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Incivility in Nursing Education: Experiences of Undergraduate Nursing Students

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ABSTRACT

Incivility in nursing education is a pervasive issue that significantly impacts nursing students' clinical experience and psychological well-being. This study explored the forms and frequency of incivility encountered by clinical nursing students, documented its impacts and the coping mechanisms employed, and provided recommendations for interventions. A qualitative research approach involved focus group discussions with nursing students from Ambrose Alli University. The data was transcribed and analyzed thematically. The findings revealed that nursing students frequently experience various forms of incivility, including verbal abuse, inappropriate behaviour, and unprofessional conduct from senior nurses. These behaviours led to demotivation, frustration, and psychological stress, adversely affecting students' clinical learning experiences. Coping mechanisms identified included avoidance, confrontation, and normalization, indicating a need for more effective support systems. Participants suggested several interventions to mitigate incivility, such as implementing robust regulatory frameworks, enhancing institutional support, providing education and training for senior nurses, and establishing clear reporting mechanisms. The recommendations emphasize the importance of creating a respectful and supportive learning environment for nursing students. The study's findings align with existing literature on the negative impacts of incivility in nursing education and underscore the critical need for comprehensive strategies to address this issue. Educational institutions should integrate professionalism and ethics into the curriculum, establish strong mentorship programs, and monitor clinical placements. Healthcare organizations must implement and enforce policies against incivility, provide continuous professional development, and encourage positive behaviours. Future research should focus on expanding the sample size, conducting longitudinal studies, and evaluating the effectiveness of interventions across different contexts. Addressing incivility is essential for the professional development of nursing students and the overall quality of patient care, ensuring a competent and resilient nursing workforce.

Keywords: Incivility, nursing education, clinical experience, psychological well-being, coping mechanisms

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Hemşirelik Eğitiminde Nezaketsizlik: Lisans Hemşirelik Öğrencilerinin Deneyimleri

ÖZ

Hemşirelik eğitiminde nezaketsizlik, hemşirelik öğrencilerinin klinik deneyimlerini ve psikolojik refahlarını önemli ölçüde etkileyen yaygın bir sorundur. Bu çalışma, klinik hemşirelik öğrencilerinin karşılaştığı nezaketsizliğin biçimlerini ve sıklığını araştırdı, etkilerini ve kullanılan başa çıkma mekanizmalarını belgeledi ve müdahaleler için önerilerde bulundu. Nitel bir araştırma yaklaşımı, Ambrose Alli Üniversitesi'nden hemşirelik öğrencileriyle odak grup tartışmalarını içeriyordu. Veriler yazıya geçirildi ve tematik olarak analiz edildi. Bulgular, hemşirelik öğrencilerinin kıdemli hemşirelerden sözlü taciz, uygunsuz davranış ve profesyonel olmayan davranış dahil olmak üzere çeşitli nezaketsizlik biçimleriyle sıklıkla karşılaştığını ortaya koydu. Bu davranışlar motivasyon eksikliğine, hayal kırıklığına ve psikolojik strese yol açarak öğrencilerin klinik öğrenme deneyimlerini olumsuz etkiledi. Belirlenen başa çıkma mekanizmaları arasında kaçınma, yüzleşme ve normalleştirme yer aldı ve bu da daha etkili destek sistemlerine ihtiyaç olduğunu gösterdi. Katılımcılar, sağlam düzenleyici çerçeveler uygulamak, kurumsal desteği artırmak, kıdemli hemşireler için eğitim ve öğretim sağlamak ve net raporlama mekanizmaları oluşturmak gibi nezaketsizliği azaltmak için çeşitli müdahaleler önerdiler. Öneriler, hemşirelik öğrencileri için saygılı ve destekleyici bir öğrenme ortamı yaratmanın önemini vurgulamaktadır. Çalışmanın bulguları, hemşirelik eğitiminde nezaketsizliğin olumsuz etkilerine ilişkin mevcut literatürle uyumludur ve bu sorunu ele almak için kapsamlı stratejilere duyulan kritik ihtiyacın altını çizmektedir. Eğitim kurumları, müfredata profesyonellik ve etiği entegre etmeli, güçlü mentorluk programları oluşturmalı ve klinik yerleştirmeleri izlemelidir. Sağlık kuruluşları nezaketsizliğe karşı politikalar uygulamalı ve yürürlüğe koymalı, sürekli mesleki gelişim sağlamalı ve olumlu davranışları teşvik etmelidir. Gelecekteki araştırmalar, örneklem boyutunu genişletmeye, uzunlamasına çalışmalar yürütmeye ve müdahalelerin farklı bağlamlardaki etkinliğini değerlendirmeye odaklanmalıdır. Nezaketsizliği ele almak, hemşirelik öğrencilerinin mesleki gelişimi ve hasta bakımının genel kalitesi için, yetkin ve dayanıklı bir hemşirelik iş gücü sağlamak açısından önemlidir.

