Table S1. Manifestations of uncivil behaviors among students in clinical settings

Uncivil Behavior Toward Faculty Members	Impolite Behaviors	1. Insulting faculty members 2. Using inappropriate language 3. Mocking instructors 4. Talking on the phone in the presence of faculty 5. Leaving the clinical area without permission 6. Speaking in informal or slang language 7. Failing to stand when the faculty member enters 8. Walking ahead of the faculty member 9. Failing to greet the faculty member 10. Sending impolite messages 11. Standing in a slouched posture in the presence of faculty 12. Contacting faculty outside of official working hours	*Example underlined:"* *On one occasion, a male student stood leaning against the doorframe of the office while speaking to me. I asked him politely to stand properly, but after briefly correcting his posture, he leaned again. I reminded him that maintaining respectful posture is part of professional behavior, explaining that even years after graduation, I continue to show respect to my former instructors. Although the environment is not military, I emphasized that I am both his instructor and an older faculty member. In response, the student made a disrespectful and gender-demeaning remark, implying frustration toward female authority figures."*
	Disruptive Behaviors	1. Excessive familiarity with the opposite sex in the presence of faculty 2. Making inappropriate jokes in front of faculty 3. Encouraging peers to disrespect faculty 4. Being rude to peers in front of faculty 5. Arguing in front of faculty 6. Creating negative perceptions toward faculty	*Example underlined:": "I have frequently observed behaviors that were inconsistent with professional norms. In some instances, students did not greet faculty members or stand when addressed, despite faculty initiating respectful greetings. When students' requests were not immediately met, noticeable shifts in behavior occurred, including visible frustration, anger, and expressions of dissatisfaction through disrespectful conduct. Additionally, students who had made limited academic*

		7. Exploiting faculty members' clinical skill deficiencies 8. Refusing to communicate with faculty 9. Inappropriate objections to grades 10. Failing to complete assigned tasks	*effort sometimes reacted negatively to lower grades, developing adversarial attitudes toward instructors. Other observed behaviors included failure to maintain respectful interactions, inappropriate joking in the presence of faculty, sleeping during sessions, excessive mobile phone use, making unnecessary noise, arriving late, and leaving early."*
	Aggressive Behaviors	1. Yelling at faculty members 2. Speaking loudly to faculty members 3. Engaging in continuous argument and creating tension 4. Confronting and talking back to faculty 5. Sending threatening text messages to faculty	*: Example underlined:": "In one instance, a faculty member reminded a student that certain course content had been covered previously and suggested that reviewing the related session could have been helpful. The student responded by raising their voice and expressing anger, emphasizing personal difficulties and insisting that the instructor should be more understanding. While the faculty member may have prolonged the discussion, the student's reaction involved an unnecessary escalation, and the situation could have been managed through a calm acknowledgment of responsibility and a respectful response."*
	Rejecting Behaviors	1. Ignoring the presence of faculty in the clinical area 2. Sleeping in the presence of faculty 3. Showing indifference toward faculty 4. Passing by faculty without acknowledgment 5. Being late for clinical rounds	*: Example underlined:": " "In some cases, faculty members scheduled student presentations in advance; however, these arrangements were not taken seriously. When students were called upon to present, some responded with laughter or mocking behavior, which caused significant distress to the instructor. In one instance,*

			a student later apologized to the faculty member on behalf of the group. In another situation, students remained outside the clinical unit despite being aware of the instructor's presence, requiring repeated phone calls from the faculty member to locate and organize them. Upon returning, some students continued to display dismissive and mocking behaviors."
	Arrogant Behaviors	1. <u>Disobeying faculty instructions</u> 2. <u>Speaking in a conceited manner</u> 3. <u>Speaking sarcastically</u> 4. Resisting the implementation of instructions	*Example underlined: "Certain students consistently displayed a condescending attitude, communicating in a manner that conveyed arrogance and a sense of superiority. This included speaking disrespectfully to faculty members or making sarcastic remarks. In some instances, students later boasted to peers about having embarrassed the instructor, regardless of whether the faculty member had recognized the disrespect at the time. Although such behavior was acknowledged as inappropriate even by peers, it nonetheless reflected a lack of respect toward instructors."*
Uncivil Behavior Toward the Organization	Unprofessional Behaviors	1. Cheating during exams 2. Assisting in covering up peers' absences 3. Being absent from clinical placement without notice 4. Concealing mistakes made during patient care 5. Abusing positions for personal gain 6. Arguing with patients 7. Speaking in a commanding tone with patients	*example : "A student, responsible for administering medication, told a patient they did not know the purpose of the drug and suggested asking the nurse. Such a response demonstrated insufficient knowledge and professionalism, which could undermine patient*

