QANE AFI | Quality Advancement in Nursing Education Avancées en formation infirmière | CASN ACESI

Volume 8 | Issue 4 Article 11

# Incivility in Nursing Education: Sources of Bullying and their Impact on Nursing and Psychiatric Nursing Students

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## Recommended Citation

Chachula, Kathryn; Ahmad, Nora; Smith, Nadine; and Henriquez, Nadine (2022) "Incivility in Nursing Education: Sources of Bullying and their Impact on Nursing and Psychiatric Nursing Students," *Quality Advancement in Nursing Education - Avancées en formation infirmière*: Vol. 8: Iss. 4, Article 11.
DOI: https://doi.org/10.17483/2368-6669.1331

# Incivility in Nursing Education: Sources of Bullying and their Impact on Nursing and Psychiatric Nursing Students

## Cover Page Footnote

The researchers would like to acknowledge the contributions of the nursing student participants within this study. | Les chercheuses tiennent à souligner le précieux concours des étudiant(e)s en sciences infirmières dans le cadre de cette étude.

## Introduction

Bullying and incivility from the numerous members of the health care team are well-documented phenomena experienced within the nursing profession worldwide (Birks et al., 2017; Budden et al., 2017; Clarke et al., 2012; El Ghaziri et al., 2022; Minton et al., 2018; Roberts, 2015; Small et al., 2019). Throughout their nursing education, students are exposed to many different members of the health care team as well as a wide variety of learning environments such as classroom and clinical settings (Smith et al., 2016). While nursing students experience bullying and incivility in a variety of learning environments, there are no recent Canadian studies that have explored who are the key perpetrators or sources of incivility for nursing and psychiatric nursing students.

This study was conducted during the third wave (February–April 2021) of the novel coronavirus (SARS-CoV-2) pandemic at a university situated in a western Canadian province. Due to the pandemic, all theory courses were already established as being remote delivery for one year leading up to the study. All labs and clinical continued with limited disruption as in-person offerings with the use of personal protective equipment (PPE). Students were not expected to care for patients who tested positive for the novel coronavirus with the exception of final-year students during their senior practicum experience. The study occurred during a time when the health care climate was stretched due to increased hospitalization from SARS-CoV-2 infections. The Registered Nurses Association of Ontario (2021) reported that 13% of Canadian registered nurses (RNs), nurse practitioners (NPs) and nursing students aged 26-35 had a higher likelihood of leaving the profession after the pandemic. Nurses also reported experiencing and witnessing higher levels of incivility during the early phases of the pandemic (El Ghaziri et al., 2022).

Through the use of a mixed-methods research modality, the researchers wanted to understand who were the key sources or perpetrators of incivility toward nursing students and how frequently uncivil behaviours occurred amongst a sample of baccalaureate nursing and psychiatric nursing students. Clark et al.'s (2011) conceptual model informed the study regarding the shared intersection of incivility that students experience in both clinical and education settings. Given that nursing education programs occur in both academic and clinical settings, both realms highlighted in the conceptual framework played a role in understanding student experiences and key sources of incivility and opportunities for redress. A Gender-based Analysis Plus (GBA+) lens (Government of Canada, 2021), which recognizes intersectionality, diversity, and inclusion, guided demographic data collection with the intention of conducting a GBA+ analysis of study findings. Students reported anonymously if they experienced any uncivil behaviours and from what source(s), which included their own student peers. The researchers also sought to understand the impact of student experiences of incivility through a discussion forum.

## Background

For over three decades, bullying, incivility, (Roberts, 2015) and "nurses eating their young" (Meissner, 1986) have been of great concern within the nursing profession. Daly et al. (2020) highlighted the history of bullying behaviours in the nursing profession as emanating from corporatization of the health care system, hierarchical power structures, and interpersonal factors, which may manifest as sexism, racism, and discrimination in education and health care contexts. Physical violence and the creation of safe workplaces within the health care arena have emerged as key areas of advocacy within the nursing profession (Canadian Federation of Nurses Unions [CFNU], 2017). Unfortunately, violence against health care providers is more frequent than most

professions (CFNU, 2017). As Vogel (2016) reported, nurses are attacked more frequently than prison guards or police officers. Nursing students are not exempt from experiencing violence during their clinical education (Budden et al., 2017). The combination of physical violence against nursing students coupled with bullying and incivility from members of the health care team place learners at great risk of physical and emotional harm, thus jeopardizing the future of the nursing profession (Budden et al., 2017).

The perpetrators of bullying and incivility towards nursing students vary. Reports of nurses engaging in horizontal (Taylor, 2016), also known as lateral violence (Roberts, 2015), and in vertical, hierarchical violence (Daly et al., 2020) against student or early-career nurses are well documented, with poor outcomes noted for patients (Houck & Colbert, 2017). RNs have been known to be a key source of bullying behaviour towards nursing students (Birks et al., 2017; Budden et al., 2017; Clarke et al., 2012; Minton et al., 2018). Other known sources of uncivil behaviours towards nursing students include health care assistants (called health care aides in some jurisdictions), physicians, faculty members (Clarke et al., 2012), preceptors, mentors, and nurse managers (Birks et al., 2017).

