

“I’ve had horrible things said about me”: An Inductive Content Analysis of Nursing Academic experiences of Contra-Power Harassment from Undergraduate Nursing Students

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Abstract

Aim

The aim of this study was to describe the experiences of nursing academics exposure to contra-power harassment by under-graduate nursing students.

Background

Contra-power harassment by nursing students is a growing phenomenon which is defined as the harassment of those within formal positions of power by those who are not. Harassing behaviours can include verbal, physical, and sexual, and digital harassment through mediums such as social media. Cited behaviours perpetrated by under-graduate nursing students are often experienced after the release of grades.

Design

A self-administered online questionnaire was used to elicit responses to four open-ended questions regarding nursing academics experiences of contra-power harassment and nursing student incivility.

Method

Inductive content analysis was used to identify text patterns from the academic comments. Each of comments was read through to get a sense of the whole. Re-reading the comments allowed for open-coding into broad headings which described a specified meaning. Categorising the broad headings into higher order sub-categories then made it permissible to record comments that belonged to a particular group. The development of the main category using abstraction was first undertaken by creating generic categories from the sub-categories using content-characteristic words. The development of the broad and sub-categories were assessed independently by two of the authors and after discussion, agreement was reached as to the structure of the generic categories.

Results

A total of 159 comments received from 82 nursing academics each describing incidents of contra-power harassment. Nursing academics were faced with a number of differing behaviours that were seen as aggressive, anger, manipulation and threats. These were viewed as both verbal and isolation attacks. In all, four generic categories were identified – Experiencing Harassment; You're Adding to My Stress; Being Set-up to Fail; Feeling Unsafe Professionally and Academically. Nursing academics describe experiencing the behaviours of contra-power harassment as being distressing, disturbing, frustrating, saddening and disappointing.

Conclusion

The behaviours expressed by nursing students tended to occur at the release of grades. Most academics were concerned for their own safety both emotionally and physically because of the unpredictability of student behaviour. Most academics understood the pressures nursing students faced, especially the international students. However, they were often challenged by the need to support student learning and maintaining professional standards of behaviour.

Keywords: Contra-power harassment, student harassment, bullying, sexual harassment, behaviour, incivility