		8. Ignoring patient requests 9. Laughing at or mocking patients 10. Violating patient privacy 11. Demonstrating irresponsibility during clinical training 12. Evading clinical tasks 13. Failing to observe safety principles 14. Delivering routine-based care without critical thinking	*trust in the healthcare team."*
	Noncompliance with Rules and Regulations	1. Violating professional dress codes 2. Being late or leaving clinical practice early 3. Spending clinical hours outside assigned departments 4. Working in private hospitals during the early semesters 5. Failing to respect the organizational hierarchy	*Example underlined* :involved a female student who attended a recent clinical practicum with inappropriate appearance and attire, including colored nails, improper head covering, and an unprofessional dress code. In addition to appearance-related issues, the student frequently responded to the instructor's comments with repeated and argumentative replies, which the faculty member perceived as challenging and disrespectful."
	Incompatible Behaviors	1. Attending clinical placements reluctantly 2. Constantly protesting against various matters 3. Speaking loudly in clinical settings 4. Showing apathy toward regulations 5. Lacking concern for the consequences of misconduct	*Example underlined* *"A faculty member reported that a group of students gathered at the back of the classroom engaging in inappropriate physical closeness and disregarding professional boundaries. When the instructor asked them to leave the classroom due to this behavior, the students responded by stating that they were comfortable and suggested that the instructor should leave instead if they felt*

			uncomfortable. This interaction was described as highly disrespectful and indicative of a serious disregard for academic authority and professional norms."
	Lack of Interaction and Cooperation	1. Failing to fulfill assigned duties in the clinical area 2. Refusing to cooperate with nurses 3. Failing to engage with staff 4. Failing to interact with patients 5. Avoiding responsibilities	*Example underlined :"Some students demonstrated strong academic performance in classroom settings; however, when entering clinical environments, they struggled to engage effectively with clinical staff. Even minor feedback or instructions from ward personnel were perceived negatively, leading to emotional reactions such as withdrawal, refusal to cooperate, or requests to change clinical placements. This lack of constructive interaction highlighted insufficient patience, tolerance, and interpersonal adaptability, which are essential for professional practice in clinical and workplace settings."*
Uncivil Behavior Toward Oneself	Self-Destructive Behaviors	1. Insulting and belittling peers 2. Refusing to compromise in disputes 3. Failing to establish communication with classmates	*Example underlined :"In the same clinical environment, students from other groups sometimes reported their peers to faculty members despite having collegial or friendly relationships with them. For example, students informed instructors that another group had ended their activities slightly earlier than scheduled. Such behaviors were frequently observed and reflected peer incivility, negatively affecting collaboration, trust, and professional*

			relationships within the educational setting."
	Choosing Inappropriate Role Models	1. Imitating the behaviors of medical students 2. Emulating inappropriate behaviors of others 3. Constantly comparing oneself to medical students 4. Choosing a major without personal interest	*Example underlined :"Some students frequently compared themselves with members of other professional groups, particularly medical students, and justified uncivil behaviors through these comparisons. For instance, they argued that if other disciplines did not adhere to dress codes, punctuality, or access restrictions, they should not be expected to comply either. Such comparative reasoning contributed to the normalization of unprofessional conduct and weakened adherence to professional standards within nursing education."*
	Emotional Responses	1. Rapid anger 2. Leaving clinical areas in response to difficulties 3. Excessive empathy with patients 4. Lack of self-confidence 5. Defensive attitudes toward arising issues 6. Forming non-therapeutic relationships with patients	*Example underlined :"Some students reacted emotionally in clinical situations and abruptly left the ward during patient-related tasks, such as abandoning documentation or ongoing responsibilities. This behavior was considered unprofessional and equivalent to leaving the clinical area without authorization, highlighting a lack of emotional regulation and professional accountability. In contrast, such reactions are incompatible with real-world clinical practice, where patient care responsibilities cannot be abandoned due to personal emotions."*

