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Nursing Faculty Perceptions of and Responses to Student Incivility

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This is to certify that the doctoral study by

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Abstract

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MSN, Drexel University, 2010

BSN, Kaplan University, 2007

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Abstract

Student incivility has become a problem in nursing schools around the country. Researchers have noted that uncivil behavior that goes unaddressed may compromise the educational environment. Nursing faculty have differing standards about uncivil behavior; thus, students experience inconsistencies in approaches to incivility. The purpose of this mixed-methods explanatory study was to explore nursing faculty experiences with, understandings of, and responses to student incivility. The conceptual framework was Clark's continuum of incivility and the conceptual model for fostering civility in nursing education. Descriptive analysis of the level and frequency of uncivil behaviors of nursing faculty members (17 full-time and 15 part-time), as measured by the Incivility in Nursing Education-Revised survey, indicated that faculty most frequently experienced uncivil behaviors at the lower end of the continuum and rarely encountered those at the higher end. A purposeful sample of 12 faculty members (10 full-time and 2 part-time) participated in semistructured interviews, and data were open coded and analyzed thematically. Stress was identified as a contributing factor to student incivility, and faculty responses varied based on the learning environment. Nursing faculty expressed the need for more consistency in responding to student incivility. Based on the research findings, a 3-day professional development workshop on promoting civility in the academic environment was created. By learning practical ways to respond to, and possibly prevent, uncivil behavior in student nurses, workshop participants have the potential to positively affect the lives of future nurses, the health care personnel with whom they will work, and the patients for whom they will care.

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Dedication

I would like to dedicate this to my dad who passed away while I completing my project study. Daddy, you are my best friend, my cheerleader, my inspiration, and my hero. None of my accomplishments would have been possible without your love and unending support. It was hard to pick up the pieces, but I knew that you would want me to continue. I know you are in Heaven cheering me on and will be walking beside me when I graduate with my EdD. Miss you, Daddy, and love you always.

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Section 1: The Problem

Introduction

Nursing faculty members have increasingly encountered uncivil student behaviors in both the classroom and clinical setting. Because entry into nursing education programs is highly competitive, students are usually motivated and driven. In the United States, many paths exist for registered nurse preparation. Students can study in 3-year diploma programs, which are usually affiliated with a hospital; 2-year associate degree programs usually taught in community colleges; and 4-year baccalaureate programs offered through colleges and universities. Graduates from all of these educational models take the same examination for licensure (American Nurses Association, 2014a). Students in nursing education programs are usually enrolled in school full-time and attend lectures, laboratory, and clinical experiences. Although many students are college-aged, just as many students are nontraditional, adult learners with full-time jobs and family obligations. These multiple responsibilities have led to stress—a major contributor to uncivil behavior.

Full-time faculty members in these programs are usually educationally prepared with a master's degree in nursing (Penn, Dodge Wilson, & Rosseter, 2008). Nurse educators come from a variety of practice settings such as medical-surgical nursing, geriatrics, pediatrics, obstetrics, mental health, home health, and critical care. Although many nurse educators have been teaching for years and have received their graduate level training specifically in nursing educations, others are recruited directly from the practice setting and have educational specializations as clinical nurse specialists, nurse

practitioners, or administrators (Penn et al., 2008). Faculty members' diverse practice experience and educational preparation may contribute to the different interpretations of what constitutes incivility and the multiple approaches for dealing with uncivil behavior.

This current study of faculty members' perceptions of incivility in student nurses took place at Central State College (pseudonym), a college in a southeastern U.S. state. In addition to the traditional 2-year educational path, this school offers a concurrent associate degree in nursing (ADN)/baccalaureate in nursing (BSN) program. Students who choose the associate/baccalaureate option take their foundational ADN courses for initial licensure through the state college while simultaneously taking baccalaureate level courses through a partner university holding classes at the college's facilities. If students progress through the program without interruption, they graduate with their associate degree in approximately 5.5 semesters and need only one additional semester after graduation to complete their BSN. Approximately 80% of students in the college's incoming freshman nursing classes are in the concurrent program and 20% of the incoming nursing classes are enrolled exclusively in the traditional 2-year associate degree program (Administrator, personal communication, September 13, 2013).

In the following section, the incivility problem identified at Central State College is described. Evidence of the problem at the local level is outlined in detail, and its significance to nurse educators at the college and throughout the country is examined. The purpose of the study, guiding research questions, and conceptual framework are outlined. Finally, this section concludes with and in-depth review of literature on incivility in nursing and nursing education.

Definition of the Problem

Nursing faculty members at Central State College have widely varied opinions about what constitutes student incivility and use inconsistent approaches for addressing the behavior. Cicotti (2012), an administrator at the college, identified that, like other nursing schools around the country, Central State had experienced problems with student incivility. Uncivil student behavior that goes unaddressed, or that is not dealt effectively, may seriously compromise the educational environment (Knepp, 2012). Because nursing faculty members have differing standards about uncivil behavior, students experience inconsistencies in approaches to incivility and mixed messages about expectations.

Rationale

Evidence of the Problem at the Local Level

Faculty members at the college experience frequent episodes of incivility in classrooms, laboratories, and clinical settings and have inconsistent approaches when dealing with the problem (Faculty Members, personal communication, September 16, 2014). In a study of student incivility at Central State, students described similar experiences with incivility as those encountered at other nursing schools in the United States (Cicotti, 2012). Faculty members and students in nursing programs throughout the country reported incivility as a significant problem (Clark, 2008; Lashley & De Meneses, 2001). Cicotti found that approximately 65% percent of students believed that student incivility was a mild to moderate problem at Central State, whereas 10% of the students believed that incivility was a severe problem. Students reported computer use in class for something other than coursework, domination of discussions, cheating, and sarcasm as

the most frequently encountered forms of incivility (Cicotti, 2012). These behaviors were especially disturbing because the nursing department at Central State takes a proactive approach toward professionalism and civility. The school offers a workshop on these topics during a mandatory freshman "Boot Camp" attended by the incoming nursing class prior to the beginning of the new admission (Cicotti, 2012). Because students identified a problem with incivility at Central State, it is likely that faculty members were also experiencing these same behaviors. Although Cicotti's study focused on students' perceptions of incivility with their peers, the current study focused exclusively on faculty perceptions of student incivility.

Faculty members at Central State College experienced the same uncivil behavior described by students and agreed that different approaches to address student incivility were used throughout the nursing program. According to one faculty member, a former administrator, faculty members' responses to incivility may be related to their own personalities and past experience. This instructor expects students to respond to instructions in the same manner that employees would, and the instructor becomes frustrated when students do not listen (Faculty Member, personal communication, September 16, 2014). Faculty members who have developed a relationship with a student from a previous class or clinical group may make excuses for behavior that would not be tolerated by a faculty member in another situation stating, "That's just the way they are" (Faculty Member., personal communication, September 16, 2014).

Another former administrator also expressed frustration at the dichotomy nursing faculty members have when approaching uncivil behavior. Because of previous

experience in a hospital leadership role, this instructor emphasizes professionalism and closely follows the policies set forth in the nursing department handbook. Although this faculty member asked students to conform to the school's dress code or stop chewing gum in the clinical setting, she has seen other faculty members ignore the same violations. In addition, she has found that students will "push the rules" as far as they possibly can and believes that if she sends students home from the clinical setting for insubordination, other instructors should be "on the same page" (Faculty Member., personal communication, September 17, 2014). Like the previous two faculty members, a new instructor has already experienced situations in which nursing faculty members frequently changed their responses to uncivil behaviors based on their own past experience with the students. (Faculty Member, personal communication, September 17, 2014). These inconsistencies in faculty expectations may indicate that students received mixed messages about what constitutes uncivil and acceptable behavior.

Evidence of the Problem From the Professional Literature

Faculty members in nursing, and other disciplines in higher education, perceived and responded to student incivility differently from one another. Behavior identified a troublesome by one professor may not be viewed as intrusive by a coworker (Bjorklund & Rehling, 2010). Likewise, student behavior that faculty members may view as disrespectful may be seen as perfectly acceptable by their students (Bjorklund & Rehling, 2010). Nurse educators are often skilled at helping students develop moral behavior, and some have incorporated professionalism into their curricula (Benner, Sutphen, Leonard, & Day, 2010; Karimi, Ashktorab, Mohammadi, & Ali Abedi, 2014; Rhodes, Schutt,

Langham, & Bilotta, 2012; Russell, 2014). Positive responses to student incivility included reminding students to behave appropriately in the classroom, civility journal clubs, and codes of conduct, whereas less positive reactions included sarcasm, yelling, and shaming (Alberts & Theobald, 2010; Clark, 2009; Kerber, Jenkins, Woith, & Kim, 2012). Some faculty members had chosen to ignore uncivil behavior altogether (Tantleff-Dunn, Dunn, & Gokee, 2002). Lashley and De Meneses (2001) reported that nursing faculty members were afraid to discipline student incivility because of fear of retaliation by students. Inconsistent responses to student incivility at Central State College were problematic because nursing faculty members had differing opinions about what behaviors they identify as student incivility, and a knowledge deficit about strategies that can be used to address the uncivil behavior.

Definitions

Academic incivility: Impolite, disrespectful language or actions which disrupt the standards of mutual respect in the academic setting and may result in physical and mental distress for those experiencing it. This behavior, if left unchecked, may lead to increasingly aggressive behavior or even violence (Clark, 2009; Clark, 2013).

Bullying: Repeated, intentional behaviors that cause physical or psychological harm to another person or group (Felbinger, 2009).

Horizontal violence: Covert or open physical, emotional, or mental abuse from one-coworker to another (Longo, 2007).

Lateral violence: Another term for horizontal violence (Becher & Visovsky, 2012).

Vertical violence: Covert or open physical, emotional, or mental abuse between co- workers at different levels of power (Thomas & Burk, 2009).

Significance

Although perceptions about faculty experiences with student incivility have been studied in the past, little research exists on faculty members' understanding of what incivility is or how they respond to it. As older faculty members retire, Central State College has hired several expert clinicians to replace them with no background in academia and little experience with uncivil students. An exploration of faculty perceptions of student incivility can lead to a greater understanding of both best practices and misconceptions about dealing with uncivil behavior. In addition, looking at the nursing culture from which faculty come, and in which students are introduced to the profession, can help determine how and why uncivil student behavior originated. This information can then, in turn, be used to help faculty members learn ways to respond to episodes of uncivil behavior in an appropriate manner and contribute to positive social change in nursing education.

The purpose of the study was to explore faculty perceptions of student incivility at a college in a southeastern U.S. state and responses used to address uncivil behavior when it occurred. This study, which reviewed faculty perceptions of uncivil behavior, provided detailed information on the incivility phenomenon at the institution including faculty experiences with incivility, types of incivility experienced, responses to incivility, and faculty members' understanding of what incivility is. Because student incivility has become an increasingly prevalent problem in nursing programs throughout the country,

and more nursing schools are offering concurrent and dual-enrollment options, this information may be valuable to schools of nursing both locally and nationwide. Studies on faculty perceptions of student incivility can help create positive social change by providing valuable insight into how nurse educators view incivility and will contribute to the establishment a culture of civility in the nursing profession.

