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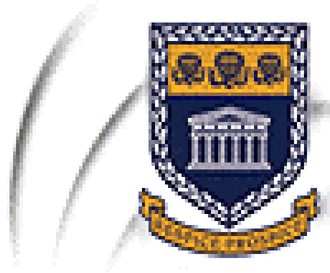

ROOTS AND CONSTRUCTS OF INCIVILITY IN PROFESSIONAL NURSING EDUCATION: REFOCUSING SOLUTIONS AND ACTIONS

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A thesis submitted in fulfilment of the requirements
for the degree Philosophiae Doctor in the School of Nursing,
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Date: November 2020

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ABSTRACT

Background: Incivility is rudeness, disrespect, disregard for others or their opinions, and a barrier to social interaction that could be associated with stress. The lack of regard for others creates a disrespectful, conflicting, and stressful environment, which could be perceived as an attack on the individual's dignity, or sense of self-worth. According to reports, such behaviour could be increasing and affecting the welfare of educators, students, and the overall educational process. Nursing education has not been exempted from this behaviour. Therefore, incivility is a nursing problem, which affects all those involved, from the academics, students, clinicians, patients and families. However, despite many research studies on the manifestations and impact of this phenomenon, for those involved, the root of the problem in nursing education remains unanswered. Consequently, the need arose to develop a construct, define the roots, as well as a conceptual framework, for a heightened understanding of the phenomenon, and to refocus solutions and actions on incivility in professional nursing education. The researcher anticipates that this will benefit South African professional nursing education, especially, to inform the various discussions that exist regarding the incidents of incivility, as well as the experiences of nurse educators and students with this phenomenon.

Objectives: The broad objectives of this current study were to develop a South African professional nursing education construct of incivility in nursing schools, and to describe the perspectives of the roots of this phenomenon. This study provides strategies and solutions to manage incivility in nursing schools, and a conceptual framework, through which a better understanding of incivility in professional nursing education could be acquired.

Methods: A qualitative, exploratory, and descriptive approach was applied in this current study, which was embedded in an interpretive framework, to answer the research questions. The Interpersonal Relations Theory was applied to elucidate the reader regarding a better facilitation of the student-educator interaction. The Contextual Constructs Model (CCM), with its four phases, guided the researcher through the research process, while the Contextual Constructs Theory (CCT) was the philosophical underpinning of the CCM. The CCT maintains that every research study includes the integration of two key components, namely (1) context- and (2) cognitively-driven constructs. Purposive sampling was employed to

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select nurse educators (10) and students (15), representing different racial groups, from 2 nursing education settings in a province of South Africa, for data collection. Individual face-to-face semi-structured interviews were conducted until saturation of data was reached at 23 participants. The framework, against which incivility in professional nursing education in South Africa could be understood, was developed after the data collection, while for the content analysis, the abstraction processes, adapted from Elo and Kyngäs, was applied. An independent coder verified the analysis, to ensure a true reflection of the information shared by participants. Trustworthiness of the data was ensured through the principles of credibility, transferability, dependability and confirmability.

Results: Based on the findings of the data from the semi-structured interviews, it was evident that nurse educators and students in South African professional nursing education environments, were experiencing considerable levels of incivility. The participants clearly comprehended the concept of incivility, and provided various examples during the interviews. Rudeness, disrespect, unacceptable and poor conduct, unprofessionalism, and bitterness, were some of the descriptors for incivility, provided by the participants. The researcher, symbolically, related incivility as a tree, with roots deeply embedded in the socio-economic, cultural, and political history of South Africa and nursing. The framework of incivility was depicted as the Tree of incivility in professional nursing education, comprising 5 pillars: Pillar 1 – Concept of incivility; Pillar 2 – Manifestations of incivility; Pillar 3 – Contributing factors for incivility; Pillar 4 – Roots of incivility; and Pillar 5 – Consequences of incivility. The strategies, proposed by the participants as solutions and actions to refocus incivility in nursing schools in South Africa, were integrated through these various pillars.

Conclusion: This current study provided evidence that moderate-to-severe incivility manifests in the form of student-to-student, student-to-educator, educator-to-student, educator-to-educator, nurse-to-student, student-to-nurse, and student-to-patient, or anywhere that a teachable opportunity is presented in professional nursing education in South Africa. The constructs and the roots of incivility facilitated the recommendations for nurse educators, students, and other key stakeholders in nursing education. Nursing practice, also deal with incivility, cooperatively and in collaboration, as it is a socio-economic, cultural, and political challenge that requires commitment from all parties involved. The professional development and graduate attributes of the student could be affected, negatively, and, in turn, impact on quality of healthcare service delivery, if incivility is ignored.

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The framework and the roots of incivility in professional nursing education is the researcher's original work, and a contribution to what is already known about incivility in nursing education and nursing. However, further exploration of incivility is needed in clinical nursing education, as the students in the clinical learning environment experienced a considerable level of the phenomenon. In addition, incivility in the academic work environment for nurse educators needs to be investigated, as colleague-to-colleague incivility was clearly present during the course of this current study.

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KEY WORDS

Construct

Contributing factor

Incivility

Key stakeholder

Nurse educator

Nursing education institution

Nursing student

Professional nursing education

Root

Solution

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ABBREVIATIONS

CCM – Contextual Constructs Model

CCT – Contextual Constructs Theory

CLE(s) – Clinical Learning Environment(s)

CJC – Civility Journal Club

DP – Duly Performed

EAP – Employee Assistance Wellness and Wellbeing Programme

HEI(s) – Higher Education Institution(s)

HE – Higher Education

HWSETA – Health and Welfare Sector Education and Training Authority

ICAS – Independent Counselling Advisory Services

NSFAS – National Student Financial Aid Scheme

NQF – National Qualification Framework

OLE(s) – Online Learning Environment(s)

PLE – Positive Learning Environment

SANC – South African Nursing Council

SRC – Student Representative Council

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DECLARATION

I declare that *"Roots and constructs of incivility in professional nursing education: refocusing solutions and actions"* is my own work, that it has not been submitted for any degree, or examination, at any other university, and that all the sources I have used, or quoted, have been indicated, and acknowledged by complete references.

Name: Hildeguard Jo-Anne Vink

Student number: 2860812

Signature: ____________________

Date: November 2020

This thesis has been read and approved by:

Prof. José Frantz

Supervisor

Signed: ______________

Date: November 2020

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DEDICATION

I wish to dedicate this study to my late father, Grey, for his encouragement, love, support, and interest in this study. My late father started my journey of discovering the concepts of civility and incivility, from as early as my memory serves me. His favourite saying to reprimand us was, *"stop being uncivilised"*, and little did I know that for years this would become my interest of study. I strongly believe that my upbringing contributed to the pursuance of this doctoral study, and I wish to remind all citizens, and especially the professional nursing community, of the principles of civility.

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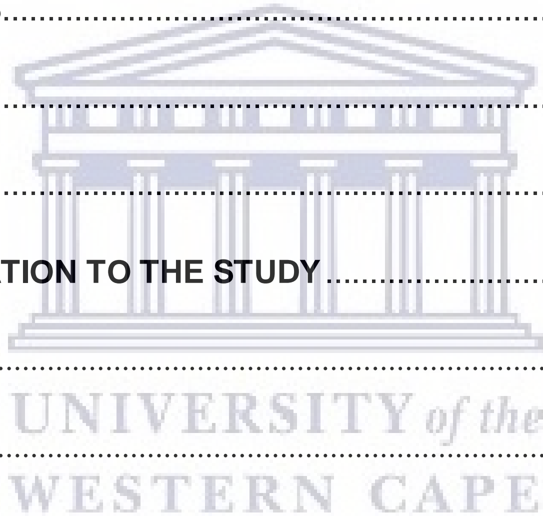

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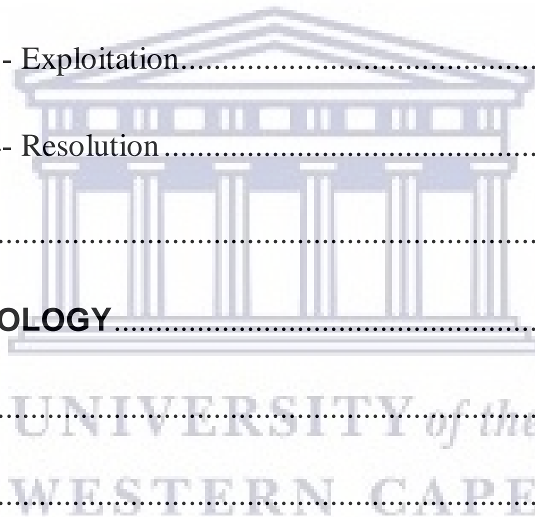

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1. Introduction

Uncivil behaviour among students in higher education has been highlighted in the literature (Ausbrooks, Jones, & Tijerina, 2011, p. 255). Incivility is disrespect, neglect, or disregard for other opinions, as well as a lack of appreciation for social interaction (Galo, 2012, p. 62). Therefore, it could be perceived as an attack on personal dignity, or sense of self-worth (Clark, 2013, p. 10). According to reports, such behaviour could be increasing, thereby jeopardizing the welfare of educators, students, and the overall educational process. Nursing education has not been excluded from this behaviour (Clark, Olender, Cardoni, & Kenski, 2011, p. 324).

Disruptive and uncivil behaviour presents in higher education settings as immature, inattentive and hostile behaviours. Immaturity and inattentiveness relates to talking in class, late coming, fooling around, sleeping, skipping class, leaving class early, reading non-course material, and are regarded as less serious (McNaughton-Cassill, 2013, pp. 95–96). Hostile behaviours are more serious, and include behaviour such as arguing about marks, cheating, lying, making threats, as well as intimidating others with potential aggression and violence, as the most severe form (McNaughton-Cassill, 2013, pp. 95–96), which might be detrimental for a nursing professional programme (Knepp, 2012, p. 36). Nursing education holds the responsibility of ensuring that students gain the required knowledge and skills to fulfil their professional roles, and ultimately practice as caring professionals (Del Prato, 2013, p. 289).

Incivility is a nursing problem that affects all those involved; academics, students, clinicians, patients, as well as families, and despite scientific evidence on the impact of this phenomenon, for those involved, the root of the problem in nursing remains unanswered (Milesky, Baptiste, Foronda, Dupler, & Belcher, 2015, p. 93). Rad, Ildarabadi, Moharreri, and Moonaghi (2015, p. 207) also identified this as a void, and suggested that future research address the roots of uncivil behaviour, as well as how it could be solved through the application of quantitative and qualitative methods. These authors believed that, because of the disruptive effect of incivility on the learning setting, adding to the body of knowledge on

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incivility, either from the student's, or the educator's perspective, could only complement existent knowledge about incivility, and broaden educators' insights on the phenomenon (Rad et al., 2015). South African professional nursing education also raised concerns about the challenging behaviour of students and educators; however, there is a lack of empirical evidence (Vink & Adejumo, 2014, p. 167; Vink & Adejumo, 2015, p. 2; Langeveld, 2015, p. 1). The researcher, therefore, is of the opinion that the development of a construct, and the understanding of the roots of incivility, need to be explored, to gain a better comprehension of this phenomenon. This, it is anticipated, will benefit South African professional nursing education, to inform the various discussions that exist on the incidents and experiences of nursing educators and students, regarding incivility.

1.2. Background

The teaching process is more than a mere transfer of knowledge and skill. It is a process of development for both the educator and the learner. In this process, the environment should be conducive to learning; however, challenges in the form of disrespect and incivility may have the ability to affect educator-student interaction, with potential negativity on the academic setting (Rad et al., 2015, p, 203). Educators are expected to manage poor behaviour (Rad et al., 2015, p. 203), as positive learning environments are impossible, where ignorance towards the existence of incivility exists (Elder, Seaton, & Swinney, 2010, p. 98).

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Classroom disruptions have been reported in different fields of international studies (Elder et al., 2010, p. 97; Ausbrooks et al., 2011, p. 261). Elder et al. (2010, p. 92) report that students in disruptive learning environments may refrain from attending classes, change their field of study, or exit the university programme, in extreme cases, which may, in turn, affect income generated by universities through tuition. These researchers believe that, addressing factors, such as anonymity in the class, may influence the level of incivility (Elder et al., 2010). In their investigation, 77.7% of the survey respondents were of the opinion that incivility was more prevalent in large classrooms (Elder et al., 2010). They ruled out the possibility that the rank of the educators would affect the presence of classroom incivility, because of anonymity in the classroom. In addition, they suggested that future research should explore the effect of other academic-related factors, regarding faculty, courses, students, as well as institutions.

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Inattentiveness and hostile behaviours were reported by psychology educators, who were surveyed by the American Psychological Association (APA), regarding conflicts and teaching strategies applied by educators, as well as how they handled conflicts and their behaviour towards students. The investigation concluded that there was no relationship between classroom disruptions and the educator's race, gender, age, and years of experience (Meyer, Bender, Hill, & Thomas, 2006, p. 183). The most effective strategy applied by these psychology respondents, to reduce conflicts, was to improve relationships with students through respect, strengthening emotional bonds, and promoting a sense of purpose during teaching (Meyer et al., 2006, pp. 184–185).

Additionally, Ausbrooks et al. (2011, pp. 255–256) posit that there is a void in the literature regarding classroom incivility in social work education. However, it could be that social work educators might be reluctant to acknowledge the presence of such behaviour, as it might raise questions regarding the socialisation, and selection of social work students into a programme of this nature. The researchers initiated an empirical investigation into the perceptions of educators and students in social work, and, although the sample was small and non-representative, they could gain insight into classroom incivility in their programmes, and set the stage for future research (Ausbrooks et al., 2011, pp. 271, 273).

In the fields of nursing, pharmacology, social work, law and education, research has been conducted to define the concepts of civility and incivility; however, in the area of communication, scant research has been conducted on these phenomena (Disbrow & Prentice, 2009, p. 2). Researchers, therefore, have attempted to fill this void, by examining whether the definitions from communications professionals would be similar to other fields. They also attempted to identify which incidents were reported, most commonly, by communication professionals, concerning civility and incivility (Disbrow & Prentice, 2009, p. 2). They concluded that civility and incivility definitions in communications were consistent with definitions from other fields, and that these concepts were based in communication. Incivility, therefore, violates the basics of effective communication, and while students from the communications class participate in uncivil behaviour, the communications field should be leading research, to address this social phenomenon (Disbrow & Prentice, 2009, p. 2).

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Student behaviour, which has the ability to disrupt and hamper the nursing academic setting, has also been reported abroad, to be rising and intensifying (Schaeffer, 2013, p. 178). While these concerns are raised, limited empirical studies on incivility in nursing education exist (Clark & Kenaley, 2011, p. 158); therefore, more research needs to be conducted in the field of incivility in nursing education (Clark & Springer, 2007, p. 94).

In a study conducted by Rad et al. (2015, p. 204), Iranian nurse educators reported that limited research on incivility in academia existed in their country, unlike other countries. These authors, therefore, distributed open questionnaires among 540 nursing students, as well as to 100 educators, for their opinion on what educator incivility implied, and to determine what they regarded as student incivility. In addition, they wanted to establish whether disruptions occurred in this grouping (students), and if present, to what extent (Rad et al., 2015, p. 204). The themes that emerged from students' results included "wastage of class time and distractions, incompetence in class management, insult, humiliation, disrespect and threat, discrimination, bad assessment and inappropriate communication with students and department staff" (Rad et al., 2015, p. 204). The Iranian educator respondents commonly cited "disrespect towards the educator, class disorder, humiliation of other students, irregular attendance, improper sitting postures, non-observance of Islamic standards, and students lack of preparedness" as their experiences (Rad et al., 2015, p. 206).

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Many incidents of incivility has been recorded in nursing education and the clinical environment (Milesky et al., 2015, p. 90), while Luparelle (2007, p. 19) asserts that much research still needs to be conducted, to understand the dilemma of incivility. Student incivility towards educators, according to Clark (2013, pp. 10-11), is referred to as "rude or disruptive behavior that negatively impacts faculty levels of well-being, sense of self-worth, and commitment to teaching". The potential effects of student incivility on the nursing profession need to be investigated, if students, who act uncivilly towards their educators, are to be allowed in the profession (Luparelle, 2007, p. 19).

However, this may be a two-way phenomenon, as students also complain that they are being disrespected by their academics. According to Del Prato (2013, p. 289), educator incivility has been reported to affect the professional development of students, as some educators do not model the core values of nursing, which include care, respect and human dignity; therefore, more research on how educator incivility influence students' professional

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development is recommended. In a study conducted by Clark and Springer (2007, p. 96), nursing educators were, reportedly, arrogant, making disparaging comments, and treating students as if they were stupid. Some of the causes of incivility, proposed by both educators and students in this current study, were attributed to a high-stress environment, the lack of a professional environment, entitlement, incompetence by educators, and students, who were not interested in nursing.

According to Langeveld (2015, p. 73), nursing students were more likely to participate in uncivil behaviour, than would nurse educators. Other authors regard incivility as a moderate problem in nursing education that affects, not only nurse educators, but has been reported to be a source of physiological and psychological distress for all people involved (Clark & Springer, 2007, p. 97; Langeveld, 2015, p. 86). It is unacceptable for nursing students, or educators to be acting uncivilly, because of the standards and ethical principles that underpin the nursing profession (Clark & Springer, 2007, p. 97).

The expectation is that the nurse educator needs to role model professional behaviour, as well as employ leadership skills in addressing student incivility, as a means of reducing the incidence of incivility in the nursing academic environment (Galo 2012, p. 65; Del Prato, 2013, p. 286). However, some educators believe that nursing is demanding, and by being uncivil with students might prepare them for the real world, after completing their studies (Del Prato, 2013, p. 289). Del Prato (2013, p. 289), therefore, suggests that, in this regard, more qualitative studies should be conducted on nurse educators' attitudes, as well as how they respond to stress in the academic setting, as, according to the author, an examination of their lived experiences would provide more insight, which hopefully, would be of value.

Clark and Springer (2010, p. 319) assert that incivility needs to be considered more seriously, to prevent such behaviours from developing into aggression and violence on college campuses. However, to create civility in the college environment is often very difficult, although constant efforts should be made, as it is clear that teaching and learning environments that are safe, are of utmost importance (Springer & Clark, 2007, p. 94).

Additionally, literature on incivility in nursing education is mostly from an international perspective, while only two recent studies were conducted in South Africa. The study of Vink (2012), on the experiences of nurse educators with classroom incivility, identified different

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acts of incivility, effects of incivility on nursing educators, as well as some contributing factors of incivility. The other study reported on the student nurses' perception of classroom incivility (Langeveld, 2015). However, both studies were conducted from the perspective of only a single nursing setting, in one province; therefore, the findings could not be generalised to other South African nursing education institutions, without further investigation.

1.3. Problem statement

In South African nursing schools, not much is known about the phenomenon of incivility, compared to the United States of America, as well as other countries abroad (Bjorklund & Rehling, 2010; Elder et al., 2010; Clark & Springer, 2010; Luparelle, 2004). However, researchers are still of the opinion that too little empirical studies exist on incivility in nursing education (Clark & Kenaley, 2011, p. 158), and more research needs to be conducted in this field (Clark & Springer, 2007, p. 94), especially the roots of incivility in professional nursing education, which have not been addressed, although various associated factors, with different levels of complexity, have been discussed. Empirically, the effectiveness of suggested strategies is also not documented in literature, although various suggestions have been submitted. Ultimately, it is important to recognise the problem, and to have open discussions about the phenomenon. It is vital to understand the roots, and have a clear understanding of the problem, so that nurse educators could use this information to strive towards formulating probable solutions (Galo, 2012, p. 62).

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The findings of a recent study on incivility, at a nursing school in South Africa, revealed that a substantial amount of incivility is experienced by nurse educators (Vink, 2012, p. 69). However, these findings cannot be generalised to other nursing schools, without proper investigation. Therefore, a need exists to explore incivility in South Africa, on a much broader level, which should include various nursing education institutions, or diverse settings. This exploration should include the opinions of individuals from colleges and universities, regarding the origin of incivility in South African professional nursing education. According to Corbin and Strauss (2008, p. 8), examination of the South African Higher Education (HE) context, coupled with an understanding of the participants' experiences, cannot be separated from social, political, cultural, racial, gender-related, informational and technological frameworks, which should form important aspects of the analysis. Reality is not stagnant; therefore, phenomena change, depending on the conditions under which they occur, and

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individuals respond to the conditions, as well as the consequences of their actions (Corbin & Strauss, 1990, p. 5). South Africa is still struggling under the inequality baggage of Apartheid; therefore, to create a stable environment and economy is quite a daunting task (International Bank for Reconstruction and Development/The World Bank, 2018). Therefore, the researcher suggests that the exploration should seek to explore what nursing students and their educators regard as being uncivil, as well as what they would describe as the characteristics of incivility, because the stakeholders' construct and their understanding of incivility, within the South African context, is unclear.

The researcher is of the opinion that a better insight into the perceived, or actual roots of incivility, may have the potential to assist nurse educators in developing successful strategies to reduce the problem. Additionally, it is only when there is an understanding of the roots and the construct that meaningful solutions could be suggested, regarding the management of incivility in nursing schools. According to Galo (2012, p. 65), "there has been no gold standard set for managing student incivility". Similarly, in South Africa, it is unknown whether there are areas of best practices for dealing with acts of incivility in nursing schools, which possibly could assist other nursing schools to deal with the problem. Therefore, a need exists to explore and document such practices, if any, and pool all resources, to make suggestions, as well as refocus solutions and actions that are suitable and applicable to the South African context, to deal with incivility.

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1.4. Purpose of the study

The purpose of this study was to develop a South African professional nursing education construct of incivility, as well as explore the roots of incivility at college- and university-based nursing schools in South Africa, from the perspectives of those involved, with a view to refocus solutions and actions against incivility in South African settings.

1.5. Research objectives

The objectives of this study were:

1. To develop a South African professional nursing education construct of incivility in nursing schools:

1.1. By exploring how nurse educators and students would define incivility in the different nursing education settings in South Africa.

1.2. By exploring what meaning nurse educators and students in South African nursing schools, attach to incivility.

1.3. By specifying what constitutes incivility, from the perspectives of nurse educators and students in nursing education.

2. To describe perspectives of the roots of incivility in professional nursing education in South Africa:

2.1. By discussing the factors that nurse educators and students may associate with incivility in South African nursing schools.

3. To provide strategies and solutions to deal with incivility in nursing schools:

3.1. By exploring the best strategies that nurse educators and students would suggest to deal with the problem of incivility.

3.2. By using the identified strategies as a guide for nursing education institutions, affected by incivility, to address the issue in their respective settings.

4. To provide a conceptual framework for a better understanding of incivility in professional nursing education.

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1.6. Research questions

The research questions that allowed for the in-depth exploration of incivility in South African professional nursing education were the following:

1. How do nurse educators and students define incivility in the different nursing settings in South Africa?
2. What does incivility mean to nurse educators and students in South African nursing schools?
3. What are the types of incivility that nurse educators and students experience in South Africa?
4. What do the nurse educators and students consider as the roots of incivility in South African nursing schools?

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5. What factors do nurse educators and students associate with incivility in South African nursing schools?
6. What are the best strategies that nurse educators and students would suggest, regarding the management of the problem in the broader context of this country?

1.7. Paradigm and assumptions

After examining the philosophical underpinnings of three paradigms, namely, positivist, interpretivist, and critical theory, the researcher's view of the world, construction of knowledge and perception of social reality were aligned to the interpretivist paradigm (Mack, 2010, p. 5). The philosophical assumptions of this study, therefore, are embedded in the interpretive framework, which the researcher used to answer the research questions, while conducting a qualitative study on incivility.

Interpretivism is also referred to as social constructivism, as it emphasises the human ability to construct meaning, and is viewed as an approach in qualitative research (Creswell, 2009, p. 8; Mack, 2010, p. 7). The ontology of interpretivism is relativism, which views reality as subjective, implying that people's reality about the world differs, and their interpretations are dissimilar (Guba & Lincoln, 1998, p. 110). Reality, therefore, is formulated by language, and interaction is required between the subjects, in an independent world (Scotland, 2012, p. 11). Qualitative researchers experience reality through the interpreted reality of their participants (Welman & Kruger, 2001, p. 181).

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The interpretative epistemology is based on subjectivism, which is encountered through real-world phenomena. It holds the view that individuals attach meaning to their experiences, which may occur in different ways (Grix, 2004, p. 83; Crotty, 1998, p. 9). The inductive process, applied during content analysis, allowed the researcher to move beyond a mere description of incivility, to gain a deeper understanding of how incivility is experienced in South African professional nursing education (Elo & Kyngäs, 2008, pp. 108-109). The researcher maintained the integrity of the participants' descriptions, but also introduced personal words to bring abstraction to the complexity of incivility in professional nursing programmes, without undermining the information shared by the participants (Elo & Kyngäs, 2008, p. 113).

The researcher experienced and observed incivility in the nursing classroom, as well as the clinical setting, as an educator, teaching diploma and degree undergraduate students. Therefore, the researcher sought to contribute to the body of knowledge of incivility in South African professional nursing education, through the development of a construct, and the exploration of the roots of incivility in professional nursing education. The researcher assumed that the development of theoretical constructs could be of great value to the professional development of nursing students. It is anticipated that these constructs would guide them, as nursing practitioners, and serve as a guide for nurse educators, who socialise them into becoming nursing professionals. The researcher's assumptions extended to the fact that incivility might have a direct impact on student learning, as well as the student's ability to develop professional behaviour, which is a requirement for nursing practice.

For nurse educators and students, the experience of incivility in nursing schools is understood through personal interaction. The meaning attached to these actions is understood through various levels of explanations, after analysis. Concepts form the basis of analysis, and become the language used, through which the participants' meanings of incivility are communicated, and a shared understanding of the phenomenon in South African professional nursing education is formulated (Corbin & Strauss, 2008, p. 8). Therefore, through interaction, the researcher aimed to uncover knowledge from various participants, as well as different perspectives, to develop a construct, against which incivility could be understood, in the context of South African professional nursing education. The researcher applied a qualitative, exploratory, descriptive approach to answer the research questions, and communicated the meanings attached to concepts and experiences, by providing rich descriptions and interpretations. Individual, semi-structured interviews were used as a method of dialogue with the participants, to obtain their perspectives and experiences on incivility in South African nursing education. A framework, against which incivility in South African professional nursing education could be understood, as well as relevant strategies to deal with incivility effectively, was developed for the benefit of nurse educators, students, clinical nurse educators, nursing education administrators, nurse managers and nurse leaders.

1.8. Methodology of the study

The researcher applied an exploratory, descriptive qualitative design to explore incivility in professional nursing education in South Africa. The individual, semi-structured, face-to-face

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interview was regarded as the most appropriate data collection tool, or method of interaction with the participants, to obtain their perspectives on incivility in South African professional nursing education.

1.9. Significance of the study

In South African nursing schools and colleges there is a dearth of knowledge on the phenomenon of incivility. It is anticipated that this current study would add to the body of knowledge, which is relevant to the South African nursing teaching and learning environment, to understand the roots and construct of incivility, as well as how different nursing education settings in South Africa experience and deal with the problem. The researcher assumes that when the roots of incivility are understood, it might be easier to develop strategies to deal with the phenomenon. In addition, the researcher is of the opinion, that the development of a construct, against which incivility could be understood, would place a stronger emphasis on South African nursing education institutions to acknowledge that the problem exists, and that it has the ability of affecting the quality of graduate nursing students. Incivility directly affects student learning, as well as the student's ability to develop professional behaviour, which is required for nursing practice. Additionally, the researcher assumes that, if the quality of professional nursing education is affected by uncivil student and educator behaviour, nursing is affected, holistically, which, in turn, affects healthcare users and their families, who are at the centre of this profession.

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1.10. Operational definitions of terms

Construct – Refers to the building blocks by which the phenomenon of incivility in South African professional nursing education could be described and understood. This will comprise the different aspects, or the components of incivility, when assembled together in its composite form. Therefore, constructs are abstractions, or concepts, deliberately developed by the researcher, through the conceptual framework of the study (Polit & Beck, 2014, p. 377; Burns & Grove, 2009, p. 126).

Contributing factor – A contributing factor would refer to anything associated with fuelling, or causing incivility to remain part of South African professional nursing education environment, as described by the participants.

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Incivility – It would refer to any behaviour of a nurse educator, or a student that is regarded as rude, disrespectful, disruptive, intimidating, or interfering with the academic environment. The *academic environment* would refer to “anywhere teaching and learning occur”, not only limited to the classroom, but also including the clinical setting, “nursing lounge, hallways and offices, campus squares”, or any place where a “teachable moment” occurs (Clark, 2013, p. 10).

Key stakeholder – Key stakeholders would include nurse educators, clinical educators, nursing students, nursing education administrators, nurse managers in clinical settings, as well as nurse leaders, concerned with maintaining professional ethics in nursing.

Nursing education institution – Refers to university nursing schools and colleges, which are accredited by the South African Nursing Council (SANC), in terms of the Nursing Act (Republic of South Africa [RSA], Act No 33 of 2005, p. 30), to offer nursing training programmes, to prepare individuals for practice as registered professional nurses.

Nurse educator – Refers to a registered professional nurse, with an additional qualification in nursing education, registered by the SANC, to provide classroom, as well as clinical teaching and learning to student nurses (RSA, 2005, p. 28).

Nursing student – Is a person who is receiving education and training in nursing, and is registered with the SANC as a student nurse (RSA, 2005, p. 27).

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Professional nursing education – Professional nursing education would refer to the training and education provided to undergraduate nursing students for the preparation of practicing as registered professional nurses, whether they follow a degree, or diploma programme (RSA, 2005, pp. 27, 30).

Root – A root would refer to the origin and essential nature (Collins English Dictionary - Discovery, 2005, p. 713) of incivility in South African professional nursing education, as described by the participants. This implies that it is based on what the participants consider the origin of incivility and its causes, as well as how they explain the choice of the roots.

Solution – This would refer to all measures designed, or developed, to combat incivility in nursing schools, or colleges.

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1.11. Organisation of the study

Chapter 1: Orientation to the study

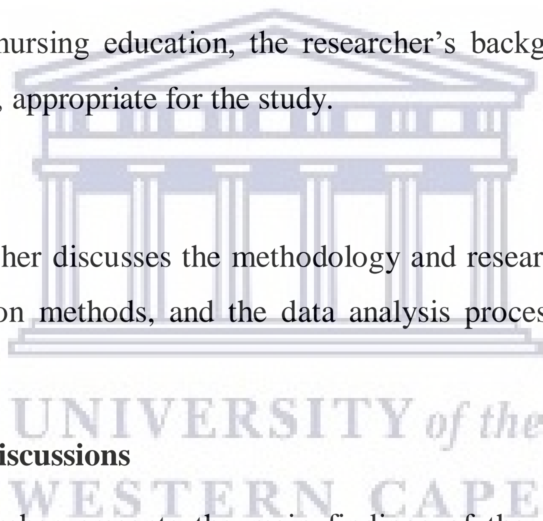
In chapter one, the researcher introduces the study and provides the background, problem statement, purpose, research objectives, research questions, paradigm and assumptions, methodology, significance, as well as the operational definitions of the study.

Chapter 2: Literature review

The use of a literature review in qualitative studies is discussed with a broad overview of incivility in the nursing academic environment.

Chapter 3: Theoretical framework

In this chapter, the researcher describes the meta-theoretical assumptions of the study for incivility in professional nursing education, the researcher's background, and the selected methodology and methods, appropriate for the study.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Chapter 4: Methodology

In this chapter, the researcher discusses the methodology and research design, sampling and sample size, data collection methods, and the data analysis process, as well as the ethics considerations.

Chapter 5: Results and discussions

In this chapter, the researcher presents the main findings of the analysed data, collected through the semi-structured interviews.

Chapter 6: Conceptual framework and discussion of incivility pillars

This chapter comprises the process followed for the development of the integrated conceptual framework for incivility in professional nursing education in South Africa, and provides an explanation of this integrated conceptual framework. An in-depth discussion follows, on the main pillars of the study, applied to the Interpersonal Relations Theory.

Chapter 7: Justification, limitations, recommendations, and conclusion

The last chapter includes a reflection on the complete research process, and provides the justification of the study and its contribution to original knowledge. The limitations are also provided, with recommendations, and the researcher concludes the findings.

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1.12. Conclusion

In this chapter, the researcher introduced the phenomenon of incivility and provided the background of incivility in nursing education. Chapter 2 comprises a broad review of the literature on incivility in nursing education, and explains the use of literature in this current study.

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CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

A qualitative, exploratory descriptive design was applied in this current study. A common concern in qualitative research is when the literature should be used, the timing, as well as the purpose for using the literature, in relation to the phenomenon under study (McGhee, Marland & Atkinson, 2007, p. 336). In this chapter, the researcher discusses literature relevant to the phenomenon under study.

2.2. Literature review

The researcher delayed an extensive literature review until after all the data was collected and analysed. This assisted the researcher to allow new concepts to emerge on incivility in professional nursing education, from the experiences of the South African participants. Incivility has various levels of complexity and presents in the classroom, in the corridors, in the clinical setting, and in offices. The academic environment, as well as the personal and work life of an individual could be affected, negatively, if attention is not paid to addressing, or reducing the problem. The topic has been identified as ripe for discussion in nursing education, as it is believed that uncivil behaviour in this field is escalating (Kolanko, Clark, Heinrich, Dana, Serembus, & Sifford, 2006, p. 38), in the classroom, clinical, and online settings (Sprunk, LaSala, & Wilson, 2014, p. 1). The literature review, therefore, was further influenced by themes that emerged from the data analysis, and an in-depth discussion follows:

2.2.1. Concept of incivility in nursing education

According to Thesaurus.com (Dictionary.com, 1995), incivility can be referred to as bad manners, coarseness, discourteousness, disrespect, impoliteness, rudeness and lack of manners. In addition, incivility is defined as disrespect towards others, and the inability, or lack of desire to regard the opinions of others; a disregard of the importance of social interaction (Galo 2012, p. 62). According to Yassour-Borochowitz and Desivillia (2016, p. 414), incivility is referred to as "social behaviour lacking

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courtesy, consideration or good manners on a scale ranging from rudeness or lack of respect for elders to vandalism and hooliganism through public drunkenness and threatening behaviour". Incivility is broadly referred to as unprofessional, as well as insulting comments and actions, extending into violence (Cassum, 2018, p. 7).

Incivility that disrupts the academic environment is termed, *academic incivility*, which occurs wherever a "teachable moment" is present (Clark, 2013, p. 10; Brown, 2017, p. 1). Academic incivility is rude or disruptive behaviour that could lead to psychological or physiological problems for the people involved, and if left unaddressed, could result into threatening situations, which could cause permanent or temporary illness/injury (Clark, 2009, p. 194). Potentially, incivility in nursing could affect the learning milieu, student wellness, and the outcomes of patients (Vuolo, 2018, p. 102). Incivility that presents itself in the classroom, disrupts the teaching and learning process, impacts negatively on the wellbeing of individuals, and affects the relationship of individuals (Sprunk et al., 2014, p. 1).

In contrast, civility is defined as "the intention to seek common ground and inherently requires an authentic degree of respect for one another and the relationship" (Clark, 2013, p. 10). What plain rudeness, or incivility means to various people, is strongly based on the opinions and perceptions of a particular population of civic virtue, or civil society (Yassour-Borochowitz & Desivillia, 2016, p. 414). Civility, professionalism, and ethical practice, is necessary to promote a culture of safety in healthcare (Clark, 2017, p. 121).

2.2.2. Incivility in the nursing classroom environment

The phenomenon of incivility is globally recognised and is reported to be complex in nature (Vuolo, 2018, p. 109). University nurse educators face inappropriate and uncivilised behaviour from students, which are troublesome and distressing during teaching and learning (Cassum, 2018, p. 6). Unpleasant and uncooperative classroom atmospheres are becoming a norm in higher education classrooms, as inappropriate behaviour is reported to be on the increase (Patron & Bisping, 2008, p. 61). An assumption exists that the present-day student is more uncivil than previous generations, as they lack politeness and respect, which disrupt the discipline and

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learning atmosphere (Cassum, 2018, p. 6). According to Sprunk et al. (2014, p. 2) students more often than educators, participate in uncivil behaviour.

Disruptive behaviour is a very common form of incivility in nursing education academic platforms, as it disrupts students who are serious about their learning and the profession. While disruptive behaviour is one end of the spectrum, threatening and violent behaviour that include aggressiveness, is at the extreme end. This threatening and violent behaviour include racial or ethnic insults, intimidation and physical violence (Brown, 2017, p. 1). While these negative behaviours are an obstacle to the learning process, and negatively affects the learning environment, it also disturbs the educator's ability to teach, and develops into a source of stress and frustration in that regard (Cassum, 2018, p. 7; Yassour- Borochowitz & Desivillia, 2016, p. 414).

However, Rad et al. (2015, p. 204) assert that both students and educators have been observed to participate in unacceptable and unprofessional behaviour. Brown (2017, p. 2) concurs that incivility might be perpetrated by the student or the educator, and may take on the form of student-on-student, student-on-educator, educator-on-student, or educator-on-educator. This initiation of incivility, by either the nursing student, or the nurse educator, could undermine safety and morality. Ethical theories place respect for persons at the centre of morality, and is of utmost importance for moral duties (Brown, 2017, p. 2). Morality in nursing refers to behaviour that is regarded as acceptable and correct for this profession (Jooste, 2010, p. 21). Nurses have an ethical obligation to ensure and maintain healthy workplaces, as well as create environments of dignity, professionalism, and respect (Clark, 2017, p. 120).

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Teaching is a gradual process of transferring knowledge and skills; therefore, disrespectful behaviour could affect the discourse between the educator and student. Ninety-eight (98%) cases of disrespect against educators have been reported in an Iranian study (Rad et al., 2015, pp. 203, 205). Even in countries like Israel, with a specific cultural environment, incivility among students and academics has been identified as problematic (Yassour-Borochowitz & Desivillia, 2016, p. 416). Student participants at this Israel academic college highlighted their educators' ignorance about incivility in the classroom, the application of ineffective teaching strategies, and being inaccessible to students for questions, as the most troublesome behaviours. Their

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educators, however, identified side conversations, arriving late for class, unpreparedness for class, and the use of cell phones during lectures, as the most disturbing behaviours from students (Yassour- Borochowitz & Desivillia, 2016, p. 416).

Student participants in a United Kingdom (UK) study perceived arriving late for class as an annoyance, especially when nurse educators failed to address such behaviour, effectively. These students were victims of targeting, discriminating behaviours, and indiscriminate actions, which affected their learning and emotional wellbeing (Vuolo, 2018, pp. 105, 109). The findings of a study, conducted in Pakistan, among private and public sector medical training institutions, confirmed that incivilities, such as cheating in exams, using abusive language, bullying, asking for special favours, and leaving lecture rooms early, were more common among public sector students (Rauf, 2016, p. 3714).

Students have also been reported to display hostility in the classroom. A male educator recounted how he had looked at a student, who was talking during a lecture, and the student simply swore at him (Vuolo, 2018, p. 105). Cassum (2018, p. 7) asserts that integrity and professionalism is absent in the current generation of nurses, which is disconcerting. At present, nursing students have no sense of fear and care, which is perpetuated further by the influence of the media and technology. They lack courtesy and respect, and their attitudes affect students, who are serious about nursing and their studies (Cassum, 2018).

