

Chapter 5

Social Media and Incivility

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CHAPTER OBJECTIVES

At the conclusion of this chapter, the learner will be able to:

1. Discuss the impact of social media on the nursing profession.
2. Compare legal/ethical issues regarding the use of social media in nursing education and nursing practice.
3. Discuss the evidence-based teaching approach as it relates to advanced Internet technology.
4. Define academic incivility.
5. Identify uncivil student and faculty behaviors.
6. Explain factors that contribute to student incivility.
7. Summarize ways that faculty can create a supportive learning environment that fosters professional formation and discourages incivility.
8. Apply strategies for preventing/managing uncivil student behavior.

KEY TERMS

- Blog
- Facebook
- Faculty incivility
- Incivility
- Professional formation
- Social media
- Socialization
- Stress
- Student incivility
- Twitter

INTRODUCTION

Advanced technology has changed the way the world communicates. The exchange of information has exploded following the birth of the Internet, giving rise to a new age of **social media** that allows family, friends, colleagues, and even strangers to connect with one another more conveniently than ever before (Huston, 2014). The ability to reach a wide audience is exciting and can provide opportunities and challenges inconceivable even 5 years ago. This connectivity is of particular importance to nurse educators responsible for teaching students the role of the professional nurse in preparation for joining the healthcare team to provide safe, effective care to patients. To fully convey the scope of the impact of social media on nursing education and nursing practice, this chapter will focus on defining social media, the types of social media, myths regarding social media, and benefits and consequences related to social media. In addition, **incivility** related to social media and uncivil communication within nursing education and nursing will be explored.

OVERVIEW OF SOCIAL MEDIA

Definition and Types of Social Media

Social media has been described as any type of public forum that has a web-based social medical platform. The National Student Nurses' Association (NSNA, 2014) lists the following types of social media:

- **Blogging** (e.g., Blogger, LiveJournal, Xanga)
- Microblogging (e.g., Foursquare, Google Buzz, Posterous, Tumblr, **Twitter**)
- Postcasting (e.g., Blubrry)
- Social networking (e.g., Beto, **Facebook**, Google+, LinkedIn, Myspace, Orkut)
- Social news sharing (e.g., Digg, Reddit)
- Social bookmarking/social tagging (e.g., Delicious, Diigo, StumbleUpon)
- Video hosting (e.g., Vimeo, YouTube)

Obviously with advances in technology and the need for social connections, this list is not all inclusive.

MYTHS ABOUT SOCIAL MEDIA

Multiple myths surround the use of social media. The National Council of State Boards of Nursing (NCSBN) published *White Paper: A Nurse's Guide to the Use of Social Media* (NCSBN, 2011) due to growing concerns about the issues regarding confidentiality and privacy in health care. The American Nurses Association (ANA) *Code of Ethics for Nurses* offers guidelines (Barry, 2013). Student nurses and nurses may not intend to use social media in a negative way, but they are not aware that multiple myths about social media exist. Some myths that abound include the following:

- *Content can be deleted so that no one can access it.* Unfortunately, even though content may be deleted, it has been sent to multiple users who may in turn have sent it to others.
- *Content is private to only the individuals receiving it.* See preceding comment.
- *Content is harmless if clarifiers (name, age, sex, etc.) are not used.* Sharing information about patients and work-related information, regardless of efforts to exclude identifying information, constitutes a potential violation of confidentiality.
- *As long as consent has been given, it is okay to share medical information.* Distributing information to a patient, family, or friend, even when consent has been obtained, can be a violation when there is no need to give the information.

BENEFITS OF SOCIAL MEDIA

Before making any judgement about the use of social media, a thoughtful examination of some benefits of using social media is necessary. In many ways, the world has become a small place thanks to connections between students and/or nurses who are separated geographically. Professional networks, research results, innovative approaches to patient care, and increased communications are possible for educational purposes. Opportunities for networking regarding evidence for patient care abound. Nurse educators can also connect regarding curriculum, innovative teaching strategies, and effective classroom management. For example, the American Association of Colleges of Nursing has a listserve that allows deans, associate deans,

assistant deans, and directors to query others regarding unusual student issues, politics, and curriculum design.