Research Questions

Because the research findings showed that student incivility is a significant problem in nursing education, and faculty members had a wide variety of experiences with uncivil student behavior, the overarching research question was: What are nursing faculty members' perceptions of student incivility at a college in the southeast?

The following sub-questions were chosen to guide the implementation of the study:

1. What types of student incivility have nursing faculty members experienced?

2. How do nursing faculty members describe their understanding of incivility?

3. How do nursing faculty members respond to episodes of student incivility?

 a. How do nursing faculty members describe their own responses to student incivility?

 b. How do nursing faculty members view other nursing faculty members' responses to student incivility?

Research Question 1 was answered first through quantitative, descriptive survey questions and was explored more deeply during the qualitative interviews. Research Questions 2 and 3 were explored primarily through qualitative interviews although some aspects of these questions were also addressed through the survey data. The interviews

were used to help clarify and further explore common themes identified from the quantitative data.

Review of the Literature

Conceptual Framework

The conceptual framework for this study was Clark's (2014a) continuum of incivility and the conceptual model for fostering civility in nursing education (2013). Incivility occurs along a continuum that includes low risk, disruptive behaviors at one end and high risk, violent behaviors at the opposite end (Clark, 2013). The actions may be inadvertent or done deliberately. Low risk behaviors include relatively benign actions such as eye-rolling or sarcastic comments. As the uncivil behavior escalates, activities become more aggressive and include bullying or demeaning comments about race or ethnicity. Finally, at the furthest, and most concerning end of the continuum is threatening behaviors, intimidation, and even violence. Clark (2013) asserted that regardless of where the behaviors occur along the continuum, they can cause far-reaching consequences and persistent, negative effects on the person or people who experienced this behavior. Research Question 1 explored what types of incivility nursing faculty members have experienced. The aspects of Clark's works, which were the focus of the current study, are the incivility continuum, stress, and the culture of incivility and civility.

Continuum of Incivility

| Distracting, annoying, or irritating behaviors | | Aggressive, threatening, or violent behaviors |

Lower Level of Incivility ⟷ Higher Level of Incivility

Disruptive Behaviors ⟷ Threatening Behaviors

Behaviors range from:

non-verbals sarcasm bullying racial/ethnic slurs intimidation mobbing physical violence tragedy (eye-rolling)

Clark © 2009, revised 2013, 2014

Figure 1. Continuum of incivility.

Note. Clark, C. (2014a). Continuum of Incivility. Retrieved September 7, 2014, from

http://hs.boisestate.edu/civilitymatters/docs/Clark-Continuum-of-Incivility-revised-

2014.pdf

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In 2008, Clark introduced the conceptual model for fostering civility in nursing

education to outline the reciprocal relationship of student and faculty factors which

contribute to incivility. The term "culture of nursing" was often referred to in the

literature (Locsin, 2002; Nixon, 2014; Suominen, Kovasin, & Ketola, 1997; Yam &

Rossiter, 2000). Nursing culture has its own unique properties which include dress,

language, rules, and behavior patterns (Suominen et al., 1997). Another well-known

aspect of the culture of nursing is the concept of caring (Broome & Williams-Evans, 2011; Yam & Rossiter, 2000). Unfortunately, despite the positive aspects of nursing's culture, it also contributes to the incivility problem because bullying and incivility are deeply ingrained in nurses' behavior (Broome & Williams-Evans, 2011; Felblinger, 2008; Nixon, 2014).

Figure 2. Conceptual model for fostering civility in nursing education.

Note. Clark, C.M. (2013). Creating and sustaining civility in nursing education, Indianapolis, IN, Sigma Theta Tau International Publishers. Reprinted with permission.

Clark's (2013) conceptual model addressed culture in the context of nursing education and described the culture of civility, incivility, and how faculty responses to

incivility influence which culture prevails. Nursing education's culture is not independent from the culture of nursing as a whole. Some researchers suggest that incivility in the nursing profession occurs because of nursing faculty members' treatment of students while they are in school (Meissner, 1986). The civility problem is much more complex than just the behavior of faculty members, however, and cannot be pinpointed to one specific group such as nursing faculty. Staff nurses experience uncivil behavior from coworkers, administrators, physicians, patients, and one another. The majority of nursing faculty members come from the practice setting, have experienced nursing's culture first hand, and may bring a bullying mindset with them into academia.

Students are socialized into the nursing profession, not only by their instructors, but also by staff nurses with whom they work during their clinical rotations and may learn uncivil behavior from these role models. In the literature review that follows, the culture of both the nursing profession and nursing education is explored in detail. In addition, numerous types of incivility that occur between students, faculty members, and health care providers are outlined. An exploration of nursing faculty members' perceptions of what constitutes student incivility and nurse educators' responses to this behavior may help identify patterns of faculty behavior which are of benefit to nursing students, and those which exacerbate the problem.

Stress, another component of Clark's (2013) conceptual model, is a major contributor to incivility in both students and faculty members in nursing education. When stress levels are low, episodes of incivility are minimal. When stress levels increased in either students or faculty, uncivil behavior occurs more frequently and with more

intensity. Incivility left unchecked can spiral out of control and lead to an escalation of the behaviors along the continuum (Clark, 2008).

Both nursing faculty members and students experience high amounts of stress. Faculty stressors that can potentially lead to incivility include high workloads, unequal workload distribution, requirements needed for tenure or career advancement, departmental responsibilities, and changes in curricula (Clark, 2013). In addition, faculty sense of superiority over students, and lack of knowledge about conflict management can also exacerbate the problem of incivility (Clark, 2008). Student characteristics which may lead to uncivil behavior include a sense of entitlement, consumerist view of education, multiple role responsibilities, anxiety related to performance in school, and financial concerns (Berger, 2000; Clark, 2013; White, 2013). Stress in both nursing faculty members and student nurses is explored in the literature review. An important aspect of Clark's (2013) conceptual model is intersection of nursing faculty members' stress and student stress.

This project explored nursing faculty members' experiences with incivility, understanding of the concept, and responses to uncivil behavior. By exploring faculty perceptions, methods to de-escalate potential conflicts and engage students in a positive manner were identified. In addition, this study also contributed to the understanding of this phenomenon. Research questions 2 and 3 explored faculty members understanding of, and response to, student incivility. This study also provided further insight into how the key aspects of Clark's (2013) conceptual model for fostering incivility in nursing

education, such as stress and nursing faculty members' response to the uncivil episodes, further exacerbate the culture of incivility or contribute to the culture of civility.

Current Research on Incivility

Incivility was searched using Boolean operations with other terms such as *nursing education*, *nursing*, *nursing faculty*, *students*, *nursing students*, *student nurses*, *student to faculty*, *faculty to faculty*, *health care worker,* and *higher education.* In addition *bullying* was also searched using Boolean operations with the terms: *nursing*, *nursing student*, *student nurse*, *and incivility.* Additional search terms included *horizontal violence*, *lateral violence*, *vertical violence*, and *abuse.* In the EBSCOhost Database, the following domains were use: Education and Health Sciences. Other databases that were used to review the literature included CINAHL, Education Research Complete, Science Direct, Sage, ProQuest, and Gale Academic One File. Sources older than 10 years were used if the information was still relevant, and they contained information not found in more recent sources.

In the last two decades, incivility in higher education and, particularly in nursing schools, has been gaining more attention. Nurse educators are regularly encountering uncivil behavior in both the classroom and clinical setting. Almost 30 years ago, Hilbert's (1985) study of unethical behaviors in nursing students found that there was a positive correlation between unethical classroom and clinical behaviors. In 1996, Boice conducted a 5-year study of incivility at a large university. The research demonstrated that as classroom incivility increased, student attentiveness and note-taking decreased. Prior to the previous two decades, the term *incivility* was used less frequently in the literature.

During the first 15 years of the 21st century, a great deal of literature has been published on incivility in both nursing and nursing education in general. In a seminal study, Lashley and De Meneses (2001) found that faculty members reported experiencing more student incivility than 5 years previously. Luparell (2004; 2007) described the negative effects of uncivil student behavior on nursing faculty. Clark has become one of the most influential researchers on the subject and has published numerous articles which included faculty perceptions of student incivility (Clark, 2008b; Clark, 2009; Clark, 2013; Clark, 2014; Clark, Farnsworth, & Landrum, 2009; Clark & Springer, 2007; Clark & Springer, 2010).

It is unclear if incidents of incivility in nursing schools are becoming more prevalent or if more attention has been focused on the subject. In either case, incivility is a significant, and troublesome, phenomenon for nursing education. For a complete understanding of the incivility phenomenon, it is important begin with an examination of the culture of nursing and nursing education. An in-depth exploration of bullying, horizontal violence, and uncivil behavior in both the practice environment and academia will follow. In the literature, incivility is defined in a broad manner and the terms *incivility*, *bullying* and *horizontal violence* frequently overlap and in this literature review all are discussed. In addition, factors described in Clark's (2013) conceptual model which contribute to uncivil behavior, such as stress and the culture of incivility, are also examined.

Contemporary Nursing Characteristics

To gain a deeper insight into the potential origins of uncivil behavior, an exploration of nursing's culture was necessary. Although nursing is a dynamic and rewarding profession, numerous challenges continue to exist. In a study of why people become nurses, Eley, Eley, Bertello, and Rogers-Clark (2012) found that participants almost universally identified "caring" as the primary reason they entered the profession. In addition, many of the participants believed that nursing was their "calling," and that they never had to think about their reason for becoming a nurse because it was something they had always wanted to do.

The nursing profession is becoming increasingly diverse. While the nursing profession is still comprised primarily of Caucasian women, more males and ethnic/racial minorities have joined the profession. In 2008, 16.8% of the nursing workforce was a racial or ethnic minority which was up from 12.5% in the year 2000 (U.S. Department of Health and Human Services, 2010). According to the United States Census Bureau (2013), in 2011 the United States employed approximately 3.5 million nurses: 3.2 million women and 330,000 men. The registered nurse workforce is aging although, in 2008, this trend slowed for the first time in three decades with the median age of registered nurses (RNs) being 46 years of age (Health Resources and Services Administration, 2010). This diverse, multi-generational workforce can lead to difficulties, and potentially uncivil behavior, when the different generations are unable to relate to one another because of differences in approaches to communication, problem-solving, work ethics, and personal values (Stanley, 2010).