However, nurse educators, as reported in a north eastern USA study, have been reported to disrupt the professional identity formation of students, by hampering learning, self-esteem, self-efficacy and confidence, through incivility towards the students. The students in that study were disappointed when their expectations of nursing education, as being caring, were not met. They were subjected to condescending remarks, constant criticism, negative feedback, scare tactics, threats of failure, favouritism, subjective evaluation, rigid expectations for students to be perfect in clinical settings, as well as a sense of being targeted, and discarded. These students even questioned the educational preparation of such teachers (Del Prato, 2013, p. 288). Nurse educators should role model caring values, as well as therapeutic

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communication. Positive socialisation of students towards becoming caring professionals, therefore, could not be expected, if they have no sense of belonging, with the lack of confidence and professionalism (Del Prato, 2013, p. 287).

According to White (2013, p. 42), the participants from 10 different post-1992 universities in England, attributed the causes for inappropriate language and verbal harassment, to a change in the nature of higher education and broader society. Additionally, a change in the profile of the students creates the impression of higher education as a place where objects are bought or sold, like commodities. Since students regard themselves as costumers, they appear to wield more power, as opposed to the educators. According to the educators, the students appear to demand more, show less respect, and are self-absorbed and egocentric. Despite the participants' opinions of changes in the nature of society and higher education, they considered that rude and uncivil behaviour from students was unreasonable, and should not be tolerated. They, therefore, identified, and tried to take action against such causes (White, 2013). In Yassour-Borochowitz and Desivillia (2016, p. 421) this is referred to as the *client orientated culture* and *consumer entitlement behaviour*, where students feel entitled to everything, as they pay for their studies. Since students pay for tuition, they are entitled to complain about an educator.

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In contrast, Patron and Bisping (2008, p. 63) posit that copious amounts of literature have been written on incivility, which disrupts lectures; however, they lacked theories that have been tested through formal statistical models. These authors considered the few empirical papers that have been written as more descriptive in nature; therefore, more information that is rigorous needs to be presented. Incivility, bullying, harassment and attack are terms associated with unacceptable behaviour, and many originate from childhood behavioural research (White, 2013, p. 41).

Glaser's choice theory positions students' uncivil behaviour as a conscious option, and not a conditioned stimulus-response (Rauf, 2016, p. 3711). In addition, it avers a relationship between satisfying basic human needs, and the behaviours that students act out. When a student whispers, uses a cell phone in class, or chews gum, they are having fun, and trying to gain a sense of belonging, which resembles fulfilment of a basic human need. Behaviours such as abusiveness, bullying, cheating, disrespect, sleeping in

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class, arriving late for class, passing remarks, and being unprepared for class, are explained as the need for power, survival and freedom to make choices (Rauf, 2016, p. 3711).

Alberts et al. (2010, cited in Wahler & Badger, 2016, p. 342) report that higher levels of incivility are associated with a large class size, as the majority of participants in their study reported incivility in their classrooms. Such environments are associated with noise, loud singing, and eating, especially when the food smells are pungent (Vuolo, 2018, p. 105). The classroom is even compared to a *train station,* as students walk around, while answering their mobile phones, eating, and drinking during classes (Yassour-Borochowitz & Desivillia, 2016, p. 419).

Vink and Adejumo (2015, p. 3) concur and add that such settings provoked anxiety and lack of control for the educators, as was revealed in their study. A nursing student participant in the study of Vuolo (2018, p. 106) recalled how students elbowed each other at the door, on her first day at university, while trying to get into a large lecture hall. The sharpest elbows, therefore, acquired the best seats, while the author concluded that hostility could be physical, as well.

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In a study conducted by Yassour-Borochowitz and Desivillia (2016, pp. 420–422), the causes of disrespect, as described by academics and students, included the following:

- educators overlooking incivility;
- arrogant behaviour of educators;
- students fighting and studying for grades only;
- students' need for attention;
- the college being a reflection of society;
- personality of an individual, coupled with bad upbringing; and lastly,
- the generation gap between educators and students.

This generational gap was described in terms of the different eras in which students and educators were born, and related to different behaviour codes, especially regarding the use of cell phones, and not because of their different roles (student/educator).

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Mehrabian's Immediacy Theory indicates that teaching is a process that brings an educator and student together (Mehrabian, 1981). It includes verbal and non-verbal immediacies, and in the classroom, it has a positive relationship with the students' cognition, motivation and participation. The negative relationship with immediacies is seen through students' verbal aggression, resistance and aggressive body gestures. An educator could apply good eye contact, as well as humour, encourage students, call students by their first names, display friendly body language, and smile, as positive immediacies (Rauf, 2016, p. 3711).

2.2.3. Incivility in the clinical learning environment

The process of education for a nursing student includes theory, as well as clinical learning, where students have the opportunity to apply classroom knowledge in various healthcare institutions (Antony & Yastik, 2011, p. 140). Clinical learning environments (CLEs) influence learning outcomes, as well as the professional development of a nurse, and offer students the opportunity to work in different settings, under the direct supervision of nursing professionals.

The assumptions in Imogene King's Goal Attainment Theory (King, 1972) is applicable to clinical nursing education, where preceptors and students meet as strangers, with different roles, seeking, what should resemble, a nurturing, positive relationship. The findings of a study by Lawal, Weaver, Bryan, and Lindo (2016, p. 37), with students at a Caribbean school of nursing, concur that the interpersonal relationship between clinical staff and students is of utmost importance to facilitate positive clinical learning. However, the clinical learning environment could stimulate vulnerability in students, as it is often unstructured, unpredictable and overwhelming (Brown, 2017, p. 7). According to Norazlin et al. (2019, p. 15), the clinical learning environment exposes students to real-life working conditions, and allows them to practice their knowledge and skills, which facilitates critical thinking and clinical reasoning. Therefore, clinical educators, preceptors, and professional clinicians, need to be focused, when teaching students, to ensure proper integration of theory into the practice setting.

In the UK, students spend 50% of their training time in the classroom, and 50% in the clinical setting, in degree level programmes (Vuolo, 2018, p. 103). The potential for

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nursing students to experience incivility in both the classroom and clinical setting, therefore, is huge, as they spend a significant amount of time in both settings. Student participants in three associate degree programmes that prepare registered nurses in the USA, describe nurse educator incivility at the beginning of clinical placement, when students are expected to be vulnerable. This incivility inhibited students from developing relationships with their colleagues. The majority of students in that study experienced incivility from the educators in the clinical rotation, as oppose to the classroom (Del Prato, 2013, p. 289).

Brown (2017, p. 6) states that students do not only experience incivility from educators, but also from nursing professionals in the clinical learning rotations. Therefore, Adibelli and Korkmaz (2017, p. 33) propose that students learning activities must be planned to improve student-educator interaction, and clinical nurses must be informed about the clinical learning objectives for a particular clinical rotation. Clinical staff must be conscious of their role and responsibility in the clinical socialisation of the student, especially as they are supposed to teach students how to care. The students' clinical experiences in a caring environment, with positive attitudes, are more likely to be demonstrated in their behaviour as professional nurses (Lawal et al., 2016, p, 37).

The transfer of nursing knowledge, skills and professional socialisation, must occur in a supportive CLE (Norazlin et al., 2019, p. 15). A student's level of confidence, job satisfaction and preparedness for practice, will also be facilitated through a positive CLE (Norazlin et al., 2019, p. 15), which could assist them to develop a positive attitude towards the nursing profession (Adibelli & Korkmaz, 2017, p. 32). Therefore, clinical placements must ensure that students garner the qualities of care, as well as the ability to think and act under difficult situations, to achieve competence, and the necessary practical skills (Lawal et al., 2016, p. 33).

In a study conducted by Altmiller (2012, p. 17), focus group student participants reported that staff in clinical settings, role model incivility through interaction with students and educators. They regarded the personnel, who did not want to assist, or failed to offer direction, and were intolerant, as unprofessional, and in violation of what being a nurse implies. Zhu, Xing, Lizarondo, Guo, and Hu (2019, p. 1) assert that nurse-to-student incivility in clinical settings, is as old as the hills. The shortage of

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nursing staff, heavy workloads, lack of competence in teaching, and staff feeling threatened by students, contribute to the poor treatment of students in the clinical practice environment (Brown, 2017, p. 7).

According to Adibelli and Korkmaz (2017, p. 32), clinical areas need to be selected, carefully, in collaboration with the training institution, and the clinical nursing staff (Norazlin et al., 2019, p. 15). Students need to articulate what they learn in class, as well as in the practical environment; therefore, a suitable learning environment at the right time is of utmost importance (Norazlin et al., 2019, p. 15). The factors that negatively influence clinical learning must be controlled, as the management of these factors will ensure that the student finishes the clinical placement with a positive learning experience, effectively prepared for their professional life ahead (Adibelli & Korkmaz, 2017, p. 32). Norazlin et al. (2019, p. 18) assert that the amount of procedures, which students have to complete, causes work stress for them; therefore, preventative strategies must be considered. The findings of a study, on the factors that influence CLE of nursing students at a Caribbean school of nursing, revealed the relationship between staff and student as one of the most important factors to influence the students' clinical learning in the clinical placement areas (Lawal et al., 2016, p. 35).

Students experience the abuse of power from qualified nurses, who assess them during clinical placement, as well as their educators, beyond what is expected in the student-educator relationship. The students reported how they were ignored, treated like encumbrances, pushed aside, shouted at when they do not know the procedures, humiliated, belittled, and bullied; however, these incidences go unreported, and they simply move on to the next placement (Vuolo, 2018, pp. 107–108). Students experience a sense of powerlessness to report academics' incivility, probably because they consider themselves completely in the power of these educators (Del Prato, 2013, p. 288).

Male students in a South African qualitative study also reported a significant amount of abuse in the clinical academic environment, such as being shouted at by clinical supervisors, being dominated by females, and treated as if they did not belong, which impacted negatively on their self-esteem (Buthelezi, Fakude, Martin, & Daniels, 2015, p. 4). Another male participant, in a study conducted by Del Prato (2013, p. 288),

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explained that, “It was always the male students, the older students, or the odd students who had a bit more challenging times... They were the ones that had the problems… Where you know, the pony-tailed blonde haired girls - the pretty faces - just kind of smoothed by”. This was perceived as bias behaviour from nurse educators, based on appearance, behaviour, gender, race and ethnicity. Such treatment does not allow the students to learn effective communication, which would enhance their learning activities and objectives (Brown, 2017, p. 7).

A study conducted on the perceptions of Irish nursing students in a specialist forensic mental health setting, yielded evidence that not all students had negative clinical experiences (Rani, Brennan, & Timmons, 2011, pp. 17.7–17.8). All the students (100%) in the study indicated that they had experienced positive team spirit, and were encouraged to ask questions. The staff assisted them, and they were aware that much thought had gone into the planning of the clinical experience for students. Individual attention was offered to each student, with one student stating, “I felt very welcomed”, “I felt very safe”, and “I felt part of the team” (Rani et al., 2011, pp. 17.7-17.8). The literature, however, is silent on the experiences of nursing professionals, clinical educators and patients with student incivility, although a significant amount of research has been conducted on the impact of student incivility in the nursing classroom.

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2.2.4. The impact of incivility in nursing education

Currently, if educators were to be asked what bothered them the most about being academics, a common response might be, students acting uncivil in the teaching and learning environment (Suplee, Lachman, Siebert, & Anselmi, 2008, p. 68). Incivility is a complex issue, present in nursing academia in recent years, and affecting the millennial generation. Its consequences can have a lasting impact on the organisation, the teaching-learning environment, and the quality of future healthcare providers (Cassum, 2018, p. 6). Globally, the negative effects of incivility on nursing education and patient care have been recognised (Vuolo, 2018, p. 103). In addition, Clark (2017, p. 121) confirms that incivility could have a negative effect on an individual, a team, and organisation, as well as patient care.

Students, who displayed uncivilised behaviour, could lose out on crucial knowledge required in preparation to becoming professional nurses. Luparell (2008, p. 44) strongly

asserts that, on the simplest level, inattention and other disruptions in the classroom setting, impacts learning, in a profession where it is the most important tool a nurse could bring to a patient's bedside. Therefore, various countries have embarked on researching the manifestations of incivility, as well as how it is experienced, or perceived (Vuolo, 2018, p. 103). Nursing stakeholders, therefore, need to make use of research recommendations, to ensure the adoption of a culture of civility, among all healthcare professionals (Brown, 2017, p. 6).

Nurse educators still face the challenge of understanding the nature of incivility and its effects, as well as how to create conducive teaching-learning milieus, in own context, or setting (Vuolo, 2018, p. 103). Similarly, Rauf (2016, p. 3714), in a study conducted on educators in private and public training institutions, observed how the incivility of medical students posed a challenge to them. These educators refrained from reporting the incivility to the relevant authorities, as they presumed that it could be viewed as professional incapacity on their behalf. However, student incivility could pose a threat to personal and professional wellness, which could affect retention and recruitment of nurse educators, who already experience staff shortage. The educators' reputation could be compromised in the process of being attacked, and cause them to question their teaching ability, as educators (Sprunk et al., 2014, p. 8). It is believed that educators may lack the necessary skills in classroom management, and fail to keep students engaged. Poor teaching and classroom management, with anonymity in large teaching settings, makes it more difficult for educators to keep students engaged. This could be frustrating and dissatisfactory to educators, as well as those students, who wish to be taught (Newman-Gonchar, 2002, p. 63).

Nurse educators, who had been interviewed by Sprunk et al. (2014, p. 7), reportedly, experienced the following emotions and physical effects: surprise when caught off guard; fear; anger; shock; worried; distress; threatened; stress; anxiety; intimidation; paranoia; sadness; defeat; upset; migraines; bowel disorders; insomnia; crying; and discouragement, in response to student incivility, as it affected their interactions with other students. Different sources of evidence are directed at the potential harm that incivility could cause (Vuolo, 2018, p. 103). The impact of incivility in nursing education is alarming, due to the potential harm, or death, it holds for nurse educators and students.

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In 2002, at the University of Arizona, three nursing academics were shot by a disgruntled student (Galo, 2012, p. 62), and described as a tragic example of incivility (Brown, 2017, p. 1). Another student, with a history of anxiety, and who had been treated for a psychological condition since adolescence, shot several people at Virginia Tech University, in 2007 (McNaughton-Cassill, 2013, p. 94). Incivility, therefore, holds devastating consequences for both students and educators (Cassum, 2018, p. 8); therefore, academics should have the ability to differentiate between incivility and mental illnesses (McNaughton-Cassill, 2013, pp. 94–95).

Other researchers, like DalPrezzo and Jett (2010, p. 132), are also of the opinion that incivility from students, fellow colleagues, and administrators, is a common cause of hurt for nurse educators. The effects of bullying and incivility include physiological symptoms, anxiety, nightmares, low self-esteem, and substance abuse. Nursing professionals in the classroom and clinical settings, experience incivility from each other, while workplace incivility, reportedly, has become more common in the academic work environment. Workplace incivility could be a source of stress, anxiety, and illness. In addition, it could result in the lack of job satisfaction and an increase in absenteeism (Sprunk et al., 2014, p. 1).

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However, as educators are victims of each other, students are also victims of their educators, as well as working nurses (Brown 2017, p. 7). Yassour-Borochowitz and Desivillia (2016, p. 415) assert that incivility is a serious and worrying issue that affects both students and educators. Students cannot develop critical thinking and clinical judgement abilities in stressful classes and clinical settings (Cassum 2018, p. 8). In the study of Vuolo (2018, p. 105), student participants expressed unwillingness to challenge poor mentorship during placements, for fear of being *failed* in their clinical practice. Reportedly, they were not allowed to practice their clinical skills, and experienced a sense of confusion between the classroom and practice environments. Consequently, this affected their confidence level, as they were reluctant to report the incidents of incivility, fearing subsequent physical and emotional consequences on their well-being. They refused to report shaking, crying and sleep disturbances; even if it was difficult to cope (Vuolo, 2018, pp. 105; 109). These student participants were only in

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their first year of study; however, the impact on their self-esteem, could affect patient care, negatively (Vuolo, 2018, p. 109).

Buthelezi et al. (2015, p. 4) provide proof that students in the higher academic levels of the nursing programme, display more self-confidence. The male participants confirmed that they felt less intimidated by their clinical supervisors at fourth year level. Literature further posits that educator incivility contributes to the students' avoidance of class, continuous absenteeism, lack of concentration, decrease in academic performance, lack of interest in academic achievement, and an increase in the rate of withdrawal (Pacer, 2015, p. 3, cited in Brown, 2017, p. 1). Incivility contributes to the attrition of both students and educators, which could be because victims do not have the ability, or resources, to fight incivility. Incivility, therefore, could harm the patient, if nursing schools are not able to produce sufficient nurses, who can provide quality patient care (Brown, 2017, p. 6).

In the study conducted by Del Prato (2013, p. 289), 88% of the student participants reported incivility by nurse educators, which caused feelings of anxiety and depression. The uncivil behaviour of nurse educators were in contrast to the values of respect and human dignity, the pillars of caring. Their students, consequently, were disillusioned and confused, and it might be worth exploring whether the nurse educators were even aware of the negative impact of their conduct on the students' soft skills development. However, as mentioned previously, students are more often inclined to engage in uncivil behaviour, than educators would be, according to the nurse educator researchers (Langeveld, 2015, p. 73).

2.2.5. Strategies to reduce, or curb incivility in nursing education

Currently, the healthcare environment is complex, and in order to provide quality patient care, nurses need to exercise independence, and be collaborative with other professionals; therefore, it is important to act against incivility in undergraduate nursing education programmes (Jenkins, Woith, Stenger, & Kerber, 2014, p. 161). Professionals are required to act against a set standard of norms as they deliver knowledge and skills to those in need of care, or assistance. Nursing professionalism is guided by autonomy, professional accountability, functioning, in accordance with the scope of practice and promotion of healthcare (Jooste, 2010, p. 10).

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Institutions of higher learning should acknowledge that incivility is an increasing problem; therefore, effective and innovative strategies should be explored to address the problem (Knepp, 2012, p. 44). Nurse educators need to acknowledge that dealing with incivility is a human relations issue, and a single approach cannot be effective. Staying calm, focused, responding immediately, being consistent, and taking action, as prescribed for the consequence management of incivility, in a professional manner, is recommended (Galbraith & Jones, 2010, p. 6). Nurses, irrespective of context, or position, are ethically responsible to create, and maintain a healthy workplace environment that is respectful, professional, and dignified (Clark, 2017, p. 120).

Clark (2009, cited in Rad et al., 2015, p. 207) holds the view that the initiation of incivility is rooted in the classroom environment; therefore, the development and application of preventative measures is imperative, to address this phenomenon. However, it should be emphasised that although the students' incivility is more commonly addressed, it is as important to pay the necessary attention to educator perpetrators, because of its effect on the academic setting (Yassour-Borochowitz & Desivillia, 2016, p. 415). The strategies for dealing with incivility are discussed in the following section:

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2.2.5.1. Referral to formal intervention services

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The students' uncivil behaviour could signal underlying social, psychological, as well as mental health problems, and referrals for service might be required. Very few academics regarded the management of disruptive classroom behaviour and disturbed students as one of their core functions; however, learning how to react to such challenges, effectively, could benefit both student and educator (McNaughton-Cassill, 2013, p. 95). Campus support, such as counselling, academic, and financial aid services, need to be communicated to students. Creating this awareness, by campus management and educators, might benefit students to seek assistance earlier. The educator's role includes, identifying students who need assistance, and guiding them towards such services, as their ill behaviour could be an effect of personal, social, mental, or academic stressors.

2.2.5.2. Improve communication patterns and respectful communication

The learning climate places emphasis on the physical, human, interpersonal and organisational characteristics, as well as mutual respect and trust between teachers and students (Knowles, Holton III, & Swanson, 2005, pp. 118-121). The nurse educator's role modelling of behaviour could aid as a strategy to enhance better communication. Teaching students to respect themselves and others, irrespective of where they originate from, edifies them to care for their patients, or clients, in a similar manner. Diversity is vast, and cultural barriers, especially among students, need to be addressed. Culture is filled with dangerous and varied interpretations, if not shared by the same group of people (Gould, 2003, cited in Galbraith & Jones, 2010, p. 7), and could incite situations. Therefore, such issues require constant debates, through campus forums and open, on-going conversations. In their undergraduate training, students will learn about the processes of mediation and reconciliation, which they will be able to apply in their work life.

2.2.5.3. Incivility to form part of nursing curriculum

The aim of nursing education is to deliver a newly qualified professional to the healthcare profession, who would be able to deal with conflict and incivility, as well as demonstrate the principles of civility and professional behaviour; therefore, incivility should form part of the nursing curriculum programme. Clark, Ahten, and Macy (2014, pp. 425, 429-430) introduced a problem-based learning (PBL) scenario on nurse-to-nurse incivility to final year nursing baccalaureate students, and conducted a follow-up study, after some time, to assess whether the knowledge gained from the PBL scenario had any benefits for the new graduates in the nursing practice workplaces. These authors' findings revealed that the inclusion of the PBL scenario in the nursing education curriculum ensured that new graduates could identify incivility better, could communicate their concerns better, did not take uncivil behaviours personally, and would think first, before acting or responding. The participants also reported improved communication skills, better relationships with colleagues, and could display the desired behaviour towards others (Clark et al., 2014).

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However, some participants reported that, being new to the setting, and having to deal with the various emotions and personalities of their colleagues, inhibited them from applying knowledge acquired from the PBL scenario. Therefore, PBL scenarios should be included throughout the baccalaureate curricula, and the orientation expanded to continuous development in the practice setting. Altmiller (2012, p. 19) concurred that nurse educators should develop curricula that provide students with skills to protect themselves against incivility from peers, patients, as well as other healthcare professionals. The curriculum for nursing students should include concepts and case studies on incivility, bullying and collegiality, to prepare them for future employment (Buck-Hooper, 2018, p. 80). Role-play and other cognitive rehearsal skills, to address offenses, could be implemented. Students could role-play the scenarios, to demonstrate the effects of incivility on their peers (Buck-Hooper, 2018, p. 80). As part of professional development, students need to learn how to stay civil, even when faced by incivility.

Another innovative educational strategy is to promote civility in undergraduate nursing programmes through journal clubs. Jenkins et al. (2014, p. 162) introduced six civility journal club (CJC) sessions to 79 final year baccalaureate nursing students, as part of a leadership course, in an attempt to assist nurses to manage their reactions to incivility, more effectively. The participants rated the intervention as a positive experience, after active learning activities, led by educators, as well as prescribed readings, and recommended that it be included in the nursing curriculum. The authors recommended the following ways to introduce CJC into the classroom (Jenkins et al., 2014, p. 164):

- A leadership course that fulfils the objectives of the CJC could be used for this intervention. Other suitable courses could be, issues and trends in nursing, or mental health nursing. One participant in this current study suggested linking incivility to an outcome of the programme, for students to realise the seriousness thereof, and equip them for the workplace, which is dynamic, filled with various conflict scenarios.
- As the CJC was described as valuable by the participants, it could be included into a first semester course, to influence students better, over time.

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- Students, who participated in CJC sessions, expressed high levels of stress during examination periods, which is a contributing factor to incivility. Therefore, it is recommended that the interventions follow examinations, as it could create awareness among students of increased incivility during examinations. The activities could also assist in reducing tension and promote learning.
- CJC was offered as six 50-minute sessions throughout one semester; however, the authors assert that it could be adapted to suit the needs of a particular course.
- Summative assessments could include questions on students' knowledge of information, dealt with in the CJC. The researcher supports this view, as it would ensure that no time was wasted, and could be a measurable indicator, if students learned strategies on how to deal with incivility.

2.2.5.4. Address incivility immediately

Educators frequently avoid addressing the incivility of students, which has been reported as ineffective (Meyers et al., 2006, p, 185). The lack of reprimanding, or the ignorance of rude behaviour, could cause students behaviour to escalate into violence (Rauf, 2016, p. 3713). Therefore, incivility should be addressed immediately and directly with the perpetrator, as generalisations could affect those, who know how to behave in the academic setting. Some educators use various techniques, while others would call the students aside, explain the bad behaviour, and teach them different ways to deal with their grievances, more effectively. Resolving the problem by calling the student aside, and addressing the behaviour, individually, in private, while displaying respect, interest and warmth, seemed to be the most beneficial (Meyers et al., 2006, p.185). Irrespective of the reasons for incivility, it is the educator's responsibility to address bad behaviour in the classroom, and ensure a comfortable learning milieu for the other students (McNaughton-Cassill, 2013, p. 104).

2.2.5.5. Apply rules and consequence management

The educator's role is to set the tone for discipline (Clark, 2017, p. 121), by communicating clearly, either in writing, or verbally, what the rules for the

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academic setting are. Subsequently, if a student deviates from the rules, action should be taken immediately to avoid a reoccurrence of such behaviour (Rauf, 2016, p. 3714). The nursing Code of Ethics also needs to be reinforced, as this is a professional programme, with a specific set of norms and values (Clark, 2017, p. 120).

Both nursing students and educators should be educated to identify incivility, as well as how they could improve their own behaviour in the academic environment. Training will also direct them towards available resources, for assistance, as well as assist them to identify appropriate behaviour, as opposed to toxic behaviour (Milesky et al., 2015, pp. 92–93). In addition, students need to be encouraged to take responsibility for their own behaviour, as well as its impact on the learning environment. Inspiration could be provided by the nurse educator, but the decision to learn lies with the student (Clark & Kenaley, 2011, p. 64).

2.2.5.6. Create positive academic and practice environments

Nurse educators need to do introspection that will allow them to identify areas of their behaviour that need to be adapted, in order to set an example for students regarding civility and professionalism. Nursing students learn theoretical and clinical skills from their educators, as well as how to behave as professional nurses should. If students are taught by educators, with socially and professionally acceptable behaviour, in an environment with mutual respect and support, they are more likely to display this positive behaviour in their clinical practice (Milesky et al., 2015, p. 92). Elements, such as values, beliefs, and attitudes, including the educators philosophy on teaching, constitutes an environment that is conducive for teaching and learning (Galbraith, 2004; 2008, cited in Galbraith & Jones, 2010, pp. 4, 7).

2.3. Conclusion

This chapter was devoted to discussing the use of a literature review in the selected qualitative approach for this current study. All the literature were not reviewed beforehand, as the researcher did not want to be restricted and overwhelmed by all the categories, relevant to the topic, but instead, wanted to discover the phenomenon of incivility in South Africa, from

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the perspectives of participants. The literature review was expanded, after the data analysis and discussion of the findings. In Chapter 3, the researcher explains the theoretical framework of the study.

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CHAPTER THREE

THEORETICAL FRAMEWORK

3.1. Introduction

The theoretical framework clarifies the structure and vision of a research study, and provides the context in which the phenomenon is investigated (Brink, Van der Walt, & Van Rensburg 2006, p. 24); therefore, to conduct valid research, and to apply methods that are appropriate, the researcher needed to consider the philosophical and theoretical assumptions underpinning this current research study. The study was based on the following broad objectives:

- To develop a South African professional nursing education construct of incivility in nursing schools by exploring how nurse educators and students define incivility and what meaning participants attached to the concept.
- To describe the perspectives of the roots of incivility in professional nursing education in South Africa.
- To provide strategies and solutions that would serve as a guide to nursing education institutions to deal with incivility, effectively.
- To provide a conceptual framework through which incivility in professional nursing education can be better understood in the context of South Africa.

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The research questions applied in this current study, therefore, allowed the exploration of incivility, from the different perspectives of the nurse educators, and nursing students in professional nursing education. The interpretive/constructivist paradigm was identified as the framework for this study, after the researcher carefully reviewed the common philosophical assumptions that guided the selection of the methodology for the study. This chapter also includes a discussion on the researcher's background.

3.2. Researcher's background

The researcher is a qualified nurse educator, who became interested in the phenomenon of incivility. The researcher's interest was stimulated, after observing and experiencing various acts of incivility in the nursing classroom, while teaching undergraduate nursing students in

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the 4-year diploma and degree programmes. The researcher was shocked at the behaviour displayed by students, who were being prepared for a professional qualification, as well as how difficult it was to manage such behaviour, in the context of South African and higher education environments. The researcher's experience informed her that students in South Africa are ignorant of how to behave in an academic environment, and the researcher was interested to unearth the reasons. In addition, the researcher was convinced that the absence of clear guidelines, as well as the educators' lack of skills negatively influenced the management of the students' ill behaviour.

The researcher, therefore, considered that a better understanding of incivility in South Africa was required, after a phenomenological study was conducted, by the researcher, at a nursing school in South Africa. The results indicated that nurse educators do experience different acts of incivility, citing various conditions under which they thought acts of incivility occurred, and relating the impact of classroom incivility on their personal and professional lives. Nurse educators in that study also reported that students might perceive them to be uncivil, due to the manner in which they reacted and managed incivility in the classroom. The results of the study, however, could not be generalised, regarding what is happening in other South African nursing schools, as the sample was small, and the participants were selected from one single nursing education setting. The researcher, therefore, was of the opinion that more research needed to be conducted, to inform nurse educators on their practice in the academic environment.

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This current study, therefore, is important as it was intended to bridge the knowledge void, by providing a better understanding of incivility from different perspectives and settings. South African nurse educators, students, and other key stakeholders in nursing education and nursing, will consequently benefit, as the root of the problem would have been investigated. Ultimately, the reasons for the origin of incivility, and the constructs, would be formulated from the participants' understanding, as well as the meaning they attached to the problem. This current research, it is anticipated, could inform the development of a framework for nurse educators, on how to facilitate civility within the academic environment.

Qualitative researchers take a stance on their understanding of the phenomenon under scrutiny, before commencement of the study. In qualitative research, it is important to be conscious of previous experiences with a phenomenon, as it may bring potential biases into

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the data collection and data analysis processes; therefore, it was imperative for the researcher to report, beforehand, on the values and biases that was brought to the study. The value that the information gathered would bring was put forward, and in interpretative frameworks, the report reflects the voice of the researcher, as much as the participants' words (Creswell, 2013, p. 22).

In an interpretive study, the researcher does not hide ontological, epistemological and methodological assumptions, and the ability to do that is deemed a strength, rather than a weakness (Burns & Grove, 2009, p. 40). The assumptions guide the flow of the study, and rigour of a study is determined through the recognition of assumptions. Assumptions are underlined in the researcher's thinking and doing, at times, and a thorough introspection is required to uncover them (Burns & Grove, 2009, p. 40). Although the researcher disclosed personal experiences with the phenomenon of incivility, even before the data collection process, certain methods had to be applied to set aside this previous knowledge, as a means of not influencing the research findings.

The researcher kept a reflective journal, to record narratives on personal experiences with the phenomenon, which included conflicting ideas, opinions and beliefs, rather than discussing them with the participants, but remained aware that, in interpretative research, absolute objectivity is impossible, as the researcher knew the study participants, and had personal interaction with them (Burns & Grove, 2009, p. 55).

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3.3. Paradigmatic perspectives

A paradigm is a belief system, or a way of viewing natural phenomena, which includes a set of philosophical assumptions that influence a person's research approach, as well as the ontology and epistemology (Polit & Beck, 2012, p. 736; Guba & Lincoln, 1998, pp. 105; 107). A paradigm reflects the researcher's knowledge of the reality, as well as the methods applied to acquire that knowledge of the reality (Brink et al., 2006, p. 23). Put differently it is an "overarching philosophical framework" in which research evidence is generated (Brink et al., 2006, p. 22), or "a worldview that underlies and informs methodology and methods" (Corbin & Strauss, 2008, p. 1). Paradigms are also described as meta-theoretical frameworks that inform approaches to social research.

According to Scotland (2012, p. 9), a paradigm is based on a researcher's ontological and epistemological assumptions, while, according to Crotty (1998, p. 4), the research process has four elements that inform each other, namely: epistemology, theoretical perspective, methodology and methods. Other authors considered ontology the best point of departure, as ontology informs epistemology, as well as methodology, and all these assumptions will assist the researcher to decide on which methods to use for data collection (De Villiers & Fouché, 2015, pp. 126-127). A paradigm is also a pattern, based on the four theoretical concepts of nursing, namely, nursing, person, environment, and health (Jooste, 2010, p. 15). The researcher adapted these four concepts to nursing education, to clarify the student-educator relationship in the teaching-learning environment. Therefore, the assumption in this current study will be that these concepts would mean the following:

1. **Nursing**

   It is the "attributes, characteristics and actions" of a nurse educator, providing teaching and learning on behalf of, or in conjunction with, a student (Hartnell College, 2019, p. 12).

2. **Person**

   Person refers to the student and the educator, who interact with each other in the academic setting. The nursing academic environment comes with many rigours, and the educator needs to assist the student, to make sense of this environment (Hartnell College, 2019, p. 12).

3. **Environment**

   It is all the conditions, circumstances and influences surrounding and affecting the development of the student (Hartnell College, 2019, p. 12). The environment is influenced by internal and external factors (Hartnell College, 2019, p. 12), and the educator needs to be aware of such, as it could have a negative or positive effect on the behaviour of the student. Environment includes social, cultural and spiritual aspects of an individual in a particular context. It also sets out the values, and determines the behaviour, as well as goals that a person would want to achieve (Jooste, 2010, p. 17). In the academic context, environment forms part of various aspects, and includes social interaction, as well as the relationship that exists between the student and the educator (Obaki, 2017, p. 1).

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The student is at the centre of the teaching and learning environment (Vink & Adejumo, 2015, p. 5); therefore, the nurse educator needs to take the lead in the professional growth, development, and empowerment of the student (Coetzee, Van Niekerk, & Wydeman, 2008, p. 50). The student, however, should be allowed to take responsibility and participate actively in his/her own learning (Coetzee, et al., 2008, p. 48), while the educator takes the responsibility of assisting students to gather the knowledge, skills, and attitudes, to develop professional maturity (Coetzee et al., 2008, p. 50). To ensure a positive learning environment mutual respect is required to strengthen educator-student interaction (Froneman, Du Plessis, & Koen, 2016, p. 5). Therefore, nurse educators and students should endeavour to work together, cooperatively, to achieve the vision of the class, specifically, the direction and destination of the teaching and learning environment (Coetzee et al., 2008, p. 52).

4. Health

This refers to "the degree of wellness, or well-being" that the student and educator experience in the academic environment (Hartnell College, 2019, p. 12). All individuals have unique biological, psychological, spiritual, and sociological structures; therefore, they cannot react in the same manner (Belcher & Fish, 1990, p. 44). However, educators in the academic learning environment have to ensure that students develop the social, emotional, and mental abilities needed to interact well with others (Darling-Hammond, Flook, Cook-Harvey, Barron, & Osher, 2019, p. 29). In a disruptive academic environment, the well- being of the student, as well as the educator are at risk of increased exhaustion, with tension and stress (Rauf, 2016, p. 3710). Incivility affects the wellness and the goal achievement of all the stakeholders involved (Muliira, Natarajan, & Van der Colff, 2017, p. 1). Therefore, in order to understand the paradigm selected for this current study, an overview is provided on the researcher's ontological position, epistemological position and methodological approach (Grix, 2004, p. 68).

3.3.1. Ontological assumptions

Ontology is the researcher's view of reality, and in this current study, is based on relativism, which means the reality is circumstantial and influenced by various factors (De Villiers & Fouché, 2015, p. 126). Ontology is the point of departure; therefore, it leads the researcher to the theoretical framework (Mack, 2010, p. 5; De Villiers &

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Fouché, 2015, p. 126). The ontological assumption means that the researcher, conducting qualitative research, understands that multiple realties exist (Creswell, 2013, p. 20). Ontological assumptions determine the epistemological assumptions, which will inform the methodological assumptions (Mack, 2010, p. 6). The researcher, therefore, can say that incivility exist in the nursing academic environment, and it impacts directly on student's learning and ability to develop professional behaviour, which is required for nursing practice. The researcher assumes that a better understanding of the phenomenon would assist nurse educators and their students to work together, in order to provide a framework for incivility in South African professional nursing education institutions, and to apply strategies to deal with incivility more effectively. Therefore, the ontological assumptions are as follows:

1. Out there, a reality exists that can be studied (Polit & Hungler, 1999, p. 10) and revealed. Reality, however, is subjective, and based on an individual's interpretation. People view reality differently, as multiple perspectives exist on an incident. Therefore, people's interpretations of events are different, to which they attach their own meanings (Mack, 2010, p. 8). For nurse educators and students, the experience of incivility in nursing schools is a reality, and it can only be understood through interaction with them.
2. The understanding of experience cannot be separated from the factors believed to influence the real world (Corbin & Strauss, 2008, p. 8).
3. Reality changes all the time, and is not stagnant; therefore, phenomena change, depending on the circumstances under which it occurs, and people respond to the circumstances, as well as the effects of their actions (Corbin & Strauss, 1990, p. 5).
4. Meaning is based on the interpretation of the people in that particular situation (Mack, 2010, p. 8). The meaning attached to these actions is understood through various levels of explanations after analysis. The researcher and the participants are linked through interaction. Therefore, the findings are constructed by both parties, and the findings, using concepts or words, become the language used, through which the participants' meaning of incivility are communicated, and a shared understanding of the phenomenon in South African professional nursing education would be formulated (Corbin & Strauss, 2008, p. 8).

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5. Findings cannot be generalised, because events are distinctive (Mack, 2010, p. 8).

3.3.2. Epistemological assumptions

Epistemology is the understanding of how an individual gains knowledge (Mack, 2010, p. 5). According to Polit and Beck (2012, p. 11), epistemology refers to “the relationship between the inquirer and those being studied”. Crotty (1998, p. 3) defines epistemology as “the theory of knowledge embedded in the theoretical perspective and thereby in the methodology”. The researcher in qualitative research usually gathers information in person; therefore, having individual face-to-face interaction with the participants, as well as being able to observe the participants’ reactions in their natural settings (Creswell, 2013, p. 45). The researcher assumed the following epistemological assumptions in this current study:

1. Through interaction, the researcher aimed to uncover knowledge from different participants and different perspectives, to develop a construct, against which incivility could be understood in the context of South African professional nursing education. Nurse educators and students have personal experiences of incivility; therefore, they would be the ideal subjects to provide knowledge on the phenomenon in the professional nursing education programme (Mack, 2010, p. 8).
2. The researcher was responsible for catching this interplay; therefore, the researcher was responsible for collecting the data, in person, from the participants (Corbin & Strauss, 1990, p. 5). The researcher had to acknowledge that different people would have diverse explanations of their experiences, as no two human beings are the same (Mack, 2010, p. 8).
3. Interpretations were made from the responses of the participants, in order to understand what meaning, the people involved and participating in South African nursing education, attached to incivility.
4. Inductive reasoning was applied to gain a deeper understanding, and be able to provide a conceptual framework, against which incivility could be understood. The circumstances around incivility are complex; therefore, to reduce it to simple interpretations would undermine the information shared by the research participants (Mack, 2010, p. 8).

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3.3.3. Methodological assumptions

The methodological assumption refers to how the researcher gathered knowledge, specifically, the processes and methods applied to gain knowledge about the research problem, to such an extent that the reality is captured (Mertens, 2007, p. 215). The researcher applied a qualitative approach to explore incivility from the different perspectives of nursing students and nurse educators, using *what* and *how* questions. The qualitative approach allowed the researcher to explore the roots of incivility in South African professional nursing education, about which little is known, to determine *why* incivility exists, as well as develop the construct of incivility.