	Dependent Behaviors	1. Relying excessively on faculty for performing all procedures 2. Fear of dealing with staff misbehavior 3.Inability to advocate for oneself 4.High levels of stress 5.Lack of seriousness in patient care Forced respect due to fear 6.Demonstrating clinical incompetence before patients 7.Affirming the ridicule of patients 8.Remaining silent toward inappropriate behaviors 9.Increasing staff expectations by taking on duties beyond assigned roles	*Example underlined :"I personally avoided responding with laughter when patients made demeaning remarks, such as questioning students' competence. Instead, I chose to remain calm and maintain silence in order not to reinforce the patient's distrust. However, I observed that some students reacted by laughing in such situations, a response that I found inappropriate, as it implicitly validated the patient's lack of confidence and undermined professional conduct."*
	Comfort-Seeking Behaviors	1. Spending clinical time idly 2. Careless execution of nursing procedures 3. Performing procedures based on the hospital routine without understanding 4. Lack of effort in learning 5. Lack of motivation	*Example underlined :"Some students demonstrated low motivation and minimal engagement in clinical settings. They attended the ward reluctantly and participated superficially, without actively seeking to understand procedures or asking reflective questions about patient care. This disengagement was reinforced by negative messages from clinical staff, peers in other wards, and senior students, who often conveyed that studying was unnecessary because clinical tasks were routine and practical skills would eventually be learned during mandatory service periods. Participants reported that such narratives discouraged effort and curiosity, and few positive perspectives regarding clinical learning were expressed."*

Table 3. Manifestations of uncivil behaviors among faculty members and clinical instructors in clinical settings.

Uncivil Behavior Toward Students	Educational Inefficiency	1. Lack of organization in delivering content 2. Insufficient teaching skills and knowledge 3. Dictating theoretical material in clinical settings 4. Failing to educate students about legal issues 5. Neglecting ethical instruction 6. Not teaching communication skills 7. Failing to define students' duties in clinical areas 8. Lack of practical application in clinical teaching 9. Denying students the opportunity to perform clinical tasks 10. Inadequate skill training 11. Failing to foster students' independence 12. Not assisting students in learning professional behaviors 13. Contentless clinical placements 14. Overemphasizing conference presentations over clinical practice 15. Low academic competence 16. Relying on internet searches for basic information 17. Inconsistency between theoretical teaching and clinical application 18. Overemphasis on theoretical over clinical knowledge 19. Constant supervision and	*Example underlined :"Participants also highlighted numerous ethical and communication-related challenges in clinical training. Examples included uncertainty about how to respond when a patient had a serious diagnosis, such as cancer, that had not been disclosed to them, as well as ambiguity regarding the appropriate extent and manner of information sharing when patients asked questions. Concerns were raised about ineffective communication skills, including the use of technical or medical terminology that patients could not understand. These issues underscored the need for clinical training to place greater emphasis on ethical decision-making and patient-centered communication, suggesting that clinical internships should formally incorporate instruction on effective and appropriate interpersonal communication."*

		micromanagement of students	
	Behavioral Inefficiency	1. Inability to establish professional communication with students 2. Lack of anger management 3. Inconsistent behavior toward students 4. Creating confusion and ambiguity among students 5. Provoking student anxiety through inappropriate behaviors 6. Alienating students 7. Discouraging students from their profession 8. Normalizing disrespectful behaviors within nursing 9. Being a poor behavioral role model 10. Lack of flexibility 11. Discouraging students from learning 12. Poor interaction with clinical staff 13. Fear of losing authority 14. Inability to connect with newer generations of students 15. Breaching commitments 16. Magnifying minor issues 17. Deviating from the primary educational role 18. Personalizing issues 19. Involving personal problems in professional interactions 20. Unreasonable expectations from students 21. Focusing on trivial matters 22. Inconsistent behavior 23. Self-interest-driven behavior 24. Creating duplicity and confusion among students 25. Lack of altruism 26. Making empty promises without follow-through	*Example underlined :"For example, when students observed consistent professional behavior from an instructor—such as maintaining respect toward patients, communicating clearly, and addressing errors constructively—they were more likely to emulate these behaviors in subsequent clinical practice. Conversely, inconsistent behaviors across different instructors or clinical settings created confusion, leaving students unsure which approach to follow, and often leading them to adopt practices modeled by senior staff or peers, regardless of whether those behaviors were ideal."*

	Harassing Behaviors	1. Exploiting students for personal benefit 2. Narcissistic behaviors 3. Seeking popularity among staff at the expense of students 4. Immature behaviors 5. Lack of self-restraint 6. Vindictive behavior toward students 7. Silent treatment or constant arguments with students 8. Publicly humiliating or belittling students 9. Criticizing students in front of patients 10. Excessive self-promotion 11. Power-seeking behaviors	*Example underlined "For example, some faculty members were perceived as prioritizing the maintenance of their professional relationships with clinical staff over supporting students. To avoid conflict and ensure smooth interactions within the ward, these instructors placed excessive workloads on students, treating them primarily as a workforce rather than learners. Participants questioned the educational justification for such demands, noting that tasks were assigned without clear learning objectives, leading students to feel exploited rather than supported in their clinical training."*
	Violent Behaviors	1. Physical violence by instructors 2. Verbal insults and use of inappropriate language 3. Bullying students 4. Expelling students from the educational environment 5. Not allowing students to speak	*Example underlined "Another example involved a well-known faculty member who was described as frequently using inappropriate and disrespectful language. Such behavior was reported to occur in the presence of patients, clinical staff, and students. Participants noted that this instructor often addressed students using demeaning expressions or an*

