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Effects of Nursing Faculty Incivility on Nursing Student Attrition

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has been found to be complete and satisfactory in all respects,
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Walden University
2024

Abstract

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MSN, Walden University, 2016

BSN, Minnesota State University Moorhead, 2009

Dissertation Submitted in Partial Fulfillment

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Abstract

Incivility in nursing academia can occur with various people in the role of the perpetrator or victim, including students, faculty, and healthcare professionals in clinical settings. Nursing faculty incivility towards students may lead to nursing student attrition in practical nursing or associate degree programs. The purposes of this study, guided by Bandura's social learning theory and Tajfel's social identity theory, were to determine if there is a (a) difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw and (b) the difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students. Data on 126 participants in practical and associate degree nursing education programs in the United States within the last 5 years were analyzed using a Mann-Whitney U test. Perceived faculty incivility was measured with the Incivility in Nursing Education-Revised (INE-R). Results revealed no statistically significant differences in perceived faculty incivility between practical nursing and associate degree nursing students and between participants who withdrew or dropped out from nursing school and those nursing students who did not withdraw or drop out. Recommendations for further research include focused studies on incivility in nursing students, providing a safe way, without retaliation, to report incivility, and further evaluating reasons for students withdrawing from nursing school. Strategies to eliminate perceived faculty incivility towards students and education on faculty incivility are needed, which affects positive social change.

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Chapter 1: Introduction to the Study

For the past 19 years, nursing has been rated by the Gallup poll as being the highest profession for honesty and ethics (Gaines, 2021). Despite this, acts of bullying and incivility exist within the profession. Nursing incivility has been defined by actions or words that have the potential to cause physical, emotional, and psychological distress (Lynette et al., 2016), which can be perpetrated by other nursing students, healthcare workers, and nursing faculty (Cassum, 2018). Palumbo (2018) found that 93% of nurses have witnessed incivility or become victims of incivility. These rates are alarming, particularly within a profession known for being caring and compassionate.

Not only is incivility found within the nursing profession, incivility also exists within nursing academia. Incivility in nursing academia can occur with various people in the role of the perpetrator or victims of incivility, including students, faculty, and healthcare professionals in clinical settings (Luparell, 2011). Students can be victims of incivility from any perpetrators, including fellow students (Rose et al., 2020). While the roles of the perpetrators may vary, the list of negative consequences is extensive and can affect all victims regardless of their role within the healthcare system (Luparell, 2011).

Victims of incivility or witnesses of incivility can experience both physical, emotional, and psychological effects (Armstrong, 2018). Some of the adverse effects of incivility include fatigue, headaches, and gastrointestinal issues (Clark et al., 2014; Rose et al., 2020). Victims are more likely to call in sick and lose productivity (Layne et al., 2019; Wilson et al., 2011).

Some nursing academic institutions have attrition rates as high as 50% (Harris et al., 2014; Kupec, 2017). While students have numerous reasons for leaving academia, nursing incivility may be one of them. Although current research links nursing incivility to high attrition rates in nursing academia (Marchiondo et al., 2010; Park & Kang, 2021), research needs to be more comprehensive in determining the severity of attrition due to faculty incivility. A study conducted by Chan et al. linked nursing student attrition rates to institutional factors (2019). There is insufficient research on the effects of incivility directed toward nursing students (Palumbo, 2018). My study addressed a gap in the literature by focusing directly on how faculty-to-student incivility affects nursing student attrition. The results of my study contributed to positive social change because I provided more information on the level of incivility in nursing education and how it may affect nursing students. In Chapter 1, I introduce nursing incivility in the profession and nursing academia and describe the problem, significance, nature of the study, and limitations.

Background

The American Association of Colleges of Nursing (AACN; 2020) projected the registered nursing (RN) shortage to rise as more nurses are reaching retirement age and the need for nurses in healthcare increases. The Bureau of Labor Statistics projects that the need for RNs will increase annually by about 200,000 through 2026 (AACN, 2020). However, a combination of factors such as nursing student attrition rates, burnout, turnover, incivility, and increasing age of the baby boomer generation have all played a key role in contributing to the nursing shortage (Everett, 2020; Jeffreys, 2015).

Incivility exists within the nursing profession, even though nursing is known for compassion and caring. Incivility is rude or discourteous actions or words with the potential to cause another person harm (American Nurses Association [ANA], n.d.). Nurses continue to experience a large amount of incivility within the profession, with 93% of nurses either witnessing or being victims of incivility (Palumbo, 2018). Incivility within the nursing profession can cause stress for all involved, including those who have witnessed incivility. Some of the negative consequences of incivility are emotional, psychological, and physical symptoms, which can include fatigue, headaches, and gastrointestinal issues (Clark et al., 2014; Rose et al., 2020). The negative emotional toll can lead to turnover, burnout, and increased absenteeism. Incivility may also be the failure of another nurse to help a coworker (ANA, n.d.). Some actions that constitute nursing incivility include eye-rolling, gossiping, making unfair assignments, and name-calling (Frankenfield, 2019). Adverse actions can affect communication and teamwork, which are essential in nursing (Frankenfield, 2019).

When entering the nursing profession, one is expected to hear the phrase "nurses eat their young," which means that nurses currently in practice tend to be uncivil to those nurses who are either entering the profession or new to a place of employment. "Nurses eating their young" has continued to be a significant concern within nursing, academia, and healthcare organizations. Incivility adversely affects patients by increasing medical errors and decreasing patient satisfaction (ANA, 2015; Laschinger et al., 2013; Patel & Chrisman, 2020). Incivility can also have adverse effects on the victim of incivility, along

with those who witness the acts of incivility. The negative consequences can include burnout and turnover, along with physical and psychological symptoms (ANA, 2015).

Incivility can also occur while an individual is in nursing school. Within nursing academia, incivility can have a negative impact on learning in the classroom, laboratory, and clinical settings. Incivility can impact a student's decision to finish their nursing program. Incivility within nursing academia can place many people in the role of the perpetrator, such as faculty towards faculty, faculty towards student, student towards faculty, or student towards student incivility. Nursing academia attrition rates affect the number of professional nurses within the workforce (Barbe et al., n.d.). By improving retention rates in nursing academia, the number of nursing professionals in the workplace will also increase.

Perceptions of nursing incivility may also vary depending on educational level, such as freshman, sophomore, junior, or senior. Kim et al. (2020) found that junior nursing students perceived higher levels of incivility than senior nursing students. Shen et al. (2020) found that undergraduate and graduate nursing students perceived more incivility than nursing students from junior colleges. Nursing academia attrition rates are also higher for freshman and sophomore students than junior and senior nursing students.

Nursing school attrition occurs when a student leaves the program before graduating (Stein, 2019). Some academic organizations complete exit interviews to determine why a student leaves the program, but only a small portion of those who decide to leave complete this interview (Pryjmachuk et al., 2009). Unfortunately, many exit interviews and surveys are very general and do not have categories to help determine the

actual cause of the nursing student's decision to leave the program (Pryjmachuk et al., 2009). Some students realize that the nursing profession is not what they expected, or they did not understand or anticipate the rigorous curriculum demands (Jacobs et al., 2015), which are usually taken into consideration when planning for an expected attrition rate. Still, attrition rates outside the expected rate are investigated.

Although it is well known that incivility exists within nursing academia and nursing student attrition is a concern, the number of nursing students who leave academia due to nursing faculty incivility is unknown. My study was needed to determine if there is a relationship between nursing academia incivility and nursing student attrition. The results of my study can affect a positive social change for nursing academia, the nursing profession, and healthcare by providing new knowledge on the effects of incivility on nursing students.

Problem Statement

Within nursing academia, nursing incivility significantly affects the quality of education provided (Aul, 2017) and creates an atmosphere that is not conducive to learning (Cassum, 2018). Incivility initiated by nursing faculty can impede student learning, victimize the student, and increase the chances of the behavior being repeated by the nursing student (Muliira et al., 2017). Nursing incivility leads to high attrition, poor performance, absenteeism, and decreased commitment (Palumbo, 2018). High attrition rates are another great concern to nursing academia (Griswold, 2014).

Incivility can also vary depending on the level of education. Shen et al. (2020) found that graduate students experienced the highest amount of incivility, while those

students enrolled in a junior college experienced the least. Aul (2017) found that certain acts of incivility are more disruptive to different educational levels. For example, diploma students were not significantly affected by classmates cheating on examinations, unlike Bachelor of Science Nursing students (Aul, 2017). Del Prato (2013) found that faculty incivility was a significant stressor for associate degree students and decreased their self-confidence. Faculty were found to use therapeutic communication with clients but did the opposite when addressing students (Del Prato, 2013). Patel and Chrisman (2020) conducted a study regarding power gradients and an incivility culture, revealing that power gradients within nursing academia are based on seniority. Power gradients are antecedents for incivility (Patel & Chrisman, 2020). My research study helped determine the program that experiences the greatest attrition status of withdrawal concerning perceived nursing faculty incivility, which can allow for combating incivility in these programs.

A gap in the literature exists regarding whether faculty toward student incivility is leading to nursing student attrition. Further research was also completed to determine if practical nursing or associate degree programs experience greater attrition status of withdrawal concerning perceived nursing faculty incivility. Low levels of faculty incivility can affect the students' learning (Muliira et al., 2017). If incivility from nursing faculty towards students is found to cause nursing student attrition, it needs to be addressed and combated to help maintain the integrity of the nursing academic profession.

Purpose of the Study

The purposes of this quantitative study were to determine if there is a (a) difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw and type of nursing (practical and associate degree) students, and (b) the difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students. The independent variable was nursing student attrition status (withdrawn or in school). The dependent variable was perceived nursing faculty incivility. For the second part of the purpose, the independent variable was the type of nursing program (associate and licensed practical nursing), and the dependent variable was perceived faculty incivility.

Research Questions and Hypotheses

Research question 1: What is the difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw?

$H_0$1: There is no difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw.

H_A1: There is a difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw.

Research question 2: What is the difference in the levels of perceived faculty incivility between practical nursing and associate degree nursing students?

$H_0$2: There is no difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

H_A2: There is a difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

The instruments used for data collection were the Incivility in Nursing Education (Revised; INE-R) Survey, and a *yes* or *no* question on the demographic data sheet regarding withdrawing from nursing academia. The INE-R Survey is a mixed methods survey that can measure the amount of perceived student and faculty incivility (Clark et al., 2015). Permission through the licensure (Appendix D) was granted to omit the qualitative section of this research study. The faculty incivility portion of the INE-R was used for this research study.

Theoretical and Conceptual Framework

I used two theories to guide my study: Bandura's social learning theory (SLT) and Tajfel's social identity theory (SIT). Bandura's SLT was created to explain the social influences on learning (McEwen & Wills, 2014). Banduras' social learning theory emphasizes how an individual's learning and behavior are impacted by environmental factors (McLeod, 2016). SLT is based on four processes: attention, retention, reproduction, and motivation (McLeod, 2016). Attention is the act of noting a behavior or action along with the consequence (McLeod, 2016). Retention is remembering the specific behavior, action, and consequence (McLeod, 2016). Reproduction is the ability of someone to repeat a specific action or behavior (McLeod, 2016). Motivation is the desire to perform the action or behavior (McLeod, 2016).

In the attention phase, the behavior has to capture a person's attention, and the individual will also note the consequences of this observed behavior (McLeod, 2016).

The retention phase occurs when the witnessed behavior and consequence are remembered and may become an action at a later date. Reproduction is the ability to perform the observed action or behavior. (McLeod, 2016). It is important to note that only some people will be able to repeat the action or behavior. In the motivation stage, the individual will weigh the consequences and decide whether or not to repeat the behavior or action (McLeod, 2016).

In the second theory, Tajfel's SIT, a person's social identity places them into a group in which they develop a sense of social identity (McLeod, 2008). A person's social identity is their sense of what group of people they belong within (McLeod, 2008). The three steps of this theory are categorization, social identification, and social comparison (McLeod, 2008). Categorization is placing people into a category (McLeod, 2008). Social identification is self-placing oneself into a certain category (McLeod, 2008). Once placed in categories, social comparison happens when one group compares their group with another group (McLeod, 2008).

To increase the self-esteem and self-image of their group, the group of individuals discriminates against the other group of individuals by looking for downfalls within other groups (McLeod, 2008). These two theories guided faculty incivility and nursing student attrition status. Acts of faculty toward student incivility can be related to Bandura's SLT. Tajfel's SIT can explain why students choose to leave nursing academia. More details on Bandura's SLT and Tajfel's SIT are presented in Chapter 2.

Nature of the Study

I conducted a comparative research study that determined if there is a difference in perceptions of nursing faculty incivility between nursing students who remained in school versus students who withdrew from nursing school. The second research question is a comparative analysis that determines if there is a difference in the perceived incivility of nursing faculty between practical nursing and associate degree nursing students. A comparative analysis allowed for deciphering which program has the greater attrition status in relation to perceived nursing faculty incivility and the creation of some generalizations (Befani, 2013; Pattyn et al., 2017; Rihoux & Lobe, 2009).

Data were collected from the completion of one survey, the faculty behaviors section of the Incivility in Nursing Education (Revised) (Clark et al., 2015), along with a question on the demographic data sheet regarding withdrawing from a nursing program due to nursing faculty incivility. Permission to use the survey is included in Appendix D, and the licensure agreement is in Appendix E. Facebook was used to recruit participants for the study. The study was open to people enrolled in a practical nursing or associate degree nursing program within the last five years. I collected data by posting the survey on SurveyMonkey and entering it into SPSS for analysis. I conducted an independent samples *t*-test to determine if there is a difference in perceived faculty incivility for RQ 1 and an independent samples *t*-test to determine if there is a difference between faculty incivility between the two types of nursing programs for RQ 2.

