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ABSTRACT

The purpose of this study was to investigate differences in the experiences of incivility of 2 generations of associate degree nursing faculty. A quantitative study was conducted using the Incivility in Nursing Education Survey to determine whether a difference exists between Baby Boomer ($n = 50$) and Generation X ($n = 21$) faculty's experience of incivility. Results indicate significant difference in reported student disruption, frequency of disruptive student behaviors, and number of student threats reported by the 2 generations.

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Introduction

Incivility in nursing education is a serious problem affecting faculty, students, and the nursing profession. *Incivility* is described by Clark (2009) as “rude or disruptive behaviors which often result in psychological or physiological distress for the people involved, and if left unaddressed, may progress into threatening situations” (p. 194). Incivility includes a broad range of behaviors and actions ranging from eye rolling to physical threats of harm, with disrespect as the common theme (Clark, 2009). Incivility conflicts with the ethics of the nursing profession. The description of ethics of the nursing profession by the American Nurses Association (ANA) is respect for individuals, collegial relationships with one another, and working out conflict as stated in the Code of Nursing Ethics (ANA, 2015a). The ANA (2015b) recently revised a statement about incivility, bullying, and workplace violence stating that nurses are obligated to create a civil workplace environment (Walrafen, Brewer, & Mulvenon, 2012). Nurses should not only create a civil environment but also use best practice techniques to prevent incivility and benefit the workplace environment, nursing practice, and patient care.

Accrediting agencies, such as The Joint Commission, are also alert to the issue of disrespect in health care settings and consider disruptive behavior a sentinel event. The Joint Commission began investigating disruptive behavior in 2008 and recently published a

newsletter in 2016 to include bullying as a threat to patient safety (The Joint Commission, 2008, 2016). The negative impact on patient care is one significant reason that accrediting agencies study worker behavior. McNamara (2012) reported the direct correlation of flawed communication because of incivility and negative patient outcomes. The nursing profession has a legal and ethical responsibility to promote civility.

One way to influence the nursing profession and promote civility in practice is to teach civil, appropriate, professional behavior in new nurses. Nursing faculty need to role model civil interactions despite the challenges of the current nursing practice environment and higher education. One factor contributing to the development of incivility is stress in nursing practice and higher education (Clark, 2013; McNamara, 2012). Although blamed on time restraints, workload concerns, and unrealistic expectations, uncivil encounters may also stem from generational differences among nursing faculty. In order to more fully understand the problem of incivility in nursing education, a study was done to measure the perception of incivility as experienced by two generations of associate degree nursing faculty, Baby Boomers, and Generation X. The purpose of the study was to identify whether a difference exists between these two generations of faculty regarding the experience of incivility in nursing education. This study addressed the question: How does the generation of nursing faculty influence the experience of incivility in nursing education?

Literature Review

Social learning theory, generational theory, and the concept of stress in nursing contain themes contributing to incivility in nursing education. Previous studies about the effects of incivility

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indicate a negative impact on the teaching–learning environment (Clark, 2008, 2009; Clark & Springer, 2007). Social cognitive theory, as developed by Bandura (1986), described how cognitive factors interact with the environment and influence learning. One portion of social cognitive theory, social learning theory, is the application of observation and role modeling to the process of learning. Observation of behavior and modeling/role modeling are foundational to social learning theory as methods of teaching values, attitudes, and behaviors. Practice professions, such as nursing, rely on the methods of observation and role modeling to teach nursing students physical, emotional, and psychomotor skills relevant to nursing practice. Behavior that is rude or disruptive threatens a safe and effective social learning environment and, therefore, interferes with student learning (Clark, 2009; Clark, Oleander, Cardoni, & Kenshi, 2011).

Several studies described stress as a major contributor to incivility by both faculty and students (Clark, 2008; Clark & Springer, 2007). Student stressors included burnout from increasing workloads, competition for grades in a high-stakes academic environment, and feeling induced to be academically dishonest in schoolwork. Faculty stressors included burnout from increasing workloads, role stress because of multiple work/life responsibilities, and competition in a high-stakes academic environment. In addition to these stressors, the nature of nursing practice and the fear of harming a patient increased the stress for both faculty and students. The stressors felt by students and faculty were surprisingly similar. Clark (2008) described how incivility by faculty could contribute to incivility in students and vice versa. Stress is unavoidable in nursing and higher education, but incivility is a negative response with a detrimental impact on learning.