Consequences of Misusing Social Media

Any instance of a nurse using social media inappropriately, even if inadvertently, is a reportable event to a Board of Nursing (BON) (Cronquist & Spector, 2011). The NCSBN (2011) indicates that any BON can take disciplinary action that may include a “reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure” (p. 2). In addition, state or federal laws may be violated and result in civil or criminal penalties such as fines and incarceration. Personal liability is another consequence to be considered. Individual nurses and nurse educators can be sued for violation of confidentiality. This concern about legal actions can impact their personal finances and obviously be very expensive. Finally, employers may decide to terminate an employee—and not just because of patient privacy and confidentiality. Inappropriate statements on a social media platform about coworkers or the organization are considered grounds for termination.

Student nurses are also not exempt from consequences even though they are in a learning environment. Schools of nursing, the NCSBN, and the NSNA are working diligently to develop policies and guidelines to assist students in understanding the distinction between a social life and a professional life. Students can be counseled, receive a failing grade, or be expelled from their program as a result of using social media inappropriately.

Misuse of social media impacts the healthcare team, whether the act is committed by a student or a practicing nurse. This misuse is often considered bullying or lateral violence as a form of incivility and can occur student to student, student to faculty, faculty to student, faculty to faculty, faculty to staff, and staff to faculty. Incivility is a major concern.

INCIVILITY

Creating learning environments that facilitate student learning and **socialization** to the nursing role is an important responsibility of nurse educators (Halstead, 2007). Increasingly, faculty report uncivil student behaviors that hinder their ability to create effective learning environments. In fact, Forni (2008) noted that civility, the foundation of respect that once

distinguished the academe, has eroded over the last several decades in response to waning cultural norms and digital technologies.

Uncivil student behavior causes distress for college faculty across disciplines. However, incivility raises particularly grave concerns in nursing education, where the risk is that uncivil behavior may persist after graduation as students enter clinical practice and assume professional responsibilities for patient care (Suplee, Lachman, Siebert, & Anselmi, 2008). This section of the chapter examines the phenomenon of academic incivility, focuses on factors that contribute to **student incivility**, and describes strategies nurse educators can use to create supportive learning environments that prevent or address uncivil behavior that is inconsistent with becoming a professional.

Socialization and Professional Formation

Socialization is the process whereby students acquire nursing knowledge, skills, and attitudes. Students are formally socialized to professional behaviors and norms in the classroom and clinical practice setting. However, socialization to professional values such as caring and civility also occurs in the informal (hidden) curriculum that is communicated in how faculty teach and relate to students (Bevis & Watson, 1989). In nursing, socialization is a process of **professional formation** that indicates “a way of being and acting in practice and in the world” (Benner, Sutphen, Leonard, & Day, 2010, p. 166).

Uncivil Student Behaviors

Uncivil student behavior presents a major challenge to nurse educators charged with forming students into compassionate, civil, and ethical practitioners. Researchers have identified uncivil behaviors that range from mild forms of disrespect to highly aggressive and threatening behavior (Clark & Springer, 2007a; Lashley & de Meneses, 2001). A national survey conducted by Lashley and de Meneses identified uncivil student behaviors such as lack of attendance, inattentiveness in class, arriving late or leaving early, yelling, and physical contact. Other uncivil student behaviors include cheating, using cell phones during class, conversing with friends, making sarcastic remarks or gestures, sleeping, using a computer for purposes not related to class, demanding makeup exams or other favors, making disapproving groans, and dominating class discussions (Clark & Springer, 2007a).

Contributing Factors

Experts speculate that uncivil behavior is largely a learned behavior associated with less formal societal norms, inadequate parenting, and repeated exposure to crude popular culture portrayed in movies, on television, and on the Internet (Forni, 2008; Thomas, 2003). At the same time, the widespread reliance on social media, email, and text messaging has led to major changes in the way people communicate with one another. A recent survey of 2,698 individuals conducted by VitalSmarts found that hostility is increasing on social media and negatively impacting people's lives. Furthermore, younger people were four times more likely than Baby Boomers to require instruction in how to communicate effectively online (Glenn, 2013). Thus, some students may lack basic skills and knowledge about how to communicate appropriately.

High levels of **stress** may provoke uncivil behavior, especially in less motivated and less prepared students (Luparell, 2004). There is substantial evidence that the journey of becoming a nurse is a major source of nursing students' anxiety and stress (Del Prato, 2010; Oermann, 1996). The stressful nature of nursing education, faculty arrogance, and student entitlement are key contributors to academic incivility (Clark, 2008a).

