

Incivility and Student and Faculty Relationships: Implications for Revising Mentorship Programs for Nurse Educators

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Abstract

Negative relationships between students and educators are faculty becoming a focus in higher education, this is due in part to the impact on student learning [1,2]. Emerging evidence also reveals that these poor relationships in academic environments are often the cause of educator attrition, [3,4] and nurse educators who experience these deteriorating relationships have an increased likelihood of leaving their employment or nursing altogether [5-8]. In order to better understand student and nurse educator relationships (commonly referred in the literature as student and faculty incivility), research was examined to determine how and why ineffective interactions occur using an integrative review method [9]. All the studies portrayed incivility as a multifaceted complex problem in student and faculty relationships with psychological and sociological foundations, but few offered tangible strategies for resolution. The purpose of this study was to utilize identified themes prevalent in the literature to develop a set of strategies that can be used in designing mentorship programs, and to improve interactions between students and nurse educators in both the classroom and clinical settings. Evidence-based strategies need to be implemented that foster positive relationships between students and educators to reduce the devastating effects of these disruptive behaviors. Nurse educators have the responsibility to provide an environment for learning that optimizes learner success.

Introduction

There have been numerous research studies that illustrate how positive relationships between faculty and adult learners are associated with optimal learning outcomes [6,10,11]. Secure and reciprocal relationships between students and faculty are instrumental for adult learners to engage in effective interactions with faculty and to develop a healthy self-concept and sense of well-being [12]. When educators utilize effective relational practices, students learn more effectively. Faculty that are genuine, respect the learner [11], adapt to individual and cultural differences, provide safe and trusting learning environments [13], and demonstrate elements of caring and empathy [14,15], foster the growth and development of adult learners [12,16]. As a result, adult learners have a sense of ownership and control over the learning process, are self-directed, acquire knowledge, apply

personal experience in the assimilation of learning, cooperate effectively, and achieve higher levels of mastery of content and critical thinking skills [17,18].

Effective teaching is an expression of personal and professional values which inform faculty behaviors and the interactions with adult learners that educators bring with them when teaching in their classrooms [19]. "Effective teaching is as much about the relationship as it is about technical proficiency" [19]. Teaching behaviors and interactions impact how students perceive their classroom and clinical experiences [4].

Methods

The purpose of this investigation was to explore the historic evolution of research that included the keywords: student incivility, student and faculty relationships, and mentorship programs. The scope of the research was limited to studies from the last 15 years that primarily focused on higher education rather than practice settings, and excluded research that addressed bullying, and workplace mobbing. The analysis revealed consistent themes that were utilized to develop strategies to incorporate into existing mentorship programs to support new nurse educators entering the academic environment.

Incivility

Rigor in a course and the assignment of grades associated with assessments can be a source of ongoing conflict between students and faculty [3,8] which can impact their relationship and, ultimately, student learning. Often students use a variety of mechanisms to communicate their dissatisfaction with the rigor of a course and faculty grading practices by utilizing informal ways to complain to the faculty member, to other faculty, or program directors and deans who have line authority. In addition, students may use formal mechanisms to intentionally tarnish faculty reputations, write cruel comments, and assign low scores to faculty on SEOCS (Student End of Course Surveys), especially if they do not provide the grades that are desired [3,8,20]. As the faculty evaluation process continues to incorporate SEOC scores and student satisfaction as part of the measurement of

faculty performance, many faculties are becoming increasingly dissatisfied with their role [5,21,22]. With mounting current and future faculty shortages, this could be a problem for nursing programs in recruiting and retaining qualified nursing faculty [3,8,23,24].

Disrupted student-faculty relationships, often referred to in the literature as student incivility, are becoming an increasing problem in many higher education organizations as there are increasing demands to retain students in pre-licensure programs and produce more nurses [1,2]. Emerging evidence reveals that incivility in academic work environments is often the cause of employee attrition [3,4], and nurse educators who experience this phenomenon have an increased likelihood of leaving nursing education altogether [7,8]. This is a significant issue in nursing education because there is currently a national shortage of qualified nursing faculty (American Association College of Nursing 2014, 2015; National League of Nursing 2010) [25-27].

In order to address this problem, the relationship between students and faculty was explored to determine how and why student incivility occurs. Moreover, students utilize student end of course surveys as one mechanism to anonymously make cruel comments directed at the faculty members in the courses being taken [3,20,28]. In order to combat these problems, strategies need to be implemented to foster relationships between students and faculty and provide a more appropriate venue for students to communicate with nursing [20,29].

Both students and faculty have reported that incivility is a problem in many nursing programs [30,31]. In research conducted by Clark and Springer [1], 70% of the nursing faculty reported that academic incivility was a significant problem in nursing education. Incivility is commonly understood as a set of discourteous and rude behaviors which violate the mutual respect between each person [3,32], which may be considered intentional acts of aggression, or unintended passive acts. Characteristics of incivility include: interactions between students and faculty that who are challenging, abrasive, discourteous, aggressive, uncomfortable, distressing, or include threats [3,33]; misconduct that can include verbal or physical abuse [34,35]; and disruptive behaviors that interfere with the teaching and learning process [3,5,29]. Often these characteristics manifest themselves in the cruel comments directed at faculty by students in face to face interactions within the classroom and clinical setting, and in SEOCS [20,28]. Incivility can range on a continuum of student behaviors from annoying acts to criminal conduct [33,36] and, if left unchecked, can manifest itself as horizontal hostility, or lateral violence to include incivility between and among students, faculty, and nurses [29,31,36].

