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African American or Black Nurses' Perceptions of Incivility in Nursing Education

Selena M. Murphy
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Walden University

College of Health Professions

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Selena Marie Murphy

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Walden University
2022

Abstract

African American or Black Nurses' Perceptions of Incivility in Nursing Education

by

Selena Marie Murphy

MS, Walden University, 2008

BS, California University of Pennsylvania, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Incivility in nursing education can affect morale, adversely affect patient care, or cause nurses to leave the profession. Bullying, rude comments, and disruptive behaviors are all examples of incivility. These may be perceived as lower in schools like Historically black colleges and universities (HBCUs), where students share the same or similar racial or ethnic background. The purpose of this study was to determine if the perceived levels of incivility experienced in nursing school differ between African American or Black nurses who attended HBCUs and African American or Black nurses who attended non-HBCUs, where the population of nursing students may have been more diverse. A comparative, quantitative research design was guided by Leininger's culture care diversity and universality theory. The uncivil behavior in clinical nursing education (UBCNE), a valid and reliable 5-point Likert scale survey that measures perceived levels of incivility, was administered online to 122 African American or Black nurses (17 HBCU and 105 non-HBCU) who graduated in the previous 5 years. Results of an independent *t-test* revealed that nurses who attended HBCUs perceived lower levels of incivility ($M = 13.2, df 16$), than African American or Black nurses who attended non-HBCUs ($M = 17.8, df = 104, p = 0.048$). Potential implications for positive social change that could arise from this study's findings include developing interventions for promoting civility through cultural awareness and exchange in all nursing education programs. Recommendations for future research include administering the UBCNE to larger populations and examining perceptions of incivility levels among nursing students of other racial or ethnic groups. Additional research should be conducted to analyze if culture or cultural awareness are factors in decreasing the perceptions of the levels of incivility in nursing education.

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Dedication

I dedicate this dissertation to my mother, Beverly Robinson. Your love and support have always been with me. My husband, Bryan Murphy, and my sons, Charles, and Marques Murphy, for your support and allowing the time for me to commit to writing my dissertation. Thank you to Dr. Cheryl Hettman, my mentor and friend, for your guidance and advice over the years we have known each other. Although Tara Rice Reed is no longer with us, the long talks we used to have about our dreams and futures still resonate with me. I draw on her strength at times when I felt I would not be able to continue. Thank you, Kristen Niemczyk, for your support and guidance.

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Chapter 1: Introduction to the Study

Introduction

Incivility in nursing education affects nursing students during school and long term in their careers. Incivility is rude or disruptive behavior that can result in psychological or physiological stress (Aul, 2017, p. 36). “Incivility is disrespectful to others, the inability or unwillingness to listen to another’s points of view and seek common ground, or not appreciating relevance of social discourse” (Gallo, 2012, p. 62). Alternative terms for *incivility* include *bullying* or *horizontal or lateral violence* (France, 2016). *Academic incivility* is any speech or action that disrupts the harmony of the teaching-learning environment (Clark & Springer, 2007). Nursing education’s incivility affects nurses in several ways that may result in adverse outcomes in terms of school or work performance.

High turnover rates, stress, burnout, and withdrawal from the nursing field are a result of incivility in nursing education (France, 2016). In the clinical setting, incivility is considered a form of bullying nurses inflict on each other. In the extant literature, incivility is a common phenomenon described as “nurses eating their young” (Courtney-Pratt et al., 2018, p e903). Incivility that is not managed can cause harm to others and result in violence. For example, a disgruntled nursing student used a gun to shoot three nursing faculty members in 2002 at the University of Arizona (Gallo, 2012). The negative behaviors related to incivility can have long-term effects and poor outcomes for nurses in their careers.

Incivility has been reported in nursing education among students and faculty and in the clinical settings. Some of these uncivil behaviors include stalking, disruptive behaviors, cheating, and failure to participate in a course (Galbraith & Jones, 2012). Differences in culture and beliefs of the individuals involved have been theorized as potential contributors to incivility within nursing education and clinical settings (Coursey et al., 2013). Nonetheless, a review of current literature did not reveal any studies that analyzed experiences of nurses who have studied in education programs where students have cultural similarities, such as in HBCUs. Additionally, previous analyses of the concept of incivility have been focused on nursing education in general and not on how incivility can affect African American or Black nurses specifically.

Studies conducted on incivility in nursing education have been primarily conducted with Caucasian participants with a wide age range. Authement (2016) studied Caucasian nursing students ranging from 26 to 58 years of age. Gallo's (2012) research participants consisted of female, Caucasian nursing students of various ages in undergraduate programs, as well as nursing faculty who were predominantly Caucasian women. Studies on incivility in populations other than Caucasian nursing students and faculty are limited in the literature.

When nurses share similar beliefs and values, such as where they are from and similar cultures, they may have a lower risk of incivility. HBCUs provide higher education opportunities for racial and ethnic minorities (Noonan et al., 2013). Approximately 102 HBCUs are in the United States, and 41 HBCUs have nursing programs (Noonan et al., 2013). HBCU nursing school programs may be examples of

programs where nursing students and nursing faculty share similar cultures and values, whereas non-HBCU nursing programs may pride themselves on their levels of diversity in cultures (Talley et al., 2016). Nurses attending HBCUs may prefer mentors from similar ethnic backgrounds or lifestyles who can provide a blueprint or knowledge of what opportunities are available for minority nurses (Talley et al., 2016). For this reason, a study examining the perceptions of the levels of incivility African American or Black nurses' perceptions of the levels of incivility at HBCU versus non-HBCU nursing programs can contribute to fill a gap in the published research. This study's results can provide further insight for nursing faculty to consider in planning strategies for preventing and decreasing the levels of incivility experienced by nursing students in nursing school.

I conducted a literature search using CINAHL (Cumulative Index to Nursing and Allied Health Literature) databases for English-only articles. The search terms *incivility*, *nursing students*, and *HBCUs* yielded no peer-reviewed articles published within the last 5 years. Additional databases searched included EBSCO Host, Medline, ProQuest, and Nursing Research with similar results. A gap exists in the nursing literature on the topic of HBCU and non-HBCU nursing program and levels of incivility experienced by African American or Black nurses. In Chapter 1, I covered the background, problem, purpose, research question, problem statement, and theoretical and conceptual framework for the study.

Background

Incivility can affect how nurses perform in their roles and their professional and educational goals (All, 2017). Incivility is rude or disruptive behavior that negatively affects nursing education (Aul, 2017). *Incivility* has become a widely used term in higher education during the last 20 years and has become increasingly reported as a phenomenon in nursing education (All, 2017). Nurses may exhibit incivility, including stalking, making unreasonable demands, lateral violence, and bullying (Holdcroft, 2014). Lateral violence includes behaviors such as bullying or negative interactions among peers to neutralize, isolate, or damage the target (Bambi et al., 2018). Lateral violence is considered a form of incivility in nursing education and can occur among nursing students or nursing faculty.

Approximately 93% of nurses have witnessed uncivil behaviors, and 85% have experienced disrespectful behaviors from other nurses (Coursey et al., 2013). Cultural differences among nurses contribute to incivility in nursing education. Incivility associated with cultural differences may occur among nurses attending online or traditional nursing courses. This incivility may originate from a lack of understanding or respect for other nurses (Coursey et al., 2013). As new nurses transition from school into a place of employment, uncivil behaviors become normal (Palumbo, 2018). The consequences may be painful the longer the incivility continues. Stressful work environments contribute to incivility and have resulted in nurses leaving the profession (Coursey et al., 2013, p. 101).

Gallo (2012) reviewed the extant literature and noted that additional research is needed to develop interventions to decrease incivility, encourage nursing faculty to model expected behaviors for nursing students, and assess demographics to determine if there would be an effect on the level of incivility experienced in nursing education. Nurse educators serve as role models of professional behaviors in addition to recognizing and providing education to prevent incivility among nursing students (Palumbo, 2018). Managing a patients' health care includes managing them holistically. Nurses need to provide culturally congruent care and consider each patient and coworker as an individual (Leininger, 2002).

HBCUs with nursing programs were established to educate Black nurses (Tyson et al., 2018). HBCUs include nursing programs at all levels: bachelor's, master's, and research and practice doctorates (Tyson et al., 2018). No studies have been published in which researchers examined the cultural implications of incivility in HBCU nursing schools compared with non-HBCUs programs. This study is unique because I address an under researched area of how culture or demographics may affect the level of incivility in nursing programs. The results of this study may aid nursing faculty in developing strategies to reduce incivility in nursing programs.

The study results may lead to ideas for creating interventions to decrease incivility in academic settings and could lead to positive social change in educational settings. As a result of this research study, I anticipate examining the perceptions of the levels of uncivil behavior among African American or Black nurses attending HBCUs versus non-HBCUs. Learning more about incivility can help educate nurses on what behavior is

considered acceptable in academic settings. Nursing faculty need to demonstrate what behaviors are acceptable to nursing students when interacting with one another (Muliira et al., 2017). Nursing faculty can lead by example, and nursing students can learn from the examples.

According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), discourteous and disruptive behaviors of health care professionals can affect patient safety, quality of care, and employee satisfaction (JCAHO, 2009). The uncivil behaviors of nurses intimidating other nurses cause morale and staffing issues, which negatively affect patient safety (McNamara, 2012). Toxic work environments in health care can lead to high staff turnover and medical errors (McNamara, 2012). The stress created from incivility can affect patient safety and cause potential harm. Currently, no studies have been conducted to examine the cultural implications of a shared culture in an education setting and the effect on civility, which makes this study relevant.

Problem Statement

Incivility is relevant in the nursing education system and affects higher education. In nursing education, incivility affects academic achievement and causes a decline in nursing ethics (Ibrahim & Qalawa, 2016, p. 123). Incivility may affect nurses on the job and result in unsafe working environments, poor patient care, and rising health care costs (Ibrahim et al., 2016, p. 118). Education on the importance of appropriate behavior and nursing ethics in nursing education is needed at the early levels of undergraduate nursing programs. Luperell (2011) supported the premise that nursing educators can influence civility in nursing education programs by creating a healthy academic environment,

emphasizing professional communication, conflict resolution, and civil behavior.

Incivility in nursing education is present and has increased in nursing education due to the diversity of nurses teaching and nursing students attending school. Learning experiences for nurses should promote a civil and engaged learning environment (Swartzwelder et al., 2019). Intimidation or hostile learning environments can make nursing students feel uncomfortable and may distract from learning.

According to Eta and Chambers (2019), no specific definition exists for *incivility* (2019, p. 45). Incivility is rude or disruptive behavior that affects nurses while in nursing education and in their careers. Incivility is a concern in nursing education because nursing is considered a caring profession (Eka & Chambers, 2019, p. 45). Adult students are becoming more nontraditional and diverse compared with students who are considered traditional (Ross-Gordan, 2011). Traditional students are teenagers or young adults who are single. Nontraditional students are adults who could be single parents, continuing education at a later age, employed full-time, and financially independent (Ross-Gordan, 2011). A factor that can affect incivility in nursing education is cultural diversity as a barrier in nursing education. Diversity has been attributed to noticeable levels of students' incivility in higher education (Ross-Gordan, 2011). Awareness that each person learns differently and has different beliefs and values can influence nursing educators to recognize the differences and adapt teaching styles to reduce incivility in nursing education (Ingraham et al., 2018). Incivility learned in nursing school can carry over into a nurse's career.