Definitions

The following terms were used throughout this research study:

Attrition status: Students who do not return to academia once starting (Stein, 2018). This study was measured at the individual student level using two categories: withdrawn or in school.

Bullying: Repeated aggression and intimidation with the plan to cause harm to that person, which leads to a barrier to performing effective teamwork (Johnson & Benham-Hutchins, 2020).

Incivility: Rude or discourteous actions or words with the potential to cause another person harm (American Nurses Association (ANA), n.d.).

Nursing student: Any person who is enrolled in a nursing program that leads to professional licensure.

Nursing faculty: An academic faculty member who is licensed as a nurse and teaches nursing education (National Council of State Boards of Nursing (NCSBN), 2008).

Nursing faculty incivility: Rude of disruptive behaviors initiated by nursing faculty (Clark, 2013; Miliira et al., 2017). Some of these disruptive behaviors include yelling or shouting, hostile behavior, belittling, gossiping, swearing, making negative remarks, and using assignments as punishment (Cooper et al., 2009).

Type of Nursing Program: Practical nursing student is a student studying nursing in hopes of taking the licensing examination to become a licensed practical nurse (Clarke, 2021). An associate degree nursing student is a student in an undergraduate degree program seeking to gain knowledge and clinical skills to be eligible to take the NCLEX-RN (Clarke, 2021).

Assumptions

Assumptions are general beliefs that a principle is true without proof or research (Polit & Beck, 2012). The assumptions for my research study included the belief that all study participants answered the questions honestly. Another assumption was that faculty do not desire to be uncivil to students and desire that nursing students complete the nursing curriculum to graduate.

Scope and Delimitations

I conducted a comparative quantitative research study to determine if differences exist in perceived nursing faculty incivility according to nursing student attrition status. The study also determined if differences exist in perceived faculty incivility between types of nursing students, practical nursing, and associate degree nursing students. Due to the purpose of my study, quasi-experimental and experimental quantitative research were not selected.

The nursing profession has numerous degrees, including practical nursing, associate degree nursing, bachelor's, master's, and doctorate. The study focused on participants enrolled in a practical and an associate degree program within the last 5 years. I gathered data from the participants using the Incivility in Nursing Education (Revised; INE-R) Survey and a *yes* or *no* question on the demographic data sheet regarding withdrawing from a practical or associate degree nursing program. I analyzed data in SPSS using a two-tailed independent *t*-test. This population sample can help determine if students with differing withdrawal statuses and those in different types of nursing programs perceive greater nursing faculty incivility.

I selected Bandura’s SLT to support my study because it explains how social influences affect learning (McEwen & Wills, 2014). Bandura's SLT provided a foundation as to how incivility is spread through the four processes of attention, retention, reproduction, and motivation (McLeod, 2016). I chose to also use Tajfel's SIT, which includes three steps of theory: categorization, social identification, and social comparison (McLeod, 2008). In order to increase self-esteem and self-image, the groups discriminate against other groups by looking for downfalls within other groups (McLeod, 2008). These two theories provided guidance on faculty incivility and nursing student attrition.

I considered using Tinto's model of student retention because it emphasizes the concept of student retention. Although Tinto's model of student retention does find student relationships and the student's environment are factors in student retention (Draper, 2008), I did not choose this theoretical framework because it does not fully include nursing incivility. I also considered using Roy's adaptation model of nursing but did not choose it because Roy's adaptation model of nursing focuses on adaptation, which occurs with environmental changes, and demonstrates how a nursing student would adapt to acts of incivility (Nursing Theory, 2020). My study focused on practical nursing and associate degree nurses, and therefore, the results may not be generalizable to nursing students enrolled in either bachelor's or graduate degree programs.

Limitations

There were several limitations to the study. For one, the participants may interpret incivility differently. For example, some participants may have perceived the faculty

member arriving late for class as an uncivil act, whereas others other participants may have viewed it as civil. However, I used instruments that have established validity and reliability.

Numerous factors can influence nursing student attrition. The coronavirus (COVID-19) pandemic led to nursing student attrition as students had to decide if completing nursing education during a pandemic was the right time to focus on nursing academia. COVID-19 also caused nursing students to re-evaluate if nursing was the correct profession for them (Nie et al., 2020). Nursing student attrition rates are also affected by a student's academic failure, financial status, level of support, and the decision that nursing is not the correct profession for the individual (Nie et al., 2020; Urwin et al., 2010).

Biases may also occur during data collection. Some participants may choose not to participate in the study due to the trauma experienced from incivility and having to relive those negative, traumatic events. Some of the limitations of comparative research include scale of analysis, construct equivalence, variable orientation, and issues of causality (Mills et al., 2006).

I used reasonable measures to address the limitations of the research study. I used the INE-R Survey and a *yes* or *no* question on the demographic data sheet regarding the attrition status of withdrawn or enrolled from a practical or associate degree nursing program. I ensured all data collected remained in confidence to encourage participants to answer honestly and openly.

Significance

My study focused on faculty towards student incivility and whether this form of incivility correlates with nursing student attrition. Incivility in the nursing profession is a growing concern. Some nursing academic programs have attrition rates as high as 50% (Harris, 2014; Kubec, 2017). As incivility carries over into the nursing profession, it costs healthcare organizations money for nurse turnover and burnout (Visovsky, 2012; Warner et al., 2018). Incivility also decreases client safety (Phillips et al., 2018) and can cause physical ailments for the victim or the witness of incivility (Diedrick, 2011; Layne et al., 2019).

Determining the differences in perceived nursing faculty incivility and nursing student attrition can help nursing academia further support that program. With attrition being a concern in nursing academia, knowing what program experiences the greater amount of perceived nursing faculty incivility and higher attrition allows for greater intervention to maintain students within nursing academia and to enter the nursing profession.

A healthcare organization with high amounts of incivility can cost the organization millions of dollars each year due to nurse burnout, nurse turnover, and lower Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores (Edmonson & Zelonka, 2019). As the nursing shortage intensifies and nursing academia turns away qualified nursing applicants (AACN, 2017), nursing faculty may also be deterring nursing students from successfully graduating and entering the nursing profession. Keeping qualified students in nursing academia is essential in the United

States facing a nursing shortage. Positive social change may occur as this study identifies a source of incivility, allowing the issue to be addressed and combated. If the identified concern is not with nursing faculty members, faculty members can continue to counsel students on addressing incivility within academia and the profession.

Summary

Nursing incivility is present in the healthcare setting and nursing academia, and the rate of occurrence has continued to increase (Sauer et al., 2017). Nursing incivility must be addressed in a profession known for caring and compassion. As the United States is facing a nursing shortage, which is predicted to increase, keeping qualified nursing students in academia is imperative.

My research study examined if faculty towards student incivility correlates with nursing student attrition. The framework used for this study includes Bandura's social learning theory, which emphasizes how actions are observed and repeated, such as uncivil acts, and Tajfel's social identity theory, which focuses on social identification and categorization and supports the idea that nursing students may make the decision to leave nursing academia.

My research study was quantitative with data collection, and I used a valid and reliable survey. The study participants were practical nursing and associate degree nursing students throughout the United States, as the study was posted on Facebook. I determined if a correlation exists between incivility and attrition. In Chapter 2, I review the literature on nursing incivility within the profession and nursing academia. Chapter 2 includes more details on nursing incivility, the side effects, and attrition in nursing

education. The remaining section of Chapter 2 covers theoretical and conceptual frameworks.

Chapter 2: Literature Review

Introduction

Nursing incivility has been present in the nursing profession for years and has become an increasing concern for nurses, nursing students, and healthcare organizations alike. The literature reveals numerous negative consequences of nursing incivility, which include emotional, psychological, and physical symptoms (Rose et al., 2020). Along with the negative consequences of nursing incivility, nursing students may leave nursing academia (Schaffer, 2013), and nurses may leave their current place of employment or leave the profession altogether (Fredrick, 2014; Kisner, 2018). While there are numerous perpetrators of incivility within nursing academia, faculty incivility was reported as a major source of incivility (Olsen et al., 2020). Although some nursing student attrition is expected, some nursing programs have reported attrition rates of up to 50% (Harris, 2014; Kubec, 2017). Nursing students may enter nursing academics with dreams of entering a profession known for caring and compassion, but incivility can deter them from the profession (Hughes, 1998; Lindop, 1991; Pryjmachuck et al., 2008). This study addressed the problem of nursing faculty incivility in nursing academia and helped determine the extent to which it may lead to nursing student attrition. The purposes of this quantitative study were to determine if there is a (a) difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw and type of nursing (practical and associate degree) students, and (b) the difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

The literature review includes a synthesis of incivility in the profession, in nursing academia, the perpetrators of incivility, and nursing student attrition. I identified common themes such as what constitutes nursing incivility, the perpetrators of incivility, and some of the negative consequences of nursing incivility. I showed the gap in the literature, which was used to determine if there is a correlation between nursing faculty incivility and nursing student attrition. The identified gap provided support for the research study.

Literature Search Strategy

The information retrieved for the literature review was accessed through Walden University's online library. I searched the following nursing databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, ProQuest Nursing and Allied Health Source, PubMed, Cochrane Database of Systematic Reviews, Google Scholar, and Ovid Nursing Journals Full Text. I searched data from within the past 5 years, from 2016 to the present. I found approximately 500 articles, and I sorted them by relevance, containing information on nursing incivility in academia and the most recent articles. Similar data to previously used data were excluded. To narrow down my search, I used only peer-reviewed articles. I reviewed the author and their credentials and reviewed the abstract for accuracy. If the article did not fit my research study, it was not used. Approximately 70 articles were used for my literature review. While completing my database searches, I searched for the following words and phrases: *nursing incivility, incivility, academia, nurse bullying, nursing student attrition, student aggression, classroom incivilities, workplace violence, faculty incivility, retention, attrition rates,*

nursing education, uncivil, and *classroom management*. The reference page of all articles found was also reviewed and searched as applicable.

Theoretical Foundation

I used two theories to guide my research study: Bandura's SLT and Tajfel's SIT. Bandura's SLT was created to explain how social influences affect learning (McEwen & Wills, 2014). SLT is based on four processes: attention, retention, reproduction, and motivation (McLeod, 2016). Bandura's SLT provided my research study with a theory regarding social influences and how nursing incivility can be a social influence.

What separates SLT from other behavioral theories is Bandura's postulation that behavior is learned through observation and mediating processes (McLeod, 2016). Three important assumptions in Bandura's SLT include that an individual will learn and be able to repeat a behavior just by observing a behavior, that consequences can deter behaviors, and that not all learned behaviors will be repeated. Bandura (1971) found that people can create an emotional response by witnessing another person's pain or pleasure. People can also learn by observation without using trial and error to learn the behavior (Bandura, 1971). Bandura (1971) also found that people can foresee potential consequences and alter their behavior.

The SLT mediational process has four steps: attention, retention, reproduction, and motivation (McLeod, 2016). Bandura defines the attention step as where the individual behavior catches the attention of another individual (McLeod, 2016). Some behaviors go unnoticed, but those that capture an individual's attention are more likely to be imitated (McLeod, 2016). In the retention step, the behavior that drew attention is

stored in the memory (McLeod, 2016). The reproduction step occurs when the behavior that drew attention is retained, and the individual can reproduce the behavior (McLeod, 2016). In the final step, the individual has the motivation to repeat the behavior (McLeod, 2016). SLT considers the consequences of the behavior, and in the attention step, the individual notes the consequences, which may deter the motivation to repeat the behaviors (McLeod, 2016).

Nursing incivility is a behavior that is known to nursing academia. In following Bandura's SLT, the environment is nursing academia, the behavior is incivility, and the nursing student's cognitive factors are all variables that affect one another (McEwen & Wills, 2014). Incivility is perceived by the individual. Therefore, not all uncivil behaviors will see attention. If uncivil acts gain the attention of nursing students, they may follow the four steps of Bandura's SLT and could repeat the observed behavior of incivility.

Lynette (2016) found Bandura's SLT to be a supportive framework for nursing incivility as there is a relationship between what is learned and observed and one's actions. If nursing students are experiencing incivility within nursing academia and observe another student leave the program for that reason, this student may also decide to quit if they experience incivility. Nursing students learn vicariously (McEwen & Wills, 2014), so the longer the student has been in the nursing program, the longer they may have experienced or observed nursing incivility.

Lynette et al. (2016) used Bandura's SLT to support combating nursing incivility, as Bandura's SLT provides a link between learned, observed, and actual actions. Lynette et al. (2016) found that Bandura's SLT would support positive behaviors and actions in

the same way as the negative behaviors and actions of incivility. Vitale (2020) completed a research study on the impact of faculty bullying and supported the study with Bandura's SLT. Vitale (2020) uses Bandura's SLT to help determine if a relationship exists between the bullying behaviors of nursing faculty members and nursing students.