### Research Questions

The purpose of the study was to identify the sources of incivility toward students, understand if any students are at risk for incivility, and the impact of incivility on the student. A review of the literature revealed a lack of Canadian studies that explored racism in minority groups (Sedgwick et al., 2014) and Indigenous nursing student groups. Furthermore, there were few studies in the literature that explored student-to-student peer incivility (Cooper & Curzio, 2012; Small et al., 2019), indicating a gap in the literature that informed the research questions in the study. There were four research questions that guided the current study:

1. Who are the most common perpetrators or sources of bullying behaviours toward nursing students?
2. What are the most common types of incivility experienced by students?
3. Does ethnicity play a role in experiencing uncivil behaviours and intent-to-leave?
4. What were the effects of experiencing incivility on the students?

## Methods

### Design

The study used a mixed-methods design that incorporated findings from an anonymous cross-sectional survey of participants and narrative findings from a one-hour live videoconference discussion forum with students. The cross-sectional survey assessed the type of incivility experienced by students during their undergraduate education, the source of the behaviour, and the frequency of incivility experienced by students based on their ethnicity and program year. The discussion forum allowed students to disclose the impact incivility had on them during their clinical placements. Thematic analysis (Braun & Clarke, 2006) was used to uncover themes experienced by students from the live discussion forum. Use of an incivility tool and demographic questions generated from the GBA+ research approaches were adopted to recognize gender instead of sex, ethnicity, age, relationship status, parenthood, and disability (Government of Canada, 2021) as part of data collection and analysis.

## Sample

The final survey sample was comprised of 68 students from both the Bachelor of Nursing (BN) and Bachelor of Psychiatric Nursing (BPN) programs across years two, three, and four of each program. The first year of each program is considered a general study year where no clinical courses occur, hence, first year students were not included in the data collection. A convenience sample of 48 third-year students participated in a live online videoconference discussion forum to understand student experiences of incivility and their impacts was facilitated by one of the study authors. Due to limited availability to meet with students across several focus groups, all 48 students joined at the same time to include as many third-year students as possible in the discussion of their experiences regarding incivility. Third-year students were selected to participate in the forum as they comprised the largest survey sub-sample. Students who participated in the forum drew from the same population as the survey, therefore, no additional demographic data were collected from the forum participants.

## Quantitative Data Collection

All second-, third-, and fourth-year students from the BN and BPN programs totaling 354 students were invited to participate in the survey. There were 205 BPN students and 149 BN students eligible to participate. Students received a weblink by a third-party through the university's learning management system to complete the online survey through an online survey platform. Data collection occurred February through April 2021 during the third wave of the novel coronavirus pandemic with four invitations to participate sent to students during the three-month period. After four cases with missing information were removed, the participation rate was calculated at 19.21%. While an online average response rate of 30% is typical (Saldivar, 2012), the sample size addressed the research questions posed in the study (Hayat, 2013).

## Qualitative Data Collection

The live forum discussion allowed students to disclose the impact of incivility during their undergraduate nursing program. Students shared their experiences through the live chat function within the videoconference platform to directly communicate their experiences to the researcher hosting and facilitating the forum. The researcher would then voice students' responses shared in the chat anonymously with the wider group. Students were encouraged to discuss if their experience was similar or different as narratives were brought forward during the live forum. During the forum, this format allowed student perspectives to remain anonymous to their student peer group and allowed the researchers to understand student experiences to address the final research question that guided the study. Student narratives from the discussion forum were recorded and noted by one of the study authors. Two researchers performed an in-depth, independent review of the narrative data to identify themes, discuss common themes, and corroborate findings among the participants to ensure rigour and trustworthiness of the findings.

## Ethical Considerations

Ethical approval was granted through the university's institutional review board. Student participation was voluntary, and their survey responses were anonymous. Implied consent was obtained through completion and submission of the online survey. Students who identified as Indigenous included those who self-identified as being First Nations, Inuit, and/or Métis. Those who self-identified as a visible minority were clustered together for statistical analysis and reporting to limit identification of any one student participant from a particular ethnic group. To

protect student confidentiality, students' narrative responses are presented within this article using limited descriptors to protect students' identities. As part of the live discussion forum, a member of the research team informed the students of the potential for dissemination of findings as part of their forum participation. Students who were uncomfortable during the forum were permitted to leave without penalty or prejudice. Student anonymity was maintained during the live forum to protect students' identities during the discussion. Due to the nature of the study, students were provided access to two crisis line phone numbers and access to counselling supports in case any emotional hardship was experienced when participating in the research study and their ongoing clinical placement.

## Measures

### *Demographic Information*

Demographic information was collected from the survey participants. The information included gender identity that allowed participants to report as being male, female, or neither male nor female for those students who identify as gender non-conforming, age, type of baccalaureate program, ethnicity, program year, relationship status and parenthood, as well as the current type of clinical placement. The demographic information collected was informed by GBA+ considerations (Government of Canada, 2021).

### *Incivility Questionnaire*

The measure adopted to assess incivility in the study was developed by Stevenson et al. (2006) in the United Kingdom and used by Canadian researchers (Clarke et al., 2012) to assess student perceptions of bullying in nursing education. Students reported whether-or-not they experienced 26 different types of uncivil behaviours on a four-point Likert scale ranging from never (0), sometimes (1), frequently (3), or always (4). Refer to Tables 1 and 2 below for the reported level of incivility by program-type and frequency of incivility by student program year. Three separate survey items included if the student was treated poorly on grounds of race, disability, and gender labelled as racialized, disability mistreatment, and genderized in the study to address GBA+ data collection. Cronbach's alpha coefficient for the incivility questionnaire was reported as ranging from 0.86 to 0.93 (Clarke et al., 2012), indicating adequate reliability.