Another issue which seems to perpetually loom over the nursing profession is the nursing shortage. Although the nursing shortage is not currently in the headlines, it will continue to be a serious problem for the profession in the future. The Bureau of Labor Statistics reported (2014), that the RN workforce will grow 19% between 2012 and 2022. Reasons for this increased demand for nurses include the aging population, longer lifespans, and health care reform which lead to increased access to health care (Bureau of Labor Statistics, 2014). Despite these factors, the registered nurse shortage in the United States will continue to expand between 2009 and 2030 with the greatest shortages being in Florida, Texas, and California (Juraschek, Zhang, Ranganathan, & Lin, 2012). Problems within nursing also contribute to the shortage. According to Buerhaus, Donelan, Ulrich, Norman, and Dittus (2006), registered nurses reported the top four issues contributing to the shortage as low salary, increased career opportunities for women, poor work hours, and an adverse work environment (Sparks, 2012). The aging of the RN population is another factor adding to the nursing shortage (Juraschek et al., 2012). The median age of nurse is mid-forties and approximately half of the nursing workforce is nearing retirement (American Nurses Association, 2014b).

Stress is another serious problem facing the nursing profession and is a key aspect of Clark's (2013) conceptual model. The high levels of stress in the nursing workforce occur for a variety of reasons including heavy workloads, unsupportive supervisors, excessively long shifts, low-staffing levels, and interpersonal problem (Currie & Carr Hill, 2012; Happell et al., 2013; Suresh, Matthews, & Coyne, 2012). Stress arising from interpersonal issues includes from bullying, communication challenges, tension between

nurses, managerial concerns, and difficulties with patients, their families, and physicians (Happell et al., 2013; Suresh et al., 2012). New nurses, in particular, are prone to interpersonal problems with colleagues at a time when they most need their support (Suresh et al., 2012). In addition, novice nurses cited inadequate job preparation as an additional source of stress in the clinical environment (Suresh et al., 2012). In a study by Purcell, Kutash, and Cobb (2011), younger nurses were noted to have more stress than their older counterparts which may be related to years of experience on the job (Sparks, 2012; Stanley, 2010). Nurses who work in higher acuity departments, such as intensive care units, also experience more stress than nurses who are less specialized (Currie & Carr Hill, 2012). Because high levels of stress can contribute to uncivil behavior, it is important to include this in any discussion of nursing culture (Clark, 2008).

There are many aspects of the nursing profession that lead to, not only, high levels of stress but also dissatisfaction with the profession. Bogossian, Winters-Chang, and Tuckett (2014) cited multiple factors as contributing to frustration and low morale among nurses. One widespread complaint is the heavy workload and relatively low pay for the hard work that is expected of them. This contributes to large numbers of nurses leaving the profession and results in an even larger workload for those who remain. Nurses also voice disappointment that they are often forced to provide sub-optimal care for their clients. In addition to workload, nurses cite shift longs shifts as having a negative effect on both their health and family life. The long-standing hierarchal culture in the nursing profession contributes to an atmosphere were new graduate nurses and those with less experience are mistreated (Taylor, 2001). Newer nurses, in particular, frequently end up

with the least desirable shifts. Dissatisfaction with the nursing profession leads to low

morale, high numbers of nurses leaving the profession for other jobs, increased risk to

patients, and higher cost to the health care industry (Hayes, Bonner, & Pryor, 2010).

Nurses may also be inclined to leave the profession if their ability to adequately care for

patients is compromised by the conditions described above (Eley et al., 2012).

Contemporary Nursing Education

   Nursing faculty characteristics. The culture of nursing education reflects the

larger culture of the nursing profession. The demographics of nursing faculty are similar

to those of registered nurses in the United States, with more than 90% of nurse educators

being Caucasian (Roughton, 2013). While minorities comprise approximately 16% of

faculty members in other academic disciplines, they account for only seven percent of

nursing faculty (Kaufman, 2007a). In addition, approximately 48% of nursing faculty

members are 55 years of age or over, and nurses who become faculty members often do

so late in their career (Roughton, 2013; Nardi & Gyurko, 2013). Educational preparation

among nurse educators also differs from their counterparts in other areas of academia

with only one-third of being doctorally-prepared compared with 60% of educators in

other post-secondary institutions (Kaufman, 2007a).

   Nurses enter academia for a variety of reasons. Faculty members cited student

interaction and the love of teaching as primary reasons for becoming nurse educators

(Bittner & O' Connor, 2012). The role of a nursing professor allows experienced nurses

to contribute to student's success, share their knowledge, and to play an active role in

developing the nurses of tomorrow (Penn et al., 2008). In addition to the benefits cited

previously, advantages of working as a nurse educator include collaborating with other faculty members, greater levels of autonomy over many nursing roles, a more flexible schedule with additional time off for family, and the opportunity to conduct research and publish manuscripts (Penn et al., 2008).

Although the role of nurse educator can be extremely rewarding, it is not without its challenges. Like their hospital counterparts, nursing faculty members also experience a significant amount of stress which, according to Clark's (2013) conceptual model, leads to negative student encounters. Issues contributing to low job satisfaction levels in nursing faculty members include high workloads, long work hours, nervousness about interacting with difficult students, and inability to maintain a work-life balance (Bittner & O' Connor, 2012, Kaufman, 2007a; Penn et al., 2008). Approximately 44% of nurse educators are dissatisfied with their workload and report working an average of 56 hours each week. This number of hours is higher than faculty members in other disciplines who work between 45 and 55 hours weekly (Kaufman, 2007a). Nursing faculty also report working more than 24 hours per week during vacations and periods where school is not in session (Kaufman, 2007a). Of the nurse educators who were considering leaving the teaching profession within the upcoming year, 25% cited heavy workload as a consideration in that decision (American Association of Colleges of Nursing, 2014; Kaufman, 2007b).

Other challenges facing nurse educators include difficulty in maintain currency in practice if not assigned to teach in the clinical setting, apprehension when instructing students on clinical skills they may not have used recently, and finding time to conduct

research and publish with all of their other job responsibilities (Penn et al., 2008) Finally,

nurse educators earn less money than nurses in clinical practice and this is a major factor

that influences the ability to recruit nurse into teaching roles (Bittner & O' Connor, 2012).

Increased stress levels are also prevalent in nurses who are transitioning from practice.

Frustration occurs because these nurses who are experts in the clinical setting are

suddenly considered novices in academia (Cangelosi, Crocker, & Sorrell, 2009; Yordy,

2006).

      Nursing student characteristics. To better understand the culture of nursing

education, an understanding of student nurses, and the challenges they face, is also

important. Student nurses are a diverse and dynamic group of learners. Generation X,

Generation Y, and Millennials, comprise the majority of the learners in nursing education

(Johnson & Romanello, 2005). Although there are many differences in how these

students approach learning, and life in general, they must find ways to work together

collegially in the classroom and clinical setting (Ausbrooks et al., 2011). In 2012, 50% of

students in associate degree programs were more than age 30, while only 16% of the

students in baccalaureate programs were in this age group (National League for Nursing

(NLN), 2013).

      The student nurse population is still overwhelmingly female and, in 2012, only

15% of nursing students were male (NLN, 2013). This number, however, has been

increasing steadily since 2003 when the percentage of males in nursing programs was

only 10% (NLN, 2013). Of the males enrolled in nursing programs in 2012, 16% were

attending associate degree and diploma programs respectively, and 13% were in

baccalaureate programs (NLN, 2013). Minorities of both genders make up only a small percentage of students in associate degree programs with 9% African-American, 6% Hispanic, 4% Asian, 1% Native American or Pacific Islander, and 7% other nationalities. These percentages are comparable in baccalaureate programs, however, in diploma programs 30% were African-American and 27% were Hispanic (NLN, 2013).

Nursing school, just by its nature, is extremely stressful. Clark (2008b) identified three factors that contributed to stress in the nursing student population which included heavy workloads, extreme levels of competitiveness in a high-stakes environment of nursing school, and feeling compelled to cheat in order to earn high grades, scholarships, or even admission to the program. Many of the students in nursing programs are non-traditional or first generation learners who have families, full-time jobs, and a multitude of other obligations that add to their workload (Clark, 2008; Giancola, Grawitch, & Borchert, 2009). While these students are traditionally high-achievers, they are placed under an enormous amount of strain to successfully complete all of the classes required to sit for licensure as a registered nurse. Other stressors facing student nurses include a longer amount of time required for studying than students in other disciplines and the resulting lack of personal time (Gibbons, Dempster, & Moutray, 2010). In a study of nurse leaders in academia and their role in promoting civility in the academic environment, participants responded that personal and family responsibilities, financial pressures, and time-management difficulties frequently contributed to stress in the student nurse population (Clark & Springer, 2010).

Incivility in the Nursing Profession

        The profession of nursing, which prides itself on its reputation for caring and trustworthiness among the public, struggles with issues of incivility, bullying, and horizontal violence (Broome & Williams-Evans, 2011; Gallup, 2013). The American Nurses Association's (2001) *Code of Ethics with Interpretive Statements* Provision 1 states that in "the nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual" (para. 1). In 2015, the document underwent a substantial revision. Provision 1.5 states, "The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect" (American Nurses Association, 2015, p. 4). Despite these guidelines, nursing is still plagued with episodes of incivility, horizontal violence, and bullying, and these are considered a pervasive problem (Bogossian et al., 2014). Numerous factors may contribute to this behavior.

        Uncivil behavior in nursing results in lower retention rates among bedside nurses, higher costs for hospitals, and poorer patient outcomes (Broome & Williams-Evans, 2011; Hubbard, 2014). Nurses have described bullying as "endemic, institutionalized" and harassment as a "cultural norm" (Bogossian et al., 2014, p. 381). This behavior is carried out by co-workers on the floor, nurse managers, hospital administrators, physicians, and even patients (Bogossian et al., 2014). In health care institutions where incivility is prevalent in the organizational culture, uncivil behavior begins to extend in patient interactions (Felbinger, 2009). Incivility in the health care setting is described as offensive language, rude comments, name calling, inappropriate jokes, attacks on

integrity, blaming, gossiping, emotional outbursts, temper tantrums, and screaming (Felblinger, 2008; Lachman, 2014). Bullying behaviors ranges from shouting, verbal abuse, belittlement, and exclusion, to more covert actions such as withholding information, being given incorrect information, manipulation of patient care assignments, broken confidences, or even silence (Gaffney, DeMarco, Hofmeyer, Vessey, & Budin, 2012; Hutchinson, Vickers, Wilkes, & Jackson, 2010; Longo & Sherman, 2007). Felbinger (2009) asserted that bullying can be differentiated from incivility because it involves intent to harm. In a qualitative study of 26 Australian nurses, Hutchinson et al. (2010) suggested that bullying in the nursing profession falls under three distinct patterns of behavior: undermining of professional confidence, personal assaults, and attacks on work performance or roles.