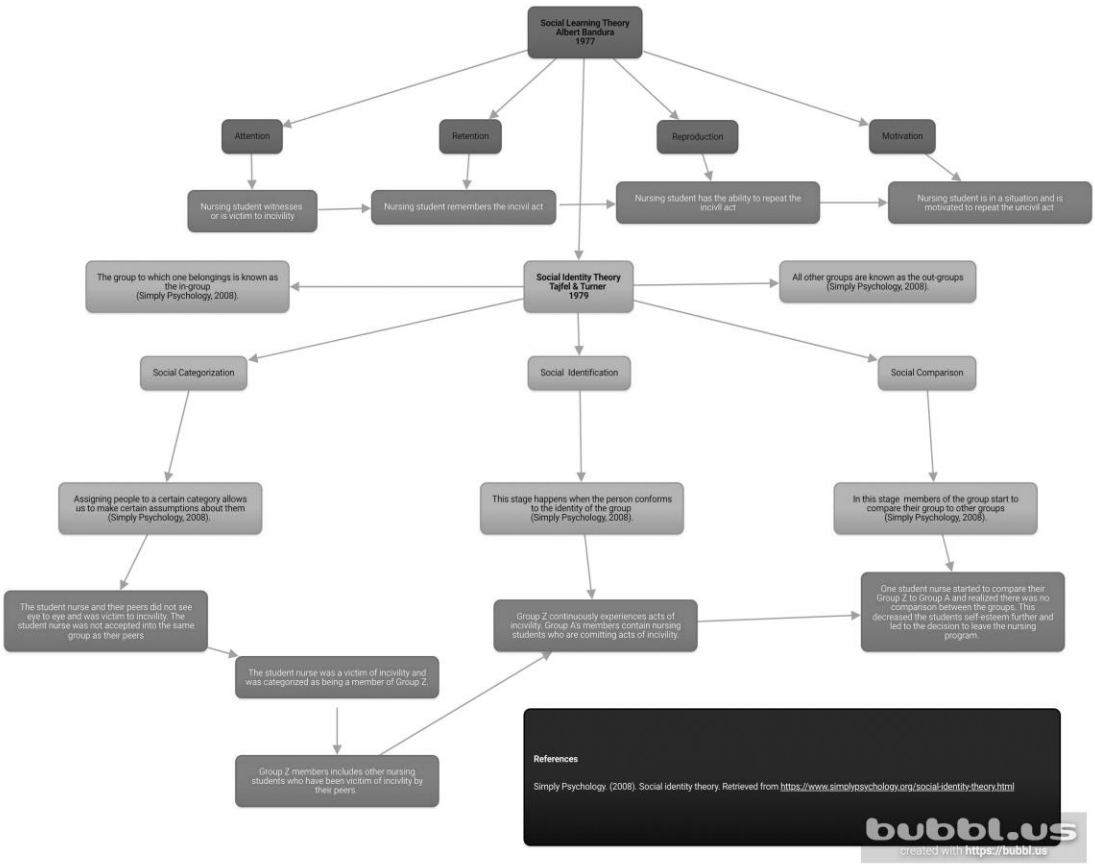
In the second theory, Tajfel's SIT, a person's social identity, which is an individual sense of how a person belongs to a group, places them into a group where they develop a sense of social identity (McLeod, 2008). SIT assumes that individuals will identify themselves as a group, and they will want their group to maintain their identified group with the highest status (McLeod, 2008). The three steps of this theory are categorization, social identification, and social comparison (McLeod, 2008). To increase self-esteem and self-image, the groups discriminate against other groups by looking for downfalls within other groups (McLeod, 2008).

Tajfel's SIT proposed that people are all categorized into groups, and these groups provide pride and self-esteem (McLeod, 2019). The categorization is the first step in Tajfel's SIT, and each category has its definition of appropriate behavior (McLeod, 2019). As groups are created, individuals notice the differences and similarities between the groups. To increase a group's self-image, the group will find weaknesses within another group (McLeod, 2019). The second step is social identification, in which the individual adapts to their assigned category's characteristics (McLeod, 2019). An example is a nursing student who starts talking during a lecture, just like the members of their assigned group. The last stage is social comparison, where group members compare

their group to the others, which leads to competition and hostility between groups, which may help maintain or increase the groups' self-esteem (McLeod, 2019; See Figure 1).

Figure 1

Theoretical Framework



Zhan et al. (2018) used Tafjel's SIT theory as a framework to determine the effect incivility has in the nursing workplace on status within a group. People who experience incivility may lose their self-esteem and feel like an outsider in their group (Zhan et al., 2018). When superiors are uncivilized to their subordinates, the subordinates will have a reduced sense of belonging (Amabile et al., 2004; Ouyang et al., 2015; Schyns & Schilling, 2013).

Rationale for Use

Bandura's SLT is a cognitive behavioral theory, and by following this theory, nursing students can create an emotional response from witnessing another student's pain of being a victim of nursing faculty incivility (Bandura, 1971). Therefore, not only are the victims of incivility affected by nursing faculty incivility, but so are those who witness these acts. Nursing faculty can also learn about acts of incivility through observation (Bandura, 1971). If nursing faculty members are aware that their acts of incivility are a reason for nursing student attrition, they may alter their behavior.

Nursing students should learn the requirements of professionalism in nursing through nursing academia, not witnessing and becoming victims of incivility. Nursing requires social interaction with patients, families, and other members of healthcare organizations. Bandura's SLT supports nursing students learning from the actions of their nursing faculty. If these behaviors continue without consequences, nursing students may enter the profession and repeat those same uncivil acts. Nursing faculty's acts of incivility need to be addressed, and punishments are needed for these actions. Nursing faculty need to mentor and guide students.

Upon entry into the nursing program, nursing students classify themselves into different peer groups. This social categorization is the first step of Tajfels SIL (McLeod, 2019). According to Tajfels SIL, a nursing student's sense of identity will be determined by their group (McLeod, 2019). All other groups will be classified as outgroups. These groups compete to maintain the highest status. Once nursing students experience faculty incivility, their self-esteem can be negatively affected. These uncivil

acts may have been acts the student was victim to or observed. These hostile, uncivil behaviors may include acts of incivility that caught the student's attention and were retained, and the student may have the ability to reproduce the behavior if the motivation is present. If a nursing student is also a member of an outside group with higher self-esteem, they may leave nursing academia to maintain a more positive group status, thus increasing nursing student attrition.

These two theories support my research study to determine the effects of faculty incivility on nursing student attrition. Both of the research questions – what is the difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw, and what is the difference in the levels of perceived faculty incivility between practical nursing and associate degree nursing students – are supported by both Bandura's STL and Tajfel's SIL.

Literature Review Related to Key Variables and Concepts

Incivility

All nurses are to adhere to the Code of Ethics for Nurses set forth by the American Nurses Association (ANA). The first provision of the Code of Ethics for Nurses is that "the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person" (ANA, 2015, p. 1). Despite this, nurses have been known to "eat their young," and incivility is known within the profession. "Eat their young" is an expression known within the nursing profession, and it is a practice that still exists today in healthcare organizations and nursing academia (Aebersold & Schoville, 2020; Kaiser-Permanante, 2017). The expression depicts incivility within the

nursing profession and a passage that many nurses experience as they navigate through their careers (Aebersold & Schoville, 2020).

Over the recent years, incivility within the nursing profession has gained much attention. Nursing, which is a profession known for caring, has been ranked as the highest profession for honesty and ethical standards by the Gallup Poll for the past eighteen years (National Nurses United, 2020). Incivility, bullying, lateral violence, horizontal violence, harassment, and workplace violence are all concerns within the nursing profession. Some authors and researchers use the terms incivility, bullying, lateral violence, horizontal violence, harassment, and workplace violence interchangeability, but for the purpose of this dissertation, nursing incivility will be used as defined by the American Nurses Association (ANA). The ANA (n.d.) has defined nursing incivility as disrespectful actions and words with the possible plan to cause harm to the other person. Bullying is defined as repeated aggression and intimidation with the plan to cause harm to that person, which leads to a barrier to performing effective teamwork (Johnson & Benham-Hutchins, 2020). Some of the differences between bullying and incivility are bullying is a repetitive behavior, and the perpetrator has clear intentions of causing someone harm (Layne et al., 2019). The perpetrators of incivility may not be aware of their behaviors and the negative effects they are having on the victims and those witnessing the acts of incivility (Clark et al., 2012; Warner et al., 2018). In a study by Warner et al. (2018), incivility stopped when the perpetrator was confronted.

There is no standardized list of behaviors that constitute nursing incivility. Some behaviors that are consistent with nursing incivility are criticizing, controlling,

threatening, ignoring, and assigning too heavy of workloads (Meires, 2018). Heavy workloads and the fast pace of the profession are the norm for nurses (Alquwez, 2020; Cruz, 2017), which can lead to increased stress levels and an increased risk of incivility. Talking bad about another, belittling, harassing, and failing to help are other behaviors associated with incivility. Incivility can also be caused by the failure to take action when needed and by nonverbal behaviors (Clark & Dunham, 2020). The effects of incivility can also produce physiological symptoms for the nurse and may present as gastrointestinal issues, headaches, fatigue, and weight gain or loss (Clark et al., 2014; Rose et al., 2020). Incivility can also increase a nurse's self-doubt and weaken a nurse's critical thinking skills (Clark, 2019).

Incivility may be interpreted differently by people. Some may not recognize or perceive an act as incivility or may feel their actions were not uncivil, which leads to unintentional incivility (Ko & Rossen, 2004; Lampley et al., 2016). Social and cultural aspects can play a role in determining if an action or behavior constitutes incivility (Connelly, 2009; Eka & Chambers, 2017; Mofffat, 2001; Ni Gusti & Chambers, 2019).

Students with a strong support system tend to experience fewer negative consequences of nursing incivility (Kim, 2019). Support systems help the student control and overcome the difficulties of nursing incivility (Kim, 2019). Those students with limited to no support tend to be more prone to incivility. Their lack of a support system leaves them vulnerable due to a lack of guidance from peers, friends, and family.

Incivility is underreported because it is related to fear of retaliation, lack of support if reporting incivility, fear nothing will be done if reported, and fear of job loss

(Vessey et al., 2011; Mikaelian & Stanley, 2016). Kinser (2018) found that the underreporting of incivility is related to nurses not recognizing the behaviors as incivility or deciding to ignore the uncivil behaviors. For some nurses, leaving their current place of employment (Hayden, 2016; Kisner, 2018) or leaving the profession becomes the best solution to combat nursing incivility. Incivility can be perpetrated by clients, client's families, providers, other nurses, and other healthcare professionals. The highest level of incivility was perpetrated by clients or their families, and the least amount of incivility was perpetrated by supervisors. With nursing being constantly at the bedside, incivility may not be a direct cause of any of the nurse's actions but a way for clients and their families to express their frustrations (Alshehry et al., 2019; Alquwez, 2020).

Why incivility exists within the nursing profession is not known, as there are many factors that can contribute to incivility. Incivility is primarily caused by a lack of understanding of each healthcare professional's responsibilities (Dawood Al-Sabei, 2019) or can be the result of a power struggle (Del Prato et al., 2011; Olsen et al., 2020). Incivility can also be the result of strained relationships (De Villers & Cohn, 2018). Some of the factors that influence incivility include the stress of saving lives, power struggles, staffing shortages, increased patient acuity, and lack of support from leadership to combat incivility (Crawford et al., 2019; Windey et al., 2020). These factors can increase a nurse’s emotions and ability to cope with the added stress of nursing incivility (Windey et al., 2020).

Incivility in the Workplace

Sentinel events are issued by The Joint Commission (TJC) when client care is harmed related to incivility (Authement, 2016; TJC, 2008). In 2008, TJC found that over a 10-year period, nursing incivility resulted in over 3,500 sentinel events (Blevins, 2015). A sentinel event is a safety event that results in serious patient harm and has a negative impact on the patients and the healthcare providers (TJC, 2020). Incivility within the nursing profession has become an increased issue that governing bodies, such as the ANA and TJC, have been attempting to help combat (Brunworth, 2015). Incivility is a negative experience that new graduate nurses may encounter when they first enter the workforce (Schoville & Aebersold, 2020). One study found that all new nurses experienced some form of incivility during their first year in the workforce (Kerber et al., 2015; Sauer et al., 2018). Even though incivility in the workplace has been addressed, it is yet to be combated and removed from the nursing profession (AACN, 2019; ANA, 2015; Center for American Nurses, 2008; Schoville & Aebersold, 2020). Incivility has created a toxic work environment with negative side effects for all those involved, including the clients (Schoville & Aerbersold, 2020). Workplace incivility within the nursing profession can cause emotional and physical distress, negatively affect the quality of the care provided, and lead to client harm (Armstrong, 2018). These compromises in client safety can be due to poor communication and lead to errors in medication administration and treatments and, ultimately, client mortality (Hoffman & Chunta, 2015; Kinser, 2018; Schoville & Aebersold, 2020). Alquwez (2020) found that higher levels of nursing incivility were negatively correlated with a decrease in client safety. Most often,

incivility leads to a breakdown in communication, which is so essential for healthcare professionals (Alquwez, 2020). Nurses have developed fears of being disrespected and negatively talked about by their peers for the reporting of errors (Covell, 2010; Kerber et al., 2015).