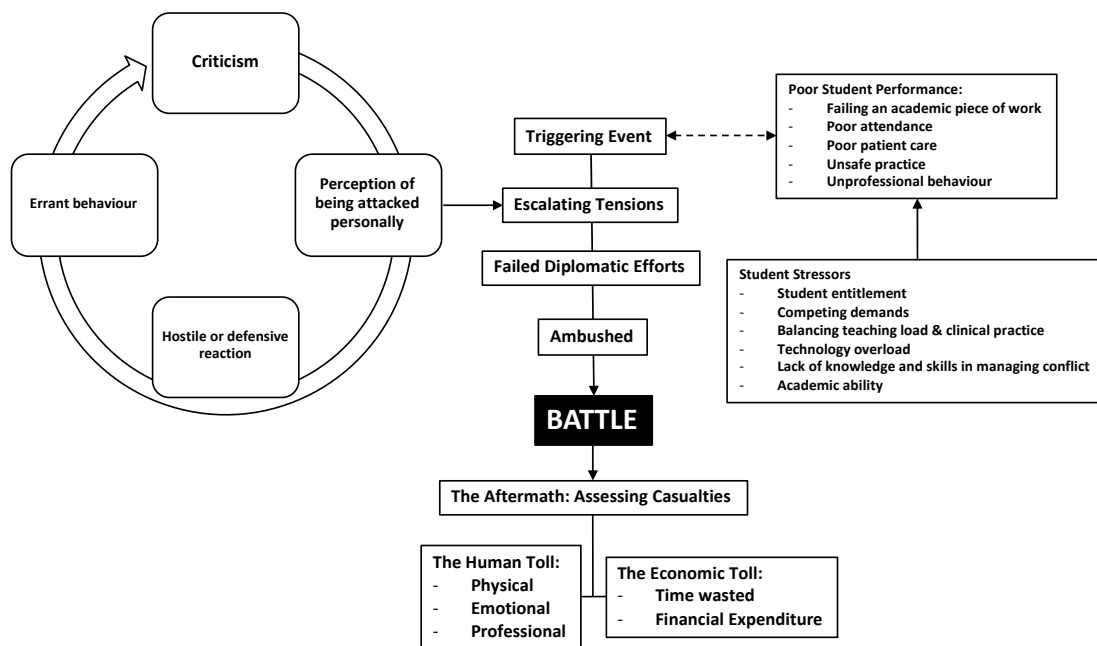
Introduction

There is growing evidence that nursing student incivility and harassment against academics is on the increase globally (Luparell, 2003; Luparell, et al., 2011; Kopp & Finney, 2013; Muliira, et al., 2015; Lampman, et al., 2016; Leech, 2017, French, 2018; Luparell & Frisbee, 2019). The incivility being reported within the literature is across a spectrum of harassment such as that would be seen with verbal abuse to physical violence (Luparell, 2003; Sprunk, et al., 2014; Leech, 2017, French, 2018; Cassum, 2018). Some have likened nursing student incivility and harassment as an escalating tension in response to poor student performance that culminates in a 'battle of wills' (Luparell, 2003), that is to say the maintenance of professional and academic standards versus the student's feelings of wrongdoing (Lukianoff & Haidt, 2018; Christensen, et al., 2020) (Figure 1). Luparell's (2003) seminal study has been the forerunner to further work focused on nursing student's harassment and incivility and led to these types of behaviours being classified into four distinct types - verbal, isolationist, task and dishonesty (White 2010; Table 1). Most studies described incivility or harassing behaviour as being triggered by certain events such as the release of grades, failing course work or the perception of negative feedback (Clarke & Springer, 2010; Anderson, et al., 2019; Christensen, et al., 2020). It was then that the behaviours manifested themselves - yelling, screaming, threats of physical violence and stalking. In one extreme example a male nursing student upset with his grades, shot and killed three of his nursing professors before taking his own life (Gabrielson, 2002). Yet, insulting, disrespectful and unprofessional comments seem common place, for example being referred to as 'Hitler' or as one academic reported (Luparell, 2003, p40):

"...and I walk in, I'm carrying all my books and stuff, and she's walking out the door to get a drink or something before class and she said, 'Oh you're here? Well, who's running hell?'"

There is also growing concern that incivility as a student may lead to incivility once qualified (Luparell & Frisbee, 2019). Building on earlier work and the only study of its kind to date, Luparell and Frisbee (2019) found in their cross-sectional national survey that uncivil and harassing behaviour as a student now accounted for nearly 37% of reported incivility as a registered nurse. Moreover, 71% of respondents felt there were nursing students who should not have been allowed to graduate because of their behaviour and 51% had witnessed first-hand uncivil, harassing and unprofessional behaviour from registered nurses who had previously been their students. The authors then go on to cite a number of examples where poorly behaved nursing students who were now registered had either repeatedly been fired from their jobs, had been censored/sanctioned by their respective nursing board/council or had been arrested for sexual assault or fraud (Luparell & Frisbee, 2019).

Figure 1: The Conflict of Incivility and Harassment (Luparell, 2003; Clark, 2008)



Background

The economic investment that a university education is now viewed as has created a demand-driven, pay as you go higher education system (Lee, 2006) one in which some would suggest has led to consumer-driven sense of self-entitlement (Kopp & Finney, 2013). The sense of entitlement coupled with paying tuition fees has resulted in an unrealistic expectation that it confers the right to obtain a degree with little or no effort (Luparell, 2003; Leech, 2017). Morrow's, (1994, p35) earlier review suggests that "...that if a student fails, the fault cannot lie in the student – it must lie in the teachers, the curriculum, the institution.", which he categorises as a state of victimhood. A few studies have found a strong causative relationship between general levels entitlement and work entitlement as a result of firmly held consumerist beliefs (Burke, et al., 2013; Perione & Maticka-Tyndale, 2017). This has led to the view that uncivil nursing students are less likely to view the profession altruistically than previously and have become more attuned to what it is that 'nursing can do for them' (Luparell, 2003; Abrahamsen, 2015; Jimenez-Lopez & Roales-Nieto, 2016; van der Wath and van Wyk, 2019). Recent work suggests that, dependent on which clinical area nursing students worked post-graduation, correlated with lower levels of altruistic behaviours (Abrahamsen, 2015; van der Wath & van Wyk, 2019). Indeed, others have found that 20% of nursing students considered altruism to be a core nursing value (Jimenez-Lopez, 2016) and nursing students who held a lower attitude towards the profession scored lower on the altruism scale (Gol, 2018). This sentiment is further reiterated in Cassum's (2018) review which describes today's nursing students as having a carefree, disrespectful and discourteous attitude towards the profession and to the individuals who teach it. What this then infers is that nursing may now be simply seen as a job and a pay check.

