

ORIGINAL RESEARCH

The lived experiences of faculty-to-faculty nursing incivility

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ABSTRACT

Background and objective: Nurses work in a variety of capacities and environments, including hospitals, in community health, outpatient areas, administration, and in education. Nurses' challenges include heavy workloads and time management issues. Nurses also encounter long work hours, inadequate staffing, and hierarchical pressures that can result in workplace incivility. Workplace incivility can have a significant impact on both new and experienced nurses and lead to high turnover rates. Incivility among faculty members is disruptive and can contribute to the nursing shortage. The purpose of this study is to: (a) explore the personal lived experiences of faculty members regarding faculty-to-faculty nursing incivility, (b) identify the experiences that faculty members attribute to uncivil behavior, and (c) examine the impact of incivility on faculty wellbeing, job satisfaction, and ability to perform their duties. Additionally, this study aimed to identify commonalities in how faculty members experience workplace incivility through interactions with their colleagues.

Methods: This qualitative descriptive study utilized a phenomenological framework to identify the lived experiences of faculty-to-faculty nursing incivility. The data was collected through semi-structured interviews with 15 purposefully selected members who met the inclusion criteria. The interviews were conducted during the Spring of 2024 and the data was transcribed and coded for emerging themes.

Results: This study identified five major themes: a toxic work environment, lack of leadership, power imbalance, physical and psychological consequences, and decreased job satisfaction.

Conclusions: Identifying and addressing contributing factors of faculty-to-faculty incivility is necessary for the future of the nursing workforce. Possible recommendations include: providing workshops on communication skills, providing a work-life balance, fostering a supportive environment and establishing a zero-tolerance policy.

Key Words: Bullying, Incivility, Gas lighting, Horizontal violence, Lateral violence

1. INTRODUCTION

Nurses are an essential part of the interdisciplinary healthcare team and with this nurse faculty are an important part of nurse training. Nurses are leaders in healthcare, patient advocates, and role models in the nursing profession.^[1] Nurses have a crucial role in the legal, and ethical responsibility to prevent incivility and create a healthy work environment as members of the nursing profession.^[1] Unfortunately, there is an insufficient number of qualified nurse educators to prepare

students to practice as registered nurses. A strong foundation in nursing education is essential for an effective healthcare system.^[2] Nursing programs are the driving force behind distributing essential healthcare knowledge to students, which will contribute to a healthy culture.^[2] They hold a legal and ethical responsibility to prevent incivility and promote a healthy work environment. However, the shortage of qualified nurse educators limits the ability to prepare future nurses effectively. A strong foundation in nursing education is criti-

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cal to maintaining an effective healthcare system, as nursing programs are the primary conduit for transferring essential knowledge and fostering a positive professional culture.^[2]

Incivility in nursing is an increasingly recognized issue that undermines the professional environment, impacts patient care, and affects the well-being of healthcare providers.^[3] Characterized by rude or disruptive behaviors, incivility can range from subtle dismissals to overt hostility among colleagues. This problem not only erodes team cohesion but also contributes to higher stress levels, job dissatisfaction, and higher turnover rates among nurses.^[4] Faculty-to-faculty incivility interrupts the educational process and the work relationships.^[5] When nursing faculty experience incivility, they may become accustomed to an unpleasant environment, leading to a tolerance of incivility.^[5] Incivility in the academic environment can disrupt the shared vision in nursing education and contribute to faculty turnover.^[5]

Incivility in nursing—ranging from subtle dismissals to overt hostility—has become an increasingly recognized threat to the profession. It undermines team cohesion, elevates stress, reduces job satisfaction, and contributes to turnover, ultimately compromising patient care.^[3] In academic settings, faculty-to-faculty incivility disrupts collegial relationships, erodes shared vision, and accelerates faculty attrition, further deepening the nursing shortage.^[5] This shortage perpetuates a cycle in which additional teaching workloads and heightened stress foster additional incivility, driving more nurses from the field.^[6]