**Table 1**

*Program-Type and Level of Incivility*

| | Level of Incivility | | |
|---|---|---|---|
| Type of Program | Low | Moderate | High |
| Nursing | 21 | 5 | - |
| Psychiatric Nursing | 28 | 14 | - |
| Total | 49 | 19 | - |

***Notes***: Level of incivility scores were calculated to include all potential sources for all types of uncivil behaviours: Low (0-208), moderate (209-416), high (417-624).

**Table 2**

*Frequency of Incivility by Student Program Year*

| | Frequency of Incivility | | |
|---|---|---|---|
| Year in Program | Sometimes | Frequently | Always |
| Year 2 | 17 | 9 | - |
| Year 3 | 22 | 7 | - |
| Year 4 | 10 | 3 | - |
| Total | 49 | 19 | - |

***Notes***: Sometimes (0-26), Frequently (27-52), Always (53-78).

To explore the sources of each bullying behavior, the categories of personnel were identified as per the Bullying in Nursing Education Questionnaire (BNEQ) developed by Cooper et al. (2009). Categories of perpetrators included student peers, academic faculty, clinical instructors, physicians, nurses, patients, patients' family members/visitors, and/or other hospital staff such as health care aides and unit clerks. Adoption of the BNEQ personnel categories allowed the researchers to identify the top three major sources of bullying behaviours as reported by Cooper et al. (2009). "Reliability and validity of the [BNEQ] was addressed by rigorously following standard procedures for questionnaire development, including review by experts and pilot testing in a sample of nursing students" (Cooper et al., 2009, p. 13). A total incivility score was calculated for each student participant ranging from low (0-208), moderate (209-416), and high (417-624) based on all potential sources of incivility. Adoption of the two measures allowed the researchers in the current study to address the first two research questions to identify the most common types of incivility and most frequent sources of bullying behaviours experienced by students.

### *Intent-to-Leave*

Students' intent-to-leave their program was incorporated into the survey study. Students reported if "I think a lot about leaving the nursing/psychiatric nursing program" on a five-point Likert scale ranging from strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). The responses were regrouped into three categories that included disagree, neutral, and agree, due to the final survey sample size of 68 participants.

## Results

### Demographic Data

Data were analyzed within SPSS version 26 for analysis. The majority of participants (95.6%) were female, there were no participants who identified as gender non-conforming. With only three male participants, there was inadequate statistical power to compare findings between male and female participants. Ages ranged from 21 to 50 years with 62% of respondents being from the BN program. A total of 10.3% of students identified as being Indigenous, 29.4% reported as being from a visible minority, and the remaining 60.3% identifying as white. Students were engaged in a variety of clinical practice placements with the majority of placements occurring in medical-surgical areas. Refer to Table 3 for greater details.

**Table 3**

*Demographic Characteristics of Participants*

| Characteristic | n | % |
|---|---|---|
| Gender | | |
| Female | 65 | 95.6 |
| Male | 3 | 4.4 |
| Gender Non-Conforming | 0 | 0 |
| Age | | |
| 21 - 30 | 55 | 80.9 |
| 31 - 40 | 10 | 14.7 |
| 41 - 50 | 3 | 4.4 |
| Type of University Program | | |
| Bachelor of Nursing | 42 | 61.8 |
| Bachelor of Psychiatric Nursing | 26 | 38.2 |
| Ethnicity | | |
| Indigenous (First Nations, Inuit, and/or Métis). | 7 | 10.3 |
| White | 41 | 60.3 |
| Visible Minority (Black, Asian, Hispanic, Indonesian) | 20 | 29.4 |
| Year in Program | | |
| 2 | 26 | 38.2 |
| 3 | 29 | 42.6 |
| 4 | 13 | 19.1 |
| Relationship Status | | |
| Single (Not married or partnered) | 31 | 45.6 |
| Married/Partnered | 37 | 54.4 |
| Parent Living with Children | | |
| Yes | 12 | 17.6 |
| No | 56 | 82.4 |
| Type of Clinical Placement | | |
| None – in Classes Only | 1 | 1.5 |
| Long-term Care or Palliative | 11 | 16.2 |
| Medicine or Surgery | 39 | 57.4 |
| Emergency or Rural Hospital | 3 | 4.4 |
| Acute Psychiatric Unit | 7 | 10.3 |
| Community or Out-patient | 5 | 7.4 |
| Pediatrics | 2 | 2.9 |

### Types of Incivility and the Key Perpetrators

All students reported experiencing incivility on the survey measure. Of the 26 incivility behaviours explored, 10 were identified as being the most common. These findings are reported in Table 4 that explored frequency of the uncivil behaviours and the top three sources of the bullying behaviour. Occurring with a frequency of 73.5%, students felt that their efforts were undervalued and that impossible expectations (63.2%) were set for them primarily by academic faculty, followed by clinical instructors, and nurses working in the clinical area. Students experienced resentment (57.4%) from nurses in the clinical practice area, by their peers, followed by faculty and clinical instructors. The majority of students felt frozen out, ignored, or excluded (51.5%) at times by their fellow student peers, followed by nurses and academic faculty. Students also felt unjustly criticized (50%) by their clinical instructors, followed by student peers and nurses, as well as faculty, and felt that their efforts were undervalued (50%), information was withheld (50%), and expectations were changed without being told (48.5%). Of concern is the 47.1% of students who experienced hostility, felt belittled or undermined (45.6%) by nurses, faculty, and patients in the clinical practice areas, and were treated poorly on grounds of race or racialized (45.6%) by nurses, faculty, and clinical instructors as well as their fellow students.