This disrespectful and discourteous behaviour has been coined by Lee (2006) as contra-power harassment, harassment of an individual in a position of legitimate power or authority, by those who are not, in this case nursing students. Contra-power harassment can take the form of four types of 'attack' – verbal, task, personal and isolationist (White, 2010) (Table 1). Regrettably, the demands of higher education (Williams, 2017) are often such that students, including nursing students, show their displeasure at not having their paid for needs being met to their satisfaction, which echoes the philosophy of a user pays system – I'm paying for this so naturally I should be rewarded anyway (Lee, 2006; Burke, et al., 2013). However, the reality is that their economic investment is threatened by the fact that some nursing students do not give their fullest attention to that which is required to pass the subject and indeed the nursing programme (Vink & Adejumo, 2015). However, the reality of attending

university and those aspects that define academic engagement such as studying and being assessed are often challenged by the need to juggle competing demands outside of the university system which increases the levels of student stress (Nordstrom, 2009; Clark & Springer, 2010; Robertson, 2012). What this results in is poor attendance and poor performance (Muliira, et al., 2014).

Table1: Examples of some types of undesirable behaviours perpetrated by students towards academics (White, 2010).

Contra-Power Harassment Behaviours	Examples of Behaviours
Verbal	Screaming, shouting, swearing, labelling, name calling, heckling
Personal	Sexual comments, inappropriate eye contact, public humiliation, defacing personal property, malicious rumours, belittling comments, writing poor unit and/or teaching evaluations, sexual bribery, sexual assault, stalking
Isolation	Using mobile phones in tutorials or lectures, talking during lessons
Task	Contacting academics outside of normal work hours such as the evenings or weekends, complaining about lack of prompt reply to messages such as emails, complaints of inappropriate marking
Academic Dishonesty	Plagiarism and cheating in exams have also been reported in the literature as forms of student incivility (Lashley & DeMeneses, 2001; Kolanko et al., 2006; McCabe, 2009; McCrink, 2010; Ziefle, 2018).

Justification for the study.

There is growing evidence of nursing student incivility and harassment as a result of entitlement and victimhood behaviours that are inherent in a large proportion of GenZ (or iGen) students (Lukianoff & Haidt, 2018). There are a number of studies reporting student incivility and/or harassment largely using self-administered questionnaires, which don't adequately report the emotional burden being exposed to these behaviours continues to have on nursing academics. It is evident that there is a gap in the main stream nursing literature concerning the more subjective nature of nursing student incivility and harassment, those that have reported this tend to be in the form of higher degree research theses.

Method

Aim

The aim of this study was to describe the experiences of nursing academics exposure to contra-power harassment by under-graduate nursing students.

Setting

A convenience sample of nursing academics from 20 Schools of Nursing from across Australia.

Sample

This study was drawn from a larger concurrent nested mixed methods study regarding the experiences of Australian academics to contra-power harassment by nursing students. After permission to access the nursing academics was granted by the respective Heads of School, the nursing academics were sent a link to an online questionnaire. Contained within the online questionnaire were the aims of the study along with participant information and ethics approval. Participants were also informed that consent was implied, meaning that opening, completing and submitting the questionnaire constituted consent. It was reiterated to participants that in order to ensure anonymity their individual university would not be identified, but only the state or territory that they currently resided or worked.

Ethics

Ethics approval was granted by the University Human Research Ethics Committee (H12796).

Data Collection

There were initially six open-ended questions developed from the literature. The six questions were then reviewed by five experienced nursing academics locally and internationally with teaching and learning expertise in order to meet face validity. The review went through five cycles until consensus was reached on three of the questions with the last question allowing for open free expression. The nursing academics were asked to comment and provide examples that related to the four open ended questions associated with what they perceived to be the contributing factors associated with contra-power harassment that they have experienced, in particular: *can you provide some examples of the type of language used in emails you have received; could you provide examples of the types of behaviour you have experienced; and in your view why do you think widening participation has increased levels of harassment experienced by academics?* One final open-ended question was put to the nursing academics that gave them the opportunity to provide any further comments about their thoughts, perceptions and attitudes towards harassment of nursing academics by nursing students.

