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Research Article

Nursing students' experiences of incivility and received support in the clinical setting

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ABSTRACT

This qualitative content analysis explored nursing students' experiences of incivility and received support in the clinical setting. The participants were selected using purposive sampling method. Semi-structured interviews were used for data collection. Data were analyzed using Graneheim and Landman's qualitative content analysis method**.** Data analysis revealed four themes: incivility and support received from the nurses, incivility and support received from the faculty, incivility and support received from the patients, and incivility and support received from peers. The results of this study can help those in charge of clinical training to strengthen students' support and make plans to remove uncivil behaviors in the clinical environment.

Key words: social support, nursing, students, qualitative research.

INTRODUCTION:

Clinical competence is the product of a dynamic process of interaction between students, teachers, and the clinical environment and its elements (Henderson, Twentyman, Heel, & Lloyd, 2006; Papp, Markkanen, & von Bonsdorff, 2003). Supportive relationships with students have been reported as the key factor in increasing safety in clinical environments (Killam, Mossey, Montgomery, & Timmermans, 2013). Although, support is one of the basic needs of nursing students during clinical training (Joolaee, Farahani, Amiri, & Varaei, 2016); they are often exposed to violence during training in clinical environments (Çelebioğlu, Akpinar, Küçükoğlu, & Engin, 2010; Magnavita & Heponiemi, 2011) and may even experience more violence, because they lack experience (Aghajanloo, Nirumand-Zandi, Safavi-Bayat, & Alavi-Majd, 2011). One of

the most common types of psychological violence that nurses face is incivility (Campana & Hammoud, 2015). Incivility is a persistent problem in nursing education (Gallo, 2012). In the study of Todd (Todd, Byers, & Garth, 2016), more than half of the students experienced uncivilized behavior of their nursing instructors. In the study of Leister (Lasiter, Marchiondo, & Marchiondo, 2012), 88% of the students experienced at least one case of uncivil faculty behavior.

Incivility is not only confined to the relationship between teacher and student, as other students or professional staff who work with students may also be incivil (Luparell, 2011). Incivility is a rude and insulting behavior of someone intending to harm its recipient (Kerber, Jenkins, Woith, & Kim, 2012). It includes behavior or language that would result in a breach of courtesy and respect and can cause feelings of inadequacy, self-doubt, anxiety, decreased self-esteem and self-confidence, inferiority, withdrawal, intention to leave nursing, and mistreatment of patients (Anthony, Yastik, MacDonald, & Marshall, 2014; Martel, 2015).

It can also cause a negative perception of the clinical setting, lack of creativity, (Thomas, 2015) and burnout (Babenko-Mould & Laschinger, 2014) in nursing students, and can turn off their learning. Incivility is the opposite of care which is the central in nursing and can reduce satisfaction in the program or intention to stay on the program (Lasiter et al., 2012). It can have a negative effect on patients (Clark & Kenaley, 2011) students and faculty (Shanta & Eliason, 2014). The limited studies in this field in Iran (Aghajanloo et al., 2011) have either been quantitative or only examined vertical violence (Dinmohammadi, Peyrovi, & Mehrdad, 2014).

In relation to the support received by students in the clinical environment, only one study has been conducted in the north of Iran (Joolaee et al., 2016) and the results emphasized the support of educators and staff. Therefore, considering the noted displeasure of Iranian nursing students in clinical environments (Rahmani et al., 2011) and the fact that Iranian nursing students believe that the clinical environment is not supportive (Baraz, Memarian, & Vanaki, 2015), researchers decided to conduct a qualitative study to understand the experiences of nursing students with incivility and received support which is one of the influential factors in their satisfaction of the clinical setting. This study also tries to obtain a comprehensive understanding of students' experience in this field. Qualitative study is an appropriate method to provide comprehensive data that allow researchers to understand the experience as a whole (Polit & Beck, 2008).