Anahtar Kelimeler: Nezaketsizlik, hemşirelik eğitimi, klinik deneyim, psikolojik iyilik hali, başa çıkma mekanizmaları

1 Introduction

Nursing education is a pivotal tool in preparing nurses to deliver high-quality patient care, more so, the learning environment significantly affects nursing students' educational experiences and professional development (Lofgren et al., 2023; Sumpter et al., 2022). Incivility behaviours have been reported as one of the major problems in the clinical setting of the nursing profession (Kim & Yi, 2023; Naseri et al., 2023). Evidence has shown a significant correlation between perceived incivility and stress among final-year nursing students, suggesting that higher levels of incivility are associated with increased stress (Urban et al., 2021). According to Naseri, et al., (2011) incivility which is characterized by rude or discourteous behavior, has become a pressing issue in nursing education, adversely impacting students' clinical experiences, psychological well-being, and professional growth. The problem of incivility in nursing is complex and has gathered significant attention, with empirical evidence showing major negative implications for nurses, patients, and healthcare organizations (Alsadaan et al., 2024; Atashzadeh Shoorideh et al., 2021).

This study aims to explore, understand and document the uncivil behaviors directed at nursing students by qualified nurses. Incivility in clinical settings includes low-intensity deviant behaviors like verbal abuse, passive-aggressive actions, and social exclusion (Atashzadeh Shoorideh et al., 2021; Rushton & Stutzer, 2015). Such behaviors violate workplace norms and/or ethics of common respect and courtesy, significantly affecting nursing students due to their apprentice status and dependence on clinical instructors for guidance (Thomas, 2010). Incivility hinders students' educational experiences, negatively impacting their learning outcomes, clinical performance, and professional development, while also causing psychological distress such as increased anxiety, stress, and burnout (Lewis, 2023; Peng, 2023).

Empirical evidence indicates that nursing students frequently encounter incivility during clinical rotations, often from staff nurses, peers, and patients (Amoo et al., 2021). Globally, over 70% of nursing students report experiencing some form of incivility during their clinical education (Clark & Springer, 2010). Regionally, in North America and Europe, rates of incivility range between 50-80%, with variations depending on specific institutional cultures (Luparell, 2011).

In Africa, research indicates that a significant number of nursing students face incivility during their clinical training (Penconek et al., 2024). In Nigeria, this issue is especially pronounced, with a substantial portion of nursing students reporting experiences of incivility that greatly hinder their academic performance and clinical competence (Anarado et al., 2016).

Empirical evidence has shown that incivility in the workplace can lead to increased stress, emotional exhaustion, decreased job satisfaction, higher turnover rates, and compromised patient care due to disrupted communication and teamwork (Khan et al., 2021; Laschinger, 2014). Kim and Yi, (2023) explore the relationships between incivility, coping mechanisms, and satisfaction with clinical practice, finding that effective coping strategies can mitigate the negative impacts of incivility.

While there is extensive research on incivility in general healthcare settings, there remains a lack of empirical reports specifically addressing the experiences of nursing students in Nigeria. Most existing studies focus on the experiences of registered nurses and other healthcare professionals (Alsadaan et al., 2024; El Ghaziri et al., 2022), while only a handful focused on workplace violence (Agbaje et al., 2021; Elom et al., 2024) and incivility to nursing students (Amoo et al., 2021; Curtis et al., 2007) leaving a critical gap in understanding how incivility affects the learning and professional development of nursing students. Furthermore, despite the prevalence of incivility, the specific experiences and impacts on nursing students remain underexplored, especially in Nigeria. Factors contributing to incivility in Nigerian clinical settings include cultural norms, hierarchical structures, workload stress, insufficient communication training, and ineffective leadership (Odiri, 2024). Addressing these issues is crucial to creating a respectful clinical learning environment and improving the educational and professional outcomes for nursing students.