Toxic work environments also hinder recruitment and retention, particularly among novice nurses, who are especially vulnerable to incivility and lack of support.^[6] Addressing incivility is therefore critical to sustaining a stable and effective nursing workforce at different levels. Evidence-based strategies such as structured mentorship programs, along with clear institutional policies promoting respect, collaboration, open communication, and accountability, can help break the cycle and cultivate a culture where nurses at all stages of their careers can thrive.^[1]

1.1 Purpose

The purpose of this study was to examine how nurse educators perceive and are affected by faculty-to-faculty incivility, with attention to its impact on well-being, job satisfaction, and professional performance. The study also sought to identify commonalities in these experiences. The overarching research question for this study was “What are the lived experiences of faculty-to-faculty incivility among nurse educators?”

1.2 Literature review

Incivility in nursing is a pervasive issue that significantly impacts the work environment, professional relationships, and patient care outcomes. This review explores the existing literature on incivility in nursing, examining its prevalence, causes, and consequences.

Incivility is common in the nursing profession, a survey by the American Nurses Association (ANA) found that a significant portion of nurses have experienced some form of workplace incivility.^[7] Prior research reported that up to 85% of nurses have experienced workplace bullying at some point in their careers.^[7] The prevalence varies across different regions and healthcare settings, but the consensus is that incivility remains a persistent problem. Due to the alarming prevalence of incivility, the ANA adopted a position statement to address incivility, bullying, and workplace violence, stating, “Registered nurses and employers are to create and sustain a culture of respect, which is free of incivility, bullying and workplace violence”.^[7] The statement emphasizes the importance of collaboration and a professional proactive approach to foster a positive work environment. A key modification made was nurses’ responsibility.

2. METHODOLOGY

2.1 Design

This qualitative study used a phenomenological framework to explore the lived experiences of faculty-to-faculty of nursing incivility. Approval was obtained by the university’s institutional review board. Semi-structured interviews were conducted during the Spring of 2024.

2.2 Setting and sample

The setting for this study was in Texas and included nursing programs at the community college and university levels: licensed vocational nursing, associate degree nursing, Bachelor of Science in Nursing, and Masters of Science in Nursing programs. The inclusion criteria included being a nurse educator with at least two years of experience and excluded anyone that was not a faculty member or didn’t meet the experience requirement. The individuals interviewed for this study were recruited using purposive sampling. 20 faculty members were invited; 15 consented and completed the interviews. Email invitations were sent once to avoid pressure, and interviews were scheduled via email with follow-up reminders. Semi-structured interviews were conducted in participants’ offices over a six-week period at times convenient to them, ensuring privacy and comfort.

2.3 Procedure

The primary investigator contacted the 20 participants by an invitation email and 15 agreed to participate. Each participant was assigned a pseudonym (P1-P15). Data collection was accomplished through semi-structured interviews in person lasting 30–45 minutes, followed with probes for clarification. Demographic questions were also collected. Interviews were audio-recorded, and transcribed verbatim. Transcription was supplemented with handwritten observational notes taken during the interviews.

2.4 Data analysis

Thematic analysis was completed after all transcripts were uploaded into TurboScribe®. Recurrent exploration and scrutiny of the data allowed the researchers to become aware of the data commonalities, and differences in the faculty experiences, Colaizzi's seven-step phenomenological method guided analysis was followed:^[8] (1) reading transcripts for overall understanding; (2) extracting significant statements; (3) formulating meanings; (4) clustering themes; (5) developing exhaustive descriptions; (6) identifying the fundamental structure; and (7) validating findings with participants. To confirm the trustworthiness of our findings each transcript was read by each researcher and preliminary codes were established. After further repetitive scrutiny of each transcript the codes were grouped into themes. The themes were discussed in depth until agreement was reached on the findings.