Student incivility directed at faculty

Clark and Springer [1] identified a number of uncivil behaviors by students targeted toward faculty. These included the student's sense of entitlement, challenging a faculty member's knowledge and expertise, use of belittling remarks, and making threatening comments as examples of academic incivility. Luparell [8] recognized that nursing faculty reported experiencing a

decrease in self-esteem, loss of confidence as educators, a loss of motivation to teach, and resentment in having to dedicate additional time in documenting student incivility. Whitney & Luparell [33] added negative faculty emotions in response to student incivility which included fear, anxiety, anger and sadness. This is particularly problematic when faculty encounter these interactions face to face, read them in unprofessional emails, or poor SEOCS scores laden with abrasive student comments [20].

In 2001, Lashley and deMeneses [34] investigated how prevalent incidences of the student to faculty incivility were in nursing education and compared them to specific student behaviors from 5 years earlier. A survey was sent to 611 nursing programs across the United States. Once the data was analyzed it was discovered that the level of student incivility had increased over a 5 year time frame. Student behaviors ranged in severity with mild behaviors described as tardiness and early class departure escalating into serious behaviors including shouting at faculty and unwanted physical contact. In 2003, Luparell's [35] qualitative study explored the experiences of 21 nursing faculty with student incivility, and found that all of them had encountered at least one uncivil behavior with some being severe enough to cause psychological distress which left faculty questioning their teaching abilities. Of these 21 faculty, 2 sustained costs associated with resolving the student directed incivility, while 3 others identified uncivil student behaviors as a reason for their exodus from nursing education.

In research conducted by Clark & Springer [1], a mixed methods design was used to determine perceptions and lived experiences of both students and faculty with incivility in a nursing education program. The majority of the participants (61.9%) acknowledged that students were more likely to engage in uncivil behaviors than faculty. The investigators reported that the most frequently occurring uncivil behaviors included students: acting bored or apathetic, arriving late to class and leaving early, and holding disruptive conversations or text messaging during instruction, being unprepared. More intense and threatening student behaviors were also conveyed which incorporated inappropriate email and written communication, rude disrespectful behavior, challenges to faculty credibility, and use of vulgarities targeted at the faculty.

Luparell [8] reported that 30% of the faculty sample indicated that they left a nursing faculty position because of the stress encountered from working in an uncivil academic environment. In this qualitative study, nursing faculty from 6 states were recruited by the investigator to learn the effects of nursing student incivility on nursing educators. Data were collected through semi-structured interviews with participants by a telephone conference or in person. A Vivo coding method was used to develop themes from the interviewee transcripts. The findings were not generalizable due to the qualitative research design, but they revealed that faculty were impacted by incivility in physical and emotional ways, in the time and financial costs to manage uncivil behaviors, by negative educational experiences, and in faculty decisions to depart the academic environment [8]. In another study measuring nursing faculty perceptions of student incivility, Lu-

perall [35] found that some faculty experienced being verbally abused by students and that these incidences of student incivility left negative and lasting impressions. Kolanko et al. [37] also indicated that uncivil academic environments contribute to dissatisfaction with the faculty role, impact the success that faculty feel in performing their job, and ultimately determines whether faculty will remain in a teaching capacity in higher education.

Faculty incivility directed at students

Clark [1] acknowledged that incivility between students and faculty is reciprocal in nature, yet faculty and students indicated that they each had different perceptions of what constituted uncivil behavior. Often incivility occurs due to poor teaching acumen and faculty ignoring student incivility when it occurs. Clark [3] asserted that student incivility occurs as a result of inappropriate faculty remarks and behaviors such as “putdowns” and condescending communication with students. Students further perceived faculty incivility by instructors sending a message of superiority, not being approachable or available to students, not answering questions or allowing open discussion during class, and using ineffective teaching methods. Wolf, Bender, Beitz, Wieland, & Vito [38] reported that students considered faculty weaknesses to include rigidity, inaccessibility, poor communication skills and poor relationships with students. This is further supported by research done by Clark & Springer [1] that found in their two-part study that uncivil faculty behaviors were comprised of belittling sarcastic remarks, use of intimidation and humiliation, being rigid and inflexible, and penalizing the whole class when one student misbehaves. When students encounter these types of faculty behaviors they are more likely to retaliate by engaging in uncivil behaviors which can disrupt the faculty-student relationship.

Role of stress in student incivility

In both student and faculty episodes, stress has been deemed to contribute greatly to these uncivil behaviors [29,39], and that frustration, coupled with the poor teaching practices of the instructor, is the main source of student misbehavior. These high stress levels are clearly evident when difficult course content is taught and students perceive that faculty did not make the course easy for them to get through. In 1993, Diekelman found that students were so overwhelmed by all that the things they needed to know in their nursing education that it was challenging for them to have a meaningful relationship with faculty that focused on learning. This coupled with students trying to manage work and family obligations further adds to the already overwhelming academic environment. When individuals feel stress, have limited time to meet their commitments, and are unhappy, incivility can be an observable consequence [29,36,40]. Uncivil comments made by students often reflect these stresses [4,41].

Reactions to stress and use of coping strategies to manage it vary from person to person [29]. These reactions to stressful environments and to the stressor are often learned behaviors. Students can learn values that may be implied or demonstrated by parents in the home, or by teachers in a classroom, but not explicitly taught [41]. Halstead and Xiao [42] maintained that

students can learn when it is acceptable to disobey various rules, and likewise learn how tolerance may be necessary to cope with the dominating behavior of a parent or educator. Many student behaviors may occur because they are accustomed to the response that will be received when they must interact with parents or teachers in certain situations. “As faculty become preoccupied with disciplining students rather than guiding and mentoring them, students spend their time defying trusted authorities when they should, instead, be learning the art and science of nursing” [4]. Student perceptions of authority figures impact their comfort level in making cruel comments on faculty SEOCs, and face to face interactions in the classroom and clinical setting.

