



International Journal of Nursing and Health Sciences

ISSN Print: 2664-9187
ISSN Online: 2664-9195
Impact Factor: RJIF 5.42
IJNHS 2025; 7(2): 23-27
www.nursingjournals.net

Received: 15-05-2025
Accepted: 17-06-2025

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Primary prevention of incivility in nursing students

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DOI: <https://www.doi.org/10.33545/26649187.2025.v7.i2a.109>

Abstract

Introduction: Incivility in nursing education, including bullying and lateral violence, undermines student success and contributes to faculty turnover. The Joint Commission [1] found greater than 50% of registered nurses and nursing students reported verbal abuse. Although widely documented, most interventions address incivility reactively rather than through primary prevention. Foreman [2] explains incivility in nursing students as an epidemiological triangle with the nursing student as the susceptible host. This study evaluated the impact of structured first-semester training designed to strengthen communication, coping skills, and resilience among undergraduate nursing students.

Methods and Procedures: Following institutional review board (IRB) approval, 41 first-semester baccalaureate nursing students were invited to participate; 23 completed both pre- and post-intervention surveys. The Clark Civility Index for Students and Classmates was used to measure perceptions of civility. Interventions included role-play, written communication templates, mindfulness training, and Self Discovery through Art: Recovery. Resilience. ReCreation [3] reflection activities.

Results: Classmate civility scores increased by an average of 1.61 points on a 5-point scale, while personal civility scores showed a modest increase of 0.09 points. The greatest gains were observed in the ability to address disruptive behaviors, while the largest decline involved students' self-reported accountability.

Discussion: Findings suggest that primary prevention interventions introduced early in nursing education can positively influence peer interactions and lay a foundation for professional communication; however, challenges remain in fostering personal accountability and conflict resolution skills.

Keywords: Nursing students, incivility, civility education, resilience, workplace violence

Introduction

Incivility in nursing education, including lateral violence and bullying, continues to increase, negatively affecting both student success and faculty retention. The American Nurses Association (ANA) [4] has recognized the significance of incivility and adopted a position acknowledging the prevalence in the profession and the need for change. The Joint Commission [1] identified a staggering greater than 50% of registered nurses and nursing students reporting verbal abuse, while 59% of nurses in the emergency room reported verbal abuse within the past seven days. As the COVID-19 pandemic compounded the stress of professional nursing, the World Health Organization [5] reported an overall 25% increase in mental health issues including anxiety and depression. Faculty and students' concerns regarding incivility prompted formal training in preventing incivility when encountering stressful scenarios. The researchers' motivation included the desire to help students develop skills to navigate stressful situations without incivility.

Literature Review

The literature contains a plethora of studies on incivility and bullying in the workplace with healthcare injuries in the healthcare field far surpassing all others. According to the U.S. Bureau of Labor Statistics [6], healthcare and social service workers had an incidence rate for intentional injury from another person of 14.2 per 10,000 in 2021-2022, which can be compared with 2.9 for all industry sectors. The ANA [4] adopted a formal position statement on incivility, bullying, and workplace violence, which specifically includes academia as those responsible "to create and sustain a culture of respect, which is free of incivility, bullying, and workplace violence." The Code of Ethics for Nurses,

Provision 5, denotes the moral duties to self, which include the expectation of a safe workplace environment.

Workforce incivility causes a stress response that is cumulative and harmful to both individuals and the collective workforce community [7]. Prevention of workplace violence in healthcare settings must include good communication skills and coping strategies [8]. Nursing students are vulnerable with incivility in both classroom and clinical settings leading to mental health issues and students ultimately dropping out of school or leaving the profession early [9].

The existing literature clearly establishes incivility as a pervasive concern in both academic and clinical settings, with negative consequences for students, faculty, and the nursing profession as a whole. While numerous studies highlight the prevalence and impact of incivility, fewer have examined strategies for primary prevention within nursing education. Most interventions described in the literature are reactive—addressing disruptive behaviors once they occur—rather than equipping students with the skills and resilience needed to prevent incivility before it arises.

This gap provided the rationale for the present study. By introducing structured training during the orientation and first semester of a baccalaureate nursing program, we sought to strengthen communication skills, promote emotional regulation, and foster a culture of respect from the outset of students' professional formation. Our methodology was designed to assess whether a multimodal, proactive intervention could positively influence perceptions of civility among undergraduate nursing students.

Aims and Objectives

1. Investigate the prevalence of incivility among nursing students.
 - a) Educate and raise awareness about what constitutes incivility and its negative impact.
 - b) Explore the frequency and types of uncivil behaviors observed among nursing students in academic and clinical settings.
2. Assess the impact of incivility on the learning environment.
 - a) Investigate how incivility affects the overall learning experience, emotional well-being, and academic performance of nursing students.
3. Provide evidence-based recommendations for preventing incivility in nursing education.
 - a) Communicate well-defined guidelines on acceptable behavior.
 - b) Provide formal training on communication and conflict resolution.
 - c) Foster open dialogue and communication channels.