Uncivil behavior such as bullying among nurses results in psychological and physiological effects on the victim (Broome & Williams-Evans, 2011). Physiological reactions to episodes of bullying include headaches, difficulty sleeping, sweating or shaking, irritable bowel syndrome, decreased appetite, exhaustion and cardiovascular diseases related to stress (Edwards & O' Connell, 2007; Leiter, Price, & Spence Laschinger, 2010; Longo & Sherman, 2007; Namie, 2003). Namie (2003) described bullying as "psychological violence" (p. 2). Emotional effects of this behavior include stress, depression, crying, irritability, withdrawal, poor job performance, decreased self-esteem, low morale, cynicism, lack of engagement at work, increased alcohol and tobacco use, and even excessive sick leave usage (Edwards & O' Connell, 2007; Felbinger, 2009; Longo & Sherman, 2007). Prolonged experiences with incivility and

bullying may lead to severe insomnia with nightmares, anxiety, panic attacks, and symptoms which resemble Post Traumatic Stress Disorder (PTSD) (Broome & Williams-Evans, 2011; Edwards & O' Connell, 2007; Felbinger, 2009; McKenna, Smith, Poole, & Coverdale, 2003; Namie, 2003). Felblinger (2008) explained that when nurses initially encounter verbal abuse, their response may be one of anger and shame. These negative emotions may eventually be directed inward and, when this occurs, they are actually re-victimized (Felblinger, 2008). Combinations of these symptoms ultimately lead to staff turnover and decreased quality of patient care (Leiter et al., 2010; Vessey et al., 2009).

Retention of nurses is also affected by incivility, bullying, and horizontal violence and affects the profession's ability to keep experienced nurses and attract and retain new graduate nurses (Australian Nursing & Midwifery Journal, 2014; Leiter et al., 2010). According to Namie (2003) recipients of bullying have a 70% likelihood of losing their jobs, either by choice or involuntarily. New graduate nurses are particularly targeted for bullying behaviors such as insufficient training for their new role and lack of support from more experienced nurses (Gaffney et al., 2012). Vogelpohl, Rice, Edwards, and Bork (2013) conducted a qualitative study of 135 newly licensed registered nurses on their perceptions of bullying in their places of employment. The new graduates reported that they were bullied primarily by peers, followed by physicians, and families of patients. About one-third of the new nurses reported that the behavior had either caused their job performance to suffer or had caused them to leave—or consider leaving—their place of employment (Vogelpohl et al., 2013). McKenna et al., (2003) surveyed 551 recent graduate nurses in New Zealand and, in results similar to Vogelpohl et al. (2013),

reported that 34% of respondents considered leaving their jobs because of incivility. This behavior is particularly concerning since the first year after nursing school is an important period for building confidence for new graduates, and many lose faith in their nursing abilities because of uncivil behavior from co-workers (McKenna et al., 2003). The expense of training a new staff member at a hospital can be as high as $100, 000 (Hubbard, 2014).

Nurse managers frequently engage in, or allow, uncivil behavior to occur (Vessey et al., 2009). In addition to the behaviors described previously, supervisors frequently threaten sanctions, demotions, or scheduled staff members to work excessive numbers of shifts in a row (Gaffney et al., 2012). In a study about in the generational differences in attitudes related to incivility, nurses who belonged to Generation X reported that they experienced higher levels of uncivil behaviors from peers and managers than did Baby Boomers (Leiter et al., 2010). Evidence suggests that expectations about what constitutes uncivil behavior differ significantly between generations (Leiter et al., 2010).

Theories have emerged as to why incivility, bullying, and horizontal violence occur with such frequency in nursing. Broome and Williams-Evans (2011) asserted that bullies have "pathological narcissistic" personalities combined with the desire to manipulate and control relationships with others. It has been suggested that uncivil behavior in nursing has resulted from oppressed group behavior (Roberts, Demarco, & Griffin, 2009). Because nurses lack autonomy in the hierarchal health care setting where physicians hold the power, low self-esteem has developed among members of the profession. This low self-esteem is compounded because the majority of nurses are

women, which is also an oppressed group (Roberts et al., 2009). Because of this perceived lack of power, nurses often act out towards their co-workers (Taylor, 2001). Buresh and Gordon (2006) asserted that nurses continually advocate for their patients but not for themselves. This "silencing" can lead to passive-aggressive behavior and job dissatisfaction (Roberts et al., 2009, p. 209). A study of early career nurses in Massachusetts found that nurses frequently recognized that other nurses were victims of bullying before they realized they were victims themselves (Simons, 2008). Another contributing factor to incivility was the nursing shortage (Felblinger, 2008). As a result of an increased work load and chaotic environment, nurses unable to cope with job stress verbally attacked their co-workers (Felblinger, 2008).

Incivility in Nursing Education

Incivility has been described as a dance in which two parties play active roles and, in nursing education, students and faculty are the primary participants (Clark, 2008). The complex dynamic between these two groups has the potential to lead to episodes of incivility. In a descriptive survey of both students and faculty, more than 70% of participants indicated that they believed incivility in nursing education was either a mild or moderate concern (Clark & Springer, 2007). While faculty perceptions of student incivility are the primary focus of this study, uncivil behavior is not limited solely to these two groups. Incivility occurs among faculty members, among students, from faculty members to students, and from health care workers to students. All of these interactions are critical to gaining a deeper understanding of why incivility is so prevalent in nursing education.

Causes of Student Incivility

There are numerous factors which contribute to episodes of incivility in higher education and nursing. Colleges and universities tend to punish only the worst offenses related to incivility (Knepp, 2012). Another contributing factor to uncivil behavior in higher education is large class sizes (Berger, 2000; Knepp, 2012). Research demonstrates that incivility occurs more frequently when students believe that they can act with anonymity (Knepp, 2012). Faculty members in academia who are research-focused may not be adequately prepared, or interested, in acquiring techniques to effectively manage their classrooms (Knepp, 2012). Other faculty factors contributing to incivility include unrealistic beliefs about student behavior, erroneous estimation of students' knowledge level, low levels of teaching competence, and violations of boundaries (Berger, 2000). Additionally, faculty characteristics can potentially influence how students respond to instructors. These include physical characteristics such as weight, perceived youth, hairstyles, and even facial hair (Alberts & Theobald, 2010)

Students' sense of entitlement is a major contributor to incivility (Clark, 2008). Many students would rather be entertained in class than acquire knowledge (Knepp, 2012). A survey study to examine factors that are predictive of classroom incivility was given to 593 undergraduate students in a large university in the Midwest (Nordstrom, Bartels, & Bucy, 2009). Three individual tools were used to determine students' inclination toward uncivil behavior: a consumerism, incivility, and narcissism scale. Using a regression analysis, the researchers determined that all three factors were significant predictors of uncivil behavior in the classroom. Students with a positive

attitude toward classroom incivility, narcissistic tendencies, and who view the educational process through the lens of consumerism, had a higher propensity for incivility in the classroom (Nordstrom et al., 2009). In a study of the effects of student incivility on nursing faculty members, White (2013) found that one of the most profound themes that emerged from her research was that students had begun to view higher education as a "commodity" (p 44). Students are frequently choosing to take college courses, not because they are their desired career path, but because of the job security or increased earning potential (Ehrmann, 2005).

Incivility is not a problem exclusive to nursing. Higher education, in general, reflects the increasing levels of incivility seen in the United States (Connelly, 2009), and students entering colleges and universities have challenges that were not experienced by past generations (Clark & Springer, 2007). Students entering higher education are frequently unprepared for the rigors of college and are, therefore, prone to uncivil behavior (Clark & Springer, 2007; Knepp, 2012). Many students are increasingly isolated and may have never learned common social skills (Polanco et al., 2006). Because nursing education takes place in institutions of higher education, these same problems are prevalent in nursing schools as well as traditional college classes.

Some types of stress are common to both student nurses and the general population of college students (Gibbons et al., 2010). These stressors are multiplied in students who are disabled or who face physical or emotional difficulties (Knepp, 2012). Many students have undiagnosed emotional or mental health problems which may contribute to disruptive behavior (Clark & Springer, 2007; Kuhlenschmidt & Layne,

1999). These can include attention seeking behavior, "redirected aggression," or even loss of a loved one or classmate (Kuhlenschmidt & Layne, 1999, p. 52). Other factors, cited less frequently, which may contribute to incivility include drug use, both legal and illicit, alcohol abuse, medical concerns, fatigue, and sensory problems. Even factors such as difficult class schedules or uncomfortable classroom temperature can potentially lead to irritability and emotional outbursts (Kuhlenschmidt & Layne, 1999).

Although many similarities exist between causes of incivility in higher education and nursing education, differences do exist. Students in nursing schools face numerous stressors not encountered by students in general education classes (Gibbons et al., 2010). Many student nurses are considered non-traditional students and are frequently faced with multiple demands, such as family and work obligations, in addition to their school commitments. These responsibilities may prove overwhelming and lead to uncivil behavior (Kolanko et al., 2006). Clark (2008b) conducted a mixed-methods study of 289 nurse educators and students on opinions and insights related to incivility. A convenience sample responded to quantitative questions on demographics and perceptions of incivility, and qualitative, open-ended questions about the perceived causes of uncivil behavior. Both educators and learners suggested that increased amounts of stress were a primary contributor to more frequent episodes of uncivil behavior in student nurses (Clark, 2008).

Student to faculty incivility. Student to faculty incivility can range from passive, relatively non-threatening behavior to more overt, aggressive acts (Berger, 2000; Suplee, Lachman, Siebert, & Anselmi, 2008). Passive incivility includes more subtle behaviors

such as sarcasm, texting or cell phone use in class, cheating, and talking during class,

tardiness, lack of preparedness, not taking notes, demanding special treatment, rude

comments or gestures, challenges to faculty authority, leaving early, or simply not

attending class at all (Clark, 2008; Clark & Springer, 2007; Knepp, 2012; Suplee et al.,

2008). Passive incivility can escalate to active incivility which includes or abusiveness

toward faculty members or even acts of violence (Berger, 2000). Increasingly serious acts

of incivility included cheating or plagiarism, profane language, threats, intimidation,

unjustified negative feedback in teacher evaluations, undeserved complaints to a faculty

member's supervisor, verbal harassment, or violations of academic integrity (Knepp,

2012; Sprunk, LaSala, & Wilson, 2014; Woith, Jenkins, & Kerber, 2012).

In a study of incivility in nursing programs, 100% of faculty respondents reported

tardiness, inattention, and excessive absences as problematic (Lashley & De Meneses,

2001). When asked to compare student behaviors to those same behaviors from five years

previously, 43% of participants reported disruptive behaviors as being higher and nearly

50% participants reported the quality of student work was poorer. Bjorklund and Rehling

(2010) found that, when presented with 23 uncivil behaviors, student participants

identified experiencing many of the same uncivil behaviors about which faculty members

expressed concern.

Uncivil student behavior patterns developed while in school may continue to be

problematic once they enter the workforce. Luparell (2011) found that students who

engaged in episodes of incivility while in school had higher incidences of horizontal

violence in the workplace. A significant amount of nursing education takes place in

clinical rotations at health care facilities. Students who are uncivil in the academic environment frequently carry these behaviors into their place of employment after licensure (Luparell, 2011). Because these acts of incivility are potentially perpetuated as the students go into practice, the cycle of incivility in nursing profession continues.

