (a student’s group and a faculty member’s group) were conducted during 40-60 minutes and were recorded. Sampling continued until data saturation. It means that no information is being added and no new data is expected to be found. Interviews were conducted in the School of Nursing and Midwifery. The questions asked during the interviews had been designed to clarify the concept of incivility in nursing education and its attributes, antecedents, and consequences. For instance, “Would you describe your experiences of incivility in nursing education? Share with me your perspectives if you have experienced verbal and nonverbal incivility. What factors contribute to incivility during these experiences? What are the results of incivility in your experience? The data were written and the themes were extracted using conventional content analysis. Interviews were recorded with the permission of the participants. Recording was performed verbatim immediately after each interview. Data analysis was performed along with data collection using conventional content analysis according to Graneheim and Lundman’s approach.^[13] The interviews were read word by word and were checked several times for encoding. During the study, the initial codes were categorized according to the similarities and differences. Finally, the main characteristics, antecedents, and consequences of the concept of incivility in nursing students were determined based on the obtained categories. The extracted codes were reviewed and approved by two nursing faculty members. The Lincoln and Guba criteria including dependability, credibility, transferability, and confirmability were used to ensure the trustworthiness of data.^[12] Conformability was enhanced through member

Table 1: Some studies conducted on meaning of incivility

Author/Country	Title of study	Samples	Methodology
Rawlins, 2017/New Jersey ^[2]	Faculty and student incivility in undergraduate nursing education	17 studies	Integrative review
Rafati <i>et al.</i> 2017/ Iran ^[30]	Nursing students, experiences of incivility and received support in the clinical setting	18 undergraduate nursing students, 2 faculty and 2 nurses	Qualitative content analysis
Rad <i>et al.</i> 2016/ Iran ^[35]	Causes of incivility in Iranian nursing Students	17 nursing faculties and 9 nursing students	Qualitative study
Peter, 2014/United States ^[14]	Faculty-to-faculty incivility	8 novice nursing faculty,	Hermeneutical phenomenological study
Abedini and Parvizi, 2019/ Iran ^[15]	Student's perceptions of using scenario-based education to improve civility	18 nursing students	Mixed method study
Woodworth, 2015/ United States ^[9]	Promotion of nursing student civility in nursing education	44 studies	Concept analysis
Aul, 2017/United States ^[28]	Who's uncivil to whom? Perceptions of incivility	159 pre-licensure senior nursing students and 14 nursing faculty	Mixed method
Muliira, 2017/ Oman ^[8]	Nursing faculty academic incivility: perceptions of nursing students and faculty	155 nursing students and 40 nursing faculties	Cross-sectional survey
Ahn and Choi 2019/Korea ^[20]	Incivility experiences in clinical practicum education among nursing students	32 senior-year students	Hermeneutical qualitative study
Zhu <i>et al.</i> 2019/ China ^[31]	Nursing students' experiences with faculty incivility in the clinical education	3397 studies	Qualitative systematic review, meta-synthesis

Table 2: Demographic characteristics of patients

Characteristics		Students		Faculty	
		n*	p	n	p
Gender	Male	5	55.48	3	42.86
	Female	4	44.52	4	57.14
Marital status	Single	6	66.58	3	42.86
	Married	3	33.42	4	57.14
Age	<18	2	22.18		
	18-22	4	44.52		
	>22-26	3	33.30		
Work experience (year)	<3			1	14.32
	2-6			3	42.84
	>6			3	42.84
Educational section	Bachelor	6	66.58		
	Master	3	33.42		
Scientific degree	Instructor			4	57.14
	Assistant professor			3	42.86

*n: noun, p: percent

checking and the maximum variation of selecting participants and peer checking. The validity was confirmed through the approval of 5 nursing faculties. The results were sent back to provide corrections by participants. Debriefing the code and categories with expert faculty members attested to the credibility of the results. At the conclusive analysis phase, the results of the fieldwork phase were compared with the results of the theoretical phase, and a refined definition of the concept was provided.

Ethical considerations

This research was conducted with code of ethics of IR.NASRME.REC.1400.485. Ethical considerations

included obtaining informed consent and assuring participants that the data were confidential.

Results

Findings of theoretical phase

In the theoretical phase, attributes of concept are identified that include dimensions of a concept that can provide a clear description.^[14] Three themes were revealed as the terms of attributes, antecedents, and consequences. Incivility in nursing education has several attributes: unconventional communication, irresponsible, and disrespectful behavior [Table 1].