The researcher had to understand the phenomenon from the participants' perspectives, as well as from the meaning they attached to incivility from their perceived experiences. Therefore, the research objectives were, to explore how nurse educators and students would define incivility, what meaning they would attach to incivility, what factors they would associate with incivility, what types of incivility they had experienced, where they assumed incivility originated from, and what effective strategies they would suggest to address incivility.

The researcher applied this exploration through individual, semi-structured, face-to-face interviews, with open-ended questions, in the participants' natural setting. Exploratory research aims to provide a deeper understanding of an unknown phenomenon, or a little known one (Polit & Beck, 2008, pp. 20–21), through rich and thick data with in-depth descriptions. A qualitative, exploratory, descriptive approach, therefore, was deemed most suitable for this current study. The methodological assumptions for the study included the following:

1. The assumption was that each participant had his/her own experience with the phenomenon under study, and therefore, had his/her own perceptions, based on individual thought processes, meanings, and personal principles.
2. Semi-structured, individual, face-to-face interviews, with open-ended questions, were used in the data collection process, as the most appropriate method of interaction with the participants, to obtain their perspectives and views on incivility in professional nursing programmes in South Africa (Creswell, 2009, p. 8).

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3. The interaction between the researcher and the participant became an active process to determine the meaning that the participants attached to incivility, and to provide descriptions of their experiences.
4. This interactive process occurred in the context and setting of the participants, while the researcher collected data in person, in the natural setting of the participants, in order to understand and determine the meaning of their world (Creswell, 2009, p. 8).
5. Deductive and inductive reasoning was applied during data analysis; however, the inductive approaches in content analysis allowed the researcher to make deeper interpretations of the meaning of the data (Creswell, 2009, p. 4).

3.4. Interpretive paradigm

The researcher's main aim was to explore the roots of incivility in nursing education, and to develop the constructs of incivility, from the perspectives of different South Africans, rather than from a single perspective. The aim was also to provide solutions and strategies to deal with incivility effectively in South African nursing schools. The researcher, therefore, applied a qualitative exploration, through semi-structured interviews, to answer the research questions in the most effective manner.

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The most common approaches used in research are situated in one of the three paradigms – positivist, interpretivist, and critical theory (Brink, Van der Walt, & Van Rensburg, 2012, p. 25). After exploring the ontology, epistemology and the methodology, the researcher realised that the philosophical assumptions of this current study were embedded in an interpretivist framework. The way the researcher views the world, or constructs knowledge and social reality, fits into the interpretivist paradigm (Mack, 2010, p. 5). Interpretivism lends itself to subjectivity, implying that individuals form their own reality of the world, in different contexts, as they have their own experiences and perceptions, and suggesting that the interpretivist researcher constructs and interprets reality through data collection, from the understanding of the participants (Thanh & Thanh, 2015, p. 24). As the individual defines social reality, the reciprocal relationship between the individual and the society is viewed as fundamental. Symbolic meaning, and the significance to interpret actions and events by the individual, is viewed as integral in the process of constructing reality.

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While conducting this current study on incivility, the qualitative researcher played an active interpretive role, as the phenomenon was explained through the participants own experiences and perceptions, by means of semi-structured interviews. The role of a qualitative researcher in the interpretivist paradigm is to produce knowledge by exploring and understanding the social reality, through the eyes of the different participants under scrutiny, as the focus is on their meaning and interpretation of a social phenomenon in a particular context (Al-Saadi, 2014, p. 4). In addition, the aims and values of the researcher are also reflected. Interpretivist researchers are of the opinion that, to understand the social world, the natural science principles cannot be adopted, as they reject scientific procedures (Mack, 2010, p. 8).

Interpretivists claim that an objective view of the world is not possible, as it must be observed from the participants' experience (Mack, 2010, p. 8). The researcher wished to make sense of what is happening with incivility in professional nursing education, by developing knowledge, and building understanding, with ideas from the participants, through interpreted social constructions. The researcher did not select positivism for this current study, as positivists view the world objectively, applying the scientific method. They apply statistical analysis, and their findings can be generalised (Mack, 2010, p. 6; Polit & Beck, 2014, p. 8). Behaviour, as well as cause and effect, can be measured, which is not the case with the interpretivism (Burns & Grove, 2009, pp. 22–23). In positivist research, there is usually a control and experimental group, as well as a pre- and post-test method (Mack, 2010, p. 6).

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This current research study also did not embrace the critical theory paradigm, as critical researchers try to understand and explain behaviours; however, they are also concerned with social change, in order to change people's lives (Mack, 2010, p. 9). Critical research, therefore, is action orientated, and has the purpose of creating awareness about social inequalities (Polit & Beck, 2014, p. 275), for example, critical theorists address aspects of social justice and marginalisation. Critical theory judges the reality; therefore, it considers how things are supposed to be (Scotland, 2012, p. 13).

Interpretivism emerged from the work of phenomenology and hermeneutics (Mack, 2010, p. 7). This current research study went beyond merely interpreting what the experiences of the participants were with incivility, and interpreted the meaning they attached to incivility in South African professional nursing education programmes, as well. Therefore, the

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researcher's choice for selecting the interpretivist paradigm was built on the following assumptions:

- The social world is observed by the meaning people attach to it, which meanings are interpreted from their viewpoints (Mack, 2010, p. 8).
- Social phenomena, like incivility, can be understood better by observing the social reality (Brink, Van der Walt, & Van Rensburg, 2012, p. 25), of the people under study (Al-Saadi, 2014, p. 7).

3.5. Theoretical assumptions

The interpretivist researcher does not usually start the research with a theory, but rather inductively develops a theory, or pattern of meaning (Creswell, 2003, p. 9). As the research unfolded, it became apparent to the researcher that the reader needed to understand why people interacted with each other the way they do, as well as what was needed for a better student-educator relationship to develop in the nursing academic environment. Communication skills are usually introduced to the 4-year diploma and degree in nursing students, during the 1st and 2nd year of the programme, mostly in the classroom setting. The socialisation process into nursing, therefore, is seen as being constructed actively through the interaction of educator and student.

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The researcher applied Peplau's Theory of Interpersonal Relations (Olufunke & Oluwakorede, 2016, p. 2) to make sense of how interaction can be facilitated better between the nursing student and the educator, as interaction is of utmost importance in the professional development of a student. An interpersonal relationship refers to "an association between two or more people ranging from fleeting to enduring" Shahsavarani, Heyrati, Mohammadi, Jahansouz, Saffarzadeh, & Sattari, 2016, p. 452). Social and interpersonal relationships could also be defined as a process, through which a person, who is in a strong bond, could communicate through non-verbal messages with another individual (Shahsavarani, et al., 2016, p. 460).

There is a close association between individuals who share common interests and goals. The basis of this association can be "inference, love, solidarity, regular business interactions, or some type of social commitment" (De Vries & Goncu, 1987, cited in Shahsavarani et al., 2016, p. 452). Interpersonal relationships does not allow individuals to be free from personal

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"expectations, stereotypes, orientations, attitudes, dispositions" by which a person is perceived and assessed (Kleptsovaa & Balabanova, 2016, p. 2148). Values, norms, cultural activities, and socialisation, are integral parts of an interpersonal relationships (Kleptsovaa & Balabanova, 2016, p. 2149).

According to Gatsman (1998, p. 1334), Hildeguard Peplau's work was based on the interpersonal theory, as well as the clinical experiences of herself and her students. She also included the work of Harry Stack Sullivan on personality development and the self-system (Gatsman, 1998, p. 1314). Her theory is based on the following two major assumptions:

- "the kind of nurse each person becomes makes a substantial difference in what each client will learn as she or he is nursed throughout her or his experience with illness" (Peplau, 1991, p. 8).
- "fostering personality development in the direction of maturity is a function of nursing and nursing education; it requires the use of principles and methods that permit and guide the process of grappling with everyday interpersonal problems or difficulties" (Peplau, 1991, p. 9).

Nursing is a goal directed process, aimed at achieving health for individuals, or situations. Nurses capacitate individuals through education, and assist them to develop skills to solve their health problems (Peplau, 1991, p. 8). Consequently, "the nursing process is educative and therapeutic, when nurse and patient can come to know and respect each other, as persons who are alike, and yet, different, as persons who share in the solution of a problem". Therefore, an interpersonal relationship between the patient and nurse is needed to solve problems, cooperatively (Peplau, 1991, p. 9).

The theory could also be applied in the relationship development of preceptors and new graduates. Preceptors have to nurture, socially support, apply authentic leadership and role model care, and consequently, facilitate transition for new graduates, successfully (Washington, 2013, p. 24). Nursing professional development educators could optimally utilize this relationship for a positive effect on new graduates (Washington, 2013, p. 24). According to Peplau (1991, p. 17), there are four interrelated phases in a nurse-patient relationship, namely, orientation, identification, exploitation, and resolution. The researcher identified the relevance of this theory to nursing education, as a means of facilitating healthy

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communication between the student and the educator that could foster civility. The researcher's assumption is that the four phases of interpersonal relations could be applied in the nursing academic environment, to improve interpersonal relationships between nurse educators and students, as a means of enhancing learning in a positive environment that could decrease the occurrence of incivility.

The assumption is that the nurse educator has the imperative role of socialisation of the student into the nursing profession (Del Prato, 2013, p. 286). They should role model civility, professionalism, and ethics to nursing students, as a part of the values of nurse training programmes (Clark, 2017, p. 121). Nurse educators should undergo formal training to ensure respectful and connected relationships with students, to instruct them in how to conduct themselves as learners and future professionals (Del Prato, 2013, p. 290). Therefore, the product of a nursing education institution, the graduate, who will be delivered to the healthcare system, should have acquired the necessary skills to ensure safe and competent patient care (Clark, 2017, p. 121). The outcome of nursing education, therefore, is further extended into ensuring that a student formed a professional identity, as a caring professional (Del Prato, 2013, p. 286). Values are at the centre of a healthy classroom environment, and the educator assists in "identification, nurturing and modelling of worthwhile values" (Coetzee et al., 2008, p. 55). Ethical codes and behaviour are outlined as per the educator's and the institution's expectations (Vink & Adejumo, 2015, p. 2). Professional values are observed through patterns of behaviour and direct interaction with others (Luparell, 2004, p. 66). Students originate from different social and cultural backgrounds, and have diverse perceptions of discipline (Vink & Adejumo, 2015, p. 4); therefore, the educator needs formal preparation to develop respectful connections with the students, which will ensure their empowerment as students, and future professional nurses (Del Prato, 2013, p. 290).

3.5.1. Phases of interpersonal relations applied to nursing education:

3.5.1.1. Phase 1- Orientation

Orientation into a new environment is important for all students, whether in the classroom, or clinical environment, and new nursing students must be introduced to the key concepts underpinning the nursing profession, to ensure safe, patient-orientated, high quality care (Clark, 2017, pp. 121–122). Nursing can be anxiety provoking (Vink & Adejumo, 2015, p. 4), especially during the first clinical

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encounter (Del Prato, 2013, p. 280). First year students reportedly experience high stress levels, due to the lack of experience (Osman & Gim, 2018, p. 51), which could cause them to act in a manner that might not be deemed appropriate for a professional nursing programme, consequently, displaying uncivil behaviour (Vink & Adejumo, 2014, p. 167). The initial encounter starts with a conversation between the educator and the student. When the educator meets the student for the first time, they co- construct the rules for conversation, which will lead to the sharing of responsibilities and the setting of boundaries for the academic environment. The establishment, implementation and reinforcement of rules will ensure “a respectful and civil teaching-learning environment” (Clark, 2017, p. 123). If there are no clear boundaries from the onset, it could lead to confusion and conflict. Clearly defined course guides with detailed information of expectations from students can prevent misinterpretations (Clark, 2017, p. 123). However, if there is confusion, or blurred boundaries, frustration and incivility is likely to occur (Clark, 2017, p. 123). Educators need to ensure supportive learning environments that are caring, culturally responsive, where students’ opinions are valued, and where they feel physically and emotionally safe. Structures that support the reduction of students, anxieties could enhance relationships, and improve trust and respect (Darling-Hammond, Flook, Cook-Harvey, Barron, & Osher, 2019, p. 4).

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3.5.1.2. Phase 2- Identification

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In this phase, attempts are made to understand the emotional feelings of students. When the relationship is amenable between the students and their educators, they would be more inclined to share their problems, and communication, consequently, becomes more effective (Froneman, Du Plessis, & Koen, 2016, p. 5). Problems are identified and students are encouraged to make their needs known. Those, who experience problems, for example, academic, socio-economic, psychological, and emotional challenges, are assisted, or referred and directed to resources that would allay their anxieties, or the student will come forward to ask for assistance. The students’ need for assistance might be influenced by their expectations and perceptions of the student-educator relationship, or the depth of the interpersonal relationship. This creates the sense that they are cared for, while the sense of trust and belonging is enhanced, which

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could foster a more positive attitude towards learning (Belcher & Fish, 1990, pp. 47–48).

3.5.1.3. Phase 3- Exploitation

After the student had been allowed to explore and understand the problem, and academic, emotional and psychological assistance, or support had been offered, a change should be noted. The student should be able to function independently, and deal with problems effectively, or specifically, exploit. Instead of becoming dependent on the educator, the students should seek assistance, and the educator should direct the students towards the next phase, after advantage had been taken of all services available and required (Belcher & Fish, 1990, pp. 48–49).

3.5.1.4. Phase 4- Resolution

Similar to the patient-nurse therapeutic relationship, the professional relationship is terminated (Belcher & Fish, 1990, pp. 49 & 51), when the student progresses to the next level, or has passed a particular module. Specifically, through the collaborative efforts, as well as the necessary support the goal had been achieved, successfully. The student must not be psychologically dependent on the educator, and vice versa. The relationship must be terminated, by merely maintaining an emotional, healthy, friendly student-educator relationship that is collaborative, to enhance learning, as well as professional growth, development and maturation (Belcher & Fish, 1990, pp. 49–50). According to Bryan, Weaver, Anderson-Johnson, and Lindo (2013, p. 42), a good student-educator interpersonal relationship, and support, will assist a student to achieve the specific academic goals.

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3.6. Conclusion

In this chapter, the theoretical framework was explained, as it developed from the philosophical perspectives assumed by the researcher. The choice of the interpretive paradigm, allowed the researcher to gain a better understanding on incivility in professional nursing education, as well as determine where it originated from, in the context of South Africa. Interpretivist do not usually use previous theories, but to make sense of the problem, the researcher applied Peplau’s Interpersonal Relations model that included orientation, identification, exploitation and resolution (Olufunke & Oluwakorede 2016, p. 2), without

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allowing constrictions of ideas that might not apply to the context of professional nursing programmes in South Africa (Strauss & Corbin, 1990, p. 49). This chapter also included the researcher’s background, while Chapter 4 comprises an in-depth explanation of the methodology of the study.

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CHAPTER FOUR

METHODOLOGY

4.1. Introduction

Research methodology is the process of steps, procedures and strategies followed to collect and analyse data of a research study (Polit & Hungler, 1999, p. 684). The research methodology supports what the researcher did, how it was done, and why it was done in that particular manner (Hennik, Hutter, & Bailey, 2011, p. 274), as well as the methods applied in the research. The methodology applied is crucial to any research report. The purpose of this study was to develop a South African professional nursing education construct of incivility, as well as explore the roots of incivility at college- and university-based nursing schools in South Africa, from the perspectives of those involved, with a view to refocus solutions and actions against incivility in South African settings.

In this current study, the researcher aimed to explore the roots of incivility, and develop a construct of incivility in professional nursing education, from the perspectives of different South Africans, as well as to provide solutions and strategies to deal effectively with incivility in nursing schools. An appropriate methodology and research design had to be selected to achieve this aim, as a "blueprint" to the study (Burns & Grove, 2011, p. 49). In this chapter, therefore, the researcher describes the research design and methods, the study population, sample and sampling strategy, data collection, and how rigour was established, the data analysis method, as well as ethics considerations. The measures applied to prevent personal biases were also disclosed, as the data were gathered in person, and mainly analysed and interpreted by the researcher.

4.2. Research design

Determining the best choice of research design is based on the purpose of the study, and the research question that needs answering (Brink, Van der Walt, & Van Rensburg, 2012, p. 128). The research dimension of this current study was an exploratory, descriptive, qualitative design, for the exploration and description of the roots, as well as the facilitation of the development of a construct, followed by the conceptual framework, and best practices

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or strategies suggested, to deal with incivility in South African professional nursing education. This exploration is the cornerstone of the current study, and was considered the most suitable method to address broad objectives one, two, three and four, as it would improve the understanding of how nursing students and their educators experienced incivility in South Africa. In this regard, the following terms are presented, with their significance in this study: qualitative, exploratory and descriptive:

4.2.1. Qualitative design

Research involves two major approaches; quantitative and qualitative. Quantitative research examines the relationship between different variables, and is numerical in nature. In contrast, the qualitative researcher explores and attempts to understand the meaning that individuals attach to social and human problems (Creswell, 2009, p. 4). In qualitative research, the participants' lived experiences are described in words. Creswell (2009, p. 15) defines qualitative research as "an inquiry process of understanding based on distinct methodological traditions on inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports details of informants, and conducts the study in the natural setting". Qualitative research, therefore, is systematic and subjective in nature; it interprets the total sum, for instance, the whole, or gestalt, and does not analyse a problem in fragments. It provides assistance to those involved, to make sense of their social interactions, and therefore, is interpretative, humanistic and naturalistic (Burns & Grove, 2009, pp. 23–24; Burns & Grove, 2011, p. 4).

Qualitative research is interpretive, because the researcher needs to interpret an observation, and give meaning to it. Additionally, interpretation cannot be separated from the researcher's background, history, contexts and previous experience. However, after the research report is made available, the researcher, readers, and the participants could offer further interpretations, and additional views on the problem could emerge (Creswell, 2009, p. 176).

In this current study, an interpretive paradigm was followed, within a qualitative design, as the researcher sought meanings and explanations on incivility in professional nursing education "grounded in rich in-depth experiential evidence" from various participants (Polit & Hungler, 1999, p. 17). This approach was considered the most

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suitable, because the researcher was interested in the quality of meaning that nurse educators and students attached to incivility, including the origins and related factors of incivility in this country's nursing education institutions, as well as the best practices or strategies suggested, to deal with the phenomenon effectively (Polit & Hungler, 1999, pp. 16–17). An in-depth exploration was needed to identify, define, understand and conceptualise incivility in the South African professional nursing education context. The participants were selected on the assumption that they had been subjected to incivility in their nursing education settings; therefore, their perceptions and understanding of the phenomenon could be constructed best, through face-to-face interaction with the researcher.

Quantifying this information, therefore, would not have assisted the researcher to gain a deeper understanding of incivility. Qualitative research has particular characteristics by which it could be identified. Streubert and Carpenter (2011, p. 20) outlined six common principles that characterise qualitative research, which the researcher considered during this current study. These are outlined as follows:

- Believing in multiple realities;
- Committing to identify an approach to understanding that supports the phenomenon studied;
- Committing to the participants viewpoint;
- Conducting the inquiry in such a way that there is limited disruption of the natural context of the phenomena of interest;
- Acknowledgment of participation of the researcher in the research process; and
- Reporting of data in a literary style, rich with participant commentaries.

This current study involved four phases, adapted from the Contextual Constructs Model (CCM) of Knight and Cross (2012), which guided the researcher throughout the research process. It assisted the researcher to understand that research is a contextual process of phases, which are interconnected, and allows the research to be described as a whole. It provides an overview of the empirical process, through which the researcher could identify the relevant methods for this current study, as well as the appropriate analytical processes that could be employed, according to the research constructs and

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their contexts. The philosophical underpinning of the CCM is the Contextual Constructs Theory (CCT). CCT maintains that every research study includes the integration of two key components, namely, (1) context, and (2) cognitively driven-constructs

4.2.1.1. Context-driven constructs

The context of the research involves all the relevant aspects that are related to the research and the researcher. The current study is situated in the social sciences, in the field of health and nursing research. The discipline under investigation in this current study was professional nursing education in South Africa. The phenomenon of incivility in professional nursing education, among students and nurse educators in 4-year undergraduate degree and diploma programmes, were identified to be the problem. The researcher, as a nurse educator, was interested in acquiring more knowledge and understanding of the roots and constructs of the phenomenon, through the experiences of the participants. The researcher was interested in exploring the meaning of incivility from the perspectives of the participants, in the natural setting where the problem was encountered. The belief was that this was their reality; therefore, an exploratory, descriptive qualitative design, in the interpretivist paradigm, allowed them to share information that answered the research questions. The researcher, as the *primary source of gathering information*, did not believe that true objectivity exists, and applied methods in the best of the researcher's ability not to influence the participants' views.

4.2.1.2. Cognitively-driven constructs

The Contextual Constructs Theory [CCT] also informs that research, as a form of investigation, is constructed. This current research study is situated in the interpretivist paradigm, and therefore, co-constructed by the research participants and the researcher. The researcher became the voice of the participants, by interpreting the meaning they attached to incivility in the data analysis process, and developing abstract concepts, through which a conceptual framework was developed to explain incivility in the context of South African professional nursing education (as outlined in Chapter 6, Figure 6.1: Tree of incivility in professional nursing education).

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Constructs forms an integral part of the research, and therefore, cannot be developed outside the research context. The illustration of relationships between the constructs is of utmost importance to empirical studies on phenomena that are complex. It becomes the language, or words, and is a powerful tool to facilitate discussion, as well as share understanding, which are supposed to change people's lives (Corbin & Strauss, 2008, pp. 11–12). The four phases of the CCM, therefore, were adopted in this current study to demonstrate that research is a contextual process of phases that are integrated, namely: 1. Conceptual; 2. Philosophical; 3. Implementation; and 4. Evaluation.

4.2.2. Exploratory design

Exploratory studies are conducted when scant knowledge exists about an area of interest. The researcher aimed to acquire new insight, or uncover new ideas and knowledge pertaining to a phenomenon. The full context and the related factors of a particular phenomenon are investigated, implying that exploration goes beyond mere description, as it explores the nature to a phenomenon. Consequently, provides rich, in-depth exploration of a concept (Polit & Beck, 2014, pp. 13; 343).

In this current study, the researcher followed an exploratory design to determine how South African nurse educators and students would define incivility, specifically, what meaning they would attach to the concept in their context. Additionally, the exploration extended into determining factors associated with incivility in the nursing academic environment. The exploration went beyond determining the factors of the origin or roots, and consequences of incivility on the role players in that setting. Manifestations of incivility, termed the acts of incivility, emerged as the participants shared their experiences, after which, the participants understanding of possible solutions to deal with incivility effectively, were explored. Therefore, incivility was explored, holistically, for the meaning, to develop a construct for South Africans.

4.2.3. Descriptive design

According to Burns and Grove (2009, p. 25), descriptive research offers researchers the benefit of discovering new meaning, and allows them to describe what exists, to determine how many times a phenomenon occurs, and lastly, to group objects, or people together. Usually, descriptive studies are performed when a particular

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phenomenon is unknown. In fact, description allows for the identifying and understanding of a particular phenomenon. It assists in defining a phenomenon through in-depth probing, which is acceptable for qualitative researchers (Polit & Beck, 2014, p. 13). The purpose of descriptive research, according to Polit and Beck (2014, p. 2), is to observe, describe and document aspects related to a situation.

Through semi-structured, individual face-to-face interviews, this descriptive design allowed the participants to describe their experiences with incivility in professional nurse training programmes. In addition, it allowed the researcher to comment on the area of professional nursing education incivility, from the perspectives of South African nurse educators and their students. Specifically, it provided "richness, breadth, and depth" to the participants' understanding and interpretation of incivility (Spiegelberg, 1975, p. 70), including their feelings, perceptions, beliefs and views of the phenomenon. The researcher provided thick descriptions of the research process, namely, data collection, analysis, as well as the presentation of the findings. The researcher communicated the key elements relating to professional nursing education incivility in South Africa, verbally and in writing, with those interested in the phenomenon.

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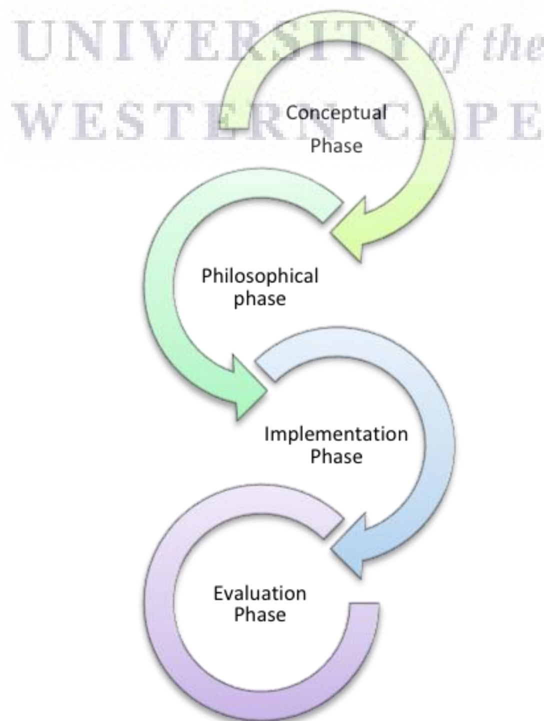

Figure 4.1: Research phases, as adapted (Knight & Cross, 2012)

4.3. Research process

The researcher reflects on the steps followed to examine the phenomenon under interest. Semi-structured, individual interviews were used mainly for data collection. The pilot study, selection of an appropriate population, sample and sampling strategies, the limitations, recruitment process, and instrument used for data collection, are discussed in this section under the headings of the four phases of the CCM (Knight & Cross, 2012, p. 10).

4.3.1. Conceptual phase

The researcher established the central point of the research through the identification of the various elements. The characteristics of incivility were discovered through the researcher's experiences in the academic environment, as well as work-based environment, during teaching and learning of students in undergraduate nursing programmes. In addition, certain anecdotes shared by nurse educators, nursing students, administrators and colleagues in the clinical settings, added to this discovery. Literature reviews, conference attendances, and previous research conducted on the effects of incivility on nurse educators, also contributed to the researcher's knowledge on incivility. Most of the previous research studies investigated the different acts of incivility, the consequences, the strategies to combat incivility, and the factors that contributed to incivility in nursing education. The studies relating to incivility in the South African context are limited in both international and local research, and the roots of the phenomenon in nursing education are not addressed. Although various strategies are suggested, the effectiveness of these strategies is also not known. Therefore, it became clear to the researcher that incivility, in the South African context, needed further exploration. Through the following broad research objectives (*develop a South African nursing education construct of incivility in nursing schools; describe perspectives of the roots of incivility in nursing education in South Africa; provide strategies and solutions to deal with incivility in nursing schools; and provide a conceptual framework for better understanding of incivility in professional nurse education),* six research questions were formulated for the exploration of incivility in professional nursing education.

Through this current research study, the researcher, as a nurse educator, aimed at contributing to the body of knowledge for nursing and nursing education; hence, the

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decision to document the characteristics of incivility, from the perspectives of South Africans. Although the researcher was keen to be part of the whole process, and to collect the data in person, caution was exercised, not to influence the participants in any way, by allowing them to answer the questions, without restraint. The researcher used the probing technique, without leading the participants on, with auxiliary requests like, *could you tell me more*, and *please elaborate on your statement*. The researcher listened attentively, not to miss important information, maintained good eye contact, and demonstrated with head nodding that the participants could continue to speak. Although it was a challenging time for all academics and students, due to campus shut downs across South Africa, the researcher remained calm, without displaying frustrations, to allow the participants to relax, as well as encourage them to share their experiences and perceptions of the phenomenon under study, without restraint.

4.3.2. Philosophical phase

The researcher presumed that true objectivity was impossible, and that social reality was formulated through personal experiences and perceptions, implying that reality is defined by the meaning, individuals attach to situations and actions. Therefore, interaction is required to explain actions and situations, with careful interpretation, to understand the meaning. The researcher's world-view, therefore, was enveloped in the interpretivist approach; however, the researcher could only arrive at this conclusion, after determining ontological, epistemological and methodological assumptions regarding the phenomenon of incivility, as well as the contexts in which they occur.

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4.3.3. Implementation phase

An exploratory, descriptive qualitative design, in the interpretivist paradigm, allowed for the retention of the research data validity, in relation to the research study. The methodology and design applied, enabled the researcher to acknowledge, as well as better understand the constructs and roots of incivility, from the experiences and perspectives of the South African participants. It also deepened the philosophical assumptions made in the context of this current study.

4.3.3.1. Pilot study

Prior to the main study, the researcher conducted a pilot study, as a trial run, to determine whether the proposed research methods were suitable and ethically

correct. The pilot study occurred between May and July 2015. One nurse educator and two undergraduate student nurses participated in the pilot study. Before the interviews, the researcher explained the purpose and ethics of the study to the participants, and afterwards checked whether the individual participants understood the details, and that written consent was obtained.

The pilot study allowed the researcher to explore the recruitment process and the sampling strategies for feasibility and effectiveness. The researcher had the opportunity to apply personal interviewing skills, and determine whatever needed to be refined for questioning. In addition, the researcher was able to identify that the students had struggled to understand the word, *root*; therefore, a probe, namely, *origin*, was included. Consequently, the data collection instrument was adapted accordingly, after the interview questions were checked for practicality.

After participants indicated their satisfaction with the research questions, each interview was transcribed, followed by a preliminary analysis. De Vos, Strydom, Fouche, and Delport (2005, p. 212) recommend that the data collected during the pilot study could be used in the main study; therefore, the researcher retained all three participants' data for further analysis in the main study, with their permission, as they all met the inclusion criteria.

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4.3.3.2. Research setting and study population

This current research study was conducted in South Africa with a population of 52 980 000 by mid-2013 (Statistics South Africa [Stats SA], 2013). South Africa is divided into nine provinces, with 138 nursing education institutions registered with the South African Nursing Council (SANC), which includes hospital-based nursing schools, colleges and university nursing schools (South African Nursing Council [SANC], 2013). According to the *National Strategic Plan for Nurse Education, Training and Practice in South Africa: 2012/13 – 2016/17* (RSA, DOH, 2013), 12 000 nursing education qualifications have been recorded by 2011 in South Africa. The total population of students' registered with SANC as at the end of 2013, included 16 001 females, and 4 955 males with a total student population of 20 956 (SANC, 2013, p. 1). This was the *target population*, which is the total number of subjects, in whom the researcher has an interest, and the

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accessible population is a segment of the target population, to whom the researcher has access (Polit & Beck, 2014, p. 177).

The research settings for this current study included a university-based nursing school, and a nursing college that collaborated with a university of technology. The university-based nursing school had a population of 859 undergraduate students, and 26 academic staff members, teaching undergraduate and postgraduate programmes. The nursing college that collaborated with a university of technology comprised four main campuses, and, because of the phasing out of legacy programmes in South Africa, had a population of 939 Diploma and Bachelor of Technology students. The number of academics represented across these four campuses, with rural and urban settings, totalled 54, including management.

The researcher could define the *target population*, using specific criteria. The specific criteria could also assist in identifying the *accessible population*. For the purpose of this current research, the researcher was interested in nurse educators, with experience of incivility in nursing programmes, who were teaching undergraduate 4-year degree and diploma programmes, and employed on a full time, or contract basis. The researcher was also interested in the opinions of students, registered in undergraduate 4-year degree and diploma programmes, and who had experienced incivility in nursing schools.

The researcher selected a province in South Africa, with rural and urban nursing education institutions, and a diverse population of nurse educators and students, in terms of ethnicity, for data collection purposes. The nursing education institutions in this province cater for 4-year degree and diploma programmes in nursing. The researcher considered this population heterogeneous, as it represented a wide variety of nurse educators and students, with different backgrounds and experiences in undergraduate nursing programmes.

4.3.3.3. Study sample and sampling strategy

Sampling is the selection of individuals with whom to conduct the research. In qualitative research, the participants are selected, based on the knowledge and

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experience of the phenomenon under study. The participants, therefore, are selected to offer descriptive information that is purposeful and potentially relevant to the researcher's objective/s. In this current study, purposive sampling was employed by the researcher to initiate the process of data collection (Streubert & Carpenter, 2011, p. 90). Therefore, for the purpose of this current study, nurse educators of the 4-year undergraduate degree and diploma programmes, as well as 4-year undergraduate degree and diploma students, believed to have experienced incivility at their nursing education institutions, were selected for the exploration and description of incivility in professional nursing education, from their perspectives (Tappen, 2011, pp. 115–116).

The original idea of the researcher was that the sample should include 1st, 2nd, 3rd and 4th year nurse educators and students. After seeking permission from the selected institution, the researcher applied recruitment strategies, such as having information sessions, by hand posting and e-mailing information letters through the academic registrars and campus head offices. During 2015 and 2016, some institutions were locked down, due to student protests, and the researcher was convinced that it might have affected the interest of, especially, student participants, as they were unsure about the examinations, or might *not* have had a clear understanding of the concept of incivility. The researcher received the most interest from senior students, namely, 4th year students, as well as one 2nd year student. The nurse educators, however, who displayed an interest, were representative of the 1st to 4th year levels.

In qualitative research studies, the specific details of who should be interviewed, as well as how many participants, will only become known as the study evolves, and as the researcher searches for various perspectives of the phenomenon (Tappen, 2011, p. 381). To determine the depth and richness of data, the sample size should not be too small; however, it should allow the researcher the opportunity to gain the necessary insight into the phenomenon under study. The inadequacy of the sample could result in poor quality of the data, and could affect credibility (Burns & Grove, 2009, p. 361). For the purpose of this current study, an average of eight participants was targeted from each of the two main research settings; however, 25 participants (10 nurse educators and 15 nursing students,

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inclusive of both settings) expressed an interest in participation. The final sample, therefore, was 25 participants, who met the sampling criteria, and were regarded as adequate, as well as capable of providing deep, rich and thick information about the phenomenon of incivility in professional nursing education (Burns & Grove, 2009, p. 361; Brink, Van der Walt, & Van Rensburg, 2012, p. 173).

- **Inclusion criteria**

  All nurse educators, teaching 4-year undergraduate degree and diploma programmes, and employed on a full-time basis, or on contract, as well as all nursing students, registered for the 4-year undergraduate degree or diploma in nursing, were included, as the researcher assumed that they would have in-depth knowledge and experience of incivility in the selected province of South Africa.

- **Exclusion criteria**

  Postgraduate students and postgraduate nurse educators were excluded from this current study, as the target population was undergraduate students and nurse educators.

4.3.3.4. Data collection

To understand the realities of a phenomenon, the researcher becomes actively involved, and various data collection strategies are employed, to provide the *participant's* view of reality. However, during such processes, caution should be taken that the environment, in which the phenomenon occurs, is not be disturbed (Streubert & Carpenter, 2011, p. 22). Individual face-to-face interviews, using a semi-structured interview guide with open-ended questions (Appendix E), were deemed appropriate for the data collection of this exploratory, descriptive qualitative research study.

The selection of this data collection instrument allowed for elements of both structured and unstructured interviews. The researcher wanted to be consistent with all the participants and made use of a set of pre-planned questions, to ensure that the same areas would be covered with each participant. The participants, however, were not restricted to this set of questions, but based on their individual experience and knowledge, were given the opportunity to provide any relevant

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information, as well as elaborate, without restraint. The content of the interviews covered the understanding of incivility, specifics of incivility, the constructs of incivility, roots of incivility, as well as the best practices to deal with incivility, if any, and solutions to combat incivility in South African professional nursing education. In exploratory research, an interview is an opportunity to uncover complex information from participants. Therefore, it could be helpful in "ascertaining values, preferences, interests, tasks, attitudes, beliefs and experience" (Brink et al., 2012, p. 151).

In order to capture the participants' views on the meaning of incivility to South African nurse educators and students, audio recordings and handwritten notes were made, with permission from each participant, after reasons for the recordings were explained. The researcher ensured that the participants understood the reasons for audio recordings and handwritten notes, by allowing them to ask questions, for clarity.

The participants were also reassured of anonymity, and that they would be allowed to withdraw from the study, at any time, during the interviews. The audio recordings captured the experiences and incidents of the participants, precisely, to be replayed during the data analysis process. All the interviews were transcribed verbatim, and no names could be traced back to the participants, or their nursing education institutions. All interview notes and audio recordings of individual participants were identified with codes, selected by the researcher only, to ensure anonymity, and secured with an electronic password. All the hardcopies, relating to this current research study were to be stored securely, and destroyed after a period of five years.

The interviews were conducted at the participants' workplaces, and educational institutions, after permission was obtained from the various study sites, and the participants had consented. During the period of student protest-action, universities and colleges were locked down, and the participants were interviewed at convenient venues and times. All the interviews, including the pilot study, were conducted over a period of 1 year, and 5 months, from June

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2015 to November 2016, and each individual interview lasted for, approximately, 30 to 60 minutes.

The researcher collected the data in person, with individuals, through face-to-face semi-structured interviews, using the interview guide (Creswell, 2009, p. 175), and various probes were introduced for clarification of information, with each individual participant, to capture their knowledge and experiences. The process of individual, face-to-face data collection, with open-ended questions, in which the researcher acts as the instrument for data collection, is common in qualitative research (Creswell, 2009, p. 175). Data were gathered until saturation was reached at 23 participants, when the researcher realised that no new information was being extracted.

4.3.4. Evaluation phase

The evaluation phase addresses the analysis of the data and the writing of the findings. Various ways of analysing data exist in qualitative research, and content analysis is commonly used in nursing related studies, which are descriptive in nature (Polit & Beck, 2014, p. 306). The researcher, therefore, selected this data analysis approach for its inductive processes, as a means of describing incivility, in the context of South African professional nursing education, holistically, and not in a fragmented manner.

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This current study is embedded in the interpretive paradigm, and one of the aims of the study was to provide a conceptual framework, through which incivility in professional nursing education could be understood. Therefore, the inductive processes of content analysis were deemed appropriate for this current study. It allowed for the unearthing of new knowledge, through the categories that emerged from the data of the individual interviews.

Content analysis allows the researcher to increase the understanding of the data, as words could be split into content related categories that describe the phenomenon under study (Elo & Kyngäs, 2008, p. 108). It is worth noting that data to be examined does not pre-suppose the researcher's results only, as data could be generated deductively. Therefore, it could be conceptualised from previous theory, through observations from other sources, as well as through analysis notes with data sets. Content analysis requires

critical reflection, while the results are described simultaneously. Both inductive and deductive analyses comprise the following main stages:

4.3.4.1. Preparation stage

The researcher commenced the preliminary data analysis after completing each individual participant's transcript. Commencing with the analysis process from the onset of data collection, allowed the researcher to identify data saturation after 23 participants were interviewed, which implies that repetition was observed; therefore, the data collection process was discontinued (Polit & Beck, 2014, p. 55). The researcher continued the data analysis process, after saturation, seeking to become more familiar with the data, by carefully reading each individual participant's transcript, as well as listening to each participant's audio recording, many times over. Becoming immersed in the data helped the researcher to gain a deeper sense thereof (Burnard, 1991, and Polit & Beck, 2004, both cited in Elo & Kyngäs, 2008, p. 109; Streubert & Carpenter, 2011, p. 45). Subsequently, the researcher analysed each transcript individually, and identified relevant units with commonalities, through words, phrases, paragraphs, and sentences (Polit & Beck, 2014, p. 306; Elo & Kyngäs, 2008, p. 108).