Clark and Springer [5] conducted research to identify the stressors that students and nursing faculty experience that in turn trigger uncivil behaviors in the academic environment. A non-experimental exploratory descriptive study was used by surveying 126 academic nurse leaders. A list of the most common uncivil behaviors and stressors that were displayed by faculty and students were identified. Factors that contribute to stress were found to include: student entitlement and faculty superiority, demanding workloads and juggling multiple roles, balancing teaching acumen with clinical competence, technology overload, and lack of knowledge and skills in managing conflict [3,5,23]. The authors go on to interpret these findings by citing that high stress contributes to uncivil behaviors but if nurse educators utilize conflict resolution, a respectful educational milieu develops and civil behaviors increase [3,5,23].

Gillespie [43] added that when a collaborative student-faculty relationship occurred, learners were able to relax and focus on learning. These findings would suggest that student stress levels do play a part in the interactions between students and faculty [36]. Faculty can help to allay student fears and anxieties by utilizing a caring compassionate approach to enable students to focus on learning [15,44].

Student-faculty conflicts over grades

Students can choose to respond disruptively when they disagree with the grade that they earned on an assignment, when they have unsatisfactory ratings in the clinical setting, or when they fail a course [8,35,45]. It is clear that students do not always understand constructive feedback and often do not know effective ways to respond to a faculty evaluation that is not entirely positive [3,33]. Students tend to make cruel comments on SEOCs, and in face to face interactions with faculty when they are dissatisfied with the feedback they receive on assignments, poor scores earned on exams, and when they fail a course altogether.

Conflicts between students and faculty often arise when grades received do not account for the effort that the student claimed to put into the course [46,47]. Students often believe that when they earn a lower grade on an assignment, the faculty teaching the course did not take into account their time and effort or motivation for completing it [48], and those instructors should reward them for their efforts even though their assignment does not meet the minimum criteria identified in the rubric [47]. This is further emphasized in research conducted by Harrison [46],

where it was reported that 65% of students who participated indicated that they want “success” as a final outcome for obtaining their college degree while 35% aspired “to learn” as their ultimate goal.

Student-faculty relationships

Effective teaching is an expression of personal and professional values that inform faculty behaviors and relationships with students that they bring with them into their classrooms [19]. These teaching behaviors and interactions impact how students perceive their classroom and clinical experiences. Several evidence-based examples examined the supportive and caring quality of student-faculty relationships as they relate to the learning environment [5,49]. The student-teacher relationship has been cited to be an important element in nursing education. In a historical evolution of this research Beck [50] provided evidence of five themes essential to caring student-faculty interactions. Included in the themes were compassion, competence, confidence, conscience, and commitment. Tirri [11] documented caring, respect, professionalism, commitment, and cooperation as teacher values that underpin professional ethics and student relationships, with caring and respect having the greatest impact in meeting the needs of learners. Kelly [51] revealed that students’ perceptions of an effective nurse educator as one who possessed good communication skills, was an active listener, was available to students, and who was knowledgeable of both clinical practice and teaching pedagogies. Clement [16] summarized many of the findings of earlier researchers about student perceptions of caring teachers revealing that these faculty: encourage reciprocity in communication, interact democratically, respect students as persons and deal with them equitably, consider individual student needs when listing expectations, provide guidance and support, utilize constructive feedback and evaluation approaches, have high expectations of learners, and model motivation in their classrooms.

Student-teacher relationships are particularly important when students are struggling with content. Common themes in the research imply that collaborative supervision and positive feedback supported learning, while deficient student-teacher relationships hinder learning [3]. Poorman, Webb, & Mastrovich [3,52] disclosed that caring, the quality of time with learners, and a respectful disposition from faculty significantly impacted a student’s perception of a helping versus a hindering behavior on the part of the educator. This was also illustrated by Lofmark & Wikblad [53] who found that students believed their learning was facilitated by faculty providing them with positive feedback and independence, and impeded by deficiencies in the student-teacher relationship. These deficiencies often manifest themselves in cruel comments directed at nurse educators in both classroom and clinical settings.

Impact of student-faculty relationships on learning

Student-teacher relationships have a strong influence on student learning in nursing programs; effective teaching behaviors and student relationships impact learning [3]. Student incivility, when linked to deficiencies in student-

faculty relationships can escalate into uncontrollable aggressive behaviors from both faculty and students [1,3]. Students vent their frustrations in both verbal and written communication directed at nursing faculty when they do not earn the grades they desire. These behaviors do not serve either party well and can destroy the milieu required for learning.

Revision of existing mentorship programs for nurse educators based on evidence

Penn, Dodge-Wilson, and Rosseter [54] credited an American Association of College of Nursing (AACN) [55] survey outlining a dean’s perspective of the requisite skills needed to become an effective faculty member. Of all the skills mentioned by respondents in the survey, interpersonal communication skills were cited as one of the most essential to the success of a nurse educator, and that interacting with difficult or poorly performing students is one of the most difficult aspects for faculty when transitioning into their new faculty role [54]. The authors go on to state that faculty are required to interact positively and work well with students just as they do with colleagues in the academic setting. Deans and administrators in higher education must institute faculty training in the form of orientation and mentorship programs to teach and model the importance of student-faculty relationships and the associated impact on student learning.

Based on themes explored in the historical review of research studies, and recommendations from the American Association of Colleges of Nursing (AACN) [56], key elements were identified to add into the existing designs of mentorship programs for novice educators. Due to the tremendous impact of student faculty relationships on student learning, new faculty must be trained in how to effectively interact with students to optimize student outcomes. There are a number of mechanisms that can assist new faculty in achieving effective relationships with faculty and learners.