			authoritarian tone, which conveyed disrespect and humiliation. This communication style negatively affected students' sense of dignity and contributed to an unprofessional learning environment."
	Distrust Toward Students	1. Denying students opportunities to demonstrate their capabilities 2. Distrusting students' statements 3. Blaming students for all issues 4. Misjudging students' knowledge and skills 5. Disbelieving students' reported problems 6. Disbelieving students' health conditions 7. Instilling feelings of inadequacy and foolishness in students	*Example underlined "Participants reported that when problems occurred in clinical settings, responsibility was often placed solely on students, with limited support from faculty. In such situations, instructors tended to side with clinical staff rather than considering the possibility of systemic or staff-related factors, leaving students feeling blamed and unsupported. This perceived lack of advocacy contributed to feelings of insecurity and reduced trust in faculty support during clinical training."*
	Managerial Inefficiency	1. Allowing exploitation of students 2. Inability to confront misconduct 3. Failure to defend students' rights 4. Overloading students with work to appease staff	*Example underlined "Participants described a lack of structured supervision during clinical internships. In many cases, students reported that no clear guidance was*

		5. Disregarding student productivity 6. Lack of support for students 7. Allowing clinical placements to become unproductive 8. Lack of structured clinical programs 9. Inflexibility regarding rigid regulations 10. Ineffectiveness during clinical supervision 11. Inconsistent presence of clinical instructors 12. Lack of awareness regarding students' clinical performance 13. Ignoring students' basic needs 14. Disregarding students' requests 15. Poor student management	*provided regarding daily learning objectives or required clinical activities. Although logbooks were formally used, they were often completed retrospectively without verification of actual performance or learning. This absence of monitoring and feedback resulted in limited accountability and reduced emphasis on whether students had genuinely acquired the intended clinical competencies."*
	Scientific Indifference	1. Lack of effort in advancing students' knowledge 2. Discouraging students from academic progression 3. Neglecting the essence of clinical education 4. Low productivity and fatigue 5. Lack of commitment to students' learning 6. Failure to advocate for the professional role of nursing faculty 7. Lack of efforts toward the professionalization of nursing 8. Poor engagement in student education	*Example underlined "Participants reported that some instructors had only a minimal and symbolic presence in clinical settings, briefly visiting the ward without providing meaningful supervision or instruction. Such visits were perceived as ineffective, as instructors did not review students' work, offer feedback, teach clinical concepts, or actively engage students in procedures. This lack of active involvement limited learning opportunities and reduced the educational value of clinical training."*

	Unfair Behaviors	1. Grading based on the overall performance of the group 2. Unjust grading practices 3. Favoritism among students 4. Misjudgment 5. Ignoring students' efforts 6. Collective punishment 7. Lack of empathy toward students' conditions 8. Imposing additional shifts 9. Favoritism based on personal relationships 10. Exploiting students 11. Overlooking students' absences 12. Grading based solely on head nurse feedback 13. Different treatment based on gender 14. Inadequate break time 15. Punishing students outside the regulatory framework	*Example underlined "Some participants perceived differences in adherence to respectful behaviors among students, noting that female students were generally more compliant with norms of respect toward faculty, whereas instances of disrespect were more frequently attributed to male students. Participants also reported that such behaviors sometimes influenced instructors' overall perceptions, leading to generalized judgments that affected the entire group, including the allocation of grades. This collective response was viewed as unfair, as it penalized students who had not engaged in uncivil behavior."*
Uncivil Behavior Toward Colleagues	Unethical Behaviors	1. Highlighting colleagues' deficiencies 2. Discrediting colleagues in the presence of others 3. Jealousy toward colleagues 4. Complaining about colleagues' rights 5. Discussing internal problems with students 6. Depicting colleagues as incompetent	*Example underlined "Participants emphasized that the first step toward promoting civility should begin within the academic environment itself, particularly among faculty members. They reported instances in which instructors displayed unprofessional and uncivil behaviors toward their colleagues. For example, some faculty members openly criticized other instructors in*