Incivility in the workplace costs healthcare organizations $30,000 and $100,000 each year as nurse turnover and burnout increase (Visovsky, 2012; Warner et al., 2018). Victims of incivility continue to combat the physical and emotional ailments that are attributed to the incivility while having to provide safe client care (Phillips et al., 2018). Nurses who witness or are victims of incivility are more likely to experience a decrease in job satisfaction, an increase in absenteeism, and a loss of productivity (Layne et al., 2019; Wilson et al., 2011). One year after experiencing nursing incivility, 85% of nurses in a study had a decrease in their productivity (Alquwez, 2020; Lewis & Malecha, 2011). Incivility may come from different sources, such as from patients and families (Layne et al., 2019; Pein et al., 2019) as well as from other nurses within the workplace (Kinser, 2018). Nurses who are employed in areas such as emergency rooms, intensive care units, and operating rooms are at higher risk of experiencing incivility due to the increased stress in these areas (Layne et al., 2019; Rosenstein, 2006). Perregrini (2019) reported that 12% of nurses employed in an emergency room setting experienced physical violence. Nursing units that are known for heavy workloads, nursing shortages, nurse overtime, and an increase in nurse responsibility have an upsurge in the chance of incivility being present (Blakey et al., 2019; Schoville & Aerbersold, 2020).

Incivility in Academia

Nursing incivility is observable not only in the workplace but also in nursing academia (DeMarco et al., 2018; Twale & De Luca, 2008). Nursing academia differs from other educational programs as learning does not take place just in a classroom but also in laboratories and healthcare facilities (Morgan et al., 2019). Due to the diversity of learning opportunities, all learning areas need to be free from incivility from not only other nursing students and nursing faculty but also from other healthcare professionals (Morgan et al., 2019). In 2002, violence issues within nursing academia made national news when three nursing faculty members were murdered by a nursing student in Arizona (Luparell, 2011). Incivility in academia decreases student and faculty motivation and satisfaction and directly interferes with the learning process (Hyun et al., 2018). Addressing nursing incivility in nursing academia can help promote professional behaviors within the workplace (Authement, 2016).

Incivility can occur between students, faculty to student, faculty to faculty, or student to faculty. Incivility is often reciprocal, so both parties are involved in uncivil acts (Mohammadipour et al., 2018). Some students and nurses are at a higher risk of being either victims or perpetrators of incivility, such as nursing students, newly graduated nurses, and float pool nurses (Clark & Dunham, 2020; Griffin, 2004; Griffin & Clark, 2014). These nurses are at higher risk for incivility due to their lack of confidence, skills, and competencies because they do not have social connections on the unit (Chen et al., 2017; Zhang et al., 2018). Nurses with more experience who are noted for being senior staff are more likely to be perpetrators of incivility (Blakey et al., 2019; Fnais et al.,

2014). Senior nurses are aware of the values and norms of the group, and when new nurses enter this group, incivility is used to shape these nurses to conform to those values and norms (Rainford, 2015). Senior nurses may also feel they are superior (Aul, 2017; Clark, 2008) to nursing students, new graduate nurses, and float pool nurses. Culturally diverse nursing students are more likely to become victims of incivility (Fnais et al., 2014; Blakey et al., 2019) or a specific group of students in which the nurse faculty member has a racial bias (Altmiller, 2012; Koharchik, 2018) due to perceptions as being different from the norm (Githens, 2011).

There has been little research completed on the negative consequences incivility has on nursing students (Thomas, 2018). One study of an online nursing course found that over 50% of the students perceived faculty incivility, which included faculty members making inappropriate, unprofessional remarks and embarrassing students (Donathan et al., 2017). Another study found that 88% of students reported being victims of incivility from faculty (Holtz et al., 2018; Marchiondo et al., 2010). Results from a study further support the concern of faculty towards student incivility as it revealed a majority of incivility is coming from the faculty towards students (Ingraham et al., 2018; Laister et al., 2012).

There are four categories of faculty-to-student incivility, which are incivility in the presence of others, communication with other people about a nursing student, creating the feeling of the student being incompetent, and nursing faculty behavior, which makes the student feel unimportant (Altmiller, 2012; Koharchik, 2018). Other faculty behaviors that constitute incivility are sending inappropriate emails, retaliation, and setting forth

unrealistic expectations (Donathan et al., 2017; Posner, 2016). Nursing faculty would talk uncivilly about students in front of other professionals, other nursing students, health care professionals, or patients (Lasiter et al., 2012). Nursing faculty belittled students by ignoring them, not responding to them, or laughing at them (Lasiter et al., 2012). Holtz et al. (2018) found six types of nursing incivility exist, which include labeling, picking on students, providing no-win situations, not providing proper sufficient instruction, criticizing in front of others, and hindering student progress.

Incivility within nursing academia negatively affects nursing students and nursing faculty. Healthcare professionals reported incivility starts within nursing education and is carried over into the workforce (Courtney-Pratt et al., 2017; Curtis et al., 2007; Hakojarvi et al., 2014; Lash et al., 2006; Schoville & Aebersold, 2020; Thomas & Burk, 2009). Luparell's (2011) study showed what students learn within nursing academia, including nursing incivility, can be a behavior that the nursing student learns and carries into the profession. An increasing number of nursing students are reporting high levels of incivility (Ibrahim & Qalawa, 2016). While student and faculty perceptions of incivility may be different, approximately 60% of students have reported they have witnessed or demonstrated uncivil behaviors while enrolled in nursing academia (Ibrahim & Qalawa, 2016). DeMarco et al. (2018) reported that perceptions of incivility vary due to attitudes and beliefs. An action may be perceived as civil in one setting but uncivil in another setting (Clark & Carnosso, 2008; DeMarco et al., 2018).

Increases in absenteeism, poor performance, errors, and higher attrition rates are all consequences of incivility (Ceravole et al., 2012; Smith et al., 2010; Palumbo, 2018).

When clinical experiences become chaotic and overwhelming, students begin to notice an increase in nursing incivility and unsafety clinical practices (Blakey et al., 2019; Schoville & Aerbersold, 2020). These acts of incivility can come from the faculty, nurses, and other healthcare providers. Within a practicum rotation, nursing students have found that nursing incivility is unavoidable (Ahn & Choi, 2019). Acts of incivility experienced by nursing students within the practicum rotation include being neglected, talked down to, and ignored (Ahn & Choi, 2019). Nursing students also experience sarcasm and are forced to work longer hours or without a lunch break (Ahn & Choi, 2019). Student experiences of nursing incivility decrease learning and can lead the student to choose a different profession (Ahn & Choi, 2019).

Stress can be a catalyst for nursing incivility (Koharchik, 2018). Nursing students may experience stress from fear of making a mistake, unsure of how to complete a task, fear of a client or their family member, noting of a difference of opinion between student and nurse, and from their nursing instructor (Cowen et al., 2016; Sauer et al., 2018; Wallace et al., 2015). Nursing students also experience additional stress from their multiple responsibilities and from being enrolled in nursing academia. It is these stressors that can increase the occurrence of incivility. Increased levels of stress can lead to inappropriate actions toward students and other faculty members.

Faculty-to-Student Incivility

Rawlins (2017) noted that it is common for student-to-faculty incivility to exist; some of these behaviors include canceling class without notice, belittling students, not being available to students, or remaining distant from students (Clark et al., 2009; Aul,

2017). Students can experience incivility from faculty members either in the classroom, laboratory, or clinical setting. Incivility can occur in online courses (Hyun et al., 2018). One study of an online nursing course found over 50% of the students perceived faculty incivility, which included the faculty member making inappropriate, unprofessional remarks and embarrassing students (Donathan et al., 2017), while another study found 88% of students reported faculty towards student incivility (Marchiondo et al., 2010; Holtz et al., 2018).

For some students, incivility happens even when they are not in the academic setting due to having access to social media on multiple electronic devices, including cellular phones (Hyun et al., 2018). Students and faculty can experience incivility from nursing faculty and students on Facebook, Twitter, and Snapchat. Some people are more willing to express negative thoughts and words in the online environment than face-to-face.

One of the most common forms of faculty-to-student incivility is faculty not being prepared for lectures or laboratory sessions and not grading fairly (Mohammadipour et al., 2018; Vardanjani et al., 2016). Lasiter et al. (2012) completed a study and found four major themes of faculty towards student incivility: talking in front of someone, talking about students to others, making the students feel belittled, and making the students feel stupid. Novice nurse educators threaten a student with a lower grade, which is an act of incivility (Edford & Rux, 2020; Rad & Moddnagi, 2016). Retaliation can occur against the perpetrator or against those trying to stand up for the victim (Solis, 2019). If incivility is witnessed by the student, fear of retaliation from the faculty member is the top reason

for not addressing the acts of incivility (Clark et al., 2013). If the student had been uncivil towards a faculty member, that faculty member may retaliate against the student, or the faculty member may retaliate against the students who stand up for the victim. Unfortunately, when these acts of incivility are not addressed, the perpetrator, victim, and witnesses may receive the message that these acts are acceptable (Solis, 2019).

Nursing faculty members are also under stress, which may contribute to nursing incivility. Faculty can be stressed about meeting workloads, completing research, and trying to maintain the qualifications for tenure (DeMarco et al., 2018). Stress has negative effects on the body, which affect the way the body handles situations (Clark et al., 2014; Crary, 2013; Sauer et al., 2017). Sauer et al. (2017) reported a connection between incivility and stress. The increased job stress can intensify an incivility perpetrator's reaction from mild to behaving and acting more aggressively (Taylor & Kluemper, 2012). Nursing faculty may not understand or believe their actions and behaviors are uncivil (Donathan et al., 2017). Faculty members who have an authoritarian leadership style, at times, are viewed as being uncivil (Small et al., 2018). Resonant leaders, those leaders who are aware their actions will impact others, focus on engagement, and have emotional intelligence, have a lower likelihood of incivility within their healthcare organization or unit (Casale, 2014; Cummings, 2004; Laschinger et al., 2014; Read & Laschinger, 2013). There are faculty members who want to ensure the student knows that the faculty has the power, and when interacting with students, these faculty members ensure the student feels powerless (Clark, 2008; Ingraham et al., 2018).

Lack of communication and ineffective communication have been found to have the greatest impact on faculty-to-student incivility (Rawlins, 2017). Rawlins (2017) found four themes that appeared frequently within the research: (a) detrimental to health and well-being, (b) disruption to the teaching-learning environment, (c) stress as a catalyst, and (d) incivility incites incivility. Many students view nursing faculty members as role models, and if faculty members exhibit uncivil behaviors, nursing students are likely to follow their negative uncivil behaviors (Laila, 2018). One study found that faculty were uncivil to students who approached faculty members about a perpetrator of incivility 2.5% of the time (Shen et al., 2020).

Nursing students who witness and are victims of nursing incivility can experience an increase in their stress level, increased anxiety, loss of sleep, and panic attacks (Birks et al., 2018; Shen et al., 2020). Olsen et al. (2020) found that nursing students report faculty members as being a large source of the incivility they experience, yet there is a lack of research on how this can be combated. Faculty toward student incivility is a great concern within nursing academia, and more research is needed to determine how incivility affects students (Ingraham et al., 2018).

Student Towards Student Incivility

Nursing students can also be the perpetrators of incivility towards their fellow classmates. One of the most reported behaviors students perpetrated as an act of incivility is distracting side conversations (Small et al., 2019). Sauer et al. (2017) found student interruptions to be the most common occurrence of nursing incivility. Disrespect was found to be at the root of student-to-student incivility within nursing academia (Small et

al., 2019). Thomas (2018) found false accusations to be high on the list of student-to-student incivility. A study by Natarajan et al. (2017) found that 34 % of students had been threatened by other nursing students, and these threats were the cause of nursing students' physical harm. Some of the physical effects are headaches, intestinal problems, anxiety, and depression (ANA, 2015). Incivility can lead to workplace violence, which includes physical harassment and even homicide (ANA, 2015; Occupational Safety & Health Administration, 2015). The more competitive the students are, the higher the level of incivility within the classroom (Altmiller, 2012; Babenko-Mould & Laschinger, 2014; Mott, 2014; Rose et al., 2020).

As uncivil acts continue without repercussion, the uncivil acts escalate. Nursing faculty may not address the acts of incivility due to lack of time, fear of emotional turmoil, fear of legal ramifications, and fear of student retaliation (Authement, 2016; Robertson, 2012). Also, when these uncivil acts are not addressed, they will carry over into the clinical setting and into nursing practice, being viewed as normal, acceptable actions (Authement, 2016).

Student-to-Faculty Incivility

Meires (2018) noted that nursing students were thought to lack the power to be the perpetrators of nursing incivility toward faculty members despite that belief, research has found that students commit acts of incivility toward faculty members. Incivility results because both nursing faculty members and nursing students are under high levels of stress (Meires, 2018). Students struggle to meet the demands of rigorous nursing programs while trying to maintain a balance with their other responsibilities. When

surveyed, 11% of students felt faculty were more likely to be perpetrators of incivility than students (Meires, 2018). Baby Boomers are more likely to perpetrate incivility than younger generations (Ziefle, 2017).

Some ways students exhibit nursing incivility are by arriving late to class, using cell phones during class, eye-rolling, making inappropriate remarks, leaving class early, and having side conversations. Some students will yell, name-call, and talk negatively about faculty (Meires, 2018). Small et al. (2019) found more serious behaviors arose in nursing academia, including threats of physical harm in one to two percent of the students in their study.

Some nursing students may feel they deserve a high grade as they are paying for their education (Donathan et al., 2017). One study found that 25% of participants reported negative physical contact between students and faculty, and 43% had witnessed verbal acts of nursing incivility by students toward nursing faculty members (Lashley & De Menses, 2001; Meires, 2018). Another study found approximately 30% of nursing faculty members have experienced harassing or disrespectful comments, threats of harm, or questioning of knowledge by nursing students (Natarajan et al., 2017). Arriving late for class and use of cell phones during class are the two highest behaviors of incivility (Natarajan et al., 2017). Incivility does not just occur with unruly, loud behaviors; students can be non-engaged and keep to themselves while still being uncivil (Carr et al., 2016).