2 Methodology

This study adopted a qualitative-descriptive research approach to describe and document the experiences of clinical undergraduate nursing students at Ambrose Alli University (AAU) regarding incivility in nursing education. This approach focuses on the rich qualitative data derived from participants' descriptions and personal accounts (Polit & Beck, 2014). The study was conducted among 300 and 500-level undergraduate nursing students from the Department of Nursing Science, AAU, which is located in Ekpoma, Edo State, Nigeria.

A total of twenty-one (21) participants were included in this study. This sample was made up of two (2) separate focus group discussions (FGDs) using a purposive sampling technique. The first discussion group consisted of twelve (12) participants, while the second FGD included nine (9) participants. The sample comprised students who had relevant experiences and were willing to discuss them in the study. In qualitative research, the sample does not necessarily reflect the amount of data available or the depth of investigation (Hennink & Kaiser, 2022). However, the second FGD was conducted to compare and ensure data saturation. The following research questions guided this study:

1. What are the forms and frequency of incivility encountered by clinical nursing students?

2. Does incivility toward nursing students in clinical postings impact their overall experience and psychological well-being?
3. What coping mechanisms are employed by nursing students in response to incivility in the clinical environment?
4. What recommendations can be made for interventions to mitigate incivility and support nursing students in clinical settings?

All interviews were conducted by the researchers, led by the leading author, to maintain consistency in data collection. The FGDs were guided by an unstructured interview guide, which allowed participants to comprehensively describe their experiences, ensuring the collection of holistic qualitative data (Polit & Beck, 2014). The interview guide included sections on student characteristics and questions guiding the FGDs. The research questions, which focused on understanding the forms, impacts, and coping mechanisms related to incivility in nursing education, as well as suggestions for interventions, were developed with careful consideration and presented to experts from both clinical and academic fields for validation prior to data collection. This expert review process ensured that the research questions were well-aligned with the study's objectives. The study ensured validity and reliability based on criteria suggested by Lincoln and Guba: credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Each FGD session, lasting approximately 45 minutes, was audio-recorded with participant consent. The FGDs were held in a private office at AAU to minimize distractions and ensure data richness. Participants were assigned codes to maintain confidentiality. More so, the entire process for data collection took place over a period of three months, from April to June 2024. Ethical approval for the study was duly obtained and permission was also granted by the Department of Nursing Science, AAU, Ekpoma.

Thematic analysis was employed to analyze the collected data, with audio-recorded interviews transcribed verbatim and checked for accuracy. Coding was performed to generate themes and sub-themes and the analyzed data is presented in themes, categories, and excerpts, preserving the holistic nature of the participants' narratives.

3 Results

The generated data are presented in tables, showing the themes, sub-themes, and excerpts as they emerged. Table 1 consists of 21 participants, providing a diverse sample in terms of age, gender, religion, and class level. Participants in FGD 1 range in age from 21 to 27 years. The age distribution is fairly balanced, though there is a slight clustering around certain age groups. The largest group comprises 22-year-olds (eight participants), followed by 24-year-olds (four participants), and a mix of 21-year-olds (three participants), 23-year-olds (three participants), 25-year-olds (three participants), and 26-year-olds (three participants). The gender distribution in this focus group is predominantly female, with 17 females and 4 males. Religious affiliation is divided between Christianity and Islam. The majority of participants are Christians (16), while Muslims make up a smaller group (5). This religious composition reflects a similar trend to the previous dataset, with Christianity being the predominant religion among participants. The presence of both religious groups allows for a range of perspectives but highlights the need to consider the potential predominance of Christian viewpoints in the discussions. Participants' academic levels range from 300 to 500, covering various stages of university education. A significant portion of the group is at the 500 level (12 participants), indicating that many are in their final year or near graduation. There are also participants at the 400 level (8 participants) and a smaller number at the 300 level (3 participants).

Table 1: Showing p*articipants information*

FGD Participants	Age	Gender	Religion	Class-Level
Participant 1	23	Female	Muslim	500
Participant 2	22	Male	Christianity	500
Participant 3	22	Female	Christianity	500
Participant 4	25	Female	Christianity	400
Participant 5	23	Female	Christianity	300
Participant 6	26	Male	Christianity	400
Participant 7	24	Female	Christianity	400
Participant 8	22	Female	Muslim	500
Participant 9	22	Female	Christianity	500
Participant 10	23	Female	Muslim	300
Participant 11	25	Female	Christianity	400
Participant 12	26	Female	Christianity	400
Participant 13	21	Female	Christianity	500
Participant 14	24	Female	Christianity	300
Participant 15	27	Male	Christianity	500
Participant 16	22	Female	Christianity	400
Participant 17	25	Female	Muslim	500
Participant 18	22	Female	Christianity	400
Participant 19	24	Female	Christianity	400
Participant 20	21	Female	Muslim	400
Participant 21	26	Female	Muslim	500