**Table 4**

*Frequency and Top Three Sources of Incivility*

| Incivility Behavior | Frequency n (%) | Source of Incivility | | |
|---|---|---|---|---|
| | | First | Second | Third |
| Physical Violence Threat | 28 (41.2) | Patients | Student Peer | Faculty |
| Intimidated | 28 (41.2) | Faculty | CI | Nurse & Patients |
| Poor Evaluation Threat | 17 (25.0) | Faculty | CI | Nurse |
| High Expectation | 43 (63.2) | Faculty | CI | Nurse |
| Jokes | 20 (29.4) | Patients | Student Peer | CI |
| Rumours or Allegations | 11 (19.2) | Student Peer | Nurse | CI |
| Unjustly Criticized | 34 (50.0) | CI | Student Peer & Nurse | Faculty |
| Information Withheld | 34 (50.0) | Faculty | CI | Nurse |
| Belittled or Undermined | 31 (45.6) | Nurse | Faculty | Student Peer |
| Racialized | 31 (45.6) | Nurse | Faculty & CI | Student Peer |
| Disability Mistreatment | 5 (7.4) | Faculty | CI & Student Peer | Nurse |
| Genderized | 10 (14.7) | Patients | Faculty | Physician & Nurse |
| Changing Expectations | 33 (48.5) | Faculty | CI | Nurse |
| Responsibilities Removed | 12 (17.6) | Nurse | CI | Faculty |
| Undue Pressure | 27 (39.7) | Faculty | CI | Nurse |
| Physical Abuse | 3 (4.4) | Patients | - | - |
| Verbal Abuse | 17 (25.0) | Patients | Nurse | CI |
| Hostility | 32 (47.1) | Nurse | Faculty | Patients |
| Demoralized | 21 (30.9) | Nurse | Student Peer | Faculty & CI |
| Teased | 17 (25.0) | Student Peer | CI | Nurse |
| Efforts Undervalued | 50 (73.5) | Faculty | CI | Nurse |
| Humiliated | 28 (41.2) | Nurse | CI | Student Peer |
| Resentment | 39 (57.4) | Nurse | Student Peer | Faculty & CI |
| Destructive Criticism | 26 (38.2) | Faculty & CI | Nurse | Student Peer |
| Ignored or Excluded | 35 (51.5) | Student Peer | Nurse | Faculty |
| Negative Remarks about Becoming a Nurse | 29 (42.6) | Nurse | Student Peer | Faculty & CI |

***Notes***: Faculty refers to academic instructors teaching in the classroom and/or laboratory settings. CI refers to Clinical Instructor. 'Racialized' and 'Genderized' refer to being treated poorly on grounds of race or gender.

### Student-to-Student Peer Incivility

While threats of physical violence were found to most likely occur by patients, the second key source of uncivil behaviours was nursing students. Nursing students reported their fellow student peers as contributing to an environment of incivility that included not only being threatened with physical violence, but also being the number one source of rumours or allegations, and/or being teased, ignored, or excluded. Student peers were also reported as being a primary source of feeling belittled, undermined, unjustly criticized, racialized, demoralized, humiliated, treated poorly on grounds of disability, resented, being the subject of jokes, and suffering negative remarks about becoming a nurse by their student peers.

### Ethnicity, Incivility, and Intent-to-Leave

Assumptions for parametric testing were not met to compare ethnicity with the incivility and intent-to-leave measures, therefore, non-parametric analysis was used to determine the frequency of incivility experienced by students in different ethnic groups and their intent to leave (Table 5). Within the sample, one student from a visible minority experienced a moderate level of incivility. The most common source of being discriminated on grounds of race were nurses in the clinical practice area, followed by faculty and clinical instructors, and lastly by student peers. No Indigenous students reported any intent-to-leave their baccalaureate program; however, ten white students and seven visible minority students agreed with thoughts of leaving the program. The Spearman Rho correlation revealed that students who self-identified as a visible minority had a statistically significant positive relationship with the intent-to-leave ($r_s = 0.262$, $p = 0.031$).

**Table 5**

*Prevalence of Level of Incivility and Intent-to-Leave with Ethnicity*

| | Level of Incivility | | | Intent to Leave | | |
|---|---|---|---|---|---|---|
| Ethnicity | Low | Moderate | High | Neutral | Disagree | Agree |
| Indigenous | 7 | - | - | 3 | 4 | - |
| White | 41 | - | - | 9 | 22 | 10 |
| Visible Minority | 19 | 1 | - | 2 | 11 | 7 |
| Total | 67 | 1 | - | 14 | 37 | 17 |

***Notes***: Level of incivility scores were calculated to include all potential sources for all types of uncivil behaviours: Low (0-208), moderate (209-416), high (417-624).

### Narrative Thematic Findings

A total of 48 third-year students shared personal experiences regarding interactions with various levels of staff during their student clinical placements. Thematic analysis of the narratives discussed by students revealed three overarching themes. They included practicing in a toxic culture, feeling like a burden, and having a lack of positive role models and support.