METHODS

Design:

This qualitative study was conducted using a content analysis method. The aim of using content analysis is to detect and interpret the meanings that exist in the participants' statements (Houser, 2013). This method is an effective way to explore the experiences of people in relation to certain issues (Sandelowski, 1995).

Study objectives:

The objectives of this qualitative study were to explore and describe the experiences of nursing students in relation to incivility and the support which they received in the clinical environment.

Participants:

In total, 18 undergraduate nursing students, 2 faculty and 2 nurses participated in this study. Inclusion criteria for students were: desiring to participate in the study, having spent at least one semester in clinical, and not having previous clinical experience.

Faculty and nurses needed to have at least 3 years work experience. These participants were selected using purposive sampling method with maximum variation and were interviewed. Interviews continued until data saturation was reached (Table 1).

Table 1: demographic characteristics of the participants

Participants codes	Gender	Age(year)	Marital status	Semester	Living place	Job
1	male	22	single	5	with family	student
2	male	23	single	7	in rent home	student
3	Male	19	single	2	in dormitory	student
4	female	24	married	8	in dormitory	student
5	female	22	single	5	with family	student
6	female	23	married	8	in dormitory	student
7	female	23	married	6	with family	student
8	male	19	single	1	in dormitory	student
9	female	25	married	5	with family	student
10	female	24	single	7	in dormitory	student
11	female	29	married	3	with family	student
12	male	22	single	5	with family	student
13	male	23	single	7	in dormitory	student
14	female	20	single	2	in dormitory	student
15	female	26	single	8	in dormitory	student
16	female	23	single	4	in dormitory	student
17	male	21	single	4	in dormitory	student
18	female	21	single	6	with family	student
19	female	32	single	-	-	faculty
20	female	48	married	-	-	faculty
21	female	38	married	-	-	nurse
22	female	45	married	-	-	nurse

DATA COLLECTION:

Participants were contacted, and the objectives of the study and voluntary participation were explained to them. Then, a convenient time and place for the interviews was set (two interviews in the hospital, two interviews in the campus' dormitory, and the other interviews in the nursing school). Open-ended, semi-structured individual interviews were employed for data collection. All interviews was performed by the first author who was not involved in the students' education and evaluation. At the beginning of the interview, introductory questions were asked to create an intimate atmosphere and the questions were directed towards the purpose of the study: "would you talk about your experience of working with others in the clinical environment'. "Talk about uncivilized behavior that you were confronted with. What kind of support is available in the clinical environment for you"? Where it was necessary, probing questions were asked: "Please explain more. Can you give an example?" Each interview lasted between 40 and 70 min and was recorded using a voice recorder.

DATA ANALYSIS:

Graneheim and Landman's content analysis method was used in analyzing the data (Graneheim & Lundman, 2004) and the following steps were taken: 1) The entire interview was entered into Microsoft Word program, immediately after each interview. Then, the text was read several times to get an overall understanding of students' statements regarding to the objectives of the study. 2) The text was divided into meaningful units; each unit contained words and sentences that were related to each other. Then, these units were condensed while maintaining the original content. 3) In the next step, each condensed unit was labeled with a code.

4) Then, primary codes obtained were categorized based on their similarities and differences. An attempt was made to maintain the highest homogeneity in each category and heterogeneity between categories. 5) Finally, themes were obtained from the data analysis (Table 2).

Table 2: emerged themes and subthemes

Themes	Subthemes
Incivility and support received from nurses	1) Belittling 2) discrimination 3)exploitation 4) accountability 5) sharing the facilities
Incivility and support received from faculty and their families	1) humiliation and disrespect 2) threat 3) Not providing clinical opportunity and being inaccessible 4) teaching with empathy 5) Appropriate
Incivility and support received from patients	1) disrespect 2) sexual incivility 3) supporting
Incivility and support received from peers	1) Disparage 2) comprehensive support

Ethical considerations:

Ethics considered in this study included explaining the objectives of the study to participants, anonymity and confidentiality; voluntary participation in the study and withdrawal at any time; obtaining written informed consent before the interview; and obtaining approval of the Ethical Committee of xxx University of Medical Sciences with the code "ir.xxx.rec.1394.575".