Nurses affected by incivility can continue to model uncivil behaviors in their careers (All, 2017). These behaviors may produce consequences that affect patient safety (JCAHO, 2009). Nurses who model uncivil behaviors are unable to manage the incivility levels in each other (Gallo, 2012, p. 65). When uncivil behavior is present in the workplace, job satisfaction is reduced and may cause new nurses and seasoned nursing faculty to leave the profession due to job-related stress.

A significant gap exists in the literature regarding studies conducted to examine incivility levels in HBCUs or to compare the levels of incivility between HBCUs and non-HBCUs. Black nurses have a sense of belonging and achievement academically at HBCUs (Hunter et al., 2019). Mentoring and peer support of Black nurses while in nursing school can enable Black nurses to obtain higher grades and learn more about opportunities in nursing (Hunter et al., 2019). Black nurses who attend HBCUs for the moral and cultural support have a sense of cultural awareness and mentors who look like they do impact their learning experiences positively (Hunter et al., 2019).

Authenet (2016), France (2016), Gallo (2012), and Holdcroft (2014) focused their research on incivility in nursing education, but no study has been conducted with a focus on incivility within HBCUs, specifically among Black nurses. This study is needed to analyze the perceptions Black nurses have of incivility while in nursing school. The findings can contribute to developing strategies to decrease incivility and promote cultural awareness. The findings can help to develop strategies to reduce incivility for nurses.

Purpose of the Study

The purpose of this nonexperimental, comparative quantitative study was to determine the difference in the level of incivility experienced in nursing school between Black nurses who completed their nursing studies in HBCUs versus Black nurses who attended non-HBCUs. Critical variables for the study include the perceptions of the nurses' level of incivility experienced in their nursing program measured by the uncivil behavior in clinical nursing (UBCNE) instrument and an independent variable of type of school attended, HBCU or non-HBCU.

Research Question

The research question addressed in this study is:

RQ: What is the difference in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs?

H_0 : There is no difference in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs.

H_A : There is a difference in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs.

Two variables were used to answer the research question. The independent variable was a categorical dichotomous variable, which is the type of school attended for the nursing program: HBCU or non-HBCU. The dependent variable was ordinal level

data using a 5-point Likert scale of the level of incivility experienced in the most recent nursing program measured by the UBCNE.

Theoretical and/or Conceptual Framework

The culture care theory (transcultural theory or cultural care and universality theory) is used to describe how nurses should provide culturally congruent care and consider culture when caring for patients and working with other health care providers (Leininger, 2002). Nurses initially have rejected caring behaviors as “too soft, feminine, and nonspecific, and that culture was irrelevant” when caring for patients (Leininger, 2002, p. 189); however, the model of culture care depicts multiple aspects of influence on care provided in health care settings and further influences the way nurses interact. Nurses who develop close interrelationships of culture and care on well-being, health, illness, and death of patients and their families (Leininger, 2002, p. 190) provide culturally congruent care that goes beyond the interaction with the patient and may display care to peers and other professional disciplines. Culture care theory addresses the value of culture and builds a framework for understanding transcultural violence, terrorism, and hatred (Leininger, 2002). Compassionate, caring nurses are needed to provide optimal care to patients in all settings, even when the patients or their families do not share the same cultural beliefs. Moreover, compassionate, caring nurses are more likely to provide acceptance, understanding, and respect for peers.

The culture care theory relates to this research study because nurses must consider dietary, religious, or traditions that people follow in their lives, and cultural practices should be recognized when patients require hospitalization and treatment (Milton, 2016).

According to the International Council of Nurses (2006), “nurses are to respect human rights, including cultural rights, and respectful of a person’s age, color, creed, culture, disability, illness, gender, sexual orientation, nationality, politics, or social status” (p. 21). Nurses need to provide culturally relevant care (Milton, 2016). Nurses should care for individuals without judgement or bias and should have the knowledge and understanding that people are different from each other. Working environments that are considered harmful can create rude or uncivil behaviors among nurses toward each other, affecting patient care (JCAHO, 2009). Patients and their families must make decisions regarding health care, and nurses should not influence their decisions based on their personal preferences. Additional detail on cultural care and universality theory is presented in Chapter 2.

Nature of the Study

Quantitative research is conducted to examine the relationship between variables and is a formal, objective process (Burns & Grove, 2011). I selected quantitative research to explore the relationship between incivility and nursing education and the type of program of study that Black nurses attended. There are four types of quantitative research: descriptive, correlational, quasi-experimental, and experimental (Burns & Grove, 2011). The type of quantitative research I used was comparison research, which is used to investigate the differences between variables in two groups (Burns & Grove, 2011). In this research study I used the UBCNE instrument to gather data (Anthony et al., 2014). The UBCNE has a 5-point Likert scale (see Appendix B). The Black nurses who participated in this study submitted an anonymous survey in which they described their

perceptions on the levels of incivility they experienced in their nursing education programs. Demographics collected included the nurse's gender, age, and their level of education (Appendix D).

The independent variable was the type of program attended for nursing school, either HBCU or non-HBCU. The dependent variable was the African American or Black nurse participants' scores for perceptions of incivility experienced. The survey data were collected from African American or Black nurse participants electronically online via Survey Monkey. Data analysis was conducted to determine frequency distributions and differences in scores for African American or Black nurses who attended HBCUs and those who attended non-HBCUs (two groups). I analyzed the data using independent *t*-tests to determine the difference in mean scores on the UBCNE for African American or Black nurses who were educated at an HBCU and those who were educated at a non-HBCU. Nursing license databases in the states that have HBCUs were used to locate African American or Black nurses to send surveys to complete.

Definitions

Terms used in the research study include the following:

Black nurses: Nurses who identify as African American or Black and who are currently working in any field of nursing, have left the nursing profession, or are retired from the nursing profession.

Culture: "The integrated patterns of human thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group" (Bourque Bearskin, 2011, p. 551).

Cultural competency: “Attitudes, knowledge, and skills necessary for providing quality care involves accepting and respecting differences, while not letting personal beliefs have undue influence on those whose view is different.” (Giger et al., 2007).

Diversity: “Individual differences and group/social differences that can be engaged to achieve excellence in teaching, learning, research, scholarship, and administrative and support services” (Office for Diversity, Equity, and Community Engagement, n.d.).

Historically Black colleges or universities (HBCUs): colleges established to educate African American, Black Americans, and other minorities because there was no other educational opportunities available in non-HBCUs (Talley et al., 2016).

Incivility: Lateral violence, horizontal violence, bullying, cyberbullying; rude or disruptive behavior resulting in psychological and physiological distress (Clark, 2017).

Nursing education: The level of education in an accredited nursing program that Black nurses have completed or are currently completing.

Uncivil behavior in clinical nursing education (UBCNE): A tool used to measure nurses’ perceptions of incivility in nursing education (Anthony et al., 2014).

Assumptions

Assumptions are considered true with no scientific basis (Burns & Grove, 2011); they are a presumption of what is believed without facts, theories, or previous research. Assumptions for this study were that nurses desire a learning environment free from incivility regardless of the setting of the nursing program. The assumption was that the more diverse a nursing education is, the more incivility exists; the less diverse a nursing

education is, the less level of incivility exists. Another assumption was that nurses would be able to recall their experiences from nursing school and that participants would answer the survey questions honestly. For this study, there was an assumption that African American or Black nurses who have attended HBCUs experienced cultural and peer support and decreased incivility levels. These assumptions are necessary to explain the relationships between culture and incivility in nursing education.

Scope and Delimitations

The population of African American or Black nurses who graduated from HBCU or non-HBCU nursing programs with their registered nurse degree was the sample population for this study. I used a quantitative comparative design to determine if African American or Black nurses who graduated from HBCUs and non-HBCUs perceived a difference in incivility while attending their nursing education programs. For this research study, cultural awareness and respect of other cultures decreases the perceptions of the levels of incivility experienced by others who share similar cultures and peer support (Marnocha et al., 2017). The demographic data collected included the nurses' gender, age, and level of education (Appendix D). The specific aspects of the research problem were that approximately 93% of nurses experience incivility while attending nursing school (Coursey et al., 2013). These uncivil behaviors carry over into a nurse's career and can affect patient care and relationships with other health care workers (JCAHO, 2009). Incivility in nursing education can have long-term effects on nurses.

The research participants were invited to participate in the research study through an invitation posted online to social media forums (see Appendix C), such as group pages

for the National Black Nurses Association, Pittsburgh Black Nurses Association, Healthy Workforce Institute, Black Student Nurses, Walden University online nursing group, Blue Star Nurses online nursing group, Nurse Educators online nursing group, and on LinkedIn and Twitter. The invitations included a link for a Survey Monkey online survey where potential participants could review the consent form and complete the survey (Appendix C). The survey remained open for approximately 90 days.

Theories related to the research but not investigated included Burger et al.'s (2014) bioethical practice-based theory of symphonology. In symphonology, Burger et al. (2014) posited that civility between faculty members fosters decision making and develops ethically based relationships between faculty and students. Samson-Mojares et al.'s (2019) theory of self-positioning is used to analyze nurses' perceptions, attitudes, and behaviors when exposed to incivility. The self-positioning theory is used to examine how nurses interpret incivility and how it affects their educational experiences.

A framework related to this research study that was not included but is used to examine diversity, culture, and nursing is critical race theory (CRT; Ackerman-Barger & Hummel, 2015). CRT was developed during the civil rights era because nursing was not considered ethnically and racially diverse. In 2012, the racial and ethnic minority population was 37% of the total population, yet only 19% of nurses represented such ethnic and cultural diversity (Ackerman-Barger & Hummel, 2015). Health care providers who reflect the population contribute to enhanced health care outcomes for patients (Institute of Medicine, 2010). CRT is used to examine how race and racism affect social structures, practices, and discourses (Ackerman-Barger & Hummel, 2015). CRT provides

nurses the opportunities to reflect on racism, provide their story, and enable nursing scholars to gain a better understanding of systemic and institutional racism (Ackerman-Barger & Hummel, 2015). Reviewing CRT and how culture and diversity can influence nursing education, nurses can develop interventions to decrease racial disparity and create cultural awareness. Nurse educators who recognize African American or Black nurses' experiences are essential in creating inclusive teaching and learning environments. The results of this study can be generalized to the nursing population by helping to create interventions to decrease incivility for all nurses.

Limitations

A research study's credibility and generalizability can be affected by limitations or restrictions (Burns & Grove, 2011). A limitation of this research study was the numerous definitions of incivility; nurses may not agree on what is considered uncivil behavior. Each person can interpret incivility differently, which could have affected the results. There are a few limitations to the research study that may affect the reliability of the research. Limitations could be due to self-reporting, unanswered surveys, respondents providing honest and credible feedback, or respondents needing more clarification on the questions (Ponto, 2015). The respondents will have to rely on their own perceptions and definition of incivility to answer the questions without further explanation from anyone. The survey is anonymous to prevent bias among the nurses participating in the study. There is also the limitation of respondents not having the opportunity to expand on their answers.