			front of students, questioning the quality of their teaching by asking students what they had learned during previous clinical placements. Such interactions were perceived as implicitly modeling incivility and, in effect, teaching uncivil behavior within the classroom and clinical education context."
	Unprofessional Behaviors	1. Speaking disrespectfully to colleagues in the presence of students 2. Ignoring colleagues during meetings 3. Failure to timely inform supervisors about absences 4. Conflicts among faculty members 5. Patronizing colleagues 6. Inability to maintain respectful relationships 7. Violating colleagues' boundaries 8. Holding grudges against colleagues 9. Perceiving colleagues as threats 10. Fear of colleagues' career advancements	*Example underlined "One participant described an instance of subtle incivility during a faculty gathering. The instructor publicly thanked three colleagues by name while omitting another colleague who was equally involved. Although verbal acknowledgment was not obligatory, the selective recognition in a group setting was perceived as exclusionary and caused feelings of discomfort or frustration. This example illustrates how even minor acts of omission can negatively affect professional relationships and collegiality."*
Uncivil Behavior Toward the Organization	Uncivil Behavior Toward the School	1. Using non-professional language in communications	*Example underlined "Participants reported experiencing*

		2. Disregarding administrative hierarchy 3. Evading responsibilities 4. Lack of professional development among senior faculty 5. Discouraging students from pursuing nursing 6. Impatience among older faculty 7. Inadequate specialization in course instruction 8. Neglecting students' clinical logbooks	*unprofessional communication from administrative staff. In one instance, a manager addressed a participant in a non-formal and confrontational manner, using expressions such as 'what do you want from me?' instead of clearly outlining work-related instructions. The participant noted that they had to remind the manager about appropriate administrative communication, emphasizing that both parties are employees operating within a professional system rather than a family-like environment. Such interactions were perceived as undermining professional respect and contributing to a tense workplace atmosphere."*
	Uncivil Behavior Toward the Hospital	1. <u>Lack of clinical skills among instructors</u> 2. Failure to verify students' procedures 3. <u>Lack of clinical experience</u> 4. Ignoring hospital resource limitations 5. Disinterest among experienced instructors in clinical teaching 6. <u>Lack of understanding of hospital working conditions</u> 7. Failure to earn the trust of clinical staff	*Example underlined "Participants noted concerns regarding colleagues with limited practical experience despite long tenure in the profession. For example, some individuals reported that colleagues with formal education but minimal hands-on hospital experience were involved in clinical supervision during internships. Such participants expressed apprehension that these colleagues'*

			lack of practical insight could potentially compromise patient safety, generate increased stress for supervising staff, and create additional pressure to manage ward operations effectively. This highlighted the importance of practical competency alongside formal qualifications in clinical education and supervision."

Table 4. Manifestations of uncivil behaviors among healthcare staff in clinical settings.

Uncivil Behavior Toward Students	Harassing Behaviors	1. Humiliating and mocking students in front of others 2. Treating students as mere tools 3. Exploiting students 4. 4.Harsh treatment and interference by support staff in admonishing students 5. 5.Excessive strictness toward students	*Example underlined "Participants described situations in which students were treated primarily as a workforce rather than learners. For example, they were assigned tasks to complete on behalf of nurses while staff remained seated or engaged in non-clinical activities such as using their phones. Participants perceived that such practices not only undermined students' learning opportunities but also fostered resentment, as students felt their efforts were being exploited for staff convenience rather than educational purposes."*

	Bullying Behaviors	1. Forcing students to comply with unreasonable demands 2. Bullying and intimidating students 3. Intentionally keeping students dependent through inadequate teaching 4. Exploiting students for labor 5. Abusing nursing students 6. Denying students adequate breaks	*Example underlined* "Participants reported that some clinical staff selectively taught students certain tasks while withholding instruction on administrative or system-based procedures that are central to workflow. This selective teaching was perceived as a form of gatekeeping, potentially motivated by a desire to maintain dependency on staff or prevent students from becoming as competent as them. Such behaviors were seen to limit students' comprehensive learning and foster feelings of exclusion or inequity in clinical training."
	Unfair Behaviors	1) Exaggerating minor student mistakes 2) Generalizing the inappropriate behavior of one student to all students 3) Blaming students for all problems 4) Prohibiting students from sitting down 5) Comparing students to themselves 6) Taking out past frustrations on current students 7) Differential treatment based on gender 8) Failing to complete students' logbooks properly 9) Assigning students tasks beyond their responsibilities 10) Violating students' rights 11) Failing to inform students about patients' special conditions	*Example underlined* "Participants described instances of perceived preferential treatment by clinical staff. For example, when both nursing and medical students entered a room with limited seating, some staff would prioritize medical students for available chairs, while nursing students remained standing for extended periods. Such behaviors were perceived as disrespectful and exclusionary, negatively affecting students' sense of fairness and inclusion within the clinical environment."
	Incompatible Behaviors	1) Lack of interaction and cooperation with students 2) Providing incomplete education 3) Neglecting students' learning needs 4) Assigning students meaningless tasks	*Example underlined* *"Participants reported instances in which clinical staff refused to provide educational guidance, citing financial or professional obligations as a rationale. For example, one nurse reportedly responded to students' repeated*