4.3.4.2. Organising stage

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After preparing the data, the researcher commenced further organisation of the data, by open coding (Polit & Beck, 2014, p. 311). The researcher labelled each identified unit of analysis by writing notes and headings in the margins of each individual participant's transcript (Burnard, 1991, 1996, Hsieh & Shannon, 2005, all cited in Elo & Kyngäs, 2008, p. 109). Consequently, the researcher transferred similar units of analysis onto a spreadsheet, and collapsed them under a broad category, selected from words that described the research topic. Clustering related data helped to reduce the number of categories (Polit & Beck, 2014, p. 306; Burnard, 1991, Downe-Wamboldt, 1992, Dey, 1993, all cited in Elo & Kyngäs, 2008, p. 111). These were further interpreted for their meanings, and generic categories, as well as sub-categories were formulated, after careful reflection by the researcher on the patterns of behaviour described (Dey, 1993, Robson, 1993, Kyngäs & Vanhanen, 1999, all cited in Elo & Kyngäs, 2008, p. 111).

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The way in which the abstract processes were applied, is illustrated in Figure 4.2 below:

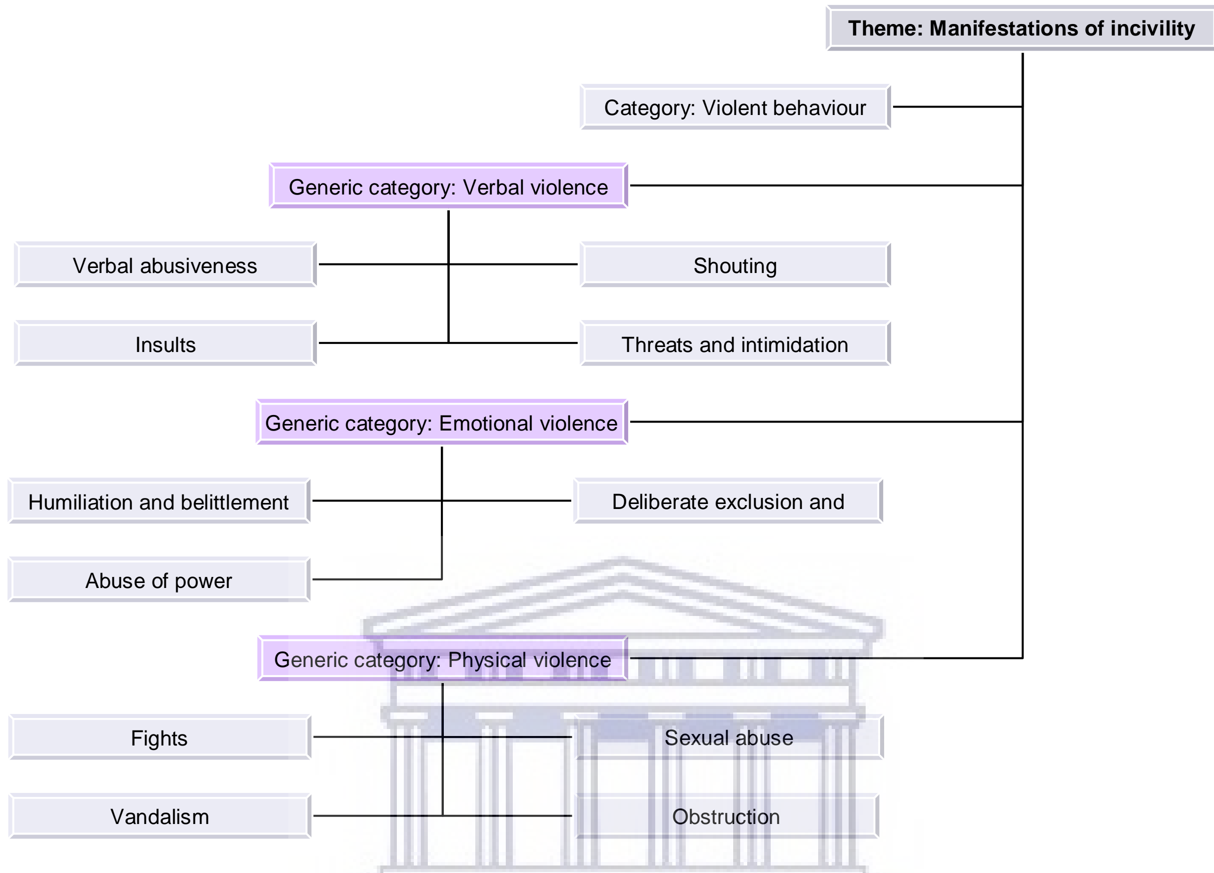

Figure 4.2: Abstraction process as adapted (Elo & Kyngäs, 2008)

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4.3.4.3. Reporting stage

A detailed report of the results of the data analysis, from data collected through semi-structured individual interviews, is presented in Chapter 5. The results include the thick and rich descriptions of the meanings of the main categories, generic categories, and sub-categories, under the different themes derived from the topic and the purpose of this current research study. In the presentation of the results, some quotations, comments, and stories from the gathered data, were extracted, verbatim, from the various participants' transcripts (Streubert & Carpenter, 2011, pp. 22–23), to ensure that the findings accurately related to the phenomenon under study, and assisted the researcher to eliminate bias.

4.4. Trustworthiness of the study

This term is used to measure the quality of a research study, and represents the degree to which the data and analysis are believable and trustworthy. In qualitative research, it is very

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difficult to ensure true objectivity; however, if objectivity cannot be reached, at least sensitivity should be pursued. During the writing of the results, this sensitivity ensures that the researcher presents the participants' stories with abstractions that are equal, and mixed with detailed descriptions, as well as feelings, which are important to them (Corbin & Strauss, 2008, p. 41). In qualitative studies, validity and reliability are confirmed through trustworthiness. Therefore, the following strategies have been applied in this current study.

4.4.1. Credibility

The researcher conducted member checking with the participants, to check whether they agreed with the analysis of the data, and whether it made sense to them (Charmaz, 2006, p. 183). Before the research process, and continually throughout, the researcher recorded notes in a reflective journal, as well as engaged in intensive memo writing, to state personal perceptions and beliefs about incivility, candidly, so as not to affect the study, and to relate the participants' views, unencumbered by the researcher's views.

The researcher, who has worked in various academic settings, as a qualified nurse educator, has experience in teaching undergraduate degree and diploma students. Sharing personal opinions with the participants would have affected the study; therefore, it was necessary to put these opinions in writing. The researcher collected data in this study until saturation was reached at 23 participants. In addition, the coding of the data was conducted by an independent coder, to ensure objectivity.

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4.4.2. Transferability

Transferability refers to "the extent to which qualitative findings can be transferred to other settings or groups" (Polit & Beck, 2012, p. 745), or how the findings could be generalised to similar situations, or settings. The researcher used rich, thick descriptions during the research process, including data derived from the analysis, to develop the construct and roots of incivility, relevant to the South African professional nursing education context, from the perspectives of various participants, in multiple educational settings. Individuals from a university, as well as the main campuses of a college, were included, from urban and rural communities, which allowed input from other settings, namely, other nursing education settings in South Africa.

4.4.3. Dependability

Dependability in qualitative research refers to the way data remain stable over time and conditions (Polit & Beck, 2012, p. 725; Polit & Hungler, 1999, p. 430). Dependability can be achieved through drawing comparisons from various data sources, and through the inquiry audit, which includes the scrutiny of data, as well as relevant documents relating to the study, by an independent reviewer, and impacts on the confirmability of the data (Polit & Hungler, 1999, p. 430). The first three transcripts from the pilot study were submitted to the supervisors and an independent reviewer to check whether the questions satisfied the research objectives. Various discussions with an independent reviewer, as well as the supervisors, regarding the data collection and analysis, allowed for objective feedback, implying that they could scrutinise the process throughout the entire project.

4.4.4. Confirmability

Confirmability refers to the objectivity of data that would allow two independent people to agree on the meaning and applicability of the data. An inquiry audit is employed to ensure dependability and confirmability in qualitative research. The purpose is to demonstrate to others that the data in a study was collected with the necessary sensitivity, and without the researcher's biases (Polit & Hungler, 1999, p. 430). Samples of the data analysis were given to both supervisors, and an independent reviewer coded the data, to ensure consistency in analysis. After the comparison of the codes with the independent reviewer, an agreement was reached, and the research report was written with excerpts from various participants.

4.5. Ethics considerations

The researcher applied to the University of the Western Cape's Senate Research Committee for approval of the methodology and ethics for this current research project. Permission was granted in 2015 to conduct the study (Appendix A). The researcher obtained permission (Appendix B1, B2, B3, & B4) from the nursing education institutions in a province of South Africa, identified as study sites, before data collection commenced for the pilot and the main study. This province was selected, as it was considered representative of different racial groups in South Africa.

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Through information letters (Appendix C) and sessions, the researcher explained the purpose of the research to the participants, who were given the opportunity to indicate their interest to participate in the study, or not. The researcher obtained informed consent (Appendix D) from each individual participant, who indicated interest to participate in this current study. The researcher again explained what the project entailed, that participation in the study was voluntary, and that there would be no monetary benefits for participation in this current study. This was conducted at a suitable date, time and venue, and a copy of the voluntary consent form was retained as proof by the researcher. Permission also included the use of audio recordings, as well as handwritten notes. The participants understanding of the purpose of these was checked prior to interviews.

The researcher ensured anonymity and confidentiality in this current study by refraining from using the real names of the participants, The students and nurse educator participants are referred to as *Participant 1: Student, Participant 2: Educators* etc. The participants' places of employment or studies, as well as the province, from which the data were collected, were also omitted, to prevent the identification of the study sites, as the information shared was sensitive. Codes were assigned to the participants' interview guides, and electronic information was secured with a password, only known to the researcher.

All audio recordings and transcripts will be secured for five years; with the researcher, being the only one with access. After five years, the data will be destroyed, and the researcher will take precautions that the information does not land into the wrong hands (Sieber, 1998, cited in Creswell, 2009, p. 91). The researcher was aware of the risks involved in researches that deal with people, talking about their experiences. In addition, the researcher was aware that talking about incivility might be psychologically and emotionally disturbing to some participants, and protecting their health and well-being, therefore, took top priority (Corbin & Strauss, 2008, p. 29). The participants were informed that, should they experience any discomfort due to the study, they could withdraw, without prejudice, or reprisal. They were also informed that they could be referred to counselling services, if necessary. Although some of the participants became emotional, as they related specific incidents, none of whom felt the need for counselling services, while the researcher supported them through the emotional challenges. The strategies applied for ethical consideration, were informed by Neuman (2014, p. 145), who indicated that the researcher was accountable and responsible for the ethics of a study. This author adds, *"It is the moral and professional obligation of the individual*

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researcher to be ethical even when research participants are unaware of or unconcerned about ethics".

4.6. Conclusion

In this qualitative, exploratory, descriptive, study, the researcher's main aim was to explore the roots of incivility in nursing education, and to develop a South African construct for incivility, as well as explore solutions and strategies to deal with this phenomenon, effectively, in the context of this country's nursing schools. The conceptual framework, through which incivility could be understood, formed part of the main objective for this current study. The four phases of the CCM (Knight & Cross, 2012), were adopted in this study to demonstrate that research is a contextual process of phases that are integrated. Content analysis was applied, after data saturation was reached at 23 participants, through individual semi-structured, face-to-face interviews. Ethical principles were adhered to in this current study to ensure the confidentiality of the participants.

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CHAPTER FIVE

RESULTS AND DISCUSSIONS

5.1. Introduction

This chapter provides a description of the sample, as well as a presentation of the results, according to the content analysis structure. Categories, generic categories, where applicable, and sub-categories under higher order themes, derived from the research topic, form part of the presentation. The presentation is a representation of all the participants interviewed, as it includes excerpts from different participants' transcripts that aimed to answer the following interview questions:

- What is your experience with incivility at your nursing school?
- How would you explain incivility from your experience?
- What are the types of incivility that you have experienced or witnessed in your nursing school?
- What do you think contributes to uncivil behaviour as you have experienced it or what factors would you associate with such behaviour?
- Where do you think this behaviour originates from or what are the roots of uncivil behaviour as you view it in South African nursing schools?
- Have you had to deal with solving problems of incivility in your nursing school?
- What strategies and solutions can you suggest to best deal with the problem of incivility in your nursing school or in South African nursing schools?

5.2. Description of the sample

The sample consisted of 25 participants, of which 15 were students, and 10 were nurse educators. Of the 25 participants, two students and one nurse educator were recruited in the pilot phase. One male student and 14 female students participated in this study. Of the female participants, one was in the second year of study during data collection, while the rest of the students were in the final year of study. Eight female and two male nurse educators, teaching

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first- to fourth-year nursing undergraduate programmes, participated in the study. They were employed for more than one year, in permanent and contract teaching posts. The nurse educator participants were between the ages of 28 and 63 years, and the student participants, between the ages of 20 and 32 years. The teaching experience of the nurse educators ranged from over 1 to 15 years, in different teaching facilities. The researcher anticipated 16 participants, which, eventually increased to 25 participants. The sample was representative of all the racial groups in a province of South Africa, with two female student participants from foreign descent. Most of the participants spoke English during the interviews, with the exception of a few, who used Afrikaans phrases that were translated into English.

5.3. Presentation of the results for incivility in professional nursing education

The results are presented as follows: **Theme 1:** Concept of incivility; **Theme 2:** Manifestations of incivility; **Theme 3:** Contributing factors for incivility; **Theme 4:** Roots of incivility; **Theme 5:** Consequences of incivility; **Theme 6:** Solutions and actions to combat incivility, derived from the topic. Broad narratives with thick and rich descriptions of events, as related by the various participants, are presented in this section. The researcher employed personal interpretations to formulate categories, generic, and sub-categories, as they emerged from the data, and allowed for comparisons with an independent coder, to avoid misrepresentation of the participants' information. A presentation of each theme follows.

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5.3.1. Theme 1: Concept of incivility

Five categories emerged from the data, to describe uncivil behaviour, as defined by the nurse educators and students, in the context of South African professional nursing education. Table 5.1 comprises the theme, category list, and definition, a discussion of each category follows.

Table 5.1: Concept of incivility

Theme	Category	Definition
Concept of incivility	1.Rudeness 2.Disrespect 3.Poor and unacceptable conduct 4.Unprofessionalism 5.Bitterness	Meaning of incivility in professional nursing education from the perspectives of nursing students and educators.

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5.3.1.1. Category 1: Rudeness

Most of the participants understood incivility to be plain rudeness, in simple terms, a behaviour, which caused disturbance, and affected everyone in the academic environment. Rude behaviour was perceived to emanate from the students, who displayed little interest in learning. The assumption that incivility implied rudeness, therefore, was drawn from the following examples:

> *"Incivility I feel plain it is rudeness. It affects me negatively because it is a disturbance to me. I feel some students must be taught discipline and how to handle a situation if they do not understand a topic".* **(Participant 8: Student)**

> *"Incivility you find it in the classroom as part of the normal classroom, but there are specifically students who are rude; then up to be real outspoken rude".* **(Participant 7: Educator)**

The participants stated that the students reacted with rudeness towards the academics in the classroom and clinical setting. They associated this rude behaviour with the perceived characteristics of the educators, as well as the quality of teaching and learning. During clinical assessments, clinical educators, reportedly, would be checking their cell phones, and consequently, the students would question the validity of such assessments. Therefore, they concluded that the concept of incivility was rudeness, from their own experiences. The following extracts relate:

> *"The students would like correct her in a bad manner it is rude that is why I say they can also look at the qualities of the person who is going to give lectures so the student becomes rude to such things".* **(Participant 19: Student)**

> *"That is rude, because what if she is talking to me and I am busy on my phone. Like what if you are interviewing me and I am busy on my phone chatting to my parents that is not a nice feeling".* **(Participant 11: Student)**

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5.3.1.2. Category 2: Disrespect

Many participants regarded incivility as the lack of respect for the academic environment and its stakeholders. For example, educators could act uncivilly towards each other, other categories of staff, as well as students. Similarly, students could act uncivilly towards their peers, clinical staff, administrators and educators, as the following extract relates:

> *"If I can quickly think incivility would be if you don't respect people".* **(Participant 16: Educator)**

The lack of respect, reported in this current study, was very disturbing, as it was witnessed by students at a fundamental level. The participants confirmed that the educators' behaviour, such as being dismissive towards students, displayed a lack of respect for students. However, the assumption from the participants' feedback was that both students and nurse educators contributed to incivilities. The following extracts support this perception:

> *"What I found which was uncivil about that was that the disrespect of the students for the lecturer was like I have never seen such disrespect in my life".* **(Participant 4: Student)**

> *"That respect that has to go both ways is most of the time not there. I think that relates to incivility to me, because if there is no respect for the person and then the authority that person carries".* **(Participant 12: Educator)**

5.3.1.3. Category 3: Poor and unacceptable conduct

In the experience of some participants in this study, they understood the concept of incivility as poor and unacceptable conduct. The behaviour was deemed poor and unacceptable for the context of an academic environment, and related to rules and norms, not observed by students. This behaviour was confirmed by the following verbal comments made to educators and fellow students:

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"Incivility to me is any kind of bad behaviour that disrupts someone else or whoever is in your environment that makes them feel uncomfortable". **(Participant 21: Student)**

"Making unacceptable comments towards other students and towards the topic and the lecturer". **(Participant 8: Student)**

"It means bad behaviour; it means not behaving within the norms as expected of a student that comes to study out of their own free choice". **(Participant 6: Educator)**

5.3.1.4. Category 4: Unprofessionalism

The participants also attached unprofessionalism to the meaning of incivility. They related witnessing a decline in the professional standards that nursing, as a profession, is built upon. Nurse educators, as well, were observed by their fellow colleagues, to be guilty of unprofessional work etiquette, while students also labelled educators as unprofessional. The following extracts relate:

"Because we are nurses we are supposed to have a professional code of conduct. We learn about and we teach our students about professional development and how to manage conflict, but incivility means when the behaviour of someone towards you or the behaviour of you towards someone else is outside the boundaries of that professional relationship". **(Participant 14: Educator)**

"People bring their pets it is like not professional. I think that is the biggest issue; professionalism there needs to be rules also". **(Participant 17: Educator)**

"Incivility to me means we are in a profession that professionalism is required so I feel like in some cases incivility basically refers to being rude or acting unprofessionally or being cynical to students in a way that is what I can say". **(Participant 13: Student)**

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5.3.1.5. Category 5: Bitterness

Although only one male student compared the concept of incivility to bitterness, the researcher considered it worth noting. The participant related his experience with incivility in the clinical setting from as early as the first year, through to the fourth year. With deep insight, this student expressed his understanding of incivility, as a concept from the clinical learning environment, as well as the impact it had on his fellow students, and himself. The following extracts refer:

> *"In the 1st year and funny enough in my final year now it actually made me reconsider if I really wanted to be in nursing or because I also like putting the concept of incivility as bitterness".* **(Participant 13: Student)**

> *"I found that in the 1st year why everyone in the clinical environment is bitter. Why is the supervisor also bitter and then even now in my final year it is still in the clinical environment not as much as in our academic/theory environment"?* **(Participant 13: Student)**

5.3.2. Theme 2: Manifestations of incivility

The participants cited various examples as acts that they considered uncivil in an academic environment. Three main categories emerged from the data, namely, disruptive, inappropriate and violent behaviour. The main categories had characteristics of low-level acts of incivility, to severe forms of violence, as illustrated in Table 5.2, followed by a discussion on each category.

Table 5.2: Manifestations of incivility

Theme	Category	Definition
Manifestations of incivility	**1. Disruptive behaviour** ***Sub-categories:*** 1.1. Lack of punctuality 1.2. Walking in and out of the classroom 1.3. Talking and noisemaking in the classroom **2. Inappropriate behaviour** ***Sub-categories:*** 2.1. Inappropriate use of electronic devices 2.2. Tiredness and sleeping in the classroom 2.3. Inappropriate dress code	The different types of incivilities experienced by nursing students and educators in professional nursing education programmes in South Africa.

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	3. Violent behaviour ***3.1. Generic category: Verbal violence*** ***Sub-categories:*** 3.1.1. Verbal abusiveness 3.1.2. Shouting 3.1.3. Insults 3.1.4. Threats and intimidation ***3.2. Generic category: Emotional violence*** ***Sub-categories:*** 3.2.1. Humiliation and belittlement 3.2.2. Deliberate exclusion and isolation 3.2.3. Abuse of power ***3.3. Generic category: Physical violence*** ***Sub-category:*** 3.3.1. Fights 3.3.2. Sexual abuse 3.3.3. Vandalism 3.3.4. Obstruction of students and staff **4. Dishonest behaviour**	

5.3.2.1. Category 1: Disruptive behaviour

The participants identified the following sub-categories, lack of punctuality, walking in and out of class, talking in class and noisemaking in class, as disruptive for an academic setting. It disrupted the teaching and learning processes, and therefore, negatively affected those who wished to learn.

5.3.2.1.1. Sub-category 1.1: Lack of punctuality

Students arriving late for class have been cited as a common problem by the participants. The students, reportedly, would be late for no apparent reason, as instead, it merely seemed to be a bad habit. The behaviour was mostly observed from students, who lived in campus residences, and should not be having challenges with transport. From the participants' explanations, the educators seemed unable to manage such behaviour, effectively.

> *"In my nursing school, I have experienced it like for example if the lecturer is busy giving class and students come late into class and especially those students that are staying in on campus. They have the tendency of coming late to class every day. It is not something that happens maybe once or twice it is*

> *like a common thing for them of stepping late into class".* **(Participant 21: Student)**

What bothered the fellow students was that the late comers would not even apologise for being late. They would instead cause further disturbances and disruption for the educator, as well as the students, who were punctual. The following extract refers:

> *"Some students they come late and they still want to sit in the front, maybe there is no chair and they want to take the chair put it in front so they disturb the class with that behaviour".* **(Participant 1: Student)**

The students' late coming was perceived as a form of disrespect, as well as an annoyance for those who shared the academic platform with them. This behaviour apparently also transpired into the clinical setting, as these same students would report late for duty. The following extract refers:

> *"Also their punctuality they don't show that of coming in time to work".* **(Participant 21: Student)**

5.3.2.1.2. Sub-category 1.2: Walking in and out of the classroom

Students have been observed to walk in and out of a class, while a lecture is in progress. They cause chaos and display total disregard for the educator, who is busy teaching. This was not only observed from nursing students, but from all students, in general. The following extract refers:

> *"So from [sic] my first encounter with what I would kind at look at with incivility was when I started teaching and students walked in as I was busy teaching and they started grabbing desks and I did not know what was going on and I stopped the lesson and they just continued. They were taking desks and chairs out; it was just a whole commotion, a whole lot of students".* **(Participant 2: Educator)**

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The participants also reported observing students walking up and down in class, as if seeking attention. Some participants supposed that such students did not prepare themselves for the lecture, and therefore, wanted to disturb others. The following extract refers:

> *"She will stand and walk around she always wants to show off".* ***(Participant 1: Student)***

It appeared that walking out during learning activities was role modelled to the students in the clinical setting. The assumption is that it might have interrupted, or disturbed the students' clinical learning experiences. Reports also conveyed that students were inclined to walk out of the classroom, when they became upset. Apparently, they were unable to settle their differences maturely with the educator. The following extract refers:

> *"Once or twice I had students that stormed out of my class specifically males but then I said before you go just sit down and listen to what I am saying and then if you want to go then you go and that also used to sort of calm the emotions".* ***(Participant 7: Educator)***

5.3.2.1.3. Sub-category 1.3: Talking and noisemaking in the classroom

Talking in class has been highlighted as a common phenomenon, which disturbed the teaching and learning processes, in various ways. An example cited were that fellow students could not concentrate and listen to the lecture, as educators, frequently, deviated from the planned lesson, to address students, who were talking. This behaviour seemed to be more common in large classroom settings, as well as with soft-spoken nurse educators. The following extract refers:

> *"Okay I was in a certain lecture and the lecturer was speaking and she was speaking quietly, but it was just how she spoke and about 50 students were just talking at the back and we had about a class of 75 I think. They were mumbling to themselves*

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> *and she kept on asking can you please be quiet".* **(Participant 4: Student)**

Talking in class eventually spilled over into noise, which students deliberately initiated to provoke the educator. One female student participant openly, and with pride, related how she had engaged in incivility, while some student participants related their annoyance with such behaviour from their peers. When the educator's concentration is interrupted, there is a risk of unintentional participation in incivility, as emotions and moods change, which could be perceived as unprofessional behaviour. During protest action, students also used noise as a means of instilling fear in others. The following extracts refer:

> *"We come to classes talking loud, laughing some of the lecturers have to bang on the tables to get us quiet".* **(Participant 11: Student)**

> *"This noisy stomping. It was loud signing, it was marching, it was banging".* **(Participant 5: Educator)**

5.3.2.2. Category 2: Inappropriate behaviour

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The use of electronic devices, tiredness and sleeping in class, as well as inappropriate dress code, emerged from the data as inappropriate behaviour for an academic environment. Students, educators as well as clinical educators, reportedly, appeared to behave inappropriately, although to different degrees.

5.3.2.2.1. Sub- category 2.1: Inappropriate use of electronic devices

The participants related how nursing students used electronic devices on the academic platform, and shared different perceptions about the behaviour. Student participants considered social media platforms entertaining, although they believed that it affected concentration in the classroom. They admitted to using mobile phones and laptops openly, while others would hide what they were doing from the educator. Some student participants expressed their irritation with these inappropriate behaviours, and

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empathised with the educators for having to deal with them. The following extract refers:

> *"Because we want to look, I want to look at the photos next to me. If I see somebody is busy on Facebook that would also take my concentration away. I would look at the pictures or she would show something that is funny for me then we would smile or laugh about it. It's not about the lecture it's about Facebook or WhatsApp".* ***(Participant 3: Student)***

Allegedly, clinical educators used their cell phones during clinical assessments of students, and the students questioned the validity of such assessments. These behaviours were also discussed by the students with their fellow students, as well as on social media platforms. In addition, the students questioned the skills, knowledge and competencies of clinical educators on social media platforms, probably, as they assumed that they could be failed, unfairly. From the students' responses, it was obvious that uncivil educator behaviour could lead to retaliatory, inappropriate student behaviour, and could be regarded as unprofessional, as well as offensive. The following extract refers:

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> *"The other day it was on a WhatsApp group and the students were complaining about a supervisor that did not come and see them during supervision days or during their clinical practice. What they did they forgot that I was on this group I don't know if they did it deliberately, but they were having this very ugly conversation and the moment when I stepped in and I read the conversation I told them this is not the way that you need to raise a concern".* ***(Participant 22: Educator)***

Additionally, educators frequently use social media as a form of easy and convenient communication; however, as reported in this current study, it has become a platform for the exchange of uncivil acts between nurse educators, or between them and their superiors. It also appeared that no clear guidelines were provided by the nursing education schools, or

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departments, regarding the use of electronic devices in the academic arena, and individual educators have tried to address the problem, without success. The following extract refers:

> *"There is email abuse okay when people are belittled via email".* **(Participant 14: Educator)**

5.3.2.2.2. Sub-category 2.2: Tiredness and sleeping in the classroom

Reports, regarding the students' tiredness and sleeping in the classroom, due to the lack of rest, were submitted. However, these reports included genuine cases of students being exhausted from clinical placements. Others, in contrast, were tired because of too much partying. The educator and student participants regarded this behaviour as inappropriate, and a disturbance, irrespective of the reasons, especially, from those who partied and consumed alcohol. Such inappropriate behaviour caused students to avoid active participation in group and classroom activities, which was perceived as a lack of readiness to be professional nurses, and had to be discouraged. The educators, reportedly, also suffered from tiredness, which made them intolerant and impatient. The following extracts refer:

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> *"We have group work and then you come on Monday you ask your colleagues how far are you guys they would say I didn't do anything. I was partying over the weekend or on Monday when you phone where are you are you not coming we are presenting today. I am tired I was drunk and it goes like this, what is this".* **(Participant 1: Student)**

> *"I find that it is uncivil because you cannot while your lecturer is speaking lay your head on the table or sleep. It is also disturbing for the other students because the lecturer has to focus on that student that is sleeping".* **(Participant 8: Student)**

> *"Also another thing that people don't engage in class is often you had shifts the day before and you are just exhausted".* **(Participant 4: Student)**

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5.3.2.2.3. Sub-category 2.3: Inappropriate dress code

The participants disclosed how they failed to comprehend the current dress code of nursing students dress. Outside the clinical setting, students dress casually to classes; however, they are expected to dress decently, as befitting a nurse, irrespective of the setting. The students, however, complicate the situation by not realising the difference between the classroom environment and the work-based environment. They fail to understand that dress code is part of the professional code of conduct, and it is compulsory for all nurses, delivering care and service to the public, to comply with the uniform code in clinical settings. The following extracts refer:

> *"Another one would be sometimes a student would come to class dressed inappropriately for class".* (**Participant 15: Educator**)

> *"They come with such a lot of make-up it is more like flaunting the uniform then doing what you should actually be doing wearing the uniform. It is not about being proud but it is about flaunting it you know".* (**Participant 21: Student**)

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Hair styling, in the South African context, due to the diversity in cultures, is a challenge, and creates conflict for students, as well as health professionals in the clinical setting. Although people are encouraged to embrace their own culture, as well as the cultures of other people, it often becomes problematic with the specific prescripts of nursing. Wearing weaves, braids, dreadlocks, and long nails with different colour nail polishes, are traditions and fashion trends that students are exposed to, and in which they are invested. Therefore, students regard reprimands concerning dress code as old fashioned and boring. However, in clinical settings, it relates to reinforcing the principles of infection control and prevention, upholding the professional image, and rebuilding the tarnished image of nursing as a profession. The following extract refers:

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"Firstly their dress code, they do not dress like a proper nurse should dress. They come to work with hair standing wild; they got these long nails with nail polish on". **(Participant 21: Student)**

5.3.2.3. Category 3: Violent behaviour

The participants in this current study described patterns of behaviour that instigated the emergence of verbal, emotional, and physical violence, as generic categories, with sub-categories under each.

5.3.2.3.1. Generic category 3.1: Verbal violence

Verbal violence was reported as verbal abusiveness, shouting, insults, threats, and intimidation. Compared to physical violence, some of the participants in this current study reasoned that verbal violence was less serious, although regarded as the most common form of incivility.

5.3.2.3.1.1. Sub-category 3.1.1: Verbal abusiveness

Verbal abusiveness has been described as a common problem, which both educators and students had experienced in some form. Some participants had even participated in these acts, or observed such incidents. However, through the patterns of behaviour, it appeared that educators were more at the receiving end of such behaviours. Student representatives seemed to have been in the lead with such bad behaviours against educators and their fellow students, particularly during protest actions. Although the students were portrayed as being verbally abusive towards, and gossiping about, their educators, the educators also related how they had engaged in similar behaviour towards each other, as well as how their job satisfaction was affected. In addition, they highlighted the perceived unprofessionalism and favouritism, in relation to such encounters. The following extracts refer:

"Verbal abuses where students would give you hard words which really make you feel like you are inferior to them". **(Participant 22: Educator)**

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> *"There is a lot of fights and verbal abuse that also is not healthy at the end of the day because everyone basically wants to leave".* **(Participant 17: Educator)**

Student participants openly admitted to using foul language as a way of expressing their dissatisfaction with the system and the educators. Some nursing students back chatted, and even swore in the presence of the educators. The students also admitted to swearing at each other for disrupting the class, or when discussing educators. The student participants disclosed that the educators also swore at them, but they experienced it more as jocular, rather than vicious attacks. The following extracts refer:

> *"I think that is taking a person for nothing that is degrading that is how I feel and I like to swear, so I will swear".* **(Participant 11: Student)**

> *"Then our class representative got up and swore at the class".* **(Participant 4: Student)**

5.3.2.3.1.2. Sub-category 3.1.2: Shouting

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Some participants described the relationships between students and educators to be good, most of the time; however, in other instances, they experienced a lack of respect. Students shouting at educators became very evident from the following extracts:

> *"To hear students laughing at a lecturer and as she is talking they are shouting above her right so I think in retrospect that was probably not the best idea to ask her to go and address these students".* **(Participant 2: Educator)**

> *"What happened in the end was one of the students got up and shouted at the lecturer and then a whole lot of people actually started shouting at the lecturer saying she must shut up and everything".* **(Participant 4: Student)**

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Although not to the same degree, the students also reported encounters of educators and clinical staff shouting at them. The following extract refers:

> *"As much as the students will make mistakes but then it is almost like that one mistake is going to open up for the lecturer or the practising professional to just lash out and be uncivil and inconsiderate". (**Participant 13: Student**)*

5.3.2.3.1.3. Sub- category 3.1.3: Insults

Students passing remarks about their educators, the nursing theoretical content, and fellow students, have been cited as a form of vulgarity and unacceptable behaviour. Not all students behaved uncivilly, and it made them uncomfortable to be witnessing such behaviours from fellow students. The following extracts refer:

> *"Like they say this lecturer is boring but the fact of the matter is they did not prepare themselves for what the topic is going to be about". (**Participant 8: Student**)*

> *"Some students will pass rude remarks towards the lecturers so I feel that is not good". (**Participant 21: Student**)*

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Racial insults, reportedly, were used by students against each other very often, which could be regarded as a form of racial intolerance in South African professional nursing education programmes. South Africa has a vast diversity in its population, and after more than two decades of celebrating democracy, racial tension at this level, would not be expected, especially among the younger population. The following extract refers:

> *"Because they are the majority when a Coloured say something for example and then you will find this whole group of African coming down on that Coloured and then you will hear the words, the remarks they give to each*

other. Yes, you "MaColoured", yes, you "Blackberry". ***(Participant 21: Student)***

5.3.2.3.1.4. Sub-category 3.1.4: Threats and intimidation

From the related reports, it is assumed that it was easier for students to intimidate educators in large classroom settings, where they are in the majority, and aware that it is difficult to address an individual student in such a setting. The behaviour, therefore, becomes generalised to a group of students, as oppose to an individual. The educators, in these instances, although not intentional, might be perceived to instigate such behaviour from students, against their fellow colleagues. It appears that the management structures of nursing schools have not had easy tasks, as, in this current study, many allegations of perceived threats and intimidation against them were reported. The students were also not spared the experiences of threats against them from educators, administrative personnel and clinical staff, which left them emotionally hurt, and ambivalent about their choice of career. The following extracts refer:

> *"So the incivility there was accusing management, accusing their lecturers of not having their interest at heart. There were threats to management".* ***(Participant 5: Educator)***

> *"You really do get even if it is academic lecturers or administrators addressing students even in a threatening way that you might not graduate because of your hours everything, everything you see".* ***(Participant 13: Student)***

> *"This lady literally came I was sitting outside at those benches, not the one that I wanted to see the other one came in front of me. Huh, what, what you want huh and I were like that made me feel intimidated because she was standing here in front of me".* ***(Participant 9: Student)***

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5.3.2.3.2. Generic category 3.2: Emotional violence

Emotional violence was formulated from the sub- categories, humiliation and belittlement, deliberate exclusion and isolation, and abuse of power. Certain sub-categories emerged from the events and incidents that were related by the participants, regarding their experiences in the clinical placement sites, academic work, and teaching environment. They had been made to feel inferior; their characters had been attacked or assassinated; and they felt small and incompetent at times. The participants became very emotional and tearful, while relating their experiences.

5.3.2.3.2.1. Sub- category 3.2.1: Humiliation and belittlement

Although not cited by many participants, the experience of being humiliated, or belittled, either in front of students, or fellow colleagues, was described with strong emotions. As nurse educators, the participants considered that better ways of communication should be explored, to enhance professionalism. Educator-on-educator incivility surfaced strongly in this study, although it was not the specific aim of investigation. Online humiliation and belittlement, as a form of incivility, was also confirmed by nurse educator participants. The following extract refers:

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> *"You make a mistake you apologise for your error in front of everybody, but they still go out of their way to make you feel so small that you literally burst into tears in front of the meeting including a student in that meeting".*
> ***(Participant 14: Educator)***

Instead of supporting students with poor academic performance and behaviour, examples were provided of how students, instead, were taken down further in the classroom and clinical setting by educators and nursing professionals, who should have had a better understanding of the value of caring. The following extracts refer:

> *"You find that there can be condescending, so there might be sarcasm and there might be you know when a lecturer*

*puts a spot on a student that they already know and figured that they are weak. Then they put them on the spot and they challenge them and the student will be feeling quite embarrassed and low self- esteem". **(Participant 13: Student)***

*"In the hospital environment they are made to feel inadequate; they not good enough". **(Participant 6: Educator)***

5.3.2.3.2.2 Sub- category 3.2.2: Deliberate exclusion and isolation

In the academic environment, nurse educators, reportedly, bullied each other through deliberate exclusion and isolation. These practices were used to make new nurse educator employees feel unwelcome. Evidently, such experiences caused much hurt to the affected individuals, and the long-term effects on their personal and professional lives, were unknown. The following extracts refer:

*"There is almost like exclusion when you are professionally excluded from something that you supposed to be a part of or that you supposed to be responsible for and you are excluded from that process. There is also intentional ignoring of you as a human being and what you need as a person that is never taken into account". **(Participant 14: Educator)***

*"What happened here is they just completely ignored me; I was new I was excluded from social activities. We have a communal tea room but I was it is almost like they would chit-chat and then when I come it will be quiet". **(Participant 17: Educator)***

The students disclosed being subjected to similar treatment from nursing professionals and other clinicians in the clinical settings. A causal factor for some of the incivility experienced by students was

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the perceived poor reputation of their educational institution. Another factor appeared to be the perceived practical weaknesses of nursing degree students, compared to the diploma students of the R425 curriculum, as regulated by the South African Nursing Council (SANC). Baccalaureate degree students from the one study site were on the day release system, and diploma students, on the block release system. The student participants from the degree programmes, therefore, appeared to spend less time in clinical settings, and assumed that they had to prove their clinical abilities, continually, leaving them pressurised and stressed during practical rotations. The following extract refers:

> *"If you try to be theoretical you are trying to prove something else to them which are repulsive I don't know why, but if you are more practical then they tend to grow closer to you. So that repulsion from the staff just because we are from a certain institution that is more theoretical".*
> ***(Participant 20: Student)***

The students also reported that, when educators are unable to answer their questions, they were deliberately ignored and excluded, which inhibited their participation in classroom activities. The following extract refers:

> *"I think for me it was very uncivil from her side to just shut me off and leave me then while I have a question and I am explaining to you, but I remember there is this person that use to do things like that and you are just like let's get out of there we are in [sic] now come back here".*
> ***(Participant 18: Student)***

5.3.2.3.2.3. Sub-category 3.2.3: Abuse of power

The participants noted that nurse educators and nurse professionals had a tendency to abuse their power of authority with those in lower ranks, including students. Experiences were shared regarding how

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students were made to feel inadequate, inferior and oppressed, by individuals, who were supposed to socialise them. The following extract refers:

> *"They eat their young you need to be killed and levelled first before you can be seen as part of the group. So you get the nurse that is really unkind to her young ones. If you look at other professions; if I look at medical students, for example, they are really nurtured and build up. They not broken down there is a very nice article that I can refer to where they look at nurses they come into nursing as a nice Poppy you know the little flowers the Poppies and by the time they leave they look like a crushed weed and that is really the essence of what happens in nursing, because when they get to the hospital environment not just in the academic environment".* **(Participant 6: Educator)**

One nurse educator participant related how students felt overpowered in the academic setting, by encounters, which they have shared with her. In addition, they experienced these behaviours from their peers. Similarly, nurse educators and administrative staff were exposed to such behaviours from fellow colleagues. The following extract refers:

> *"Sometimes into the fact where staff impose things on them. It could be seen as that they are bullied into doing things that they do not want".* **(Participant 16: Educator)**

Senior academics were described as individuals with a superiority complex, because of the way they treated fellow nurse educators, clinical educators, and administrative staff. The following extract refers:

> *"The same with the mentors for me a mentor, like a clinical supervisor is just as important as a lecturer because how do you expect, how can you think less of a*

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> *clinical person but you expect that person to teach the students in the clinical field. It should be the same for me you are the same level but they are treated and it is not the first place where I have seen it they are always treated as lessor". (Participant 17: Educator)*

5.3.2.3.3. Generic category 3.3: Physical violence

Physical violence was strongly described by the participants, probably because data were collected during a time, when South African students started a movement, in protest against the exorbitant tuition fees at Higher Education Institutions (HEIs). Although the #FeesMustFall movement addressed issues of inequality in Higher Education, the cry of the students, regarding free higher education for all South Africans, was underestimated, in terms of the level of violence HEIs would be exposed to by disgruntled students. Nursing students at one of the study sites formed part of the greater student majority; therefore, in some instances the descriptions of violence were generalised.