3. FINDINGS

The lived experiences of faculty experiencing faculty-to-faculty incivility were 15 female participants and descriptions were slightly mixed depending on the individual's circumstances; however shared experiences were identified in the study. The average age of the participants was 57.2 years, with an average of 27.7 years of nursing experience and an average of 13.5 years in nursing education. Two of the nurse educators had earned a PhD, while 13 had earned an MSN degree. Thirteen of the nurse educators were Caucasian, and two were Hispanic.

Individually, the participants had diverse and had various lived experiences of nursing incivility. Each female participant had her unique accounts, and there were commonalities. As a result of the data analysis, five major themes were identified, including a toxic work environment, lack of leadership, power imbalance, physical and psychological consequences, and decreased job satisfaction.

3.1 Theme 1-A toxic work environment

The first theme that emerged from the participants' interviews is a toxic work environment. Each participant discussed

their feelings and thoughts about workplace incivility. When asked about workplace incivility, the participants described nonverbal and verbal actions. The participants described a toxic work environment among the nursing faculty, with disrespect, hostility, and incivility. Behavior such as “nurses eating their young”,^[2] gaslighting, and snarky comments.

Participant one commented, “In my previous environment incivility was a ten and now where I work it is a four.” Participant two spoke in a sad tone expressing the phrase “nurses eating their young”. She also reported, “I never experienced it in my workplace as a floor nurse.” She explained, “I have felt it in the education world, especially as a beginning educator.” Participant three commented, “the acts of incivility to me are disrespectful, condescending, rude, belittling, and gaslighting.” Participant four pointed out “people get their feelings hurt and they don't want to come to work.” She also commented, “people leave because the environment's toxic, and they don't want to work here.” Participant five expressed in frustrated tone, “It's a big issue. I feel unheard and dismissed.” She also noted rolling of the eyes and snarky comments.” Participant 11 remarked, “we love to talk about it all the time but nobody really wants to face the beast head-on.”

There is some discrepancy in experiences of incivility as a participant indicated if a faculty member experiences incivility, she does not see it or know about it. Participant 10 reflected, “I don't think incivility is very significant. At least not what I see.” She continues on to express, “I think we're pretty respectful of each other. I think mainly we're trying to do is protect our students.”

In contrast, participant twelve commented, “I get abrupt or lose patience with others and I have to be honest.” She commented, “others could interpret my behavior as being uncivil as well and that it's the darker side of who I am.” Participant 14 paces the room and reported, “incivility is very significant.” She also indicated, “Incivility means inappropriate behaviors, can be verbal, can be unwritten body language, unkind, disrespectful. I'm not following the golden rule. Do unto others as you would have done unto you.” In addition, she continues on to say, “I had an experience with incivility myself, where I personally was with an individual who was being uncivil. I became the bully, it took me over a year to recognize the error, and I have been more consciously aware.”

3.2 Theme 2-Lack of leadership

The lack of leadership was a common theme among the participants. Many expressed difficulties in knowing who to approach in leadership when faced with unaddressed issues,

mistrust, feeling threatened, and seeming tolerance for uncivil behavior. The participants voiced their concerns about the current state of leadership within their programs. They perceive a notable absence of strong, supportive leadership, which has resulted in a breakdown of trust and increased apprehension.

Participant one expressed, in a sad tone, "I think the hardest one was being lied to by my administrator. It creates an environment and a feeling of just distrust." Several participants discussed that issues of incivility are not being addressed by department leaders but are more or less ignored. Participant three reported, "I think this is what they know, that's how they interact. It's almost how they interact with each other, but they tolerate it, you could address it but nothing happens." Participant four indicated, "There is a tolerance of incivility; we experience it constantly." She also reflected, "she took every opportunity to put me in my place and not treat me kindly. When I received my personal evaluation. I think the director felt threatened by me." Participant 12 looked away from me and without eye contact, and elaborated on the lack of leadership, "I think incivility here goes totally unchecked. I don't think there's any constraints put on it." She continues to express, "It's not fun. It's very uncomfortable."