Attributes

Unconventional communication

Inappropriate communication is an attribute of incivility and appears as disrespect and a lack of empathy.^[7] Researchers have introduced civility as a moral virtue, including careful listening, empathetic dialog, and sharing viewpoints. Behaviors such as arrogance cause inappropriate reactions. Students and teachers need to be aware of appropriate behaviors to develop civility.^[15]

Disrespectful behavior

Incivility is characterized by intolerance of others, opposition, violence, and offensive behaviors.^[16] The most common incivilities are disturbing others, cellphone use in meetings, rude statements, gossip, humiliation, late entrance, disrespectful writing or speech, challenging the science or credibility of the teacher, threatening others, being unprepared for the class, and being disrespectful.

Irresponsible behavior

People need the responsibility and accountability to succeed in social relationships. Incivility is a manifestation of irresponsibility and commitment to social duties.^[17] Commitment to civility creates responsibilities to prevent social disorder.^[2] Irresponsible behaviors have been introduced as incivility in nursing education.^[18]

Antecedents

Individual difference

Incivility is caused by the rejection of common differences and contexts and may be natural to some.^[7] Cultural, religious, and family differences affect individuals' behavior.^[19] Many students aim toward college is merely to earn a degree, so they insist on taking courses that require the least effort.^[20] Intolerance and lack of self-control in harsh working conditions also lead to incivility.^[21]

Stress

The continuum of incivility includes a range of irritating to threatening behaviors and stressors, in students and professors are the main cause of incivility. Traffic, noise, financial problems, and family disputes,^[3] lack of time management, competition, desire for improvement, staff displacement, and conflict cause stress for faculty and students. Nurses are exposed to stressors because of their interaction with patients.^[18]

Unsafe learning conditions

Incivility disrupts learning conditions by distracting others, rude remarks, offensive conversations, and threats.^[22] Therefore, healthy relationships lead to meaningful learning. Behaviors of students and faculty members should be respected and exchanged. Such conditions create a safe and effective learning environment.^[23]

Consequences

Harm to the individual

Incivility reduces self-esteem of students and faculty members.^[24] Fatigue, weight loss, digestive problems, headaches, hypertension, palpitations, and mental illness are complications of these behaviors. Violent behaviors can result in beatings and injuries.^[14] New graduates and nurses are more vulnerable to such situations and may become disenfranchised.^[25]

Harm to the organization

Maintaining the right people and promoting the quality of education is conducive to the pleasurable relationship and a healthy condition.^[26] Incivility leads to job burnout and reduced productivity. Behaviors that are approved in the nursing education are transmitted to the workplace. Such conditions reduce patient satisfaction. It affects on the quality of care, costs, and credibility of the organization.^[27]

Harm to the profession

Nursing is a profession of integral kindness, compassion, respect for human, and moral dignity.^[28] Good relationships in the care of patients and colleagues is an art that helps to promote the nursing profession. Incivility endangers the integrity of the profession by reducing efficiency and negative patient outcomes.^[4]

Define the concept in the theoretical phase: Incivility includes unconventional communication and disrespectful and irresponsible behavior in nursing education that is caused by stress and individual's differences and leads to harming the individual, the organization, and the profession.

Findings of the fieldwork phase

Attributes

Based on content analysis, 123 initial codes were extracted. In this phase, nine subcategories and three categories were achieved. Attributions of this concept in the fieldwork phase included unmanaged behavior and being contrary to academic goal [Table 3].

Unmanaged behavior

Incivility is an uncontrolled behavior. Students and faculty members emphasized the role of managers in promoting civility. Surveillance, punishment such as taking off point, and supervision are effective tools in preventing and controlling incivility. Some faculty members do not have the power to control the students. "Some professors do not have the power to control the classroom. When a student misbehaves, he (the professor) cannot control it. The situation of clinical course is worse than class." (Student 8) "The teacher has to work to control the student. Discipline causes others not to misbehave." (Student 5).