Rigor: To ensure the accuracy and consistency of the data, Lincoln and Guba's criteria were used(Lincoln & Guba, 1985), which consisted of the following. 1) Credibility: A researcher with sufficient long-term interaction with participants tried to collect reliable information. Sampling was done using maximum variation. Two of the participants (students) were invited to review meanings, subthemes and themes, derived from data and give their opinion. Peer review was also conducted. 2) Confirmability: Confirmation of two faculty members and their comments on data analysis was used. 3) Dependability: The whole process of data analysis was scrutinized by the research team. 4) Transferability: An attempt was made to provide rich, thick descriptions of the interviews to determine the applicability in other contexts. Furthermore, themes and subthemes and primary results of the study were given to several nursing students who did not participate in the study and they confirmed that the results were similar to their experiences.

FINDINGS:

In order to explore the experience of incivility and perceived support by nursing students in the clinical environment from the data analysis, 4 themes and 15 subthemes emerged.

INCIVILITY AND SUPPORT PERCEIVED FROM NURSES

All the participants in the study have experienced incivility and support received from the nursing staff, but the experience of the uncivilized behavior of personnel was reported more than the received support. Being humiliated by insulting behavior of personnel and having a sense of discrimination and exploitation by staff were the common experiences of participants. However, some students had positive experiences in their relation to staff, when these students were asking questions of the staff, they provided answers with amiability and in some cases, shared their own resources with the students.

1. Belittling: Most students experienced humiliation, insults and were neglected by nurses.

Belittling behaviors were often coming from older personnel. In most cases, nurses use verbal insults, their tone and body language were insulting. These behaviors often made students to feel submissive. Some students stated that, when asking questions, staff answered their question without having eye contact. These type of behavior caused student to dislike the staff and not want to communicate with them.

In this regard, one female student said, "Our faculty said to us, say hello and introduce yourselves when you go to the ward. But when I do it, they (staff) ignore me". Another female student stated, "When you want to communicate with them (nurses), they completely ignore you and they look at you as if you are a lifeless object". A nurse with 18 years of nursing experience also stated: "nurses endure a lot of stress; they are responsible to all the patients' problems; they have inadequate income… their workload is high; all of these can be cause uncivil behavior in nurses" .Another student in regard to humiliating behavior of staff said, "The staff treat you as if you do not know anything, they kind of look at us from above and treat us like a subaltern".

2. Discrimination: Discriminatory behavior is another area of incivility against the participants. The most expressed discrimination by the participants was discrimination by personnel in the treatment of medical and nursing students. One of the male students in this regard said, "I am surprised at the treatment of nursing staff towards us, despite the fact that we are nurses too. But, they have a great respect for the medical students and call them Sir or Madam, and when they want to call us they say student". The discrimination of personnel does not only manifest in their behaviors, but it also shows itself in their permission to use facilities between medical and nursing students. As a result, one of the female students said, "I went to the personnel's rest room to drink water, and the head nurse, in front of medical students, shouted at me to leave the room while medical students were resting there".

The discriminatory treatment of the fourth year students who were working with the staff was reported, as the staff were delegating difficult duties to them. A female student in the eighth semester in this regard said, "There was discrimination between me and the personnel. The head nurse said to one of the staff, why did you take the patient to another ward in this cold weather, you should have asked a student to do that".

3. Exploitation: Personnel were delegating difficult or not important duties to students, which in most cases were not even the responsibility of students. One of the nursing students in this regard said, "In the ward where we do not have faculty and the nursing manager is in charge, we effectively became slaves". Another female student stated, "Personnel see us as extra pair of hands and delegate their duties to us as much as they can".