		5) Objecting to students studying during shifts 6) Prohibiting students from using rest areas 7) Unfriendly attitude toward students 8) Failing to appreciate students' efforts 9) Delaying or withholding answers to students' questions 10) Criticizing students for asking questions 11) Ignoring students' role as learners 12) Distrusting students' abilities 13) Neglecting students' job descriptions 14) Unwarranted fault-finding 15) Inconsistent behavior	*questions by stating that she was not paid to teach them, and that only the faculty member, who received compensation for instruction, was responsible for their learning. Such statements were perceived as unprofessional and dismissive, limiting students' access to guidance and negatively impacting their learning experience."*
	Violent Behaviors	1) Speaking sarcastically 2) Physical aggression or beating students 3) Scolding and criticizing students aggressively 4) Threatening students to perform tasks 5) Insulting students 6) Scolding with hostile facial expressions 7) Sexual harassment	*Example underlined* "Participants described incidents of physical intimidation and boundary violations within clinical environments. In one reported case, a conflict escalated when hospital service staff confronted nursing students for using the nurses' rest room. The situation intensified to the point where a service staff member physically grabbed a student by the collar. Such incidents were perceived as threatening, unsafe, and indicative of a lack of institutional oversight in protecting students' physical and psychological safety during clinical training."
	Rejecting Behaviors	1) Denying students opportunities for clinical practice 2) Expelling students from the educational environment 3) Dismissing evidence-based practice in favor of personal experience 4) Excluding students from clinical activities 5) Ignoring students' efforts	*Example underlined "Students reported feeling marginalized during critical clinical moments such as shift handovers. Participants described that during bedside handovers, nurses, nurse assistants, and other staff surrounded the patient and actively engaged in tasks, leaving no physical or communicative*

		6) Refusing to return students' greetings 7) Making students feel unnecessary 8) Causing students to feel inferior 9) Overlooking students' presence 10) Discouraging students from their profession by highlighting only the negatives 11) Excluding students from patient handover processes 12) Preventing students from performing specialized procedures	*space for students to observe or participate. This exclusion led students to perceive themselves as 'extra' or unnecessary members of the clinical team. Such experiences generated feelings of discomfort, disengagement, and emotional distress, negatively affecting students' sense of belonging and motivation to learn."*
Uncivil Behavior Toward Faculty Members	Rejecting Behaviors	1) Refusing to cooperate with nursing faculty 2) Denying nursing faculty access to facilities 3) Failing to provide rooms for case interviews or patient histories 4) Failing to address nursing faculty by their appropriate titles properly 5) Discriminatory treatment between medical and nursing faculty 6) Ignoring nursing faculty members 7) Reprimanding instructors in the presence of students	*Example underlined "Participants reported experiences of professional disrespect manifested through the consistent avoidance of appropriate academic titles by clinical managers. Faculty members described that despite wearing official identification badges indicating their status as 'faculty member' and 'doctor,' head nurses repeatedly referred to them using informal or non-academic titles (e.g., 'trainer' or 'Ms. X'). This occurred even when professional equivalence and academic rank were clearly visible. Such practices were perceived as deliberate minimization of academic identity and contributed to feelings of professional devaluation within the clinical environment."*
Uncivil Behavior Toward Colleagues	Unfair Behaviors	1) Bullying newly graduated nurses 2) Favoritism between senior and junior staff 3) Unfair scheduling practices 4) Inequitable workload distribution	*Example underlined "Participants described a pattern of hierarchical pressure in which senior and more established staff exerted power over newly assigned or less experienced individuals. This pressure was manifested through the allocation of unfavorable shift schedules, assignment of high-burden or complex patients, and exclusionary or disrespectful interpersonal behaviors. Such practices were perceived not as*