Orientation to the role, work culture, academic institution

Orientation to academic institutions is pretty standard for most faculty in all disciplines. New faculty, need socialization into the role, culture of the work group, and the organization as a whole [54,57,58]. This is of great consequence since research has implied that new educators are not familiar with the culture and language in academic settings, practices in the institutions where they have been hired, and have reported that the academic setting is different than they previously thought [59,60]. Penn, et al. [54,59,60] asserted that nurses who have a great deal of experience in the practice environment are only vaguely aware of what is involved in their new role as a faculty member. In addition, due to the increasing prevalence of inappropriate student communication and the ramifications of deficiencies in relationships between faculty and adult learners cited in the literature, these topics need to be addressed as well. By establishing guidelines for healthy and civil work environments faculty will feel more comfortable in adjusting to their new role [57,61].

Expert faculty assigned as mentors

Because there is a preponderance of evidence that suggests that ineffective faculty and adult learner relationships are a result of poor faculty acumen and distorted student and faculty interactions, an emphasis of these components must be addressed in any formal training program [3]. A mentorship program allows training to be conducted whereby experienced faculty can model appropriate behaviors and teaching practices that lead to positive relationships between faculty and learners [62,63]. In addition, due to the shortage of available nursing educators, loss of existing faculty due to retirement, and the need to nurture and retain novice faculty further outline the need of a formal mechanism to train and mentor new faculty [64,65]. Easing the transition into the academic environment and culture by an inexperienced educator may not be realized without the guidance, support, and advocacy of a mentor since the expectations and social norms are typically not easily understood or documented [36,65,66].

Professional nursing education organizations have established guidelines for faculty training and mentoring to promote civil and supportive work environments [3,10,67]. The National League of Nursing (NLN) [68] further emphasized the need for mentoring as a strategy to develop and socialize new faculty, and provide access to a variety of resources for the establishment and continuance of mentorship programs on their website. It is vital not only to successfully socialize new faculty into their role, but to provide nurturing and caring values as a construct for nursing education [64,69], to facilitate an understanding of the teaching-learning process, and for career development [57,65].

Mentoring programs consist of a seasoned faculty mentor and a new faculty member designated as a mentee. According to Haggard, Dougherty, Turban, & Wilbanks, and Stokes [70,71], mentoring as a form of training can be defined as a multidimensional interactive process or reciprocal relationship between a mentor who is a more experienced and knowledgeable faculty, and a mentee who is a new faculty. The mentor-mentee relationship meets the needs of both the mentor and mentee and evolves over time [63,72]. Mentor relationships are initially assigned for a year to assist new faculty in transitioning into their new role as faculty. Beyond that time, an ongoing mentoring assignment may be based on the needs of the mentee or a formal development plan [73].

Reciprocal and collegial mentor-mentee relationships are essential for effective new faculty training and mentoring, and ultimately contribute to the mentee's success in the academic environment [61,74]. Mentors seek input from mentees, listen to their problems and concerns, counsel on possible courses of action, provide a nurturing caring milieu [64], encourage, and build confidence. In addition, mentors review course materials, observe classroom instruction, assist in evaluating feedback provided to students, and model effective faculty behaviors for the mentee [73,61]. By incorporating these essential nurturing and caring skills, mentors can demonstrate the types of behaviors that would be appropriate for use in student-faculty interactions [44].

Support for the novice educator

In order for a new faculty training and mentorship program to be successful, the mentee needs to be well supported by the mentor, colleagues, and by institutional administration [65]. According to Nick, et al. [57], unsupportive workplace settings limit the mentees willingness to collaborate, be open, and take risks. Conversely, when a mentee feels supported in a nurturing caring environment they are more likely to be creative, and utilize independent thinking and reasoning.

Part of the faculty training and mentorship program should explore with the mentee how to best support students. It is vital that both the new mentee and student feel comfortable in the learning environment, so that both are able to apply critical thinking skills in classroom and clinical settings. Mentors should provide opportunities for mentees to reflect on their own perceived experiences with being well supported in a caring and nurturing environment, and ask mentees how they could utilize these analysis in providing support and improving interactions with nursing students [59,61].

Effective communication and conflict management strategies

There are a number of strategies that a seasoned faculty can share with a novice nurse educator related to conflict management and effective communication. In 2004, Griffin [75] conducted an exploratory descriptive study using cognitive rehearsal as a strategy to improve communication and promote civil behaviors between nurses in practice. By training new nurses in identifying uncivil behaviors and rehearsing the use of specific verbal responses that were aimed at increasing civility, it was concluded that cognitive rehearsal was successful in reducing or eliminating incivility.

A similar two-part study was done by Clark, Ahten and Macy [76,77], in an academic setting with leadership students. In the first part of the study, students were exposed to assigned readings, a live reenactment of uncivil interactions portrayed by actors, a faculty-led lecture on incivility, and the use of cognitive rehearsal. Students observed the live demonstration, attended debriefing sessions, and provided written feedback on how effective the communication strategies were in reducing the uncivil interactions. A follow-up study was done 10 months later in a practice setting with these same leadership students once they graduated and were fully licensed [77]. The new nurses were asked to detail how they transferred the information learned about incivility from their leadership course to their workplace. Students were also asked to share how their behavior changed as a result of this training, and if they perceived any benefits or barriers related to the information provided. The findings of the study reflected what other researchers had found; by being forearmed with information on incivility, and participating in cognitive rehearsal strategies, individuals are more prepared to address uncivil episodes when confronted with them [31,78,79].

While the fore mentioned studies targeted the practice settings, there is an opportunity to apply these same techniques

to improve interactions between students and faculty in the academic environment. The cognitive rehearsal process typically consists of three parts: Participating in didactic instruction; learning and rehearsing specific phrases to use during uncivil encounters; participating in practice sessions to reinforce instruction and rehearsal [31]. By adapting the same strategies using conflict resolution, communication techniques, and cognitive rehearsal, coupled with the use of scripts and role-playing [80], mentors can assist novice educators in better management of uncivil student behaviors both in the clinical and classroom. The use of cognitive rehearsal as a method for practicing communication techniques, in a simulated non-threatening environment, can be an effective strategy to forearm novice nurse educators with the tools necessary to address uncivil student behaviors in the academic environment.