Data Analysis

The approach to data analysis used inductive content analysis by which text pattern searching was conducted from the nursing academics responses to identify main categories that adequately described nursing student contra-power harassment of nursing academics (Krippendorff, 2013). Initially each of the nursing academics comments (n=159) were read through to get a sense of the whole. Re-reading the comments allowed for open-coding into broad headings which described a specified meaning, for example 'inappropriate language'. Categorising the broad headings into higher order sub-categories then made it permissible to record comments that belonged to a particular group such as 'challenging behaviour' (Elo & Kyngas, 2008). The development of the main category using abstraction was first undertaken by creating generic categories from the sub-categories using content-characteristic words. To ensure credibility and dependability, the development of the broad and sub-categories was assessed independently by two of the authors and after discussion, agreement was reached as to the structure of the generic categories (table XXXX). There were four generic categories developed from this process: 'Experiencing Harassment', 'You're Adding to my Stress', 'Being Set -up to Fail', and 'Feeling Unsafe Professionally and Academically'.

Results

There were 159 comments from 82 nursing academics in response to the four questions posed. Overall the comments reflected a mixture of anger, frustration, disappointment, distress and sadness. Many of the comments also express concern not only for their own personal safety and mental wellbeing but the reputation of nursing as a whole, one academic stated that they "*hate seeing my profession being eroded like this*".

Experiencing Harassment

Many of the academics spoke candidly about the times they experienced harassing behaviour from nursing students that had left them reeling in disbelief. Probably the most telling was the frequency and nature of the harassment they experienced, which was quick to turn abusive both electronically and verbally. Being sworn at, threatened and denigrated on social media or comments that were generally just being plain "nasty" were just some of the tactics academics reported nursing students used to get what they wanted. The informal and overly familiar tone taken in emails, for example, referring to the academic as 'hey you', being called 'hun', 'darl', or 'babe', having an 'X' at the end of the email to signify a kiss or the use of capitals to indicate shouting are all examples of the inappropriateness of student communication. Others describe being written to in 'text-speak' – short

concise sentences with no salutation, nor detailed explanation of their concerns or signature, but overly demanding statements:

"I am not happy with my grade. You have to re-mark it. Answer me soonest."

"You failed me, I studied hard and I should have passed"

Or as often the case academics being emailed outside of office hours invariably at the weekend with the student expecting an immediate reply:

[Saturday night] *"...please can you read my assignment before Monday thanks.*

[Sunday] *"Hi I'm just reminding you about the questions. Can you please reply back ASAP, I'm waiting for your response so I can submit" [on Monday].*

Accusations of bullying, intimidation and eating their young was how one academic described an incident with a student who had been caught plagiarising. While the student eventually admitted the misconduct they then blamed the academic with comments contained in a complaint which the academic described as being libelous not to mention unprofessional. Yet, ironically, this student was let off with a warning and the academic left feeling their reputation was tainted both professionally and personally because of the incident despite reassurances from the nursing administration to the contrary. Others spoke of students not having a social filter or the tone of emails being overly passive-aggressive in nature or reflective of their thoughts and feelings at the time and inappropriately misdirecting their anger at the academic such as being told *'you obviously don't care'* or as one academic stated they simply *"...[vent] all their frustrations at you with no balance of re-dress possible"*.

There were some academics who felt the cultural divide created especially with international students placed considerable pressure on them to maintain academic and professional standards against a back-drop of students visa status and what failing would mean. While most felt international students were on the whole polite and respectful there were those who were not and were quick to accuse the academics of cultural insensitivity. One academic describes being told in an email from a male international student that *"women in [his] country did not speak to him the way I had"*, this was in response to asking the student to simply re-submit their assignment as a Word document and not as a PDF. Or as the following describes: *"you are a racist because you believe the hospital that I do wrong"* or as one academic commented being *"directly accused of grading international students lower than domestic students, alongside racist accusations, after grades were released"*.