Small et al. (2019) reported that students felt that faculty members were the perpetrators of incivility because they did not remain professional. Vink and Adejumo

(2015) found students related an increase in nursing incivility to larger classroom sizes, substance abuse, which caused the student to be loud, lack of support system, and students who struggle to make ends meet. Students become aware of the nursing faculty members' inability to control a larger classroom as the perpetrators were easily able to disguise themselves within a large number of students (Vink & Adejumo, 2015). Unfortunately, some nursing faculty are so focused on presenting their lecture that the student's acts of incivility go unnoticed by them (Abedini & Parvizy, 2019). Nursing faculty may also have fears about loss of employment if they are not tenured to battle student incivility (Ziefle, 2018). A study by Morgan et al. (2019) found nursing students feel their faculty members are not educated or prepared to battle incivility. Just like nurses employed in the health care setting, incivility experienced by faculty members can have negative effects on physical and emotional health (Green, 2018). Schoville and Aerbersold (2020) revealed that nursing schools need to include incivility education in their curriculum so that new nurse graduates learn how to deal with incivility and how not to be uncivil. Unfortunately, incivility has not been addressed within nursing education (Palumbo, 2018). Therefore, it continues to be a part of nursing education (Palumbo, 2018).

Attrition

Nursing academia attrition rates affect the number of professional nurses within the workforce (Barbe et al., n.d.). Not only are nursing students leaving academia, but within the first three years of practice, 30% to 50% of new nurses leave the nursing profession (Fredrick, 2014; Kisner, 2018). Another study revealed that 20% of new

nurses will leave the profession and look into finding a new career path (ANCC, 2015; Windey et al., 2020). If students are leaving the nursing academia due to student or faculty incivility, changes can be implemented to help prevent a negative outcome. Controlling the amount of incivility within academia can help new graduate nurses combat incivility when they enter the profession.

Attrition can result in students having a delayed graduation or not completing the program (Donnell, 2015). Nursing school attrition rates have become a national and international issue (Pryjmachuk et al., 2009). Most educational institutions report their attrition rates only to their accrediting body and not usually to the public (Barbe et al., n.d.). Accrediting authorities require educational institutions to maintain a minimum percentage rate of student completion, which is usually 70% (Barbe et al., n.d.). A nursing student's decision to leave a program denies other qualified nursing candidates a place in the program (Donnell, 2015). The American Institutes for Research estimated that student attrition costs the local and state governments $3 billion (Schneider & Yin, 2011; Jacobs et al., 2015). Of those students admitted into a nursing program, 18% leave the program prior to graduation (Horkey, 2015), and some programs can have rates of attrition rates up to 50% (Harris et al., 2014; Kubec, 2017).

Some nursing students choose nursing as a career because nursing is known for caring and compassion. The friendships and support systems created within nursing academia play a role in the student's decision to continue their education or leave their program (Ten Hoeve et al., 2017). Ten Hoeve et al. (2017) found that the student's rationale for entering the program is also a key factor in nursing student attrition. If

students are entering the profession of caring and compassion, nursing incivility could deter their completion (Ten Hoeve et al., 2017). A negative experience within a student's clinical rotations influences the student's decision to leave the program (Hamshire et al., 2012; Kukkonen et al., 2016). Although no rationale is listed, Prymachuk et al. (2009) found evidence that clinical placements could determine if a student voluntarily made the decision to withdraw from the nursing program.

For some students, there are a number of different reasons for withdrawing from their nursing program (Glossop, 2002; Glogowski et al., 2007; Pryjmachuck et al., 2008). One study found clinical experiences in which students experience hostility and incivility can have a negative effect on nursing students, therefore leading to student attrition (Hughes, 1998; Lindop, 1991; Pryjmachuck et al., 2008). Knowing the rationale can help determine if the nursing student chose to leave their nursing program due to faculty incivility. Students who have supportive faculty have lower attrition rates (Calalillo, 2007; Everett, 2020; McEnroe-Petitte, 2011; Porter, 2008; Shapiro, 2014). According to Schaffer (2013), incivility is the main reason for attrition in both nursing students and nursing faculty. Once victims of incivility, some students cannot fathom going back into that situation. These students do not have the support or resources to combat incivility and the negative consequences (Schaeffer, 2013).

Nurse educators play a key role in reducing the rate of nursing student attrition (Jeffreys & Jeffreys, 2012). By adding incivility education into the program and using different learning methods such as simulation and role-playing, the nurse educator can help prepare nursing students for the profession. Factors affecting nursing student

attrition are complex and numerous, and literature continues to prove that nursing student attrition rates are a grave concern (Jeffreys & Jeffreys, 2012). Despite this, there remains little research on faculty incivility as one of those factors leading to nursing student attrition.

Summary and Conclusions

I presented the issues of nursing incivility within nursing and nursing academia, and nursing student attrition. Incivility remains a major concern within the nursing profession and nursing academia. The literature reveals multiple sources of nursing incivility within the profession and nursing academia. The well-known phrase of nurses, "eat their young," needs to be a phrase of the past as this phrase is a form of nursing incivility that has grave consequences (Aebersold & Schoville, 2020; Kaiser-Permanante, 2017).

While the perceptions of nursing incivility may differ, the negative consequences are numerous and can lead to physical, psychological, and emotional harm (Armstrong, 2018). Nursing incivility within the profession is costly, as it increases the rate of burnout and turnover (Visovsky, 2012; Warner et al., 2018). Nursing students can experience incivility from a wide number of sources, such as other nursing students, nursing faculty members, or healthcare professionals, while participating in clinical rotations. In addition to the physical, psychological, and emotional harm, nursing students may choose to leave nursing academia (Ceravole et al., 2012; Palumbo, 2018; Smith et al., 2010).

Nursing student attrition rates continue to be a concern for academia (DeMarco et al., 2018; Twale & De Luca, 2008). In addition, nursing student attrition leads to fewer

nurses in the profession as the United States is facing a nursing shortage (Barbe et al., n.d.). While some students leave nursing academia after realizing it is not the correct profession for them, some students may leave due to experiencing incivility (Schaffer, 2013). How students cope with nursing incivility is dependent on the student and their support system (Kim, 2019). While there may be numerous perpetrators of nursing incivility, the question remains whether faculty incivility is a cause of nursing student attrition.

While the literature clearly reveals nursing faculty incivility toward students exists, there is a gap in the information regarding the consequences of this type of incivility. The connection between nursing faculty and incivility and attrition is a serious issue that needs further research.

In Chapter 3, I describe how this study was conducted to help fill the identified gap, which was supported by the literature review. I also discussed the methodology and the research questions that guide the study.

Chapter 3: Research Method

The purposes of this quantitative study were to determine if there is a (a) difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw, and (b) the difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students. In Chapter 3, I discuss the study's variables and identify the research design. I discuss the research design, the population, the sampling method, and the procedures for recruitment. Since I collected my own data, Chapter 3 also includes details on data collection, instrumentation, operationalization of constructs, and ethical procedures.

Research Design and Rationale

The study answered the two research questions.

RQ1: What is the difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw?

RQ2: What is the difference in the levels of perceived faculty incivility between practical nursing and associate degree nursing students?

The independent variable for research question 1 is nursing student attrition status (withdrawn or in school). This variable was answered with *yes* or *no* questions within the demographic data. The dependent variable was perceived nursing faculty incivility. The dependent variable was measured with a survey focused on individual student perceptions of nursing faculty incivility. The independent variable for research question 2 was the type of nursing program (associate and licensed practical nursing), and the dependent variable was perceived faculty incivility.

I conducted a comparative research study that determined if there is a difference in perceptions of nursing faculty incivility between nursing students who remained in school versus students who withdrew from nursing school. The second research question was a comparative analysis that determined if there is a difference in the perceived nursing faculty incivility between practical nursing or associate degree nursing students. Some disadvantages of using a comparative research design include study participants not being willing to answer truthfully. My study ensured confidentiality and allowed participants who submitted their questionnaires to remain anonymous. Research bias can also be a disadvantage, and this was addressed by using well-known, reliable questionnaires, surveying the students at the correct time, and ensuring correct statistical procedures were completed. Some other disadvantages of a comparative research design include a lack of control of the independent variable and randomization (Oppenheimer, n.d.). The comparative research study allowed me to analyze the data collected using the incivility questionnaire. By using a comparative research study, no variables were manipulated. The study design allowed for the creation of a hypothesis and allowed me to answer the research questions.

Methodology

Target Population

The target population for this research study was students enrolled in or have been enrolled in an associate or practical nursing program within the United States. The population consisted of practical nursing and associate degree nursing students. Since the study was available over Facebook, nursing students could be included from all over the

United States. The population consisted of individuals who were currently enrolled or have been enrolled within the past 5 years in a licensed practical nursing or associate degree registered nursing program. Some individuals in the population may have a higher degree in another field other than nursing, previous experience with nursing education, may have obtained a certified nursing assistant certification, or are licensed practical nurses.

Sampling and Sampling Procedures

I conducted my study and recruited participants via Facebook. I collected data by convenience sampling and snowball sampling. Inclusion criteria were attending or having attended a practical or an associate degree nursing education program in the United States within the last 5 years. The selection of this student population supported the research goal and determined if the attrition was related to perceived nursing faculty incivility. Nursing students who attended a Bachelor of Science program, those enrolled over 5 years ago, or those who attended nursing academia outside of the United States were excluded from the study. I excluded students who have attended both practical nursing and associate degree nursing programs.

I posted my recruitment flyer on my personal Facebook page. The invitation included the purpose of the study, the importance, and the requirements of the study participants (see Appendix A). I used snowball sampling by informing the study participants that they may pass the invitation on to friends and family who qualify for the study. I conducted a power analysis for each research question. The power analysis determines the optimal sample size for my research study. Both questions require a two-

tailed independent *t*-test. Using G*Power with a power of 0.80, alpha of 0.05, and effect of 0.15 yielded a sample size of 128 study participants (64 in each group; Faul et al., 2009).

Procedures for Recruitment, Participation, and Data Collection

Once the Institutional Review Board (IRB) approved the research study, I recruited participants using convenience and snowball sampling and posted the invitation to my study on Facebook. I posted a statement asking those who reviewed my study to please share my study invitation with others.

The link in the recruitment flyer (Appendix A) took the individual to SurveyMonkey, and the screening questions were as follows: (1) Are you currently enrolled in an associate or practical nursing program? (2) Have you attended a practical nursing program or associate degree registered nursing program in the United States in the last five years? If the individual answered *yes* to either question, then the next screen was the consent form. If the individual answered *no* to both screening questions, the individual was thanked for their time, and the screen closed.

After the individual read the informed consent form and agreed to participate, the screen advanced to the demographic data sheet (Appendix B). One of the questions on the demographical data sheet asked if the participants were attending or had attended a practical nursing program or an associate degree program. I also had a question to determine if the participant has ever withdrawn from a nursing program.

After the demographic information was complete, the participant saw the INE-R Survey. The maximum estimated time to complete all items was 20 minutes. After the

participant completed the survey, the screen closed, and they were thanked for their time. All study participants were given my email address for questions, and it was also on the invitation. I maintained anonymity because I used the feature in SurveyMonkey that delinks the participants' email from the research information.

I checked the number of completed surveys twice a week. The survey was kept open for four weeks and closed once the minimum sample size calculated using G*Power was achieved. During this time, I continued to check my email for any questions from any participants. The raw data were exported from SurveyMonkey into SPSS.

Instrumentation and Operationalization of Constructs

In 2004, the Incivility in Nursing Education Survey (INE) was developed to measure incivility in nursing academia (Clark et al., 2015). In 2009, the INE Survey was revised to include the most up-to-date acts of incivility noted in nursing academia (Clark et al., 2015). The INE-R Survey contains both a quantitative and qualitative section, with a section to measure perceived student and another to measure perceived faculty incivility (Clark et al., 2015).

Perceived faculty incivility is being operationalized by using Incivility in Nursing Education (Revised; INE-R). For this study, only the faculty behaviors section was used. Once IRB approval was obtained, I conducted a psychometric analysis on the faculty behaviors sections since the validity and reliability of the INE-R are based on the whole tool. As for the whole tool, a convenience sample of nursing students and faculty from 20 nursing schools was obtained to examine the psychometric properties of the INE-R,

which revealed that the INE-R is psychometrically sound (Clark et al., 2015). The Cronbach's alpha for the whole tool was ≥0.94 (Clark et al., 2015).

The INE-R has nine questions related to faculty behaviors, with ratings of not uncivil, somewhat uncivil, moderately uncivil, or highly uncivil (Clark et al., 2015). The 4-point Likert scale was used, with 1 point being not uncivil, 2 points for somewhat uncivil, 3 points for moderately uncivil, and 4 points for highly uncivil. The lower the score, the less incivility experienced. The second section asked the participant to rate how often each behavior has occurred over the past 12 months with options of never, rarely, sometimes, or often (Clark et al., 2015).. A low score indicated that the faculty was not uncivil or somewhat uncivil, with the uncivil acts occurring never or rarely over the past 12 months. A high score indicated that faculty was perceived as moderately to highly uncivil, with the acts occurring sometimes or often. I collected data on enrollment status and the type of nursing program using questions from the demographical data sheet. Permission to use the quantitative portion of the INE-R Survey is included in Appendix D, and the licensure agreement is included in Appendix E. Permission was obtained through the licensure to use only the quantitative portion.