Self-Care, professional work, and life balance

Another aspect of effective new faculty training and mentoring is assisting the mentee in understanding the balance between personal and professional work. Due to the evidence that stress is a major contributor to incidences of ineffective student-faculty relationships, achieving life balance is also essential [29,57,81,82]. One of the roles of the mentor is to assist the mentee in learning time management strategies so boundaries are created between the time spent in professional endeavors versus those spent in personal life. Mentors can facilitate this understanding by working with the mentees in setting up professional work using short and long term goals with timelines for completion. Mentors could encourage a dialogue with mentee on how they might apply time management principles and creating healthy boundaries with students.

Management in the Classroom and Clinical Setting

The classroom management portion of the new faculty training and mentorship outlines both classroom and clinical strategies that foster student relationships and promote positive student-faculty interactions [17]. In addition, preparation for teaching is included in this category. An overview of the elements of course design, syllabus building, effective teaching, and integration of innovative technologies should be covered [73]. Penn, et al. [54], specifies that when teaching course and in development skills, the level of the student should be considered in determining what content needs to be covered. In addition, differentiating between required versus nice-to-know content, the logical sequencing of information, and aligning course objectives with teaching strategies and assessments are vital elements to review with new educators. A well-designed course with clearly outlined outcomes, syllabus, and teaching methods can eliminate one source of student complaints, and uncivil student-faculty interactions.

Effective Assessment

The evaluation component supplies resources and information about the use of assessment in both the clinical and classroom settings. In addition, a testing and evaluation plan is introduced to new faculty in training, in order to familiarize mentees

with institutional guidelines on grading, plagiarism, academic dishonesty, student progression and dismissal [72,83]. The National Council Licensure Examination for Registered Nurses (NCLEX-RN) test blueprint can be reviewed as a foundation for discussion about test analysis, question item difficulty, item discrimination, and the incorporation of critical thinking questions into an exam. Assessment practices in the clinical area focus on clinical pass/fail grading, student competencies and performance issues, and the use of anecdotal notes and evaluation forms [64,65]. Effective assessment strategies must be employed to reduce negative student-faculty interactions regarding unfair testing practices, grading, plagiarism, and issues related to progression from course to course in the nursing program.

Advising and Counseling Students

Advising should be integrated into a new faculty training and mentorship program. Essential advising elements include assisting students in course selection, progression policies, and preparing for the licensing exam [64]. It is also important to emphasize during these sessions that a mentee (acting in the role of an advisor) has the opportunity to explore student stress levels, how advisees set priorities for academic accomplishments, and how they manage the multifaceted roles of student, significant other, parent, caregiver, and employee [29].

If it is discovered that a student has too many roles to fulfill, this may aid in the mutual understanding of the student's current level of academic achievement [36]. In addition, students who are overwhelmed with multiple responsibilities cannot effectively learn due to high levels of stress that these responsibilities create. When stress levels are high learning is impacted, and student-faculty interactions can suffer. Ultimately unmanaged stress due to academic, family, and work-life imbalances can lead to disruptive student and faculty communication and academic failure [3,29].

Effective Feedback and Evaluation

Evaluation is an essential component of any new faculty training and mentorship program. Mentors provide feedback to mentees after reviewing the syllabus, course assignments, educational strategies used, assessments planned, and the actual teaching of courses in both the clinical and classroom settings. Allen, Eby, & Lentz [84] remarked that mentees who requested and were accepting of mentor feedback received better quality feedback, which had a high correlation to increased productivity [57].

Likewise, students also require effective faculty feedback in order to feel successful in the academic environment. Self-reflection is a guided measure of feedback that can be instrumental in reducing stress, changing current perspectives, and promoting critical thinking skills [29]. Faculty can facilitate student use of self-reflection by incorporating debriefing sessions to foster student learning [85]. The NLN [85] recommends that debriefing sessions should be integrated into all components of the curriculum to foster reflection and enhance critical thinking skills. When students utilize stress reduction, and debriefing

strategies, they are more likely to feel successful in their academic environment, and inappropriate faculty and student interactions are less likely to occur.

Future Research

While there are numerous research studies that have been done on the topic of incivility, few studies provide actionable strategies that can be utilized by nurse educators in the classroom and clinical settings. In light of the devastating impact that uncivil behaviors can have on both students and faculty, further research needs to be done to fill this gap. Studies could, therefore, be focused on investigating the results of implementing cognitive rehearsal with novice faculty in the academic environment and the effectiveness of the use of prevention strategies in nursing programs.

Other areas that warrant further investigation include:

- Impact of student incivility in the online environment in academic settings
- Incidents of academic incivility related to gender or age
- How incivility is manifested in student evaluations of faculty and grading practices
- Relationship of student entitlement or consumerism and student and faculty interactions.

Conclusion

There are many positive outcomes associated with the implementation of effective faculty training and mentorship programs. Research reveals that, the faculty careers of those who did not have mentoring were not as successful when compared to those who did [86], and that the lack of mentoring impacted the scholarly accomplishments of new faculty over the span of their career [87,88]. Mentoring has been shown to increase overall department morale and career satisfaction [13,89], productivity [90], and faculty retention rates [73,91]. In effective training and mentorship programs, the inexperienced faculty member assumes the academic role more quickly [86], with increased self-confidence [90], and report experiencing a smoother transition from a practice role to that of an academician [65].