Student to faculty incivility continues to be a significant concern to nursing educators. Thirteen years later after Lashley and De Meneses study, Sprunk, LaSala, and Wilson (2014) found that 100% of the participants in their qualitative study had experienced incivility or behaviors that violated their institution's code of conduct. Participants noted that trying to manage episodes of uncivil behavior were not only emotionally draining, but also time consuming because they were required to arrange meetings with students, write counseling forms, discuss concerns with administrators, write and revise behavioral polices, and even complete reports for law enforcement (Sprunk et al., 2014). Nursing faculty members expressed particular concern about how uncivil behavior affected their reputations as a result of attacks of both a personal and professional nature. These took place via social media, e-mails circulated among students, negative evaluations either through the school or websites like *Rate My Professor*, and unfounded rumors (Sprunk et al., 2014).

Like symptoms experienced by hospital nurses, incivility can have significant physical and emotional effects on nurse educators. Symptoms reported by nursing faculty members who had undergone repeated incidents of student incivility included physical symptoms such as difficulty sleeping, migraines, and gastrointestinal disorders (Luparell, 2007, Sprunk et al., 2014). Emotional responses included being frightened, worried,

stressed, upset, feeling defeated, loss of self-esteem and confidence in their teaching

skills, questioning their ability to continue to teaching, and even post-traumatic stress

disorder (Luparell, 2007, Sprunk et al., 2014). Those most traumatized by episodes of

student incivility chose to leave their nursing faculty roles (Luparell, 2007). Loss of

nursing faculty members is especially disturbing because a shortage of academic nurse

educators already exists (Nardi & Gyurko, 2013).

     Student to student incivility. Relatively few resources in the literature discuss

student to student incivility. In the resources I reviewed, incivility included inappropriate

language or jokes, belittlement, rumors, mistreatment of other races, hostility,

humiliation, intimidation, and exclusion (Celik & Bayraktar, 2004; Cooper et al., 2009;

Foster, Mackie, & Barnett, 2004). In a non-experimental, descriptive survey on

perceptions of bullying in student nurses, 56% of the 636 respondents reported that

bullying behaviors occurred most frequently from their classmates and included

inappropriate language, hostility, and humiliation (Cooper et al., 2009). It is worth noting

that the sample consisted of students who were in their final semester of studies. The

students' advanced level suggests that these students had been through multiple clinical

rotations and had possibly been exposed to similar behavior in the health care

environment. The authors did not clearly differentiate between uncivil behaviors

experienced from fellow students and those experienced from faculty members although

it was clear that not all of the behaviors reported, such assignments or bad grades, were

student driven (Cooper et al., 2009).

In a study of student nurse abuse in Turkey, 100% of participants reported verbal abuse such as being yelled at or belittled (Celik & Bayraktar, 2004). Researchers conducted a descriptive survey of 225 student nurses, and organized the questionnaire on abuse into four categories: verbal, physical, sexual, and academic. In addition to such behaviors as yelling and belittling, 83.1% of students experienced some form of academic abuse such as being exposed to negative comments about nursing or assigned a task as punishment rather than for educational reasons. More than 50% of the participants stated that they had experienced some form of sexual abuse which, in this study, was defined as unwanted sexual jokes, stories, comments, or behaviors. A smaller amount of students, 5.7%, experienced attempted physical harm. When asked who had perpetrated the verbal abuse, all respondents had experienced such behavior by classmate, followed by faculty, nurses, and physicians. For purposes of this study, academic abuse included demonstrations of hostility after a significant academic or clinical accomplishment. Classmates were again the primary perpetrators of academic abuse followed by staff nurses, faculty members and physicians. It is interesting to note that older students and senior students were more inclined to report academic and verbal abuse than their classmates (Celik & Bayraktar, 2004). It is unclear whether or not the high levels of abuse described in this study are related to culture or if other unknown factors.

Across the world in New Zealand, 80% of student nurses suffered some form of bullying during their clinical assignments and 88% stated that the person who exhibited the uncivil behavior was a nurse (Foster, Mackie, & Barnett, 2004). In contrast, Celik and Bayraktar (2004) found that perpetrators were primarily classmates. Other differences

noted between the studies were that the victims of the bullying in the study by Foster et al. (2004) were primarily younger and earlier in their programs of study. It is possible that cultural differences may be account for these contradictory results. Like other victims of abuse, students in both Turkey and New Zealand reported feelings of guilt, shame, anger, depression, fear, difficulty concentrating, low self-esteem, and thoughts of leaving the profession (Celik & Bayraktar, 2004; Foster et al., 2004).

Health Care Worker to Student Incivility. Student nurses are frequently the victims of bullying and lateral violence by other members of the health care team. Although this health care worker incivility has been studied in other countries, relatively little research is available from researchers in the United States. Students who are victims of incivility or bullying from members of the health care team experience belittlement, disrespect, devaluing, blaming, public humiliation, hostility, exclusion, criticism for lack of knowledge, being assigned menial tasks, obstacles to learning skills necessary to perform the job, undermining, withholding information, and negative remarks about the profession (Anthony & Yastik, 2011; Clarke et al., 2012; Curtis, Bowen, & Reid, 2007; Douglas, 2014; Gillen, Sinclair, Kernohan, & Begley, 2009; Levett-Jones, Lathlean, Higgins, & McMillan, 2009; Randle, 2003; Thomas & Burk, 2009). Like staff nurses who experience uncivil behaviors from co-workers, students also experience negative emotions such as anger, anxiety, frustration, fear, disappointment, defeat, embarrassment, and loss of confidence (Hakojarvi, Salminen, & Suhonen, 2014; Thomas & Burk, 2009). In addition, many suffer from physical symptoms such as difficulty sleeping, fatigue, headaches, sweating, and cardiac and gastrointestinal ailments (Hakojarvi et al., 2014).

Student nurses are influenced by their interactions with staff nurses. The

relationship between students and staff nurses is an important element in students'

development of a sense of "belongingness" in the profession and their ability to learn in

the clinical setting (Levett-Jones et al., 2009). In a cross-national study of students in the

United Kingdom and Australia, Levett-Jones et al. (2009) conducted semistructured

interviews with 18 third year nursing students. Although students reported positive

interactions with staff nurses, there were numerous examples of staff nurses acting

indifferent, unfriendly, hostile, or simply ignoring and excluding them from patient care

(Levett-Jones et al., 2009). Randle (2003) conducted a 3-year study in the England using

the grounded theory approach to study self-esteem development in student nurses. Like

the Australian students in the study by Levett-Jones et al. (2009), British students in this

study also reported negative encounters with staff nurses, were berated for their perceived

lack of knowledge, and frequently believed nurses used their positions to exert power

over them. Even more troubling was that some of these students also described scenarios

in which the floor nurses attempted to use these same tactics with their patients. In order

to protect themselves from uncivil behavior and fit in to the culture of the floor on which

they were working, some of these students reported incorporating these behaviors into

their own practice (Randle, 2003). This apparent need to bully and intimidate by both

nurses and students may possibly be related to oppressed group behavior (Randle, 2003)

Like students in England who had experienced uncivil behavior, nursing students

in Australia also reported similar experiences in the clinical setting. Curtis et al. (2007)

surveyed 152 second and third year student nurses using a survey that consisted of

demographic information and five open-ended questions. The research demonstrated that students felt humiliated, disrespected, and ignored by staff nurses. One study participant reported that the only nurse who would acknowledge her was a new graduate. The students also believed that there was a hierarchal mentality among the staff nurses, and that they used lateral violence to keep newer nurses in their "place." (p. 160). Because of this behavior, students frequently believed the atmosphere was one of nurses versus students. New students were overwhelmed by this treatment, while more experienced students had learned to cope with it (Curtis et al., 2007).

While lateral and horizontal violence are often addressed in the literature, vertical violence is discussed less frequently. Some examples of vertical violence are those which occur from instructor to student or nurse to student. Student nurses in a public university in the southeastern United States were directed to write narratives about episodes in nursing school that made them angry. Thomas and Burk (2009) used content analysis to code the students' responses and concluded that student nurse anger occurred more frequently in clinicals than in class. Although student expressed some of the common complaints about their instructors related exam material, unfair grades, and busy work, the focus of the study was perceived unfair treatment of students and patient rights violations by staff nurses. These students experienced many of the same negative behaviors from floor nurses as those experienced by students in Australia and the United Kingdom (Curtis et al., 2007; Levett-Jones et al., 2009). These behaviors are described as belittling, condescending, sarcastic, patronizing, and degrading (Thomas & Burk, 2009). Students reported feeling unwanted on the floor and ignored by the staff nurses,

disbelieved when reporting patient assessments, blamed for the mistakes of others, and

humiliated in public. They acknowledged that their instructors were empathetic towards

their experiences, although the students did not always share with them the level of abuse

they were experiencing from the nurses. In one instance, an instructor stood by "timidly"

and allowed abuse to occur (Thomas & Burk, 2009). Anthony and Yastik's (2011)

qualitative study of 21 pre-licensure nursing students in the Midwestern United States

yielded similar results. Themes identified by the authors were that students felt like

outsiders in the clinical setting, faced hostility from nurses, and were treated

dismissively. Unique to this study is the specific example of staff nurses ignoring student

by giving an incomplete report on their patient's condition at the beginning of their shifts

and seeming disinterested when students attempted to give report at the conclusion of

their shift (Anthony & Yastik, 2011). This unwillingness to communicate with students is

particularly troublesome because communication gaps in the clinical setting can lead to

medical errors (Sutcliffe, Lewton, & Rosenthal, 2004).

   Faculty to student incivility. A discussion of incivility would be incomplete

without a discussion of faculty to student incivility. Nurse educators who encounter, or

take part, in uncivil behaviors in the practice environment may carry this behavior over

into their teaching roles (Edwards & O' Connell, 2007). This relationship between

practice and academia is infrequently discussed in the literature. Faculty behaviors

perceived by students as incivility include belittlement, excessive criticism, unfair or

unequal treatment, being ignored, attempting to weed students out, threatening, using

condescending language, public humiliation, unreasonable expectations, undervaluing of

efforts, having to meet impossibly high expectations, and making negative comments about becoming a nurse (Clark, 2008a; Clarke, Kane, Rajacich, & Lafreniere, 2012; Del Prato, 2013; Lasiter, Marchiondo, & Marchiondo, 2012). Clark (2008a) reported that students who experienced faculty incivility were "traumatized" and experienced many of the same physical and emotional symptoms as nurses who experienced bullying in the hospital setting (p. 287). These symptoms included helplessness, anger, fear, depression, stress, loss of sleep, nausea, and headaches. One student was so distressed by such feelings that he did not continue in the nursing program (Clark, 2008a**).**

The behavior of nursing faculty members can have a significant effect on nursing students. Because those who experience abuse are more likely to become abusers themselves, uncivil behavior from nurse educators may lead to similar behaviors from the students when they enter into practice (Luparell, 2011; Lasiter et al., 2012). Using the Nursing Education Environment survey and open-ended questions, Lasiter et al., (2012) studied experiences with faculty incivility in 152 senior student nurses in baccalaureate programs. Students reported that they had experienced, or saw a fellow student experience, verbal abuse such being yelled at, belittled, or threatened. Behaviors mentioned infrequently in other studies but reported here included e-mails not being returned, assignments being lost, or even being told they should consider a different career path. The researchers did acknowledge that male students and minorities were under-represented in the study (Lasiter et al., 2012). In spite of these limitations, the study did corroborate findings of others.

