

Perceptions of nursing students and nursing faculty about incivility and its factors in nursing education: A descriptive qualitative study

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Author's Contribution

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A B S T R A C T

Introduction: Incivility is commonly observed in number of schools including nursing institutions around the world. It affects both, students and faculty members by interrupting class discipline and the learning environment. Thus, understanding the factors leading to incivility in nursing college will assist in identifying strategies to deal with the problem.

Objective: To explore the perceptions of nursing students and faculty members about incivility and its factor in nursing education.

Methodology: A qualitative descriptive design was used and participants, from a private college of nursing Islamabad, Pakistan, were recruited through purposive sampling. One on one in-depth interview was conducted with five faculty members and 12 students using an open-ended interview guide. Using content analysis, codes were identified and similar codes formed the categories and theme evolved from the categories.

Results: Data analysis generated a description of incivility, uncivil behaviors, factors causing incivility, and strategies to overcome incivility as categories. The most leading factors of incivility were the lack of teaching-learning strategies and the socio-cultural and family background of students. The strategies that suggested overcoming incivility were orientation sessions, professional development activities, and developing policies to reduce incivility in the institution.

Conclusion: For improving civility in nursing college, insight about incivility among students and faculty members is to be developed and policies to be in place to address unacceptable behaviors in a timely and effective manner.

Keywords: Perceptions, Faculty Uncivility, Nursing students, Uncivility, Nursing education

Introduction

Incivility refers to social behavior including lack of courtesy and regard to others.¹ It is increasingly seen in nursing students and faculty members and it results in uncooperative and unpleasant educational environment.² The most commonly seen uncivil behaviors in students are coming late and leaving early, coming unprepared, using a cell phone, speaking loud, irrelevant and inappropriate conversation, and showing a rude gesture, irrelevant content sharing, asking and giving special favors, chewing gums, eating snacks, deviating from the course syllabus, and changing assignments or test dates.^{3, 4} These

behaviors can be observed between students and faculty members, or among faculty members. The potential causes of incivility include getting attention, ignorance, unnecessary expectation, personality traits and upbringing of an individual.^{4, 5}

Incivility affects both students and faculty members. It can influence one's personal and professional life resulting in low self-esteem and a loss of confidence. Also, it interrupts class discipline and acts as a barrier in learning. If students are bullied in during their professional development, they can adopt the negative behaviors and

project them onto others.⁶ Specifically, in nursing education, uncivil behavior is carried by nursing student to their professional practice and it affects their interaction with co-workers and the patients.^{7,8}

A policy of zero tolerance, a set rule if violate that must be punished or have penalty to all academic incivility can be enforced in the institutions, and regular monitoring and evaluation can be done as part of the preventive strategies.⁹ Incivility can be minimized at workplace through effective student-faculty members' communication. This would not only improve the behaviors among nursing students but also contribute to improving patients' care in the health care setting.^{10, 11} Previous research about incivility reports conflicting results due to distinct sociocultural contexts, language, and background of students and the faculty. Hence, it is important to explore the perceptions of nursing students and faculty members about incivility from Pakistani perspective.

Methodology

A qualitative descriptive design was used. This approach is useful when a researcher wants to capture lived experiences related to the phenomenon. It helps the researcher to explore what happened, why it happened, where did it happen and who was involved.¹² The study was conducted in one of the private colleges of nursing in Islamabad, Pakistan. The population included students of all four years of Bachelor of Science in Nursing (BSN) program and faculty members teaching in the same program. Purposive sampling was used to recruit participants based on the inclusion criteria: students studying in the BSN program and teachers with a minimum of three months' experience.

The data were collected during November 2019 to February 2020. In-depth interviews were conducted by the primary researcher using an open-ended interview guide. During the interviews, description and causes of uncivil behavior, experiences and observation of such behaviors in nursing college, the way it was managed and lastly, the suggestions for enhancing civil behaviors were explored from the participants. Interviews were conducted in English and Urdu languages for better expression and articulation of experiences. The researchers have expertise in both the languages. After the transcription of the interviews, translation from Urdu to English was done by the primary

investigator and it was ensured that the true meaning and essence of content was maintained.