#### *Practicing in a Toxic Culture*

Students described incivility as arising out of a toxic culture that manifested as a lack of teamwork, aggressions by nurses toward other nurses, unregulated workers such as health care aides, and support staff in the clinical practice environment. Students repeatedly observed negative and unprofessional behaviours with other nursing staff where incidents of bullying behaviours

were not exclusive to students. Students described nurses' attitudes and behaviours as "toxic" and negatively impacting their learning experience and self-esteem.

Students also described how they observed overall very poor morale in several clinical practice areas, and how this morale appeared to carry over into the poor treatment of students and other staff, with students describing feeling burdensome to nursing staff. One student described how witnessing such behaviour created an environment where they feared voicing any opinions or concerns:

> On one floor I have experienced a significant amount of unprofessionalism from the charge nurse and other staff gossiping and talking about certain staff when they aren't present. It is very disheartening and makes you afraid to speak up against anything when that behaviour is demonstrated by those in charge.

Some students also indicated feeling regret for entering the program or thinking of quitting, based on how they have been treated since becoming students. One student noted, "I've been struggling as [an older, experienced] student and wished I didn't go into the program on many occasions because of how I've been treated as a student." These findings highlight the presence of a toxic culture that can disrupt students' education, impair their professional development, and put patient safety at risk when learners are afraid to speak up and advocate for their patients.

### *Feeling Humiliated and Treated Like a Burden*

Students described feeling humiliated, ignored, and belittled by nursing staff. Although students were quick to recognize this was unprofessional, they still empathized with the plight of nurses overall by indicating they felt this may be directly related to the high fatigue levels of nursing staff in general amid the novel coronavirus pandemic. As one student commented:

> I think it's very evident that nurses on the ward are getting very tired of the students. Which isn't professional but now that the workload is increasing due to the influx of patients that are getting elective surgeries etc., they are just exhausted. Both staff and us as students.

One student described an incident where a nurse intentionally humiliated them in front of other team members, then refused to acknowledge them, leaving them feeling "so low":

> I was also bullied by a senior nurse on one of the floors this term. She intentionally tried to humiliate me in front of the doctors/other nursing staff, would not acknowledge me and made me feel so low. I hope things change!

Another student described how hurtful the interactions were for them:

> I recently had the same experience with a nursing staff on the unit as well. It hurts my heart to be treated like nothing. My nurse was very rude to me and treated me like nothing. Thank you for talking about it and empathize about it.

Although students felt humiliated at times and treated like a burden, they remained hopeful for the nursing profession as they looked to their future careers in health care settings.

### *A Lack of Positive Role Models and Support*

Students reflected on witnessing mistreatment of other nurses and support staff in addition to an overall "lack of teamwork and lack of mutual respect for others." Students' experiences of incivility during their clinical placements deterred students from working on certain units in the future. As one student commented:

> I loved the skills and the patients, but I could never work there because so many of the nurses were just so toxic. Not only to students, but health care aides and other staff. It was hard to see how there was just no teamwork or mutual respect for others.

One student described helping the unit housekeeper with emptying garbage from a patient's room. The housekeeper was incredibly grateful to the student and remarked, "I can't remember the last time I actually felt seen or was helped." These findings show that how students and staff are treated during their clinical placements will have implications as the same units seek to recruit the students upon their graduation and entry into the nursing profession.

## Discussion

Results from this research confirm that nursing students experience a variety of uncivil behaviours from numerous members of the health care team in addition to faculty and fellow students. Faculty and leaders in clinical practice settings both play a role in fostering civil learning environments for nursing students (Clark et al., 2011) that recognize diversity and inclusion in the nursing profession (Registered Nurses Association of Ontario [RNAO], 2022). In the current study, faculty incivility towards student nurses revealed a number of behaviours that included: (1) undervaluing student efforts; (2) setting high expectations; (3) withholding information from students; (4) changing expectations without telling students; (5) engaging in intimidation; (6) placing student nurses under undue pressure; (7) using destructive criticism towards student nurses; (8) threatening a poor evaluation; and (9) mistreating those with disabilities. Of note, Clarke et al. (2012) excluded academic faculty as a potential source of incivility in their study focused on nursing students focusing instead on student peers, clinical instructors, staff nurses, patients and their family, physicians, and fourth year student nurse preceptors. Clark et al. (2020) argued for the need of academic and learning environments to create sustaining communities of civility that includes diversity, equity, and inclusion.

Similar to other studies, the clinical setting was found to be the key environment where student nurses encountered uncivil behaviours (Courtney-Pratt et al., 2018; Smith et al., 2016; Zhu et al., 2019). Incivility in the clinical setting has been identified as having a significant impact on student nurses, negatively affecting their professional development (Zhu et al., 2019). This study confirmed that bullying and incivility within the clinical practice setting manifests in various forms. Of note and caution, students seeking employment planned to avoid units in the future where negative encounters occurred amid a toxic environment. With an ongoing nursing shortage and nurses being burned out due to the coronavirus pandemic, the clinical setting should be an environment where student nurses are offered support, encouragement, and welcomed which will also assist with recruitment and retention.