Behavior contrary to academic goal

The purpose of the university is to promote the education of students and training of competent nurses. Incivility indicates that students and professors are not aligned with the college's purpose. The statements of the professors and students were as follows: "Nursing educators and nurses eat their young nursing students and forget they were once like us. The goal is to graduate

Table 3: Attributes extracted from fieldwork phase

Category	Subcategory
Unmanaged behavior	Lack of supervision of behavior
	Lack of classroom management
	Not encouraging right behavior
	Not punishing wrong behavior
Behavior contrary to academic purpose	Lack of motivation for learning in students
	Not trying to teach
	Studying just for a degree
	Teaching just for promotion
	Education as a tool for making income

successfully.” (Student 5). *“We didn’t know why we were coming to class. The trainer did not state the objectives. This is a continuing problem. We don’t understand what the trainer wants.”*(Student 9) *“They read the lessons only for evidence.”* (Professor 2).

“Stricture is done where it is not necessary but there is no stricture about learning. They want to finish the class early; they just want to take the course.” (Professor 3).

Antecedents inappropriate role models

Incivility is learned from others. The teacher, manager, staff, and family are important role models. Some of the participants’ statements include: *“When a faculty member humiliates his or her students, they learn from him.”* (Professor 7) *“We have to educate the clinical skills but she is wasting our time in hospital. Should we do her work? Educators should demonstrate positive manners.”* (student 2).

Improper application of technology

Media and modern technology can enhance the incivility. Inappropriate use of mobile phones, email, and other technologies can influence the learning of misbehaviors. Participants’ statements included: *“We have no plans for a cultural invasion now.”* (Professor 7) *“The virtual world has made these conditions. They are constantly busy with the cell phone.”* (student 5) *“They post funny pictures and subjects about the teacher on Telegram and everyone laughs.”* (Professor 1).

Consequences

Disrupted professionalism

Use of good language and being accountable are examples of professionalism that should be demonstrated by the students and faculty. Participants’ statements included: *“The most important danger of these behaviors is reducing nursing student’s efficiency in educational setting and hospitals.”* (Professor 6) *“Spreading disrespectful behaviors threatens the quality of education and nursing care.”* (Professor 1) *“Impolite communication could harm our professional relationships and impact the nursing profession.”* (Professor 3).

Findings of the final phase

The findings of the fieldwork confirmed the theoretical results. Most of the extracted codes were repeated in the second phase a comprehensive definition was provided. According to data, incivility is “unconventional communication, the disrespectful, irresponsible and unmanaged behaviors that are contrary to academic goal and result from stress and individual differences, improper application of technology and inappropriate role models, and by creating an unsafe learning environment lead to harming the person, the organization and the profession.”

Discussion

In this analysis, the empirical data were obtained from the Islamic culture and Persian context, as well as confirming the data of the previous literature on “incivility in nursing education” in other countries and some other properties of incivility were explained. A review of literature showed that unconventional and disrespectful behaviors were features of incivility that were reported in previous studies. In the second phase, unmanaged behaviors that are contrary to academic goals were added to the two previous features. According to the final findings, incivility is “unconventional communication, the disrespectful, irresponsible and unmanaged behaviors that are contrary to academic goal and result from stress and individual differences, improper application of technology and inappropriate role models, and by creating an unsafe learning environment lead to harming the person, the organization and the profession.” Unmanaged behavior, as a new feature is affected by the individual differences. It is obvious that the psychological, cultural, social, and religious differences of individuals are unavoidable. According to a similar study, civility depends on individual understanding of the standards and expectations in social relationships.^[11] Persons who violate norms of behavior provide the conflict. The managers need to control uncivil relationships.^[28] According to the researcher, managed communication has influenced the dissemination of a culture of civility in nursing education.^[23] Literature showed that insulting, humiliating, and disparaging are examples of dishonest behaviors that are contrary to academic goals.^[29] Creating a safe environment requires that the university managers and the clinical setting work together for these sectors: educating faculty and student responses to uncivil behaviors,^[30] having faculty monitor civility, having peer support, and establishing a positive professional role model.^[31] Studies have shown that to reach a common conclusion, beliefs must be consistent. Tolerance and acceptance of differences through discussion for reaching a common ground constitutes civility.^[29] Our results indicated that incivility has been named as an irresponsible behavior. Individuals must become familiar with the ethical virtues of society.^[11] Understanding the importance of politeness and ethics reduces destructive behaviors and eliminates conflict.^[15]

Lack of academic goal was another attribute that was highlighted in this study. The obscure and unclear expectations, the tendency to complete the course easily and obtain a hassle-free degree,^[2] and rapid promotion and competing with colleagues have led to misbehavior.^[3] The purpose of the faculty members was tenure and rank, and for the students, it was a future degree and employment. They were unmotivated for learning.^[5] Ignorance and trying to calm the situation are associated with incivility. The reward and punishment system and the evaluation of competence are based on the management principle

of incivility. Researchers have stated that managers need to create appropriate relationships in college.^[32] The implementation of codes of ethics is also consistent with incivility, and everyone must obey them.^[33] Participants pointed to the role models in the development of incivility. Proper performance by demonstrating behavior can promote civility culture.