You're Adding to my Stress

'Your adding to my stress' exemplified the students need to pass assessment items or the requirements of clinical placement, sometimes at any cost. Given the students competing demands both academically and personally, the receiving of a poor grade or failing clinical placement was seen as an additional stress to their already busy lives. However, the students often re-focused their disappointment as angry outbursts at the academic who taught them or the school in general often insisting or demanding a form of recourse that would inevitably reduce their stress load. Prior to assignment and other assessment submissions, students would often try and corral the academic into accepting questionable mitigating circumstances that would enable the student to be granted an extension. Some students just merely demanded it as if to suggest it was their right to have an extension regardless of policy or procedure, while other students came up with fanciful if not creative reasons for an extension all of which were designed to facilitate sympathy in the eyes of the academic, for example:

"By not giving me an extension, you are adding to my stress."

"I was working on my assignment and a spider ended up on my laptop which resulted in me hitting my screen out of fear which actually broke my laptop screen...I'm currently working on a friend's laptop trying to get this finished...I'm really worried this is going to fail me for this unit." [the student was asking for a 2 day extension]

"One student included photos of their driveway being reconstructed as an example of the reason why they were having problems with their studies [and needing an extension]"

It was at the release of grades that academics experienced the greatest level of harassment from students where the necessity to improve their mark was seen as being paramount to success in the programme. Students would often shift the blame for their failure to the academics accusing them of not teaching them properly – *"you failed me"* taken to mean that 'you've let me down', or as one student commented of an academic *"her marking is a joke"* and *"I am disgusted with the level of marking undertaken, what sort of school are you running"*, other students commented that the *"assessment markers are too harsh"* or not marking a student's assignment *"with due diligence"*. Too often there were constant demands to re-mark work which were often accompanied by either pleading or in most cases threats if the 'request' was not actioned to the student's satisfaction. In some cases, the academics were accused of marking impropriety and wanting another lecturer to re-mark their work or the lecturers were unfair in their marking:

"You need to re-mark my paper. I did answer the question, you just didn't read it properly."

"Yelling at me accusing me of bias." (Nursing Academic)

"I do not agree with the mark...I have looked at other papers and they were marked right."

Yet, there was a sympathetic and often compassionate side within the academics' comments regarding student progression. They used words such as feeling sad or worried for the safety and well-being of the students they teach. One academic stated that they were concerned at uncovering 'another' student who was on the autism spectrum who had not been assessed on admission and therefore no adjustments had been made to support them. Or another academic who is worried about failing students because of the threat of suicide. Despite the select few students who were troublesome, disrespectful and unprofessional, some academics understood the challenges that students, especially the international students faced:

"...there is enormous stress on many students particularly international students with regard to maintaining grades so as to maintain their visa...when they receive a poor grade [international students]...that puts their whole degree plan at risk."

Another commented that maintaining family expectations was also seen as a conduit to poor behaviour, with the student fearful of what the family repercussions maybe if success wasn't maintained. So great is the pressure that some students experience, from a variety of sources, that some comments reflected a sympathetic if not empathetic tone to the language they used, for example:

“At times female students become hysterical if they fail an assessment and hyperventilate; tears are common and they express the mistaken belief that if they failed one element [of the unit] they fail the entire course.”

Despite the aggression, the hysterics, the tears and the threats some academics tried their hardest to support the students. Some often going against university policy to read assignment drafts prior to submission or taking additional time to explain the assessment items, unit content or how students could improve future grades, all the time trying to reduce the students stress load. Yet, interestingly students often forgot this when complaining, being abusive and demanding.

Being Set-up to Fail

Some academics felt that the admission process allowed some students to be inappropriately admitted onto the nursing programme and therefore inevitably being set-up to fail. This was accompanied by what was deemed a lack of appropriate academic skills that especially contributed to levels of harassment experienced. Most academics felt this was evident in the different pathway's students were able to use in accessing the nursing programme such as ATAR (Australian Tertiary Admission Rank) entry direct from high school or from vocational training institutes. Some felt international students in particular were prone to arguing that as English is not their native language the normal conventions of academic writing should not be applied to them and as a result should receive special consideration. Several commented that some students from a low socio-economic background for instance often possessed poor interpersonal skills, few coping mechanisms and inadequate problem-solving skills which often meant they didn't know how to engage with learning, were time poor and had significant personal issues. This resulted in their progression on the programme invariably suffering. Interestingly one academic described her role now being a lecturer, counsellor, secondary school teacher and parent. Yet worryingly, it is these students who know they hold the power of tuition fees over the nursing academics and fees the universities desperately need. Often times academics experienced what can be described as misplaced or unrealistic expectations especially from those students who lacked the impetus for studying and felt entitled to receive high marks for little work. This is where increased harassment was likely to occur, for example:

“...student harassment is more likely to originate from those students who do not put in the effort required, for example either by missing lectures or not engaging when they do attend, but still expect to do well.”