Mentees report that mentorship programs are effective in providing them with the necessary support to transition them into their role as nurse educators. In a program outlined by Blauvelt & Spath [64] mentees reported many benefits from a mentorship program which included: an introduction to a variety of educational resources, an explanation of the faculty role tailored to meet individual needs, opportunities for asking questions, discussion and socialization, encouragement and support, and the integration of caring in the approach. As a result, mentees found that the mentorship program assisted them in developing a positive attitude toward teaching and provided a forum to express anxieties, uncertainties, and frustrations [62,63].

When deficiencies in relationships between students and faculty are left unchecked, they can escalate into uncontrollable

aggressive behaviors from both faculty and students [3,36]. These behaviors do not serve either party well, and can destroy the milieu required for learning. The skills required for student-faculty relationships can be fostered by mentors serving as role models. Research studies have outlined effective teaching behaviors that impact student learning and success [3,19]. Effective student-faculty relationships are a major determinant in how well students will perform in clinical and classroom settings. Based on the themes analyzed from research findings, evidence-based strategies were outlined to include in mentorship programs for novice educators. Nurse educators have a responsibility to provide educational opportunities that optimize learner success. In order for inexperienced faculty to accomplish this, they must assimilate the strategies identified in the mentorship program to foster more civil interactions, to promote positive student and faculty relationships, and student outcomes.

References

1. Clark C, Springer P. Incivility in nursing education: A descriptive study of definitions and prevalence. *Journal of Nursing Education*. 2007;46(1):7-14.
2. Farrell GA, Bobrowski C, Bobrowski P. Scoping workplace aggression in nursing: Findings from an Australian study. *J AdvNurs*. 2006;55(6):778-87.
3. Clark CM. Creating and sustaining civility in nursing education. Indianapolis. In: Sigma Theta Tau International; 2013.
4. Sprunk E, LaSala KB, Wilson VL. Student incivility: Nursing faculty lived experience. *Journal of Nursing Education and Practice*. 2014;4(9):1-10.
5. Clark C, Springer PJ. Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education*. 2010;49(6):319-325.
6. Clark CM, Kenaley BLD. Faculty empowerment of students to foster civility in nursing education: A merging of two conceptual models. *Nurs Outlook*. 2011;59(3):158-65. doi: 10.1016/j.outlook.2010.12.005.
7. Gazza EA. The experience of being a full-time nursing faculty member in a baccalaureate nursing education program. *J Prof Nurs*. 2009;25(4):218-26. doi: 10.1016/j.profnurs.2009.01.006.
8. Luparell S. The effects of student incivility on nursing faculty. *J Nurs Educ*. 2007;46(1):15-19.
9. Whitemore R, Knaf K. The integrative review: Updated methodology. *Journal of Advanced Nursing*. 2005;52(5):546-553.
10. Brady MS. Health nursing academic work environments. *Online Journal of Issues in Nursing*. 2010;15(1). doi: 10.3912/OJIN.Vol15No01Man06.
11. Tirri K. Teacher values underlying professional ethics. In: T Lovat, R Toomey, N Clement (Eds.). *International research handbook on values education and student wellbeing*. Dordrecht: Springer. 2010.
12. Cornelius-White J. Learner-centered teacher-student relationships are effective: A meta-analysis. *Review of Educational Research*. 2007;77(1):13-143.
13. Hart W. Nurturing relationships provide many benefits. *Leadership in Action*. 2009;29(1):17-19.
14. Noddings N. *Caring, a feminine approach to ethics and moral education*. Berkeley: University of California Press. 2003.