We found that inappropriate role model contributed to incivility. Students learn from their teachers. Teachers who cancel classes without prior notice and insult students are unable to teach civility.^[32] According to the students, teachers are a role model for the student. Students learn professional roles through communication.^[23] This research showed the impact of improper application of technology on incivility. The inappropriate use of technology was also a precedent which is consistent with the findings of other studies.^[8] Working with advanced communication tools causes problems.^[26] Sending inappropriate emails, playing with cell phones, and distracting others with electronic devices are examples of the uncivil behavior. Based on our findings, creating an unsafe learning environment leads to harming the person, the organization, and the profession. It is similar to those research studies which indicate that harm to individual, organization, and profession is the result of incivility.^[34] These behaviors have had adverse consequences for offenders, co-workers, managers, and ultimately, organizations.^[7] In similar studies, individual and organizational factors have been associated with behaviors.^[35] Ethics, kindness, respect, and avoidance of threats, humiliation and violence have been effective in promoting the culture of the organization, improving the quality of services and satisfying people.^[36] According to other studies, trust, honesty, and ethical values need to maintain professional integrity. Within the workplace, civility and respectful relationship helps the nurse to accomplish the quality of care and integrity of nursing profession. Therefore, incivility threatens the efficacy of patient care outcomes negatively.^[10]

This research had three limitations. The literature review was restricted to papers published between 2000 and 2019 written in English language. The generalizability of the results is limited by qualitative approach in the field phase. This concept analysis is limited to nursing viewpoint.

Conclusion

Incivility is unconventional communication, disrespectful, irresponsible, and unmanaged behaviors that are contrary to academic goals. It could be used in model building and modifying performance. Designing a civility support system for nursing schools should be considered. Nursing faculties can use these results for revising academic policies and educational curriculum in different levels of nursing, including professionalism and ethical issues.

Acknowledgments

The authors thank the nursing faculty members and students who contributed to the research (Grant No. 4000494).

Financial support and sponsorship

National Agency for Strategic Research in Medical Education. Tehran. Iran

Conflicts of interest

Nothing to declare.

References

- Hudgins T, Layne D, Kusch CE, Lounsbury K. Disruptive academic behaviors: The dance between emotional intelligence and academic incivility. *J Acad Ethics* 2023;21:449-69.
- Rawlins L. Faculty and student incivility in undergraduate nursing education: An integrative review. *J Nurs Educ* 2017;56:709-16.
- Eka NGA, Chambers D. Incivility in nursing education: A systematic literature review. *J Nurse Educ in Pract* 2019;39:45-54.
- Holtz HK, Rawl SM, Draucker C. Types of faculty incivility as viewed by students in Bachelor of Science in Nursing programs. *J Nurs Educ Perspect* 2018;39:85-90.
- Ibrahim SAE-A, Qalawa SA. Factors affecting nursing students' incivility: As perceived by students and faculty staff. *J Nurse Educ Today* 2016;36:118-23.
- Rad M, Ildarabadi E-h, Moharreri F, Moonaghi HK. A study of incivility in the Iranian nursing training system based on educators and students' experiences: A quantitative content analysis. *J Glob J Health Sci* 2015;7:203-9.
- Clark CM. An evidence-based approach to integrate civility, professionalism, and ethical practice into nursing curricula. *Nurs Educ* 2017;42:120-6.
- Muliira JK, Natarajan J, Van Der Colff J. Nursing faculty academic incivility: Perceptions of nursing students and faculty. *BMC Med Educ* 2017;17:253.
- Woodworth JA. Promotion of nursing student civility in nursing education: A concept analysis. *Nurs Forum* 2016;51:196-203.
- Sherrod JT, Lewallen LP. Workplace incivility and its effects on the physical and psychological health of nursing faculty. *Nurs Educ Perspect* 2021;42:278-84.
- Abedini Z, Parvizi S. The effects of group discussion and self-learning on nursing students' civility. *Iran J Nurs Midwifery Res* 2019;24:268-73.
- Enworo OC. Application of Guba and Lincoln's parallel criteria to assess trustworthiness of qualitative research on indigenous social protection systems. *Qual Res J* 2023;23:372-84.
- Graneheim UH, Lundman B. Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurs Educ Today* 2004;24:105-12.
- Peters AB. The concept of incivility: A case study. *Teach Learn Nurs* 2015;10:156-60.
- Abedini Z, Parvizi S. Student's perceptions of using scenario-based education to improve civility: A mixed method study. *J Adv Med Educ Prof* 2019;7:165-74.
- Hyun MS, De Gagne JC, Park J, Kang HS. Incivility experiences of nursing students in South Korea. *Nurs Ethics* 2018;25:186-98.
- Park E-J, Kang H. Experiences of undergraduate nursing students with faculty incivility in nursing classrooms: A meta-aggregation of qualitative studies. *Nurs Educ Pract* 2021;52:103002.
- Buhrow SR, Yehle RR. Nursing academic incivility awareness among ADN nursing students. *Teach Learn Nurs* 2023;18:107-11.
- Kim J-S. Relationship between incivility experiences and nursing