Significance of the Research

Incivility in nursing education can affect nurses throughout their careers (JCAHO, 2009). Long-term effects of incivility in nursing education include nurses leaving the profession or transferring units to avoid uncivil behaviors (Blevins, 2015). Nurses are caring individuals, and patients depend on nurses to recover and receive optimal health care. Nurses who are unable to communicate and work together in a positive environment can lead to patients not receiving proper medical attention, which can affect patient health long term (Institute for Healthcare Communication, 2011).

Nurses who learn more about incivility and how to manage incivility in nursing education will help nurses learn to work together and strengthen relationships. Peer groups in nursing education programs can provide education on expected nurse behaviors (Marnocha et al., 2017). Decreasing incivility in nursing education promotes positive social change by encouraging self-reflection (Kokanko et al., 2006). Starting training on nursing ethics and what behaviors are considered unacceptable to each other in nursing programs can foster a positive learning environment. Applying the results of research on incivility and how nurses are affected can promote open communication and prevent unhealthy work environments.

Summary

In Chapter 1, I presented the purpose and relationship between incivility and nursing education, an introduction to incivility, and how it can affect nursing education. Nurses who have attended HBCUs may have an advantage or greater cultural awareness that decreases their perceptions of incivility in nursing programs compared to nurses who

attended non-HBCUs. The purpose statement and nature of the study was also reviewed in this chapter. Assumptions, scope and delimitations and limitations were also examined. In the next chapter, I review the literature analyzed for the study. The theoretical foundation, search strategies, and critical variables/concepts are discussed in Chapter 2.

Chapter 2: Literature Review

Introduction

Incivility in nursing education affects nurses while in nursing school and may continue to impact nurses in the worksite. High turnover rates, stress, burnout, and withdrawal from the nursing field may be a result of incivility in nursing education (France, 2016). In the clinical setting, incivility is considered a form of bullying that a nurse inflicts on another nurse. In fact, nurses affected by incivility in nursing school can continue to model the behaviors in their careers and may ultimately impact patient care (All, 2017). JCAHO (2009) has deemed incivility in health care as a threat to patient safety.

The research question for this study is: What is the difference in the level of incivility experienced in nursing school between African American or Black nurses who completed their nursing studies in HBCUs versus African American or Black nurses who attended non-HBCUs? According to Budden et al. (2017), approximately 50% of nurses have experienced some form of bullying during the first 12 months of their nursing education programs. The discourteous and disruptive behavior of healthcare professional can have a negative impact on patient safety, quality of care provided, and employee satisfaction (JCAHO, 2009). Review of the literature of terms related to incivility confirms that incivility can have a major impact on nurses in educational programs and their careers.

While studies have shown the effects of incivility in nursing education (Aul, 2017; Authement, 2016; France, 2016; Gallo, 2012), there has been limited research

conducted to examine the role of incivility in HBCUs. Traditional university nursing programs are diverse with a racial and ethnic mix representing many of the cultures residing in the United States (France, 2016). HBCUs, on the other hand, are typically homogeneous with primarily students who are African American or Black or from other racial minority groups (Noonan et al., 2013). For this reason, it is important to understand the differences in levels of civility or incivility in settings where the nurse population is homogeneous compared to settings where greater levels of diversity exist. By surveying nurse graduates of HBCUs and non-HBCUs, I gained insights on the nurses' experiences while in their nursing education programs.

The purpose of this nonexperimental, comparative quantitative study was to determine the difference in the level of incivility experienced in nursing school between African American or Black nurses who completed their nursing studies in HBCUs versus African American or Black nurses who attended non-HBCUs. There is limited research on how incivility affects African American or Black nurses who attended HBCUs and non-HBCUs. Ultimately, uncivil behaviors can carry over into a nurses' professional career and negatively affect patient care and organizational goals (Blevins, 2015). While it is important to recognize causes and factors that contribute to incivility, one initial step is to understand if the type of setting and the mix of cultures present in HBCU and non-HBCU schools of nursing may increase understanding of the phenomenon of civility and incivility. Therefore, this study fills a gap in the literature by examining the levels of incivility experienced by African American or Black nurses while in their programs of nursing education in HBCUs compared to non-HBCUs.

In Chapter 2, I address the literature search strategy, the theoretical foundation, the research question and hypotheses, the literature review related to the key variables and concepts, and a summary and conclusions.

Literature Search Strategy

For the initial literature search, the following search terms were used: *incivility or lateral violence or bullying and nursing education*. There were 1,200 full-text articles that resulted from the search. Changing the search terms to *incivility or lateral violence, nursing, and African Americans* yielded 390 results. Additional parameters were added for the next search for the CINAHL Plus database, and search terms *incivility, nursing education, and African or Black Americans* resulted in two articles analyzing physical activity and birth outcomes. Embase yielded no results for search terms *incivility, nursing education, and African or Black Americans*.

Review of CINAHL with search terms *incivility and African American or Black nurses* yielded no results for peer-reviewed journal articles published within the last 5 years. The studies reported involved non-HBCU programs and a diverse population. No articles specifically analyzed incivility in nursing education at HBCUs. Due to the limited findings, additional research in ProQuest nursing and Allied Health Source database of dissertations and theses from graduate students was conducted and yielded 10 peer-reviewed research articles for search terms *incivility, nurses, and African or Black Americans*. The research articles used were published within the last 5 years and were written in English language. These 10 articles were used in my literature review.

An additional follow-up literature review included search terms *incivility* and *lateral violence or bullying* and *nursing education* in the health sciences databases. The health sciences database contains Ebsco Host (an online research platform for the scholarly community providing reproducible research articles), CINAHL, and Medline full text and yielded 1,016 research articles, although the studies did not include topics on African American nurses and incivility. An additional search term of *African American, Black Americans, Blacks, minorities, racial or ethnic, prejudice, or HBCU* yielded 353 results. While these studies were available to address the general terms related to incivility and African Americans, no studies were found that addressed incivility of African American nurses who have attended HBCUs. I further searched the CINAHL database, which yielded no results for search terms *incivility, nursing education, and African or Black Americans*.

Because my study requires support from the literature for the experiences of African American or Black nurses in their nursing education program, I then modified my search to include ProQuest nursing, Embase, and Allied Health Source database of dissertations and theses from graduate students, which then yielded 10 peer-reviewed research articles for search terms *incivility, nurses, and African or Black Americans*. The research articles used in this study were published within the last 5 years and were written in English.

Theoretical Foundation

The cultural care and universality theory (culture care theory or transcultural theory) was developed to analyze how nurses are culturally aware of their patients'

culture and adapt when caring for patients in health care settings (Leininger, 2002).

Cultural care differences and similarities were determined to be factors of how nurses provide care to patients. Nurses are taught to respect patients' cultural preferences and to incorporate their preferences into their care (Leininger, 2002). For example, some patients have religious beliefs and require specific dietary restrictions. However, nurses may not afford the same level of respect and honor to other nurses and their peers or professors when cultures are different. Culture "implies the integrated patterns of human thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group" (Bourque Bearskin, 2011, p. 551). Nurses should have cultural awareness education on how to handle cultural differences and diversity in health care when working with their peers or patients.

Cultural competence care is how nurses can provide quality care to patients and respect the differences of patients at the same time (Giger et al., 2007). Creating a healthy workforce for a diverse nation is a challenge for diverse populations (Breslin et al., 2017). Nursing education should include the values of faculty as well as students to address inequities in health care by preparing students to meet the needs of a diverse population, enhance civic readiness, and engage nurses to advance human rights and reduce health disparities (AACN, 2017a). Everyone should be treated equally, which is essential to providing quality education for nurses. Leininger (2002) developed theories based on caring and culture.

Origin of the Cultural Care and Universality Theory

In the 1950s, Leininger realized the nursing profession lacked in-depth knowledge of culture and care was not fully valued (Leininger, 2002). Leininger developed the cultural care and universality theory (cultural care theory or transcultural theory) in 1991 and analyzed how cultural congruent care is the focus of nursing (Leininger, 2002). The nursing profession previously did not embrace care or consider culture driven health care as a part of nursing (Leininger, 2002). Patients have become more diverse in culture, and nurses must provide caring and culturally congruent healthcare practices to meet the needs of patients and their families.

The cultural care and universality theory (Leininger, 2016) is focused on how nurses need cultural awareness to provide adequate patient care by promoting health and wellness of patients. Nurses develop a culture of caring for patients and respect their values and beliefs (Leininger, 2016). Nurses and patients work together to develop a plan of care to improve patient health care outcomes. Civility is important to promote healthy work environments for nurses (Woolforde, 2019). The lack of diversity and inclusion of nurses may be detrimental to promoting healthy work environments (Woolforde, 2019). AACN's (2017a) position statement to improve the quality of nursing education focuses on the needs of nurses. Nurses need awareness of the inequities in health care to prepare to manage diverse populations and support human rights. The values of diversity, inclusion, and equity are important factors in preparing future nurses (Breslin et al., 2018). Nursing schools can prepare nurses to handle diversity and equality and to reduce levels of incivility to promote health learning environments.

Major Theoretical Propositions and/or Major Hypotheses

The purpose of Leininger's cultural care and universality theory (2002, p. 190) is to explain how diversity and culture can influence health, well-being, illness, or death of a person or groups. Cultural care and universality theory has made a significant contribution to establish and advance transcultural nursing research knowledge and practice since the mid-1950s. Culturally congruent care is the construct of the cultural care and universality theory. Prior to the 1950s, culturally congruent care was not considered important, was largely unknown, and had limited value when considering practical uses in client care (Leininger, 2002). When nurses share the same culture, values, or beliefs, they also share the same learned behavior, decision-making skills, worldview of issues affecting their culture, and the same way of life (Long, 2016). Each person—whether a nursing student, faculty member, or currently working in the health care field—perceives incivility differently (Ni Gusti & Chambers, 2019, p. 53). Actions one person consider incivility or disruptive in a classroom, another person may not.

Cultural care and universality theory is one of the oldest nursing theories from the 1950s. Leininger's (2012) cultural care and universality theory has not been specifically used in research for incivility in nursing education. Leininger created the Transcultural Nursing Society (TCNS), which is the first organization created for transcultural nursing (Kte, 2018). Other accomplishments include the establishment of the *Journal of Transcultural Nursing* in 1989, and dean and professorships at several nursing schools (Kte, 2018). I selected the cultural care and universality theory for this research study because the cultural and values aspects of the theory relate to nurses supporting each

other and being considerate of a patients' culture when providing care. Health care providers should be culturally competent and have the knowledge and skills necessary for providing quality care and accepting the differences of others (Milton, 2016). Personal beliefs should not have a role in how nurses respond and care for patients (Milton, 2016). Each patient should be treated with dignity and respect according to their needs and concerns.