Lashley and de Meneses (2001) examined problematic student behavior in 409 undergraduate nursing programs. Over 50% of the program directors who responded reported that students at their institution were less prepared than previous students had been 5 years earlier. Almost 50% of respondents felt that the quality of student work had declined.

Luparell (2004) studied faculty experiences with uncivil nursing students and found that student incivility often revolved around receiving criticism, failing a course, or disagreeing with grading protocols. Of the 36 encounters identified, 23 ensued following criticism of a student's unsatisfactory performance, and 8 involved testing or grading protocols.

Complicating matters further, some students view themselves as consumers with certain rights. For these students, paying for their education entitles them to make certain demands such as makeup exams or other special treatment (Robertson, 2012). Other students may feel justified in resorting to cheating or plagiarism.

Finally, the impersonal atmosphere of large universities and lack of connected relationships may contribute to academic incivility. In one study, students felt a lack of connection with impersonal teachers who focused on evaluation, offered exclusively negative feedback, and "watched them like a hawk" (p. 7). In contrast, connected teacher-student relationships include both personal and professional dimensions characterized by caring, knowing, trust, respect, and mutuality (Gillespie, 2002).

Respondents in Lashley and de Meneses's (2001) study of problematic student behavior described student absence, tardiness, and inattention in the clinical setting. Yelling or verbal abuse of classroom instructors and cheating on exams was reported more often in programs with 200 nursing students or more. The researchers speculated that problematic student behavior might have occurred more often in larger nursing programs due to a less personal learning environment and less connected faculty–student relationships.

Faculty Incivility

There is growing evidence that some faculty contribute to academic incivility. **Faculty incivility** occurs when faculty create a stressful, hostile learning environment by demeaning and belittling students, setting unrealistic expectations for performance, being overly critical, evaluating subjectively and showing favoritism, and targeting students for failure (Clark, 2008a; Del Prato, 2013). Within this context, uncivil student behavior can be understood as a form of protest to a high-stakes learning environment perceived as hostile and unjust (Clark, 2008b; Del Prato, 2010).

Altmiller (2012) examined 24 baccalaureate nursing students' perspectives about incivility. Participants expressed empathy for faculty who were confronted with uncivil student behavior that seemed unwarranted. However, participants also identified faculty behaviors that “fueled student incivility” (Altmiller, p. 16) and believed that student incivility was justified in the context of faculty incivility. Faculty incivility included unprofessional behavior, disrespectful communication, a power gradient in clinical evaluations perceived as subjective, gender and racial bias, a stressful clinical environment, authority failure, and difficult peer behavior.

Strategies to Prevent Student Incivility

Academic incivility prevents the creation of supportive learning environments that foster positive socialization and professional formation. While research focused on interventions for incivility is lacking, the following best practices may prevent or discourage student incivility.

Create a Supportive Learning Environment

Preventing incivility begins with the faculty and the nature of the learning environment created. Faculty create a supportive learning environment that mitigates students' stress and discourages incivility when they listen, demonstrate a willingness to hear the students' point of view, maintain an

attitude of respect, and communicate empathy for the challenges students experience (Del Prato, 2010; Thomas, 2003). This is not to say that faculty must agree with everything a student says or does; rather, it is meant as a reminder that students observe *everything* faculty say and do. Just as faculty teach students to use therapeutic communication with patients who are angry or afraid, faculty should role model therapeutic communication with students (Del Prato, 2010). Listening to students when they are anxious or upset demonstrates caring and a desire to understand the students' view, an approach that can deescalate conflict and incivility (Thomas, 2003).

Establish Connected Relationships

Establishing connected relationships with students is an effective strategy for promoting positive behavior. Learning students' names, being approachable and available, and creating a learning environment of mutual respect and trust can foster connected relationships with students that contribute to feeling supported (Del Prato, 2010). For students at risk of failing, connected faculty-student relationships may prevent incivility by deemphasizing the teacher's traditional role as impersonal evaluator, maintaining students' dignity and self-worth, and preserving the prospect of student success (Del Prato, 2010; Gillespie, 2005).

Establish Policies

It is important to establish college policies that prevent incivility or decrease its occurrence. Policies should establish clear guidelines for student behavior with a description of unacceptable behaviors, the consequences of enacting those behaviors, and the ramifications of repeated offenses (Suplee et al., 2008).