Other participants shared difficult thoughts on their experiences with incivility regarding leadership incivility challenges. Participant eight mentioned, "I definitely think one of the biggest barriers to correcting incivility is the frequent change in leadership. I've worked here for eight years, and I've had six different directors of this nursing program." Participant nine reports, "Well, I think, in all honesty, the incivility is from the leadership down." She elaborates in an angry tone, "We've had a lot of threats about things like not getting on the train if we don't participate when we were willing to participate." Participant 11 commented, "too many chiefs and not enough Indians." Participant 14 point out, "we have some direct leadership who is part of the incivility problem that we have. While they say they want to address it, they're part of the problem themselves."

3.3 Theme 3-Power imbalance

The third theme that developed is power imbalance. Several participants reported having recently encountered work challenges including the need for a curriculum revision along with having to share limited resources with larger numbers of peers. These situations created a power struggle for several participants.

Several participants emphasized competition among nursing faculty as a factor driving incivility. They reported resistance to change and lack of acceptance for new ideas among estab-

lished faculty and opportunities for learning and growth as problematic. Participant one noted, "I think in the academic world, no matter where you work, there's a competitiveness there. It feels like sometimes that faculty always want to one-up each other, and I think that's hard to get around because it's your career." She also mentioned, "there are closed door meetings and not inviting the whole team." Participant two indicated, "When we were trying to collaborate with another level on the clinical paperwork, just felt very attacked by the paperwork we presented because it was different. The other faculty members became very verbal, almost like an attack." Participant five reported, an instructor spoke up and said no one really cares about ATI[®] because we use Evolve[®]." She elaborates, "I never wanted to speak up again in front of faculty." Participant nine explained, "there's been times in the past where I've been trying to work towards one goal." She continues on and reported, "another individual would undermine the effort." She also expressed, "like going to a committee at a time when I couldn't attend."

3.4 Theme 4-Physical and psychological consequences

The fourth theme involved the physical and psychological consequences of incivility. The feelings discussed include: depression, sleep disruption, fear of being at work, and suppression of voice. The nursing faculty reported a variety of stress reactions, including physical and psychological symptoms. The participants were repeatedly made to feel inferior due to faculty incivility, and many doubted their abilities as nurse educators.

Participant one indicated, "It's stressful. Not only does your work suffer, but your students suffer. You don't want to deal with them, and you get behind on your work. It causes physical and psychological fatigue. I would almost describe it as a wound." She also states, "you feel like you're having to watch your back all the time, and you don't want to be a target" Participant three was tearful when stating, "From one particular meeting; I'm in counseling over it and it just makes me shut down." She indicated, "after that one horrible meeting, I dreading coming to work and came to work in tears every day." Participant nine did not make eye contact when stating, "I'm unsafe at work. It's bad. You can't sleep at night. It's hard to focus. I can say that it distracts from your self-esteem and it makes me want to retire." She comments further and reported, "you drive into work and you don't want to come because you have a feeling of dread."

Participant 11 expressed bluntly, "Disappointing in our profession, embarrassment and shame, and it's a constant low burn of stress." She also noted, "It keeps me from being brave in some instances, and it's taken my voice in a lot of cases." Finally, a few participants discussed physical health.

One participant remarked, “I want to throw up.” Participant 13 voiced, “When I get stressed, I don’t eat.” Participant 14 remarked, “It has negatively affected my health.”

3.5 Theme 5-Decreased job satisfaction

The fifth and final theme that emerged is related to job satisfaction. Most of the participants discussed work and home life balance. Participant five noted, “It took away some of the joy I had being away from here, which wasn’t fair to my family. I would go home and yell at my daughter instead of normally talking to her.” Participant 14 remarked, “Not only does the incivility affect me at the workplace, it is also on my mind, and it distracts me from my home life and work-life balance. It can be all consuming, I have considered my employment multiple times.”