However, nursing students, apart from the student protests, have been described as individuals, who demonstrate alarming degrees of physical violence towards their educators, nursing professionals, patients, fellow students, and support staff. No direct public or physical violence from their educators was reported by students in this current study, only emotional and verbal violence. The sub-categories, fights, sexual abuse, vandalism, and obstruction, were formulated through the experiences unpacked by the participants of physical violence.

5.3.2.3.3.1. Sub-category 3.3.1: Fights

The participants reported that students often engaged in fights inside student residences, classrooms and clinical settings. Substance abuse, selfishness, and gender inequality, have been mentioned as some contributing factors to violent behaviours, although not a common phenomenon. Shockingly, students were observed to be uncontrolled, even becoming physical over clinical skills with each other, in the

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presence of staff members, as well as patients, the supposed recipients of their care. The following extract refers:

> *"They won't care about the next person they will even go as far as fighting in the clinical placement with staff members, with students. Let's, for example, say it is in Midwifery and they need to do a delivery they will fight with the next student in order to get what they want".* ***(Participant 22: Educator)***

South African nurse educators, as well as students, suffered under physical altercations with students. Some students would throw papers at them, for no reason. International students and academics at one of the study sites also experienced their fair share of incivility, because of their foreign statuses. Most foreign international academics affected were not directly from the nursing department, but shared the nursing academic platform, teaching ancillary modules to nursing students, such as Pharmacology. The following extract refers:

> *"While a few foreign students affirmed that it was so that the students were rude; they were disrespectful; they were pulling the registration sheets out of this lecturer's hand but the other students were in the majority the South Africans they said that, that is not true. So that is unfortunately the lecturer was also a foreigner. So it was perceived as if these foreign students were taking his side, but I had seen them prior to seeing him".* ***(Participant 2: Educator)***

5.3.2.3.3.2. Sub-category 3.3.2: Sexual abuse

Although only cited by one female nurse educator participant, it is important to note that patients might be exposed to various forms of violence, even sexual abuse; although, a deeper exploration is required to investigate the extent. Patients are admitted for care, not

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violation, as they are entrusted into the care of a nurse. The following extract refers:

> *"I think part of the behaviour stems from that because there is no passion for caring for others because I mean there is horrific stories that our own students have the way they behave with the patients. Sexual abuse, stealing and it is things that really horrify me when I see what students do with patients".* **(Participant 2: Educator)**

5.3.2.3.3.3. Sub-category 3.3.3: Vandalism

Extreme forms of violence have been witnessed by fearful and shocked nursing students and educators from the study sites under scrutiny. One female nurse educator participant reflected on how students would go on a rampage around the campus, as the following extract highlights:

> *"There are students being armed. We had last year the students with their sticks and their stones who ran around our campus and caused us to protect ourselves, so the witnessing has been acts of vandalism".* **(Participant 5: Educator)**

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During protest actions, students caused damage to campus, students' and staff members' properties. Vehicles, classrooms, and residences were vandalised and set alight, with major financial implications for those affected, as the following extracts highlight:

> *"We have seen violent actions like setting there were incidences of setting vehicles on fire".* **(Participant 7: Educator)**

> *"Then you put the TV on and you see student protests, burning down places and that kind of thing".* **(Participant 6: Educator)**

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5.3.2.3.3.4. Sub-category 3.3.4: Obstruction of students and staff members

In this study, the participants described the students as military combatants. They were ruthless in their quest to obstruct students from attending lectures, or removing them from class. Their actions progressed to holding academics hostage, or preventing accessing campus; therefore, the HEIs decided to lock down campuses, to protect students, staff, and property. Although many academics and students understood the alleged reasons for the protests, they opined that their human rights were being violated. Reportedly, during election campaigns for student governing bodies, the tendency for violence among students, over positions, was always imminent. This raised the concern that violence seemed to be a norm for settling differences in South Africa. The following extracts refer:

> *"I kept on thinking when did we do this in our day and I kept on thinking this is a different breed of young person, this is a militant and all I said nursing should go back to a College where nursing is nursing".* **(Participant 5: Educator)**

> *"There was a specific campus strike at the beginning of the year where the 4th years specifically were prevented from coming into class".* **(Participant 7: Educator)**

5.3.2.4. Category 4: Dishonest behaviour

This category highlighted the lack of honesty in professional nursing programmes that require very high levels of trust. Although only mentioned by a few participants, the researcher considered it important to relate how students in a profession guided by honesty and trust, participated in dishonest behaviour. Some students were caught cheating in assessments, as well as in theory and clinical hours. However, the inconsistency in consequences management for such offences was alarming, considering the impact it could have had on the nursing profession and patient care. The following extracts refer:

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"Another story is these hours and then the students they were working till four and they would write working till seven and then the supervisor she dealt with them and also the facility where they were placed. I actually heard it from the facility and then from the students and you know how people talk but they didn't get punished". **(Participant 11: Student)**

"I caught them copying and I found myself not being nice at all. If it was maybe a student that I did not know and it was the case last week. I just said I am watching you where I suspected but these two I took a different stance. I took their papers away, they were shocked but that is how I handled it. Maybe not the best way but because there was a background I took their papers away. I told them and I didn't tell them very softly either". **(Participant 5: Educator)**

"I am trying to leave your class and not returning now and then if you ask questions and want them to participate they will see how they can sort of get out of it. I developed the practice to use the name list and then call on people. Then they will say no the student is not in just went to the toilet but after the third and fourth one that is in the toilet you realise they will actually try to get out of the situation and that makes it very difficult to lecture a class". **(Participant 7: Educator)**

5.3.3. Theme 3: Contributing factors for incivility

A good interpersonal relationship between the student and the educator is necessary to enhance student learning (Bryan et al., 2013, p. 41). However, incivility could cause conflict in such a relationship, and prevent, or hamper the professional development of a student, in terms of knowledge, skills, and behaviour. Table 5.3 contains the category list of contributing factors for incivility, followed by in-depth descriptions of each section, with excerpts from various participants' transcripts.

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Table 5.3: Contributing factors for incivility

Theme	Category	Definition
Contributing factors for incivility	**1. Academic factors** ***Sub- category:*** 1.1. Lack of readiness and poor preparation for higher education 1.2. Large student volumes 1.3. Vindictive incivility 1.4. Language barriers 1.5. Work overload because of staff shortages 1.6. Lack of care and support **2. Personal factors** ***Sub- category:*** 2.1. Age 2.2. Stress **3. Social and economic factors** ***Sub- category:*** 3.1. Transport issues 3.2. Financial difficulties 3.3. Substance abuse 3.4. Social background 3.5. Family background	Degree to which professional nursing education incivility is influenced by academic, personal, social and economic factors.

5.3.3.1. Category 1: Academic factors

The participants related various examples, through which sub-categories, including lack of readiness and poor preparation for higher education, large student volumes, reversed incivility, language barriers, work overload because of staff shortages, and lack of care and support, have been identified as academic factors.

5.3.3.1.1. Sub-category 1.1: Lack of readiness and poor preparation for Higher Education

The participants related that the students in South Africa were not adequately prepared in the basic levels of school to cope with the demands of Higher Education. Nursing students' language ability, lack of emotional intelligence, poor personal values, and lack of social skills, contributed to academic difficulties. The 4-year professional nursing programme is complex and content overloaded; therefore, students find it hard to cope in

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this programme. Although, there is a demand to train health professionals in South Africa, the participants claimed that the admission requirements for nursing programmes are too low. Additionally, the participants asserted that students act out their academic and personal challenges, as incivilities. From their descriptions, the assumption was that students were not ready to learn, started attending classes without prior preparation, and continually displayed the tendency to argue when assigned tasks. The following extracts refer:

> *"Because people have got the misconceptions that it is okay to come and nurse it won't be that difficult. So we got people that are selected to come and nurse that really doesn't fit the criteria that it should be".* (***Participant 6: Educator***)

> *"I think it starts already before the student enters nursing before the student enrols to do a professional degree or a professional qualification. I really think that students need to come with those skills because you are so busy with trying to embed professional skills and professional competencies within the student that you cannot deal with uncivilised behaviour".* (***Participant 22: Educator***)

> *"Students are coming unprepared to class which ends up students being rude, being impolite".* (***Participant 8: Student***)

5.3.3.1.2. Sub-category 1.2: Large student volumes

According to the participants in these study settings, with large student volumes, such environments provided students with an opportunity to engage in uncivil behaviour. The reason being that it is more difficult for an individual educator to exercise control, effectively, over a large group of students, than it would be with a smaller group. The following extract refers:

> *"Because it is one against 200 hundred, 300 hundred students. One against and look at the way I am putting it, but really when*

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> *you are there you feel isolated and especially in a situation where things can easily be blown out of proportion and you won't be able to control it. It does not matter what kind of authority you have over the class".* **(Participant 12: Educator)**

Some modules are taught in small classroom settings, while others take the form of lectures in large classroom settings. The participants confirmed that the students seemed to be more disengaged in large student volume settings. Learning becomes compromised because of overcrowding, noise, and other challenges attached to such environments. The following extract refers:

> *"I never loved Pharmacology because of that and Pharmacology was also very difficult for me and most of the students never came to that class, because it was also a big, big class. You heard all the students it is useless to go in that class even if you go you don't get anything, because the class is very full and the lecturer himself make noise".* **(Participant 1: Student)**

One participant from a rural setting commented that large student volumes were more common in urban settings, which provided students with anonymity. The following extract refers:

> *"Where I think in the urban areas your campuses are very big you got many students and your students are more anonymous. They are more a student number then what they are an individual coming from a family within the context of the family".* **(Participant 6: Educator)**

5.3.3.1.3. Sub-category 1.3: Vindictive incivility

The student participants in this current study asserted that the nursing professionals in clinical settings, allegedly, have contributed more to incivility than academics in the classroom. These participants rationalised that professional nurses and other categories of nurses acted with vindictive

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incivility towards them, as they might have experienced incivility, either as students, or somewhere else in their professional lives.

> *"Previously it is like a continuous thing I have been treated with incivility and now I see it as right because they totally changed my mind set. So now I wanted to do that to the students for example when I am the Sister they have done it to me so now I am going to do it to the students or my staff".* **(Participant 10: Student)**

> *"Factors such as the previous experiences of people if people have experienced some bad behaviour towards them they tend to block others".* **(Participant 18: Student)**

Although nursing is regarded as a profession of respect and dignity, this study reported that some nurses acted harshly, and were unkind, towards the younger generation of nurses. Their behaviour appeared to be similar to an initiation ritual, performed for newcomers into the profession. The general assumption was that those nurses must have been exposed to such practices, previously. One male student participant displayed considerable emotion, when he described how he internalised the behaviour of such professional nurses, as bitterness towards students, especially from his institution. The following extract refers:

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> *"There is a lot of that in the clinical environment too and the main, main, main, main challenge or main challenge or cause of incivility is because we are just from [sic] so immediately you going to be treated in a very uncivil and rude manner, yes".* **(Participant 13: Student)**

5.3.3.1.4. Sub-category 1.4: Language barriers

South Africa has 11 official languages; however, English is the official medium of communication in this country. Most HEIs have transformed to adopt English as the medium of instruction, but many students experience language difficulties, as English is not their mother tongue. Therefore, the

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participants in this study regarded language to be a significant cause of incivility. Academically, they perform poorly, which in turn, frustrates educators. In addition, students, reportedly, used their mother tongue inappropriately in the academic environment. The following extracts refer:

> *"She is a Xhosa lady she will talk Xhosa when the lecturer asks her in English she would answer in Xhosa".* **(Participant 1: Student)**

> *"You can try and explain it to the best of your ability but if the student does not understand it and it doesn't make sense within their cultural context or in their language. There are certain things that you just cannot really explain it simpler and the students just don't understand it so there is nothing that you can do. The language is definitely a barrier like for example the idea of reflection and insight in communication. How do you explain that to someone if you can't speak their language"?* **(Participant 6: Educator)**

The participants also cited examples of how pronunciations in English for some academics, including international academics, contributed to students laughing, passing rude comments, and talking in class. The following extract refers:

> *"So that lecturer was from Nigeria, you know Nigerians English. So when he is talking he is talking like Nigerian English. I don't know the student, to the students it was like funny English and the lecturer was funny was disturbing the class himself. By stopping us from talking, hey you must stop, you must stop talking. When he says stop talking the students want to make more noise so that he can talk more not from what he is teaching, but just from talking because he likes to talk also".* **(Participant 1: Student)**

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5.3.3.1.5. Sub-category 1.5: Work overload because of staff shortages

The participants suggested that there could be a relationship between incivilities and the work overload of nurse educators and professionals in the clinical setting. The participants related various incidents to indicate that the educators struggled to cope, effectively, with the huge amounts of work responsibilities in the Higher Education academic environment. They were perceived to experience high levels of frustration and the lack of job satisfaction. The following extract refers:

> *"I also think with lecturers it could be job dissatisfaction, they not satisfied with the job or the position that they have been granted by the school. They obviously are going to need a platform of releasing how they feel which would be through the students, which in the practical environment that can also be a contributing factor to incivility". (**Participant 13: Student**)*

The high levels of staff shortages affect both nursing and nursing education. Reportedly the clinical settings were functioning with far less staff then they required, for various reasons, which affected patient care and clinical learning for students. Consequently, they struggled to retain educators, and the participants assumed that, perhaps, the remuneration was poor, as well. Ultimately, a shortage of qualified educators implied that quality nursing education programmes could not be offered. The academic performance of students, therefore, could be affected directly, which again could contribute towards the high attrition rates of students. The following extract refers:

> *"Overload of work, sometimes also shortage of staff where staff has to fill in responsibilities of other colleagues. Which causes them to feel burdened and when they are burdened they become intolerant towards other people. I would say the fact that staff is most of the time under pressure. There are also factors such as huge responsibilities that staff has". (**Participant 16: Educator**)*

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5.3.3.1.6. Sub-category 1.6: Lack of care and support

The lack of care and support was cited in various ways by the participants as a contributing factor to incivility in professional nursing education. Firstly, the students apparently lacked the characteristics of caring; therefore, the professional development for such students would be challenging, as the extension of professional values is dependent on the students' personal values, as well as their emotional maturity. In addition, students, who do not have academic or parental support, may also experience challenges with their academic performance. The following extracts refer:

> *"My opinion I think that most of the students that are studying nursing they don't really want to be nurses, because their behaviour tells me a lot. Firstly many of them don't have that caring and kindness ways in them. I can see that even when I work in the services they are not passionate about what they are doing". **(Participant 21: Student)***

> *"I think it is because they're angry that they have failed and they did not get the support from their parents. They also did not get support from the College. There were no what you call counselling for them". **(Participant 19: Student)***

Even the administrative and support staff, reportedly, were aloof towards students, treating them impersonally. The student participants related their experiences of being chased out of residences and administrators offices, with sadness and disappointment, as expressed in the following extract:

> *"They were chased out because my room was double locked, so I went to the security and showed the slip and then they phoned the varsity and then it was stated that I did pay and then they opened up, but what if I didn't had the money and I didn't pay in time. I don't know about the other students because I don't see them. I think it is because of that. That is also what makes*

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us not to behave properly in the nursing department". **(Participant 3: Student)**

5.3.3.2. Category 2: Personal factors

Personal factors such as age, and personal stress, accompanied by work demands, emerged from the data as contributing factors for incivility in professional nursing education.

5.3.3.2.1. Sub-category 2.1: Age

Age was perceived to play a role in the way students behaved in the academic setting, as well as how they understood post-secondary school education. Younger students were observed to behave more inappropriately and immature in the academic setting. Their fellow students were of the opinion that the younger students did not comprehend too well, what higher education embraced, which affected their academic performance. A 32-year-old female student participant had great insight into education and its rigors. She had been a teacher in her country of origin, before pursuing career in nursing. Age was an intrinsic motivator for her to perform well, as she could not afford, at a mature age, to waste money and time. The following extracts refer:

"There are also some age differences in the class, we have a certain percentage of our student population that is a bit older than 35 so them against the younger ones of 20 odd would always sometimes result in some unruliness in the class; misbehaviour in the class". **(Participant 12: Educator)**

"I know my age I can't afford to fail. I am already thirty I must finish my studies and work for my kids". **(Participant 1: Student)**

A young male educator participant also experienced some incivility because of the perceived age gap between him and the students. Additionally, older nurse managers and clinical professionals seemed to have experience more challenges with younger nursing students. The following extract refers:

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"Another thing is because much as I am a new lecturer majority of the students in my class are obviously older than me and obviously they got life experience and all. I sometimes think they tend to undermined and see me as you know as the young one and they want to take over and all. I think for me basically it is because from my point of view it is because they think I am young so they can do whatever they want in class". ***(Participant 15)***

5.3.3.2.2. Sub-category 2.2: Stress

The students, educators and clinical professionals were reported to be suffering from personal stressors that impact on how they conducted themselves in the classroom and the clinical settings. The following extracts refer:

"I noted that she also has background issues you know her rudeness or her disrespect to the lecturers was just a defence mechanism of her can I say or maybe all the stress that she got from home she expressed it like in a rude way to the lecturer, because apparently she was mistreated by her mother at home then she lost respect for any adult". **(Participant 23: Student)**

"I would say in some areas maybe a lecturer or a practising professional is going through a personal crisis and they are unable to cope with it better in their private or personal lives then I think it will contribute to how they behave towards their students". **(Participant 13: Student)**

Work-related stresses are coupled with personal stressors, as; in general, the nursing profession is regarded to be very demanding in South Africa. Poor patient care is a common complaint from the public, as the public healthcare system is slowly failing, because of the burden of diseases, poor infrastructure, as well as the lack of funding and human resources. Reportedly, educators suffer from burnout, due to work overload, which contributes to uncivil behaviour in the academic environment. Teaching

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nursing, therefore, is not an easy task, especially with high student volumes in a politically energised academic environment. The following extract refers:

"I think there is a lot of stress with the profession itself". ***(Participant 12: Educator)***

5.3.3.3. Category 3: Social and economic factors

Students experience various social and economic issues such as transport issues, financial difficulties, substance abuse, as well as poor family and social backgrounds, which were believed to be contributing to incivilities.

5.3.3.3.1. Sub-category 3.1: Transport issues

Arriving late and leaving early from class have been associated with transport problems; however, some participants were of the opinion that most students arrived late for class, by choice. Students commuting by public transport, such as trains, did experience delays beyond their control, but failed to communicate such challenges to their educators. Consequently, some educators locked the classroom doors, as a means to restrict students from leaving classes early, or from entering late. In addition, nurse educators started to develop doubts about their teaching abilities, when students left the classroom earlier than scheduled. The following extract refers:

"They pack their bags up then I would stop and keep quiet and then I would think am I so boring that is why they have decided to leave and a few times I asked them I said but why are you leaving. Then they said no Miss we got a train to catch, we got our children then I realized that perhaps it's not me that's boring, because when I spoke to my colleagues they actually had experienced the same. Some of them had actually locked the doors to keep the students in". ***(Participant 2: Educator)***

The high level of crime and violence on public transport was reported to be a challenge for students from the sites under scrutiny. Financial difficulties

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were also experienced by those, using their own transport. Therefore, it appears that, if an effective solution cannot be found, the challenge of students coming late, and leaving early, would always exist, as per the following excerpts:

> *"Obviously that goes for transport, what happens on the trains". I just have heard stories of just people pick pocketing and girls have to travel together".* **(Participant 4: Student)**

> *"The trains the delays for the other people that live off campus I think".* **(Participant 11: Student)**

5.3.3.3.2. Sub-category 3.2: Financial difficulties

Students at HEIs struggled financially as they complained that tuition fees were too high. To make ends meet, some students had to find alternative jobs, while still having to fulfil the practical and theoretical requirements of the nursing programme. International students, especially, felt aggrieved by South African students, who received financial aid and government bursaries, yet they distracted people who paid their own tuition and accommodation. The following extract refers:

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> *"I am also expected to be in class, but also I am expected to make money to pay for my fees. I am explaining that to the school of nursing personally, honestly, I feel that it was something that was overlooked for example if you owe hours and your explanation is that maybe I was at the market selling. I sell some stuff personally to the lecturers or to the people responsible for them it just never made sense".* **(Participant 20: Student)**

Many students in South Africa came from poor socio-economic conditions, and some still struggled to afford their basic needs, although they received some financial support. It was reported that such students, apparently, acted out in the form of troubled behaviour. However, nurse educators and some students considered that it was excuse for bad behaviour. Some universities

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in South Africa have been responsive to the difficulties that these students face and have provided food parcels to them; however, other students seemed not to even understand the phenomenon of poverty, as well as other related social factors. The following extracts refer:

> *"I know like one friend did not have money for petrol to come to class and so she had to miss class. So the next class she was there she was just not paying attention, because I think she was wondering am I going to be able to come to the next class, I don't have petrol money".* (**Participant 4: Student)**

> *"My mother who is also not working and you know those financial troubles that you face while you also in varsity would make you to feel like I don't know why I am here, because maybe I am supposed to be working at Shoprite in order to make a living".* (**Participant 23: Student)**

5.3.3.3.3. Sub-category 3.3: Substance abuse

Substance abuse has been identified by both the nurse educator and student participants as a contributing factor to students acting uncivilly. Many students at tertiary level do not have parental supervision, while the stress of studying, could even make them more vulnerable to engage in substance abuse, as the following excerpts highlight:

> *"They end up dropping out of school I have seen a lot of students they end up dropping out. They end up using drugs, they're losing weight they're not losing weight because they are sick. They're losing weight because of drugs that they are using. They drink a lot, a lot because there is no one watching over them. They just go out as if they going to visit a friend or family and then they come drunk, yes".* **(Participant 19: Student)**

> *"I think it is more due to the environment also because if you look at this area okay there are drugs in other provinces but here there is a higher prevalence".* **(Participant 18: Student)**

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Reportedly, when students are under the influence of substances, their behaviour in the classroom, as well as student residences is affected. They might resort to violence among each other, as emphasised by the following example:

> *"There were a small group of students that behaved badly in the residences. They were drinking and had a lot of sort of like disruptive behaviour in the residences. So our experiences are not so much in the classroom but where they are staying".* **(Participant 6: Educator)**

5.3.3.3.4. Sub-category 3.4: Social background

South Africa has many social ills that influence the lives of its citizens. The participants assumed that, what is observed in the academic environment is the impact of the environments from which the students are harvested. The following extracts refer:

> *"They are exposed to violence, they I call it the moral decay of society. So a lot of our students come from very gang infested, crime-ridden areas and that's not to say the others have come from affluent areas because I have experienced that as well".* **(Participant 2: Educator)**

> *"Maybe they have social problems and it is not satisfied. We come from different communities and backgrounds and stuff".* **(Participant 10: Student)**

> *"A lot of it comes from social background and that kind of thing and we would try and deal with the student on an individual personal level".* **(Participant 6: Educator)**

5.3.3.3.5. Sub-category 3.5: Family background

The family, as a primary socialisation agent, plays an imperative role in the development of social skills needed for adulthood. In South Africa, although family is a priority for most people, there are others, who do not

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have those privileges because of social issues. Therefore, it could be concluded that students are affected, leaving educators with the challenge of moulding students from these difficult family backgrounds into professional nurses. The following extracts refer:

> *"The factors that contributed to that behaviour of myself is to know that at home I have I can say +++ alcoholic mother who was never involved in my life". (**Participant 23: Student**)*

> *"On the other hand, I think the family set up, many of these students are responsible for siblings. Maybe they have been also teenage heads of households and coming to be a student who has to abide by the rules after they have been in this position of responsibility". **(Participant 5: Educator)***

The participants perceived that very young students, who originate from protective households, might be more vulnerable, when introduced into campus life on their own. However, it should not be a challenge, if students apply the principles learned from the family, to whatever setting they are exposed too. The following extract refers:

> *"So they are coming from the family maybe they feel that freedom you know students are staying in res. Maybe they never had the freedom they were living with their parents at home they used to control them. Now they come to the university first year and they don't have anyone to tell you. What time must you go home when must you study so they do everything that they want". (**Participant 1: Student)***

5.3.4. Theme 4: Roots of incivility

Some participants struggled to identify the difference between a root, and a contributing factor; therefore, the researcher had to apply different probes. The data analysis was not easy; however, the researcher applied the operational definitions to avoid misinterpretation. Socio-economic and political issues, historical background of nursing, and intrapersonal issues, emerged from the data as the origins of incivility in

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South African professional nursing education. Table 5.4 contains a summary of the main categories with sub-categories, followed by a discussion of each with the supporting extracts from various participants.

Table 5.4: Roots of incivility

Theme	Category	Definition
Roots of incivility	**1. Socio-economic and political issues** ***Sub-category:*** 1.1. Political background of South Africa 1.2. Racism and xenophobia 1.3. Gender inequality 1.4. Too many rights and too much freedom 1.5. Free higher education 1.6. Cultural diversity **2. Historical background of nursing** ***Sub-category:*** 2.1. Conflicts with nursing norms 2.2. Bureaucracy in nursing and nursing education 2.3. Poor prestige of nursing and institutions of higher learning **3. Intrapersonal aspects** ***Sub-category:*** 3.1. Personality and character 3.2. Perception 3.3. Poor self- esteem	Meaning of where incivility in professional nursing education originate from as perceived by nursing students and educators.

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5.3.4.1. Category 1: Socio-economic and political issues

The participants assumed that incivility in South African nursing education was rooted mainly in the socio-economic and political context of this country.

5.3.4.1.1. Sub-category 1.1: Political background of South Africa

Post-apartheid educational institutions in South Africa needed to be transformed, and access allowed to all people, irrespective of race, gender, language, or cultural background. However, some institutions are still struggling to redress the imbalances of the past, and much still needs to be achieved, to host diverse groups of people in one environment. Nursing as a professional programme, that is also suffering because of the political history of South Africa, then and now, as the following extracts highlight:

"I think [sic] is such a diverse, I think we got so many histories and so many backgrounds of people who are coming into this place. It's quite a hard structure to work with everybody". **(Participant 4: Student)**

"Then obviously our past history from where we come from as a nation. I don't know what I am going to do but I mean apartheid is always going to be there it had its impact on our lives. Maybe not on ours directly but on our parents and grandparents and it was perpetuated through the generations and it is the same with nursing. It had its influence and it had its influence then on the nursing profession and gradually as the generations come through I think that part has not totally cleared up already". **(Participant 12: Educator)**

South Africans fought for freedom, and during the struggle against apartheid, people resorted to violence, for their voices to be heard. However, this phenomenon, post-apartheid, is continuing; people still resort to violence to settle their differences, in a country with a historical background of inequality. The participants asserted that through the media, individuals, from an early age, were socialised into thinking that violence was the way to settle differences. One nurse educator participant supposed that the manner, in which politicians behave, and the way political differences and tensions are dealt with in South Africa; influence how students settle their dissatisfaction with HEI systems. The following extract refers:

"Well what you see is you switch on the TV and you see Parliament and what you see is a circus so I mean and then you put the TV on and you see student protests, burning down places and that kind of thing. Surely those kinds of things must affect the young mind and they think it is acceptable behaviour; it is cool when they do things like that". **(Participant 6: Educator)**

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5.3.4.1.2. Sub-category 1.2: Racism and xenophobia

Participants confirmed that there are elements of racism evident in South African nursing programmes, believed to be part of the root of incivility. From the participants' descriptions, it was clear that issues of diversity in nursing programmes in South Africa were contributing towards racism. The majority of students admitted into nursing programmes were Black South Africans. The issue of race seemed to be causing conflict and tension among the students and educators in South Africa. Accusations of discrimination in these settings were common, and made the academic environment volatile in this country. The following extract refers:

> *"I am just speaking, in general, that is my experience here I think that there is still a lot of racism happening on the campus".* ***(Participant 21: Student)***

One female student participant had very strong opinions about being a Coloured in a South African nursing programme. She assumed that there was preferential treatment for Black South African students, compared to Coloured students. A Coloured female nurse educator participant, on the other hand, provided the following example of how she was accused by Black students, of offering preferential treatment to Coloured students. The following extract refers:

> *"There is always an argument with regards to why are you treating them like this and us like that. If somebody maybe did something wrong one of the students would ask would you reacted the same way if Coloured student nurses were doing that or would you react the same way when Black students would do this".* ***(Participant 12: Educator)***

Students and educators from across the African continent study and work together in South African higher educational settings; however, they also complained about how they were treated in South Africa because of their "foreign" statuses, as well as their accents and language barriers. We share the African continent; therefore, they failed to comprehend why they were

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treated with such deep disrespect and hatred, particularly from the South African students. The following extract refers:

> *"So it was perceived as if these foreign students were taking his side, but I had seen them prior to seeing him. When I saw him I was actually horrified by all the stories. I had listened I heard how they were sitting on each other's laps. They were talking while he was talking; they were walking out of the class; they were eating; they were just doing all the strange things you would not expect from university students, because after all if they don't get a bursary they also pay for their studies so that was my encounter with students".* **(Participant 2: Educator)**

5.3.4.1.3. Sub-category 1.3: Gender inequality

For South Africans there is still a long way to go before gender equality is achieved completely. According to the examples supplied by the participants, many cultures still support male dominance, especially in the Black cultures, which plays a major role in the conduct of students in professional nursing education. The male students refused to cooperate with females in the classroom, as well as in the clinical environment. In this current study, it was reported that female students were slapped during mass meetings, when they dared to disagree with the men. Therefore, the participants believed that gender inequality was a root of incivility, as Black male students' anger was especially higher towards White females, and they dominated campus environments. The following extracts refer:

> *"Maybe it is also the difference in behaviour culturally because you will always see it from your own cultural perspective. While in specifically if you look at the Black cultural perspective the male is the dominant gender and they don't easily take instructions from females and then specifically if it is a White female it is worse and that is something that you have to work around and also be conscious not to offend them then you will definitely illicit uncivil behaviour".* **(Participant 7: Educator)**

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> *"I understood that to be he also needs to be in charge. He is a young guy and he just had his third baby now so he is obviously in a powerful position in his family".* **(Participant 5: Educator)**

Nursing, generally, is a female-dominated profession, and although, over the years, efforts have been made to admit males into nursing programmes, probably not enough effort has been made, or males were simply not attracted to the profession, for various reasons. Additionally, in nursing education, females seemed to be dominating education, and the representation of male nurse educators is skewed. The few males that were in the nursing programmes, reportedly, expected preferential treatment, based on being male. Therefore, female professionals and educators, with strong beliefs in gender equality, were constantly in conflict with them, while others feared their reactions, and instead avoided confrontation. One participant also believed that, because of the nature of females, they were inclined to react to minor issues, were professionally jealous of each other, and acted, based on emotions, as opposed to facts. The following extract refers:

> *"I just think nurses together is not….already even in the hospital is not a good thing and females. We are a full female staff we only have one male clinical supervisor but he started last year so I think that is a factor females, we do not get along".* **(Participant 17: Educator)**

5.3.4.1.4. Sub- category 1.4: Too many rights and too much freedom

The participants also considered that too many rights and too much freedom could be at the root of incivility in South African professional nursing education. They considered that, with the advent of democracy, students exercise freedom of expression too much, and enjoy too many rights. Therefore, it appeared as if they were running the institutions of higher learning, and that there were no consequences for their bad behaviour. The following extracts refer:

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"The students want like I don't know I think they are totally unfair because they want everything for free and everything must go. So I don't think it worked because they want more, the students want more". **(Participant 10: Student)**

"Students were given a voice and we actually empowered our students, but I think what has happened the shift has almost been 360 degrees and I guess there was no alternative. You can't give a little bit of freedom you have to just give everything. The educators I feel now have almost been rendered powerless because the students have been empowered". **(Participant 5: Educator)**

In contrast, one male nurse educator participant confirmed that he allowed students the freedom to express themselves, but regretted it, as this strategy has exposed him to more incivility from students. Another female nurse educator confirmed that students might not fully grasp the meaning of freedom. The following extract refers:

"In my case, I think it is because I give students too much freedom. I think I give them too much freedom I allow them to express themselves and now they take it to a whole new level and forget the setting where we are and forget there are still boundaries". **(Participant 15: Educator)**

5.3.4.1.5. Sub-category 1.5: Free higher education

The #FeesMustFall movement started with the students' outcry about unaffordable tuition fees, other daily living expenses, as well as high accommodation fees. Many people rallied behind them, as it was a legitimate demand. However, the violent protest action, in relation to #FeesMustFall, was underestimated by everyone. Although financial aid to students in need have improved in HEIs, the economic and the emotional impact for all those involved would still be felt years later. The following extract refers:

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"I think obviously it does spill over into the political situation because the #FeesMustFall is far more political than what it is actually societal. Okay, it is based upon the inequities in society, but it's got a political motive because they quit verbal that they don't want bursaries they don't want National Student Financial Aid Scheme (NSFAS). They want free education so it's far more than just see our economic hardship it is more than that". ***(Participant 7: Educator)***

Most nursing students in South Africa receive support in the form of bursaries, through the Department of Health, in their respective provinces; however, some students do not qualify for bursaries, or prefer to pay for their studies, themselves. Students who do not have bursaries, or those who are keen on learning, argued that students who hold bursaries were a disturbance in the classroom, because they have no worries about finances, as the following extract conveys:

"They don't care because they have free education so they just sit in class. I think some of them they did not even plan to come to school because you are sitting for free creating a problem and you see he is there don't know what he is doing he is wasting time and governments money". ***(Participant 1: Student)***

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5.3.4.1.6. Sub-category 1.6: Cultural diversity

Cultural diversity in South Africa is vast, as there are different cultural groupings, each with their own set of beliefs. In training institutions, it is possible for cultural conflicts to exist; therefore, the need for cultural sensitivity to be enhanced, for people to appreciate each other's cultural backgrounds. The following extracts refer:

"There is a lot of things that you need to deal with there are lots of cultural barriers that you need to break down or you need to get past them at least or you need to deal with them, but there is

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*something that you need to do with the cultural barriers that are between you and the student". **(Participant 22: Educator)***

*"It is so bad it actually reminds me of the group that I was in. It was just different people I was foreign the other ones so we were just a mixed bag. We clashed a lot because we coming from different backgrounds". **(Participant 20: Student)***

Culture influenced various issues, for example, communication, dress codes, performing rituals, as well as gender inequality, and the participants were convinced that incivility stemmed from cultural differences that a profession cannot change instantaneously. A strong emphasis is laid on culture in South Africa; therefore, nursing, to an extent, needs to embrace certain cultural practices. The following extract refers:

*"I think sometimes some of the students feel specifically if you look at where culture like you can't wear any bracelets and any armbands when you are a nurse, but if you have a traditional reason to wear adornment then obviously it goes against your culture and it is also challenging that. A number of this professional and ethical stuff is actually based on Western culture which does not always take into consideration that there is other cultures and that you should actually see it from their point as well". **(Participant 7: Educator)***

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5.3.4.2. Category 2: Historical background of nursing

Professional nursing started with Florence Nightingale, who opened her School of Nursing that trained nurses in theory and practical for the first time, after she had fulfilled a vital role of nursing and caring for soldiers during the Crimean War, in 1854. Her groundbreaking work laid the foundation for modern evidence-based practice (Egenes, 2009, p. 5). Currently, in the 21st century, some of her traditions are still relevant to modern day nursing. Although many nurses hold on to these traditions, others oppose them, and it is evident in the behaviour of the students.

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Some participants imagine that nursing is stuck in old-fashioned traditions, reminding them of the military, which is not attractive to the younger generation of nurses. The data conflicts with nursing norms, bureaucracy in nursing and nursing education, as well as poor prestige of nursing and institutions of higher learning, have been identified as roots for incivility.