Identify and Communicate Course Requirements and Norms for Behavior

The syllabus serves as a written contract between faculty and students (Suplee et al., 2008). The course learning outcomes, assignments, grading criteria, and expectations regarding student and faculty engagement and behavior should be clearly described in the syllabus. An ambiguous or poorly written syllabus can lead to misunderstandings and contribute to student anger and incivility (Morrisette, 2001). Conversely, a well-written syllabus can establish a positive tone for the course by establishing clear guidelines and creating a sense of community.

Reviewing key aspects of the syllabus during the first class session enhances communication and prevents misunderstandings. Faculty

should review expected behaviors, inappropriate behaviors, and sanctions for inappropriate behavior as delineated in college policies. Faculty enhance communication and prevent misunderstandings by allowing time for students to ask questions and discuss or clarify norms for faculty and student behavior.

Be Explicit in Promoting Professional Formation

Facilitating the development of students' professional values is an important faculty responsibility that begins with educating students about the ideals, ethical norms, and behaviors expected of them as future members of the profession. According to the ANA *Code of Ethics for Nurses* (2001), "Individuals who become nurses are expected to adhere to the ideals and moral norms of the profession but also to embrace them as part of what it means to become a nurse." To stimulate dialogue about unethical and uncivil behaviors and expectations for professional behaviors, faculty can highlight the ANA *Code of Ethics for Nurses* (2001) provision that the nurse must practice with compassion and respect in all professional relationships.

Hold Students Accountable

As future professionals, nursing students must be held accountable for their behavior. The course syllabus is a contract that should include clearly written behavioral outcomes that students must demonstrate to be successful. For example, an instructor might include the following sentence in the outcomes section: "Student will demonstrate professional behaviors that reflect the standards, values, and ethical behaviors of the nursing profession." When well written, course outcomes foster students' understanding of expected behavior and allow faculty to hold students accountable for uncivil behavior.

Providing Constructive Feedback

Faculty must assess whether students have met identified clinical competencies and provide formative feedback that supports student learning and development. However, impersonal evaluation of a student's unsatisfactory performance that instills fear may leave students feeling vulnerable and angry (Del Prato, 2010; Reutter, Field, Campbell, & Day, 1997), a context that can set the stage for uncivil behavior (Luparell, 2004).

Within this context, the way feedback is delivered is critical. In one study, students felt supported by faculty who provided constructive feedback about knowledge, skills, or attitudes that needed improvement but

also provided feedback about something they had done well (Del Prato, 2010). Participants felt invalidated and threatened by exclusively negative criticism that, while important to hear, was “hard to take” because it made them question whether they were capable of becoming a nurse. In contrast, participants shared that criticism was “easier to swallow” when it was accompanied by feedback that acknowledged their strengths. Students who had received this type of balanced feedback reported feeling motivated to persist and work on areas of needed improvement.

Responding to Student Incivility

Students expect faculty to maintain classroom decorum and demonstrate a positive example (Atmiller, 2012). The following teaching and learning strategies, gleaned from the education and nursing education literature, can be implemented to respond to student incivility.

Engage Inattentive or Unprepared Students

Students are more likely to prepare for class and remain engaged when they know they will be held accountable for understanding information in assigned readings. Strategies that can be used to engage students’ preparation and attention include quizzing techniques that provide instant feedback to students, small group work, and learning activities such as think-pair-share that allow faculty to respectfully ask students to report for their group (Wingert & Molitor, 2009).

Faculty can discourage uncivil behavior by moving around the classroom to engage students’ attention. A remote control allows faculty to move from behind the podium and control the computer or advance a slideshow from anywhere in the classroom. Pausing respectfully near any inattentive or disruptive students and making brief eye contact, as if talking with them, can also be effective (Wingert & Molitor, 2009).

Reframe Uncivil Behavior to Prevent Power Struggles

Despite every effort to create a supportive learning environment, faculty are likely to encounter incivility and should plan ahead for how they will address uncivil student behavior. Keeping in mind that students learn a great deal in the informal curriculum, the importance of modeling professional behavior when responding to an uncivil student’s comment or behavior by remaining nondefensive and respectful cannot be overemphasized. To avoid conflicts and power struggles with students, experts recommend that faculty reframe uncivil behavior by acknowledging the student’s

concerns and communicating empathy (Morrissette, 2001). As discussed earlier in this chapter, faculty create a supportive learning environment that discourages incivility when they respectfully listen to and understand the student's point of view and communicate empathy (Del Prato, 2010; Thomas, 2003). As Morrissette (2001) points out, faculty should never underestimate "the value in having other students observe one's concern and regard for a student who may be struggling to articulate an idea or response" (p. 6).