The faculty members were recruited by emailing to them the information about the study and those who volunteered were included in the study. To allow variation in participants, no specification was made in terms of age, ranks, and subjects taught. For students, the information sheet with the contact details of the primary investigator was displayed on the notice boards of the college. Those students who contacted the primary researcher and volunteered were included in the study.

As per the convenience of the participants, in-depth interview with each participant was conducted and it took approximately 30-60 minutes. All interviews were audiotaped and transcribed verbatim by a research assistant and verified by the research team. Data were analyzed using Hsieh and Shannon's (2005) content analysis method. The steps involved were transcribing the interviews, verification of the transcript with audio recording, and highlighting the keywords and phrases to develop codes. The similar codes were grouped to form categories and finally categories into a theme.¹³ The rigor was established using Lincoln and Guba's (1985) trustworthiness criteria. Credibility of data was ensured by prolonged engagement with participants, by giving them enough time to express their thoughts, probing questions for detailed information, observing their gestures, and returning to two interviewees for clarification of few terms. Lastly, the data and all sources were also checked and reviewed by the co-authors of this study. To ensure dependability, the researcher listened to the recordings to cross-check the transcription and read it several times to verify codes and categories aligned with raw data collected. To maintain conformability, an independent peer researcher was involved to look at the data to see the consistency of the findings and interpretations.

This process confirmed the accuracy of the results except for difference in one of the codes. For example, the researcher coded description of incivility as 'rudeness' while the independent reviewer labeled it as 'aggression'. Also, co-authors listened to recordings and read the transcripts to see the consistency of the findings. The in-depth interviews with 17 participants allowed collection of rich data. It can be proposed that the richness of the descriptions provided in the study was sufficient to

enhance the transferability of study findings. Thus the findings can be transferrable to the other nursing institutions within Pakistan provided the context is similar.

The study approval was obtained (IRB) # 282-772-2019). Written informed consent was obtained and the participants were given the right to withdraw from the study at any time. To maintain the confidentiality of the participants, codes such as F-01, F-02 and so on for faculty

members and S-01, S-02, and so on for student participants' were assigned. In-vivo and interpretative coding was used to assemble information into 10 sub-categories, four (4) categories and a theme. The theme evolved is 'incivility in nursing education'. The four main categories include a description of incivility, types of uncivil behaviors, factors of incivility, and strategies to address incivility (Figure 1).