Many students, as described by one participant, perceived *“their grade should reflect the amount of effort they have expended rather than the quality of their work”*. It was evident that the underlying feeling was that a significant proportion of the nursing student cohort were not adequately prepared for entry into university. Nor did they possess the underlying academic skills to warrant a university place and this was often reflected in those students who had failed more subjects than they had passed.

Feeling Unsafe Professionally and Academically

This category identified for the participants the issues of what it meant to be a professional within the context of undergraduate nursing education. Feeling unsafe was suggestive of an environment where the unpredictability of the students behaviour along with the lackadaisical attitude of university administrators meant these academics often felt unsupported and isolated. This also was expressed as the dichotomy of attempting to maintain professional standards while at the same time supporting student learning or trying not to invoke the ire of some disgruntled students. It was evident that there was an underlying current of disdain and anger when academics expressed their views on the current climate of the university system especially with the prevailing attitude that students are seen and

treated as valuable customers – the consumer effect which then manifested as a sense of entitlement. There is a clear example of this where one participant stated that:

“Students do say they are paying for their degree, as though this should then equate to them getting the product they are paying for, as opposed to realising they are paying for the privilege to learn to earn accreditation to the profession.”

Some felt that there was a lack of push back from university management when students behaved badly, in some cases it appeared easier, in the eyes of these academics, to allow students to behave poorly and blame the teaching staff than make nursing students accountable. This meant that most academics felt expendable as opposed to experts in their respective nursing fields with one commenting that the current metric for learning and teaching success isn't necessarily about making safe, competent and capable nurses; instead, it is student numbers, student retention and student satisfaction which are seen as the key drivers.

This then allowed for a perceived climate of academic vulnerability to evolve inasmuch that unacceptable behaviours such as stand-over tactics, banging desks and invading personal space perpetrated by nursing students were becoming common place. Many of the academics described being threatened on a number of occasions with complaints to the nursing union, the student guild or the student ombudsman, some students even felt it okay to complain directly to the Vice Chancellor about their grades. Others describe having their qualifications and clinical experience being overly scrutinised as a means of intimidation while some describe incidences where students would use family members to intimidate academics, for example one academic describes a difficult situation with a parent and partner in which the academic faced mounting aggressive behaviour to change a grade – a clear example of helicopter parenting

This then created an atmosphere of fear and uncertainty and while most saw this as a ploy to emotionally influence them into changing grades, it undoubtedly caused considerable distress and anxiety for the academic. For the nursing academic involved, it then put them into a compromising position as to whether to heed to the student's request, or face further harassment or abuse if they refused; for some, they simply gave in for fear of repercussions. One academic commented that while they had previously enjoyed teaching they now dreaded doing tutorials for these very reasons. This was particularly evident with anonymous student feedback at the end of unit/course evaluations and as such some academics simply put up with the poor behaviour during semester to avail themselves of the potential for poor student feedback. As one casual academic commented this then denoted as to whether they would be re-employed for the next semester. However, it was this inability to redress student concerns which appears to be distinctive in anonymous subject evaluation, where abusive and discriminatory comments used by some students were seen as a “*weapon*” to be used by the academic's supervisor and therefore this increased their feelings of anxiety and heightened their vulnerability.