This table 2 categorizes the various forms of incivility encountered by nursing students in their clinical placements. The major categories identified are verbal abuse and inappropriate behavior. Verbal Abuse is further divided into name-calling, where students reported being called derogatory names such as "fools" and "dumb," creating a hostile and disrespectful learning environment. While inappropriate behavior includes sexual harassment, where students faced inappropriate advances from senior nurses, and unprofessional conduct, where students witnessed nurses allowing them to make mistakes intentionally and then reprimanding them for those mistakes.

Table 2: *Showing theme 1: Forms of incivility*

Theme	Subtheme	Excerpts
Forms of Incivility	**Verbal Abuse**	**Name-Calling** "The first thing she said was, you all are fools... Next thing she said that, so you all saw me call me and you were all still sitting down." (P18) "When you ask questions, the next thing is, are you dumb?" (P13)
	Inappropriate Behavior	**Sexual Harassment** "There was this woman... she called me privately into her office, she was like, what's the type of girls? ... She was not like, okay, girls like me? A married woman for that matter." (P2)
		Unprofessional Conduct "One of my colleagues gave the injection wrongly. And the woman intentionally watched that, give it wrong... She just shouted and we're all shocked." (P2)

This table 3 outlines the impact of incivility on nursing students' clinical experience and psychological well-being. The major categories are Demotivation and Frustration and Psychological Stress. Demotivation and frustration are exemplified by students' experiences of being assigned tasks that offer little educational value, leading to frustration and a sense of wasted time. While psychological stress is shown through the emotional toll that incivility takes on students, with some considering leaving the profession due to the hostile environment and constant stress.

Table 3: *Showing theme 2: Impact on clinical experience and psychological well-being*

Theme	Sub-theme	Excerpts
Impact on Clinical Experience and Psychological Well-Being	**Demotivation and Frustration**	**Lack of Educational Value** "How can you just be putting student nurses on vital signs every day? And then empty urine... because to them, that's the kind of irritating part that they don't want to do." (P13) "Like there, I learned nothing, to be sincere... They never taught us anything." (P13)
	Psychological Stress	**Emotional Toll** "I had a very, very, very horrible experience that if I wasn't having passion for this nursing profession, I would have quit." (P18) "Each time you ask questions... they will start shouting... You cannot use it to browse. It's always like that." (P13)

This table 4 presents the coping mechanisms employed by nursing students in response to incivility. The major categories are avoidance and non-confrontation, direct confrontation, and normalization. Avoidance and non-confrontation include withdrawal, where students avoid the clinical environment to escape the negative behavior. Direct confrontation involves seeking dialogue, where some students prefer to address the issue directly with the offending nurse to find a resolution. While normalization includes acceptance, where students come to accept the incivility as a normal part of their experience to cope with it.

Table 4: *Showing theme 3: Coping mechanism*

Theme	Subtheme	Excerpts
Coping Mechanisms	**Avoidance and Non-Confrontation**	**Withdrawal** "Me personally, I think after one week, I packed my things and I stopped going to the posting. I gave one funny excuse, which I can't even remember." (P13) "I don't care person. I just stop coming. Even if I know that it will affect me, I will just stay back to avoid being insulted or shouted at." (P2)
	Direct Confrontation	**Seeking Dialogue** "I would rather meet the person and express myself that why I'm here to learn." (P1)
	Normalization	**Acceptance** "When we encounter such people, we should take it like it's a normal thing, so that we'll be able to overcome this." (P5)

This table 5 details the recommendations provided by participants for interventions to mitigate incivility. The major categories are Regulatory and Legal Framework, Institutional Support and Monitoring, Education and Training, and Reporting Mechanisms. Regulatory and Legal Framework involves Policy Implementation to establish legal and procedural guidelines to address incivility. Institutional Support and Monitoring includes University Involvement to actively monitor and support students during their clinical placements. Education and Training focuses on providing Senior Nurses Guidance to ensure they understand their responsibilities and appropriate behavior towards student nurses. Reporting Mechanisms suggest Establishing Platforms for students to report incidents of incivility, ensuring these reports lead to meaningful actions.