The INE-R has been used in previous research studies. Theodore (2015) used the INE-R in their dissertation for her Doctor of Education program at Walden University. Theodore's (2015) study was to explore how nursing faculty perceived and responded to study incivility. The study used both the qualitative and quantitative sections of the INR-E (Theodore, 2015).

Al-Jubouri et al. (2019) translated the INE-R into Arabic to test validity and reliability, as no other method is available to assess nursing incivility. The INE-R validity was established using the Exploratory Factor Analysis, and Cronbach's alpha result was 0.87 (Al-Jubouri et al., 2019). The dependent variable for research question one was perceived nursing faculty incivility. I measured perceived nursing faculty incivility using the INE-R Survey (Clark et al., 2015). I then measured nursing student attrition using a categorical *yes* or *no* question in the demographic data sheet. The independent variable for research question 1 was nursing student attrition. The independent variable of nursing student attrition status was that participants answered the yes or no questions on the demographic data sheet regarding withdrawing from a nursing program. The independent variable for research question 2 was the type of nursing student (practical and associate degree).

Data Analysis Plan

I used SPSS version 28 to analyze the data. I transferred the data from SurveyMonkey directly into SPSS. Raw data were stored on my personal computer and external hard drive, both of which were password-protected.

Research question 1: What is the difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw?

$H_0$1: There is no difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw.

H_A1: There is a difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw.

Research question 2: What is the difference in the levels of perceived faculty incivility between practical nursing and associate degree nursing students?

H_02: There is no difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

H_A2: There is a difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

I analyzed the data for both research questions using a two-tailed independent *t*-test (Walden University, 2019). There are five assumptions of a two-tailed independent *t*-test, which was tested before analyzing data (JMP Statistical Discovery LLC, 2022). The assumptions include that the measurements do not affect any other measurements, that data on the dependent variable are normally distributed within each group, that data are continuous, and that the independent variables have equal variances (JMP Statistical Discovery LLC, 2022). Using a two-tailed independent *t*-test, I compared the difference in perceived incivility between those who withdrew and those who did not and between licensed practical and associate degree nursing students (Walden University, 2020). I also conducted a Cronbach's alpha on the INE-R after my data were collected.

I cleaned and screened the data cleaning and screening processes by reviewing data to make all of the data collected was accounted for, outliers were detected and removed, any statistical patterns were reviewed, and monitored for unexpected data

analysis results (Van den Broeck et al., 2005). Data cleaning and screening were completed after data was entered into SPSS.

Threats to Validity

The internal validity of my research study was to ensure the proper variables are being analyzed without the involvement of other factors (Patino & Ferreira, 2018). The questionnaire being used has been used in previous research studies. There are some threats to the internal and external validity of this research study.

Threats to Internal Validity

Nursing incivility is perceived by the victim and the perpetrator. Therefore, when completing the questionnaire, some acts of incivility may go unnoticed or not be individually classified by the participant as incivility. The study participants were limited to those who have enrolled in a practical or associate degree nursing program within the past five years. By doing this, the generalization of the results to other nursing degree-seeking students is limited. A participant's history may be a threat to the validity of the study, as a participant's history of incivility makes their perceptions different from those who have never experienced incivility. A longer time lapse since the participant experienced incivility may have decreased their memory of these events. These threats to internal validity can be minimized but not controlled.

Threats to External Validity

One threat to external validity was generalization (Patino & Ferreira, 2018). My study was completed over Facebook and was available to qualified individuals from all U.S. geographical locations who may participate. The results of my study may not be

generalizable to those beyond the participants in my study. Another threat to external validity was the study participants were limited to those who had enrolled in a practical or associate degree nursing program within the past five years. By doing this, the generalization of the results to other nursing degree-seeking students is limited.

Ethical Procedures

I received Walden IRB approval (approval number 01-09-24-0578246). The study participants needed to consent to participate in the survey and had the opportunity to stop at any point within the survey for whatever reason they may have. All questionnaires were completed and delinked from their Facebook account, which ensured confidentiality was maintained. The participants were not asked for any identifying information.

Another potential ethical issue that could have arisen is the study being completed by people who are affiliated with my place of employment. The study was posted on Facebook and available to all participants who met the criteria, which may have included students whom I have taught within the past year. Since I deleted emails from the data, I did not know if any participants were my students.

Summary

I conducted a comparative analysis to answer the two research questions. Participants were recruited by convenience and using snowball sampling, and I posted my study on Facebook. I used the Incivility in Nursing Education (Revised) (INE-R) Survey (Clark et al., 2015) along with data collected through the demographic data sheet. After data were collected, I used SPSS and analyzed my data using a two-tailed independent *t*-test to determine the difference in the levels of perceived faculty incivility

between those who withdrew from a nursing program and those who did not and between practical nursing and associate degree nursing students. In Chapter 4, I present the results of my study.

Chapter 4: Results

The purposes of this study, guided by Bandura's social learning theory and Tajfel's social identity theory, were to determine if there is a (a) difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw and (b) the difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students. The research questions were as follows:

RQ 1: What is the difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw?

H01: There is no difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw.

HA1: There is a difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw.

RQ 2: What is the difference in the levels of perceived faculty incivility between practical nursing and associate degree nursing students?

H02: There is no difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

HA2: There is a difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

In Chapter 4, I discuss data collection, demographics, and study results.

Data Collection

After receiving the approval of the Instruction Review Board (IRB) from Walden University (approval number 01-09-24-0578246), I began data collection. Data collection started in March 2024 and was completed in April 2024. I closed my survey when the completion rate reached the minimum number of study participants as per G*Power. A total of 257 participants entered my study, and 129 participants completed the study, with a 50% completion rate. The information flyer was posted to my personal Facebook page, and I posted a statement asking those who reviewed my student to please share my invitation. I exported the raw data from Survey Monkey to IBM SPSS Version 29 for data analysis. The data were stored electronically on a secured external device and secure cloud storage to which only I have access and is password protected.

Reliability and Validity

Since permission was obtained to use the faculty-only section of the INE-R (Appendix D), the reliability of this section was established. Once data were entered into SPSS, a Cronbach's alpha was run on the 48 questions of the INE-R. The Cronbach's alpha on the faculty section of the INE-R was .964.

Three nurse educator content experts determined the validity of the study. These three experts were emailed the 24 questions related to nursing faculty incivility and asked to use their expert judgment on the accuracy of those 24 questions as they pertain to nursing faculty incivility. The degree of relevance for scoring is that a one is not accurate to nursing faculty incivility, a two is slightly accurate to nursing faculty incivility, a three is moderately accurate to nursing faculty incivility, and a rating of four is significantly

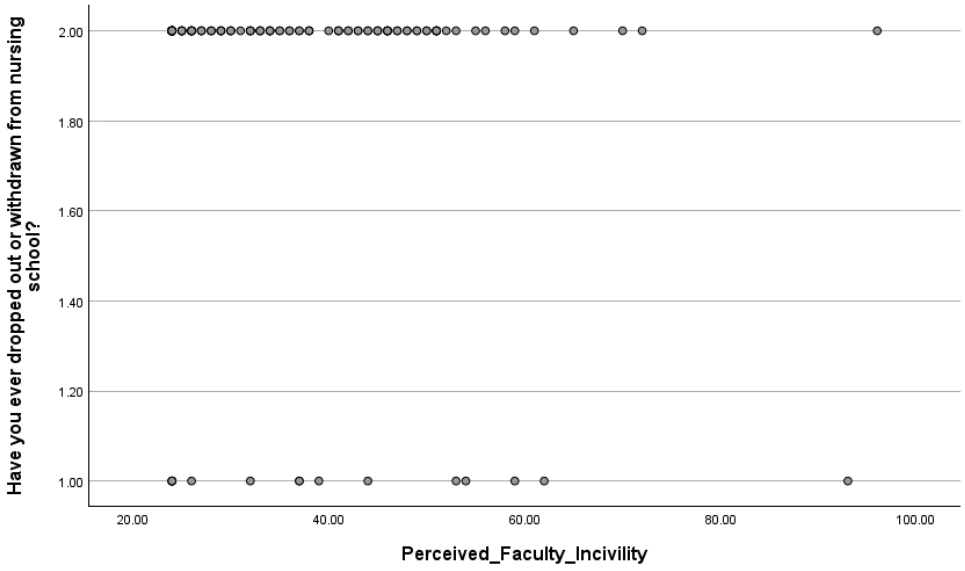
accurate to nursing faculty incivility. All three content experts rated all 24 questions at a four, which was significantly accurate to nursing incivility.

Data

A total of 257 participants entered the survey, with 131 participants answering the first Likert-scale question set from the INE-R and 129 answering the second Likert-scale question set from the INE-R. Those participants who did not fully complete the survey were excluded. Of the 129 participants, 64 were practical nursing participants, and 64 were associate degree nurses. One participant who completed the survey did not answer the question regarding the level of education in the demographics and was excluded from the study. Of the 64 associate degree nurses, one question was not completed on faculty incivility experienced within the last 12 months; mean imputation was used. Mean imputation allowed for a full sample size and no loss of power (Ryder et al., 2011). Outliers were also reviewed, and it was determined that two outliers existed (Figure 2): one practice nursing participant and one associate degree nurse participant.

Figure 2

Outliers



Demographics

Of the 126 participants, 108 identified as female, 16 identified as male, and two participants identified as non-binary. Of the 126 participants, 65 (51.6 %) were between the ages of 18 and 29, 45 (35.7%) participants were age 40 to 49, 12 (9.5%) participants were age 40 to 49, three (2.4%) participants were age 50 to 59, and one (0.8%) participant was age 60 to 69 (See Table 1).

The next demographic question was race/ethnicity, which one participant did not answer. Of the remaining 125 participants, five (4%) identified as black or African American, six (4.8 %) identified as American Indian or Alaska Native, six (4.8 %) identified as Asian, one (0.8%) identified as Native Hawaiian or other pacific islander, 107 (85.6%) participants identified as white. Another demographic question asked about currently practicing as a nurse, where 82 (65.1%) participants identified that they are

currently practicing as a nurse. When asked if they had ever dropped out or withdrawn from nursing school, 14 (11.1%) participants answered yes. When asked how long the participants have been nurses, three participants did not answer. Of the remaining 123 participants, 70 (56.9%) had been a nurse one year or less, 11 (8.9%) had been a nurse two years, 13 (10.6%) had been a nurse three years, 13 (10.6%) had been a nurse four years, and 16 (13%) had been a nurse 5 years.

Table 1

Demographic Data

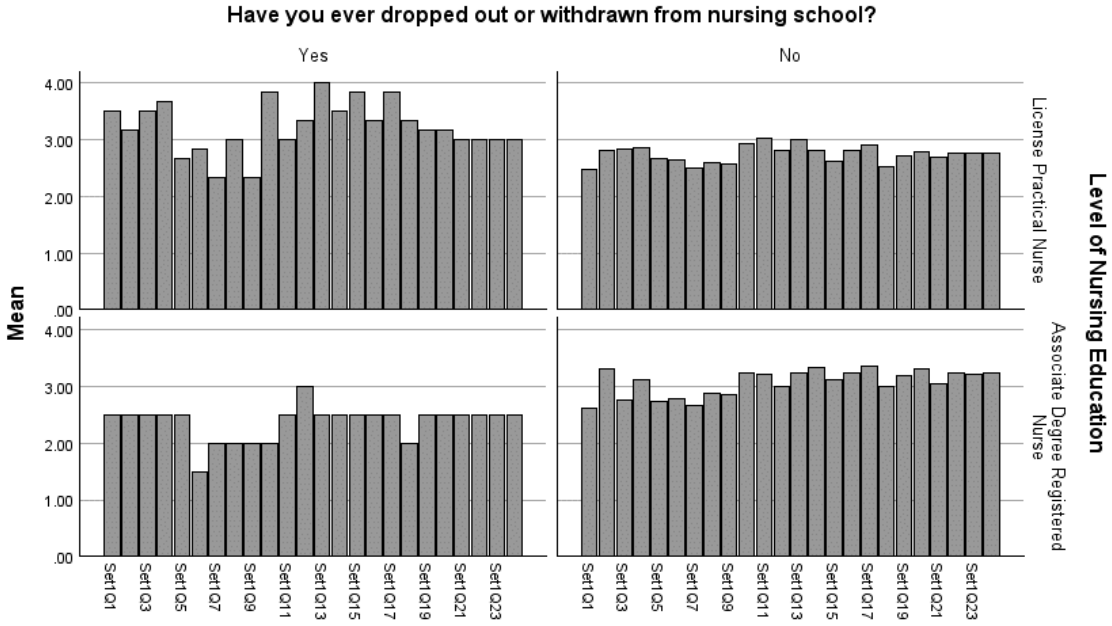
	Licensed Practical Nurse		Associate Degree: Registered Nurse	
	No	%	No	%
Gender (n=63)				
Male	9	14.29	7	11.11
Female	53	84.13	55	87.3
Non-binary	1	1.5	1	1.5
Age (n=63)				
18-29	36	57.14	29	46
30-39	22	34.90	23	36.5
40-49	5	7.93	7	11.11
50-59	0	0	3	4.76
60-69	0	0	1	1.5
Race/Ethnicity (n=62/n=63)				
Black or African American	3	4.84	2	3.17
American Indian or Alaska Native	6	9.68	0	0
Asian	5	8.06	1	1.5
Native Hawaiian or Other Pacific Islander	0	0	1	1.5
White	48	76.19	59	93.65
Currently Practicing as a Nurse (n=63)				
Yes	27	42.86	55	87.3
No	36	57.14	8	12.7
Ever Dropped Out or Withdrawn (n=63)				
Yes	8	12.7	6	9.52
No	55	87.3	57	90.48
Years as a Nurse (n=61/n=62)				
1 year or less	48	78.69	29	46.77
2 years	4	6.56	7	11.29
3 years	2	3.28	11	17.74
4 years	4	6.56	9	14.52
5 years	3	4.92	13	20.97

Results

The 126 study participants, 63 licensed practice nurses, and 63 associated degree nurses completed the 48-question INE-R. The first set of 24 questions asked the participants to rank the perceived level of faculty for each of the faculty behaviors as not uncivil (1), somewhat uncivil (2), moderately uncivil (3), or highly uncivil (4). Figure 3 shows the scores for the first question set by those who dropped out or withdrew from nursing school and by practical nurse and associate degree registered nurse.