Discussion

The results of this study are reflective of other international studies and certainly highlight the difficulties that nursing academics face, admittedly, from a proportion of the nursing student cohort determined to do well at university with little or no effort. The academics in this study spoke of the challenges they had in managing some distressing behaviours and the anxiety that often accompanied these not only from the students themselves but as one academic observed, the student feedback was then used as a ‘*weapon*’ when it came to yearly performance appraisals. These results echo the findings of Vink and Adejumo (2015) and William's (2017) especially the lack of support from university management in having robust policies governing student behaviour and more so given the professional context of nursing. But more importantly the experiences of verbal threats, intimidation

and aggression which were some chief findings of Sprunk, et al., (2014), Ibrahim and Qalawa (2016), Ziefle (2018), especially where students demanded grade changes. Yet, central to all the academics comments from this study was the pervading sense of entitlement exhibited by students, that perhaps allowed these behaviours to be perpetuated in the first place.

There are some significant similarities between the academics' experiences from this study and that of others and with that of Lukianoff and Haidt's (2018) work in reviewing the current state of student behaviour in the counterpart American university system. The authors report an increase in the 'callout culture', which has meant that students are more prone to over catastrophising and over generalising their emotions in response to some perceived wrong doing, for example poor grades. The verbal abuse, the threats of physical violence, the sense of self-entitlement and passive-aggression can be explained by the dichotomous thinking that Lukianoff and Haidt (2018) describe. For example, they explain that tribalism and consumerism of the student body in particular has contributed to the divide between students and academics, examples of which include students not pleased with their grades demanding it be remarked or as in the case of French (2018; 158) when counselling a male nursing student about his inappropriate and unprofessional behaviour whilst on clinical placement being told: *"I'm not going to follow the rules, I really don't care that you have rules, this is about me"* – a clear example of narcissistic non-altruistic behaviour. It is perhaps unfortunate that the approach taken by some nursing students can be viewed as sometimes overly aggressive because they see poor grades as a threat to their future endeavours (Leech, 2017; Christensen, et al., 2020). In other words, their feelings have been hurt, it is seen as a personal attack on their abilities and therefore they want some form of redress (Lukianoff & Haidt, 2018) (Figure 1). One academic from this study commented that the heightened sense of entitlement they experienced has arisen because the student cohort of today *"have come through a school system where there are no fails...society is now less respectful of experience and knowledge...and society is very individualistic"*. It would seem therefore, that some students in this study and others may have distorted emotional reasoning that Lukianoff and Haidt (2018) have observed, one in which feelings and emotions have been allowed to guide their response, albeit inappropriately in some cases.

However, this still does not fully address the experiences of academics from this study, it may identify some of the root causes, that is to say ineffectual emotional reasoning and seeing poor grades as being a threat and vis a vie the university and its academics are dangerous. Christensen, et al's. (2020) study does allude to the major contributing factors associated with contra-power harassment which include the sense of entitlement, that nursing students feel they are owed something because they are paying fees and not being adequately prepared for academic life. Yet, it is the unpredictable nature of abuse or harassment by nursing students which has left some nursing academics fearful, angry and upset of the very students they are teaching because of the threat of poor unit evaluations, castigation on social media and the risk of physical violence. One has to only review the Australian Nursing Code of Conduct, for which student nurses are accountable, to see that just some of the behaviours identified here are in breach of the code (Nursing & Midwifery Board of Australia, 2018). For example, many of the behaviours experienced by academics in this study could be classified under Conduct Statement 1.2^d (Lawful Behaviour), 3.3^e (Effective Communication), 3.4^{a,b,c} (Bullying and Harassment) (Table 2). Ironically, many of the instances of poor nursing student behaviour as identified here are very rarely held to account against the Code of Conduct for nurses, instead it is the university's own student conduct policy which appears to be the mainstay of challenging inappropriate and unprofessional behaviour and at times this may prove to be ineffectual in addressing the professional context. An issue that Luparell and Frisbee (2019) describe.

Table 2: Code of Conduct/Ethics for Nurses – Australia, Canada, New Zealand, United Kingdom & America (Nursing & Midwifery Board of Australia, 2018; Canadian Nurses Association, 2017; New Zealand Nursing Council, 2018, Nursing & Midwifery Council, 2018; American Nurses Association, 2015)