Despite nurses having an ethical duty to uphold professional and respectful relationships with nursing students (Canadian Nurses Association [CNA], 2017), nurses were identified as being key perpetrators of bullying and uncivil behaviours towards student nurses in the clinical practice environment. RNs have been identified as a main source of bullying behaviour towards nursing students (Budden et al., 2017) of which clinical instructors and staff nurses were the greatest source (Clarke et al., 2012). Minton et al. (2018) found that not only were RNs the main perpetrator of bullying behaviours towards student nurses, but 53% of the participants reported having been bullied by a nurse at some point. In particular, nursing students in the current study reported feeling humiliated, demoralized, and ignored by nurses within the clinical setting which was perceived as being unprofessional and hostile. Bullying behaviours towards student nurses such as undermining

and belittling may not always be obvious or apparent. More obvious forms of bullying such as name calling, insults, and direct threats (Edmonson & Zelonka, 2019) may be easier to recognize and follow-up, however, less obvious forms of bullying such as being denied opportunities to learn, ignoring students, and preceptors being impatient with students (Smith et al., 2016) may result in underreporting and contribute to the creation of a toxic workplace.

The presence of bullying and incivility towards student nurses not only creates a toxic work culture, but also compromises patient safety (Budden et al., 2017). As identified in this study, student nurses were found to be excluded and ignored. Effective communication in the health care setting is essential to provide safe, quality care to patients. Tee et al. (2016) found that workplace violence resulted in student nurses being afraid to check orders for clarification. Nursing students need to be able to feel empowered to ask questions and seek clarification when necessary to provide safe patient care. Otherwise, ignoring and excluding students can lead to communication breakdowns thus contributing to increased bullying behaviours (Elemary & El Nagar, 2017).

Racialization was another form of incivility (Cortina, 2008; Cortina et al., 2013) that was evident in this study. Racialization refers to attributing racial meaning of an individual's identity to an ethnic group on grounds that are hierarchical or colonialist in nature (University of Winnipeg, 2021). With nearly 40% of the participants self-identifying as being Indigenous or from a visible minority, these students reported being treated poorly on grounds of race most frequently by nurses, followed by faculty and clinical instructors, and from their student peers. Within the current study, none of the 10.3% of participants who identified as Indigenous reported any intent-to-leave their baccalaureate program. These results differed from a study conducted by Rohatinsky et al. (2018) who found that Indigenous nursing students faced high attrition rates due to personal factors, institutional factors, and Indigenous nursing student preparedness. In a study by Sedgwick et al. (2014), minority students reported faculty treated them unfairly when they spoke with an accent and felt invisible when they entered the clinical setting. There is a growing movement in North America to address and curtail racism in health care and the nursing profession (American Nurses Association, 2021; CNA, 2021; RNAO, 2022). The RNAO (2022) has advocated for the inclusion of racism, advocacy, and the creation of safe spaces to discuss racism and discrimination within nursing education programming and interprofessional curricula. The current study found that nursing students who identify as being from a visible minority continue to face numerous challenges that include racism during their education that requires redress.

Of great concern within the study was the frequency student peers were reported as a key source of incivility. There are limited studies that explored student-to-student peer incivility. Cooper and Curzio (2012) found that bullying among nursing students in the United Kingdom does occur, however, more research is needed to understand the driving impetus behind these uncivil behaviours among nursing student groups. Small et al., (2019) reported that peer incivility among students such as spreading rumours, not wanting to work with other students, and thinking that they are better than other students was attributed to the competitive nature of nursing programming and students' "pressure to succeed" (p. 140). Instead, student peers are often recognized as a source of support (Courtney-Pratt et al., 2018; Smith et al., 2016) rather than a source of incivility. Sadly, uncivil behaviours perpetrated among student nurses cause psychological and physiological distress (Foreman, 2018) and may negatively impact their professional development (Zhu et al., 2019). The short and long-term impacts of uncivil behaviours committed on and between nursing students remain largely unknown without further study. Little has been discussed in the published literature about student nurses being the source

of bullying behaviours and incivility toward other student nurses. The presence of hierarchal and horizontal violence toward and among students risks the ongoing contribution toward a cycle of violence and oppression within the nursing profession. This study found that this cycle of violence begins while students are currently enrolled in their nursing education prior to their entry as licensed professionals in the workforce.

All individuals have the right to receive fair and equal treatment regardless of race or ethnicity, colour, religion, gender, age, and mental or physical disability under the *Canadian Charter of Rights and Freedoms* (Government of Canada, 2022). Nurses, and nursing students by extension, must adopt a zero-tolerance for bullying that should be enforced by nurse leaders and extended to include clinical instructors, staff nurses, patients, physicians, and peers (Clarke, 2012). Strategies include the importance of speaking up about incivility and address bullying behaviours as they occur in a firm but non-accusatory manner (Edmonson & Zelonka, 2019). Higher education institutions also have a responsibility to define incivility and develop policies that direct individuals on how to deal with this concern (Clarke, 2012). Although many student nurses do not report incidents of bullying and incivility due to fear of negative consequences (Budden et al., 2017), all stakeholders need to work collaboratively to create a safe environment in which nurses and student nurses can reach their full potential (Edmonson & Zelonka, 2019).

### Limitations

The findings of this study were derived from two baccalaureate programs in one western Canadian province during the novel coronavirus pandemic. Due to the small sample size and response rate, as well as the study timing during a pandemic, the findings may not be generalizable to other nursing programs. Pye et al. (2016) acknowledged, “If the study is novel, it may add to the literature regardless of sample size” (p. 6). Due to the participation of only three male students, use of gender-based analysis was limited within the study. The findings add to a growing body of evidence that shows incivility that includes racism exists within the study population and provides a baseline measure of understanding of the impact of this phenomenon. Horizontal bullying and incivility among nursing students requires further research. Future research should recruit a greater number of students that would allow for parametric analysis of learners who experienced incivility and intent-to-leave with demographic factors that include ethnicity and various gender categories. Faculty, nurse, student, and clinical instructor perspectives on incivility would significantly add to the nursing and allied health literature on what interventions might be effective in combating incivility and racism in both health care and academic environments.