A literature review of cultural care and universality theory was applied to several research studies for racism in nursing education (Lancellotti, 2008), determining how faculty teaches cultural care to nurses (Mixer, 2008), and diversity and racism in nursing education (Lancellotti, 2008). Cultural care and universality theory has made a significant contribution to establishing and advancing transcultural nursing research knowledge and practice since the mid-1950s (Leininger, 2009). Leininger also used the cultural care and universality theory to develop the ethnonursing research method (Wehbe-Alamah & McFarland, 2020).

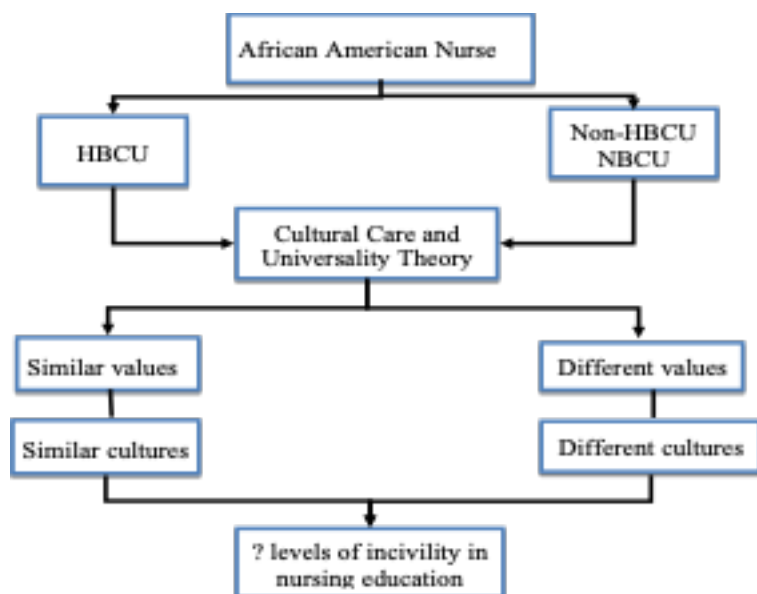
Figure 1 illustrates the relationship between cultural care and universality theory and African American or Black nurses who have attended nursing school. Cultural care and universality theory relates to the current study in which I examined the relationship between culture and incivility of nurses. The reason culture care and universality theory relate to the present research study is because of how culture influences nurses working environment and while providing patient care. The research question helps to analyze and build upon the existing theory of culture care and universality theory. Nurses need to

continue to provide patient care and consider the cultures and values of their patients.

Nurses also should respect and care for each other despite their differences.

Figure 1

Relationship Between Cultural Care and Universality Theory and Nursing Education for African American or Black Nurses



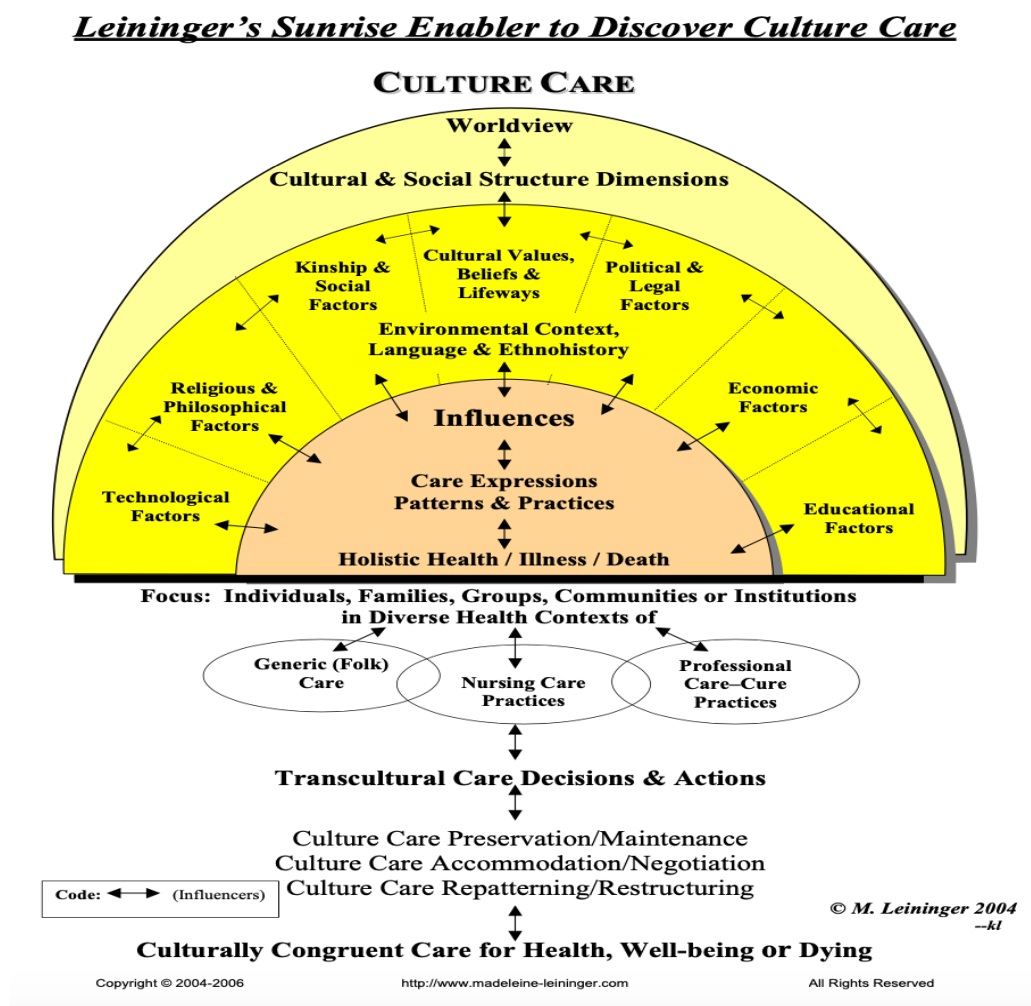
The sunrise model (Figure 2) combined with Leininger's cultural care and universality theory is the most well-known applied nursing theoretical model regarding culture and cultural belief (Milton, 2016). The sunrise model is used by nurses to provide care based on cultural competency (Milton, 2016). The theory posits that nurses must accept that each person has worth and deserves to be treated equally and receive the best health care possible, regardless of their beliefs (Milton, 2016). Yet the idea of the cultural differences in people who attend higher education and go on to work in health settings consistent with Leininger's model shows the need to provide culturally congruent care for clients translates also to respect for diversity and cultural differences among nurses.

Leininger also developed cultural care and universality theory, transcultural nursing society, and the transcultural health model (McEwen & Willis, 2014).

Previous researchers have used the sunrise model. Navoida et al. (2019) used Leininger's sunrise model as a guide for health care providers to provide patient care for patients with diabetes based on cultural needs. Stimpson and Martin (2015) used the sunrise model (Appendix F) to examine the cultural awareness and perceptions Finnish nurses have of American people and nurses. The current research study benefits from the sunrise model in examining the relationship between culture and healthcare.

Figure 2

Leininger's Sunrise Model



Literature Review Related to Key Variables and/or Concepts

The following key variables are the results of the literature review. Culture and diversity, incivility in nursing education, impact of incivility in nursing education, and approaching the problem of incivility. Several studies were reviewed on incivility in nursing education. Blevins (2015) analyzed the impact incivility has on nurses' morality, culture, and patient care. Incivility can create a negative environment, promote conflict,

and increase stress among nurses (Blevins, 2015). Nurses are leaving their profession because of incivility in the workplace. Incivility is described as “any behavior that is disruptive to the learning environment” (Aul, 2017, p. 36). Nurses that are exposed to uncivil behavior in nursing school may accept the behavior as normal if not addressed. The nurses then carry onward incivility into their professional career (Aul, 2017). Nurse managers can apply the cultural care and universality theory in the workplace to resolve conflict and incivility within a multicultural workforce (ACCN, 2019). Incivility can occur horizontally (lateral violence) between nursing students, nursing faculty, or nursing faculty may direct the behavior towards nursing students (Aul, 2017).

One strategy to address the issue of incivility is to include a statement on incivility in the syllabi and have policies in the student handbook for any college or university which details expectations of proper behaviors expected of students. For nursing, ethics in expected behaviors and the American Nurses Association (ANA, 2015) ethical code describes behaviors and ethical expectations of nurses in their professional careers.

Palumbo (2018) developed an e-learning module that provided education on incivility. Students learn how to identify incivility and measures to lessen the effects to themselves. The e-learning modules consisted of videos with pre and posttests to reinforce the learning concepts of incivility. Rad, Moonaghi, and Ildarabadi (2017) qualitative, conducted a grounded theory study which explored incivility in nursing schools. The researchers conducted interviews with nursing faculty and students to developed guided democracy as a strategy for incivility management. Nursing faculty can

help to reduce incivility in the classroom by promoting healthy environments by enacting rules for behaviors to follow for nurses for learning and managing incivility in the classroom (Rad et al., 2017). Nursing faculty can be instrumental in students learning what behaviors are unacceptable in the classroom and in their nursing careers.

Culture and Diversity

Culture is defined as how a person identifies themselves to society, their values and beliefs, or behaviors (Milton, 2016). Culture can influence how a person behaves and accepts what is going on around them. What is considered acceptable in one culture may not be acceptable in another culture (Nursing, 2005). Diversity is individual differences, and it affects each person (Office for Diversity, Equity, and Community Engagement, n.d.). The cultural care and universality theory (Leininger, 2002) posits how nurses take into consideration a persons' culture when providing care to patients. The relationship between this study and the cultural care and universality theory is how a person views incivility and view themselves in relation to other nurses in the profession. The results of this study will seek to acknowledge the relationship between culture, diversity, and incivility. If a nurse attending a HBCU have similar cultures and less diversity, there may be decreased levels of incivility. Or, if a nurse attending a non-HBCU have different cultures and more diversity, there will be increased levels of incivility.

Social status and how a person perceives and feels that they belong to certain groups can affect how they function in other jobs and in life interactions. People that feel they are in a higher hierarchy tend to feel they can be rude or look down on others (Moon, Weick, & Uskul, 2018). A person could have a higher socioeconomic status and

live in a better neighborhood and feel somewhat entitled to behave rudely (Moon et al., 2017). Having power over others or a feeling of superiority can cause people to have the opportunity to be disrespectful, cheat, or deceive others (Moon et al., 2018). People exposed to intolerable behavior in time accept the practice as tolerable (Moon et al., 2018). Over time, people may receive and not understand how to handle rude behaviors for fear of repercussions.

Nurses are thought of as caring individuals. According to a Gallup poll, nursing is considered the most trusted profession 17 years in a row (American Hospital Association, 2019). Prior to the Leininger cultural care and universality theory nurses originally did not accept or fully value caring as a part of their culture (Leininger, 2012). The term “care” was considered weak, feminine, and unnecessary (Leininger, 2012). Nurses also would “eat their young” (Courtney-Pratt et al., 2018, e903). Younger nurses felt vulnerable to seasoned nurse’s uncivil behaviors.

Incivility in Nursing Education

Incivility in nursing education affects faculty and students. High turnover rates, stress, burn-out, and withdrawal from the nursing is a result of incivility in nursing education (France, 2016). Clarke (et al., 2012) conducted a descriptive study of nursing students which measured incivility in nursing education. According to Clark (et al., 2012), most of the nursing students reported they have experienced at least one incidence of bullying while attending nursing school. The comparisons below are descriptions of incivility experiences between students, students towards faculty, or faculty to students.