	Domain/Standard	Principle
Australia	1.2(d); 3.3(e); 3.4 (a-c): <i>Legal Compliance, Bullying & Harassment</i>	<ul style="list-style-type: none"> - Understand that making frivolous or vexatious complaints may be viewed as unprofessional conduct or professional misconduct and have implications for their registration. - Be non-judgmental and not refer to people in a non-professional manner verbally or in correspondence/records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe - Never engage in, ignore or excuse such behaviour; - recognise that bullying and harassment takes many forms, including behaviours such as physical and verbal abuse, racism, discrimination, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards people or colleagues; - understand social media is sometimes used as a mechanism to bully or harass, and that nurses should not engage in, ignore or excuse such behaviour.
Canada	F: <i>Promoting Justice</i>	<ul style="list-style-type: none"> - Nurses refrain from judging, labelling, stigmatizing and humiliating behaviours toward persons receiving care or toward other health-care providers, students and each other. - Nurses do not engage in any form of lying, punishment or torture or any form of unusual treatment or action that is inhumane or degrading. They refuse to be complicit in such behaviours. They intervene, and they report such behaviours if observed or if reasonable grounds exist to suspect their occurrence.
New Zealand	6.1; 6.4: <i>Work respectfully with colleagues to best meet health consumers' needs</i>	<ul style="list-style-type: none"> - Treat colleagues with respect, working with them in a professional, collaborative and co-operative manner. Recognise that others have a right to hold different opinions. - Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbally abuse, harassment or discrimination. Do not discuss colleagues in public places or on social media. This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.
United Kingdom	20.2; 20.3: <i>Uphold the Reputation of the Profession</i>	<ul style="list-style-type: none"> - Act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment - Be aware at all times of how your behaviour can affect and influence the behaviour of other people
United States of America	Provision 1: <i>The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person</i>	<ul style="list-style-type: none"> - The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person. Specifically, this provision reminds nurses that all individuals with whom the nurse interacts are to be respected, including co-workers. Fair and kind treatment, best resolution of conflicts, and promotion of a culture of civility are stressed. Bullying, harassment, violence, and other unacceptable behaviours are not to be tolerated.

Limitations

Sample size was the major limiting factor to this study. Despite nursing academics from 20 schools of nursing responding to the survey, there were only 82 respondents who replied with a total of 159 comments to the open-ended questions. Therefore, transferability to a wider nursing academic fraternity is challenging. As it was a convenience sample, the responses we received may not be representative of all nursing academics and therefore we would caution in making any suppositions about the overall behaviour of nursing students in general. Additionally, demographic data was not collected in order to protect the individual and their university's anonymity, and as such it is difficult to ascertain which academic level, from Associate Lecturer through to Professor, experienced the levels of harassment described here. Therefore, establishing credibility in terms of member checking or peer debriefing would be difficult because of the anonymous approach taken.

Implications for further Nursing Educational Research

The emotional burden reported by nursing academics in this study has certainly raised the awareness of uncivil and harassing behaviours perpetrated by nursing students. The anger, upset, distress and disappointment has raised concern especially around maintaining professional standards during clinical placement rotations and once qualified. Therefore, the implications for future nursing research around contra-power harassment could include:

- Whether registered nurses' experience contra-power harassment from under-graduate nursing students;
- Exploring the role regulatory bodies have in sanctioning proven examples of student incivility;
- Examining the emotional labour nursing academics have experienced as a result of contra-power harassment and;
- Developing, implementing and evaluating civility training in the nursing curriculum.

Conclusion

Recent work has certainly raised an interesting and alarming precedent in the current state of nursing education especially in terms of professional behaviour expected from nursing students. Admittedly, poor behaviour in the form of contra-power harassment is often perpetrated by a number of nursing students with one view in mind – to pass at any cost. It is this cavalier and perhaps narcissistic mindset to pass at any cost, that allows a number of nursing students to behave in a fashion that brings with it harm, upset, misery and anxiety to the very people who are trying to help and support them into the nursing fraternity. Regardless, the professional image of the nurse is in danger of becoming tainted because of the behaviours of a select few. In addition, there is growing anecdotal and empirical evidence which suggests that contra-power harassment is now being identified in clinical practice where some nursing students are dictating and demanding how, when and where they will work in order to complete their clinical placements. It goes without saying that this has serious implications for patient safety and public protection which could potentially be put at risk, especially where some nursing students are paying lip service to their nursing education. Perhaps what is most saddening is that nursing education is where students are taught specialised nursing skills, what it means to be a nurse, how to care and what it means to care, ensconced with those innate feelings of compassion and empathy. It is unfortunate that some nursing students don't realise that just yet.

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