			educational necessities, but as punitive and controlling strategies aimed at reinforcing dominance and maintaining informal power hierarchies within the clinical environment."
	Unprofessional Behaviors	1) Imposing personal opinions on colleagues 2) Jealousy among colleagues 3) Lack of mutual respect 4) Perceiving senior colleagues as threats	*Example underlined "Some participants emphasized that incivility was not only imposed by higher-ranking professionals but was also reproduced among peers. Instances were described in which nurses afforded less respect to colleagues of the same professional rank, while disproportionately valuing the presence and opinions of physicians. In such situations, critical clinical input from a nurse was frequently overlooked, whereas similar statements made by a physician were immediately acknowledged and acted upon."*
	Unethical Behaviors	1) Character assassination of nurses by senior management 2) Slandering colleagues 3) Two-faced interactions among colleagues 4) Gossiping about colleagues 5) Mocking colleagues 6) Disregarding fellow nurses in front of physicians 7) Showing greater respect to physicians due to perceived benefits 8) Submissiveness to physicians' authority	*Example underlined "Several participants described the nursing work environment as characterized by relational tension and hidden conflicts. Behaviors such as backbiting, undermining colleagues, and inconsistent interpersonal conduct—where individuals expressed support in face-to-face interactions but spoke negatively in their absence—were frequently observed. Students reported that witnessing such contradictory behaviors on a daily basis created a negative professional image and contributed to emotional discomfort and mistrust within the clinical environment."*

Table 5. Manifestations of organizational incivility in clinical settings.

Uncivil Behavior by School Administrators Toward Students	Educational Inefficiency	1. Lack of compensatory courses for special needs students 2. Sudden changes in schedules 3. Insufficient number of clinical days in specialized courses 4. Lack of clarity regarding students' roles in clinical settings 5. Inadequate inclusion of ethics courses in the curriculum	*Example underlined "Participants noted a lack of structured planning within the university, which often resulted in abrupt changes to pre-established schedules. When students attempted to follow externally organized learning plans, they were instructed to adjust to the university's ad hoc changes. Such inconsistent and reactive scheduling was perceived as disruptive, unprofessional, and stressful, limiting students' ability to manage their learning effectively and undermining confidence in the educational environment."*
	Behavioral Inefficiency	1. Devaluing students 2. Failure to defend students' rights 3. Forcing students into silence 4. Denying students the right to express objections 5. Excessive strictness toward students 6. Imposing rigid dress code policies 7. Neglecting students' concerns	*Example underlined "Participants described instances in which they felt dehumanized or treated as expendable within both academic and clinical settings. Some faculty or staff behaved in ways that implied students were mere placeholders or instruments rather than active learners, ignoring their presence or contributions. One participant highlighted the extremity of such treatment by comparing it to military training or even interactions between a shepherd and livestock, emphasizing the profound sense of disrespect and objectification experienced."*

	Managerial Inefficiency	1. Lack of follow-up on student problems 2. Shortage of clinical instructors 3. Disregard for student complaints 4. Inadequate preparation of doctoral students to serve as clinical instructors 5. Over-reliance on doctoral students for teaching roles 6. Inconsistent application of regulations across universities 7. Lack of differentiation in uniforms between medical and nursing students 8. Failure to provide proper locker rooms for students in hospitals 9. Assigning students merely as observers during clinical practice 10. Lack of oversight regarding student absenteeism 11. Evading responsibilities 12. Occupation of nursing roles by other healthcare professions 13. Inadequate supervision of clinical education 14. Simultaneous clinical rotations under a single instructor 15. Overcrowding of students in clinical groups 16. Concurrent presence of multiple student groups in the same unit 17. Lack of facilities and space for clinical practice	*Example underlined* "Participants reported spending excessive time in primary care centers with limited practical engagement. For example, during a five-week rotation at a health center, students were mostly restricted to observation and were not allowed to administer vaccines. Daily attendance was mandatory without flexibility for days off, despite the lack of meaningful tasks. In contrast, critical rotations in areas such as cardiology or ICU were allocated fewer days, limiting hands-on experience in essential clinical skills. Such scheduling was perceived as inefficient, demotivating, and misaligned with educational priorities."
	Operational Inefficiency	1. Inappropriate division of academic credits 2. Illogical course scheduling without prioritization 3. Redundancy in clinical training content 4. Lack of orientation sessions before clinical placements 5. Non-educational nature of specific clinical courses 6. Lack of emphasis on the practical applicability of guidelines 7. Failure to implement academic programs according to the curriculum 8. Curriculum planning without considering student learning needs 9. Non-educational, task-oriented clinical placements 10. Insufficient clinical training 11. Frequent and abrupt changes in clinical units and hospitals	*Example underlined* *"Participants emphasized the need for structured orientation sessions prior to full placement in clinical settings. They reported that before being assigned to wards, students should receive clear explanations regarding their roles, responsibilities, time commitments, and expected scope of practice. The absence of such preparatory sessions resulted in ambiguity, confusion, and inconsistent expectations, which negatively affected students' performance and sense of security in clinical environments."*