Some of the uncivil behaviors may be similar and is based on each person's perception of what incivility is to them.

Student to Student

Different types of incivility that nurses direct towards each other include stalking, intimidation, unjustified complaints, and personal or verbal attacks on each other (Galbraith & Jones, 2012). Approximately 35% of nurses experience incivility (Muliira et al., 2017). Other types of incivility directed towards students includes making sarcastic remarks, holding conversations to distract other students in the class, or cell phones or computers during class (Clark et al., 2009).

Student to Faculty

Nursing faculty may perceive that a student is uncivil towards nursing faculty and other nursing students. What one person considers uncivil, may not be perceived the same by another person (Galbraith & Jones, 2012). Different types of incivility that nursing students direct towards nursing faculty include stalking, disruptive behaviors, cheating, and failure to participate in a course (Galbraith & Jones, 2012). Palumbo (2016) also describes academic dishonesty and bullying as forms of incivility in the classroom or clinical settings.

Faculty to Student

Not only do students demonstrate uncivil behaviors toward each other or to faculty, but faculty also may portray /exhibit incivility behaviors that impact a students' success (Galbraith & Jones, 2012). Different types of incivility that nursing faculty directs towards nursing students includes permitting unruly or disruptive behaviors in the

classroom, acting in an aloof manner towards others, feeling students are a burden, and canceling classes without notice (Galbraith & Jones, 2012). Other behaviors that faculty can project on students that are uncivil includes declining or reluctant to answer questions or threatening to fail student for not complying with faculty demands (Muliira et al., 2017, p. 4).

Impact of Incivility

The Joint Commission Accreditation of Healthcare Organizations (JCAHO, 2009) deems incivility in health care as a threat to patient safety. The discourteous and disruptive behavior of healthcare professionals can negatively affect patient safety, quality of care provided, and employee satisfaction (JCAHO, 2009). The uncivil behaviors of nurses are intimidating other nurses causing morale and staffing issues, which negatively affects patient safety (McNamara, 2012). Toxic work environments in health care can lead to high turn-over rates and medical errors (McNamara, 2012). The stress is created because of incivility affects patient safety.

Increasing demands for more nurses due to nursing shortages have also become factors in incivility in nursing education. Nursing faculty are not prepared and educated on how to handle disruptive or rude students. Failure to address the behavior promptly promote a moral decline in nursing ethics (Galbraith & Jones, 2012). Negative actions that are ongoing without any consequences continue to develop and affect other students in the classroom. Nurses that experience incivility in nursing school will have potential problems on the job. According to Palumbo (2016), there is also high attrition rates, errors, accidents, and poor job performances. These factors also play a role in patient care

and can cause negative health care outcomes for patients. The effects of incivility can affect a nurses' educational goals and long term in their professional roles. The research question: What is the difference in the level of incivility experienced in nursing school between African American or Black nurses who completed their nursing studies in HBCUs versus African American or Black nurses who attended non-HBCUs? A gap in the literature exists examining the perceptions of incivility of different degree types, if there is a correlation between demographics, and a more diverse sample (Aul, 2017).

Approaching the Problem

The implications for this research study are how incivility affects nurses. Blevins (2015) analyzed the effect of incivility on nurses' morality, culture, and patient care. Aul (2017) analyzed incivility and behaviors that are learned in nursing school. Peer reviewed education is an intervention provided by senior nursing students to newer nursing students. The senior nursing students educate the newer nursing students on what is considered acceptable behaviors in the classroom to reduce cyberbullying and incivility in nursing education (Marnocah, et al., 2017). The acceptable behaviors are defined as behaviors that are not rude or cruel to others. The strength of peer education is senior nursing students discussing behavior with newer students to create awareness of incivility, and how to address the issue. The newer nursing students can develop an ethical conscious and help pattern the behaviors to avoid by developing interventions to combat incivility in nursing education (Marnocah, et al., 2017). The weaknesses of peer education are that nursing programs may not offer interventions early in the nursing

program, nursing students may not have awareness of social issues, and what constitutes professional expectations (Marnocah et al., 2017).

Several studies synthesized incivility that were reviewed for this study include: Aul (2017) describes incivility and how it affects nurses, Gallo (2012) synthesized additional research needed to reduce incivility in nursing education, Authenet (2016), France (2016), and Holdcroft (2014) provided definitions of incivility in nurse education. Beard & Julion (2016) examines how African American or Black nurses in roles as faculty members deal with feelings of exclusion due to racial diversity.

Talley (et al., 2016) related to the research question of this study and examines African American or Black nurses at HBCUs and concluded mentoring and civility were important to enhance health care and contribute to a diverse workforce. A gap in the literature exists examining the perceptions of incivility of different degree types, if there is a correlation between demographics, and a more diverse sample (Aul, 2017). Additional research is needed on the different interventions that have been established and the outcomes.

Education could be the key to breaking the cycle of incivility. Nurses can learn the American Association Nursing Code of Ethics (ANA, 2015). The nursing ANA Code of Ethics describes what behaviors are expected of nurses, and when incivility is inappropriate. The ANA Nursing Code of Ethics mission is to act as a guide describing the types of ethical behaviors nurses should follow (ANA, 2015). For example, provision 1 of the ANA Nursing Code of Ethics, addresses the ethic of respect for human dignity, and how nurses should ethically show compassion and respect for each person's worth

and uniqueness (ANA, 2015). Each person's self-worth has value and commands respect.

The Board of Nursing in each state has their own practice act to oversee nursing practice and behavior. Education on civil behavior in nursing programs may reduce the levels of civility long term for nurses as they progress and move forward in their careers (Marnocha et al., 2017). Nurses need to openly communicate and work together without uncivil behaviors, to decrease negativity and promote healthy working environment (ANA, 2015, p.7). According to Jenkins, Kerber, and Woith (2013), nurses need to have a collaborative environment to ensure patient safety.

Incivility is associated with the quality of care a patient receives (JCAHO, 2009). Long term effects also include how nurses treat each other and other health care professionals (JCAHO, 2009). Incivility that nurses experience in nursing school can carry over into their careers on the jobs. A survey conducted by the American Association of Critical-Care Nurses (2006) found that 24.1% of nurses have experienced verbal abuse from co-workers or nurse managers on the job. Measuring the levels of incivility that nurses have experienced can help to identify solutions and interventions that can impact relationships for nurses' long term.

Summary and Conclusions

Chapter 2 presents the theoretical foundation, search strategies, and critical variables/concepts. The cultural care and universality theory and Sunrise Model examines how culture and diversity influence patient care. A literature review has limited research on incivility in nursing education and African American or Black nurses that have

attended HBCUs versus non-HBCUs. The impact of incivility and how to approach the problem in nursing education is also reviewed. The next chapter is Chapter 3. I reviewed the research design, methodology, population sample, recruitment, and instrumentation.

Chapter 3: Research Method

Introduction

The purpose of this nonexperimental, comparative quantitative study was to determine the difference in the level of incivility experienced in nursing school between African American or Black nurses who completed their nursing studies in HBCUs versus African American or Black nurses who attended non-HBCUs. Chapter 3 includes the research design, methodology, population sample, recruitment, and instrumentation.

Research Design and Rationale

This research study was a nonexperimental, comparative, quantitative survey design (Burns & Grove, 2011). The survey design facilitated the analysis of a quantitative or a numeric description of the participants' perceptions of their experiences of incivility and determined the relationship between variables (Creswell, 2009, p. 12). The independent variable was the type of nursing program Black attended: HBCUs versus non-HBCUs. The dependent variable was the perceptions of the level of incivility the African American or Black nurses experienced while in nursing school. The variables were compared using an independent *t* test analyzing the relationships between variables (Burns & Grove, 2011). The choice to use a quantitative research approach was appropriate to provide research results that can advance nursing knowledge in learning what incivility is and how to manage incivility in nursing education. There were no time constraints consistent with this study's quantitative research design because the data collection was cross sectional and involved one survey collection per participant. The only resource constraint experienced in this study was gaining access to current African

American or Black nurses who attended either an HBCU or a non-HBCU for their nursing education.

Methodology

The study population used registered nurses who identified as African American and Black and who graduated from an HBCU or non-HBCU. To be eligible for the research study, the nurses would have to have graduated from a nursing program within the past 5 years and either be currently employed as a registered nurse in a healthcare setting, no longer work in the nursing profession, or retired. Nurses excluded from the research study were nurses who were not African American or Black. An anonymous survey with 5-point Likert scale with 12 questions was sent by email and posted to nursing organization websites (online forums) to target the population using an online link to Survey Monkey (Appendix B). The sample size was determined by conducting a power analysis using G*Power 3.1.9.2 software (Macdonald, 2015), using an alpha of .05, a medium effect size of .50, and a power of .80 for a two-tailed *t*-test (Burns & Grove, 2011), which yielded a sample size of 128 total participants with 64 from each of the two groups: HBCU and non-HBCU.

Procedures for Recruitment, Participation, and Data Collection

Sampling is how a researcher selects participants to represent the population under study (Burns & Grove, 2011). Random sampling is the technique I used in this research study to take a sample of a population to complete the surveys. The first step for recruitment was to post the flyer (Appendix E) on the online forum for several professional organizations—National Black Nurses Association, Pittsburgh Black Nurses

association, Healthy Workforce Institute, Walden University online nursing group, Black Student Nurses, Blue Star Nurses online nursing group, Nurse Educators online nursing group—on LinkedIn and Twitter. I included a request for those participating in the research study to forward the link to other nurses who may have met the inclusion criteria. Demographics data collected included race, year graduated nursing school, if currently employed, and employment setting (Appendix D). Data were gathered whether they were currently unemployed, and the reason they left the job or the nursing profession.

The UBCNE survey (Appendix B) includes a 5-point Likert scale, and the responses are self-reported from research participants. Informed consent forms were included with the survey link and were submitted with the survey results. Research participants remained anonymous so that they could answer as truthful and as accurate as possible regarding their perceptions and experiences of incivility in nursing education. Online forums were used for recruitment and an introductory letter was posted with a link for the informed consent form and a Survey Monkey link for the research participants to respond to the survey.

Instrumentation and Operationalization of Constructs

For this research study, the UBCNE was used to measure experiences of incivility in nursing education (Anthony et al., 2014). The UBCNE is listed as an approved tool on the Walden University website. Anthony et al. (2014) developed the UBCNE and administered the survey to 118 nurses at a midwestern school of nursing to measure the experiences of incivility in nursing education. Initially the UBCNE contained 20

questions. After revisions, eight of the questions were removed from the survey (Anthony et al., 2014). The survey questions consist of three major behavioral themes: exclusionary, hostile/rude, and dismissive (Anthony et al., 2014). The UBCNE has good internal consistent and is easy to administer (Anthony et al., 2014).