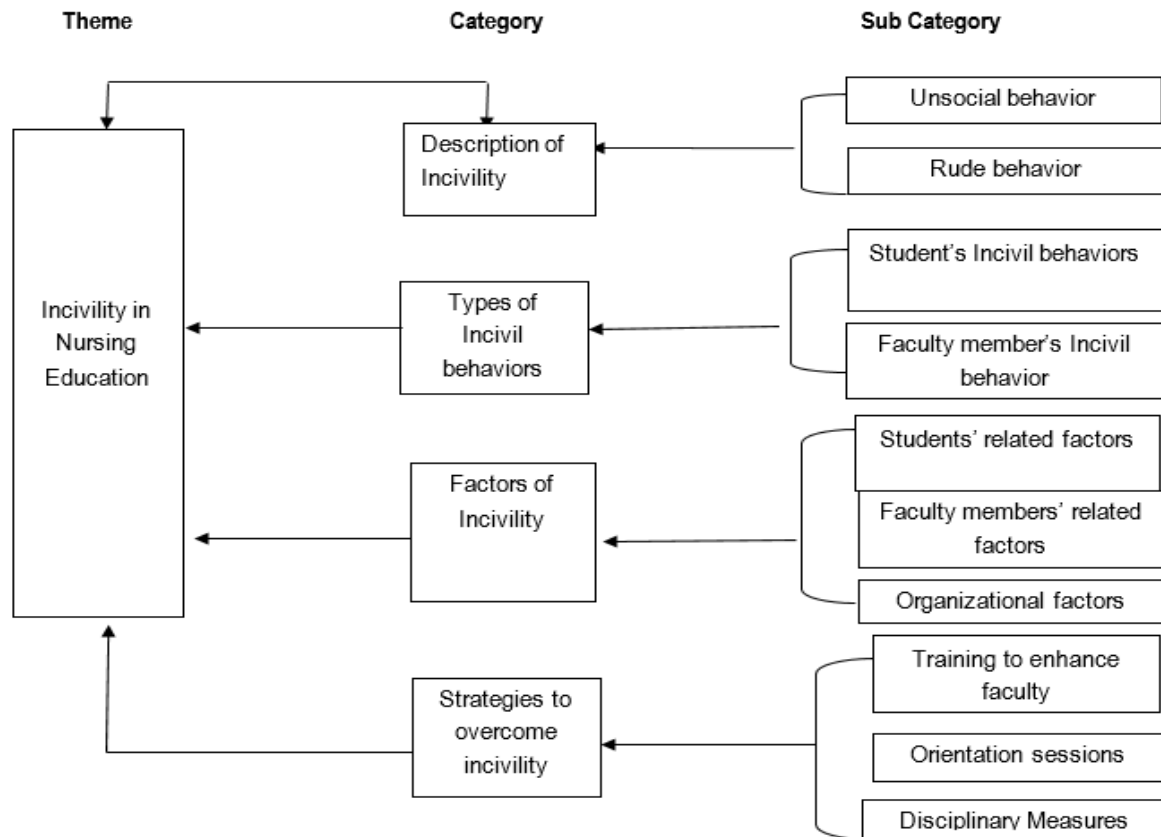


Figure 1: Themes and Categories Emerged from Subcategories

Results

Of 17 participants, 12 were students and five were faculty members. The majority of students (8) were female and participants' age ranged between 20-25 years. Regarding educational background, nine had Intermediate qualifications from private institutions (Table 1). Of the five faculty members, three were female with age ranged of 31-39 years (Table 2).

Table 1: Demographic Characteristics of Student Participants (n=12)

Demographics (Students)		
Variable	No of Participants	Percentages
Gender		
Male	4	33.33 %
Female	8	66.66%
Age		
20-22 year	7	58.33%
23-25 year	5	41.66%

Matriculation		
Private	7	58.33%
Government/public	5	41.66%
Intermediate		
Private	9	75%
Government/public	3	25%
Year of BSN		
I year	3	20%
II year	3	20%
III year	3	20%
IV year	3	20%

Table 2: Demographic characteristics of faculty members' participants (N=5)

Demographics (Faculty)		
Variable	No of participant	Percentages
Gender		
Male	2	40%
Female	3	60%
Age		
31-33 years	1	20%
34-36 years	2	40%
37-39 years	2	40%
Qualification		
Bachelors of science	1	20%
Post Registered Nursing	1	20%
Master in Public Health	2	40%
Master of Philosophy	1	20%
Rank		
Junior Lecturer	1	20%
Lecturer	1	20%
Senior Lecturer	2	40%
Assistant Professor	1	20%
Teaching Experience		
3-5 years	1	20%
5-10 years	3	60%
10-15 years	1	20%
Classification of Faculty members by Profession		
Nursing	4	69.2%
Non-Nursing	1	30.7%

Description of Incivility

The majority of the participants described incivility as unsocial behavior or rude behavior. Each of these

descriptions is supported by participants' quotes in the below section.

Unsocial Behaviour

The participants shared that they all felt bad when people dealt with them inappropriately. Participants expressed incivil behavior as a result of pre-set rules and regulations created by the society being violated. If an individual does not comply with the rules, it is considered incivility. As illustrated by one of the faculty members' participants, *"Behavior that are not socially acceptable, could be a lack of good manners; it's not only the manners but also some of the behaviors; disrespecting behavior and undesirable behavior in certain circumstances"* (F-01)

Rude Behaviour

Participants considered behaving rudely, having a rude tone and inappropriate body language as incivility. One of the participants expressed, *"Rudeness is seen when the students are told where they are wrong. They consider it as their insult, and it is then either evident by their rude tone or inappropriate body language"* (F-01).