4. Accountability: Some students view some of the nursing staff as a source of support that could answer their scientific and practical questions. One female student in this regard said, "The good thing about nursing is that, the nurses understand us and when we ask a question, they answer". In cases where the faculties were not available due to the large number of students, the advice of nursing staff was used to carry out patient care. One of the male participants stated that "sometimes when we want to administer medication or undertake a procedure and our faculty is not present, we ask nurses or head nurses for advice and they help us". Even in cases where the patients may object to being cared for by students due to their lack of skills and experience, they intervene and persuade patients to give permission. One of the male students stated that "I wanted to change the patient's IV set and a drop of blood fell on the sheets, the patient harshly said that, you do not know anything go and get a nurse, the nurse came and reassured the patient about me, convincing the patient that I could do the task".

5. Sharing the facilities: In a few cases, these students have experienced that personnel allowed them to use the facilities in the ward. One student

said, "We do not have wardrobes and dressing rooms in the ward, some staff allow us to use their room to change our clothes". Another female student who had a positive experience in this regard said, "Patients and physicians brought some sweets and chocolates for Nurses Day and the nurses included us in the celebration and shared the presents with us".

INCIVILITY AND SUPPORT PERCEIVED FROM FACULTIES

According to the participants, faculty demonstrated uncivilized behaviors towards students and were also important source of support for them. They were exhibiting humiliating and disrespectful behaviors toward students and were not providing opportunity for clinical learning by being inaccessible. At other times, they were teaching students with empathy and communicated with them effectively.

1. Humiliation and disrespect: As revealed in the participants' statements, faculty sometimes exhibited verbal and nonverbal humiliating behaviors that suggested disrespect and incivility, such as humiliating negative feedback about students' knowledge and performance, dismissal of students from the ward, blaming students in front of patients and staff, talking to students with frowns and anger, unfair judgment, and ridiculing when students answer a question wrongly. In this regard, some students reported the following experiences.

"When I did not know the answer of the question, the faculty looked at me with a disparaging look" (one female student). One male student declared: "I wanted to use medical terminology in my conversation, then I mispronounced a word and saw the faculty laughing at my pronunciation, I was embarrassed in front of my friends".

2. Threat: Faculty were often using hostile measures, such as lowering the grade, scoring zero and threatening expulsion of students. One student in this regard said, the faculty mentor said if you do not learn what I explain to you and give the wrong answer, you will be in deep trouble, I will expel you from the ward". Faculty, in some cases, were even frightening students about the nursing workload, difficulties, and legal issues that, students may face in the future due to the lack of knowledge and skills. One of the male students in this regard stated that "the faculty mentor was speaking in a way as if with the slightest mistake, patients will complain and they will get fired from the job". One faculty with 4 years of teaching experience confirm this by stating: "Sometimes we use our only weapon; threatening statements; to involve our students in clinical learning".

3. Not providing clinical learning opportunities and being inaccessible: Students expressed that some faculty did not make any effort to provide a learning opportunity for them and they were going about with routine activities of the ward. One female student said, "There are so many things to learn in the ward that the opportunity to learn them during the course might not come again, but our time is spent on repetitive routine tasks. For example, our faculty told us to go and work with one of the nurse aids". In some cases, the faculty, due to high numbers of students, was inaccessible or was not sharing knowledge with students. One of the students said, "If you have any question, the faculty member was not providing the right answer and was telling us, you should know that".

4. Teaching with empathy: Almost all participants had positive and happy experiences with some faculty. Some faculty were motivating and encouraging and some were cheerfully helping nursing students who had difficulty in doing some tasks. They reassured the students and sometime observed students from a distance to prevent nervousness or asked them to work in groups to prevent tension. One of the female students in this regard said, "Yes, it's true if you make a mistake, some faculty blame you; there are also some who say it's okay if you make a mistake, you should learn from these mistakes and they turn the situation into an opportunity for learning".