SUMMARY THOUGHTS

Social media and incivility are two issues gaining prominence in the field of nursing education. Knowledge regarding the proper use of social media and communicating effectively is essential in today's healthcare arena. Nurse educators must become cognizant of the proper use of social media and civil communication to provide students with the knowledge and boundaries of ethical behavior. Creating learning environments that facilitate student learning and socialization to the nursing role is a responsibility of nurse educators (Halstead, 2007).

Student incivility is a significant problem because it hinders the faculty's ability to create an effective learning environment. Furthermore, and of most concern, uncivil behavior may persist after graduation when students enter practice and assume professional responsibilities for patient care (Suplee et al., 2008).

Faculty create a supportive learning environment that discourages incivility when they demonstrate a willingness to listen, maintain an attitude of respect, and communicate empathy for the challenges students experience (Del Prato, 2010; Thomas, 2003). Faculty promote students' professional formation by teaching and role modeling professional behavior, addressing student incivility, and holding students accountable for uncivil behavior.

SUMMARY POINTS

1. Use of social media is on the rise due to the availability of advanced technology.
2. Myths, benefits, and consequences of inappropriate use of social media are impacting the education of and practice of the professional nurse.

3. Schools of nursing and the NCSBN, NSNA, ANA, and other professional nursing organizations are recommending and developing guidelines, policies, and codes of ethics regarding the use of social media in nursing.
4. Uncivil behaviors range from mild forms of disrespect to highly aggressive behavior.
5. Stress, negative faculty attitudes, and student entitlement contribute to academic incivility.
6. Preventing incivility begins with the faculty and learning environment created.
7. Faculty create a hostile learning environment by demeaning students, setting unrealistic expectations for performance, being overly critical, showing favoritism, and targeting students for failure.
8. Uncivil student behavior may be associated with receiving criticism, failing a course, or disagreeing with grading protocols.
9. Faculty create a supportive learning environment that discourages incivility when they take time to listen, maintain an attitude of respect, and demonstrate caring.
10. Faculty promote students' professional formation by teaching and role modeling professional behavior, addressing student incivility, and holding students accountable for uncivil behavior.

TIPS FOR NURSE EDUCATORS

1. Study and review the NCSBN and NSNA guidelines for use of social media in nursing.
2. Incorporate appropriate social media in the educational arena, especially with examples to guide students.
3. Be sure your school has clear policies regarding the use of social media by students.
4. Role model civility and professionalism.
5. Create a supportive learning environment by listening, acknowledging students' concerns, and communicating empathy.
6. To stimulate class discussion about unethical and uncivil behaviors and expectations for professional behavior, use the ANA *Code of Ethics for Nurses* (2001) provision that the nurse must practice with compassion and respect in all professional relationships.
7. Review the syllabus during the first class session to ensure students understand course requirements as well as expectations for professional behavior.

8. Maintain classroom decorum by implementing strategies that encourage student engagement during class.
9. Use a supportive approach to deliver feedback to students by telling them what they need to work on to improve as well as what they are doing well.
10. Ensure that your school has clear policies for student behavior that include a description of unacceptable behaviors, the consequences of enacting those behaviors, and the ramifications of repeated offenses.
11. Strive to role model professional values and behavior.

MULTIPLE CHOICE QUESTIONS

1. Social media is limited to:
 - A. **no one; it is available to the world at large.**
 - B. only friends.
 - C. colleagues.
 - D. school and work.

Rationale:

The rapid expansion of electronic media connects any person with the world at large.

2. Social media is defined as:
 - A. only professional platforms.
 - B. only personal platforms.
 - C. **a public forum.**
 - D. a private forum.

Rationale:

Social media is defined as a public forum.

3. Social media contains information that cannot be:
 - A. public information.
 - B. **deleted and restricted.**
 - C. harmful or hostile.
 - D. a violation if distributed.

Rationale:

One myth is that content can be deleted and restricted.

4. Benefits of social media include:
 - A. confidential information sharing.
 - B. privacy of patient rights.
 - C. **geographic connections.**
 - D. patient identifiers.