Types of uncivil Behaviours

The second category includes types of uncivil behaviors which are further divided into two subcategories that is students' uncivil behaviors and faculty members uncivil behaviors.

Students' uncivil Behaviours

Various types of uncivil behavior mentioned by the participants were interrupting learning behaviors, disrespecting faculty, and breaking rules and regulations.

1. Interrupting learning behaviours.

This is a subcategory of student incivility. As shared by the participants, it is depicted in the classroom in various forms like making noise, gossiping during the lecture, responding in chorus while answering to the faculty members and sleeping in the class. One of the participants mentioned, *"Texting and paper chats while sitting at the back of the class are very common"* (S-01). Another participant shared, *"We tend to call others by different names like fat, dark or short height"* (S-04).

2. Disrespecting faculty

A subcategory of student incivility as shared by students includes talking in high tone, entering the faculty's

office without permission, and blaming and disrespecting faculty. One of the participants shared, “*Students think that the teachers have all the answers. Therefore, if teacher fails to respond they start behaving rudely*” (S-05).

3. Breaking Rules and Regulations

Participants shared, breaking rules and regulations include dressing inappropriately, not doing pre-post readings, coming late, using cell phone in the class. One participant explained, “*If a student posts the marks, his/her friends posts irritating and discouraging comments and their screen shots are later shared on WhatsApp.*” (S-06).

Faculty’s In-civil Behaviours

Various types of faculty members uncivil behaviour include do not guide students and faculty members modelling incivility.

1. Do Not Guide Students

Several participants shared their views that, in the classroom, students look up to teachers for giving direction and guidance which teachers fails to do. Participant shared, “*When asked questions, teachers show ignorance and refer us to Google*” (S-02).

2. Faculty members Modelling Incivility

Participants shared that the teachers should be the role models for them. However, when teachers are disrespectful towards students, students also become disrespectful towards teachers. Students hardly pay attention and pass degrading comments. One student explained, “*At times faculty members demonstrate anger, aggression and shout in class*” (S-01). Several participants shared that faculty-student boundaries are violated, “*the male teacher said that “yeah you look very beautiful with that smile but please control it because it confuses me”*”(S-11).

Factors Affecting Incivility

This category includes factors that influence incivility among students and faculty. These factors are sub-categorized as students’ related, faculty members related and organizational related factors.

Lack of motivation.

According to the participants, they lack interest in the profession, are pressurized to join nursing, and lack experiencing innovative teaching and learning strategies. One participant shared, “*we lose interest if a teacher fails to engage students*” (S-02). Another participant expressed, “*Families force students to get into the nursing profession; hardly 3 or 4 out of 45 will share that they joined the profession on their own will*” (S-03).

Multiple Assignments.

The high expectations of the faculty members were highlighted as a reason for incivility. As one of the faculty members stated the multiple duties she performed. “*Every day new assignment, new task and new objectives which makes it difficult for us to fulfill all the tasks and it creates stress*” (F-01). Expressing the burden of assignments, a student participant stated, “*I feel like we are being grinded [Aisa lag raha tha kay hame grinder may dal kay pisa ja raha hai]*” (S-01).

Attention Seeking.

Attention-seeking behavior is another cause of incivility. A participant shared, “*To become the center of attraction, student tries to look different*” (F-05). Another participant stated, “*Students distract class continuously, moving in and out of classroom.*” (S-03).

Socio-cultural and Family Background.

Socio-cultural and family issues were considered as one of the major factors for student incivility. A participant shared, “*Hostel/Hostile environment is not good to study and the courses are tough. In addition, financial issues and family pressure to score good marks add to it and may lead to uncivil behavior*” (F-03).

Faculty Members’ Factors

This category represents factors that lead to uncivil behavior in faculty; it includes incompetent faculty, lack of classroom management skills, and student faculty members’ relationship.

Incompetent Faculty.

Incompetent and less experienced faculty members lead to a high incidence of incivility. One of the participants shared, “*If a teacher is new and lacks teaching experience, she may not be able to deal with students, make a lesson plan, or use appropriate [teaching] strategy*” (S-08).

