American Nurses Association

8403 Colesville Road, Suite 500
Silver Spring, MD 20910
+1 (301) 628.5000
ana.org

2026 Annual Meeting of the ANA Membership Assembly
Dialogue Forum Topic
Friday, June 26, 2026

Establishing a National Framework for the Prevention Reporting Accountability of Incivility Bullying Across Nursing Education Practice Settings

BACKGROUND DOCUMENT

Submitted by:

Erik Carter, PhD, MS, APRN-ACNS, CCRN-A PHN; Nicole Demeter, DNP, APRN-CNM, FACNM, CNE; Stefan Smolenski, DNP, APRN-AGPCNP-BC

Overview:

Incivility and bullying are pervasive, well-documented threats across both nursing education and practice settings. Despite ANA's revised 2025 Position Statement on Workplace Violence (American Nurses Association, 2025a), no unified national policy framework addresses nursing students' well-being alongside protections for the practice environment. This gap leaves nursing students, who represent the foundation of the profession's future workforce, without consistent, enforceable protections during their most vulnerable period of professional formation. This proposal asks ANA to establish a prevention-focused coordinated national framework that treats education and practice not as separate domains but as a continuum that requires aligned behavioral standards, accountability mechanisms, and support infrastructure.

Background:

Student Well-Being in Nursing Education

The burden on nursing students is well-documented and severe. A 2025 umbrella review of 375 primary studies involving more than 171,000 nursing students found a 27% overall prevalence of mental health issues, with burnout affecting 32%, depression 29%, and anxiety 29%; these are rates that substantially exceed those of the general college student population (Efstathiou et al., 2025). The pooled global prevalence of bullying among nursing students during clinical practice reaches 65.6% (Zhou et al., 2024); students who experience it report depression, anxiety, and psychological stress at rates of 44% to 58%, with compounding harm to academic achievement and professional identity formation (AbuAlula et al., 2023; Abdelaziz & Abu-Snieneh, 2022; Smith et al., 2016).

Consequences for the Nursing Workforce Pipeline

The effects of unchecked incivility do not resolve at graduation. Bullying incidence predicts program withdrawal, job burnout (pooled r = 0.43), and turnover intention among clinical nurses (Yosep et al., 2024; Galanis et al., 2024); in 2024, RN turnover cost hospitals an estimated $3.9 million to $5.7 million (NSI Nursing Solutions, 2025). Patient safety is directly implicated: 27 of 29 studies in a 2025 integrative review linked peer violence to medication errors, delayed care, and inhibited communication (Fujii & Iwasa, 2025; Machul et al., 2024).

Equity Dimensions

The burden of incivility is not equally distributed. Students from visible minority and marginalized backgrounds face disproportionate exposure and report significantly higher intent to leave their programs when experiencing incivility (Chachula et al., 2022). Any national framework must incorporate equity-centered accountability.

Root Causes of the Current Gap

Several intersecting factors sustain this problem. Power differentials leave students with limited recourse; the absence of standardized protections across academic-clinical partnerships produces inconsistent responses. Fear of retaliation is the dominant barrier: 74% of bullying incidents go unreported, with many students accepting them as an inevitable part of training (Yang et al., 2024). Cultural normalization, siloed policies, and faculty-to-faculty incivility compound the problem and model the norms students internalize (Clark et al., 2021; Kemp, 2024; Stephens & Clark, 2024). Most consequentially, students who experience bullying often replicate these behaviors when they become preceptors and colleagues (Longo & Sherman, 2007); this is a self-sustaining cycle that a national framework is uniquely positioned to interrupt (Griffin, 2004; Griffin & Clark, 2014).

A Cross-Profession Problem With Profession-Specific Urgency

Incivility and bullying during clinical training are not unique to nursing: A meta-analysis of 59 studies found that 59% of medical trainees experienced harassment or discrimination during training (Fnais et al., 2014); a separate 2023 meta-analysis of 13 studies focused on medical residents found a 51% prevalence of bullying (Alvarez-Villalobos et al., 2023). Comparable dynamics have been documented in pharmacy and physician assistant programs (Knapp et al., 2014). What distinguishes nursing is not prevalence but timing; nursing students enter direct patient care in their first or second semester, well before medical, pharmacy, or physician assistant students encounter comparable clinical immersion. This means incivility reaches nursing students at the most formative and least-protected stage of professional development, before identity, institutional knowledge, or peer support have taken hold. The framework proposed here is designed for nursing, where the evidence base is strongest, but its core mechanisms (standardized behavioral expectations, protected reporting, and equity-centered accountability) are directly applicable across health professions and care settings.

Connection to Existing ANA Policy

This proposal builds directly on prior ANA actions: the 2025 Position Statement on Workplace Violence (American Nurses Association, 2025a), the 2022 Membership Assembly call for a comprehensive culture of safety (American Nurses Association, 2022), and the 2024 Membership Assembly recommendations to remove barriers to nurses' mental health support (American Nurses Association, 2024). The ANA Code of Ethics obligates nurses to establish an ethical environment and culture of civility and kindness, an obligation that extends to nursing students (American Nurses Association, 2025b). This proposal operationalizes that body of policy by explicitly including students and establishing the implementation infrastructure that current commitments lack. Partnerships with CCNE, ACEN, and NLN CNEA provide natural pathways for embedding framework expectations within accreditation standards.

Proposed Recommendations:

1. ANA's position statement should consider provisions for confidential reporting, clear investigation pathways within academic-clinical partnerships for clinical-site partnership agreements with behavioral expectations, safeguards against academic retaliation, and access to appropriate mental health supports for student reporters.
2. Urge ANA to develop educational content, guidelines, standards, examples of resources (i.e., clinical-site partnership agreements with behavioral expectations), or a tool kit to address incivility in nursing and the academic setting.
3. Urge ANA to track the impact of incivility on students. Establish an outcome-monitoring infrastructure that tracks student mental health metrics, transition-to-practice retention, and longitudinal career outcomes, disaggregated by demographic group.

Discussion Questions for the Dialogue Forum

1. What core protections are essential to safeguard student well-being and psychological safety when incivility is reported?
2. What shared accountability expectations should academic-clinical partnerships adopt to prevent and address incivility?
3. What role should nursing education play in preparing students and faculty to recognize and address incivility?
4. How can state and national nursing associations shape a professional culture that actively prevents incivility rather than reacts to it?

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