Table 5: *Showing theme 4: Recommendations for interventions*

Theme	Subtheme	Excerpts
Recommendations for Interventions	**Regulatory and Legal Framework**	**Policy Implementation** "There should be like a legal document which is backing this bullying on nurses." (P18) "It should be a written thing, so that if they go through it, they will know the right thing to teach the students." (P11)
	Institutional Support and Monitoring	**University Involvement** "The school should take it upon themselves... There should be a stated rule that these students should not come back with any negative news." (P4) "The university too have a lot to do regarding the students they send for posting to as well." (P9)
	Education and Training	**Senior Nurses Guidance** "Inform the senior nurses that the ones coming up, whenever they come to you, this is what you should do and this is what you should not do." (P11)
	Reporting Mechanisms	**Establishing Platforms** "There should be a platform or somebody that, if we encounter this type of people with this attitude, we can report to them so that they can sanction them or something like that." (P5)

4 Discussion

The major findings of this study are discussed under the following themes: Forms of Incivility, Impact on Clinical Experience and Psychological Well-Being, Coping Mechanisms, and Recommendations for Interventions.

4.1 Forms of Incivility

Participants reported various forms of incivility, including verbal abuse, inappropriate behavior, and unprofessional conduct. Verbal abuse, including derogatory name-calling such as "fools" and "dumb," is a manifestation of power dynamics within the educational setting that exacerbates a toxic culture. This form of incivility not only diminishes students' self-worth but also perpetuates a cycle of fear and anxiety that hinders the learning process. Clark (2017) emphasizes that verbal abuse can lead to a decrease in cognitive functioning, as students become preoccupied with their emotional turmoil rather than their studies. The hostile environment created by such abuse may also contribute to increased dropout rates, as students struggle to cope with the constant degradation. Furthermore, the normalization of verbal abuse within the clinical environment can desensitize both staff and students, leading to a broader acceptance of incivility as a part of the educational experience, thus perpetuating its existence.

The issue of sexual harassment in clinical settings, as highlighted by a participant, emphasizes a significant ethical breach within nursing education. Empirical evidence has emphasized how sexual harassment, particularly when perpetrated by senior staff, not only violates the personal boundaries of students but also undermines the integrity of the nursing profession (McDonald, 2012). The psychological distress experienced by victims of such harassment can have long-lasting effects, including anxiety, depression, and post-traumatic stress disorder (PTSD). The power imbalance between students and senior nurses makes it challenging for victims to report these incidents, leading to a culture of silence and complicity (van der Velden et al., 2023). This lack of accountability further erodes trust in the educational system and can deter future students from pursuing careers in nursing, ultimately affecting the profession's ability to attract and retain competent practitioners.

Instances of unprofessional conduct, where students are intentionally set up to fail, reveal a deeper issue of systemic dysfunction within nursing education. Rushton and Stutzer, (2015) the detrimental impact of such behavior on students' academic and professional development. When educators engage in sabotage, it not only demoralizes students but also undermines the very purpose of education, which is to nurture and develop competent healthcare professionals. The deliberate setting up of students to fail can also be seen as a reflection of broader issues within the educational system, such as inadequate faculty training, lack of oversight, and a failure to enforce ethical standards. This type of incivility not only compromises the educational process but also raises questions about the overall quality and safety of patient care, as students who are subjected to such treatment may not be adequately prepared for their future roles as nurses.

4.2 Impact on Clinical Experience and Psychological Well-Being

The assignment of menial tasks that offer little educational value is a form of incivility that significantly undermines the clinical experience for nursing students. Curtis, et. al., (2007) emphasized that clinical placements are crucial for the development of practical skills and the application of theoretical knowledge. When students are relegated to tasks that do not challenge them or contribute to their learning, it stifles their professional growth and delays their acquisition of essential competencies. This

not only frustrates students but also creates a sense of purposelessness, as they are unable to see the relevance of their training to real-world nursing practice.

Moreover, such practices echo a deeper issue within the clinical environment, where students are often seen as a burden rather than as future colleagues. This attitude can lead to a lack of mentorship and support, further exacerbating the disconnect between what students learn in the classroom and what they experience in the clinical setting (Hill et al., 2022). Over time, this can diminish students' confidence in their abilities, making them less prepared for the demands of the profession.

The persistent exposure to incivility in the clinical environment takes a significant psychological toll on nursing students. Laschinger (2014) highlights how experiences of incivility, including being belittled or marginalized, contribute to feelings of burnout, anxiety, and depression among students. These psychological effects are not just short-term responses to stress but can have lasting impacts on students' mental health and their ability to function effectively in clinical settings.