Figure 3

Ranking of Perceived Faculty Incivility



Research Question 1

To answer the first research question, what is the difference in perceived faculty incivility in nursing students who withdraw from nursing school and associate degree nursing students who do not withdraw, I conducted an independent samples *t*-test. The

test variable was the sum of the scores of the INE-R perceived faculty incivility, with 24 being never perceiving incivility and a score of 96 being often experienced faculty incivility. The independent variable was the status in the nursing program of those who did not drop out/withdraw and participants who did drop out/withdraw.

Before completing this analysis, I analyzed the five assumptions of the independent samples *t*-test. The first assumption is that the data are continuous (Laerd Statistics, 2018). The INE-R was a 4-point Likert scale. Likert scales commonly have four to seven points (Wu & Leung, 2017). Common practice is to use Likert scales as intervals (Jamieson, 2004; Wu & Leung, 2017). A study found that using Likert scales as an interval has resulted in meaningful results (Stevens, 1946; We & Leung, 2017). The participants rated the perceived level of faculty behaviors that occurred over the past 12 months as never (1), rarely (2), sometimes (3), and often (4). There was a total of 24 questions for a score range of 24 to 96.

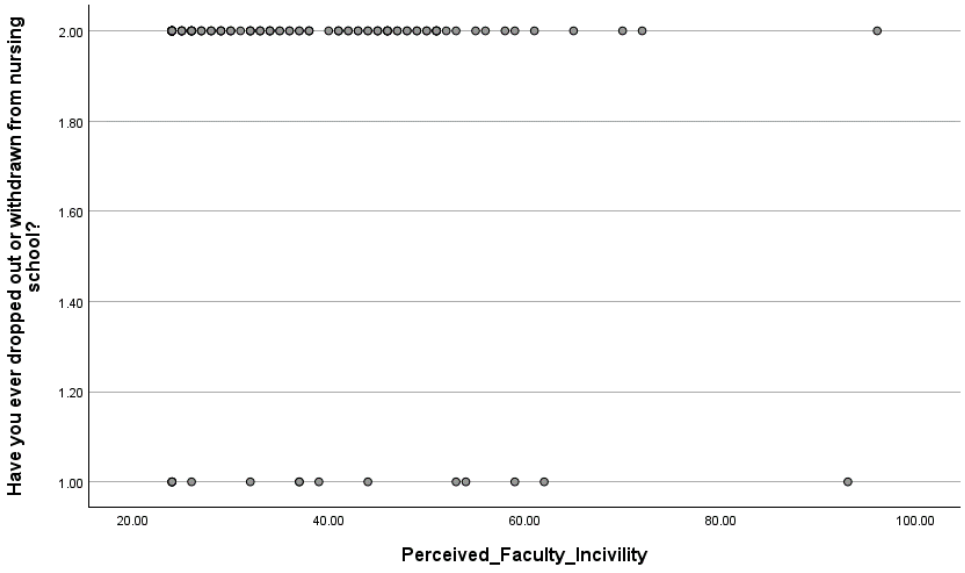
The second assumption states that the independent variable needs to consist of two independent groups. The independent variable in my study consisted of two groups: participants who had dropped out/withdrawn and those who had withdrawn or dropped out of nursing academia. The second assumption states that random sampling was used (Laerd Statistics, 2018). I could not use random sampling, but I distributed the survey using Facebook, so the study was available to qualified individuals from all U.S. locations to participate.

I used Levene's test for homogeneity of variances to test the third assumption of homogeneity of variance (JMP Statistical Discovery, 2024). The Levene's test was .438,

which is greater than the threshold of .05. Therefore, the assumption of homogeneity of the variance was met. The fourth assumption was met by removing the two outliers (JMP Statistical Discovery, 2024). These outliers were identified by a scatter plot (See Figure 4).

Figure 4

Outliers



For the final assumption, I conducted a Shapiro-Wilk test, and it resulted in a score of p>.001; ethnicities (p=.05) were not normally distributed with a Shapiro-Wilk test of a $p < .05$ (see Figure 4.) The test was considered violated because the Shapiro-Wilk test of normality lacked normal distribution in two of the combinations of each IV and DV. Therefore, I ran the Man-Whitney U test since this assumption was violated.

I analyzed the four assumptions of the Mann-Whitney U test. The first assumption is that one dependent variable is continuous or ordinal (Laerd Statistics, 2018). This was

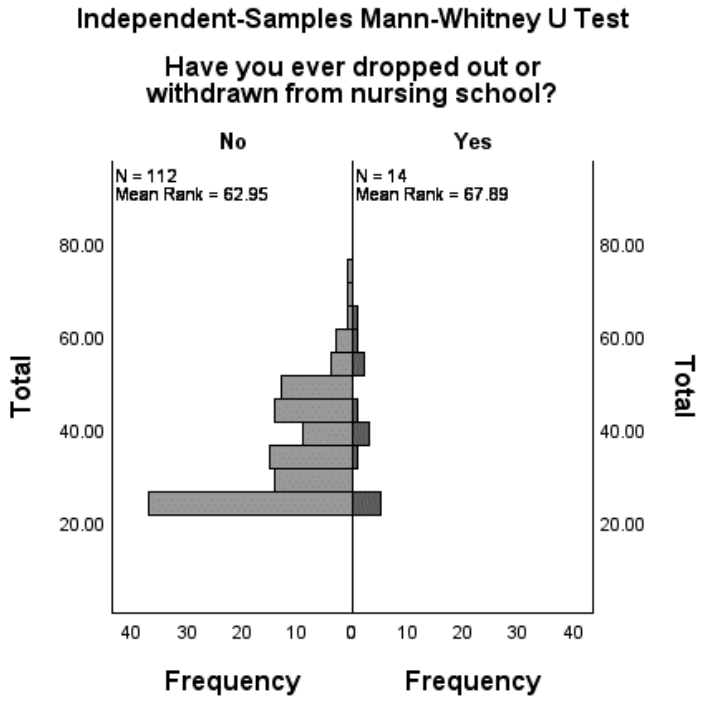
met as both dependent variables for both research questions were perceived faculty incivility, measured by INE-R. The INE-R contains only Likert scale items.

The second assumption is that the independent variable needs to consist of two independent groups (Laerd Statistics, 2018). For the first research question, the independent variable was participants who had withdrawn or dropped out and those who had not withdrawn or dropped out. For the second research question, the independent variable was the type of nursing student, either practical nursing or associate degree registered nursing participants.

The third assumption of the Mann Whitney U is that all the observations from both groups are independent of each other (Laerd Statistics, 2018). Participants were asked in the demographic section to select the group to which they belong: practical nursing or associate degree registered nurse participants. The participants were also asked if they had ever dropped out or withdrawn from nursing academia before (see Figure 5).

Figure 5

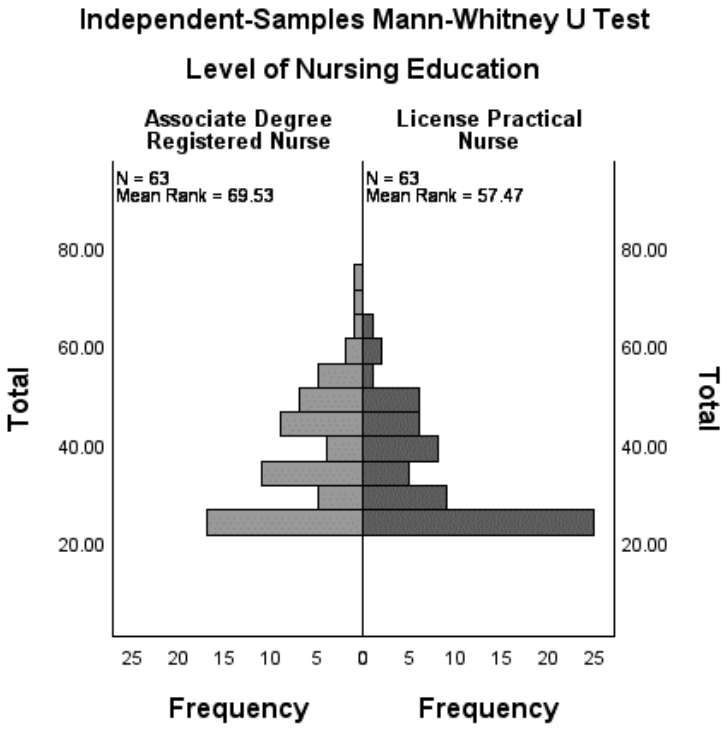
Mann-Whitney U Test Research Question 1



The fourth assumption is determining the shape of the distribution of the independent variables. The shape of the distribution was determined for both the first and second research questions (See Figure 6).

Figure 6

Mann-Whitney U Test Research Question 2



The Mann-Whitney U test revealed a mean rank of 67.89 for those who dropped out or had withdrawn from nursing school and a mean rank of 62.95 for those participants who had not dropped out or withdrawn from nursing school (See Table 2).

Table 2

Ranks Question 1

	Dropped out or withdrawn	N	Mean Rank	Sum of Ranks
	Yes	14	67.89	950.5
Total	No	112	62.95	7050.5
	Total	126		

The Mann-Whitney U test score (722.5, *z* score of -.481) revealed a 2-tailed p-value of .631, which was not statistically significant (See Table 3). Therefore, the null hypothesis was retained.

Table 3

Mann-Whitney U Test Results Question 1

	Total
Mann-Whitney U	722.5
Wilcoxon W	7050.5
Z	-0.481
Asymp. Sig. (2-tailed)	0.631

Note. a. Grouping Variable: Have you ever dropped out or withdrawn from nursing school?

Research Question 2

For the second research question, the Mann-Whitney U test revealed a mean rank of those licensed practical nursing participants of 57.47 and associate degree registered nurses of 69.53 (See Table 4).

Table 4

Ranks Question 2

	Level of Nursing Education	N	Mean Rank	Sum of Ranks
	Licensed Practical Nurse	63	57.47	3620.5
Total	Associate Degree Registered Nurse	63	69.53	4380.5
	Total	126		

The Mann-Whitney U test score of 1604.5, a z score of -1.87, and a 2-tailed p-value of .062 (See Table 5). Therefore, the null hypothesis was retained.

Table 5

Mann-Whitney U Test Results Question 2

	Total
Mann-Whitney U	1604.5
Wilcoxon W	3620.5
Z	-1.866
Asymp. Sig. (2-tailed)	0.062

Note. a. Grouping Variable: Level of Nursing Education

Summary

The first research question was as follows: What is the difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw? First, the demographic data were analyzed. Next analyzed were the assumptions of the *t-test*; the Shapiro-Wilk test was violated, so the assumptions of the Mann-Whitney U test were analyzed. Results showed no statistically significant difference in perceived faculty incivility in students who withdrew or dropped out from nursing school and those nursing students who did not withdraw or drop out.

The second research question was as follows: What is the difference in the levels of perceived faculty incivility between practical nursing and associate degree nursing students? Data were analyzed using the Mann-Whitney U test, which indicated no statistically significant difference in perceived faculty incivility between practical nursing and associate degree nursing students. In Chapter 5, I will discuss the interpretation of the findings, limitations, recommendations, and implications of the research study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Nursing incivility greatly affects the quality of education (Aul, 2017) and creates an atmosphere that is not conducive to learning (Cassum, 2018). Incivility initiated by nursing faculty can impede student learning, victimize the student, and increase the chances of the behavior being repeated by the nursing student (Muliira et al., 2017). I conducted this study because there was a gap in the literature as to whether faculty toward student incivility leads to nursing student attrition.

The purposes of this study, guided by Bandura's SLT and Tajfel's SIT, were to determine if there is a (a) difference in perceived faculty incivility in nursing students who withdraw from nursing school and nursing students who do not withdraw and (b) the difference in the levels of perceived faculty incivility between practical nursing or associate degree nursing students.

I conducted a Mann Whitney U test, which showed there was no statistically significant difference in perceived faculty incivility between practical nursing and associate degree nursing students and between participants who withdrew or dropped out from nursing school and those nursing students who did not withdraw or drop out. In Chapter 5, I will discuss the interpretation of the findings, limitations of the study, recommendations, and implications.

Interpretation of the Findings

Incivility in nursing education continues to be a concern, especially in a profession known for caring and compassion. Donathan et al. (2017) reported that 50% of

students perceived faculty, while another study found a great percentage of 88% (Holtz et al., 2018; Marchiondo et al., 2010), and 18% of students will leave the program (Horkey, 2015). The findings from my study supported these dropout rates as I found that 14 participants (11%) had dropped out or withdrawn from nursing school due to incivility. While nursing faculty incivility is one of the reasons students may leave nursing school, students may also leave nursing school for other reasons, such as realizing it is not what they want to do for their career (Schaffer, 2013). Lack of support, life outside school, and financial status are other factors that can lead to student attrition (Tram Thi Bich & Resna, 2023).