5.3.4.2.1. Sub-category 2.1: Conflicts with nursing norms

Nursing norms and values, guide professional conduct, and, because of the contemporary trends in nursing and higher education, students are being at variance with these issues. Applying formal nursing legislation and codes of conduct has become a challenge, as the students consider that the nursing prescripts are too strict and restrictive, as some nurse educators shared. Culture, as previously discussed, greatly influenced how students and some nurse educators understood nursing norms. The following extracts refer:

> *"It comes from old back in the day nursing and the military used to go very closely together that is why we still like wear those shoulder bars and whatever the case may be". **(Participant 14: Educator)***

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> *"Well they will be challenging and wear uniforms that sort of not conform to the norms and challenge that and if you do speak to them we are less.... I think most of the lecturers are more open to allowing them but we sometimes have big problems with the placement areas where they can really challenge the students".* ***(Participant 7: Educator)***

> *"I can see sometimes with the students here and the hair and stuff it is not it is frowned upon but it is their traditional way of wearing their hair and one should in the profession make provision for that and change and accept that it is not only the one culture that should be superseded".* ***(Participant 7: Educator)***

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5.3.4.2.2. Sub-category 2.2: Bureaucracy in nursing and nursing education

From the reports of the participants, there were mixed feelings about the practices of nursing in modern society. The younger generation of nurse educators, as well as some more experienced ones, echoed some of the students' sentiments, and supported beliefs that nursing needed to transform to fit current advancements. However, other young nurse educators and students presuppose that nursing, as a profession, has relaxed its standards; therefore, incivility abounds, and is common on the nursing academic platform. The following extract refers:

> *"Unlike well I was not there when you trained probably. I was not there when nursing started but then according to the way I understand where nursing comes from. I mean you would find apparently if a matron walks in the ward then everyone stands and all. You don't get that anymore now, now when a matron comes in a ward it is like there is nothing. The students they go to the ward they see those things and that is why I am saying".* ***(Participant 15: Educator)***

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The younger nurse educator participants shared their experiences of red tape in nursing, and nursing education, such as, the rank orientation, where junior staff members should be aware of the meaning of seniority. They shared feelings of being dominated and oppressed, and linked such behaviour to unprofessionalism. They were visibly emotional, while relating how the top down approach to management affected them, as the following extract clarifies:

> *"I think it is that military you know almost military kind of subordinate behaviour that you expected to have. As academics, we need to step outside of that because we work together we don't work below each other or I don't work for a particular professor. I have a separate role and I think that the origin lies actually in how they understood the nursing profession from where they came from and these are people that have been in*

*nursing for 40 years you know and they so entrenched in their behaviours that it is difficult to even address the situation". **(Participant 14: Educator)***

To some participants, the rigidity of nursing, as a profession, is the root of incivility. Apparently, nurse educators are intent on practicing nursing as they did in the past, and seem to ignore the global trends that influence nursing practice and education. Change is not easily accepted, as they are comfortable with the way things were conducted years before. The following extract refers:

*"So it is just from an education point of view. Many of the educators I think were older, because I think the nursing education attracted their experienced nurses. So we brought that same experience of the top down punitive approach from the hospital setting. Stand away matron is coming and those older educators brought that same rules and regulations to a College or University classroom setting". **(Participant 5: Educator)***

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5.3.4.2.3. Sub-category 2.3: Poor prestige of nursing and institutions of higher learning

Some participants believed that nursing had lost its prestige in South Africa. What was perceived as a profession with pride and dignity, had been devalued, currently, to a mere job, and it seemed as if students selected nursing because it provided security. In addition, this lack of love and passion for the nursing profession seemed to be a contributing factor for the uncivil behaviour observed in nursing programmes. Reportedly, even the public perceived nursing as a career and profession of low standing, causing students to be embarrassed about being nurses. The following extract refers:

"They don't take nursing seriously and I think that they here for the wrong reasons. I think they are here because of the fact that this is a place for them to stay; it is food to eat and I think their

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> *motivation for coming here is wrong".* **(Participant 6: Educator)**

The participants also asserted that the lack of prestige of some educational institutions was a contributing factor of incivility. Specifically, the tarnished image of one of the study sites, caused students in the clinical settings, especially, to be exposed to unwarranted incivility and hurt. The comments they had to tolerate from the staff of the CLEs, place them under pressure to prove their capabilities. However, other students and academics openly admitted to sensing the disrespect towards their institution, due to a bad environment. The following extract refers:

> *"In the clinical environment if I can diverge to the clinical environment there is a lot, there is a lot. The mere fact that you can be from [sic] just being from [sic] you will experience incivility from the practising professionals in the field. So you would also be burdened with that to prove yourself that I can also be clinically competent even though I am from [sic]".* **(Participant 13: Student)**

The total nursing curriculum was perceived to be weak, and not capable of producing nursing professionals of good quality; therefore, the students were subjected to various forms of incivility. The following extract refers:

> *"We have not really experienced it that much but in the clinical environment, you also get these practising professionals telling us that your 4-year curriculum is useless. You are incompetent it is almost like a repeat of what I got in the 1st year".* **(Participant 13: Student)**

5.3.4.3. Category 3: Intrapersonal aspects

The analysis highlighted an interesting opinion of the participants. According to them, personality and character, perception and low self-esteem should be regarded as personal factors that influence the existence of incivility among people, who share the professional nursing education platform.

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5.3.4.3.1. Sub-category 3.1: Personality and character

Some participants strongly surmised that incivility was part of an individual's personality traits. They maintained that the character of an individual is constant; therefore, s/he behaves in a certain way. It is difficult to control another individual's personality; therefore, it is regarded as a contributory factor to incivility. The following extract refers:

> *"I really don't know because you can't really put a name to someone else's personality. How that character, how they are it can maybe be someone maybe they brought up like that and then you just book orientated".* ***(Participant 18: Student)***

Generally, not everyone is uncivilised, which is the reason furnished by the participants, regarding personality, as a contributory factor to incivility. Additionally, managers, who refused to deal with uncivilised staff members, attributed the way they behaved, to their personality. This implied that such an individual would have to be tolerated, as, even after being disciplined, s/he would still not display any behaviour change; therefore, uncivil behaviour seems to be rooted in the personality of that individual, as indicated in the following extracts:

> *"I think it is also personality because this is not general".* ***(Participant 2: Educator)***

> *"That work in the same year level and it is just brushed over as oh man you must just understand different personalities".* ***(Participant 17: Educator)***

5.3.4.3.2. Sub-category 3.2: Perception

People attach different meanings to issues; therefore, incivility to some participants was based on their perception of uncivil behaviour, and rearing might have played a role. Not everyone responds to verbal statements, or body language, in the same manner. From the perspective of nursing, behaviour would be perceived as uncivil, based on how strongly a nurse believed in his/her nursing norms and values. The following extracts refer:

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"It doesn't start at university because the children generally even if I look at my own children they are much more assertive it's a different breed it's a different generation. That is why I am saying I perceive it as being disrespectful but it appears to be normal because you challenged at every turn you take, it looks like it is just the generation as such". **(Participant 2: Educator)**

"You know everybody is different so the way you see things the way you….. Your perspective is different from one another what I see as right, you may see as wrong. What I see as professional you see as unprofessional". **(Participant 10: Student)**

Some people are often not aware that their behaviour has been perceived as uncivil, while others are well aware of the way they are perceived, but might not know how to correct their behaviour. For some, it might be completely innocent, and for others, it might be their norm; therefore, they would not even know when they might have offended somebody, or they might not even be bothered about their behaviour. In addition, when an individual is perceived as uncivil with the first contact, it might be very difficult to change that perception, as first impressions are lasting. The following extract refers:

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"Sometimes students I think sometimes students do not think that they are being disrespectful when they actually are disrespectful to the next person". **(Participant 22: Educator)**

5.3.4.3.3. Sub-category 3.3: Poor self-esteem

Some participants also shared the opinion that low self-esteem could be a contributory factor of incivility. They related it to the fact that some individuals, who act uncivilly, have the need to boost their self-esteem, and the attention they receive from observers, invigorates them. Students, especially, who are involved in student leadership, have been known to display attention-seeking behaviour. The following extracts refer:

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"I said incompetency, incompetency and also low self-esteem". **(Participant 9: Student)**

"They want to be seen as being a leader; I really think there are people who want to be recognised as leadership. Maybe there is no recognition at home". **(Participant 6: Educator)**

The participants' reports reflected that nurse educators, as well as practising professionals, contributed to the students' self-esteem issues, by disparaging them, and not supporting them in academic difficulties.

"Then they put them on the spot and they challenge them and the student will be feeling quite embarrassed and low self-esteem". **(Participant 13: Student)**

5.3.5. Theme 5: Consequences of incivility

Emotional consequences were revealed through the data analysis process, predominantly. In addition, some academic consequences, namely, interruptions to the teaching and learning process, unconducive work environment, as well as a hostile teaching and learning environment, also emerged. The theme, categories, and sub-categories, with the related definition, are illustrated in Table 5.5.

Table 5.5: Consequences of incivility

Theme	Category	Definition
Consequences of incivility	**1. Emotional consequences** ***Sub-categories:*** 1.1. Feelings of anger and frustration 1.2. Feelings of irritation 1.3. Feelings of fear and anxiety 1.4. Feelings of sadness and hurt 1.5. Feelings of doubt and inferiority **2. Academic consequences** ***Sub-categories:*** 2.1. Interruptions to the teaching and learning process 2.2. Unconducive work and academic environments	Degree to which professional nursing education incivility affects the lives of those involved.

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5.3.5.1. Category 1: Emotional consequences

Anger and frustration, irritation, fear and anxiety, sadness and hurt, as well as doubt and inferiority, are the emotions that the participants described, as the implications of incivility on their lives. These feelings were openly shared by the participants; however, the researcher noted that some participants became very emotional and tearful, when they recalled some experiences, or particular encounters.

5.3.5.1.1. Sub-category 1.1: Feelings of anger and frustration

The participants, reportedly, expressed feelings of anger towards fellow students, clinical practitioners, and fellow educators, who were regarded as uncivil, either in the classroom, or in the clinical setting. Incivility, reportedly, evoked emotions of anger in the observers of such practices, who were often compelled to spectate and remain silent, even when they had an opinion on the specific matter. Their anger was exacerbated by the fact that no efforts were being made to find solutions for incivility. In addition, there was a lack of effective systems to report incivility, as the following extracts corroborate:

> *"Personally I feel I get very angry and I have said because I also feel that if a student displays attitudes like that the lecturer must get involved and talk to that student".* **(Participant 8: Student)**

> *"Now the manager let some of her staff gets away with things but for the others, it is now I am strict so there is inconsistency. First of all you actually angry at the manager but now you also angry at the colleague that is being favoured".* **(Participant 17: Educator)**

Educators were reportedly accused of venting their frustrations at the students; however, this frustration could have been caused by the lack of knowledge regarding how to approach certain situations, after reporting incivility, without any resolution. In addition, the students, especially, were frustrated when educators acted uncivilly, as they were unsure about the

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outcomes of deciding to defend themselves, or whether to report the matter to a higher authority. The following extracts refer:

> *"It is frustrating actually because I am not used to it".* ***(Participant 17: Educator)***

> *"They are just frustrated and you are the students and people are looking for a punching bag".* ***(Participant 20: Student)***

5.3.5.1.2. Sub-category 1.2: Feelings of irritation

Reportedly, incivility caused irritability, as it interrupted the teaching and learning environment. The educators needed to address the students, who were uncivil, as their fellow students could become annoyed at their learning being interrupted in such a manner. The following extract refers:

> *"I find it uncivil when people are late for class I get quite annoyed by that and when people are given information but don't take note of the information. They just come to you afterwards and say what happened here and what happened there and when they were given the information very clearly".* ***(Participant 4: Student)***

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Individuals become irritable, when their needs are not met, or when they are not treated fairly by their managers, or their educators, as the following extracts describe:

> *"Sometimes they want things to be in place and if that is not prepared for them in time then students they become irritated".* ***(Participant 16: Educator)***

> *"Also there is a sense of you irritated but why can you do this but when I do it there are remarks. Already then there is a strain in the relationship".* ***(Participant 17: Educator)***

5.3.5.1.3. Sub-category 1.3: Feelings of fear and anxiety

The participants in this current study emotionally described how they became overwhelmed with fear and anxiety, during protest actions on

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campuses. They expressed their fears during the violence, as their safety was being threatened. The students, who decided not to participate in the protest actions, feared retaliation from fellow students, as the following extract describes:

> *"It's also maybe fear of not being seen as part of the action. Also fear of being criticised for being a sell-out".* **(Participant 5: Educator)**

In addition, some student participants feared their educators, and rather tolerated incivility, than report it, which implied that students might experience a considerable amount of incivility in silence, because of the lack of support systems. The following extracts refer:

> *"Sometimes it is about closing things in just building up being afraid that she is going to mark my things and what if she, because you literally 1st year, 2nd year and 3rd year you feel like I can't say these things because this woman is going to take my marks away I must just work towards passing and just keep quiet and sort it out when you have more powers".* **(Participant 18: Student)**

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> *"I am too scared, must I go to the Professor or must I go to a higher department and talk about the teaching skill or what is the strategy because it can't carry on".* **(Participant 4: Student)**

5.3.5.1.4. Sub-category 1.4: Feelings of sadness and hurt

Incivility is complex, as well as destructive, and was a major cause of distress for the individuals involved. The participants' reflections on being emotionally bruised could develop into long-term effects, as the following extracts highlight:

> *"A lot of hurt but a lot of misunderstanding".* **(Participant 4: Student)**

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"It is just that you just feel like emotionally broke and you do not want to engage". **(Participant 18: Student)**

Both the student and nurse educator participants admitted to bouts of crying and periods of sadness, after being subjected to incivility. One female nurse educator, throughout the interview, recounted the difficulty of erasing embarrassment and belittlement from the memory, as she kept on reliving a particular incident, which made her tearful and sad all over again, as highlighted in the following extract:

"Even speaking about it now still brings tears to my eyes". **(Participant 14: Educator)**

5.3.5.1.5. Sub-category 1.5: Feelings of doubt and inferiority

Some student participants, who had been belittled in the presence of their fellow colleagues from other training institutions, reported that they had experienced feelings of doubt. In addition, they doubted themselves because of not being given enough exposure to think critically, or to participate in decision making at their various nursing schools. Nurse educator participants also, often questioned their teaching abilities, when students acted uncivilly in the academic environment. The following extract refers:

"It makes me feel less confident. I am not confident each time I doubt myself. I am in the ward I am a 4th year now people ask me what you think about this and this because I don't have that ability or it is not even nurtured in me". **(Participant 20: Student)**

Additionally, the participants reported experiencing feelings of inferiority, because of incivility. They disclosed feeling particularly inferior, when attacked in the presence of an audience. Evidently, not only did the students feel inferior, when faced with incivility, but the educators also experienced similar emotions, when embarrassed by students, in the presence of other students. The following extract refers:

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> *"As an educator, I already told you it is difficult sometimes students make you feel inferior. They make you feel like you are not worth it to be in this position and for me personally, I see my role as a mentor for them. Someone not in power, someone who can influence them so I think there should be at least a bit of respect from the student's side as well".* ***(Participant 22: Educator)***

Some nurse educators, reportedly, undermined junior staff, and treated clinical educators as lessor, although, they were working towards the same goals. At times, junior educators were allocated tasks beyond their scope, which initiated a lack of job satisfaction. The following extract refers:

> *"A clinical supervisor is just as important as a lecturer because how do you expect, how can you think less of a clinical person but you expect that person to teach the students in the clinical field. It should be the same for me you are the same level but they are treated and it is not the first place where I have seen it they are always treated as lessor. Some of the people that did their Masters degrees or busy with their PhDs here they think that they are a step above the rest which is and it causes strain".* ***(Participant 17: Educator)***

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5.3.5.2. Category 2: Academic consequences

The participants cited examples, which indicated that incivility could result in interruptions to the teaching and learning process, and cause valuable teaching and learning time to be lost. Incivility, therefore, also contributed to unconducive academic and work environments, which affected the emotional well-being of both the students and nurse educators.

5.3.5.2.1. Sub-category 2.1: Interruptions to the teaching and learning process

In this current study, incivility has been described as a disturbance, a disruption, and a distraction in the classroom, as well as work integrated

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environments. Evidently, these interruptions disturbed the educator's flow of thought, and detracted what was supposed to be taught. The students' ability to learn, therefore, would have been affected negatively, especially, for those with academic challenges. The following extract refers:

> *"Sometimes the lecturer comes back not knowing where to start from because the students disturbed the class".* **(Participant 1: Student)**

A great deal of teaching and learning time goes wasted, when educators have to address students, who participate in uncivil acts, which creates much frustration for the educators, as well as the other students in the nursing classroom. However, the nurse educators *have to* address ill behaviours; therefore, the other students, who wished to learn, inevitably, have to suffer the consequences. In addition, incivility would cause the students to become resentful towards the troublemakers in the class. The following extract refers:

> *"They are adults and I must treat them like adults, but when it came to me approaching them as a group and speaking to them regarding punctuality and how important it is in nursing. How I felt they were not taking into consideration that we had x amount of time".* **(Participant 12: Educator)**

Similarly, in the nursing clinical settings, these interruptions, reportedly, also affected the students' ability to concentrate and learn, as the following extract highlights:

> *"I think for us as students' handover it is very important for us where we get the patients diagnosis there and what is the stuff the doctors want us to do. It is a disturbance because when the nurses walk to answer the phone then the Sister must stop; continue where she has left off then again we forget what she has told us before".* **(Participant 8: Student)**

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5.3.5.2.2. Sub-category 2.2: Unconducive work and academic environment

In an academic environment, where there is disrespect and lack of order, the students and staff members could become unhappy, and experience dissatisfaction in their various roles. Ultimately, should the students and academic staff, because of incivility, become disillusioned with nursing as a profession, as well as the nursing academic institution, the probability that they will drop out, or leave, is considerable. Academic staff members, in hostile work environments, because of incivility, are most likely to resign from their employment, as the following extracts highlight:

> *"To be honest I would say the environment now is not good at the nursing department. I am sorry it is not good".* **(Participant 9: Student)**

> *"It is one of the reasons why I want to leave and when I came I was so happy to be in a new environment and at home, but it is one of the reasons I do not want to be here and yes".* **(Participant 17: Educator)**

> *"I just know that the nursing school in itself the one that we are at is sick because people are leaving and they leaving in droves and that should just show you that you know that the system is not working you know".* **(Participant 14: Educator)**

5.3.6. Theme 6: Solutions and actions to combat incivility

The participants agreed that incivility is a complex phenomenon; however, the application of the principles of civility is important, to create conducive academic and working integrated environments. In addition, it is vital that good interpersonal relationships exist between the educator and the students, between student and student, as well as between two colleagues (in academic or clinical environments), which would include respectful communication, in order to root out the scourge of incivility in professional nursing academic and working environments. Subsequently, most of the participants disclosed that some forms of interventions had been introduced to address

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incivility at their learning institutions; however, they were not convinced about the effectiveness of these strategies. According to them, certain strategies had addressed incivility, successfully, at their learning institutions, or had the potential of doing so, in the future. In Table 5.6, this theme, along with its categories, and sub-categories are presented, followed by a discussion that includes extracts from the transcripts of the various participants.

Table 5.6: Solutions and actions to combat incivility

Theme	Category	Definition
Solutions and actions to combat incivility	**1. Effective strategies to address incivility** ***Sub-categories:*** 1.1. Incivility to form part of orientation and the nursing curriculum 1.2. Improve respectful communication and behaviour 1.3. Address incivility immediately 1.4. Tender an apology for incivility 1.5. Apply disciplinary measures and implement consequence management 1.6. Referral to formal intervention services 1.7. Implement training and development programmes 1.8. Create positive academic environments **2. Ineffective strategies to address incivility** ***Sub-categories:*** 2.1. Ignorance towards bad behaviour 2.2. Locking of classroom doors 2.3. Abruptly drawing attention to bad behaviour	Degree to which nursing students and educators felt solutions were effective or ineffective to be applied in South African professional nursing education settings.

5.3.6.1. Category 1: Effective strategies to address incivility

The participants asserted that many students, who displayed bad behaviour, might emanate from challenging backgrounds. Alternatively, the educators might not have the necessary coping mechanisms, or skills, to deal with incivility. Consequently, the following sub-categories emerged as strategies that could act as effective stimuli, to refocus solutions and actions on incivility.

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5.3.6.1.1. Sub-category 1.1: Incivility to form part of orientation and the professional nursing curriculum

Teaching students about incivility, should form part of the foundation of the nursing programme, and be linked to the outcomes, in order to promote civility. From the students' initial entry into the nursing profession, educators should create an awareness of the concept, manifestations, contributing factors, roots, as well as the impact of incivility on the professional nursing programme. If the students are able to understand the concept of incivility from their first year of study, with corroboration, or reiteration, throughout the training phase, it might yield a better graduate. The following extract refers:

> *"I try link I tried to give them a brief because they need to be professional so I tried to link it to an outcome of the programme so that they can see the urgency of the matter and it is actually serious. It is the same type of behaviour that they will take into the profession and for me if a student does not know how to manage conflict it is a problem because the workplace is dynamic. We can almost be hundred percent sure that there will be conflict in the workplace but I think it is how we manage it".* ***(Participant 22: Educator)***

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After orientation, it is important that educators set the tone for every module to be offered. According to the participants, if the students are aware of the rules for a particular class, there should be less confusion. However, participating in establishing the rules might assist students to own the classroom rules, and subsequently, cooperate in a better manner. The following extract refers:

> *"So the lecturer must set the limit and say when I am talking no one have the right to talk I will give you the opportunity to talk. When the lecture finish if you have any questions you now ask you don't interrupt the lecturer when talking. You wait okay I am done we can now give, we can now answer your question or I have consultation time we don't have time for questions in*

*class you know you have my email. You can email me come in my consultation room send me an email I will give you an appointment". (**Participant 1: Student**)*

The evaluation of a course, or module, is also important, as one participant suggested that strategies for incivility could also be included in such structures, as the following extract explains:

> *"Like for instances on our campus in our class like this module evaluation we doing at the end of the semester they can add there what the lecturers can do to prevent incivility". (**Participant 8: Student**)*

5.3.6.1.2. Sub-category 1.2: Improve respectful communication and behaviour

The participants envisaged that effective communication should be applied as a strategy to improve student-educator relationships. This should not only include verbal communication, but also written and non-verbal communication. Students are at the centre of the teaching and learning experience; therefore, much of the responsibility to teach respectful communication would lie with the educator. The educator acts as a role model to the nursing students, for the development of professional behaviour; therefore, the way they conduct themselves in the presence of students is extremely crucial. The following extracts refer:

> *"The communication and trying to not just your verbal communication but also sometimes the way how you present yourself as an educator. The way you dress that also speaks to students and it sends out a message to them". (**Participant 16: Educator**)*

> *"If there is an improvement of communication between staff and students clinically then incivility can be addressed". (**Participant 13: Student**)*

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The cultural diversity in South Africa highlights issues of culture and race as sensitive topics on campus environments in this country. Therefore, respect among educators and students, irrespective of cultural background, race, gender and nationality must be an ongoing discourse. Platforms or forums should be created, where such issues could be discussed. The following extract refers:

> *"Then obviously just mutual respect. I think [sic] is such a diverse I think we got so many histories and so many backgrounds of people who are coming into this place".* ***(Participant 4: Student)***

5.3.6.1.3. Sub-category 1.3: Address incivility immediately

The participants agreed that incivility should be addressed; however, they held different views on how this should be conducted. Some believed that it should be addressed where the behaviour was displayed, and directed at the person responsible, and not generalised. Others believed that a student, who behaved badly, should be addressed after the class, or in the educator's office. Whichever way was not of concern, as incivility should not be left unattended, in order to prevent escalation. However, the participants were of the opinion that addressing incivility should not be punitive, with humiliation or embarrassment. The following extracts refer:

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> *"Incidences of incivility are very few in the class but if it does happen I tend to address it there and then. I would speak up about it and I would say what you guys have done now like the locking out of the class etc., etc. I would say that how it made me feel that I feel it is unfair and I would give the students a chance to voice their opinions".* **(Participant 12: Educator)**

> *"If it is really a problem I would call the student aside and I will then ask the student to please not behave like that. Firstly, I would ask the student why they are doing this and maybe try and understand it from their perspective and maybe just encourage the student not to do that. To remind the student that*

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the student is there for their own academic achievement for their own future and not for my personal benefits but it is actually for them". (***Participant 6: Educator***)

"They can perhaps call u one side and maybe tell you this, but now they like make a scene in front of everybody and I think we about to become professionals and some of their behaviour is not professional I think it is rude and uncivilised". (***Participant 11: Student***)

5.3.6.1.4. Sub-category 1.4: Tender an apology for incivility

The participants believed that, when acts of incivility occurred, the individuals involved had to be informed of the implications, or the damage their behaviour had caused. Subsequently, the individual should be advised, or assisted to resolve the issue, by apologising, either verbally, or in writing. The offender's apology would indicate that s/he was willing to resolve the issue. Therefore, whether it was decided to proceed with a formal disciplinary action, or not, the sanction could be less, because of the remorsefulness. The following extracts refer:

"She spoke to us and I said somethings that I was not supposed to say and I apologised. Then the other students also said somethings that they were not supposed to say and they also apologised". (***Participant 20: Student***)

"Putting it in writing that, that is not the way to behave which he did. That case had also gone to the proctor because they have put in a case of deformation and the fact that he apologised his case was then wiped off it was dealt with. There were egos which were damaged and probably relationships damaged between him and the supervisor and that really they got to sort out themselves". (***Participant 5: Educator***)

Although they admitted to participating in uncivil behaviour, some of the student participants also suggested that their fellow students needed to be

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more courteous. Another participant indicated that it was important for students to reflect on their personal behaviour, to determine how they acted towards others. She believed that it was important for students to apologise at all times, even when they were unsure of the way in which they had offended others. The following extract refers:

> *"Also I have had to check myself as well in high-stress situations where I am snappy towards somebody and I would go and I would ask the person afterwards did I make you feel bad in that situation. I am sorry I was in a hurry and go and apologise even if the person did not feel that way. So yes, I think that is how I would solve it".* **(Participant 14: Educator)**

5.3.6.1.5. Sub-category 1.5: Apply disciplinary measures and implement consequence management

The participants agreed that disciplinary codes needed to be applied to both students and educators, who act uncivilly, and needed to be applied consistently. According to them, if no consequences for the transgression of rules exist, incivility will persist. However, the rules needed to be communicated to individuals, before they could be expected to comply.

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This communication could be transmitted, either verbally, or in writing, while the consequence/s for each transgression must be stated, clearly. The poor behaviour of students and academics must be accurately documented, and records of disciplinary cases must be kept. Not all HEIs and nursing departments have specialised units to enforce discipline, but in relation to student discipline, it becomes the responsibility of the educator, level coordinator, module coordinator, academic head, or the head of a particular component. The following extracts refer:

> *"I would say that if rules are implemented we need to implement it across a programme and lecturers need to be consistent and they need to be fair".* **(Participant 22: Educator)**

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*"From what I gather the proctor, there are now degrees where the student just receives a warning, but the proctor will make a decision on the severity of the case. From what I just heard I was not personally involved for forging timesheets she is been prepared to give them a warning. Copying in class and then confiscating of their documents. It could be that they forfeit their marks and it could be that forfeiting those marks then impacts on their continuous assessment mark, which impacts on them not qualifying for exams". **(Participant 5: Educator)***

*"Then obviously when there are those things in place there needs to be proper recordkeeping of it. Laws that governs it, protocol that says this is how you go about it because I can't just stand in front of the student and say listen [sic] you made me cross now and blah, blah, blah and go off you understand what I am saying". **(Participant 12: Educator)***

5.3.6.1.6. Sub-category 1.6: Referral to formal intervention services

The participants strongly advocated the need of emotional and psychological support for students and staff. Both parties might have been struggling to cope, especially students, with pressure from an overloaded programme. The student participants admitted to being aware of the counselling services, but unsure about how to access them. However, the students could also have been anxious about being labelled. The responsibility to support and create awareness of such services would lie with the educator, fellow students, academic heads, and communication departments of the campuses, as well as the SCRs. The educator, however, plays a vital role in identifying and referring students for psychological support, substance abuse rehabilitation, financial aid, or academic support services. The following extracts refer:

"Students some come hungry to class and they don't know there are services like that. So maybe if there is a platform like that where we can give information like that it will also help some

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*other students who struggle with stuff like that". **(Participant 3: Student)***

*"Students that we identified as being depressed etc. and we dealt with that. If it was behaviour due to alcohol and drugs we pick that up and we send them for counselling. There is a place called [sic] here in [sic] and we have sent students there for rehabilitation". **(Participant 6: Educator)***

Additionally, nurse educators, guilty of incivility among themselves, are referred to the Employee Assistance Programme (EAP) for wellness and wellbeing. However, they share similar sentiments that EAP cannot assist, unless individuals admit that a problem exists, and are able to accept help. From a management perspective, being supportive, fair and unbiased could ensure employee harmony. The following extract refers:

*"It was actually so bad at a point, because other people also became involved that the boss had to get someone in from Independent Counselling Advisory Services (ICAS); had to get someone in to discuss, but while we were discussing it is like I do not know they do not want to talk openly talk about what is the problem and we move on. It is like avoiding no they do not have a problem, nothing is wrong and I would say how I would feel but they would just say no they do not have a problem with me. The one colleague left now already but the other one is still the same. Don't greet when we have practical examinations for the 1st years she does not want to help even if we short of people and it is not being addressed but yes, so I thought it is going to stay like this but it affects". **(Participant 17: Educator)***

5.3.6.1.7. Sub-category 1.7: Implement training and development programmes

The participants suggested that in-service education was required, especially for academics, to ensure civility. Training for anger management,

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conflict management, value clarification, code of ethics, and professionalism courses, were some of the suggested types of workshops and courses to assist with incivility. The following extracts refer:

> *"I would like to see our management and even all of us it doesn't matter going for value clarification and going for training in how to deal with subordinates with conflict management".* **(Participant 14: Educator)**

> *"I think that is one of the strategies mediation champion almost within the school and also to have younger management with a different purpose and for the older management members for them to go for actual training in how to deal with the professional climate that we live in right now".* **(Participant 14: Educator)**

> *"Maybe there should be reinforcement of rules and regulations that everybody has ascribed to. I think maybe re-education of the Code of Ethics, the do and don'ts. This is the behaviour and also it got to be spelled out that there are the consequences. So once you know the rules and regulations tell me then why are the rules being broken".* **(Participant 5: Educator)**

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5.3.6.1.8. Sub-category 1.8: Create positive academic environments

Another suggestion from the student participants was the creation of positive environments, where everybody could interact amicably, irrespective of their cultural backgrounds. They were of the opinion that the atmospheres in their clinical and theoretical environments were unfriendly and unfavourable. They aspired after an environment where staff members were honest, friendly and approachable, in a physical environment that was welcoming.

They also anticipated extra mural activities at campus level that would cut across gender, with youth groups that would allow open forums, to discuss issues of race and gender. The following extracts refer:

"To prevent racism and prevent this bad behaviours on you know like create positive atmospheres and environments between students so that things like those can be avoided". ***(Participant 21: Student)***

"You just sit in you room or you go to the computer room. You play music, be on Facebook there is no netball, soccer for the girls. I only see the soccer for the guys. There are no extramural activities because they can also reduce that anger of that background that leads to the bad behaviour, yes". ***(Participant 19: Student)***

5.3.6.2. Category 2: Ineffective strategies to address incivility

5.3.6.2.1. Sub-category 2.1: Ignorance towards bad behaviour

Incivility has the ability to disturb the thought processes of the educator. In order to cope with incivility, some educators admitted to ignoring the behaviour. They explained that, in so doing, they would avoid exacerbating the situation, and upsetting themselves, in the process. In addition, they could remain focussed, and not disturb the other students' learning. Consequently, they deliberately ignored the students who misbehaved. The following extract refers:

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"How I cope with that, I teach these in front. I have adopted an attitude you are here because you want to learn so I would teach those that are interested and I have told the students that. So it is actually your choice". ***(Participant 2: Educator)***

The educators also ignored students, who portrayed certain types of behaviour, as they considered it the safer option, under the circumstances. In addition, it highlights that educators require some form of training to deal with incivility, for their own protection, as well as the benefit of the other students, who *want* to learn. However, the student participants felt that the educators should be addressing incivility, and, instead of ignoring it, they should be applying appropriate strategies to avoid such behaviour. The following extracts refer:

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> *"I ignored the student I told the student you know if she really wants to take this on she will have to see Mrs. [sic] who is now the course coordinator then I put the student out again and I refused now to have the student in my class. I knew this was not going to end that student is very rude, I put that student out and I requested that student never to come back in my class again. I can't deal with that student I did not know how to deal with that student".* **(Participant 15: Educator)**

> *"Bad, I feel very bad but shame since she is a qualified lecturer she ignored such things and she will just go on with her lecture and finish her lecture".* **(Participant 19: Student)**

5.3.6.2.2. Sub-category 2.2: Locking of classroom doors

The participants reported that educators locked the classroom doors, to block those students, who arrived late, or wanted to leave early. Some educators candidly admitted to applying this strategy, indicating that they had noted the objections/dissatisfaction of the students. Other participants, however, considered the locking of doors ineffective, and preferred that the use of this strategy be avoided. The following extracts refer:

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> *"Some of them had actually locked the doors to keep the students in".* **(Participant 2: Educator)**

> *"I have seen the trend of not being punctual. I decided at ten past I am going to lock the door and subsequently, the majority of the class was outside. I went on with the lesson and they obviously reported me to the HOD, because I was being unfair according to them".* **(Participant 12: Educator)**

The participants asserted that if the educator communicated his/her rules about being late, to the students, earlier, they would be aware, therefore, and not enter, while the educator was in the middle of an explanation. In addition, they believed that the erring student should wait on a break, and then enter, as the following extract confirms:

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> *"We have some lecturers you know that if it is 09h00 look I am not going in you just wait outside when you have that pause maybe for 5minutes, 10 minutes you can go in".* ***(Participant 1: Student)***

5.3.6.2.3. Sub-category 2.3: Abrupt drawing attention to bad behaviour

Student participants shared their observations of how educators drew uncivil students' attention back to what was happening in the classroom. Some nurse educators, however, provided examples of strategies *they had applied* in the classroom. What they described might have seemed effective, in that particular moment; however, by contrast, it might have been construed as incivility. The following extracts refer:

> *"Some of the lecturers have to bang on the tables to get us quiet".* ***(Participant 11: Student)***

> *"The times when I felt threatened I tend to raise my voice a bit because I am short and I am easily amongst the smallest ones in class with the students. I tend to project my voice a bit more; so that I am more you know she is there she is the one we have to listen to that type of thing. I think when the students realise that my voice is going up a notch they know okay we can only take it till there and now we have to settle down or we have to listen".* ***(Participant 12: Educator)***

5.4. Conclusion

The findings were based on data collected through semi-structured, individual, face-to-face interviews, conducted with 23 voluntary participants. The presentation of the results was a description of the participants' experiences, understanding, and perceptions of incivility in South African professional nursing education. The participants defined the concept of incivility, as well as the meaning they attached to incivility; how it affected their lives and how it was manifested. They also related the factors associated with incivility, and the roots from which this behaviour originated. In addition, they provided solutions and actions, through which they considered incivility, could be addressed, while they also highlighted the

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ones that were unsuccessful. It is evident that incivility is, indeed, a two-way phenomenon, as both nursing students and their educators experienced moderate to severe incivility in this current study. Academic workplace incivility by educators was also described, although it was not the focus of this current study. Incivility in the clinical placement setting was also highlighted, mostly from the perspectives of the students.

Chapter 6 is a reflection on the process developed for the conceptual framework, as well as a discussion of the findings, based on Peplau's Theory of Interpersonal Relations.

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CHAPTER SIX

CONCEPTUAL FRAMEWORK AND DISCUSSION OF INCIVILITY PILLARS

6.1. Introduction

Qualitative researchers, generally, do not use theory to guide their research; however, Anfara and Mertz (2006. p. 8) presents an argument that it is impossible to enter the research field without some orientating ideas. These authors, therefore, were of the opinion that a prior conceptual scheme or theory was needed, to observe and describe events. In addition, they claimed that researchers frequently used these orientating ideas in a conceptual framework, for guidance and clarification of observations, as well as for data collection, and data analysis.

After pondering over the differences between a theoretical and conceptual framework, it became clear to the researcher that a research study needs a foundation from which all knowledge is constructed, as well as a logical explanation of the knowledge, developed during this study. With this in mind, the researcher developed an integrated conceptual framework, to use as a guide, for a better understanding of incivility in professional nursing education. However, the researcher did not allow it to dictate the exploration of what incivility meant to South African nurse educators, students and other stakeholders.

6.2. Definition of a conceptual framework

Miles and Huberman (1994, p. 440) define a conceptual framework as a “system of concepts, assumptions, and beliefs that support and guide the research plan”, to be more specific it, “lays out the key factors, constructs, or variables, and presumes relationships among them”. A conceptual framework is also referred to as a structure, in which ideas are organised best, to explain what has been learned about a particular phenomenon, as it developed through the different phases of the research process (Brink et al., 2006, p. 24). A conceptual framework, therefore, is a display of the relationship between the different concepts and ideas, the logic of a study, and not just a loose string of concepts (Luse, Mennecke, & Townsend, 2012, p.

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10). Jabareen (2009, p. 51) asserts that it is a “network, or ‘a plane’, of interlinked concepts that together provide a comprehensive understanding of a phenomenon or phenomena”.

6.2.1. Process of developing the conceptual framework for incivility

The process followed for the development of the conceptual framework termed, *Tree of incivility*, in professional nursing education, was adapted from the main phases of Jabareen (2009, pp. 53–54). The process included the following:

- The first step involved the data source, which was semi-structured, individual, face-to-face interviews, conducted with 23 of 25 participants.
- Repetitive reading of the transcripts by the researcher assisted in the data analysis process, which led to the development of categories, generic categories, and sub-categories, as they emerged.
- The researcher reviewed the categories and supported it with statements from various participants’ transcripts. Concepts that would form part of the conceptual framework, therefore, were identified, based on the attributes, characteristics, and roles of the categories.
- Specific concepts emerged from the data analysis and formed the general concepts (manifestations, contributing factors, consequences, trunk: the incivility and roots) in the *Tree of incivility*.
- The conceptual framework made sense to the researcher, but the researcher had to unpack it, by describing it in words, not only figuratively, to provide a better meaning and understanding.

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6.2.2. Explanation of the conceptual framework for incivility

The researcher’s philosophy for this current study was to contribute to the body of nursing knowledge by providing a heightened understanding of incivility in professional nursing education, through the development of a construct, as well as the roots of incivility in South Africa. The belief was that, through the use of words, people’s lives could change; therefore, the assumption that words derived from data analysis were powerful tools that could facilitate discussion, and share a better understanding (Corbin & Strauss, 2008, pp. 11-12).

From the onset of this research study, the researcher's assumption was that, in South African professional nursing education, various factors might contribute to incivility inside and outside of the nursing classroom. The assumption extended further into believing that these factors have a much deeper origin, or roots, the effect of which can be observed as incivility, demonstrated in behaviour by role players in that setting. These manifestations of incivility could be termed, or labelled as the different types, or acts of incivility, along with their effects on the people, who experience it. This, therefore, was explored for a holistic picture of incivility: the meaning, the construct of incivility for South Africans, and consequently, the lens through which incivility is seen and explained in this country. Specific concepts emerged from the data analysis and were mediated by the Interpersonal Relations Theory to form the general concepts (manifestations, contributing factors, consequences, trunk: the incivility, and roots) in the Tree of Incivility, as illustrated in Figure 6.1.