Another aspect of the learning environment to consider is the generational differences of the faculty and students. Generational differences are a potential reason for increased stress and the different experiences of incivility in nursing education. Generational theory is one method of placing members in a group based on similar age in addition to shared life experiences and political events, which influence group values and beliefs (Leiter, Jackson, & Shaughnessy, 2009; Leiter, Price, & Spence Laschinger, 2010). Based on generational theory, nursing faculty of the same generation may share similar workplace values, beliefs, and attitudes regarding incivility. Although all members of a generation do not have identical values, generational theory purports that each generation shares many similar values based on shared cultural and life events.

Previous studies about generational differences included an increased experience of stress in the workplace for Generation X nursing faculty versus Baby Boomer faculty (Jobe, 2014; Leiter et al., 2009, 2010). Reported nursing values, such as loyalty and altruism, align with the Baby Boomer generation values more than with Generation X values. Generation X members value independence and work–life balance more highly than previous generations, which may conflict with the idea of loyalty as a nursing value (Leiter et al., 2009; Parry & Urwin, 2011). The differences in generational values may influence the level of stress in the learning environment. The experience of incivility from the perspective of Baby Boomer and Generation X nursing faculty needs further study. Identification of any differences may assist faculty in preventing and coping with incivility. The goal is to create a positive environment where faculty and students feel safe and where learning occurs without interference from uncivil behavior.

Method

A quantitative, descriptive methodology with a nonexperimental, cross-sectional survey design was used in the study. Institutional review board approval was obtained from the educational institution of the author. Permission and licensing to use the Incivility in Nursing

Education (INE) survey was obtained from the author of the survey (Clark, Farnsworth, & Landrum, 2009). Clark, Barbosa-Leiker, Gill, and Nguyen revised the INE survey in 2015 after this study was completed.

Participants and Procedure

The population included associate degree nursing faculty in one region of the United States. Based on the Accreditation Commission for Education in Nursing (2012) list of accredited, associate degree nursing programs in three midwestern states, the director of every program was e-mailed with a link to an online survey. Each director was asked to forward the e-mail to every current nursing faculty. The criteria for inclusion was current employment as nursing faculty in an accredited, associate degree nursing program in one of the selected midwestern states and year of birth between 1946 and 1980. All of the participants who met these criteria were included in the analysis. The survey was open for 1 month, 91 participants began the survey, and 71 participants completed the survey. The power analysis was calculated using a confidence level of 90%, the population of associate degree nursing faculty, and a response distribution of 50% leading to the recommendation for a minimum of 68 participants. The *p* value for significance was $<.05$.

The statistical package IBM SPSS® GradPack was used to analyze the data. The data were separated into two generational groups based on reported age and year of birth as described in the demographic section of the survey. The data were used to compare the experiences of incivility between the Baby Boomer faculty, born 1946–1964, and the Generation X faculty, born 1965–1980, using *t*-test analysis of the means. Each type of behavior listed in the survey, such as eye rolling or showing up late to class, was also analyzed, and the mean scores were compared between generations. The overall mean level of incivility was calculated using a *t* test and compared between the two generations.

Instrument

The INE survey, developed by Clark et al. (2009), was used to identify and describe incivility experienced by nursing faculty and students. The data were collected with self-administration of the quantitative portion of the survey along with a demographic form. Previous studies using the INE survey reported that interrater reliability coefficients for student behaviors ranged from .808 to .889 and faculty behaviors .919 to .955 (Clark et al., 2009). The reliability coefficients for the three student behaviors described were .70 to .94 (Clark et al., 2009).

The INE survey included three sections describing student behaviors and three sections describing faculty behaviors. The student behavior section included disrespectful classroom behaviors, disregard for others, and general disinterest in the class. The faculty section included uncivil behavior, faculty management issues, and flexibility issues. Each section listed 20 student and faculty behaviors and asked the participant to answer whether this behavior was observed 1 (*never*) to 4 (*often*). The second section measured the degree to which faculty behaviors were perceived as uncivil using the same 1-to-4 scale. The final section listed 11 student and 11 faculty behaviors and asked the participant whether the behaviors have occurred to “someone you know in the last 12 months”. Participants answered “yes”, “no”, or “unsure” to these questions.

Analysis and Results

The survey was completed by 71 nursing faculty, 50 in the Baby Boomer generation and 21 in the Generation X generation. The Baby Boomer nursing faculty had an average age of 56.04 years and

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