Participant seven stated, “I’m sad for our nursing education, and we already have a national shortage on faculty. You have faculty that are quitting because they’re not going to tolerate the behavior anymore, and when I finish my doctorate, I’ll move on.” Participant eight pointed out, “I think it creates a black cloud over the nursing department.” I was kind of the outcast it makes it hard to come to work knowing that we have incivility issues.” It creates strain at home with your family.” Participant 11 adds to her discussion, “It’s just not worth it. There’s no amount of money that’s worth being, in a eat your own, atmosphere.”

4. DISCUSSION

As a nursing educator, the researcher was not surprised by the findings of this study. Over the years nurses have encountered challenges with nursing incivility. It was valuable to hear about the nursing faculty lived experiences of incivility, as participants openly shared their personal thoughts.

A toxic work environment among nursing faculty creates a tense and hostile work culture, lack of mentoring, and leading to faculty shortages.^[5] Incivility involves nurses being disrespectful, gossiping, and not listening to others’ opinions. Thus, a damaging cycle of incivility is created in the nursing work environment.^[5]

Furthermore, nursing faculty are challenged with circumstances of weak leadership leading to organizational chaos and feelings of mistrust. The participants talk about being under threat and feeling unsupported by their leadership. Nurse educators experience personally incivility among faculty members under competitive cultures, power imbalances, and a lack of policies and leadership.^[5]

Consequently, nursing faculty experience an imbalance of power. The findings indicate a lack of teamwork, poor communication, and thoughts of exclusion in activities, and in

departmental decision-making. The incivility in faculty-to-faculty exchanges develops a hostile and less productive work environment. In addition, nursing faculty take credit for scholarly work, are resistant to changes, and intentionally excluding other nurses from team meetings. Therefore, there is a decrease in work productivity and nursing morale due to nursing incivility.^[6]

The faculty members often experience the effects of incivility, including not feeling safe, depression, lack of sleep, inability to focus, shame, and embarrassment. Physical health is harmfully affected, leading to an increase in chronic illnesses, weight gain, digestive problems, and headaches.^[9] In addition, nursing faculty disclose an increase in sleep disturbances, depression, and an increase in substance abuse.^[9]

Nurses experiencing workplace incivility may be reluctant to engage in work based social relationships, which can make it more challenging to access support in the workplace when needed.^[10] Continuous workplace incivility could lead to disconnection with other nursing faculty. Disengagement has been associated with workplace bullying and can potentially reduce the performance of the nursing faculty.^[11] A sense of accomplishment and a sense of community within the nursing profession are experienced by nurses who are engaged in their work.^[11]

The presence of incivility has a substantial negative impact on job satisfaction, which has additional significant consequences for the nurse shortage. Incivility among nurses leads to increased employee turnover rates, decreased job satisfaction, reduced productivity, and higher absenteeism.^[8] Nurses who are exposed to workplace incivility experience decreased professional and psychological functioning, which can significantly impact their quality of life.^[8] Thus, compounding the shortage problem.

Organizations also face negative financial effects. The costs associated with turnover and replacing staff lost to bullying can be quite taxing.^[6] A significant risk is related to patient safety issues, poor patient outcomes, and decreased patient satisfaction when nurses work in an environment of incivility and bullying.^[6] The development and advancement of professional nurses are significantly aided by the important role that nurse educators contribute to the process.

Limitations

The limitations of this study can be that the results are based solely on the experiences of the limited nursing educators who participated and can be difficult to ensure generalizability. In addition, participants in this study were all female and worked at three institutions. Had male registered nurses and (participants from various geographical other colleges and

universities participated), it could have provided additional perspective. Future research endeavors should explore effective strategies to the culture of incivility thus creating a supportive and healthy work environment for nursing faculty.