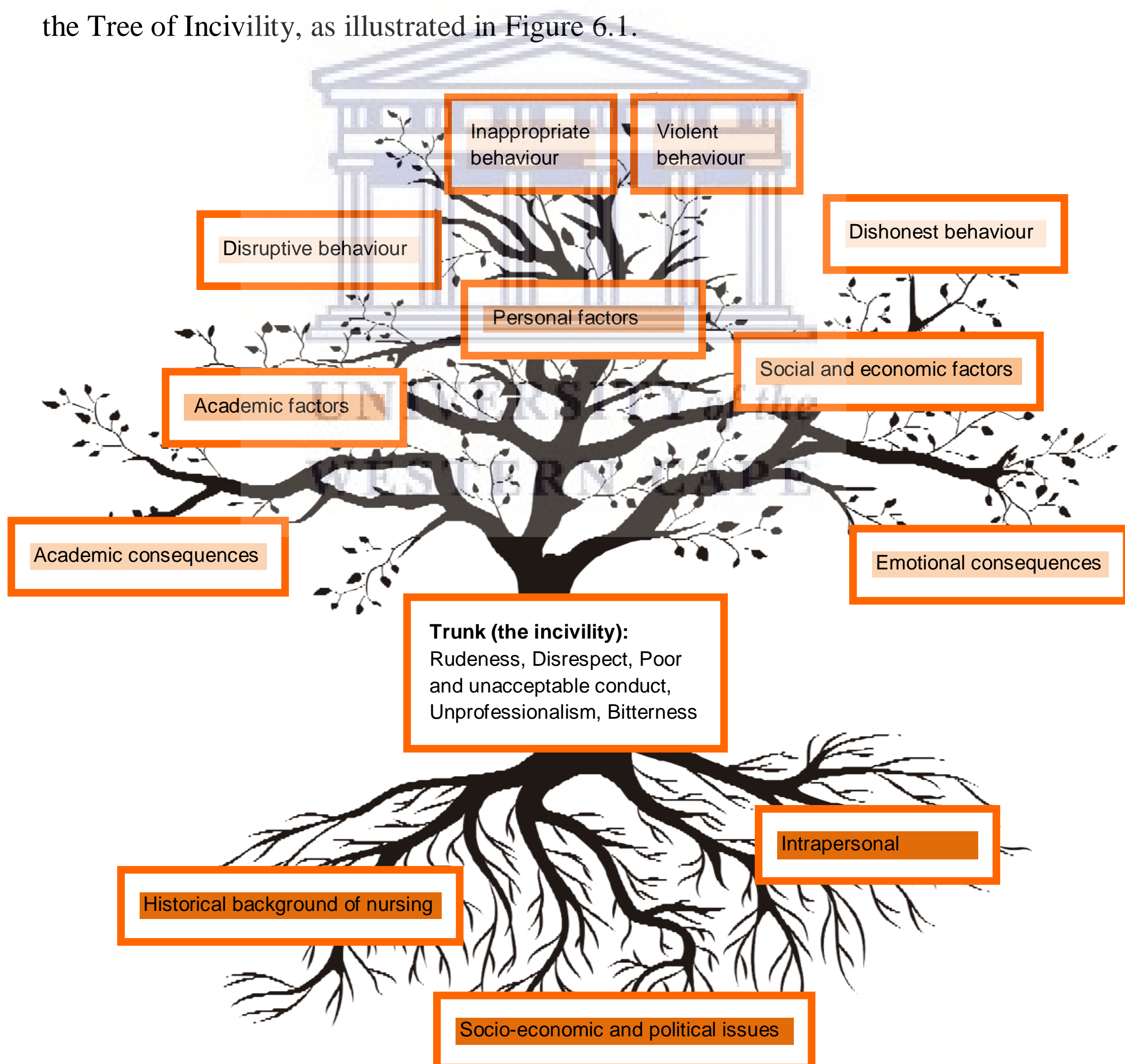

Figure 6.1: Tree of incivility in professional nursing education

6.3. Discussion of the pillars of incivility

As the pillars of incivility, identified in this current study, were unpacked, the researcher attempted to link it to the phases of interpersonal relations, as it applied in nursing education. The identified pillars were grouped as follows: (1) the concept of incivility, (2) manifestations of incivility; (3) contributing factors to incivility; (4) roots of incivility; and (5) consequence of incivility. These five pillars were mostly linked to Phase 1 (orientation), Phase 2 (identification), and Phase 3 (exploitation) of the Interpersonal Relations Theory, with the solutions and actions to combat incivility, weaved between these pillars.

6.3.1. Pillar 1- Concept of incivility

The phenomenon of incivility is complicated by the lack of consensus on how to term incivility in nursing education. Commonly it is referred to as “bullying, cyberbullying, lateral violence, violence, disruptive behaviour, horizontal violence, misconduct and mobbing” (Lampley, Curia, Vottero, & Hensel, 2016, p. 119). After investigating the concept of incivility in this current research study, to seek clarity and understanding, it emerged as rudeness, disrespect, poor and unacceptable conduct, unprofessionalism and bitterness. Throughout the attempt to understand these concepts, the construction of the rules of conversation between the educator and the student was initiated, and consequently, the boundaries for engagement were set. Therefore, should any of these constructs remain in the education environment; there would be a lack of effective communication, and, therefore, a lack of learning.

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It has been concluded that the result of rudeness, negatively affects those in the academic environment. In this current study, both the students and nurse educators were perceived to be rude. The student participants highlighted the nurse educators’ rudeness as, acting impersonally, and using electronic devices during the students’ assessments. Correcting educators in a rude manner was an example of the blatant rudeness displayed by students, who were ill prepared for the academic environment in this current study; however, it concurred with the way in which other authors defined incivility. According to Vuolo (2018, pp. 104, 105), noise making, talking and texting are distractive interruptions to learning, rude in nature, and more common in the classroom, where the student is less active.

In a study conducted by Altmiller (2012, p. 17) the student participants expressed that communication was used to effect incivility, and regarded the educators as disrespectful when they declined to answer their questions. Similarly, educators in this current study demonstrated disrespect towards students by being impatient and dismissive. A mutual respectful relationship is very important for a productive learning process, and the educator must role model this respectful communication to students, from the time they enter the profession. However, the students were also observed to be disrespectful, and alarmingly, even foundation level nursing students displayed disrespectful behaviour. However, the behaviour of the educator is most important, as the role model, and regular feedback from the students could assist the educator to adapt teaching strategies, in order to engage students more effectively. According to Rad et al. (2015, pp. 203, 207), when educators are aware of their students expectations, they could attempt to address negative qualities to the best of their ability.

Yassour-Borochowitz & Desivillia (2016, p. 414) assert that exploring incivility from both the students' and educators' perspectives, could assist in addressing poor and unacceptable behaviour, and facilitate better communication. In addition, incivility was understood by participants in this current study to represent bad behaviour, and more likely to occur in large group environments, where a lack of rules and regulations existed (Rad et al., 2015, pp. 203–204). Nurse educators also reflected on how discipline seemed to have declined over time, as poor student conduct, according to them, was more common currently, than in previous years. Students passing unacceptable verbal comments, and ridiculing their educators, as well as the topics, supported this view. This display of unacceptable acts is against the norms and values of the nursing profession, as well as the nursing culture, and could hamper professional development.

Professional behaviour is crucial and is "manifested in person, acts and attitudes including elements of what we wear and how we perform" (Jooste, 2010, p. 9). In this current study, the participants noted, with concern, how professional boundaries were compromised by students, and, even worse, was the unprofessional behaviour of nurse educators, who should understand and emphasise the core elements of professionalism to their students. Nurse educators, who brought children and pets to work, acted sarcastically towards students, and confronted students in the presence of other

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students, was equated to unprofessionalism by the participants. The assumption was that students already displayed careless and fearless behaviour, regardless of being reminded, constantly, about professionalism; therefore, the problem could only be exacerbated, when being socialised by unprofessional nurse educators. This raises the question as to how they will conduct themselves in the workplace environment, as well as towards their patients, when they graduate as professional nurses, with a lack of integrity and professionalism (Cassum, 2018, pp. 6–7). Understandably, the student is new to the nursing environment, and needs to be orientated to the profession, in an environment that is safe, respectful and trustworthy. Ultimately, it is anticipated that when they trust their educators, they would be more inclined to share their fears and concerns.

Incivility is morally despicable, especially as students in this current study were subjected to hurtful comments, remarks, and unequal treatment, which belittled and humiliated them in the clinical settings. As the concepts of incivility were unpacked, the students were allowed to become part of the problem identification process, searching for various options and choices, as opposed to only accepting the educator's recommendations. A relationship of trust needs to be developed, in which needs are communicated, and perceptions shared. Therefore, as the concepts were identified, the researcher proposed that, as part of the orientation, educators should highlight these constructs, and openly discuss how it should be, and could be managed. As this would be the entry point for the student, the tone would have to be set, and the rules constructed for the academic environment, by both educators and students.

6.3.2. Pillar 2: Manifestations of incivility

Incivility in nursing and nursing education is manifested in various ways. The concept of incivility includes unprofessional behaviour and insulting comments, up to the extent of violence (Cassum, 2018, pp. 6–7). Classroom incivility includes behaviour that interferes with the harmony and cooperation of the learning environment (Yassour-Borochowitz & Desivillia, 2016, p. 414). In the context of South African professional nursing education, the manifestations that the participants reported as part of their experiences were clustered under the following categories: disruptive, inappropriate, and violent behaviour (verbal, emotional, and physical). Violent behaviour had three generic categories, which was strongly emphasised in this current study, probably

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because, during the data collection period, violent protest actions were in progress in HEIs across South Africa.

Communication was acknowledged as the most common source for incivility, which was exacerbated by societal influence (Altmiller, 2012, p. 18). According to this author, ensuring an environment that is conducive for teaching and learning is dependent on respectful communication, which explains the need to understand what contaminates the academic environment, and how it could be addressed. In this current study, as the manifestations of incivility are expanded, they are related to the orientation and identification of the Interpersonal Relations Theory, to clarify that students do not have to be sensitised to the signs and symptoms of incivility at their initiation into nursing. They need to be allowed to identify these manifestations for themselves, in order to work with educators, co-operatively, to provide a healthy teaching and learning environment.

6.3.2.1. Disruptive behaviour

Altmiller (2012, p. 20) confirms that both students and educators had the same perceptions of uncivil behaviour that affects the academic environment, which should be curbed, immediately when observed, to prevent escalation (Elkader, Aref, & Abood, 2012, p. 75). Yassour-Borochowitz and Desivillia (2016, p. 414) also assert that, in recent years, they had to attend to students' complaints about educators' uncivil treatment, more often. However, the majority of the disruptions in this current study, reportedly, came from the students, although the nurse educators were also culpable of such behaviour. The lack of punctuality, walking in and out of class, talking and making noise in the classroom, were the most frequently observed disruptions, which also occurred in the clinical setting, to a limited extent.

The lack of punctuality was described as habitual, as was the students' walking in and out of class during lectures. The unpunctual students were also observed to be unapologetic, whereas it is vital that individuals are able to acknowledge their acts of incivility, and display the emotional intelligence to apologise for such behaviour. In a study conducted by Altmiller (2012, p. 18), the student participants regarded the habitual lateness of their peers as disrespectful. The

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nurse educator participants in this current research study dealt with late coming by locking classroom doors, while others ignored the offenders and incidents, which were both considered ineffective strategies. Ignoring bad student behaviour is not beneficial to anybody, and the educator has an ethical obligation to address disruptive classroom behaviour.

Altmiller (2012, p. 18) and Vuolo (2018, p. 105) regarded students talking, laughing, watching a small television set, and talking on their cell phones, as disruptive. Similarly, in this current study, it was confirmed that talking, spilling over into noise, affected other students' ability to hear the educator, negatively affecting their learning. The students, at times, were not aware that their level of noise affected others, as even whispering could affect fellow students' concentration (Vuolo, 2018, p. 105). In this current study, noise was often used as a means of intimidation, inciting hostility, airing grievances, and instilling fear in fellow students and educators.

In this current study, the manner in which the characteristics of the educators influenced the students' conduct in class was emphasised. The educators, who created disruptive environments, became a distraction to student learning. In an Iranian study, 294 cases for waste-of-class-time, and 54% of all distractions were reported by students to be the nurse educators' culpability (Rad et al., 2015). Soft-spoken educators, in large classroom environments, struggled to control talking and noise among the students. The educators, when addressing talking and noise, needed to control their emotions, as students could use it as provocation, and the educators' communication skills, therefore, would be called into question, and the interpersonal relationship could be affected. Self-awareness of personal reactions in stressful situations needed to be exercised, constantly, as nurse educators needed to display courtesy and respect, even in volatile situations.

6.3.2.2. Inappropriate behaviour

The most common inappropriate behaviours described in this current study were the inappropriate use of electronic devices, tiredness and sleeping in the class, as well as inappropriate dress code. Cassum (2018, p. 5) highlights how the new generation lives in a world of electronics, various websites, and social networks.

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The use of social media and electronic devices are vital to society; however, the appropriate use of these devices, in the academic environment, would be determined by the rules for that setting, or profession.

In this current study, the students openly admitted to using electronic devices, and enjoyed social media, in the academic environment. Some students empathised with educators for having to deal with this type of incivility, as it affected the students' concentration in class. Student participants in a UK study confirmed that the use of personal technologies is a disturbance, and an insult to those, who wish to learn, even when the devices are in silent mode. They expressed frustration and irritation with those, who did not seem to care (Vuolo, 2018, p. 105). In a study conducted by Rad et al. (2015, p. 205), 39 cases of students playing with cell phones, or sending SMSs (39%), were reported by their educators.

In this current study, the irritation of the students with clinical educators, who were rude, disrespectful, and unprofessional, when using mobile phones during clinical assessments, was noteworthy. During clinical placements, a student practices the knowledge, skills and attitudes they would need for work life as a professional. Therefore, clinical learning is an important aspect of the student's experience, as individualisation, and support during supervision, is crucial (Vizcaya-Moreno, Pérez-Cañaveras, Jiménez-Ruiz, & De Juan, 2018, p. 328).

Academic staff attacked fellow colleagues, or subordinates, through the social media platforms, while students used it to defame the characters of especially clinical educators, publicly. This was a strategy to draw nursing school management's attention to the perceived poor competencies of clinical educators. Evidently, there is a need for guidelines to be developed, regarding the use of electronic devices in the academic platform, while consequence management for cyber bullying also needs to be applied. Cyberbullying is a *unique* kind of incivility in the online learning environment (OLE), and involves the internet, cell phones, as well as other electronic devices, used for the sending of messages and images, to harm and embarrass other people, intentionally (National Crime Prevention Council, 2001).

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Non-adherence to the accepted dress code was also cited as inappropriate behaviour for the academic environment. While most students and educators in this current study were offended by students, who did not wear their uniforms properly, displaying long fingernails with various colours of nail polish, and funky hairstyles, some students, and nurse educators, regarded nursing as quite rigid. In addition, tiredness and sleeping in class were highlighted as problematic, irrespective of the reasons provided. The focus group student participants in the study conducted by Altmiller (2012, p. 18), regarded placing heads on the desk to sleep, as inappropriate, but acceptable, if done so unobtrusively.

6.3.2.3. Violent behaviour

Violence appeared to be the most common form of incivility in this current study, predominantly evident in the form of verbal, emotional and physical violence. The views regarding colleague-on-colleague violence was also significant, portrayed by nurse educators against each other, or against clinical educators, administrative staff, as well as incivility against them by their managers. The nursing students in this current study also reported incivility from nursing school administrative and support staff towards them.

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The amount of violence that students were exposed to during their clinical rotations, provided insight into their clinical learning experiences in South African undergraduate programmes, although it was not the focus of this current research. Nursing is vested in clinical practice placements in healthcare settings and is crucial for undergraduate curricula, as it is a practice-based profession (Vizcaya-Moreno et al., 2018, p. 328). Many incidents of physical violence were reported, due to violent protest actions by students demanding free higher education. However, the experiences cited, reflected that nursing students did have tendencies to become involved in physical altercations with each other.

6.3.2.3.1. Verbal violence

Abusive language, shouting, insults, threats, and intimidation were the most common forms of verbal violence identified, which included swearing, back chatting, screaming, openly laughing, passing rude comments, racial insults, gossiping, and instilling fear. Students were identified as the

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perpetrators, mostly, although they were aware that it was not acceptable behaviour for a nurse. The well-behaved students were irritated when their fellow students acted rudely towards the educators, although some nurse educators participated in the verbal attacks.

The student leadership also used this form of incivility during the student unrests, as a means to instigate protest, and intimidate fellow students and staff. Administrative and support staff, who were supposed to assist students, were reported, in this current study, to display most of the threatening and intimidating behaviour towards students, triggering in them an uncertainty about nursing as a career choice. As stated previously, a positive learning environment (PLE), with good role models, is necessary to facilitate student learning and good interpersonal relationships. In the presence of verbal violence, students cannot be socialised properly into the profession of nursing, and would lack effective interpersonal skills. Nurse educators and administrators need to demonstrate respectful communication in their interaction with the students, and should be approachable, as well as accessible to the students.

6.3.2.3.2. Emotional violence

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The participants' emotional scars, due to violence in their nursing schools and clinical placement settings, were evident in this current study. The participants were overwhelmed with sadness and shame as they relived the following: humiliated and belittled, deliberate exclusion and isolation, and the abuse of power. The educators assumed that they lacked competence, and were of little or no value to the organisation, when humiliated and belittled, especially in the presence of students, whom they had to teach.

The participants shared the sentiment that academically poor students could regress and drop out of nursing school, after experiencing a lack of care and support in the clinical settings, as well as nursing schools. According to Szutenbach (2013, p. 18), most nurses are excellent in caring for patients; however, relationships between nurses are often uncaring. The participants reported that when denigrated by nurse educators, or fellow colleagues,

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they lost that sense of belonging, as they were engulfed by a sense of constant hurt, loneliness, as well as being unwelcomed, especially when deliberately excluded, isolated and ignored.

Kupperschmidt (2008, p. 2, cited in Szutenbach, 2013, p. 18) confirms that acts of bullying and lateral violence could cause nurses to feel isolated, unworthy, and undervalued. These *soul scars* are the wounds of hurtful actions (Kupperschmidt, 2008, p. 2, cited in Szutenbach, 2013, p. 18), such as belittling, ignoring, yelling, intimidation, backstabbing, eye rolling, sarcasm, sabotage, withholding of information, unequal care assignments, non-verbal innuendo, disrespect for personal privacy, and threats (Center of American Nurses, 2008, para. 1, cited in Szutenbach, 2013, p. 18).

This current study confirmed that some nurse educators acted impersonally towards their students and colleagues, when they expressed differences of opinion. Apparently, they lacked the skills to settle conflicts through respectful communication, or in constructive ways, and instead, resorted to destructive strategies to deal with issues. Other authors confirm that educators applied punitive strategies in class, such as ignoring students' questions, or their presence, similar to this current study, which phenomenon also manifested in CLEs (Altmiller, 2012, p. 17; Vuolo, 2018, pp. 106–107).

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The favouritism of 4-year diploma students over the 4-year degree students, due to the perception of clinicians that diploma students were practically more competent than the degree students, placed degree students under immense pressure to prove their capabilities, with some openly expressing their dislike for nursing as a profession. This current study highlighted the need for the improvement of the students' clinical learning experiences. Poor interpersonal relationships with clinical staff could affect students learning negatively, and influence their attitudes and confidence.

It was reported that professional nurses in the clinical setting would exert power over the students, while senior nurse educators and professors treated

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their subordinates and clinical educators, similarly. Administrative and support staff in this current study, reportedly, were exposed to this behaviour from academic staff, who reminded them, constantly that educators held higher qualifications; therefore, administrative and support staff needed to slave for them.

Ultimately, seniority and superiority formed part of bullying behaviour. Bullying is defined by Gladden, Vivolo-Kantor, Hamburger, and Lumpkin (2014, p. 7) as repetitive patterns directed at another person to cause “physical, psychological, social or educational harm”. From as early as possible, students and staff should be self-assertive, as well as aware of what constitutes incivility and bullying. In addition, they should know which support services to access for assistance against perpetrators. Formal disciplinary procedures should be communicated well by the nursing school management structure to all students and educators, and implemented to show zero tolerance for bullying and incivility. Bullying in nursing is a repetitive behaviour with no end that has been passed on from generation to generation (Szutenbach, 2013).

6.3.2.3.3. Physical violence

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Violent protest actions were mentioned in this current study, as part of the participants’ experiences, and observations on the campuses of South Africa, when students were unhappy. However, nursing students, generally, have been noted to act violently, which is very worrying, as they put fellow students, patients and educators at risk with such behaviour, and could have serious implications for health service care. Female nursing students reported that they were slapped by Black male students, when they opposed them during SRC meetings, while physical fights over clinical skills often erupted among students. Students attacked each other during Midwifery clinical placements for the delivery of babies, while they were supposed to care for the baby and mother.

Forcibly taking keys from security officers during protests, throwing papers at educators, and pulling attendance registers from educators’ hands were

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also reported. In addition, foreign international students and academics studying and working in South African HEIs were not spared from such violent incidents. Wahler and Badger (2016, p. 346) report that an undergraduate social work student physically prevented an academic from leaving the classroom, while another educator, reportedly, received death threats from a post graduate student. Sexual abuse by students on patients was mentioned by one nurse educator participant, which was noteworthy, because of the nature and seriousness of this type of violence. However, the extent to which patients and other students are exposed to sexual violence would need further exploration.

Vandalism emerged as an extreme form of violence in this current study, as campus buildings, student residences and vehicles were set alight. The students were armed like militants, evoking emotions of fear, anxiety and shock; however, this was all part of the *#FeesMustFall* protest movement. The impact of this severe form of violence was felt all over South Africa, with all those involved affected in different ways. For safety reasons, campuses were closed down indefinitely, which implied that assessments were also affected. Although the cause for the *#FeesMustFall* movement was supported by most South Africans, the violence, associated with it, was condemned by most civilians.

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This current study also raised issues of human rights and dignity violations, as protesting students obstructed fellow students and staff members from accessing campus facilities, to study and work. In some instances, violence would erupt without warning, even during the SRC elections. Innocent students and staff would be removed abruptly from the classrooms by protestors. The assumption was, therefore, if students were allowed to behave in this way on campus and in the classrooms, surely quality patient care would be at risk. However, the findings of this current study provided information, which suggested that nurse educators were more likely to engage in emotional and verbal violence, as opposed to physical violence. Violence, irrespective of the type, undermines the development of a student-educator relationship; therefore, respect and courtesy in highly

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volatile situations must be maintained. Workshops need to be conducted to equip nurse educators with knowledge and skills on how to enforce professional climates, where both student and educator could feel respected. It is the educator's role to set the tone for discipline, and to assess the students' knowledge and understanding of the academic rules.

6.3.2.4. Dishonest behaviour

In this current study, dishonest behaviour was confirmed to exist in South African professional nursing education programmes, although not many incidents were reported. The researcher, however, considered it worth mentioning, as honesty is one of the core values of a professional nursing programme. However, this would require further exploration, as, in this current study, the strategies applied to combat cheating in assessments, class attendance, and clinical hours, were inconsistent. Cheating in assignments and examinations in a social work study on incivility, provided information that this type of incivility is more common among undergraduate students, than among graduate students (Wahler & Badger, 2016, p. 345). Cheating needs prompt action, immediate attention, and a direct approach, to convey the message that this wrong behaviour is unacceptable (Altmiller, 2012, p. 18). At their entry into nursing, the students should be informed about the consequences for the various types of transgressions, as it would discourage them from participating in fraudulent activities. Uncivil behaviour, as well as disciplinary actions taken against any type of incivility, also needs sound recordkeeping.

6.3.3. Pillar 3: Contributing factors to incivility

The association between the student and the educator in the academic environment is referred to as an interpersonal relationship, which is necessary to enhance student learning (Bryan, Weaver, Anderson-Johnson, & Lindo, 2013, p. 41). However, incivility could cause conflict in such a relationship, and prevent, or hamper, the professional socialisation process. Therefore, the causes of incivility in nursing should be highlighted, as this profession, in general, is associated with stress; however, it is important to note that some nurses, simply, are rude for no apparent reason (Buck-Hooper, 2018, p. 79).

The orientation and identification phase of interpersonal relations involves identifying and understanding the students' problems, as well as deciding on the type of assistance that is needed, where appropriate (Belcher & Fish, 1990, p. 47). Students face various academic, socio-economic, psychological and emotional challenges in undergraduate professional nursing programmes (Mthimunye & Daniels, 2019, p. 62) that has the potential to influence the student-educator relationship. It also allows students to identify such challenges with the care and support of the educator, instilling in them a sense of belonging, and encouraging them to seek assistance from as early as possible. In the present study, academic, personal, social and economic factors were identified as contributing factors to incivility, as discussed in the following sections.

6.3.3.1. Academic factors

Poor preparation for higher education, large student volumes, vindictive incivility, language barriers, lack of care and support, and work overload, was identified as academic contributing factors to incivility. The participants raised concerns about the preparedness of South African nursing students entering tertiary education. This inadequate preparedness of the students was assumed to prevent them from coping with the rigors of professional nursing programmes. The students were perceived to lack maturity, as well as the ability to internalise what is required of them. Students with academic challenges, therefore, have been alleged to act uncivilly, while educators have been observed to harass such students more often. Educators play a pivotal role at an academic institution, to motivate students to learn through their method of teaching, as well as the expectations they place on their students (Raffini, 1993, cited in Afzal, Ali, Khan, & Hamid, 2010).

According to the *National Strategic Plan for Nurse Education, Training and Practice in South Africa: 2012/13 – 2016/17* (RSA, DOH, 2013), compulsory modules for professionalism and ethics, should be included at all levels of nursing and midwifery training, to refocus on caring, and to improve the image of nurses and nursing. In South Africa, standards and regulations for nurse training are set by the South African Nursing Council (SANC), and nurse educators have the responsibility of providing quality education, aligned with global standards, to ensure the best outcomes for healthcare users.

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Large student volumes were regarded as a contributor to an uncivil academic environment. Students were observed to demonstrate poor verbal conduct, while the educators were faced with the predicament of controlling them in such environments. In these learning environments, it is not easy to identify the perpetrators, and they are more commonly observed on urban, than rural, campuses in South Africa. Therefore, a large classroom size contributes to incivility, by providing students with a sense of anonymity (Vink & Adejumo, 2015, p. 3). In this current study, therefore, the assumption was that a significant amount of teaching and learning time was wasted because of disrespectful settings, with noise and overcrowding.

However, in this present study, the student participants considered the clinical staff of clinical placement sites more uncivil than their classroom educators. Chaun and Barnett (2012, cited in Osman & Gim, 2018, p. 49) assert that students encounter both negative and positive clinical learning experiences. Students require more “individualization” (to enhance their ability to make decisions), as well as better supervision, with constructive feedback, and good communication, to instil in them a sense of security (Vizcaya-Moreno et al., 2018, pp. 323, 326). The student participants assumed that when an individual acted uncivilly towards others, perhaps as a student, or a young professional, s/he must have been subjected to such treatment personally. Buck-Hooper (2018, p. 79) compared incivility in nursing to an abusive relationship, in which the abused victim becomes the perpetrator, because of the abuse s/he had experienced.

Clinical nursing staff perceived their unkind and cruel behaviour as normal, without regard for its impact on the lives of others. Therefore, the concept of bitterness became unique to this current study, as the students experienced the clinical staff as bitter, including their clinical supervisors. It could be concluded, therefore, that the students were subjected to vindictive uncivil behaviour in the clinical settings. Poor interpersonal relationships due to a hostile and unfriendly clinical learning environment could hinder clinical learning.

The issue of language was identified as a challenge, because South Africa, a multi-racial and multi-cultural country, uses English as the formal medium of

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instruction at the study sites. Therefore, the inappropriate use of ethnic mother tongue languages caused barriers and conflicts in classroom communication. English is a second language for most students, including international students and academics; therefore, it was identified as a barrier to learning. Language is needed to facilitate communication, and interpersonal relationships cannot develop in the presence of language barriers.

The students in this current study expressed that job dissatisfaction, as well as the high frustration levels of academics and clinical practitioners, contributed to incivility against them. Work overload, caused by the shortage of staff, coupled with poor salaries, have been cited by the students as the causes of incivilities among academics and clinical practitioners. The retention of nurses in academia and clinical settings affects student learning and patient care, which, in turn, affects the attrition rate of students. Other authors confirm that incivility, horizontal, vertical, and lateral violence, are deemed unethical behaviours, which affect job satisfaction, job retention, and are direct causes of stress (Buck-Hooper, 2018, p. 80).

Nurses should provide competent and compassionate care; therefore, their intellectual and emotional being must be in harmony. However, incivilities create negative working and academic environments, and the provision of quality care and teaching becomes a challenge (Buck-Hooper, 2018, p. 80). Nurse educators, especially, need to be cautious, and employ specific strategies to communicate poor performance to students with care, as this could trigger incivility from students (Altmiller, 2012, pp. 19–20). A student's identity as a caring professional is a core outcome of nursing education (Del Prato, 2013, p. 286), which could be developed best, when a student receives support from their educators, as well as their families. The role of caring in the educator-student relationship, therefore, is of utmost importance (Altmiller, 2012, p. 18).

Clinical learning placements also contribute to a student's development of care, critical thinking, clinical skills and competencies, as well as the handling of difficult situations (Lawal, Weaver, Bryan, & Lindo, 2016, p. 33). Students with poor academic performance and social issues, especially, required more support,

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while counselling services should be available to assist them, as well. In addition, administrative and support staff fulfil an important role, providing administrative services to students. This current study's findings revealed that this could be achieved better with more friendliness, approachability, and care.

6.3.3.2. Personal factors

In the HE environment, the ages of students vary, and the more mature students, with previous qualifications and work experience, have difficulty to cope with the younger students' behaviour. The younger students, who lack maturity, participate in incivility more often, while the older students are motivated more, and strive to complete the programme within the minimum period. The younger nurse educators have also admitted to experiencing more incivility from students, because of their age. In addition, the older clinical professionals, reportedly, have been observed to ill-treat students, especially young Black males, for whatever reason.

Additionally, personal stress appears to have had an impact on how students, educators, and clinical practitioners, behaved towards each other. The participants reported that there was a lack of coping with stressors from home, which influenced the academic environment. Stress at work, or with the academic programme, therefore, could be challenging. In this current study, the students reported that educators seemed to suffer from work overload, as well as the lack of skills to cope with stressors. Apart from the high demands of nursing education, academic staff at clinical placement sites also struggled under the strain of the burden of disease, poor health facilities, shortages of staff, and the lack of other resources.

6.3.3.3. Social and economic factors

Societal and economic factors, such as transport problems, financial difficulties, substance abuse, as well as poor family and social backgrounds, have been identified, in this current study, as contributing factors to incivility. Some students used public transport to and from campuses; however, transport problems contributed to late coming, and the early leaving of students from class. Using public transport in South Africa is risky due to its unreliability, robberies,

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as well as other forms of crimes and violence. In addition, the cost of transport is a financial burden to most students, and those using their own vehicles, feel the pinch, because of the high fuel prices in South Africa. Most institutions of higher learning assist students with transport; however, some students ignored the pick-up times and places. Most nurse educators simply expected students to communicate better, when they were late due to public transport challenges, beyond their control.

High tuition fees has been a topic of discussion among HE students, as they also struggled with other cost of living expenses, and many had not been recipients of bursaries. In particular, international nursing students struggled, as they are not eligible for South African health sector bursaries. These international students were of the opinion that the government should pay attention to their needs, as some South African students wasted public funds, and acted uncivilly towards other students, who, personally, had large sums of tuition fees to pay. The students, who were responsible for their own tuition fees, had to cope with many difficulties in professional nursing programmes, as often, they had to successfully negotiate full-time employment, as well as meet the minimum requirements of the programme, according to the SANC.

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Generally, students in South Africa emanate from poor socio-economic backgrounds, and have to manage households with bursaries, struggling to make ends meet, as some have no parents. Social ailments in this country perpetuates the cycle of poverty, with many students, who do not have financial assistance from their parents. Although universities try to assist, the demand is great, and not every student is able to benefit from financial aid. The participants in this current study assumed that such students acted out their financial woes in the form of incivility; however, it was not considered an excuse for rudeness.

Many students in South Africa come from social and family backgrounds, challenged by crippling social issues, such as poverty, crime and violence, substance abuse, single parenting, as well as teenage-headed households. The participants were convinced that this could be a contributing factor to incivility, as a lack of social skills, limits the student’s ability to be socialised into the role

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of a professional nurse. The basic values of respect, honesty, dignity, and care are learned at home, or in a particular community, and extended into the professional values in nursing. Students from stable homes, with strict rules, have been observed to struggle with adjustment, due to the sudden freedom, with no parental control. Therefore, if they are unable to exercise self-control, they are exposed to risky behaviour, such as substance abuse. The nurse educators and students in this current study related concerns that, from their experience, substance abuse causes disruptive behaviour, which negatively affects the academic performances of students. Therefore, early identification and referral to the relevant services are crucial, as support to these students. These students should also be informed about self-identification, as well as self-referral to available student services.

6.3.4. Pillar 4: Roots of incivility

The exploration of the roots of incivility was a further attempt of phase (2) in the Interpersonal Relations Theory to understand the origin of incivility in South African professional nursing education, as well as to address the problem by finding solutions. The participants could not differentiate easily between roots and contributing factors; therefore, probes and operational definitions were used by the researcher, to assist with the data collection and the subsequent analysis. Buck-Hooper (2018, pp. 79–80) asserts that finding the root of incivility is challenging, because of the sneaky and passive-aggressive behaviour of those involved. Incivility is difficult to recognise, and symbolic of a tree; the roots are very deep, and stem from the organisational culture, which is not easy to correct; hence, the need for the researcher to explore the roots. Finding and addressing incivility, as well as the culture that brings normality in behaviour, is similar to treating a disease, and finding the root cause of the illness, is a step in the right direction (Buck-Hooper, 2018, p. 80). Therefore, although very difficult, it was concluded that the following were the roots of incivility in South African nursing schools, namely: socio-economic and political issues; historical background of nursing; and intrapersonal aspects; the knowledge of which, would facilitate civility in professional nursing education.

6.3.4.1. Socio-economic and political issues

From the perspectives and experiences of South African nurse educators and students in this current study, it became clear that incivilities developed mainly

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from socio-economic and political roots, in this country's professional nursing education environment. With the political history of South Africa, it is not surprising that diversity in the higher education environment would be an issue. Although this country embraces the principles of democracy, and has a Constitution to enforce equality, the underlying anger is still existent among the various racial groups. Post-apartheid access to higher learning facilities is open to the various racial groups, and people from different cultural backgrounds are expected to cohabitate; however, intolerance of each other's differences, complicates this process. Racial tension is still visible, and could be at the core of incivility in the nursing programmes of this country; therefore, platforms should be created where people from different races, cultures and genders could engage with each other, openly and respectfully, on issues of gender inequality, as well as cultural and racial conflicts. Even xenophobia is a topic for discussion, as many *foreign international* students and academics suffered student incivility due to their nationality.

South Africans, in general, resort to protest action, with violence, when they are angry; even political leaders fight in parliament, and exhibit unacceptable behaviour. In addition, the social media networks mostly portray the violent aspects of incidents, which could affect the socialisation of young people, and impress the minds of young nursing students. The participants, therefore, were of the opinion that these activities definitely influenced the nursing profession, as it appeared to be the norm of everyday encounters. Nursing students uttered remarks, and hurled insults at each other, seeming not to respect each other's racial and cultural differences, as well as beliefs. The discourse regarding sensitivity towards racial and cultural differences, as well as beliefs, therefore, must be an on-going debate, and could be achieved through campus programmes and activities.

In the previous regime, Black students were marginalised, and therefore, had the least access to professional nurse training; however, currently, the majority of nursing students are Black South African. Males of all races also have equal access to nurse training programmes, although nursing is still predominantly a female profession. Race, however, remains an issue of contention, as nurse

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educators and students in this current study made allegations against each other, regarding unfair treatment, based on race. It was concluded, therefore, that the poor conduct displayed in the nursing programmes, was rooted in racism, as the participants reported constant rivalry between Coloured and Black students, as well as Coloured nurse educators and Black students. Student participants in an Israeli study confirmed how their educators were condescending towards them through remarks that they perceived as racist, and provocative, as well as offensive and disrespectful expressions of personal opinions (Yassour-Borochowitz & Desivillia, 2016, p. 416).

Gender inequality, as a root of incivility, was described as the perceived dominance of some Black male nursing students in South Africa, who expected female students, clinical staff, as well as their educators, to be submissive, especially White females, which held a historical connotation for them. Somehow, their aspirations for dominance caused them to forget that the home environment was different to the professional academic environment, where everyone is regarded as equal. In the South African context, Black males, who were raised in a culture, which dictates that women do not shout at, or backchat males, might feel humiliated, when women do, and may want to protect their male ego against females (Buthelezi, Fakude, Martin, & Daniels, 2015, p. 4). Generally, males in nursing have been observed to expect preferential treatment, which led to constant conflicts. In contrast, females, reportedly, do not get along well in nursing and nursing education, as they are competitive, act emotionally, display professional jealousy, and pick fights with each other.

Previously the vast majority of South Africans were not allowed to voice their opinions in their own country; however, now that people have equal rights, with freedom, various challenges ensue. In higher education, students' demands are very high, similar to consumers, while educators consider themselves powerless, because students appear to have too much freedom. The educators also regarded the students' demands as rude, and controlling, charging them with the inability to communicate dissatisfaction appropriately. However, the reality in South Africa is that many students still emanate from previously disadvantaged homes,

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as poverty and unemployment affects many communities, families and individuals.

In 2015, HEI students, across South Africa, started a movement to protest against high tuition fees, which protests spilled over into 2016 and 2017. Students demanded free higher education for all, after an idea of free higher education for the poor developed into the #FeesMustFall movement. Free higher education might be an ideal, but South Africa is known for its poor social and political economy. Langa, Wangenge-Ouma, Jungblut, & Cloete (2016, cited in De Beer, Jacobs, Moolman, & Zaaiman, 2016, p. 4) are of the opinion that the idea of free higher education would simply contribute to the inequalities that already exist, as, over a period, the increase in student enrolments would need growth in resources, for the sustainability of quality education.

The extreme violence associated with the #FeesMustFall movement left its scars on those who were involved, as some still suffer from post-traumatic stress disorder, after being labelled and humiliated by protesting students. Consequently, the participants in this current study were led to believe that *too many* rights, as well as *too much* freedom are at the root of incivility in South African professional nursing education. They alleged that there were better ways of expressing discontent, or fighting for rights, than destroying buildings of higher learning, steeped in so much history, which should be preserved for generations to follow. Therefore, the concept of freedom needs further discussion, as it would seem that a lack of boundaries exist, when too much freedom is enjoyed, while the consequences of too much freedom should be fully understood.

The majority of nursing students in South Africa are funded through the health departments, except for international students. Some nursing students in this current study, therefore, presumed that South African students do not appreciate their privileges. They waste the taxpayers' money, by acting uncivilly, after accessing free education, while some have been observed to demonstrate no interest for nursing. The diversity of students is a major cause of behavioural and discipline problems, as current students do not share "the traditional academic

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values, norms, and communication styles" (Nilson, 2003, p. 56, cited in Galbraith & Jones, 2010, p. 1). Cultural barriers created conflicts between educators and students, as well as among students; therefore, it is believed that incivility is rooted in cultural differences, as a strong set of beliefs cannot be changed overnight, but requires a very deep commitment for change. Students emanate from different social and cultural backgrounds; therefore, educators need to facilitate the development of respectful academic environments, by setting and enforcing norms on students, instead of retaliating, which could cause nurse educators to appear unprofessional and uncivilised. Incivility, therefore, is a socio-economic and political issue, which is present in current higher education platforms and nursing education.

6.3.4.2. Historical background of nursing and nursing education

Nurses' behaviours have followed patterns of horizontal violence, hostility, and bullying for decades; therefore, a deep introspection into the history of nursing is needed, to find the root causes (Szutenbach, 2013, p. 17). Nursing is an old profession, and some student and nurse educator participants in this current study have considered it too rigid, militaristic, old-fashioned, and not attractive to young people. Therefore, many conflicts with nursing norms, bureaucracy in nursing and nursing education, as well as the poor prestige of nursing and institutions of higher learning, emerged from the data analysis.

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Some participants argued that a white uniform does not make a nurse, while others alleged that a dress code is an important aspect of nursing norms, which facilitate professional and ethical behaviour. Students, who do not conform to the dress code in the clinical settings, usually face many challenges, as many qualified nurses still believe in the prescribed dress codes, even though they may not act as good role models for students. Culture also seems to impact on the nursing norms, as in certain traditions, for example, hair is styled in a certain fashion, and may offend others; therefore, the participants argued that the profession should make provision for this.