Additional researchers have used the UBCNE (Tehrani et al., 2019; Ward-Smith, 2018). Other types of instruments developed to measure incivility include Bullying in Nursing Education Questionnaire, Nursing Education Environment Survey, Nurses Intervention for Civility Education Questionnaire, Incivility in Online Learning Environment Survey, and Faculty-to-Faculty Incivility Survey (Clark et al., 2015). The Incivility in Nursing Education Revised (INE-R) survey is the first known instrument that measures incivility experiences of nurses and has been translated into several languages (Clark et al., 2015). There is no current research that indicates the UBCNE has been used to measure African American or Black nurses' perceptions while attending HBCUs and non-HBCUs.

The UBCNE uses a 5-point Likert scale (Anthony et al., 2014). A completed a factor analysis of the UBCNE demonstrates good reliability and validity; the instrument is psychometrically sound, and measures perceived levels of incivility experienced by nurses (Anthony et al., 2014). The Cronbach's alpha is 0.83 (Anthony et al., 2014). A principal component analysis examined the item-level structure, subscale, and total test intercorrelations, and correlations of UBCNE scores using demographic data such as age and sex (Anthony et al., 2014).

Pearson correlations were used to answer the research question and determine the relationship between incivility and nursing education (Anthony et al., 2014). The construct of the UBCNE is to analyze the nurses' experiences of incivility while attending nursing school. The UBCNE is a valid instrument with a p -value of 0.001, indicating significance (Anthony et al., 2014). Face validity was also used to determine the validity of the UBCNE. Ten nurses who were not participants in the study were asked to read the questions of the UBCNE (Anthony et al., 2014). The 10 nurses advised the UBCNE was a tool that is clear and easy to understand.

Operational Definitions

The independent variables for the current study were the type of school attended for a nursing program: HBCU or non-HBCU. The dependent variable was the nurses' levels of incivility, measured by UBCNE. There was no manipulation of the variables. There was a comparison between the differences in scores between the Black nurses who graduated from a HBCU and the African American or Black nurses who graduated from a non-HBCU. Responses to each question ranged as follows: 0 = *never*, 1 = *rarely*, 2 = *occasionally*, 3 = *often*, and 4 *very often*; responses are scored as ordinal level variables treated as scale or continuous variables (Anthony et al., 2014). The results were calculated using an independent t test to determine the perceptions of the level of incivility experienced by African American or Black nurses while attending nursing school.

Data Analysis

I conducted a quantitative study using a comparative design to examine the perceptions of the levels of incivility African American or Black nurses experienced while attending HBCUs or non-HBCUs. For data collection, I uploaded the UBCNE survey to Survey Monkey, a secure web-based online survey system. Results from the survey items were then downloaded to IBM Statistical Package for Social Sciences (SPSS) Version 25. A confidence level of 95% and an alpha of 5% were used for the analysis, and a response distribution of 50% was anticipated.

The UBCNE results provided numerical values of the answers nurses selected for each of the 12 questions. Means and overall percentages were calculated for totals of the levels of incivility nurses experienced. I then conducted an independent *t* test to determine the differences in UBCNE scores between the African American or Black nurses from HBCU education programs and the African American or Black nurses from non-HBCU programs. I confirmed the assumptions of the *t* test were met and did not need to consider an alternative nonparametric test.

The research question and hypotheses for this study were the following:

RQ: What is the difference in the level of incivility experienced in nursing school between Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs?

H_0 : There is no difference in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs.

H_A: There is a difference in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs.

Two variables are used to answer the question. The independent variable is a categorical dichotomous variable, which is the type of school attended for the nursing program: HBCU or non-HBCU. The dependent variable is a continuous level of measurement providing the UBCNE score for the level of incivility experienced in the most recent nursing program attended by the participant. An independent *t* test was used to test the hypotheses.

Threats to Validity

There are two types of validity (internal and external) addressed to minimize the effects on the research relating to the outcome of the research study or if an intervention can affect the outcome of a study (Creswell, 2009, p. 162). For this research study, internal validity that could threaten the study results was the participants' experiences that cause the researcher to incorrectly analyze the data to mean one thing when it has a different meaning than inferred (Creswell, 2009). To ensure content validity, experts in incivility examined the UBCNE for clarity (Anthony et al., 2014). Ten nurses not associated with the research study reviewed the survey for face validity and determined the survey was easy to read and understandable (Anthony et al., 2014).

External validity is when a researcher has the wrong conclusion based on the sample data from the participants, and if the results of the research can be generalized to nurses (Creswell, 2009). The results of this study can be generalized to the nursing

population by helping to create interventions to decrease incivility for all nurses. For criterion validity, a moderate amount of stress is perceived to occur in clinical settings.

Ethical Procedures

Approval from the Walden University Institutional Review Board (IRB) was obtained before data collection began in January 2021. IRB approval number was 01-12-21-0061874. A secured link was uploaded to online forums. I am the only person that had access to the data along with the dissertation committee, and the surveys were anonymous with no identifying information submitted by the research participants.

Each research participant reviewed an informed consent form that advised of the participant's rights in the research study, that their information will remain anonymous, and that they were not offered nor received compensation. The data were downloaded to an external drive will be saved for five years at which time it will be destroyed.

Summary

Chapter 3 was a summary of the methodology and design of collection data for this research study. A quantitative, descriptive comparison design was utilized to address the research question and hypotheses. The population was identified, the recruitment process to contact potential participants, data collection, instrumentation, threats to validity, and ethical concerns are addressed. In Chapter 4, the results of the data collection will be reviewed.

Chapter 4: Results

Introduction

The purpose of this nonexperimental, comparative quantitative study was to determine the difference, if any, in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs. The research question was: What is the difference in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs? In Chapter 4, I review the research question, data collection, change in procedure, study results, and demographics for the research participants.

Data Collection

The timeframe for data collection was 9 months from January 2021 until September 2021. Before data collection began, approval was granted from the Walden University IRB (approval number 01-12-21-0061874). An informational flyer (Appendix E) was posted to multiple nursing social media websites (Facebook, LinkedIn, and Twitter). There were some social media administrators from two of the nursing groups who declined to allow the informational flyer to be posted to their social media sites. One reason a social media administrator declined posting the informational flyer to their social media group was because the group promoted kindness and they did not want to associate with incivility.

Administrators from two different social media groups advised the surveys were not allowed to be posted to their social media websites. There were also reactions from nurses regarding the IRB approved informational flyer I posted to social media to find participants for the anonymous survey. Some nurses stated in the comment section of the posting that they did not agree with the research purpose, the survey, and expressed their concerns that all nurses experience incivility, not specifically African American or Black nurses. In addition, a few LPNs expressed concerns that LPNs were not included in the research study.

Change in Procedure

My initial plan was to send the informational flyers with the anonymous survey link to nurses in Ohio and Florida because their email addresses were available online. After discussion with the dissertation committee, I decided not to send the informational flyers by email to the nurses in Ohio or Florida and to conduct the research primarily by social media. In most instances, sending unexpected or unknown emails can potentially be marked as spam. There is no way to determine the ethnicity of the nurses, and emails would have to be sent to each nurse listed on the Ohio and Florida state board of nursing. Using social media provided an opportunity to try to obtain a diverse variety of responses all over the United States and specifically target African American or Black nursing groups online.

Another concern I addressed during this study was nurses who did not identify as African American and considered themselves Black Americans. Several nurses responded in the comments sections to the informational flyer posted on social media that

they did not identify as African American but considered themselves Black. A change in procedure form was then submitted to the Walden IRB for this study after comments from several potential participants informed me they identified as Black and did not think they qualified for completing the survey as an African American. The change was approved by the IRB to change the terms used in the survey, which was updated from *African American nurses* to *African American or Black nurses*.

Baseline Descriptive and Characteristics

Baseline characteristics and demographics of the sample include: 17 nurses who had attended HBCU (13.93%) and 105 (86.07%) who attended non-HBCU colleges of nursing. Four (4) male participants (3.28%) and 118 female participants (96.72%) responded. Initially, 43 nurses responded to the survey from January till March 2021. Six nurses responded in the comments section of the social media posts that they were not African American and considered themselves Black (Jamaican, Haitian, or African and not from United States).

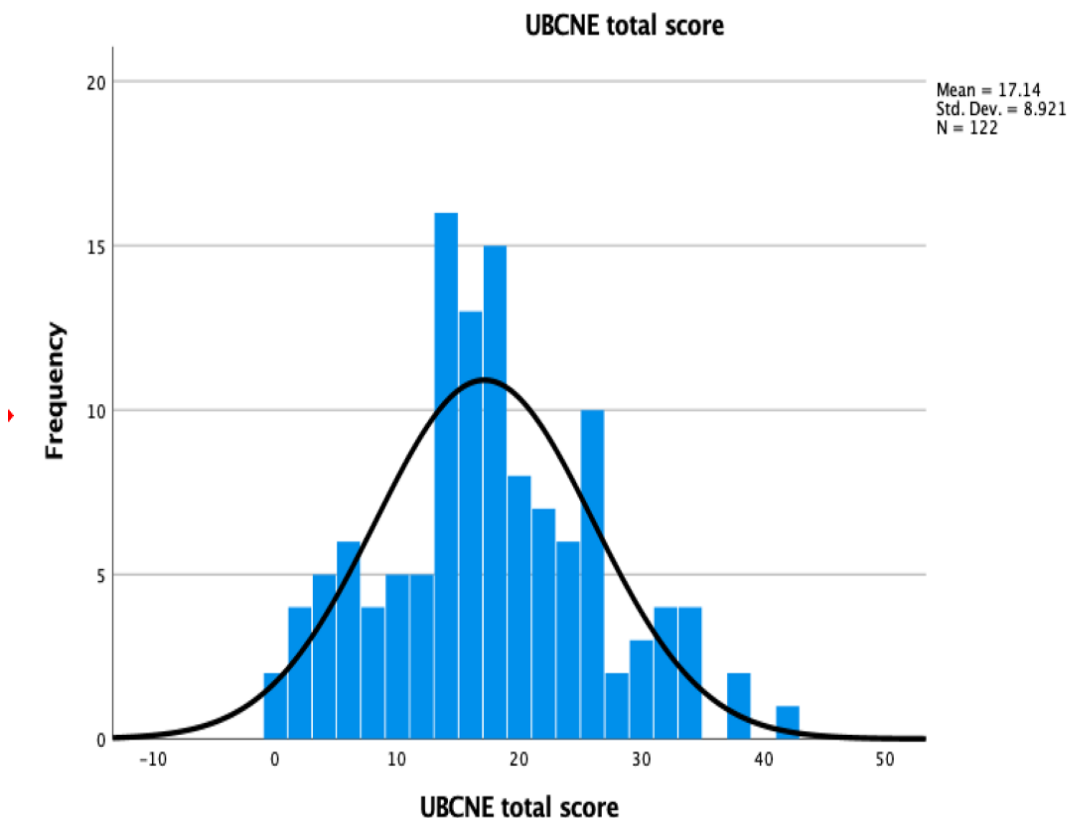
After the flyer was updated, a total of 122 respondents replied to the survey. The age range for the respondents was from 22 to 77 years old with a median age of 42. The respondents represented the general population of nurses working in the nursing field. All respondents had graduated from a nursing program within the last 5 years. Many of the respondents were full-time employees (78.51%), and over a third (44.54%) had an MSN degree.