5. Appropriate communication: Some of the students believed that, faculty with appropriate communication with them are considered as a source of support in a way that most students refer

to them for advice when having problem or in the case of tension. If a conflict happens between a student and a staff or patient, the faculty would intervene and resolved the tension. One male student stated that, "It is true that we cannot communicate easily with our faculty, but there are a few who can be communicated with when there is any problem. They might not be able to solve the problem, but they will patiently listen to us and make us happy as we feel we have a support".

INCIVILITY AND SUPPORT RECEIVED FROM PATIENTS AND THEIR FAMILIES

Patients and their families sometimes demonstrate uncivilized behaviors toward students . Sometimes, they even demonstrated uncivilized sexual behavior toward female students. In some cases, however, they were supportive.

1. Disrespect: Most often, the reason for disrespectful behavior of patients and families toward nursing students was their lack of trust in students' abilities, and in fact, they had such behavior to protect themselves and their families. One of the male students in this regard said, "I wanted to change the patient's dressing when one of his family members objected and told me with anger, I would not be allowed to change the dressing, go and ask a nurse to come and do it, my patient is not a Guinea pig".

2. Sexual incivility: This subtheme refers to behaviors that the young patients and their families had toward young female students and students considered that behavior uncivilized. Behaviors such as inappropriate joking, joshing, teasing, expressing statements about the physical beauty of the student, gestures and statements that would indicate a desire to have intimate relationships with students that are not common in the workplace, staring that is upsetting for female students and even in one case, taking pictures without permission. One female student expressed her own experience and said, "I did not like to enter the room of that particular patient, as his family member was looking at me all the time. I felt he had a desire to have a relationship with me".

3. Supporting: Most of the patients' supportive behaviors include psychological supports such as respect, encouragement, and appreciation. One of the male students stated that "most patients treat us with respect; they are the source of encouragement for us. When we do something for them, they will kindly thank us". However, students less often have the experience that, patients encouraged them to perform a procedure on them. One of the female students expressed that, "one female patients told me that come dear and change my IV cannula; these staff will be finally retired and you have to replace them".

INCIVILITY AND SUPPORT RECEIVED FROM PEERS

Like other groups that interact with students in the clinical environment, students who spend their clinical practicum in a group, exhibit uncivilized and supportive behaviors toward each other. The only difference is that, unlike other groups that demonstrated more uncivilized and less supportive behaviors toward students, peers' exhibit more supportive behaviors than uncivilized behaviors in this study.

1. Disparage: According to the participants, peers ridiculing and laughing at each other's' mistakes, criticizing each other's performance of nursing procedures in front of the patients, or showing off their skills to friends, disparaged them. One male student in this regard said; "I wanted to draw the drug from the vial but poured some of it, my friends laughed at me and one of them said, 'why are you so nervous?".

2. Comprehensive support: As revealed in the participants' statements, group members often provided comprehensive scientific, practical and emotional support for each other. In cases where an individual had little information about a patient's nursing care, by asking peers, he/she met his/her academic needs and in other cases when he/she needed help to undertake a clinical task, peers provided a good source of support. Almost all students expressed that they use peers' support to undertake clinical procedures. These students also talked to peers to release the anxiety and

stresses of the clinical environment and considered peers' support and advice as a positive experience. One of the male students stated, "I and my friend always attend to patients together; this way I feel safe if I need advice or help, there is someone to help me".

DISCUSSION

The aim of this study was to discover and describe uncivilized and supportive behaviors in clinical environments. Data analysis demonstrated that, students received uncivilized and supportive behaviors from four groups of people that they were working with, in the clinical setting: nurses, faculty, patients, and peers.