Many episodes of faculty to student incivility take place in the clinical setting (Altmiller, 2012; Clarke et al., 2012). In a study of 674 Canadian baccalaureate nursing students, more than 88% of students experienced at least one episode of bullying while in school (Clarke et al., 2012). Instances of bullying in fourth year students were highest with 97% and decreased progressively in each lower grade level with 77% of first year students reporting that they were bullied. Of the 558 female study participants, 89.2% reported bullying while only 84.8% of males experienced this behavior. There were, however, significantly fewer (95) males in the study which may account for the difference. Clinical instructors, noted as being the worst offenders, were most frequently guilty of devaluing efforts, unreasonable expectations, threatening discipline or poor evaluation, and withholding information. Students who experienced the highest amount of bullying were more inclined to leave the nursing profession (Clarke et al., 2012). In Altmiller's exploratory study (2012) of student perceptions about incivility, many of the comments also focused on incivility in the clinical setting. Themes that emerged about faculty members included unprofessional behavior in the clinical environment, communication difficulties, fear of being embarrassed publicly in front of fellow students, gender inequality in patient assignments, and inability to question grades.

Some students believed that incivility took place because they were perceived by faculty members as being different. Del Prato's (2013) phenomenological exploration of associate degree nursing students resulted in many similar responses to those reported by other researchers (Altmiller, 2012; Clark, 2008a; Clarke 2012). A unique finding in Del Prato's (2013) study is that some students believed that non-traditional students, such

racial minorities, males, and older individuals, were singled out and held to a higher standard than what was expected of staff members on the floor. Del Prato's (2013) results differed from those of Clarke (2012) in that minorities were more frequently targeted by faculty and staff nurses rather than their peers. Del Prato's (2013) study expanded on why students believed faculty members were attempting to "weed" them out of their nursing program. Students reported that reasons for this perception included being targeted by faculty for asking too many questions, not answering questions correctly, requesting to be transferred to another clinical group, standing up to authority, and not acting or looking a particular way. As a result of this behavior by instructors, students became disillusioned with the nursing profession and disappointed that faculty members did not model the same caring behaviors taught in school (Del Prato, 2013).

Faculty to faculty incivility. Faculty to faculty incivility is another aspect of the phenomenon that is receiving an increased amount of attention in the literature. Faculty incivility may have been discussed more infrequently in the past because uncivil behaviors in higher education may be more subtle than those in the practice setting and harder to quantify (Edwards & O' Connell, 2007). Keashly and Neuman (2010) suggested that episodes of incivility occurred more frequently from other senior faculty members or supervisors. In a descriptive study of 473 full-time nursing faculty members, more than one-third of participants reported being victims of bullying and 15 of those respondents reported physical abuse (Beckmann, Cannella, & Wantland, 2013). Senior faculty and administrators were more frequently reported as bullies than faculty members with less experience. The author noted that this negative behavior by senior faculty members and

supervisors was unfortunate, because faculty turnover was reduced when administrators supported an environment of collegiality and mentoring (Beckmann et al., 2013). Bullying, however, was not directed exclusively at junior faculty members. Mintz-Binder and Calkins (2012) found that one-third of directors in associate degree nursing programs experienced bullying most frequently from their own faculty members.

Factors contributing to faculty to faculty incivility included heavy workloads, long hours, lack of job security, imbalance of power between administration and faculty, and a "more top down, bottom-line" style of management (Edwards & O' Connell, 2007, p. 31). Using an electronic version of the newly developed Faculty to Faculty incivility survey, Clark, Olender, Kenski, and Cardoni (2013) collected data from 558 faculty members from 40 states. Uncivil behaviors recorded most from more than 60% of respondents included failing to complete one's portion of the workload, resistance to change, using electronic devices for personal reasons during meetings, being unwilling to discuss work concerns, and making disparaging remarks about co-workers. Other behaviors noted as uncivil included conducting private meetings where everyone was not invited, gossiping, interrupting, abusing power, making extreme demands, and challenging co-workers knowledge (Clark et al., 2013). These behaviors are particularly disconcerting because faculty members frequently complain about similar actions from their students. In a qualitative study of 24 department heads at a major university, Williams, Campbell, and Denton (2013) reported that 46% of participants had a high performing faculty members who negatively affected the morale of the department.

Behaviors exhibited by these individuals included derogatory comments, intimidation toward co-workers, and insubordination toward supervisors (Williams et al., 2013).

Incivility and bullying may be reported less often in academia and nursing schools because there are few systems in place to deal with the behavior (Edwards & O' Connell, 2007). Keashly and Neuman (2010) suggested that because there is so much emphasis in academia on accomplishments and reputation, these qualities are a logical target for bullies. Clark et al. (2013) found that more than 70% of study participants reported stress and heavy workloads as two of the primary reasons for faculty to faculty incivility. Other factors cited were unclear role expectations, power imbalance, organizational climate, faculty members' sense of superiority, and trying to balance multiple roles (Clark et al., 2013). When respondents were also asked why uncivil behavior went unaddressed, fear of retaliation was identified as the main reason. Additional factors noted were lack of support by administration, no policy in place to address the behavior, too much effort required to pursue the uncivil behavior, fear of poor peer evaluations, and lack of knowledge on how to respond.

Faculty to faculty incivility may cause nursing instructors to leave their positions. Like nurses in the health care setting who contemplate leaving their position because of bullying, uncivil behaviors in the schools of nursing may lead to unhappiness on the job and departure from academia (Peters, 2014). This has far-reaching consequences for nursing professors and the nursing profession as a whole. Faculty members who experience incivility on the job may withdraw from their job responsibilities which could result in less attention to students and quality of education. In addition, this withdrawal

also places a heavier burden on fellow educators (Keashly & Neuman, 2010). When educators leave academia, fewer students are admitted into nursing programs which ultimately results in a shortage of registered nurses (Peters, 2014).

Novice educators are particularly prone to experiencing episodes of incivility. In a phenomenological study of eight nursing faculty members who had worked in higher education for five years or less, Peters (2014) found the new educators frequently believed that they were not valued by their colleagues which resulted in self-doubt in their ability to effectively function as a faculty member. Novice nursing faculty members reported that they were belittled and intimidated as a result of the instigators of the incivility. The study's participants reported a general lack of mentorship and a sense that some senior faculty members actually wanted to see them fail in their new role. Many senior nursing faculty members had so many responsibilities, in addition to their teaching duties, that they were disinclined to take on an additional duties such as mentoring (Peters, 2014). Newer faculty members also reported that they sensed power struggles within their departments. Some study participants believed that their older colleagues were possessive of their material and may have even been threatened by their presence. In general, the new instructors were unprepared for the lack of professionalism they encountered from their more experienced cohorts (Peters, 2014). Felblinger (2008) described the re-victimization that occurred in hospital nurses when negative emotions were directed inward. A similar pattern emerged in novice nursing instructors because of perceived rejection and isolation (Peters, 2014).

Faculty Perceptions of Student Incivility and Responses

Few studies specifically address faculty member perceptions of student incivility although many studies include suggestions on how to respond to this behavior. Responses to incivility will be discussed further in Section 3 of this document. Faculty members frequently perceive uncivil behavior differently from their students. In an exploratory study by Ausbrooks, Jones, and Tijerina, (2011), 15 faculty members and 28 students in a social work program responded to the *Classroom Civility and Teaching Practice Survey.* Although 50% of faculty took part in the study, there was only a 13% response rate among students (Ausbrooks et al, 2011). Although the student respondents were not representative of the larger population of students, the study did yield some interesting results. Results of the quantitative data suggested that faculty perceived incivility as less problematic than students (Ausbrooks et al., 2011).

A quantitative study of 397 early-career geography faculty on classroom incivilities suggested that uncivil behavior was perceived as significantly more problematic in classes taught by female or international professors (Alberts & Theobald, 2010). In addition, faculty members from minority racial and religious groups sometimes believed themselves to be targeted because of these associations. Alberts and Theobald (2010) hypothesized that this perceived vulnerability may lead these populations to avoid confronting students about uncivil behavior.

Faculty members react to incivility in a variety of ways. While some, faculty members responded inappropriately by chastising students or ignoring the behavior altogether, others chose to address student incivility by creating opportunities for

learning. Tantleff-Dunn et al., (2004) surveyed 107 psychology students on faculty-

student conflict. Testing, grades, and excuses about late assignments were the most

frequently reported sources of conflict between instructors and students. Factors cited by

students as contributing to conflict included unprofessional conduct by faculty, deficits in

teaching, discriminatory behavior, and refusal to clarify content or answer questions.

More than one-half of the students in the Tantleff-Dunn et al., (2002) study reported that,

when approached about a problem, faculty members ignored the situation or did nothing

to address it. A study by Ausbrooks et al., (2011) demonstrated that although faculty

believed they were adequately addressing episodes of uncivil behavior, students did not

share this belief. Some faculty members incorporated civility statements into their syllabi,

created civility codes of conduct, and formed civility journal clubs to address the problem

(Clark, 2009, Kerber et al., 2012). Other, more diverse, responses to student incivility

were reported. These included friendly reminders about classroom behavior, joking with

the class about the misconduct, shaming or yelling at the students, and seeking the advice

of colleagues (Alberts & Theobald, 2010).

Inappropriate responses from faculty may actually exacerbate conflicts (Tantleff-

Dunn et al., 2002). While some faculty members chose to openly respond to episodes of

uncivil behavior, others were afraid to discipline their students (Lashley & De Meneses,

2001). Reasons for this reluctance included fear of poor evaluations by students which

could potentially lead to decrease in pay, loss of employment, or inability to attain tenure

or receive a promotion (Lashley & De Meneses, 2001).

Nursing professors teach professionalism in response to student incivility. While nursing professors have many of the same responses to incivility as those faculty members in other disciplines, they may be more inclined to respond to this behavior by emphasizing the importance of professionalism. Benner et al. (2010) suggested that nurse educators are extremely skilled at helping student nurses develop moral conduct and identities as professionals. Nursing codes of ethics throughout the world emphasize the importance of professionalism. The *International Council of Nurses Code of Ethics* (2006) stated that nurses should maintain a "co-operative relationship" with nursing colleagues and members of other disciplines (p. 3). The *Canadian Nurses Association's Code of Ethics* asserted that nurses have the responsibility to "ensure safety, support and respect for all persons in the work setting" (p.5). Finally, the American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements* Provision 6 affirmed that the nurse has the responsibility of upholding a "moral environment" that fosters an atmosphere of respect between co-workers, support of colleagues, and recognition of problems that require attention (para. 3).