Results

The data from Survey Monkey were exported to IBM SPSS Version 25 for data analysis. The data were stored to an external hard drive and were password protected. The UBCNE is a 5-point Likert type scale with 12 questions (Appendix B) that measure the perceptions of incivility experienced by African American or Black nurses while in nursing school (Anthony et al., 2014, p. 53). To obtain the UBCNE score, the 12 questions were summed for a total UBCNE score (Figure 4). There were 17 African American or Black nurse participants who attended an HBCU and responded to the survey and 105 African American or Black nurse participants who attended a non-HBCU.

In response to the screening questions included on the demographic form, 52 (42.98%) of the African American or Black nurses responded that they had experienced some form of incivility, lateral violence, or bullying that negatively affected their learning environment. Sixty (49.59%) respondents witnessed acts of incivility, lateral violence, or bullying. Over half ($n = 60$, 61.86%) of the respondents indicated that most uncivil behaviors were performed by nursing faculty. Only 27 (26.47%) of the respondents indicated there was some sort of action taken to decrease the uncivil behaviors; 20 respondents skipped answering the last question that asked participants to state what actions were taken to resolve incivility.

The results of the scores on the UBCNE were then examined to determine frequency distribution (see Figure 3) and to show the number and percentage of participants experiencing incivility descriptively (see Table 1).

Figure 3*UBCNE Total Score*

An independent t test was used to compare the mean of dependent variables scores between two independent groups (see Burns & Grove, 2014). Prior to the analysis with the independent t test, I examined the six assumptions of the independent t test and all six assumptions were met. The first assumption was that the dependent variable was continuous. For this research study, a 5-point Likert scale was utilized to measure the levels of incivility experienced by African American or Black nurses while attending an HBCU or non-HBCU. The ordinal data collected was then treated as continuous level data. The second assumption of a t test is that the independent variable consists of two

independent categorical groups The independent variables for this research study was African American or Black nurses that attended HBCUs and African or Black nurses that attended non-HBCUs, therefore the second assumption was met.

The third assumption was that there is independence of observation. Each participating is part of one group and are not part of both groups being studied. Each participant submitted their own survey individually. Therefore, the third assumption was met. The fourth assumption was to determine if there are any significant outliers for the research study and none were found by reviewing a scatter plot and histogram. The fifth assumption that the dependent variable should be approximately normally distributed for each group of the independent variables was met. The sixth assumption that there needs to be homogeneity of variance was tested using a Levene's test which indicated the group variance was not significantly different $f(120) = .017, p = .896$ and therefore equal variances were assumed.

Table 1*Number and Percent of Participants Experiencing Incivility by Program Type*

Type of incivility	No incivility	Experienced incivility
N = 17 HBCU/105 non HBCU	HBCU/non-HBCU	HBCU/non-HBCU
Embarrassment	6(35.29)/17(16.19)	11(64.71)/88 (83.81)
Rolled their eyes	6 (35.29)/16 (15.24)	11(64.71)/106 (84.76)
Incompetent Report	3(17.6)/12(11.43)	14(82.4)/93(88.57)
Inappropriate tone	3(17.6)/8(7.62)	14(82.4)/97(92.38)
Avoided taking report from you	10(58.8)/48(46.8)	7(41.2)/57(53.2)
Avoided giving you report	8(47.08)/45(42.08)	11(52.92)/60(57.92)
Snide remarks	4(23.53)/4(3.81)	13(76.47)/101(96.19)
Raised voice	5(29.41)/30(28.57)	12(70.59)/75(71.43)
Patient care decisions	5(29.41)/16(15.24)	12(70.59)/89(84.76)
Pass on information	3(17.65)/12(11.43)	14(82.35)/93(88.57)
Told you were incompetent	11(64.71)/61(58.10)	6(35.29)/44(41.90)
Refused to help you	6(35.29)/29(27.62)	11(64.71)/76(72.38)

I conducted the independent samples *t*-test using IBM Statistical Package for Social Sciences software (SPSS) Version 25 and evaluated if there was a statistically significant difference between the mean for the levels of incivility for African American or Black nurses that have attended HBCUs versus non-HBCUs. Question 5 was skipped by one respondent and a score of 0 (never) was entered to complete the data analysis, otherwise all other participant data included in this analysis were complete. The results of the independent *t* test showed that for African American or Black nurses who had

attended HBCUs, the UBCNE score was significantly lower ($M=13.18$, $SD = 8.233$, $n = 17$) compared to the score for African American or Black nurses who had attended non-HBCUs ($M=17.78$, $SD 8.898$, $n = 105$) $t(120) = 1.999$, $p = .048$, 95% $CI (.04315, 9.16581$; see Table 2). Therefore, the null hypotheses that there would be no difference in the perception of the level of incivility between the two groups was rejected. Effect size to determine the strength of the difference between the two groups was examined using the hedges g point estimate because of the differences in the group sizes and showed a medium effect (.519). To further validate these results, I tested the reliability of the UBCNE results with my sample and obtained a Cronbach's alpha score of 0.918 indicating a high level of internal consistency reliability with my sample and consistent with the reliability results as reported by Anthony (0.83, Anthony et al., 2014).

Table 2

Independent t-test Results

Test Statistic UBCNE	95% confidence interval of the difference						
	t	df	Sig. 2-tailed	M difference	Std. Error Difference	Lower	Upper
Equal variances assumed	1.999	120	.048	4.60448	2.30378	.04315	9.16581
Equal variances not assumed	2.115	22.5	.046	4.60448	2.17740	.09465	9.11431

Summary

The research question was, "What is the difference in the level of incivility experienced in nursing school between African American or Black nurses who completed

their nursing studies in HBCUs versus African American or Black nurses who attended non-HBCUs? After testing for the assumptions of the t test and conducting an analysis of the demographic data from the participants, an independent t test was conducted to answer the research question. The data analysis indicated that there is a statistically significant difference in the perceptions of the levels of incivility experienced by African American or Black nurses who attended HBCUs versus non-HBCUs. In chapter 5, I will discuss the implications of the findings of this study, the limitations, and recommendations for further research.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this nonexperimental, comparative quantitative study was to determine the difference in the level of incivility experienced in nursing school between African American or Black nurses who attended HBCUs and African American or Black nurses who attended non-HBCUs. The study was conducted to further investigate how incivility affects nursing education.

Interpretation of the Findings

The findings of this research study confirm that incivility in nursing education is an ongoing concern for many nurses. The 17 African American or Black nurses who attended HBCUs indicated their perceptions of incivility experienced attending HBCU was lower than that of 105 African American or Black nurses who attended non-HBCUs. Incivility experienced in nursing education continues to impact nurses in any specialty or practice setting as they move forward in their nursing profession (National League for Nursing, 2015). The cultural care and universality theory promotes awareness of culture and caring (Leininger, 2002). The nursing profession needs to create opportunities to learn about incivility, promote an open dialogue to discuss how to decrease incivility, and create cultural awareness and change (Clark & Springer, 2010).

The findings of this study add to the current body of knowledge examining how incivility affects nurses in educational settings. A study was conducted using the K-UBCNE (Korean version) with 13 questions and a Likert scale to measure the levels of incivility of nursing students in nursing school, which indicated there was no significant

difference in the relationship between incivility of nursing students while attending nursing school, and additional studies on these factors are warranted (Kim et al., 2020). Nurses who experience incivility may continue to exhibit uncivil behavior that can lead to a negative impact on the quality and safety of care delivered to patients. (JCAHO, 2009).

An overview of the peer-reviewed literature in Chapter 2 indicated that incivility in nursing education does exist and can affect nurses adversely during nursing school and in their careers. The findings of this study supported the findings that nurses are experiencing incivility while attending nursing school. Kim et al. (2010) showed that Korean junior nurses in a bachelor nursing program experienced higher levels of incivility than senior nurses. There has been limited research conducted to examine the levels of incivility by types of programs (MSN, BSN, ADN) or different cultural groups (HBCU versus non-HBCU).

A review of the literature for African American or Black nurses who have attended HBCUs shows African American or Black nurses have improved levels of psychological outcomes and higher levels of satisfaction improving their academic success if there is a sense of belonging and various forms of support when attending nursing school (Hunter et al., 2019). Talley et al. (2016) analyzed nursing students' experiencing while attending HBCUs and recommends additional research to develop strategies for recruitment and retention of nursing faculty of racial/ethnic minority populations in the nursing workforce. In this study, I used an independent *t* test which indicate a statistical difference in the levels of incivility experienced by African

American or Black nurses in nursing school. The African American or Black nurses who attended HBCUs experienced decreased levels of incivility compared to African American or Black nurses who attended non-HBCUs.

According to the cultural care and universality theory, culture is the foundation of nursing care and practice (Leininger, 2002, p. 189). Nurses should consider culture when caring for patients and working with other health care providers (Leininger, 2002, p. 189). For this research study, nurses who shared similar cultures were considered a factor in decreasing levels of incivility in nursing education. The results of my study were statistically significant in the differences between perceptions of incivility for African American or Black nurses who attended HBCUs versus African American or Black nurses who attended non-HBCUs, with a medium effect size. The need for each nurse to be responsible and have dignity, respect, and care for each other is essential (NLN, 2015). Incivility in nursing education affects nurses in all educational and practice settings, and strategies to promote civility are important for positive health for nurses and patients alike and to promote positive work environments (Lynette et al., 2015).

Limitations

The credibility and generalizability of research findings can be affected if there are any limitations of a research study (Burns & Grove, 2014). A limitation for this study was the perceptions of the respondents to the survey. The respondents for this study had to rely on their own perceptions and definitions of incivility to answer the questions without further explanation. Sampling size also presented a limitation for this study. While the overall sample size was only slightly less than the desired sample ($n = 128$)

determined by the power analysis, the sample size of the African American or Black nurses who attended HBCUs and responded to the survey was small ($n = 17$). The sample size was determined by conducting a power analysis using G*Power 3.1.9.2 software (Macdonald, 2015), using an alpha of .05, a medium effect size of .50, and a power of .80 for a two-tailed t -test (Burns & Grove, 2011) which yielded a sample size of 128 total participants with 64 from each of the two groups HBCU and non-HBCUs. The respondents from this research study were part of a purposeful sample and were not randomly selected; thus, generalizability of the findings of this study to a broader population was limited.

Time since graduation may also have influenced the results as some participants may not have as fresh of a recollection of their nursing program experiences as nurses who graduated more recently. The differences in types of nursing programs (associate, bachelor's, or master's) also was a limitation for this study. The respondents for this study had earned MSN (53), BSN (40), and ADN (26). Kim et al. (2020) focused primarily on BSN programs and did not find statistical significance for the levels of incivility experience by nursing students. There was statistical significance for my study, but the results may not have accurately represented the general population of African American or Black nursing students' overall perceptions of incivility. Nurses may have varying views on incivility and acceptable behaviors (Ponto, 2015). Additional qualitative questions were asked during this study to address individual perceptions on incivility in nursing education. The overall responses from the qualitative questions

included nurses feeling they have experienced incivility during nursing school, mostly perpetuated by nursing faculty, and nothing was done to address the issues at the time.