- professional values among nursing students: Moderating effects of coping strategies. *Nurs Educ Today* 2018;65:187-91.
20. Ahn Y-H, Choi J. Incivility experiences in clinical practicum education among nursing students. *Nurs Educ Today* 2019;73:48-53.
 21. Park E-J, Kang H. Faculty-to-faculty incivility in nursing academia: A qualitative systematic review. *J Prof Nurs* 2023;48:1-14.
 22. Stievano A, Bellass S, Rocco G, Olsen D, Sabatino L, Johnson M. Nursing's professional respect as experienced by hospital and community nurses. *Nurs Ethics* 2018;25:665-83.
 23. Anderson J, Kornhaber R, West S, Cleary M. Incivility and nursing academia: Fouling the proverbial nest. *Issues Ment Health Nurs* 2022;43:1160-2.
 24. Peters AB. Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *J Prof Nurs* 2014;30:213-27.
 25. Mohammadipour M, Hasanvand S, Goudarzi F, Ebrahimzadeh F, Pournia Y. The level and frequency of faculty incivility as perceived by nursing students of Lorestan University of Medical Sciences. *J Med Life* 2018;11:334-42.
 26. Zieffle K. Incivility in nursing education: Generational differences. *Teach Learn Nurs* 2018;13:27-30.
 27. Fontenot J, Hebert M, Stefanski R, Morris D. Systemic antecedents of academic incivility in nursing: An integrative review. *Teach Learn Nurs* 2024;19:192-201.
 28. Aul K. Who's uncivil to who? Perceptions of incivility in pre-licensure nursing programs. *J Nurs Educ Pract* 2017;27:36-44.
 29. Ehsani M, Farzi S, Farzi F, Babaei S, Heidari Z, Mohammadi F. Nursing students and faculty perception of academic incivility: A descriptive qualitative study. *J Educ Health Promot* 2023;12:44.
 30. Rafati F, Nouhi E, Sabzevar S, Nayyeri ND. Nursing students, experiences of incivility and received support in the clinical setting. *Int J Adv Biotechnol Res* 2017;8:1503-15.
 31. Zhu Z, Xing W, Lizarondo L, Guo M, Hu Y. Nursing students' experiences with faculty incivility in the clinical education context: A qualitative systematic review and meta-synthesis. *BMJ Open* 2019;9:e024383.
 32. Thupayagale-Tshweneagae G, Dithole K, Baratedi W, Raditloko S. Nurse educator academic incivility: A qualitative descriptive study. *Int Nurs Rev* 2020;67:411-9.
 33. Seah B, Ang ENK, Liaw SY, Lau ST, Wang W. Curriculum changes for pre-registration nursing education in times of COVID-19: For the better or worse? *Nurs Educ Today* 2021;98:104743.
 34. Milesky JL, Baptiste D-L, Foronda C, Dupler AE, Belcher AE. Promoting a culture of civility in nursing education and practice. *J Nurs Educ Pract* 2015;5:90-4.
 35. Rad M, Ildarabadi E-h, Moharreri F, Moonaghi HK. Causes of incivility in Iranian nursing students: A qualitative study. *Int J Community Based Nurs Midwifery* 2016;4:47-56.
 36. Russell MJ. Teaching civility to undergraduate nursing students using a virtue ethics-based curriculum. *J Nurs Educ* 2014;53:313-9.