Lack of Classroom Management Skills.

The class management is one of the necessary skills which were thought to be lacking in teachers. One participant expressed,

The teacher does not utilize effective strategies to engage learners. The teacher comes unprepared, wastes class time by sharing his/her own or sometimes other's story with the students. She teaches in haste and thus it becomes a burden for the student and they have to study on their own (S-07).

Student-Faculty members Relationship

According to the participants, faculty members demonstrate frankness and favoritism in class. A participant shared, *"The times have changed; faculty members is frank with some students as compared to others" (F-01)*. Another participant expressed, *"If I have scored good marks, I am in good books of the teacher as compared to the ones who didn't score well [in tests/exams]" (S-05)*.

Organizational Factors

The organizational factors included faculty members' workload, faculty members taking Masters of Science in Nursing (MSN) courses, financial issues, and un-checked behaviors of administrative staff.

Faculty members Workload

Few participants shared the heavy teaching load, involvement in different committees, and expecting good teaching without assessing teachers' expertise leads to faculty members' incivility. One participant expressed that, *"Involvement in different committees at college, teaching subjects with no expertise... dealing with their family issues affects their performance and also lead to uncivil behavior, which might include not covering the objectives and not teaching properly" (F-04)*.

Faculty members Enrolled in Masters Courses.

Faculty members enrolled in the MSN program are teaching and learning simultaneously and it can burden them and lead to uncivil behavior. A participant stated, *"Teachers who are involved in both studying and teaching don't get time for themselves and thus react differently by exhibiting uncivil behavior" (S-04)*.

Financial Issues.

The financial issues were thought to contribute to incivility. A participant expressed, *"Salary package is not*

satisfactory so this could cause faculty members incivility" (F-03). Another participant shared, *"Promotion matters, faculty members may behave in an uncivil manner and may get angry for not being promoted" (F-04)*.

Unchecked Behaviour of Administration Staff.

Several participants verbalized that administrative staff should be given feedback on their inappropriate behavior. A participant stated, *"Faculty members are being evaluated one or two times in a semester but no one is evaluating the administrative staff [for their misbehavior]" (F-01)*.

Strategies to Overcome Incivility

The last category evolved from the study was strategies to overcome incivility. This is further is divided into sub-categories: enhancing orientation sessions for students, training to enhance teacher competency and disciplinary sanctions.

Enhancing Orientation Sessions

During the orientation of inducting class, the norms and values of the organization including civil and uncivil behaviors and its consequences can be explained. Also, involving new students' parents can help them support their children for successful completion of studies. Participant stated, *"As new students join in, they are much stressed and need counseling to make them comfortable to adjust. The family should be involved and counseled not to expect too high from their children; I believe family support is of great importance" (S-07)*.

Training to Enhance Faculty members Competency

The participants suggested conducting workshops for faculty members on incivility, time management, innovative teaching, and dealing with difficult students. A few participants verbalized the importance of above competencies, *"If the teacher is well prepared, has good command on subject, managing time [well], I feel a student will give you more respect" (F-03)*.

Disciplinary Measures

To maintain discipline in the college, it is necessary to have policies on civility, feedback system, and observing faculty members and students' behaviors and performance during the class. Faculty members' participant expressed, *"if policies are in place, we make sure those are implemented properly to reduce incivility. These policies must be explained to faculty, staff and students" (F-02)*.

Discussion

Most of the participants perceived that incivility exists amongst students and faculty members due to limited understanding and awareness. We identified various uncivil behaviors such as calling a student by derogatory name, gossiping during the lecture, and responding in chorus while answering to the faculty. The literature also supports using of conversations during class, making sarcastic gestures, sleeping in class, demanding make-up examinations, extensions, and refusing to answer direct questions as uncivil amongst students.^{1, 4, 14-18} The uncivil behaviors described by the participants can result in disruptive learning environment. Such environment hinders students' learning and could be a possible reason for ineffectiveness of strategies like working in groups or learning in larger groups.⁵