The stress and emotional strain caused by incivility can lead to a decrease in cognitive function, making it difficult for students to concentrate, retain information, and make sound clinical judgments (Huang et al., 2020). This is particularly concerning in nursing practice, where the ability to think clearly and act decisively is critical. When students feel unsupported and devalued, their motivation to learn and engage in the clinical experience diminishes, leading to disengagement and, in some cases, a decision to leave the profession altogether.

The impact of incivility on clinical experience and psychological well-being points to the need for a cultural shift within clinical environments. Nursing education should not only focus on imparting technical skills but also on fostering a culture of respect, support, and professionalism. A supportive clinical environment is essential for the well-being and professional growth of nursing students, as it allows them to develop the confidence and competence necessary to become effective healthcare providers (Atashzadeh Shoorideh et al., 2021). To achieve this, clinical environments must prioritize the creation of positive learning experiences, where students are given opportunities to engage in meaningful tasks that contribute to their skill development. Mentorship programs can bridge this gap, as they provide students with guidance, feedback, and encouragement from experienced practitioners. Furthermore, there needs to be a zero-tolerance policy for incivility, with clear procedures for reporting and addressing such behavior.

4.3 Coping Mechanisms

Avoidance as a coping mechanism is a common response to stress and incivility. A study notes that avoidance can provide temporary emotional relief by helping individuals distance themselves from distressing situations (Folkman & Moskowitz, 2004). For nursing students, avoiding confrontations with senior staff who exhibit incivility might reduce immediate stress and anxiety, allowing them to focus on their tasks without the added emotional burden. However, the reliance on avoidance as a primary coping strategy can have significant long-term consequences.

Avoidance fails to address the underlying issues of incivility, allowing these behaviors to persist unchallenged within the clinical environment. Over time, this can lead to a culture where incivility is normalized, and students may begin to internalize the belief that such behaviors are an inherent part of the nursing profession. Moreover, avoidance can contribute to a sense of isolation among students, as they may feel unable to seek support or address their concerns, ultimately affecting their psychological well-being and professional development.

Direct confrontation, where students choose to address the offending behavior head-on, can be both empowering and risky. Khan et al., (2021) suggest that confronting incivility can lead to positive outcomes, such as improved interpersonal relationships and a more supportive learning environment. When successful, direct confrontation can help to dismantle power imbalances, promote open communication, and encourage a culture of mutual respect. For the students who take this approach, it can also be an opportunity to develop important conflict resolution skills, which are essential in the nursing profession.

However, the success of direct confrontation largely depends on the specific environment and the individuals involved. In hierarchical environments such as nurses in clinical settings, where power dynamics are often skewed, students may face backlash or further victimization if the confrontation is not handled appropriately or if the offending nurse is resistant to change. Additionally, students who confront incivility may not always have the necessary support from their supervisors, leaving them vulnerable to further stress and potential retaliation. Therefore, while direct confrontation can be an effective coping mechanism, it requires careful consideration and, ideally, the backing of institutional policies that protect students from negative repercussions.

Normalization of incivility as a coping mechanism is particularly concerning, as it involves students accepting negative behaviors as a regular and expected part of their clinical experience. Empirical evidence warn that normalization not only perpetuates incivility but also erodes the professional standards and ethical foundations of nursing education (Clark, 2008). When students begin to view incivility as "just the way things are," they are less likely to report or challenge these behaviors, leading to a vicious cycle where incivility becomes entrenched in the culture of clinical practice.

The normalization of incivility can have far-reaching consequences, including the desensitization of students to unprofessional conduct, which they may later replicate as they transition into professional roles. This perpetuation of negative behaviors threatens the overall quality of patient care and undermines efforts to create a positive and safe working environment in healthcare settings. Furthermore, the internalization of incivility can contribute to long-term psychological distress, as students may develop feelings of helplessness, low self-esteem, and burnout.

4.5 Recommendations for Interventions

The recommendation to implement regulatory and legal frameworks to address incivility underlines the need for a formalized approach to managing and mitigating these behaviors. Regulatory frameworks provide a clear and consistent standard for what constitutes acceptable behavior, thereby reducing ambiguity and ensuring that all stakeholders are aware of the expectations. Legal frameworks, on the other hand, offer a mechanism for enforcing these standards and holding individuals accountable for their actions.

Peng (2023) emphasizes the importance of clear policies in reducing incivility, as they provide a structured approach to addressing these issues. When incivility is clearly defined and codified in policies, it empowers institutions to take decisive action against offenders and provides a basis for legal recourse if necessary (Peng, 2023). Moreover, regulatory and legal frameworks help to protect students by ensuring that there are consequences for unprofessional conduct, thereby deterring potential perpetrators and fostering a safer learning environment.