- d) Create an inclusive environment that celebrates diversity.

Methodology

Approval from the University's IRB was obtained prior to the collection and compilation of data. Informed consent was obtained. No identifying data were used for analysis and data were analyzed in aggregate form. Data collection occurred in 2024. The survey tools were completed during orientation before the first semester in the baccalaureate program and at the end of that semester. Permission was obtained to use the "Clark Index for Students and Classmates" to gather data. A member of this research team is certified to utilize the "Recovery. Resilience. ReCreation: Facilitator's Program Manual, Self-Discovery Through Art, USA."

The study design was a quantitative survey and short answer pilot to assess baseline perception and participant experience following a semester in the baccalaureate nursing program. Strategies to increase awareness of professionalism and provide tools to recognize and mitigate incivility in both classroom and hospital settings were presented including definitions and open discussion. Participants were given information on incivility and expectations as nursing students. Role-playing active classroom and clinical scenario learning activities were used, presenting participants with situations common in nursing with guidance in conflict resolution and therapeutic communication. Stress reduction was addressed by utilizing the Smiling Mind mindfulness application. Participants received instruction on resiliency utilizing art-as-therapy techniques. At the end of their first semester, where they were exposed to both academic rigors and acute care hospital settings, the participants were again surveyed via Qualtrics.

Conceptual Framework

This study utilizes the Clark and Springer Model for Fostering Civility in Nursing Education. This framework identifies stressors, attitudes, and opportunities for faculty and nursing students to cultivate a culture of civility [10]. This conceptual model for fostering civility in nursing education demonstrates a scale of incivility to civility with complicating factors of student attitudes of entitlement, faculty attitudes of superiority, and the high-stress environment leading to the possibility of missing opportunities for constructive engagement. Incorporating Foreman's [12] concept of the epidemiological triad, this study aims to build up susceptible hosts to prevent infection with incivility.