## Conclusion

Results from this study demonstrated that students from nursing and psychiatric nursing experience bullying and uncivil behaviours from a variety of sources. Since completion of the research project, the university where the study occurred has implemented an anti-racism action plan to address these concerns. Incivility reporting processes that align with professional practice expectations and respectful workplace initiatives in both academic and clinical settings need to be developed and enacted to foster safe learning and practice environments. Effectiveness of the action plan will be an area of future research. Of great concern was the number of student participants who reported the occurrence of horizontal bullying and incivility experienced by nursing students from fellow nursing students. These findings indicated that the presence of horizontal violence among students is poorly understood without further study. Thematic analysis confirmed students experienced a toxic culture that can compromise patient safety if students are

afraid to speak up and advocate for their patients. How students are treated during their clinical placements will have implications for nurse managers as the same units seek to recruit the students upon their graduation and entry into the nursing profession. Although students felt humiliated at times and treated like a burden by clinical staff, they remained hopeful for the nursing profession as they looked to their future careers in health care settings. Greater efforts are required to minimize racism and incivility experienced by students during their education in addition to disrupting the cycle of violence that begins while students are enrolled in their nursing education program.

## References

American Nurses Association. (2021, January 25). *National commission to address racism in nursing*. https://www.nursingworld.org/practice-policy/workforce/clinical-practice-material/national-commission-to-address-racism-in-nursing/

Birks, M., Cant, R. P., Budden, L. M., Russell-Westhead, M., Özçetin, Y. S. Ü., & Tee, S. (2017). Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK. *Nurse Education in Practice*, *25*, 14–21. https://doi.org/10.1016/j.nepr.2017.04.011

Braun, V., & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. http://dx.doi.org/10.1191/1478088706qp063oa

Budden, L. M., Birks, M., Cant, R., Bagley, T., & Park, T. (2017). Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian*, *24*(2), 125–133. https://doi.org/10.1016/j.colegn.2015.11.004

Canadian Federation of Nurses Unions. (2017, May). *Enough is enough: Safe workplaces for all*. https://nursesunions.ca/research/enough-is-enough-safe-workplaces-for-all/

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. *CNA*. https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics

Canadian Nurses Association. (2021). *Racism in health care*. https://www.canadian-nurse.com/en/policy-advocacy/advocacy-priorities/racism-in-health-care

Clark, C. M., Landis T. T., & Barbosa-Leiker C. (2020). National study on faculty and administrators' perceptions of civility and incivility in nursing education. *Nurse Educator*, *45*(3), 139–143. https://doi.org/10.1097/NNE.0000000000000948

Clark, C. M., Olender, L., Cardoni, C., & Kenski, D. (2011). Fostering civility in nursing education and practice: Nurse leader perspectives. *The Journal of Nursing Administration*, *41*(7/8), 324–330. https://doi.org/10.1097/NNA.0b013e31822509c4

Clarke, C. M., Kane, D. J., Rajacich, D. L., & Lafreniere, K. D. (2012). Bullying in undergraduate clinical education. *Journal of Nursing Education*, *51*(5), 269–276. https://doi.org/10.3928/01484834-20120409-01

Cooper, B., & Curzio, J. (2012). Peer bullying in pre-licensure students. *Nurse Education Today*, *32*(8) 939–944. https://doi.org/10.1016/j.nedt.2011.10.012

Cooper, J. R. M., Walker, J. T., Winters, K., Williams, P. R., Askew, R., & Robinson, J. C. (2009). Nursing students' perceptions of bullying behaviours by classmates. *Issues in Educational Research*, *19*(3), 212–226.

Cortina, L. M. (2008). Unseen injustice: Incivility as modern discrimination in organizations. *Academy of Management Review*, *33*(1), 55–75. https://doi.org/10.5465/amr.2008.27745097

Cortina, L. M., Kabat-Farr, D., Leskinen, E. A., Huerta, M., & Magley, V. J. (2013). Selective incivility as modern discrimination in organizations: Evidence and impact. *Journal of Management*, *39*(6), 1579–1605. https://doi.org/10.1177/0149206311418835

Courtney-Pratt, H., Pich, J., Levett-Jones, T., & Moxey, A. (2018). “I was yelled at, intimidated and treated unfairly”: Nursing students' experiences of being bullied in clinical and academic settings. *Journal of Clinical Nursing*, *27*(5-6), e903–e912. https://doi.org/10.1111/jocn.13983

Daly, Z., O'Flynn-Magee, K., & Rodney, P. (2020). A call to revisit and address the histories of bullying in nursing education. *Quality Advancement in Nursing Education-Avancées en formation infirmière*, *6*(3), 1–15. https://doi.org/10.17483/2368-6669.1249

Edmonson, C., & Zelonka, C. (2019). Our own worst enemies: The nurse bullying epidemic. *Nursing Administration Quarterly*, *43*(3), 274–279. https://doi.org/10.1097/NAQ.0000000000000353

El Ghaziri, M., Johnson, S., Purpora, C., Simons, S., & Taylor, R. (2022). Registered nurses' experiences with incivility during the early phase of COVID-19 pandemic: Results of a multi-state survey. *Workplace Health & Safety*, *70*(3),148–160. https://doi.org/10.1177/21650799211024867