		12. Routine and mechanical nature of clinical training	
Uncivil Behavior by School Administrators Toward Faculty Members	Managerial Inefficiency	1. Lack of understanding of clinical challenges 2. Intervening only in significant errors or incidents 3. Assigning multiple administrative roles to faculty members 4. Devaluing the faculty status by increasing PhD admissions indiscriminately 5. Encouraging students to violate academic regulations 6. Showing discriminatory behavior among colleagues 7. Instigating students against faculty 8. Blaming faculty members for conflicts 9. Poor selection of department heads 10. Inadequate resolution of conflicts between students and faculty	*Example underlined "Participants reported that clinical managers or head nurses were often quick to seek justifications to exclude instructors from clinical wards or to deny them permission to bring students into specific units, even in response to minor issues. When instructors attempted to communicate these challenges to the school administration, their concerns were frequently dismissed. Instead, institutional responses tended to assume instructor fault, emphasizing that they 'must have done something wrong' to warrant such restrictions. This lack of institutional understanding and support left instructors feeling blamed, marginalized, and constrained in fulfilling their educational roles."*
	Behavioral Inefficiency	1. Lack of support for faculty members against students 2. Distrust of faculty members' statements 3. Unjust favoritism toward students over faculty 4. Leniency toward students' errors 5. Fear of escalating tensions with the university administration 6. Forcing faculty members into silence	*Example underlined* "Participants described systemic problems within the educational–clinical structure, noting a breakdown in professional hierarchy and role boundaries. They reported that

			instructors often lacked institutional support, with no clear authority advocating on their behalf. Participants emphasized that, at minimum, administrators should refrain from assigning blame or proposing ill-informed solutions when conflicts arise. Instead, instructors felt that they were routinely positioned as the most vulnerable party, with institutional responses implicitly suggesting that responsibility always lay with them."
Uncivil Behavior by Hospital Administrators	Discriminatory Behaviors	1. Excessive attention to physicians 2. Overemphasis on physicians' status 3. <u>Physicians' lack of awareness about the presence of nursing faculty</u> 4. <u>Granting physicians greater authority and prestige</u> 5. Lack of collaboration between hospitals and nursing schools for clinical placements 6. Prioritizing staffing needs over educational purposes 7. Lack of enforcement of professional dress codes among medical students 8. Better facilities are available to physicians 9. Lack of rest areas for nursing students 10. Overlooking the complementary role of nurses and physicians 11. Lack of parking facilities for nursing students	*Example underlined* *"Participants noted that, for some disciplines and individuals within clinical settings, the concept of nursing faculty was not yet fully recognized or understood. Academic authority was often equated exclusively with physicians, while the role of non-physician faculty members—such as nursing or even clinical pharmacy faculty—was perceived as less*

		12. Absence of seating spaces for nursing students 13. Lack of proper locker rooms for nursing students 14. Greater respect is shown toward medical students than nursing students 15. <u>No designated office space for nursing faculty in hospitals</u> 16. <u>Discriminatory treatment between medical and nursing faculty</u> 17. Inequitable allocation of resources between the medical and nursing faculties 18. Physicians interfering with the organization of nursing clinical education 19. Allowing medical students privileges not extended to nursing students 20. Greater support for medical students over nursing students	*legitimate. Participants described hospitals as predominantly physician-centered environments, shaped by the long-standing dominance of medical professionals. Within this context, the role of nursing faculty was experienced as relatively new, poorly defined, and insufficiently institutionalized."*
Uncivil Behaviors by University Administrators	Failure to Promote the Nursing Profession	1. Appointment of inefficient managers 2. <u>Failure to meet basic resource needs</u> 3. <u>Lack of efforts to secure funding for necessary facilities</u> 4. Inadequate human resource allocation 5. <u>Limited provision of welfare facilities compared to other universities</u>	*Example underlined* "Participants emphasized that ethical and professional conduct cannot be sustained without meeting individuals' basic and fundamental needs. They argued that expecting high levels of moral behavior, motivation, empathy, and professionalism is unrealistic when working conditions are inadequate. Human capacity has limits, and chronic pressure, unmet needs, and poor support systems may erode individuals' ability to consistently uphold ethical

			standards. Participants noted that ethical behavior cannot be cultivated solely through advice or moral exhortation; rather, it requires supportive, fair, and humane working and learning environments.”