Most students interviewed experienced humiliating and insulting behaviors from nursing staff, and they said, the staffs often ignored them. The present study confirms other researchers who referred to the paradoxical culture of nursing as the most caring and trusted profession, while "eating theirs young" (Milesky, Baptiste, Foronda, Dupler, & Belcher, 2015). Despite the fact that Iran's nursing ethic codes state that "nurses should have respectful attitudes and behavior toward other nurses, teachers and students" (Sanjari, Zahedi, Aala, Paimani, & al, 2011); nurses in practice do not adhere to this rule of the ethical code. Other studies have also identified the incivility of nursing staff towards nursing students (Anthony & Yastik, 2011; Marchiondo, Marchiondo, & Lasiter, 2010). In study by Martel (Martel, 2015) which was also a phenomenological study conducted on students' experiences of staff incivility, the emerged themes included lack of acceptance, humiliation, refusing to recognize the needs of students and to help them. In the study byAnthony and Yastik in US (Anthony & Yastik, 2011), the emerged themes from the students' experience of staff incivility were exclusiveness, hostility, disrespect and ignorance, where the last three are consistent with the findings of the present study. However, students in this study did not experience exclusiveness (the feeling of being out of the team). The reason for this difference may be due to a severe shortage of nurses in Iran, where often students are highly active in the care of patients. Incivility of staffs towards students can be explained by using Freire's theory which is known as the Oppressed Group Model. According to this model, oppressed people believe that, they are subordinate of the dominant group. Nurses who are oppressed by doctors may exhibit their frustration in this system through emotional release, such as behaviors that oppress and intimidate co-workers (Martel, 2015). Nurses work in a hierarchy system, in which, doctors are at the top of the hierarchy and nurses are at the bottom. Gender also plays a role in doctors' oppression of nurses, because most nurses are female and physicians are mainly male (Roberts SJ, 2009). Freire (Purpora & Blegen, 2012) Proposes that oppressed people get angry but remain obedient to the oppressive group and their abusive behaviors toward peers may act as a way to relieve their stress.

Another finding of this study which is consistent with the findings of Jamshidi et al. (Jamshidi, Molazem, Sharif, Torabizadeh, & Najafi Kalyani, 2016) is the discriminatory behavior of nurses towards nursing students. In their study as in this one, the majority of reported discrimination was discrimination between medical and nursing students. In a quantitative study in Iran, the biggest problem related to clinical environment was discrimination between nursing students and students of other disciplines (Mohebbi, 2011). Discriminatory behavior of staff towards nursing and medical students have not been observed in other countries, as perhaps the healthcare community in Iran is more doctor-dominated or honors doctors more than other countries. Jamshidi quoted Baraz and wrote, paying attention to medicine as a dominant healthcare discipline leads to undermining of nursing students' professional dignity and creates a sense of being subordinate (Jamshidi et al., 2016).

Students in the present study were being exploited by nursing staff. In the study of Msiska et al. (Msiska, Smith, & Fawcett, 2014) one of the obtained themes of nursing students was "we

cover the shortage of staff". While in the study of Martel (Martel, 2015), the nursing students expressed that, the personnel view students as "helping hands". The reason for this behavior with students may be due to shortage of nurses. Of course nursing students have also experienced supportive behaviors with nurses.

Nursing students in this study stated that, some staff were supportive of them and allowed them to use facilities in the ward. The results of the study of Joolaee (Joolaee et al., 2016) in Iran revealed that, nursing students receive support in the clinical environment not only from their faculty but also from nursing staff. Communication and support between staff and students create favorable environment for student which is essential for learning in clinical settings (Kaphagawani & Useh, 2013).

Disrespect, humiliation, and threats were among faculty uncivilized behaviors reported in this study have also been confirmed by other studies (Altmiller, 2008; Clark, 2008; Cooper, Walker, Askew, Robinson, & McNair, 2011; Del Prato, 2013; Lasiter et al., 2012; Todd et al., 2016), which represent ubiquity of these behaviors in different parts of the world. Not providing learning opportunities was found in this study and in the study of Tee et al. (Tee, Özçetin, & Russell-Westhead, 2016), and the inaccessibility of faculty in the study of Clark and Springer (Clark & Springer, 2007) have been viewed by students as uncivilized behaviors. In the study of Jonsen et al. (Jonsén, Melender, & Hilli, 2013), students refer to invisible preceptors as a negative experience in the clinical setting that evoked the sense of disrespect in them. It is possible that, faculty are unaware of their uncivilized behavior and its consequences, or even consider some types of behaviors necessary for student learning.