However, the effectiveness of these frameworks depends on their implementation and enforcement. Institutions must commit to upholding these standards consistently, which requires adequate resources,

training, and a willingness to address issues head-on. Without strong enforcement, even the most well-designed frameworks may fail to bring about meaningful change.

Institutional support is critical in combating incivility, as it reflects the commitment of educational institutions to the well-being and professional development of their students. Active university involvement in monitoring clinical placements, can help create a more positive learning environment by ensuring that students are placed in settings where they are respected, supported, and given the opportunity to thrive (Hunt & Marini, 2012).

Increased institutional support can take many forms, including providing resources for mental health and counseling services, establishing mentorship programs, and ensuring that faculty members are trained to recognize and address incivility. Institutions must also foster a culture of openness, where students feel comfortable reporting incidents of incivility without fear of retaliation. This requires a commitment to transparency and accountability, where both students and staff are held to high standards of conduct.

Furthermore, institutional support extends to creating an environment where feedback is encouraged and valued. When students and staff are able to provide constructive feedback on their experiences, it allows for continuous improvement in how incivility is managed and addressed. This collaborative approach can help to identify systemic issues and develop strategies that are responsive to the needs of the educational community.

The training of clinical nurses on appropriate professional behaviors, is critical for reducing incivility and fostering a culture of respect and mentorship (Cottingham et al., 2011). Clinical nurses are vital in shaping the clinical learning environment, and their behavior sets the tone for how students are treated. A study suggested that, providing training on professionalism, communication, and conflict resolution, institutions can help clinical nurses develop the skills needed to mentor students effectively and model positive behaviors (Gong et al., 2022).

Training programs should focus on raising awareness of the impact of incivility on students' psychological well-being and educational outcomes. Nurses in clinical settings need to understand how their actions can either support or undermine the development of future nurses. Furthermore, these programs should equip nurses with strategies for addressing incivility when it occurs, ensuring that they can intervene appropriately and prevent the escalation of negative behaviors (Clark, 2017).

The success of these training programs hinges on institutional buy-in and support. It is not enough to offer training as a one-time event; ongoing professional development and reinforcement of these principles are necessary to create lasting change. Institutions must also recognize and reward positive behaviors, reinforcing the importance of professionalism and mentorship in nursing education.

Effective reporting mechanisms are essential for addressing incidents of incivility promptly and appropriately. The Joint Commission highlights the importance of having clear and accessible platforms for reporting, as this ensures that issues are brought to light and addressed before they can cause further harm ("Committee Opinion No. 683: Behavior That Undermines a Culture of Safety," 2017). Reporting mechanisms must be designed to protect the confidentiality of students and staff, preventing retaliation and ensuring that individuals feel safe coming forward.

For these mechanisms to be effective, they must be supported by a robust response system that investigates reports thoroughly and takes appropriate action. Institutions should establish clear protocols

for how reports are handled, including timelines for investigation and resolution. Additionally, there should be a focus on providing feedback to those who report incidents, ensuring that they are kept informed of the progress and outcome of their case. The implementation of reporting mechanisms also requires a cultural shift within institutions. Students and staff must be encouraged to see reporting not as a punitive measure but as a tool for improving the educational environment. By fostering a culture of accountability and continuous improvement, institutions can create a more supportive and respectful learning environment for all.

4.6 Implications to Nursing

This study has several critical implications for the nursing profession. These implications span across educational institutions, clinical settings, nursing practice, and policy development.

1. Educational Institutions: Nursing curricula should include comprehensive modules on professionalism, ethics, and respectful communication. Emphasizing these areas can prepare nursing students to both exhibit and expect respectful behaviors in clinical settings. By embedding these topics within the curriculum, educational institutions can foster a culture of respect and professionalism, thereby reducing the incidence of incivility. Furthermore, establishing strong mentorship programs where experienced nurses guide and support students can help mitigate the impact of incivility. Effective mentorship can provide students with the necessary support and resilience to navigate and cope with negative experiences. Furthermore, educational institutions must actively monitor clinical placements and gather regular feedback from students to ensure a supportive learning environment. Proactive oversight can help identify and address issues of incivility promptly, thereby protecting students' well-being and enhancing their learning experience.