Bureaucracy in nursing and nursing education encourages respect; however, the recent incidents observed by the students in the clinical placement settings,

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appeared to promote disrespect, which is transferred into the classroom, and vice versa. Young nurse educators in this current study were strongly opposed to bureaucracy in nursing, and perceived it to be a root for incivility in nursing education. They criticised the old nursing mentality as being rooted in oppression, domination, and power imbalances, where junior staff have to be subordinate. They claimed that bossiness did not foster individuality, and emotions flared as they expressed a desire for unprofessionalism, and slaving for professors, to end. Vuolo (2018, p. 105) confirms that educators often use their positions aggressively and intimidatingly, to exert power over students, which incite students to disengage from the learning process.

The students also assumed that rigid nursing practices in South Africa retard growth in nursing, rendering them incapable of competing equally with other countries. Students are restricted and cannot be versatile and innovative thinkers, especially while on clinical placement rotation. Some participants were of the opinion that nursing needed to move away from the hierarchical system, and nursing education should be allowed to evolve. The tone of instruction in the nursing classroom does not have to be top-down, but should rather embrace collaboration, to facilitate decision-making. Students in a UK study reportedly assumed that they were regarded as being at the bottom of the pile of respect, because when doctors approach, even if they were seated first, they would be expected to move, and give the doctor the seat (Vuolo, 2018, p. 105).

The participants in this current study presumed that nursing had lost its prestige, and their opinion was that the students did not regard the profession in a serious light. In addition, they alleged that students' selected nursing for financial security, as most nursing students in South Africa receive bursaries; therefore, to the students, nursing was no longer a *calling*, but rather an opportunity for many. Generally, it was observed that some of the students did not possess the qualities required to be nursing professionals; therefore, the call to the key stakeholders for admission criteria to be reviewed, and the screening of students to be stricter. Even within South African communities, nursing has been devalued, and the students are embarrassed to wear their nurses' uniforms with pride. Therefore, the societal perception on nursing needs to be changed, through public forums and

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platforms. According to Yassour-Borochowitz and Desivillia (2016, p. 421), “The college is a ‘mirror’ of society as a whole”, which confirms that societal issues could contribute to a decline in nursing, in general.

One of the study sites, offering the degree programme, enjoyed very low prestige, with a reputation of producing nursing professionals with poor abilities. The students from this training site, therefore, experienced immense pressure to prove their clinical competencies, and consequently, developed a dislike for nursing. These student participants’ clinical experiences left them embittered, as they were referred to as the *6-month training Midwives*, produced from the useless 4-year curriculum. They were regarded as incompetent, and a danger to the nursing profession, before they were even qualified. In addition, other participants complained that their institution of higher learning was not a good place at which to study, or work. They could sense the lack of respect towards their institution, and regarded the environment as very bad. However, some students anticipated that prospective nurse professionals could develop a love for the profession and its prescripts, through good socialisation, facilitated by effective interpersonal relationships.

6.3.4.3. Intrapersonal aspects

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The analysis of the participants’ collected data highlighted another interesting concept that personality and character, perception, and low self-esteem, should be considered as personal roots of incivility, which might provide a better understanding of why it exists among people, who share the professional nursing education platform. Wahler and Badger (2016, p. 348) assert that individual characteristics, such as subjectivity, preference, and perceptions, could influence studies on classroom incivility.

The participants in this current study regarded incivility as rooted in the uniqueness of an individual person, the way in which that individual views issues, as well as in the lack of self-esteem. The findings of this current study, consequently, revealed that some nurse educators display difficult personalities, which their fellow colleagues had to endure and negotiate, to compensate for their behaviour. Descriptions of being hard, dominating, with issues of power

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struggles, seem to originate from the personality traits that nurse educators possessed; hence, the concept that incivility in professional nursing education is rooted in personality. The participants in this current study expressed their dissatisfaction with the manner in which personality was used to justify incivility from nurse educators, as well as how their managers failed to discipline them. While students, who acted uncivilly, were also believed to have strong characteristics that caused them to behave in this manner. However, personality is stagnant and cannot be changed, while new attributes could be learnt to compliment those that are lacking. Similarly, the participants in the study of Yassour-Borochowitz and Desivillia (2016, p. 421) were of the opinion that disrespectful behaviour stems from personality and psychological traits. Nurse educator managers must understand that incivility is a labour and employee relations issue; therefore, it must be dealt with promptly, and the opinions of the younger generation of nurse educators should be valued during staff conflicts.

Incivility is one of those concepts that are based on an individual's understanding, as well as the meaning a person attaches to rudeness or disrespectfulness. In this current study, the perception was identified as a root of incivility, as the participants believed that the students did not regard their behaviour as rude or disrespectful; they regarded their behaviour as more of a norm, and could not understand why nurse educators and qualified clinical professionals perceived their behaviour any different. The interpretation of what is civil or uncivil is in the perception of the receiver and the sender (Barash, 2004, cited in Galbraith & Jones, 2010, p. 3). Therefore, the behaviour is dangerous, as it could mean anything from sincerity, to sarcasm, to manipulation, harassment, incivility, bullying, or passive aggressiveness, as interpreted by the receiver, with intention of the sender, being viewed as insignificant (Twale & DeLuca, 2008, p. 3, cited in Galbraith & Jones, 2010, p. 3).

Some participants also believed that low self-esteem could be a root of incivility. According to Blevins (2015, cited in Buck-Hooper, 2018, p. 79), people who participate in acts of incivility often display poor self-esteem, poor social skills, are abusive, and do not have self-restraint. In this current study, the participants related that some people, who act uncivilly, have the need to boost their self-

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esteem, and the attention that they receive from observers, empowers them. The SRC representatives in this current study were observed to display attention-seeking behaviour. Therefore, the participants believed in the existence of a relationship between low self-esteem and incivility, as they regarded certain acts of incivility as a need for attention, which, when received, makes the person to feel good.

In this current study, nurse educators and qualified nurses have been identified as contributors to the students' lack of self-esteem, when they cause students to feel inadequate, unequal, embarrassed, attacked, and not good enough, because of their academic inabilities. Some students and educators in a study of Yassour-Borochowitz and Desivillia (2016, pp. 420-421) understood students and educators disrespect as a need to receive status, or a way of being noticed, a desire for attention, and to appear strong, or bold. A participant in their study referred to such an individual as *the king of the class,* who wanted to show that s/he was in control of the class. Such disrespect was also linked to poor upbringing, as well as the environment in which a person lives, or racism.

6.3.5. Pillar 5: Consequences of incivility

Students are encouraged, according to the interpersonal theory, already in orientation, on the effects of incivility. After they are aware of the manifestations and contributing factors, students are encouraged to make their needs known. Those with challenges are assisted, or referred, and directed to resources that will address their anxieties. This will give the student the sense that they are cared for, and the sense of belonging is enhanced.

The effects of incivility have been described in the literature as harmful. It negatively affects the lives of those involved, and concerns have been raised, globally, regarding its effects on nursing education and patient care (Vuolo, 2018, p. 103). Two main categories were identified in this current study, regarding what participants described as the consequences of incivility on their lives, namely, academic and emotional consequences. Mostly emotional disturbances were experienced, and through the participants' descriptions, it became clear how incivility in professional nursing education influenced the well-being of those involved. Consequently, in the orientation

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and identification phase of the Interpersonal Relations Theory, all efforts are made to gain a better understanding of the feelings of the student, and distractions are avoided for communication that is more effective. In the third phase, the exploitation phase, students use their educators' expertise to attain identified learning needs, as well as for support. The educators, in turn, could direct the student to services that would assist them with academic, financial, social and personal challenges.

6.3.5.1. Academic consequences

Nurse educators need to have a good grasp on the phenomenon of incivility, in relation to their own context, as well as setting, and should promote civility, to utilise the teaching and learning experience, optimally (Vuolo, 2018, p. 103). Incivility is known to be disruptive to the teaching and learning process, and this current study has confirmed what authors in previous studies have revealed. The attention that needs to be given to students, who are disruptive and rude, interrupts the educator's concentration on the prepared content, as well as the educator's flow of thought. Vuolo (2018, p. 105) confirms that students' lateness to attend class forces educators to stop their teaching, and waste time to "find their train of thought" again.

Students, who are academically challenged, could be affected by incivility even more, as it is impossible for the educator to focus on their needs in a disrespectful environment. Incivility creates a tense environment, with high levels of frustration, as time is wasted on addressing incivility, rather than actively teaching. These frustrations often progress to anger against those students, who act uncivilly, as well as anger about not knowing how to deal with the situation. Interruptions in this current study were not limited to the classroom only, but were also reported to exist in the clinical settings. The students' attention must be drawn to their bad behaviour in a constructive manner, and they need to be taught what behaviour is acceptable in the academic setting. The rules for the academic setting could be constructed, in collaboration with the students, by the nurse educators.

Incivility, as reported in this current study, contributed to unconducive working and academic environments. The participants in this current study related how

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their institutions of learning and their work environment affected their emotions, or their sense of happiness. One of the study sites was described explicitly by participants as sick, horrible, and bad, to the extent that staff resigned in large numbers. The student participants also expressed how, often, they had been on the verge of deserting their studies, because of insults by rude staff. Lampley, Curia, Vottero, and Hensel (2016, p. 119) report that both educators and students have raised concerns regarding the increase of incivility, which is even more concerning during this period of a national shortage of nurses and nurse educators.

6.3.5.2. Emotional consequences

Some participants became very emotional when they relived their experiences of incivility. Through their tears, they related their stories, in anticipation that it would make a difference to nursing and nursing education. The most common emotions expressed were anger and frustration, irritation, fear and anxiety, sadness, and hurt, as well as doubt and inferiority.

Incivilities in the classroom and the clinical setting have been reported by the participants in this current study to lead to feelings of anger and frustration, fuelled by misbehaving fellow students, and educators, who seemed unwilling to take action against uncivil students. It was also caused by the lack of assistance, when they experience problems, or when they perceived a lack of support. Educators also became angry when they observed fellow colleagues receiving preferential treatment from managers. These perceived acts of favouritism also provoked them to demonstrate anger against such colleagues. In addition, the student participants related that some educators, in turn, would take out their frustrations on them. Students have an expectation to receive quality teaching, if their needs are not fulfilled, and they react with high levels of frustration. According to Galbraith and Jones (2010, p. 8) frustration is a contributing factor of incivility, as students, especially, become frustrated when they waiting for replies from the educators.

Lateness to attend class, for example, has been reported to have a *ripple effect*, as, apart from the noise disturbance of someone entering the class, the person coming

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late, would be observed/watched as they make their way through the class, the moaning would start, as a further effect that disrupts the class (Vuolo, 2018, p. 105). Although they might seem as minor incivilities, they often cause the most irritation, as they appear to have no solutions. Unequal treatment among colleagues also leads to irritation against those, who seem to be receiving the preferential treatment. Additionally, certain qualified nurses were also reported to demonstrate irritability, when the students displayed skills and abilities that they did not possess.

Fear in this current study was mostly experienced, because of violent protest actions. Students feared that if they did not participate in the protests, their fellow students would regard them as sell-outs. Both nurse educators and students feared classroom invasions from protesting students. Their fear for safety during violence was coupled with anxiety, as they had to witness vehicles being set alight and campus properties being damaged.

Additionally, the students mostly feared their educators and mentors, as they exploited their positions against students, as part of the student-educator relationship. The students in this current study explained being afraid to report and challenge uncivil academics, as they feared failing theoretical and clinical assessments; therefore, they would rather tolerate this abuse of power. Similar findings were revealed in a study with nursing students in the UK, who reported a reluctance to challenge mentorship behaviours that were poor, to avoid failing their clinical assessments (Vuolo, 2018, p. 105). When students experience fear and anxiety, they might not participate in the educational opportunities, which could hamper their academic development.

The participants in this current study shared the sentiment that incivility in professional nursing education impedes the joy of student and work life. Reports of feeling hurt and sad were related by both students and educators. These reports were made by young nurse educators in this current study, regarding their experiences with workplace incivility. They related stories about how they were embarrassed by their management and seniors, in front of students, to the extent of tears.

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Some student participants, who followed the degree programme in nursing, also reported a lack of confidence in themselves and their abilities, because nursing personnel in the clinical settings always praised the skills of the students following the nursing diploma programme. They also expressed that classroom teaching and learning should boost their feeling of self-worth, in order for them to trust their abilities. However, the findings of this current study confirmed that nurse educators doubted their teaching abilities, when students displayed a lack of interest in the class. Both students and educators reported feelings of inferiority. Educators reported that when students act uncivilly towards them, in the presence of other students, or challenge their teaching abilities, they feel inferior. Similarly, students experienced the same feelings, if embarrassed by the educator, in the presence of other students. Senior educators also subjected clinical supervisors and junior educators to superiority, especially, when they held higher qualifications than did their subordinates.

Ultimately, dealing with incivility would involve early in-depth education in nursing schools, a zero tolerance approach towards incivility, and strict application of the Codes of professional conduct (Carr, Pitt, Perrell, & Recchia 2016, cited in Buck-Hooper, 2018, p. 79). It has been confirmed in the literature that incivility causes emotional distress and fear, as well as feelings of hurt, discomfort, avoidance and impaired ability to learn for students, while educators experience stress and lack of contentment (Yassour-Borochowitz & Desivillia 2016, pp. 414-415). Both nurse educators and students need to be guided towards accessing emotional and psychological support from the onset of experiencing incivility.

6.4. Conclusion

The tree of incivility in professional nursing education formed the conceptual framework, through which this phenomenon could be understood, in the context of South Africa. The framework was supported by the five pillars, namely, the concept, manifestations, contributing factors, roots and consequences of incivility, and the relevant solutions and actions to promote civility in professional nursing education were integrated through the discussion of each pillar. The phases of (1) orientation, (2) identification, and (3) exploitation

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of Peplau's Theory on Interpersonal Relations were presented under each pillar, as it highlighted how interpersonal relationships and effective communication could be beneficial in educator-student relationship, to embrace civility in the academic nursing education. This current research study confirmed that incivility is a moderate problem among academic staff and students, and even exist in clinical settings. Educator-to-educator incivility was identified as problematic. Incivility, although not a new phenomenon, could be documented to exist in South African academic platforms, and the researcher explored the roots, which bring a new dimension to the understanding of incivility, from a multi-racial and cultural society, with various socio-economic and political challenges that have infiltrated academia.

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CHAPTER SEVEN

JUSTIFICATION, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

7.1. Introduction

This chapter comprises a brief reflection on the research process, with the justification for contribution of the study to original knowledge. In addition, it contains the limitations of the study, as well as recommendations to students, nurse educators, and the key stakeholders of professional nursing education in South Africa, with suggestions for further research. Finally, the researcher completes the study with the concluding remarks.

7.2. Justification for the study

In this current study, the researcher sought answers regarding the construct of incivility, as it was believed that this discovery could be of great value to the professional development of nursing students in South Africa, to guide them as future professional nurse practitioners. In addition, it could assist nurse educators, who socialise these students on the required behaviour for professional nursing. This qualitative, exploratory, descriptive study on incivility was deemed the best way to investigate incivility through the four phases (Conceptual, Philosophical, Implementation, and Evaluation) of the Contextual Constructs Model [CCM] (Knight & Cross, 2012). This knowledge was considered important, as it was believed to contain the potential to address civility in South African professional nursing education.

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The researcher uncovered new knowledge by unpacking the descriptors of incivility and identifying the origin of incivility in professional nursing educational programmes, in the context of a multi-racial and multi-cultural country, with various socio-economic and political issues. The socio-economic and political issues, the historical background of nursing, and intrapersonal aspects were the main categories that emerged from this research. The discovery of the roots of incivility was a challenging task, as it overlapped with the contributing factors, and the operational definition was applied to make a clear differentiation. Incivility is difficult to determine, because of the manner in which it

manifests; however, the researcher observed the similarities, or symbolism of incivility in a conceptual framework termed, *Tree of incivility* (See Figure 6.1 on page 147). The roots are deep underground, which makes unearthing and addressing incivility challenging; therefore, the conceptual framework: *the tree of incivility in professional nursing education* was developed, in which this current study was grounded. Subsequently, the researcher considered that the pillars of this tree would be understood better, through the application of the Interpersonal Relations Theory. The following phases of the theory: 1) Orientation, 2) Identification, and 3) Exploitation, were relevant to the understanding of the student-educator interaction, as well as the pillars that formed the total sum of the tree. Incivility is communicated; therefore, the need for a good interpersonal relationship in the interaction between student and educator is vital, from the onset into nursing, and throughout the training programme. The researcher explained relevant strategies, under each pillar, for an integrated understanding of the best suitable actions and solutions for professional nursing education incivility.

7.3. Limitations of the study

- Although this current study contained a fair amount of nursing students' and nurse educators' perceptions and experiences of professional nursing education incivility, only one second-year nursing student was included in the research sample, and the extent to which other year level students understood and experienced incivility, could not be determined.
- Nursing students elaborated extensively on the incivility they had experienced in clinical settings from professionals and clinical supervisors; however, in this current study, clinical nurse educators and nursing staff from the clinical settings were not interviewed for their opinions on incivility from nursing students. Incivility towards patients was also not investigated, and although, while not explicit, it was mentioned that patients might be suffering at the hands of nursing students.
- The cultural, political, and socio-economic backgrounds of South African nursing students and educators may be different from other countries, and may influence how people behave in this context. Therefore, what has been described in the context of South Africa might not be easily generalizable to other countries.

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- Academic workplace incivility also emerged in this current study; however, the focus of this study was not aimed at exploring educator-to-educator incivility. The evidence, however, points to a serious need for an investigation into nursing academic work-life experiences in South Africa.

7.4. Recommendations

The following recommendations were made, based on the findings from the analysed data, as well as the insight gained into the roots and the construct of incivility in the professional nursing education setting of South Africa.

7.4.1. Nursing education curriculum, and the teaching and learning process:

- It is recommended the study of incivility, forms part of the professional nursing education curriculum, as it will help to equip the student with communication and interpersonal skills, professionalism, and courteous manners that could be applied, even when practicing as a professional nurse.
- Orientation programmes into the nursing profession should include a discussion on incivility, because of its impact on the learning process, and clear guidelines for classroom conduct should be communicated to students and educators.
- Professional nurse educators should receive regular in-service training to remind them that they should be role-modelling professionalism to their students. In addition, frequent seminars on effective classroom management should be arranged, to equip them with the necessary skills, to decrease incivility.

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7.4.2. Supporting and managing the nursing education environment

- Emotional and psychological support should be provided for both nurse educators and students, who are subjected to incidents of incivility. In addition, emotional intelligence and maturity should be fostered for the professional growth and development of students.
- Forums or platforms should be implemented for nurse educators and students to discuss issues of incivility, with its multiple related factors and roots. Incivility is a socio-economic, cultural and political issue; therefore, the government should invest in addressing this societal illness.

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- In the nursing schools, open forums should be available to discuss issues concerning race, ethnicity, culture and nationality. Cultural awareness campaigns should become part of campus environments.
- Debriefing sessions should be held for students after each clinical placement, based on the level of clinical incivility experienced by participants in this current study. The findings of this research also revealed a need for increased collaboration between clinical placements and nursing school departments, to ensure the improvement of students' clinical learning experiences.
- Strategies for violence prevention and intervention should be explored, especially, as increased violence is experienced in higher education during students protest actions. Evidently, post-traumatic stress could be a concern for those students and staff, which had experienced and witnessed the #FeesMustFall movement. However, any kind of violence should be dealt with because of the potential physical and psychological harm it bears for individuals.
- Positive and civil learning environments should be created by all the key stakeholders involved, through carefully and consciously considered efforts.

7.4.3. Students' empowerment

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- A sustainable funding model should be explored, as many South African students, as well as students from the rest of the African continent, carry huge financial burdens, while trying to obtain a qualification. Financial frustrations could be seen as incivility. However, measures should be built-in to monitor and prevent the waste of public funds on nursing students, who have no desire to be a healthcare professional.
- Students should be empowered to take action against incivility, implying that systems for reporting, as well as the protection of students should be in place, and should not only benefit the educator.

7.4.4. Leadership anticipatory measures

- Guidelines and policies should be developed, for students and educators, to create an awareness of appropriate communication in an online learning

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environment. In addition, action should be taken against students, academics, managers, as well as administrative personnel, who engage in cyberbullying.

- Admission and screening criteria to nursing programmes should be strategically aligned, to ensure that candidates with the appropriate attributes are selected for training and education, to ensure high quality nurse graduates, who possess the necessary skills, knowledge and attitudes for a profession of this kind.

- Leadership of HEIs and nursing schools should engage in conversation regarding ways to improve their institutions' damaged image to the public and private sector stakeholders. The findings of this current study clearly revealed that the educational reputation of one of the study sites caused students to be subjected to a significant amount of incivility, especially in clinical placements. In addition, students and educators also displayed immense disrespect, as well as the lack of a sense of belonging towards their institutions, because of the lack of positive practice and learning environments.

7.4.5. Future research

- Multiple types of incivility, its causes, roots, and the implications, on both students' and nurse educators' lives, were outlined in this current study, and explained, for improved understanding, through the tree of incivility (Fig. 6.1). The solutions and actions that could be successful/unsuccessful were also explored. However, further investigations should be conducted, among nursing education stakeholders, into the consensus of the findings of this study, as well as the effectiveness of the strategies and solutions to be explored.

- Incivility in clinical nursing education in South Africa requires additional exploration, as the findings revealed that incivility occurs beyond the nursing academic classroom. The need for future research exists, to explore the full extent of incivility in clinical settings from all stakeholders.

- Further research needs to be conducted on the manifestations, factors, and impact of incivility in the academic work environment, as nurse educators in this current study indicated various types of colleague-to-colleague incivility.

- It would be worth exploring how higher education institutions and nursing schools could improve their image. In addition, the difference between the

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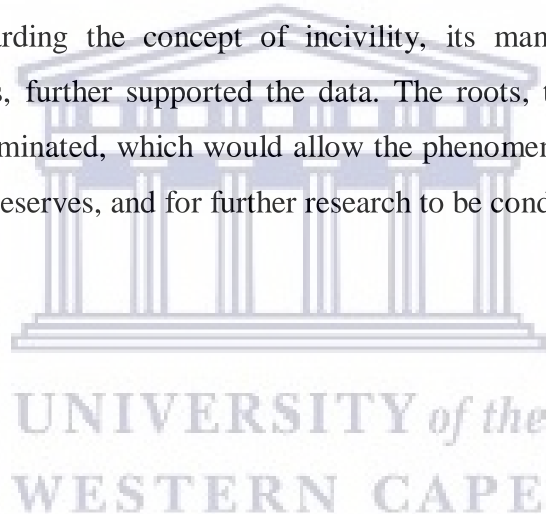
competencies of diploma- and degree-graduates could provide much-needed clarification, as a school of thought exists that the 4-year integrated programme produces professional nurses with inadequate skills, especially clinical skills.

7.5. Conclusion

Irrespective of the limitations of this current study, it provided important insights into the understanding of incivility in professional nursing education in South Africa. The exploration was from the context of a specific cultural and political background. The purpose, therefore, was to gain a better insight and deeper understanding of the phenomenon, through the development of constructs and roots, from the perspectives of South African nurse educators and students. This study confirmed that moderate to severe forms of incivility are indeed experienced by nursing students and their educators. The thick and rich descriptions from the various participants, regarding the concept of incivility, its manifestations, contributing factors, and consequences, further supported the data. The roots, therefore, although very deep, could be clearly illuminated, which would allow the phenomenon to be addressed with the necessary attention it deserves, and for further research to be conducted.



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APPENDICES

Appendix A: UWC Senate Research Committee Methodology & Ethics Approval Letter

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

30 January 2015

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Mrs HJ Vink (School of Nursing)

Research Project:	Roots and constructs of incivility in professional nursing education: refocusing solutions and actions.
Registration no:	14/10/31

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

A place of quality,
a place to grow, from hope
to action through knowledge

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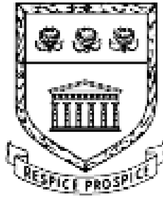
Appendix B1: UWC School of Nursing Permission Letter



UNIVERSITY OF THE WESTERN CAPE
SCHOOL OF NURSING

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271
E-mail: kjooste@uwc.ac.za

PERMISSION LETTER

25 May 2015

Ms H Vink

Title of Research Project: Roots and constructs of incivility in professional nursing education: refocussing solutions and actions"

You are granted permission to conduct your study at the School of Nursing.

You have to arrange the data collection with the appropriate level coordinator(s) for a convenient time. During this phase you have to adhere to the ethical principles outlined in your study.

I wish you success with your studies.

Prof K Jooste
Director
School of Nursing

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Appendix B2: WCCN Ethics Approval Letter

DIRECTORATE: WESTERN CAPE COLLEGE OF NURSING

[illegible]@pgwc.gov.za

Enquiries: Ms T M Bock

Date: 2015/04/[illegible]

Mrs. Vink
University of the Western Cape

RE: YOUR RESEARCH TITLED: "ROOTS AND CONSTRUCTS OF INCIVILITY IN PROFESSIONAL NURSING EDUCATION: REFOCUSSING SOLUTIONS AND ACTIONS"

Dear Mrs Vink

Thank you for your application and the complete submission of all the necessary documents which assisted in considering this application

The WCCN: Institutional Research Ethics committee considered your application and approve your request to conduct the research at the WCCN, with all its Campuses. The Institutional Ethics committee wishes to request that your interviews be conducted after hours as to not infringe on the academic programme or the clinical experiential learning.

The WCCN Institutional Research Ethics committee wishes you success in your study

Therese M. Bock

Head of Psychiatric Nursing Science

Head of Campus WCCN Metro East

Chair Person WCCN Institutional Research Ethics Committee

[illegible]

[illegible]

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Appendix B3: CPUT Ethics Approval Letter

Office of the Deputy Vice Chancellor:
Research, Technology Innovation & Partnerships
Bellville Campus
P O Box 1906
Bellville 7535
Tel: 021-[illegible]
Email: [illegible]

16 August 2016

Ms Jo Anne Vink
University of the Western Cape,
Private Bag X 17,
Bellville,
7535

Email: 2860812@myuwc.ac.za/hvink@uwc.ac.za

Dear Ms Jo- Anne Vink

RE: PERMISSION TO CONDUCT RESEARCH AT CPUT

The Institutional Ethics Committee received your application entitled "Roots and constructions of incivility in professional nursing education: refocusing solution and actions", together with the dossier of supporting documents.

Permission is herewith granted for you to do research at the Cape Peninsula University of Technology.

Wishing you the best in your study.

Sincerely

PO Box 1906 Bellville 7535 South Africa
086 123 2788

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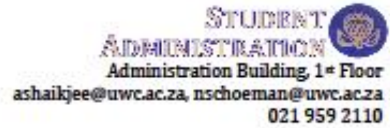
Appendix B4: UWC Student Administration Permission Letter



Administration Building, 1st Floor
ashaikjee@uwc.ac.za, nschoeman@uwc.ac.za
021 959 2110

13 October 2016

Dear Hildeguard Vink

RE: PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF THE WESTERN CAPE

As per you request, we acknowledge that you have obtained all the necessary permissions and ethics clearances and are welcome to conduct your research as outlined in your proposal and communication with us.

Please note that while we give permission to conduct such research (i.e. interviews and surveys) staff and students at this University are not compelled to participate and may decline to participate should they wish to.

Should you wish to make use of or reference to the University's name, spaces, identity, etc. in any publication/s, you must first furnish the University with a copy of the proposed publication/s so that the University can verify and grant permission for such publication/s to be made publicly available.

Should you require any assistance in conducting your research in regards to access to student contact information please do let us know so that we can facilitate where possible.

Yours sincerely

DR AHMED SHAIKJEE
MANAGER: STUDENT ADMINISTRATION
OFFICE OF THE REGISTRAR

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

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Appendix C: Information Sheet

University of the Western Cape
Faculty of Community and Health Sciences
School of Nursing
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592278, Fax: 27 21-9592679
E-mail: 2860812@myuwc.ac.za

INFORMATION SHEET

Dear Sir/Madam

I would like to enlist your help in gathering information for this study. Please take some time to read through this information leaflet explaining the objectives of the study and how you could be involved. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved.

Project Title: *Roots and constructs of incivility in professional nursing education: refocusing solutions and actions.*

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What is this study about?

This is a research project being conducted by Hildeguard Jo-Anne Vink and is supervised by Prof. K. Jooste from the School of Nursing at the University of the Western Cape. You are being invited to participate in this research project because you are a nurse educator or a nursing student and you might have encountered incivility in your nursing school. The purpose of this research project is to develop South African professional nursing education's construct of incivility, and to explore the roots of incivility at the college and university based nursing schools in South Africa from the perspectives of the people involved; with a view to using the understanding of the roots and constructs from the findings to refocus solutions and actions against incivility in South African settings. The study will only include 4- year undergraduate degree and diploma nurse educators permanently employed and 4- year

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undergraduate degree and diploma nursing students registered at nursing schools in the Western Cape Province.

What will I be asked to do if I agree to participate?

You will be asked to participate in an individual face-to-face interview with open-ended questions and additional relevant information can be added. The nursing school management has approved the study and with the permission of you a suitable time can be set for the interview that will not affect the teaching programme. The duration of the interview will be approximately 40 minutes long and a follow-up will be done to verify if your descriptions have been transcribed correctly. You can choose a convenient venue in the nursing school where you would feel comfortable for the interview to be conducted. With your permission the interviews will be audio recorded for reference purposes for the researcher only and after the writing of the thesis the tapes will be confiscated in accordance with the ethical guidelines. Your name, contact details and any other identifiable information will not be documented, but a code will be assigned to each participant for data capturing purpose. The interview questions will relate to your knowledge and experiences with incivility in the nursing school.

Would my participation in this study be kept confidential?

This research project involves making audio recordings of you with additional handwritten notes in case the audio equipment fails. The audio recordings are only for the purpose of the research and will assist the researcher with proper data collection and analyses of the collected data. Audio recordings will only be made if you give permission and information by which you can be identified will not be recorded or written down, like your name and your nursing school that you work or study at. Codes will be assigned to each participant's interview protocol form and audio recording. The researcher is the only person that will have access to the audio recordings and additional handwritten notes. All the audio recordings, handwritten notes, transcripts of the interviews and hardcopy documents will be stored in a locked cabinet that only the researcher will access. The audio recordings and transcripts after proper analysis and recording will be kept for a period of approximately 5 years as required by ethical guidelines after which data will be destroyed and the researcher will take the necessary precautions that the information do not land into the wrong hands. If the researcher will write a report or article about this research project, your identity will be protected to the maximum extent possible.

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What are the risks of this research?

There is always some minimal amount of risks in researches dealing with getting people to talk about their experiences. If you may relive specific bad incidents such as psychological or emotional disturbances for example fear, anxiety, insomnia etc. you can request to withdraw at no cost or penalty to you, from the study and with your permission appropriate referral to counselling service can be arranged.

What are the benefits of this research?

Participation in this study will hold no particular benefits for you; however it is an opportunity to share your experiences and knowledge of this phenomenon that will benefit nursing education as the construct of incivility for South Africa will be developed from both the nurse educator and the student's perspective. We hope that fellow nurse educators, nursing students and nursing schools that experience similar problems can benefit from what you would share and recommend.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary and you will not be paid to participate in this study. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time or when you feel that the study affects you negatively. As indicated there is always some minimal amount of risks in researches dealing with getting people to talk about their experiences therefore you can withdraw at any time and if the need arise with your permission counselling service can be arranged. If you decide not to participate in this study or if you stop participating at any time, this will not affect you negatively in any way.

What if I have questions?

This research is being conducted by ***Hildeguard Jo-Anne Vink a student from the Faculty of Community and Health Science, School of Nursing*** at the University of the Western Cape. If you have any questions about the research study itself, please contact ***Hildeguard Jo-Anne Vink*** *at*: 6 Marcus Crescent, Gordon's Bay, 7151; 021 959 2278/074 513 8072;

e-mail : **2860812@myuwc.ac.za**

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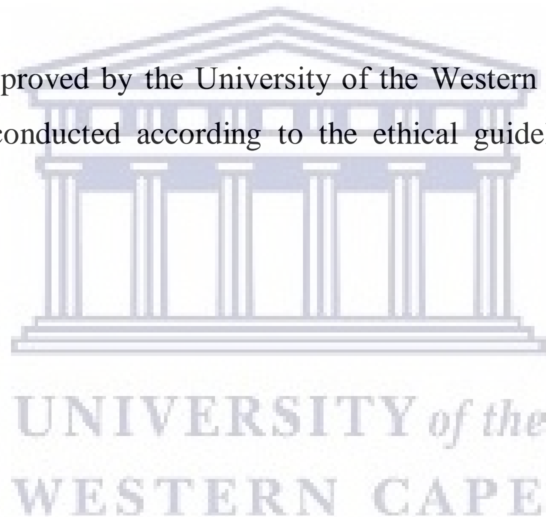
Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

The Director: School of Nursing: Prof. K. Jooste on 021 959 2274 or e-mail: kjooste@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: Prof. J. Frantz on
021 959 2631 or e-mail: jfrantz@uwc.ac.za
University of the Western Cape
Private Bag X17
Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and will be conducted according to the ethical guidelines and principles for research.



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Appendix D: Consent Form

University of the Western Cape
Faculty of Community and Health Sciences
School of Nursing
Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-9592278, Fax: 27 21-9592679
E-mail: 2860812@myuwc.ac.za

CONSENT FORM

Please ensure that you complete a **CONSENT FORM** before you participate in the study.

Declaration by participant

By signing below, I ………………………………………..………… agree to take part in a research study entitled: *"Roots and constructs of incivility in professional nursing education: refocusing solutions and actions"*.

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to withdraw from the study at any time and will not be penalised or prejudiced in any way.
- I understand I will not be paid to participate in the study.
- ___ I agree to audio recordings during the interview sessions.
- ___ I do not agree to audio recordings during the interview sessions.

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Signed at (*place*) …......................…….....…………….. on (*date*) ………….…….….. 2015.

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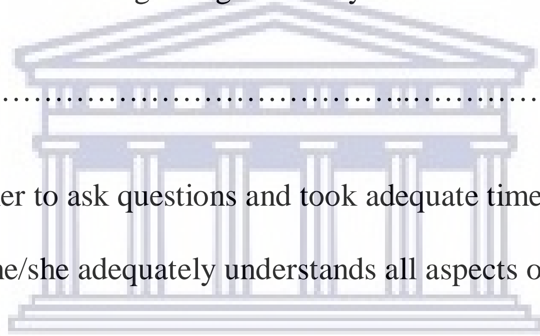
Signature of participant   Signature of witness

Declaration by investigator

I *(name)* …………………………………………..……… declare that:

- I explained the information regarding this study to

  ……………………………………………………………………………..



- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above

Signed at (*place*) …......................…….....…………….. on (*date*) ………….…….….. 2015.

....

Signature of investigator

Study Coordinator's Name: Prof. K. Jooste
University of the Western Cape
Private Bag X17, Belville 7535
Telephone: (021) 959-2274
Fax : (021) 959-2679
E-mail : kjooste@uwc.ac.

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Appendix E: Interview Guide

INTERVIEW GUIDE

***Project*: Roots and constructs of incivility in professional nursing education: refocusing solutions and actions**

Time of interview:

Date:

Place code:

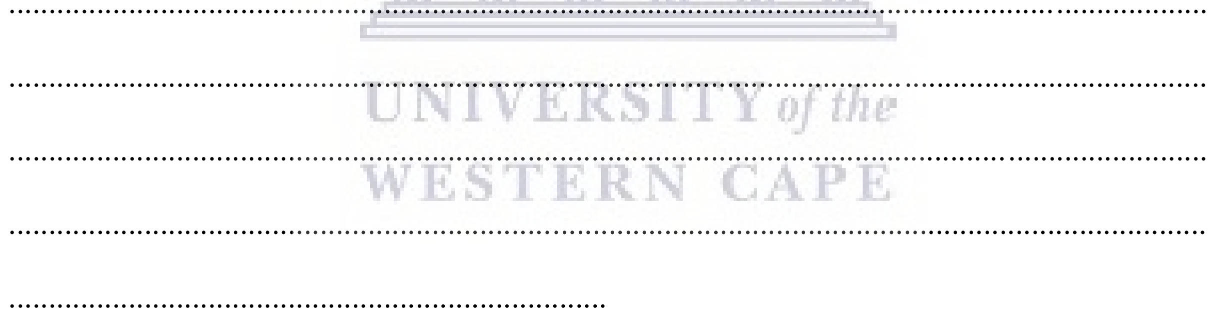
Interviewer:

Interviewee code:

Questions:

1. What is your experience with incivility at your nursing school?

    1. Probe: What does incivility mean to you?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2. How would you explain incivility from your experience?

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3. What are the types of incivility that you have experienced or witnessed in your nursing school?

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4. What do you think contributes to uncivil behaviour as you have experienced it or what factors would you associate with such behaviour?

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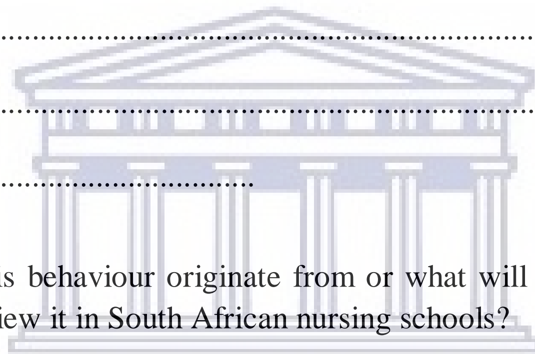

5. Where do you think this behaviour originate from or what will you say are the roots of uncivil behaviour as you view it in South African nursing schools?

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6. Have you had to deal with solving problems of incivility in your nursing school?
   1. Probe: What do you think worked or did not work in your nursing school to deal with the problem of incivility?
   2. Probe: What do you think made what worked to work and what do you think made what did not work not to work?

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7. What strategies and solutions can you suggest to best deal with the problem of incivility in your nursing school or in South African nursing schools?

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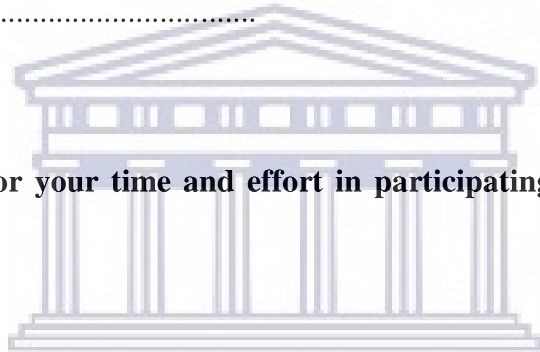

Thank you very much for your time and effort in participating in this interview it is greatly appreciated.

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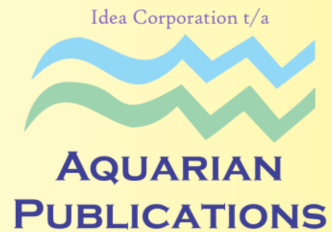
Appendix F: Editorial Certificate



16 February 2020

To whom it may concern

Dear Sir/Madam

RE: Editorial certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

ROOTS AND CONSTRUCTS OF INCIVILITY IN PROFESSIONAL NURSING EDUCATION: REFOCUSING SOLUTIONS AND ACTIONS

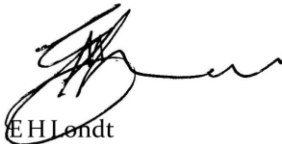
Author

Hildeguard Jo-Anne Vink

The research content, or the author's intentions, were not altered in any way during the editing process, and the author has the authority to accept, or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly



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