5. CONCLUSIONS AND RECOMMENDATIONS

This research study identified incivility among faculty members. The work environment was described by participants as toxic, filled with disrespect, incivility, and a lack of support among nursing faculty. Weak leadership is seen as further contributing to nursing incivility, due to frequent changes and unclear expectations. In addition, ineffective leadership leads to mistrust and unprofessionalism. Nursing faculty incivility can hinder faculty work collaboration and effective change efforts. The incivility experience takes a significant toll on faculty physical and psychological being, leading to stress, depression, anxiety, and burnout. Incivility also decreases morale, patient safety, and is devastating to the nursing profession.

The recommendations for addressing faculty-to-faculty incivility include providing workshops on communication skills possibly using the cognitive rehearsal method. Leadership in nursing necessitates a work-life balance and fostering a supportive environment for professional development. Furthermore, it is essential to establish and widely publicize zero-tolerance policies for the nursing faculty.

There are six elements of a healthy workplace environment which include employee recognition, employee growth and development, health, safety, work-life balance, and employee involvement.^[9] The approaches for employee recognition include the nurse educators communicating achievements at faculty meetings and the leadership team communication faculty accomplishments by email correspondence.^[9]

Also, faculty development efforts should encourage nursing educators to attend department continuing education seminars and obtain the nurse educator certification.^[9] Steps for the process of health and safety are to promote department retreats outside the college or the university and establish an open door to communicate circumstances of incivility with nursing leaders.^[9]

The strategies for work-life balance include inspiring faculty to spend time with family and friends to establish a workload balance among the faculty.^[9] Possible implementation strategies for faculty could be to divide the faculty into team levels to participate in nursing department activities, extend to the faculty to employ strategies to create a civil work environment, and the encouragement to collaborate in a nursing research project.^[9]

While there are many ways to apply Cognitive Rehearsal (CR), the author outlines five critical components of the technique: (1) briefing and preparatory learning; (2) identifying and describing uncivil scenarios for simulation; (3) employing evidence-based methods to role-play and practice responses; (4) repeating the simulated scenarios through deliberate practice; and (5) debriefing simulated scenarios of uncivil encounters.^[6] Nurses and nursing students must be prepared to safeguard patient safety, foster collaboration and teamwork, and address incivility in various settings.^[2]

Colleges and universities should establish faculty incivility policies that are well-known to all faculty.^[7] Addressing incivility may consist of a verbal warning or a performance improvement plan. Nursing leaders should perform frequent evaluations of incivility behavior during academic reviews, promotions, and tenure.^[7] Regulations with acknowledged consequences for incivility behavior are also needed.^[7] Further, policies with zero-tolerance should allow faculty members to report and confidently address incivility incidents without fear of retaliation.^[7] These policies and procedures should be in concurrence with the Human Resources Department of the organization.^[7] The college code of conduct should define desirable faculty behaviors and clearly define incivility.

Implementing a workplace incivility index promotes self-awareness among faculty and identifies opportunities for improvement in fostering a respectful and civil work environment. Enhanced self-awareness may facilitate open dialogue about incivility between colleagues.

In conclusion, organizations should implement mentorship programs to support new nurse educators and improve retention.^[11] These programs foster professional growth in supportive environments where faculty model the ethical behaviors outlined by the ANA position statement and professionalism necessary for workplace civility.^[9] Collaborative research opportunities can further strengthen this culture of professionalism. In conclusion, organizations should implement mentorship programs to support novice faculty and improve retention.^[7] These programs provide the encouragement, security, and professional development opportunities that new nurse educators need.^[7] By modeling ethical and professional behaviors, nursing faculty can transform workplace culture from one of incivility to a supportive and healthy environment for all.

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AUTHORS CONTRIBUTIONS

Mrs. Beyer and Dr. Loftin were responsible for the study design and the data collection. Dr. Loftin and Dr. Correa assisted to draft the manuscript and Dr. Correa assisted to revise the manuscript. All authors read and approved the final manuscript.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

INFORMED CONSENT

Obtained.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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