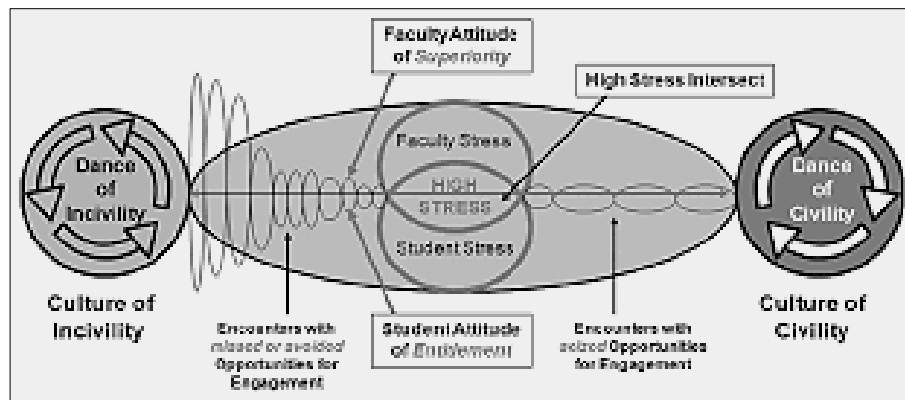


Fig 1: [11] Clark & Springer Model for Fostering Civility in Nursing Education

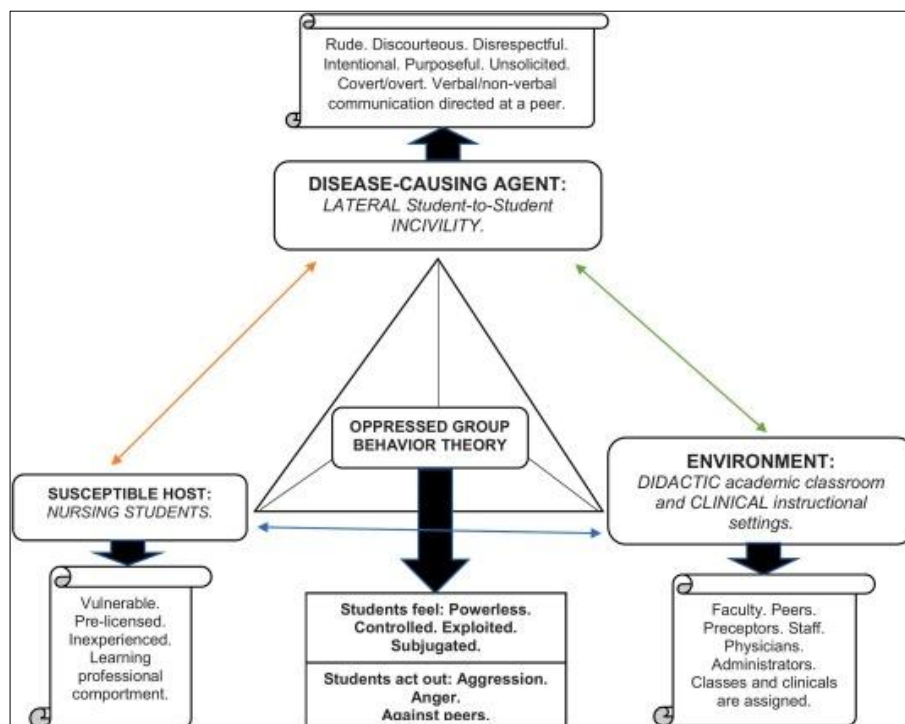


Fig 2: [12] Foreman Modified Epidemiological Triangle

Data Analysis and Results

A total of 23 students completed all the surveys requested. Of these, six were from the summer cohort and 17 were from the fall cohort. All the students who completed the surveys identified as female and had an average age of 20 years old. Although we were unable to compare individual changes for each participant, the overall personal civility scores of our participants increased an average of 0.09 points on the 1-5 Likert scale, while the classmate civility scores increased by an average of 1.61 points. The greatest positive change in personal & classmate civility after training was the ability to address disruptive student behaviors (avg=0.44 points personal and 0.47 classmates). The greatest negative change in personal civility after training was the self-reported ability of students to take personal responsibility and stand accountable for their actions, which decreased by 0.21 points. The greatest negative change in classmate civility was the ability to speak directly to the person with whom they have an issue, which also decreased by 0.21 points.

In looking at descriptive feedback, students overwhelmingly described the expected qualities of both nurses and a nursing instructor as "Professional," though "Caring" and

"Understanding" were also frequently mentioned. They felt that nurses and instructors should advocate for others and wanted their instructors to be "Approachable" and "Encouraging" as they felt that their biggest need for personal growth was overwhelmingly a need for increased confidence.

Discussion, Implications, and Conclusion

The results of this pilot study suggest that primary prevention strategies can positively influence nursing students' perceptions of civility. Although the increase in personal civility scores was modest, the significant improvement in classmate civility indicates that students benefited from structured opportunities to practice respectful communication, role-play conflict resolution, and engage in stress-reduction activities. These findings align with prior literature emphasizing that civility is not an innate skill but one that can be cultivated through intentional education and guided practice.

The timing of this study could be considered a limitation. The initial data collection occurred during the orientation of students unfamiliar with research and the potential benefits. At secondary data collection, students expressed the desire

to participate, although they did not fill out the initial survey. Unfortunately, their input could not be included in this study. This feedback could be considered a strength as in retrospect students recognized the importance of therapeutic communication, resilience, and stress reduction in this rigorous program.

The areas of decline, such as students' self-reported accountability and willingness to address conflict directly, provide valuable insights for curriculum development. These findings suggest that while students may feel more supported by their peers, they continue to struggle with personal responsibility and confrontation in stressful contexts. Addressing these gaps requires faculty to not only model professional communication but also create safe spaces for students to practice accountability and direct dialogue without fear of punitive consequences.

Embedding civility training throughout the curriculum, rather than limiting it to a single course or semester, may be essential for lasting change. Structured debriefings in clinical settings, explicit civility and professionalism policies, and regular reflection activities can reinforce expectations and normalize constructive responses to incivility. Faculty development also plays a critical role; when instructors consistently demonstrate respectful communication, students are more likely to internalize those behaviors.

The implications extend beyond the classroom. Preparing students to navigate conflict and stress without resorting to uncivil behaviors strengthens resilience, promotes retention, and contributes to the development of a healthier nursing workforce. As incivility remains a significant factor in nurse burnout and attrition, the ability to foster civility early in professional formation has the potential to improve not only educational outcomes but also long-term workforce stability.

In conclusion, this study demonstrates that proactive primary prevention interventions can contribute to a more civil and supportive learning environment in nursing education. While further research is needed to refine strategies and expand their reach, the evidence from this pilot supports integrating civility education as a foundational element of nursing curricula. By cultivating communication skills, resilience, and accountability from the beginning of a student's training, nursing programs can help prepare graduates to enter the profession as confident, respectful, and compassionate practitioners.

Recommendations for Future Research

This study was limited by the small sample size, single-site design, and reliance on self-report measures. Future research should expand upon these findings by:

- Conducting longitudinal studies to track changes in civility across the full nursing curriculum and not professional practice.
- Replicating the intervention with larger, more diverse student cohorts across multiple institutions to strengthen generalizability.
- Exploring the influence of faculty development initiatives on student outcomes, given the importance of role modeling.
- Investigating demographic differences, including gender, cultural background, and prior healthcare experience, to better understand which groups may be most vulnerable to incivility.

- Evaluating the integration of civility training with other curricular priorities, such as resilience, interprofessional collaboration, and mental health promotion.

By addressing these areas, future studies can move beyond documenting the prevalence of incivility to developing and validating comprehensive strategies that protect students, strengthen the learning environment, and contribute to a healthier nursing workforce.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Taylor JN, Canady K, Warren T. Primary prevention of incivility in nursing students. *International Journal of Nursing and Health Sciences* 2025; 7(2): xx-xx

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