15. Pearson, A. (2006). Powerful caring. *Nursing Standard*, 20(48), 20-22.
16. Clement N. Student wellbeing at school: the actualization of values in education. In: T Lovat, R. Toomey & N. Clement (Eds.). *International research handbook on values education and student wellbeing*. Dordrecht: Springer; 2010.
17. Condon, E. H. Adults as students: Special considerations. In B. Penn (Ed.). *Mastering the Teaching role: A guide for nurse educators*. Philadelphia: FA Davis; 2008. p.77-86.
18. Tanner CA, Bellack JP. Our faculty for the future. *Journal of Nursing Education*. 2010;49(3):123-125.
19. Brady LM. Teacher values and relationship: Factors in values education. *Australian Journal of Teacher Education*. 2011;36(2):56-66.
20. Lindahl MW, Unger ML. Cruelty in student teaching evaluations. *College Teaching*. 2010;58(3):71-76. Doi: 10.1080/87567550903253643.
21. American Association of Colleges of Nursing. *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply*. 2005. Retrieved from <http://www.aacn.nche.edu/Publications/pdf/05FacShortage.pdf>
22. Allen L. The nursing shortage continues as the faculty shortage grows. *Nurs Econ*. 2008;26(1):35-40.
23. Clark CM. Narrative learning in adulthood. *New Directions for Adult and Continuing Education*. 2008a;119:61-70.
24. National League for Nursing. *Excellence in nursing education model*. New York: Author; 2006.
25. American Association of Colleges of Nursing. *Special survey on vacant faculty positions*. Washington DC. The Publishing Program of ANA. 2014. Retrieved from: <http://www.aacn.nche.edu/IDS>.
26. American Association of Colleges of Nursing. *Fact Sheet. Nursing faculty shortage*. Washington DC. The Publishing Program of ANA. 2015.
27. National League for Nursing. *Faculty census data*. New York, NY: Author. 2010. Retrieved from <http://www.nln.org/newsroom/news-releases/news-release/2010/09/22/national-league-for-nursing-releases-faculty-census-data-114>.
28. Zimmaro D, Gaede C, Heikes M, Lewis, K. A study of student's written course evaluation: Comments at a public university. *Measurement and Evaluation Center, University of Texas at Austin*. 2006. Retrieved from http://learningsciences.utexas.edu/sites/default/files/cis_forms/A-Study-of-Students-Written-Course-Evaluation-Comments-at-a-Public-University-2006.pdf.
29. Beck DM. Interview by J Rivera [blog talk radio recording]. *Stress Reduction and Self-Care for Nurses*. 2015. Retrieved from <http://www.blogtalkradio.com/inurseradio/2015/08/24/stress-reduction-self-care-for-nurses>.
30. Clark CM, Olender L, Kenski D, Cardoni C. Exploring and addressing faculty-to-faculty incivility: A national perspective and literature review. *J Nurs Educ*. 2013;52(4):211-8. doi: 10.3928/01484834-20130319-01.
31. Griffin M, Clark CM. Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *J Contin Educ Nurs*. 2014;45(12):535-42.
32. Laschinger HK, Leiter M, Day A, Gilin D. Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes. *J Nurs Manag*. 2009;17(3):302-11. doi: 10.1111/j.1365-2834.2009.00999.x.
33. Whitney KM, Luparell S. Managing student incivility and misconduct in the learning environment. In DM. Billings & JA. Halstead (Eds.). *Teaching in nursing: A guide for faculty*. St. Louis, MO: Elsevier; 2013. p. 244- 257.
34. Lashley FR, De Menesees, M. Student civility in nursing programs: A national survey. *J Prof Nurs*. 2001;17(2):81-86.
35. Luparell S. Faculty encounters with uncivil nursing students: An overview. *Journal of Professional Nursing*. 2004; 20(1):59-67.
36. Robertson J. Can't we all just get along? A primer on student incivility in nursing education. *Nursing Education Research*. 2012;33(1):21-26.
37. Kolanko KM, Clark CM, Heinrich KT, Olive D, Serembus JF, Sifford KS. Academic dishonesty, bullying, incivility, and violence: Difficult challenges facing nurse educators. *Nurs Educ Perspect*. 2006;27(1):34-43.
38. Wolf ZR, Bender PJ, Beitz JM, Wieland DM, Vito KO. Strengths and weaknesses of faculty teaching performance reported by undergraduate and graduate nursing students: A descriptive study. *J Prof Nurs*. 2004;(20)2:118-128.
39. Altmiller G. Student perceptions of incivility in nursing education: Implications for educators. *Nurs Educ Perspect*. 2012;33(1):15-20.
40. Ehrmann G. Managing the aggressive nursing student. *Nurse Educ*. 2005;30(3):98-100.
41. Gibbons C, Dempster M, Moutray M. Stress and eustress in nursing students. *J Adv Nurs*. 2008;61(3):282-90. doi: 10.1111/j.1365-2648.2007.04497.x.
42. Halstead M, Xiao J. Values education and the hidden curriculum. In: T Lovat R Toomey, N. Clement (Eds.). *International research handbook on values education and student wellbeing*. Dordrecht: Springer; 2010.
43. Gillespie M. Student-teacher connection in clinical nursing education. *Journal of Advanced Nursing*. 2002;37: 566-576.
44. Bevis FOQ, Watson J. *Toward a caring curriculum*. Sudbury, MA: Jones and Barlett; 2000.
45. Marcis JG, Burney RB. Grade expectations: evidence of cognitive biases in students' academic self-assessment in the introductory finance course. *Academy of Educational Leadership Journal*. 2013;17(1):73-84.
46. Harrison RT. My professor is so unfair: Student attitudes and experiences of conflict with faculty. *Conflict Resolution Quarterly*. 2007;24(3):349-368. DOI: 10.1002/crq.178.
47. Iris Franz, W. Grade inflation under the threat of students' nuisance: Theory and evidence. *Economics of Education Review*. 2010;29(3):411-422.
48. Hu S. Beyond grade inflation: Grading problems in higher education. *ASHE-ERIC Higher Education Report*. 2005. p.1-7.
49. Luparell S. Incivility in nursing: The connection between academia and clinical settings *Critical Care Nurse*. 2011;31:92-95. Doi: 10.4037/ccn2011171.
50. Beck C. How students perceive faculty caring: A phenomenological study. *Nurse Educator*. 1991;16:18-22.
51. Kelly C. Student's perceptions of effective clinical teaching revisited. *Nurse Education Today*. 2007;27:885-892.