The types of faculty members uncivil behaviors identified were lack of guidance to students, rudeness, and nepotism. A mixed method study in nursing education within the South Eastern United States noted that first-year students described faculty members showing favoritism and uncaring attitude whereas the final year students described faculty members being rigid and acting superior.¹⁹ Although faculty members acting superior did not emerge from the current study but ignoring students and not guiding them properly were identified as incivility. Previous studies also reported poor classroom management, demeaning comments, and biasness as uncivil behaviors.^{19, 20}

The faculty members of the opposite gender crossed faculty-student boundaries by their verbal and non-verbal gestures. Also, the crossing of faculty-student boundary has a reciprocal effect. Hyun et al²¹ mentioned that the blurred boundaries between faculty members and students can promote inappropriate behaviors. The participants mentioned that they lacked motivation due to parents forcing them to join the program and not having a clear nursing vision. Selecting a career by choice is very crucial which enables a student to do things constructively.²²

Attention-seeking behavior was considered as one of the causes of students' incivility. Students aged 15-24 tends to gain everyone's attention through both verbal and non-verbal cues and may disturb the class decorum.²³ This attention seeking behavior imply the effect of personality

traits, early life circumstances, types of friends, and teachers' encounters.⁷ Knowing students' background is important for teachers. Sometimes the most mature and stable students also cope maladaptive when faced with high expectations and role adjustments in a new environment.²⁴ Socio cultural dynamics was identified as factor leading to uncivil behaviors. Some of the issues related to these factors include living away from family, financial crisis, and family responsibilities.^{25, 26}

Dealing with students effectively by providing them equal time, attention and opportunity is required to maintain effective classroom decorum. Diener²⁷ found that students mentioned that faculty members give scores according to her preconceived ideas rather than assessing the quality of work and such bias creates a sense of inequality and incivility among students. The participants highlighted orientation sessions for students, continuing professional development (CPD) for faculty members and disciplinary measures to reduce incivility. CPD of faculty members needs to be an integral part of any institution as it helps with learning new teaching-learning strategies and ways to deal with difficult students.⁸ Faculty members can practice de-escalation techniques (e.g., active listening, and reflection).²⁰

Limitation

The study was conducted only in one institution however; the findings appear to be similar in number of international nursing institutions. The researcher was the part of the same institution where the study was conducted which might have affected the openness among participants in sharing information despite assuring confidentiality throughout the research.

Conclusion

Nursing students and faculty members face anxiety and stress which may lead to frustration, anger and uncivil behavior. The results also highlighted the types of uncivil behaviors common in both the students and faculty. The strategies suggested by participants such as orientation sessions, trainings, policy development and its execution can promote civil behavior in students and staff and may improve the overall decorum of educational institutions.