Clark (2021) reported that rates of nursing incivility have decreased from 2013 to 2020. Incivility in nursing education was rated 62.4 out of 100 for overall incivility, with 0 being absolutely uncivil (Clark, 2021). While my study did not find any significant difference between the groups, incivility was still perceived by students from nursing faculty members. Those participants who withdrew or dropped out had a mean rank of incivility of 67.89 out of 96 (a score of 24 is never uncivil, and a score of 96 is and those participants who have not withdrawn or dropped out had a mean score of 62.95 out of 100.

Kim et al. (2020) found that incivility varies on educational levels, and Shen et al. (2020) found that undergraduates and graduates perceived incivility more than those students who attended junior college. Incivility was found to be a major stressor for associate degree nursing students (Del Prato, 2013). Another study found that both students and faculty identified faculty incivility towards students, which included

intimidation and bullying (Bulter & Strouse, 2022; Clark, 2008a). Although my results showed no difference between associate degree and practical nursing students in the level of incivility, the mean score of 69.53 (a score of 24 was never uncivil, and a score of 96 is often uncivil) for associate degree students and a mean score of 57.47 for practical nursing students, which shows the presence of incivility in nursing school.

Theoretical Framework

My study was guided by Bandura's SLT and Tajfel's SIT. Bandura's SLT provided the framework for the direct relationship between learned and observed behaviors and people's actions. Bandura's SLT emphasizes how cognitive factors can affect learning (Mcleod, 2024). Nursing faculty incivility toward students may be able to draw the attention of the observer (other students); then the observer decides if the behavior (uncivil words/actions) is modeled (Mcleod, 2024). In addition, the observer must be able to remember the behavior, have the ability to perform the behavior, and have the motivation to perform the behavior (Mcleod, 2024). When nursing faculty are uncivil to students, the student who is a victim of incivility and the observers may all repeat the behavior of incivility, which may increase. The student may also witness a student withdraw or drop out of nursing school due to nursing faculty incivility and follow behavior and withdraw or drop out. Bandura (1971) suggested that people learn from someone they identify with and then can model the behavior.

My study showed those participants who withdrew or dropped out had a mean rank of incivility of 67.89 out of 96 (a score of 24 is never uncivil, and a score of 96 is often uncivil), and those participants who have not withdrawn or dropped out had a mean

score of 62.95 out of 100. While these two groups of students have both observed similar faculty behaviors, the students who stay in the program do not have the motivation to withdraw or drop out of the program.

The second theoretical framework I used was Tajfel's SIT. In following this theory, nursing students complete social categorization once entering nursing school to create a sense of identity. My results identified that nursing students experience faculty incivility. Still, there was no statistical difference in perceived nursing faculty incivility between the two groups or those who chose to leave nursing academia. However, nursing faculty incivility can negatively affect the student's self-esteem, as Zhan et al. (2018) found incivility to lower a person's self-esteem. This may lead to the student leaving academia, as the student seeks to increase self-esteem by leaving nursing academia to join a more positive group. In following Tajfel's SIT, if a person feels their group negatively affects their self-esteem, they may try to evaluate their group or leave it (Mcleod, 2023).

Limitations of the Study

One of the limitations is the numerous interpretations of the perceptions of faculty incivility by participants. Therefore, participants in my study may have a different perception of faculty incivility compared to those who did not take my study. Before data analysis, I conducted a power analysis for both of my research questions. Using G*Power with a power of 0.80, alpha of 0.05, and effect of 0.15 yielded a sample size of 128 study participants (64 in each group; Faul et al., 2009). While my overall sample size

reached the needed power analysis, two outliers were moved before data analysis, which yielded a power of .795.

The groups for my first research question regarding participants who withdrew or dropped out and those who have not withdrawn or dropped out of nursing school were uneven; I had a sample size (*n*=14) for participants who had dropped out or withdrew from nursing school compared to (n=112) who did not drop out. I examined only one factor that could contribute to attrition. Incivility is not the only factor that affects nursing students' attrition. Some factors include poor time management skills, stress, study habits, ignoring self-care, family responsibilities, and finances (Morris, 2023).

Recommendations

Further research is recommended to fully evaluate the effects of nursing faculty incivility on nursing student attrition. I recommend focused studies on incivility in nursing students. A qualitative study can help provide an understanding of the lived experiences of nursing incivility in academia.

A second recommendation is to provide nurse educators and nursing students with a safe way to report incivility without fear of retaliation,. Clark (2021) found that 85% of their participants reported avoiding addressing incivility. Teaching students how to address incivility within nursing education can help provide the knowledge to address incivility within the workplace and the profession.

Students may leave the nursing program incivility, but there are also many reasons for their decision. To fully understand the reason for their withdrawal, I recommend completing an exit evaluation with a specific area to address nursing

incivility. These data can then be analyzed to determine if the students' exit is related to incivility, and a plan can be developed to reduce the amount of nursing incivility. Many exit interviews and surveys are very general and may not get to the root cause of the student's withdrawal (Pryjmachuk et al., 2009).

Implications

While the study found no statistically significant correlation between perceived nursing faculty incivility and nursing student attrition, nursing student attrition remains a great concern for nursing and nursing education. The study did show that nursing faculty incivility towards students exists. Understanding the effects of perceived nursing faculty on students is important to making a positive social change.

Nursing faculty incivility was not a major cause of nursing student attrition, but the study did reveal that nursing faculty incivility does exist. Nursing faculty members can continue to educate nursing students on ways to address and combat nursing incivility (Griffin, 2004). If nursing incivility is addressed and combated in nursing academia, the motivation to repeat the profession's behavior will decrease (Griffin, 2004).

Although nursing students who withdrew or dropped out of nursing academia did not report increased perceived nursing faculty incivility, nursing student attrition remains a grave concern (Baker et al., 2019). Methods can be developed to help combat perceived faculty incivility towards students, which affects positive social change.

Theoretical Implications

Nursing faculty incivility can lead nursing students to repeat the behavior with motivation or be a reason to leave nursing academia so the student can seek a higher

group status. These uncivil behaviors can carry over into the nursing profession and lead to increased stress and burnout (Alsadaan & Alqahtani, 2024). In following Bandura's SLT, if actions can be taken to decrease perceived faculty incivility and disciplinary actions taken when they do happen, the nursing student will not have observed the behavior or the motivation to repeat the unwanted behavior.

My study found incivility by faculty towards students for both students who have withdrawn or dropped out of nursing school and those participants who had not dropped out. According to Tafjel's SIT, students will seek a group that offers a more positive identity (Mcleod, 2023). Zhan et al. (2018) found incivility to lower a person's self-esteem. Nursing faculty need to support students with belonging and help boost self-esteem, not decrease it with their uncivil words and actions. By addressing nursing faculty incivility, nursing students can create an in-group of support, caring, and compassion.

Conclusion

While this study found no statically significance difference in perceived faculty incivility between practical nursing and associate degree nursing students and between participants who withdrew or dropped out from nursing school and those nursing students who did not withdraw or drop out, nursing incivility and nursing student attrition are still concerns for the nursing profession. The results of this study show a need for further education and action to decrease perceived faculty incivility toward nursing students.

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Appendix A: Invitation

Volunteers Needed

Effects of Nursing Faculty Incivility on Nursing Student Attrition Rates

You are invited to participate in a research study focusing on nursing faculty incivility and nursing student attrition rates

You are eligible if you

- Are enrolled in an practical nursing or associate degree registered nursing program within the U.S.
- In the past 5 years, you were enrolled in an practical nursing or associate degree registered nursing program within the U.S.

The results of the study will be used to create a positive social change for nursing academia, the nursing profession, and for healthcare

IF YOU ARE INTERESTED IN PARTICIPATING OR HAVE ANY QUESTIONS ABOUT THE STUDY PLEASE CONTACT:

Appendix B: Demographical Data Sheet

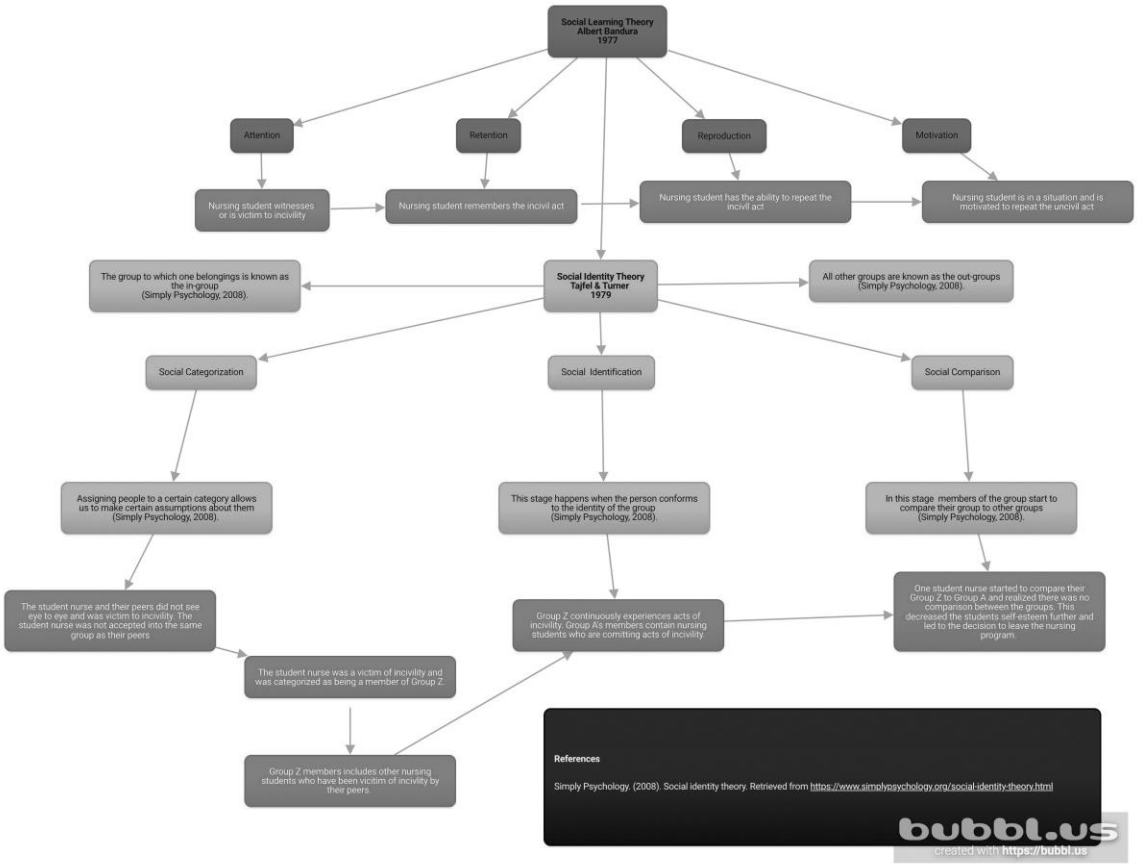
Demographical Data Sheet

Effects of Nursing Faculty Incivility on Nursing Student Attrition

1. **Gender**
    a. **Female**
    b. **Male**
    c. **Non-binary**
2. **Age**
    a. **20-29**
    b. **30-39**
    c. **40-49**
    d. **50-59**
    e. **60-69**
3. **Race/Ethnicity**
    a. **Black or African American**
    b. **American Indian or Alaska Native**
    c. **Asian**
    d. **Native Hawaiian or Other Pacific Islander**
    e. **White**
4. **Level of Nursing Education**
    a. **License Practical Nurse**
    b. **Associate Degree Registered Nurse**

5. **Are you currently practicing as a nurse?**
    a. **Yes**
    b. **No**
6. **Have you ever dropped out or withdrawn from nursing school?**
    a. **Yes**
    b. **No**
7. **How long have you been a nurse?**
    a. **1 year or less**
    b. **2 years**
    c. **3 years**
    d. **4 years**
    e. **5 years**

Appendix C: Theoretical Framework Diagram



Appendix D: Permission to Remove the Qualitative Items for the INE-R

Technology Transfer <[redacted]>

To:

- Amber Solheim

Tue 2/7/2023 3:35 PM

Hi Amber,

Dr. Clark said you can remove the qualitative items from the INER. You can use this correspondence as written approval, as required by the copyright license, to do so. Please let me know if there are any questions.

Best,
-brett

Brett Adkins, JD*, MS
Director, Office of Technology Transfer
[redacted]
*Not legal counsel for Boise State University.

Appendix E: Licensure Agreement

[redacted]
To:

- Amber Solheim
Mon 5/1/2023 9:28 PM

Receipt Number: 120247
eMarket 2
Date: 05/01/2023

Description		Amount
1 Incivility in Nursing Education Revised (INE-R)© Licensee Full Legal Name: Amber Marie Solheim Email Address: [redacted] Phone #: [redacted] Authorized Official's Address Including Country: [redacted] Licensee's Authorized Official's Email Address: [redacted] Signature of Licensee's Authorized Signatory: Amber Solheim The purchased item is subject to the Civility Matters™ Copyright License Terms and Conditions (OTT-0035) at: https://www.boisestate.edu/research-ott/civility-matters/terms-conditions/		$250.00
	Total	$250.00

Payments Received		Amount
Credit Card Payment Visa [redacted] Authorization # 801464		$250.00
	Total	$250.00

Thank you for the payment.

Do not reply to this email. For assistance with your receipt or refunds, please contact [redacted]