Rationale:

Social media allows individuals to connect with others when geographically separated.

5. Consequences of inappropriate use of social media:
 - A. do not apply to students in nursing programs.
 - B. do not apply to faculty in nursing programs.
 - C. result in free speech for students and faculty.
 - D. **may result in monetary fines, jail time, and lawsuits.**

Rationale:

Consequences of inappropriate use of social media may result in civil or criminal penalties to students and faculty members alike.

6. Creating learning environments that facilitate student learning and socialization to the nursing role is an important responsibility of:
 - A. nursing students.
 - B. students' parents.
 - C. **nurse educators.**
 - D. nurse administrators.

Rationale:

Creating learning environments that facilitate student learning and socialization to the nursing role is an important responsibility of nurse educators (Halstead, 2007).

7. An example of uncivil student behavior is:
 - A. arriving late or leaving class early.
 - B. logging onto Facebook during class.
 - C. cheating on exams.
 - D. **all of the above.**

Rationale:

Uncivil student behaviors include lack of attendance, inattentiveness, arriving late or leaving early, yelling, making physical contact, using cell phones, conversing with friends, making sarcastic remarks or gestures, sleeping, using a computer for purposes not related to class, demanding makeup exams or other favors, making disapproving groans, and dominating class discussions (Clark & Springer, 2007a; Lashley & de Meneses, 2001).

8. Which of the following factors contributes to student incivility?
 - A. The stress of nursing education.
 - B. Faculty arrogance.
 - C. Student sense of entitlement.
 - D. **All of the above.**

Rationale:

The stressful nature of nursing education, together with faculty arrogance and student entitlement, are key contributors to academic incivility (Clark, 2008a).

9. Faculty create a stressful learning environment that may contribute to student incivility by:
- A. belittling students.
 - B. expecting perfect performance.
 - C. criticizing students.
 - D. **all of the above.**

Rationale:

Faculty create a stressful, hostile learning environment by demeaning and belittling students, setting unrealistic expectations for performance, being overly critical, evaluating subjectively and showing favoritism, and targeting students for failure (Clark, 2008a; Del Prato, 2013).

10. Faculty create a supportive learning environment that mitigates students' stress and discourages incivility when they:
- A. display an attitude of superiority.
 - B. **listen to and understand students' perspectives.**
 - C. agree with everything a student says or does.
 - D. establish friendships with students.

Rationale:

Faculty create a supportive learning environment that mitigates students' stress and discourages incivility when they listen, demonstrate a willingness to hear the students' point of view, maintain an attitude of respect, and communicate empathy for the challenges students experience (Del Prato, 2010; Thomas, 2003).

11. By responding to uncivil student behavior in a respectful way that acknowledges the student's concerns and communicating empathy, faculty:
- A. role model professional values of caring and respect.
 - B. teach what it means to be a professional.
 - C. prevent power struggles with students.
 - D. **all of the above.**

Rationale:

Reframing uncivil behavior by acknowledging the student's concerns and communicating empathy can help faculty avoid conflicts and power struggles with students (Morrisette, 2001).

DISCUSSION QUESTIONS

1. What types of social media issues have you encountered when teaching students? Consider whether use of social media has been appropriate or inappropriate. How would you resolve an issue of inappropriate use?

Considerations:

Carefully review and examine the NCSBN white paper on the use of social media. All too frequently we consider the use of social media to be private and harmless, without realizing the gray area of communicating our thoughts and feelings about our patients, students, colleagues, or organization. Social media has its place in the educational arena, but nursing faculty must be cautious and provide examples of appropriate use of social media. The potential for blurring our professional and social lives has led professional nursing organizations to establish guidelines and codes of ethics.

2. What types of incivility have you encountered when teaching students? Think about an experience you had with uncivil behavior and how you responded. In what ways might you modify your approach next time to prevent and/or respond to uncivil behavior in a way that minimizes incivility while also modeling the values of the profession?

Considerations:

Carefully review the ANA *Code of Ethics for Nurses*. Faculty often focus on teaching students nursing knowledge and clinical skills. While teaching knowledge and skills is important, faculty are also charged with socializing students to the values, ethical norms, and behaviors of the profession and forming students as professionals. The potential for uncivil behavior to continue after students graduate and enter clinical practice has prompted nursing programs to establish policies for addressing incivility.

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