52. Poorman SG, Webb CA, Mastorovich ML. Students' stories: How faculty help and hinder students at risk. *Nurse Educator*. 2002;27(3):126-131.
53. Lofmark A, Wikblad K. Facilitating and obstructing factors for development of learning in clinical practice: A student perspective. *J Adv Nurs*. 2001;34(1):43-50.
54. Penn BK, Dodge Wilson L, Rosseter R. Transitioning from nursing practice to a teaching role. *The Online Journal of Issues in Nursing*, 2008;13(3).
55. American Association of Colleges of Nursing. Transforming learning, transforming people. Washington D.C. The Publishing Program of ANA. 2008. Retrieved from: <http://www.aacn.nche.edu/Conferences/08FacDev.html>.
56. American Association of Colleges of Nursing. The essentials of baccalaureate education for professional nursing practice. Washington DC: The Publishing Program of ANA; 2008.
57. Nick JM, Delahoyde TM, Del Prato D, Mitchell C, Ortiz J, Ottley C. Best practices in academic mentoring: A model for excellence. *Nurs Res Pract*. 2012;1-9. doi: 10.1155/2012/937906.
58. Morin KH, Ashton KC. Research on faculty orientation programs: Guidelines and directions for nurse educators. *J Prof Nurs*. 2004;20(4):239-50.
59. Goodrich R. Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *J Prof Nurs*. 2014;30(3):203-12. doi: 10.1016/j.profnurs.2013.10.004.
60. McArthur-Rouse FJ. From expert to novice: An exploration of the experiences of new academic staff to a department of adult nursing studies. *Nurse Education Today*. 2008;28:401-408.
61. Bostian Peters A. Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *J Prof Nurs*. 2014;30(3):213-27. doi: 10.1016/j.profnurs.2013.09.007.
62. McCloughen A, O'Brien L, Jackson D. Esteemed connection: creating a mentoring relationship for nurse leadership. *Nurs Inq*. 2009;16(4):326-336. doi: 10.1111/j.1440-1800.2009.00451.x.
63. Young PK. Update on the National League for Nursing /Johnson & Johnston faculty leadership and mentoring program. *Nursing Education Perspectives*. 2009;30(261).
64. Blauvelt MJ, Spath ML. Passing the torch: A faculty mentoring program at one school of nursing. *Nursing Education Perspectives*. 2008;29(1):29-33.
65. Dunham-Taylor J, Lynn CW, Moore P, McDaniel S, Walker J. What goes around comes around: Improving faculty retention through more effective mentoring. *J Prof Nurs*. 2008;24(6):337-46. doi: 10.1016/j.profnurs.2007.10.013.
66. McDonald PJ. Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education*. 2010;49(3):126-131.
67. Gazza EA, Young P. Cultivating healthful work environments in nursing education. *Nursing Education Perspectives*. 2008;29(1):56-57.
68. National League for Nursing. Position Statement. Mentoring of nurse faculty. *Nursing Education Perspectives*. 2006;27:110-113.
69. Bevis EO. Nursing curriculum as professional education. In EO Bevis, Watson J (Eds.). *Toward a caring curriculum: A new pedagogy for nursing*. New York NY: National League for Nursing Press; 2000. p. 74-77.
70. Haggard DL, Dougherty TW, Turban DB, Wilbanks JE. Who is a mentor? A review of evolving definitions and implications for research. *Journal of Management*. 2011;37(1):280-304.
71. Stokes, E. Faculty to faculty mentoring. In: L. Caputi (Eds.). *Teaching nursing: The art & science*. Glen Ellyn, IL: College of DuPage Press; 2010. p. 514-525.
72. Zachary LJ. *The mentor's guide: Facilitating effective learning relationships*. San Francisco: Jossey-Bass; 2000.
73. Bland C, Taylor A, Shollen L, Anne Marie Weber-Main, Patricia A. Mulcahy. *Faculty success through mentoring: A guide for mentors, mentees, and leaders*. Blue Ridge Summit, PA: Rowman & Littlefield Publishers; 2009.
74. Wilson CB, Brannan J, White A. A mentor-protégé program for new faculty, part II: Stories of mentors. *J Nurs Educ*. 2010;49(12):665-71. doi: 10.3928/01484834-20100730-08.
75. Griffin, M. Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *J Contin Educ Nurs*. 2004;35(6):257-63.
76. Clark CM, Ahten SM, Macy R. Using problem-based learning scenarios to prepare nursing students to address incivility. *Clinical Simulation in Nursing*. 2013b;9:e75-e83.
77. Clark CM, Ahten SM, Macy R. Nursing graduates' ability to address incivility: Kirkpatrick's level-3 evaluation. *Clinical Simulation in Nursing*. 2014;10:425-431.
78. Embree JL, Brunner DA, White A. Raising the level of awareness of nurse-to-nurse lateral violence in a critical access hospital. *Nurs Res Pract*. 2013;2013:207306. doi: 10.1155/2013/207306.
79. Stagg SJ, Sheridan DJ, Jones RA, Speroni KG. Workplace bullying: The effectiveness of a workplace program. *Workplace Health Saf*. 2013;61(8):333-8. doi: 10.3928/21650799-20130716-03.
80. Smith CM. Scripts: A tool for cognitive rehearsal. *The Journal of Continuing Education in Nursing*. 2011;42(12):535-536.
81. Boice R. *Advice for new faculty members: Nihil Nimus*. Needham Heights, MA: Allyn & Bacon; 2000.
82. Straus SE, Chatur F, Taylor M. Issues in the mentor-mentee relationship in academic medicine: A qualitative study. *Acad Med*. 2009;84(1):135-9. doi: 10.1097/ACM.0b013e31819301ab.
83. Zachary LJ. *Creating a mentoring culture: The organization's guide*. Hoboken, NJ: John Wiley & Sons, Inc; 2005.
84. Allen TD, Eby LT, Lentz E. Mentorship behaviors and mentorship quality associated with formal mentoring programs: Closing the gap between research and practice. *J Appl Psychol*. 2006;91(3):567-78.
85. National League for Nursing. *Debriefing across the curriculum*. New York, NY: Author; 2015. Retrieved from <http://www.nln.org/docs/default-source/about/nln-vision-series-%28position-statements%29/nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=0>.
86. Turnbull B. Scholarship and mentoring: an essential partnership? *Int J Nurs Pract*. 2010; 16(6): 573-8. doi: 10.1111/j.1440-172X.2010.01883.x.
87. Coleman VH, Power ML, Power Williams S, Carpentieri A, Schulkin J. Continuing professional development: Racial and gender differences in obstetrics and gynecology residents' perceptions of mentoring. *J Contin Educ Health Prof*. 2005;25(4):268-77.
88. Zambroski C, Freeman L. Faculty role transition from community college to a research-intensive university. *J Nurs Educ*. 2004;43(3):104-6.

89. Wasserstein AG, Quisberg DA, Shea JA. Mentoring at the University of Pennsylvania: results of a faculty survey. *Journal of General Internal Medicine*. 2007;22(2):210-214.

90. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine:

A systematic review. *Journal of the American Medical Association*. 2006;296(9):1103-1115.

91. Smith JA, Zsohar. Essentials of neophyte mentorship in relation to the faculty shortage. *Journal of Nursing Education*. 2007;46(4):184-186.