

ABSTRACT

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EXPERIENCES OF REGISTERED NURSES WHO ENCOUNTER INCIVILITY DURING THE CLINICAL EDUCATION OF NURSING STUDENTS WITHIN HOSPITAL SETTINGS: A PHENOMENOLOGICAL ANALYSIS

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Incivility is disrespectful and unprofessional behavior consisting of negative attitudes with verbal and physical characteristics which negatively affects registered nurses' work environments and nursing students' clinical education. These behaviors are associated with increased healthcare costs (Joint Commission, 2008), negative patient outcomes, and poor patient satisfaction (Joint Commission, 2008; Randle, 2003). Additionally, incivility occurring during the clinical education of nursing students is a problem that can inhibit learning and communication (Institute of Medicine, 2010; Joint Commission, 2008). Research indicates these behaviors persist on nursing units, creating a challenge for stakeholders in both nursing education and patient care (Academy of Medical-Surgical Nurses, n.d.; Hunt & Marini, 2012; Lucian Leape Institute, 2013). Therefore, this descriptive qualitative study was conducted to explore registered nurses' experiences with incivility during the clinical education of nursing students

within hospital settings in an effort to identify sources and contributing factors of incivility as well as effective strategies to counter incivility in these settings.

A purposive sample of thirteen registered nurses, including staff nurses and clinical faculty, participated in mostly face-to-face, semi-structured interviews. With the support of an integrated conceptual framework utilizing Clark, Olender, Cardoni, and Kenski's (2011) conceptual model for fostering civility in nursing education (adapted for nursing practice) and the reflection-in-action theory by Donald Schön (1983), Giorgi's (1985) descriptive phenomenological method for qualitative research was used to analyze the transcribed verbatim narratives.

Analysis of the data revealed three themes and sixteen subthemes. Themes included influences on uncivil actions, experiencing and responding to incivility, and aftermath of incivility. Stress was an underlying factor within all of the registered nurses' encounters with incivility. Most participants were surprised by the incivility they encountered. Some participants were tearful while others became anxious while describing their experiences.

Findings revealed a need for educating registered nurses, nursing students, and administrators about incivility. Through participants' reflections on their encounters, strategies for addressing incivility were revealed. Recommendations for further study include examining gender differences regarding perceptions of uncivil and civil behaviors, comparing perpetration of incivility between experienced and less experienced nursing students, and the influence of different levels of nursing education on uncivil actions.