Another finding of the present study in relation to the support received from the faculty was teaching with empathy. In the study of Mikkonen et al. (Mikkonen, Kyngäs, & Kääriäinen, 2015), students expressed that empathy of faculty towards students leads to the experience of effective learning, a caring learning environment, and facilitates professional training. Appropriate communication with the faculty creates a sense of support in the clinical environment for the students. In Iran, the study of Joolaee et al. (Joolaee et al., 2016) also showed that, respectful communication with students was perceived as a support by students. Respectful communication with students creates a sense of being important and improves their personal and professional identity (Last & Fulbrook, 2003).

Disrespect and sexual advances were among the uncivilized behaviors of patients that were reported by the participants. The reason for patients' disrespect was their lack of trust in students and their unwillingness to be taken care of by the students. The reluctance of patients to receive care from nursing students has also been reported in another study in Jordan (Shoqirat & Abu-Qamar, 2013).

The experience of sexual advances by patients and their families was reported by only female students. In Iran, interactions between men and women are mainly formal and limited, but Iranian society has a stereotyped image of female nurses since they have more intimate interaction with men, and this could be the reason for patients and their families' uncivilized behavior toward nurses. On the other, this type of treatment with women may be a way to express men's domination over women in a patriarchal society like Iran. In the study by Ferns and Meerabeau none of the participants expressed that, they had been sexually insulted by patients, which could be related to cultural differences between the two countries (Ferns & Meerabeau, 2008).

However, in this study, participants also referred to patients as one of their sources of support that encouraged them. In another study in Iran, inter-personal relationships among students, nurses, faculties, doctors, and patients has been defined as one of the effective factors affecting the clinical learning of students (Jahanpour, Azodi, Azodi, & Khansir, 2016).

Peers also were a source of support or incivility in the clinical setting, but they were more often supportive. This dual role of peers has also been

confirmed in the study of Dadgaran (Dadgaran I, 2013). Uncivilized behavior of peers in this study included ignoring the scientific and practical capabilities of other students. In the study of Cooper (Cooper et al., 2011), nursing students expressed that, they were disparaged by their peers more than others. However, the students in this study were using peers' support for learning of scientific and practical topics, which is in line with the results of Houghton. Houghton (Houghton, Casey, Shaw, & Murphy, 2013) states that, although support of peers is effective in learning, it should not prevent communication with staff and loss of learning opportunities, thus, students must receive training in this regard. Students in this study relived their stress by talking to each other and these types of supports have been confirmed in other studies (Hakojärvi, Salminen, & Suhonen, 2014; Sun et al., 2016).

CONCLUSION:

Nursing students experienced incivility and support in the clinical setting from people who they worked with, including staff, faculty, patients, and peers. The nursing staff, by their uncivilized behaviors toward students, were creating stress and inconvenience for students, rather than being supportive to them. But peers more often had a supportive role and exhibited less uncivilized behavior. A variety of uncivilized behaviors were demonstrated by nursing faculty. The nursing education authorities should identify and augment support resources for students. Uncivil behaviors in clinical settings should be omitted when possible. In many countries there is a zero tolerance policy for incivility in the work place, and offenders are quickly reported and sent for re-education. Continuous offenses may result in dismissal.

Study limitations: Due to the low number of participants and selecting them from one university the findings of the study cannot be generalized.

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Authors' contributions: FR designed the study, collected and analyzed the data, and wrote the first draft of the manuscript. SS, NDN, and EN advised on study design, and supervised the collection and analysis of the data and writing of this manuscript.

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