Elemary, F. M., & El Nagar, S. A. (2017). Vertical violence among faculty nursing students experienced in health care settings during their clinical learning. *Journal of Nursing and Health Science*, *6*(3), 88–93. https://doi.org/10.9790/1959-0603048693

Foreman, R. (2018). Coping strategies of prelicensure registered nursing students experiencing student-to-student incivility. *International Journal of Nursing and Heath Care Research*, *1*(6), 1–7. https://doi.org/10.29011/IJNHR-136.100036

Government of Canada. (2021). *Gender-based Analysis Plus research guide*. https://women-gender-equality.canada.ca/en/gender-based-analysis-plus/resources/research-guide.html

Government of Canada. (2022). *Canadian charter of rights and freedoms*. https://laws-lois.justice.gc.ca/eng/const/page-12.html

Hayat, M. J. (2013). Understanding sample size determination in nursing research. *Western Journal of Nursing Research*, *35*(7), 943–956. https://doi.org/10.1177/0193945913482052

Houck, N., M., & Colbert, A., M. (2017). Patient safety and workplace bullying. *Journal of Nursing Care Quality*, *32*(2), 164. https://doi.org/10.1097/NCQ.0000000000000209

Meissner, J. (1986). Nurses: Are we eating our young? *Nursing*, *16*(3), 51–53.

Minton, C., Birks, M., Cant, R., & Budden, L. M. (2018). New Zealand nursing students’ experience of bullying/harassment while on clinical placement: A cross-sectional survey. *Collegian*, *25*(6), 583–589. https://doi.org/10.1016/j.colegn.2018.06.003

Pye, V., Taylor, N., Clay-Williams, R., & Braithwaite, J. (2016). When is enough, enough? Understanding and solving your sample size problems in health services research. *Bio Med Central Research Notes*, *9*(90), 1–7. https://doi.org/10.1186/s13104-016-1893-x

Registered Nurses Association of Ontario. (2021, April 4). Results of nursing survey point to an alarming exodus from the profession following the pandemic. *RNAO*. https://rnao.ca/news/results-nursing-survey-point-alarming-exodus-profession-following-pandemic

Registered Nurses Association of Ontario. (2022, February 8). *Nursing report calls to end anti-black racism and discrimination within the profession*. https://rnao.ca/news/media-releases/nursing-report-calls-to-end-anti-black-racism-and-discrimination-within-the

Roberts, S. J. (2015). Lateral violence in nursing: A review of the past three decades. *Nursing Science Quarterly*, *28*(1), 36–41. https://doi.org/10.1177/089431841455861

Rohatinsky, N., Exner-Pirot, H., Parent-Bergeron, M., Bosevski, K., & Pratt, C. (2018). Indigenous nursing students' readiness for practice perceptions. *Quality Advancement in Nursing Education-Avancées en formation infirmière*, *4*(2), 1–18. https://doi.org/10.17483/2368-6669.1133

Saldivar, M. G. (2012, June 5). *A primer on survey response rate*. Learning Systems Institute – Florida State University. https://mgsaldivar.weebly.com/uploads/8/5/1/8/8518205/saldivar_primer_on_survey_response.pdf

Sedgwick, M., Oosterbroek, T., & Ponomar, V. (2014). "It all depends": How minority nursing students experience belonging during clinical experiences. *Nursing Education Perspectives*, *36*(2), 89–93. https://doi.org/10.5480/11-707.1

Small, S. P., English, D., Moran, G., Grainger, P., & Cashin, G. (2019). "Mutual respect would be a good starting point:" Students' perspectives on incivility in nursing education. *Canadian Journal of Nursing Research*, *51*(3), 133–144. https://doi.org/10.1177/0844562118821573

Smith, C. R., Gillespie, G. L., Brown, K. C., & Grubb, P. L. (2016). Seeing students squirm: Nursing students' experiences of bullying behaviors during clinical rotations. *Journal of Nursing Education*, *55*(9), 505–513. https://doi.org/10.3928/01484834-20160816-04

Stevenson, K., Randle, J., & Grayling, I. (2006). Inter-group conflict in health care: UK students' experiences of bullying and the need for organizational solutions. *The Online Journal of Issues in Nursing*, *11*(2), 6 [PMID: 17201580].

Taylor, R. (2016). Nurses' perceptions of horizontal violence. *Global Qualitative Nursing Research*, *3*(3), 1–9. https://doi.org/10.1177/2333393616641002

Tee, S., Özçetin, Y. S. Ü., & Russell-Westhead, M. (2016). Workplace violence experienced by nursing students: A UK survey. *Nurse Education Today*, *41*, 30–35. https://doi.org/10.1016/j.nedt.2016.03.014

University of Winnipeg. (2021). *Race, racialization and racism: An interdisciplinary guide*. https://libguides.uwinnipeg.ca/c.php?g=370387&p=2502732

Vogel, L. (2016). Abusive patients: Is it time for accountability? *Canadian Medical Association Journal*, *188*(11), E241–E242. https://doi.org/10.1503/cmaj.109-5266

Zhu, Z., Xing, W., Lizarondo, L., Guo, M., & Hu, Y. (2019). Nursing students' experiences with faculty incivility in the clinical education context: A qualitative systematic review and meta-synthesis. *BMJ Open*, *9*(2), [e024383], 1–14. https://doi.org/10.1136/bmjopen-2018-024383