Nursing codes of ethics are only one method of teaching about civility. A limited number of resources are available on how and why nursing instructors incorporate professionalism into their curricula. Karimi et al., (2014) suggested that professionalism is part of a hidden curriculum that is not actually taught. Students learn professional behaviors implicitly through observation. Russell (2014) asserted that although nurse educators strive to encourage students to act with professionalism and develop into ethical practitioners, they are still poorly prepared to deal with uncivil behavior in the

workplace. To respond to this need, the author advocated for the development of a virtue-based curriculum based on role modeling, critical reflection, case studies and group work (Russell, 2014). Rhodes et al., (2012) developed a four-hour seminar that centered on Miller's Wheel of Professionalism in Nursing. Topics in the seminar included adhering to the code for nurses, professional dress, self-regulation of behavior, and membership in professional organizations. The authors noted their school begins the year with the seminar and that troublesome side conversations are minimal and student engagement is high. This finding is particularly interesting in light of the fact that side conversations are frequently cited as a form of incivility.

Methodology Used in Incivility Studies

Studies on incivility included in this literature review used quantitative, mixed methods, and qualitative methodology. In reviewing quantitative studies on the subject, several used self-developed tools (AlKandari, 2011; Celik & Bayraktar, 2004; Lashley & De Meneses, 2001; Tantleff-Dunn et al., 2002). Additionally, researchers in two studies modified tools that were already in existence. These tools include the *Bullying in Nursing Education Questionnaire* (Cooper et al., 2009), and a survey tool from the United Kingdom that specified statements associated with bullying (Clarke et al., 2012). In a study of incivility in psychology students, Nordstrom et al. (2009) used three tools including a 16 item consumerism scale, a 45-item incivility scale developed by Indiana University, and a 24-item narcissism subscale. Finally, Bjorklund and Rehling (2010) identified 23 uncivil behaviors based on a review of previous research studies and included two civil behaviors in the study to identify those who were not actually reading

the items. Participants were asked to assess the degree and frequency of incivility using a Likert-type scale.

Although many incivility studies were classified as mixed methods by the researchers who developed them, the tools that were used are primarily quantitative in nature with open-ended questions at the end. Although Gillen et al. (2009) classified their study of student midwives' experiences with bullying as quantitative, they did include open-ended questions in the instrument. Clarks' (2009) Incivility in Nursing Education (INE) survey consists of three different sections including demographics, yes/no and Likert style items, and open-ended questions. Using the INE, Clark has conducted numerous studies alone and in partnership with other researchers (Clark, 2008a; Clark, 2008b; Clark & Springer, 2007). Lasiter et al. (2012) employed a design similar to Clark's and combined the *Nursing Education Environment Survey* (NEES) with open-ended narrative responses. The NEES was adapted from the Workplace Incivility Scale to obtain information about incivility in baccalaureate nursing faculty. Although described as qualitative by the researchers, Hakojarvi et al. (2014) used an electronic questionnaire, multiple-choice questions, and open-ended response items to study bullying in health care students. In a study of geography faculty members' experiences with student incivility, Alberts and Theobald (2010) created their own tool which consisted of multiple-choice questions, rating scales, and open-ended questions. Finally, Ausbrooks et al. (2011) studied faculty and student perceptions about uncivil behaviors in a social work program using a tool adapted from the *Classroom Civility and Teaching Practices Survey.* Their tool included a rating scale, Likert items, and open-ended questions and explored

frequency, types, and of seriousness of incivility and methods for dealing with these behaviors.

The primary type of qualitative data collection method used by researchers to improve their understanding of the incivility phenomenon has been the interview. Both Clark (2013) and Del Prato (2013) studied faculty incivility using the phenomenological approach. Clark (2013) conducted in-depth interviews with seven current and former nursing students to investigate their perceptions of faculty incivility and how students react to perceived uncivil behavior. Del Prato (2013) explored the lived experience of faculty incivility on associate degree student's professional development by conducting interviews with students from three ADN programs. Anthony and Yastik (2011) and Altmiller (2012) used focus groups to study student incivility. Anthony and Yastik (2011) examined student experience with uncivil behavior in the clinical setting, while Altmiller (2012) compared student perceptions on incivility with opinions of nursing educators found in the literature. Curtis et al., (2006) studied horizontal violence in student nurses. After obtaining demographic data, students were presented with five open-ended questions about their experiences with horizontal violence during clinical rotations. Both Luparell (2007) and White (2013) used interviews to explore how student incivility affects nursing faculty members.

Implications

Nursing faculty members have expressed disparate opinions on what student behaviors they consider uncivil and inconsistent methods for addressing incivility in the classroom and clinical environment. Results of this study on nursing faculty members'

perceptions of incivility in student nurses were used to create a professional development workshop on incivility for faculty in the nursing department. A professional development opportunity may help faculty members create positive social by giving them the tools they need to promote a culture of civility in both the academic and employment setting.

Summary

The review of the literature demonstrated that incivility is widely encountered in both health care and educational settings, and that uncivil behavior, in all settings, has far-reaching, negative consequences on those who have experienced it (Broome & Williams-Evans, 2011; Edwards & O'Connell, 2007; Laschinger, 2010; Leiter et al., 2010; Longo & Sherman, 2007; Luparell, 2007; McKenna et al.,, 2003; Namie, 2003; Sprunk et al., 2014; Vessey et al., 2009). Although much research has been conducted on the topic, it is still unclear if incivility in the nursing profession originates in the practice setting or in schools of nursing. Despite the large volume of research on bullying and incivility in both areas, relatively little research is available on nursing faculty members' perceptions of incivility especially as they relate to personal responses to student incivility and those of other faculty members.

In Section 2, a synopsis of the mixed-methods design and data analysis for this study is presented. Included in the overview is the rationale for this design, a detailed description of the setting in which the research took place, and the sample that was chosen for the study. Both the quantitative and qualitative aspects of the research design are discussed as well as the role of the researcher and protection of study participants. Procedures for data analysis are outlined and ethical considerations reviewed. Finally, the

survey data are analyzed, interview data coded and themed, and relationships between the

quantitative and qualitative data discussed.

Section 2: The Methodology

Introduction

Faculty perceptions of student incivility in nursing education at a Central State College were studied using a mixed-methods explanatory approach. This type of design occurs in two phases and is used when the researcher wants to undertake a deeper exploration of quantitative findings by following up with qualitative data collection (Kettles, Creswell, & Zhang, 2011). The study was sequential and began with a survey of faculty members using the Incivility in Nursing Education-Revised (INE-R) tool (see Appendix F). The survey was followed by interviews with individual nursing faculty members. Data were compared using descriptive statistics for the quantitative data and analysis of themes for the qualitative data. Data collection for the INE-R took place via an online link to the survey, whereas the interviews were carried out at the college. Although initial data analysis of the descriptive statistics helped refine the qualitative interview questions, primary data integration took place after completion of both the quantitative and qualitative data collection.

Multiple research designs were considered for this research study. Quantitative research alone, such as descriptive statistics or correlational designs, would provide numerical data on the incivility phenomenon but could not provide the in-depth exploration needed to fully address the topic. Although descriptive survey research alone could provide a picture of data at a certain point in time, it could not provide insight into the meaning behind the data (Gable, 1994). Qualitative-only approaches, such as phenomenology and case study, were considered, but a mixed-method design was

determined to be the best choice to thoroughly answer the research question. When describing the benefits of mixed methods research, Kelle (2006) stated that quantitative methodology can describe the behaviors of a group of persons, whereas qualitative research can possibly explain the reason these behaviors occur.

An advantage to this design was that the collection of both quantitative and qualitative approach provided a large amount of data related to the topic. By the nature of the mixed-method design, the quantitative data was corroborated through targeted faculty interviews. In addition to corroboration of data, speaking directly with faculty allowed me to conduct a more in-depth exportation of the information obtained from the INE-R survey. It also allowed me to explore faculty perceptions, attitudes, and understanding about uncivil behavior which might not have been easily identified through statistical data and short-answer questions alone.

Setting and Sample

The study was carried out at the school of nursing in a middle-size institution that is part of the public college system in a southeastern U.S. state. The school had approximately 31,000 students during the 2013–2014 school year and offers both 2- and 4-year degrees and vocational education (Central State College, 2014). The state college is among the top 10 largest in the state and has one main campus and three satellite campuses (Central State College, 2014). The site of this study was the satellite campus which houses the health-related programs. The nursing department admits approximately 240 students per year and has approximately 400 student nurses in the program at any

specific time. The college employs 21 full-time nursing faculty members and a varying number of adjunct nursing faculty members who teach only in the clinical setting.

The population studied was nursing faculty members at Central State College. For the quantitative survey, the sample was obtained through recruitment of the total population to receive the maximum number of responses possible and consisted of those faculty members who responded to the invitation. Targeted sampling of the nursing faculty was used for the qualitative interviews. The target population for the survey was all nursing faculty members, with 21 full-time and 53 adjunct instructors. To be eligible for this survey, participants had to be full- or part-time nursing faculty at the college and must have taught within the last calendar year. A response rate of 30%–40% was anticipated, and the final response rate was 32 faculty members or 43%. Four demographic questions were included at the beginning of the survey and are included in Appendix E. In Question 1, faculty members were asked to identify themselves as full-time or part-time. A total of 17 full-time faculty members (53.13%) and 15 part-time (46.88%) took part in the survey.

In Question 2, participants were asked to identify how long they had been nurse educators, and in Question 3, participants were asked to provide their ages. Tables 1 and 2 summarize responses to these questions.

Table 1

Respondents' Number of Years as a Nurse Educator

	0–1	2–5	6–10	11–19	20+	Total
Number of years as a nurse educator						
Full-time	0.00%	29.41%	29.41%	17.65%	23.53%	53.13%
	0	5	5	3	4	17
Part-time	6.67%	66.67%	13.33%	6.67%	6.67%	46.88%
	1	10	2	1	1	15
Total respondents	1	15	7	4	5	32

Table 2

Age of Respondents

	20–35	36-45	46–55	56–65	66 +	Total
Age						
Full-time	0.00%	5.88%	17.65%	76.47%	0.00%	53.13%
	0	1	3	13	0	17
Part-time	6.67%	20.00%	40.00%	20.00%	13.33%	46.88%
	1	3	6	3	2	15
Total respondents	1	4	9	16	2	32

In the final, optional demographic question, participants were asked to share their areas of nursing specialization. Of the 32 faculty members who participated in the survey, 22 responded to the question. Their answers are summarized in Table 3.