2. Clinical Settings: Healthcare organizations should implement and enforce clear policies against incivility and bullying. Clear policies and consequences for incivility can deter negative behaviors and promote a respectful workplace culture. Secondly, ongoing training programs focused on communication skills, conflict resolution, and professional behavior should be mandatory for all nursing staff. Regular training can equip nurses with the skills to maintain a professional and supportive environment, reducing instances of incivility. Thirdly, encouraging and rewarding positive behaviors and professionalism among staff can contribute to a healthier work environment. Recognition and rewards for positive behaviors can reinforce a culture of respect and support among nursing staff.

3. Nursing Practice: Nurses should be held accountable for their behavior and encouraged to uphold high standards of professionalism and respect. Holding individuals accountable can reduce unprofessional conduct and foster a more respectful practice environment. Secondly, facilitating team-building activities and encouraging collaboration can strengthen relationships and reduce conflicts among nursing staff. Stronger team dynamics can lead to better communication and reduced incidences of incivility. Thirdly, developing robust support networks within the nursing community can help individuals cope with the stresses of the profession. In addition, access to support networks can enhance nurses' resilience and ability to manage workplace challenges, including incivility.

4. Policy Development: Developing and enforcing legislative frameworks that address workplace incivility and protect healthcare workers. Legislative measures can provide a formal mechanism to address and reduce workplace incivility, ensuring a safer and more supportive environment for nurses. Secondly, establishing anonymous reporting systems for incidents of incivility can help in identifying and addressing issues without fear of retaliation. Anonymous reporting can encourage more individuals to report incidents of incivility, allowing for timely interventions and resolution.

Lastly, encouraging ongoing research into the causes, effects, and solutions for incivility in nursing can lead to continuous improvement in policies and practices. Research can provide evidence-based strategies to combat incivility, ensuring that interventions are effective and relevant.

5 Conclusions

Incivility in nursing education highlights deeper systemic issues that prioritize hierarchy over student support. To address this, there is a need for systemic change, including comprehensive policies that promote professionalism, accountability, and a supportive environment. Educational institutions should focus on students' mental and emotional well-being, provide faculty training to address incivility, and establish clear reporting mechanisms.

Creating a culture of respect and mutual support is essential for both student well-being and the integrity of the nursing profession. Effective interventions include conflict resolution training, mentorship programs, and robust policies to address and report incivility. Institutions must collaborate to foster resilience in students, offering resources like mental health services and resilience training to help them navigate challenges and maintain their well-being. By prioritizing these changes, nursing education can create a more respectful and supportive environment, essential for the future of the profession.

6 Declarations

6.1 Study Limitations

This study was limited to a selected few undergraduate nursing students of Ambrose Alli University who are within the clinical set with the experience under inquiry and also are willing to express themselves fully. More so, they may not be representative of the broader nursing student population, which is a nature for qualitative studies. Furthermore, the study included participants from two (2) levels of the Department of Nursing Science.

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There is no person or institution contributing to this research other than the authors.

6.3 Funding Source

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6.4 Competing Interests

There is no conflict of interest in this study.

6.5 Authors’ Contributions

Define the contribution of each researcher named in the paper to the paper.

Arunibebi L. LAWRENCE: Developing ideas, sourced and wrote the introduction, methodology, and discussion, planning the materials and methods to reach the results, taking responsibility for the conducting the focus group discussion, organizing and reporting the data, taking responsibility for the explanation and presentation of the results, taking responsibility for the creation of the entire manuscript, reworking not only in terms of spelling and grammar but also intellectual content or other contributions.

2. Jessica A. JIMMY: contributed in the following areas: planning the materials and methods to reach the results, assisted in organizing and reporting the data, taking responsibility for the analysis and presentation of the results, taking responsibility for the literature review during the research.

3. Tari AMAKOROMO: contributed in the following areas: assisted in refining the ideas, planning the materials and methods to reach the results, assisted in the focus group discussion, organizing and reporting the data, assisted in analysis and presentation of the results, taking responsibility for the grammatical efficiency.

4. Jovita EHIGWAMI: contributed in the following areas: planning the materials and methods to reach the results, took responsibility in leading the focus group discussion, transcribing, and reporting the data; reworking not only in terms of spelling and grammar but also intellectual content or other contributions.

7 Human and Animal Related Study

7.1 Ethical Approval

Approval was obtained from the Ethical Committee, Ambrose Alli University, Ekpoma. Approval Number: AAUREC/NUR/Vol.12/24/03

7.2 Informed Consent

All participants duly gave consent to be part of this study.

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