Data collection, data analysis, and the conclusion are factors that establish the trustworthiness of a research study (Roberts et al., 2006). Data were collected from a secure link to an anonymous survey through Survey Monkey (Appendix C). The established instrument, the UBCNE (Appendix B), was listed on Walden University's website and studies were available to show reliability and validity when the instrument was used in previous studies (Anthony et al., 2014). No identifying information was asked for or provided from the research participants.

Another limitation was the UBCNE tool. UBCNE was developed as an instrument to measure the perceptions of the level of incivility of nursing students during their last clinical rotation and is listed as an approved tool on Walden University's website. Twelve questions from the survey were loaded onto Survey Monkey for data collection. Some questions focused on clinical rotations and not nursing education in general. The findings from this research study may only be generalized to clinical rotations versus nursing education in general.

Recommendations

Additional research is needed to determine if cultural awareness is a contributing factor that can help decrease levels of incivility in nursing education (Lancelloti, 2008). Determining what contributing factors of attending an HBCU cause a perception of decreased levels of incivility for African American or Black nurses compared to African American or Black nurses who have not attended an HBCU may shed light on strategies

for improving experiences of all nurses. Consideration of diversity and inclusion training or cultures may enlighten others to the needs of other people and how to respect and manage each person individually.

A second recommendation for further research is to develop interventions for nursing students and nursing faculty on how to decrease incivility. Peer education was tested as a strategy to reduce incivility in nursing education (Marnocha et al., 2015). Senior nursing students educate lower-level nursing students on nursing ethics and acceptable behaviors (Marnocha et al., 2015). Reinforcing what acceptable behaviors and standards are early in nursing education programs may help to reduce incivility in the nursing profession (Marnocha et al., 2015). Evidence based teaching strategies can enable nurse faculty to reduce levels of incivility in nursing education (Clark & Dunham, 2020). Nursing faculty can reduce levels of incivility in nursing education by including expected behavior in course syllabus (Rad & Moohaghi, 2016). Nurses also need to have respect and care for each other (Coursey et al., 2013). Additional in-depth research is recommended to further explore how incivility affects nurses in educational settings to help develop preventative measures (Kim et al., 2020).

Implications

Positive Social Change

The results of this research study indicated there is a difference in the perception of the levels of incivility of African American or Black nurses that have attended HBCU versus non-HBCU. HBCUs were created to provide learning opportunities for minorities that could not enroll in traditional colleges or universities because of discrimination or

racism (Gasman et al., 2020). The first HBCU to establish a nursing school was in 1886 at Spelman College in Georgia (Tyson et al, 2018). There are now 41 HBCUs in the United States that offer nursing degrees from associate to PhD (Noonan et al., 2013). Amaro et al. (2006), which illustrated nursing students having mentors and role models would provide them information about classes, strategies to improve their academic success, and provide motivational support. African American or Black nurses have a sense of belonging, social connections, social support, and having mentors at a HBCU versus feeling isolated, experiencing microaggressions of racism, or stereotyped while attending a non-HBCU (Hunter, Case, & Harvey, 2019).

Incivility in nursing education may have long term effects on nurses in their careers (JCAHO, 2009). Additional research in the field of nursing is needed to help decrease the levels of incivility through education and interventions (Rehder, 2020). Incivility can have a negative impact on nurses in educational settings and affect them as they move into their professional careers, which may affect patient care (Rehder, 2020). Incivility is an ongoing concern and there are no interventions or educational foundation to alleviate or decrease its effects on nurses in educational setting or in their careers.

Reducing incivility can improve working conditions for nurses and promote increased safety and teamwork climate, increased job satisfaction, improved work life balance, less stress, and less burn out (Rehder, 2020). Creating positive social change by decreasing the perceptions of the level of incivility nurses' experience while in nursing school include education, increased awareness of incivility, and ongoing research on how incivility affects nurses while in nursing school and in their careers.

Theoretical Implications

Incivility in nursing education can follow a nurse into their workplace and may cause a lack of teamwork among nurses, poor communication that can attribute to poor health outcomes for patients (Clark & Dunham, 2020). Cultural care and universality theory described how culture is an important aspect of how nurses care for patients and how nurses work and collaborate with each other (Leininger, 2002). The results of my study showed nurses who studied in a nursing program with nurses who were also African American or Black perceived that they had lower levels of incivility compared to nurses who studied in settings with a more racially diverse population of nursing students. The results of this study support the cultural care and universality theory that indicates culture plays a role in interactions between nurses. This finding is important in raising awareness of cultural influences that can affect how nurses treat each other and potentially promote mutual respect no matter their differences. The results may further raise awareness of social issues, social justice, and cultural advocacy by integrating cultural care and universality theory in the curriculum (Lancelloti, 2008). In addition to caring for patients, nurses should be considerate of each other and care for one another to create a healthy work environment (Coursey et al., 2013).

Conclusion

Incivility in nursing education can adversely affect nurses' long term in their nursing careers. The purpose of this non-experimental, comparative quantitative study was to determine the difference in the level of incivility experienced in nursing school between African American or Black nurses who completed their nursing studies in

HBCUs versus African American or Black nurses who attended non-HBCUs. The results of this study indicated that African American or Black nurses who attended HBCUs have a perception of decreased levels of incivility versus African American or Black nurses who attended non-HBCUs. The findings of this study was relevant to nursing administration and faculty in nursing education for raising awareness of the need for working toward a decreased level of incivility in nursing education programs, and may also apply to work setting efforts to reduce incivility.

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Appendix A: Permission to use Uncivil Behavior in Clinical Nursing Education Scale--
Revised



Uncivil Behavior in Clinical Nursing Education Scale--Revised

PsycTESTS Citation:

Anthony, M., Yastik, J., MacDonald, D. A., & Marshall, K. A. (2014). Uncivil Behavior in Clinical Nursing Education Scale--Revised [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t31977-000>

Instrument Type:
Rating Scale

Test Format:
Responses for the 12 items use a 5-point Likert-type scale ranging from 0 to 4 (0 [never] to 4 [very often]).

Source:
Anthony, Maureen, Yastik, Joanne, MacDonald, Douglas A., & Marshall, Katherine A. (2014). Development and validation of a tool to measure incivility in clinical nursing education. *Journal of Professional Nursing*, Vol 30(1), 48-55. doi: <https://dx.doi.org/10.1016/j.profnurs.2012.12.011>, © 2014 by Elsevier. Reproduced by Permission of Elsevier

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Appendix B: Uncivil Behavior in Clinical Nursing Education Scale-Revised



doi: 10.1037/t31977-000

Uncivil Behavior in Clinical Nursing Education Scale--Revised Revised UBCNE Scale

Items

During your last clinical rotation, how often have you had a situation where a nurse(s): (Place an X in the appropriate right hand column.)	<i>Never</i>	<i>Rarely</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very often</i>
1. Embarrassed you in front of others	0	1	2	3	4
2. Rolled their eyes at you	0	1	2	3	4
3. Gave you an incomplete report	0	1	2	3	4
4. Used an inappropriate tone when speaking to you	0	1	2	3	4
5. Avoided taking report from you	0	1	2	3	4
6. Avoided giving you report	0	1	2	3	4
7. Made snide remarks about student nurses	0	1	2	3	4
8. Raised their voice when speaking to you	0	1	2	3	4
9. Did not involve you in a patient care decision you should have been involved in	0	1	2	3	4
10. Did not pass on patient information that you should have been aware of	0	1	2	3	4
11. Told you that you were incompetent	0	1	2	3	4
12. Refused to help you	0	1	2	3	4

1. To compute a total incivility score, simply take the mean of the respondent's score across the 18 items.

2. Subscale scores can be computed as follows:

- a. H-M (mean of the following: Item 1, Item 2, Item 4, Item 9, Item 13, Item 14, Item 17, Item 19, Item 20).
- b. Exclusionary behavior (mean of the following: Item 3, Item 5, Item 7, Item 8, Item 10, Item 15, Item 18).

Appendix C: Letter of Invitation to Participate in the Research Study

Selena M. Murphy RN MSN CCM
Phone 412-310-0988
Email: selena.murphy@waldenu.edu

July 1, 2020

Dear Colleague,

I am reaching out to you to participate in a research study to learn more about incivility to help provide further research on the topic of incivility in nursing education.

My name is Selena Murphy, and I am currently enrolled in a PhD. program for nursing education. The topic of the research study I am conducting is the perceptions of African American or Black nurses' levels of incivility experienced while attending a Historically Black College (HBCU) compared to African American or Black nurses who attended non-HBCU. Examining the relationship between nursing education and incivility may provide insights for schools of nursing to use to reduce incivility.

Inclusion criteria includes:

African American or Black nurses
Graduated from nursing school in the past 1 to 5 years

If you do not meet the inclusion criteria, please abstain from the research study.

The survey will take approximately 20 to 30 minutes. The survey is anonymous and no personal identifying information will be collected. No compensation, thank you gifts, or reimbursements will be provided for participating in this research study. Implied consent is granted by your willingness to participate in this survey and the survey results will be utilized for the dissertation I am completing and allow the results of the survey to be published.

Access to the survey is at: www.surveymonkey.com

Declining to participate in the survey is a personal choice and holds no penalty. There is no obligation to participate in the research study if you have concerns or feel uncomfortable.

Thank you,

Selena Murphy

Appendix D: Study Demographic Survey

1. Did you attend a HBCU? Yes or No
2. Male _____ or Female _____
3. Age _____
4. African American or Black _____
5. Currently employed, retired, on inactive license? _____
6. Highest Nursing degree earned. ADN _____
 BSN _____
 MSN _____
7. Type of nursing currently practicing bedside, clinic, management, faculty, advanced practice nurse practitioner, or certified nurse practitioner _____
8. During nursing school, did you experience any incivility, lateral violence, or bullying that you feel affected the learning environment negatively?
Yes or no, please describe _____
9. During nursing school, did you witness acts of incivility, lateral violence, or bullying?
Yes or no, please describe _____
10. Who perpetrated the uncivil behaviors? (Please mark all that apply).
 - a. Nursing student
 - b. Nursing faculty
 - c. Co-worker (nurse)
 - d. Co-worker (other health care provider)
 - e. other health care provider (physician, therapist)
11. Were actions taken to decrease the uncivil behaviors?

Appendix E: Online Survey Flyer

Online study seeks African American or Black Nurses for perceptions of incivility in nursing education

There is a new study called “*African American or Black nurses’ perception of incivility in nursing education*” that could help nurses better understand and communicate with other health care providers. For this study, you are invited to describe your experiences of incivility while in nursing school.

This survey is part of the doctoral study for Selena Murphy, a Ph.D. student at Walden University. Online surveys will take place during January through September 2021.

About the study:

- Online surveys are anonymous and completed on survey monkey
- To protect your privacy, the results are password protected

Volunteers must meet these requirements:

- 18 years old or older
- African American or Black
- Registered nurse working as a nurse, retired, or left the profession.

**To confidentially volunteer, please
click the link below to respond to
the online survey**

www.surveymonkey.com

Appendix: F Sunrise Model Permission form



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