References

1. Lachman VD. Ethical issues in the disruptive behaviors of incivility, bullying, and horizontal/lateral violence. *Urol Nurs*. 2015; 35(1):39-42.
2. Eka NG, Chambers D. Incivility in nursing education: A systematic literature review. *Nurse Educ Pract*. 2019; 39:45-54.
DOI: <https://doi.org/10.1016/j.nepr.2019.06.004>
3. Lasiter S, Marchiondo L, Marchiondo K. Student narratives of faculty incivility. *Nurs Outlook*. 2012; 60(3):121-6.
DOI: <https://doi.org/10.1016/j.outlook.2011.06.001>
4. Yassour-Borochowitz D, Desivillia H. Incivility between Students and Faculty in an Israeli College: A Description of the Phenomenon. *Int J Learn High Educ*. 2016; 28(3):414-26.
5. Vink H, Adejumo O. Factors contributing to incivility amongst students at a South African nursing school. *Curationis*. 2015; 38(1):1-6.
DOI: <https://doi.org/10.4102/curationis.v38i1.1464>
6. Lynette J, Echevarria I, Sun E, Ryan JG. Incivility across the nursing continuum. *Holistic Nurs Pract*. 2016; 30(5):263-8.
DOI: <https://doi.org/10.1097/HNP.0000000000000167>
7. Kaya H, Kaya N, Şenyuva E, Işık B. Personal values of baccalaureate nursing students in Turkey. *International J Nurs Pract*. 2012; 18(6):527-36.
DOI: <https://doi.org/10.1016/j.nedt.2015.08.014>
8. Rad M, Moonaghi HK. Strategies for managing nursing students' incivility as experienced by nursing educators: a qualitative study. *J Caring Sci*. 2016; 5(1):23.
DOI: <https://doi.org/10.15171/jcs.2016.003>
9. Muliira JK, Natarajan J, Van Der Colff J. Nursing faculty academic incivility: perceptions of nursing students and faculty. *BMC Med Educ*. 2017; 17(1):1-0.
DOI: <https://doi.org/10.1186/s12909-017-1096-8>
10. Anthony M, Yastik J. Nursing students' experiences with incivility in clinical education. *J Nurs Educ*. 2011; 50(3):140-4.
DOI: <https://doi.org/10.3928/01484834-20110131-04>
11. Sandelowski M. Whatever happened to qualitative description?. *Res Nurs Health*. 2000; 23(4):334-40.
DOI: [https://doi.org/10.1002/1098-240X\(200008\)23:4](https://doi.org/10.1002/1098-240X(200008)23:4)
12. Lambert VA, Lambert CE. Qualitative descriptive research: An acceptable design. *Pac Rim Int J Nurs Res*. 2012; 16(4):255-6.
13. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qualitative health research*. 2005; 15(9):1277-88.
DOI: <https://doi.org/10.1177/1049732305276687>
14. Clark CM. Faculty and student assessment of and experience with incivility in nursing education. *J Nurs Educ*. 2008;47(10):458-65.
DOI: <https://doi.org/10.3928/01484834-20081001-03>
15. Sprunk EA, LaSala KB, Wilson VL. Student incivility: Nursing faculty lived experience. *J Nurs Educ Pract*. 2014; 4(9):1.
16. Rawlins L. Faculty and student incivility in undergraduate nursing education: An integrative review. *J Nurs Educ*. 2017; 56(12):709-16
DOI: <https://doi.org/10.3928/01484834-20171120-02>
17. Cynthia MC, Pamela JS. Incivility in Nursing Education: Descriptive Study of Definition and Prevalence. *Incivility Nurs Educ*. 2007; 46(1):7-14.
DOI: <https://doi.org/10.3928/01484834-20070101-03>
18. Vickous KE. Perceptions of incivility in nursing education: a survey of associate and baccalaureate program nursing students. 2015;1.
19. Beck JW. Deconstructing student perceptions of incivility in the nursing education triad. 2009; (December).
20. Altmiller G. Student perceptions of incivility in nursing education: Implications for educators. *Nurs Educ Perspect*. 2012; 33(1):15-20.
21. Hyun MS, De Gagne JC, Park J, Kang HS. Incivility experiences of nursing students in South Korea. *Nursing ethics*. 2018; 25(2):186-98.
DOI: <https://doi.org/10.1177/0969733016684546>
22. Rad M, Ildarabadi EH, Moharreri F, Moonaghi HK. Causes of incivility in Iranian nursing students: A qualitative study. *Int J Community Based Nurs Midwifery*. 2016; 4(1):47-56.
23. Knepp KAF. Understanding Student and Faculty Incivility in Higher Education. *J Eff Teach (Internet)*. 2012;12(1):33-46.
24. Deering CG, Shaw SJ. Dealing with difficult students in the classroom. *Nurs Educ*. 1997; 22(5):19-23.
25. DeMarco RF, Fawcett J, Mazzawi J. Covert incivility: Challenges as a challenge in the nursing academic workplace. *J Prof Nurs (Internet)*. 2018;34(4):253-8.:
DOI: <https://doi.org/10.1016/j.profnurs.2017.10.001>
26. Sills MKL. Faculty-to-faculty incivility as perceived by nursing faculty. *ProQuest Diss Theses (Internet)*. 2016;149.
27. Diener EJ. *The Lived Experience of Incivility in Nursing Classrooms*. 2016.