Table 3

Respondents' Identified Area of Nursing Specialization

Specialty area	Number
Medical-surgical/general/adult health	9
Critical care	3
Obstetrics/pediatrics	4
Mental health	3
Surgical	1

(*table continues*)

Specialty area	Number
Oncology	1
Community Health	1
Total	22

For the qualitative portion of the study, purposeful sampling was used and 12 faculty members, 10 full-time and two part-time, were identified as key informants who took part in the targeted interviews. The smaller number of participants for the qualitative portion of the study allowed me to develop a close association with the participants and enhanced validity through deep exploration of the topic in natural situation (Crouch & McKenzie, 2006). I strove to select maximum variation of the college's nursing faculty members, and characteristics used to for selection included full- or part-time status, subjects and student cohorts taught, gender, age, years of teaching experience, and specialty area.

Quantitative Portion

Although there are numerous types of quantitative research design, the methodology most appropriate for first part of the study on incivility was descriptive survey research. Descriptive survey research is a nonexperimental research method which uses numerical results to display the meaning of data, or to demonstrate the details of a collection of beliefs about a topic, from a large number of people (Marshall & Jonker, 2010). Because perceptions on incivility were sought from numerous faculty members, the descriptive survey approach was appropriate for this type of data collection. Factors that were taken into consideration with quantitative methodology included obtaining an

adequate sample size, maintaining the anonymity of participants, and determining how the tool would be administered.

One of the key aspects of quantitative research is finding the right tool. For researching perceptions about incivility in nursing faculty, the INE-R survey was chosen. The INE-R is based on the INE survey which has been widely used. The original INE survey is organized into three sections. Clark, Farnsworth, and Landrum (2009) explained that the first section focuses on demographic data which is used to ascertain the setting in which the uncivil behaviors are taking place. The second section of the tool focuses on student and faculty behaviors that may take place in the educational setting. These behaviors are organized into categories: those which are thought to be "disruptive or uncivil" (p. 7). For each behavior listed, the study participants are asked to identify whether or not they consider the behavior uncivil and if they have experienced it within the last 12 months. For the second category, participants review behaviors that have been identified as threatening, and whether they, or someone they know, has experienced this behavior within the last 12 months. Finally, the third section consists of open-ended questions which explore how students and faculty play a role in the incivility problem and how the issue can be addressed. Respondents are also provided an opportunity to share any additional comments not addressed elsewhere in the survey (Clark et al., 2009). In 2004, the INE was pilot-tested using a convenience sample of 365 nursing students and faculty. Findings were consistent with those reported in other literature on the topic (Clark et al., 2009). In 2006, further testing was conducted on the INE with 506 student and faculty participants and adjustments were made based on these findings (Clark et al,

2009). For the data collected in during this time period, "Cronbach's alpha inter-item coefficients" were completed to determine how each survey item related other survey items (p. 9). Items related to student behavior demonstrated "good inter- reliability" with coefficients from .808 to .889 (Clark et al., 2009, p. 9).

The INE-R is a revision of the original tool. Because the INE-R can be used to collect data on both student and faculty incivility in nursing education and the frequency of occurrence, only questions related to student behaviors were used for this study. Section 1of the INE-R contains demographic questions which were tailored to this study. Section 2, consists of two questions with multiple stems and responses about uncivil student behaviors and the degree to which they are perceived as uncivil. These are measured by a Likert scale of "not uncivil," "somewhat uncivil," "moderately uncivil," and "highly uncivil." In addition, frequency of occurrence for the same behaviors over the past 12 months is also measured using Likert scale of "never," "rarely," "sometimes," and "often." This section is followed by a similar set of Likert-style questions about uncivil faculty behavior which was not included for my data collection. Where the INE had separate section on threatening behaviors, this section has been eliminated for the new tool, and these behaviors have been incorporated into the Likert-style questions. The third section of the INE-R uses multiple choice, rating scale, and multiple-response questions related to student and faculty incivility, and strategies for improving civility in nursing education (see Appendix F). The survey concludes with four open-ended questions about personal experience with incivility, perceived cause of incivility, perceived consequence of incivility, and most effective way to promote civility in nursing

education. Section of INE-R differs slightly from the original INE which asked similar questions but differentiated between student and faculty incivility.

The INE-R is approximately 75% similar to the original tool. The INE-R became available in 2013 and was tested using 182 nurse educators and 310 student nurses. The study results were used to conduct psychometric testing with factor analysis on the tool. Cronbach's alpha was performed and demonstrated that the higher and lower level of incivility factor were accurate for faculty and student behaviors reported by the participants in the survey (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015).

The INE-R was made available to participants in electronic format. To take part in this study, potential participants were sent an invitation letter which contained a link to a secure survey website via their school e-mail account and needed access to a computer to complete the survey tool. The survey took 10–15 minutes to complete. Data collected from the INE-R were completely anonymous.

The INE-R is loosely organized into the following themes: perceptions about uncivil behaviors, incivility at the local level, and strategies for promoting civility. Based on the responses received from both the quantitative and narrative survey items, I developed additional questions that were used in targeted interviews for further exploration of these topics. In addition, the section on strategies for promoting civility was helpful as I developed the project based on my research.

Qualitative Portion

The primary data collection method for this mixed methods-explanatory study was the targeted interview. The data collected from the INE-R survey was used to help

focus the questions for the subsequent interviews. Strengths of qualitative interviews

include the ability to develop a rapport and exchange in dialogue with the participant, the

amount of control available to the researcher, and a defined commitment on the part of

the person being interviewed (Kirkevold & Bergland, 2007). The interview questions for

the qualitative sequence were developed by me and are included in Appendix D. These

questions were reviewed for bias and relevance through input from committee members.

Each participant chosen for the interviews took part in one interview session

lasting approximately 30 to 45 minutes. I contacted the Associate Dean of Nursing at

Central State College to gain access to the potential participant pool through the college's

department of nursing. Faculty members were approached in person about potential

participation and were invited to meet with me at the school or in a location of his or her

choosing to learn about the about the nature of the study. Interviews were conducted in a

private conference room or other secluded location and took place during non-work

hours.

Role of the Researcher

Trust is an essential aspect of the researcher-participant relationship. I am a full-

time faculty member, and I work in the nursing laboratory. The participants in the project

are co-workers with whom I do not have a supervisory relationship. I have been

employed at the college for more than 6 years and prior to becoming full-time in 2011, I

worked as an adjunct instructor in multiple nursing courses. My current and past roles at

the college had no effect on data collection. In addition, my relationship with these

individuals had no effect on data collection other than that my co-workers were comfortable in my presence and able to communicate with me in a relaxed manner.

As nurse educator who teaches in the classroom and clinical setting, I have experienced minor episodes of incivility such as talking and texting in class, requesting extensions on assignments, sarcasm, and more serious episodes of incivility such as academic integrity issues. As a new nurse working on the floor, I did experience many of the bullying behaviors described in the literature review. I have also seen students in my clinical groups treated rudely by the staff nurses on the floor. I have worked with educators who have experienced more serious issues than me. In the last several years, I have seen incidents of student incivility occurring more frequently in my department and in the college a whole. Because of my interest in the topic, I did join the college-wide incivility task force which has since been discontinued.

Data Collection

This project involved the collection of both quantitative and qualitative data. After obtaining IRB approval from both Walden and Central State, the survey link was sent to all nursing faculty members via an invitation letter sent through Central State College e-mail. Distribution of the survey link to all nursing faculty via e-mail was the optimal way to maintain anonymity of participants. E-mail addresses were used solely to distribute the survey; data was collected anonymously via the secure survey website.

The qualitative interviews were scheduled after the preliminary review of the quantitative data. Through one on one, semistructured interviews, faculty members were asked a series of open-ended questions exploring their experience with incivility. I chose

a conference room to conduct the interviews where distractions were not a problem. Prior to beginning the interview, I explained the interview's purpose and issues related to confidentiality. I gave participants information about the length and format of the interview, and how they could contact me after the interview was completed. I also gave the participants the opportunity to ask questions before I began (Turner, 2010). During the interviews, I asked questions from interview protocol, using follow-up questions and probes as needed. Interviews were recorded using a small digital recorder. At the conclusion of the interviews, I thanked the participants for taking part in the study. Once all interviews were completed, they were transcribed verbatim by an IRB-approved transcription service for later review and coding.

Data Analysis Methods

Because the INE-R survey was distributed in an electronic format, Survey Monkey ® was used to collect, download, and analyze data. In Section 2 of the INE-R, faculty perceptions level and frequency of incivility were measured on a 4-point Likert scale. For faculty perceptions of incivility, the category "not uncivil" was assigned 1 point, "somewhat uncivil" was assigned 2 points, "moderately uncivil" was assigned 3 points, and "highly uncivil" was assigned 4 points. The section of the tool that measures frequency of behavior was assigned points in a similar manner. The category "never" was assigned 1 point, "rarely" assigned 2 points, "sometimes" 3 points, and "often" 4 points. Counts for both high/low levels of incivility and high/low frequencies were reviewed for the total population, full-time/part-time, age, and years as an educator. I reviewed percentages and weighted averages reported through Survey Monkey ®. The primary

data analysis strategy was aggregation of the percentages of the four response choices into two items. These were renamed "low" and "high" for level of civility and "seldom" and "often" for frequency of the behaviors. The weighted average for each item was used only to identify extremes because this calculation can potentially hide a bi-modal distribution.

Because Section 3 of the INE-R contains four, open-ended questions, responses were categorized and grouped to identify commonalities. In addition, I also tabulated the numbers of responses in each of the categories for a frequency count for comparison and ranking. I reviewed the responses from the faculty to identify areas to explore further during the interviews. Based on the information derived from the survey data, additions/modifications were made to the interview questions.

Validity and reliability of the quantitative data in the study were established through use of a tool that was pilot tested, used in numerous research studies, and has been translated into 10 languages (Clark, 2007; Clark & Springer, 2007; Clark, 2008a, Clark , 2008b, Clark, Otterness, Allerton, & Black, 2010: Clark, 2014b). The INE-R has face validity in that it was created by an experienced researcher. In addition, the tool also has construct validity because incivility in nursing education is the Clark's area of expertise. Clark has more than 50 publications in print on the subject of incivility and is the author of three civility assessments (Clark, 2014c).

For the targeted interviews, responses were reviewed and organized to answer the research questions. I used a transcription service to transcribe the audio interviews into a word processing program. Both the quantitative and qualitative data are kept in a secure

file on my password-protected, personal computer. Printed copies of the data were stored in a locked file in my house. All data will be kept for at least five years.

To make it easier to analyze the qualitative data once they were transcribed into text, questions were highlighted and spaces were left between the speakers to easily distinguish between the participant and the researcher (Creswell, 2012). Once the data were transcribed, I reviewed all of information to gain a general sense of the data and become familiar with the content (Creswell, 2012). I also used my review of the literature and my research questions to develop preliminary codes that would help me organize the large amount of data into categories. A computer program, QDAMiner 4, designed specifically for coding qualitative data, was used to label and code the data, identify areas that overlap, and finally organize the information into central themes (Creswell, 2012). Although computer programs can be used to help store, organize, and retrieve data, it was my responsibility to accurately analyze and interpret the data (Malterud, 2001). Because rich descriptions of people and events are central to qualitative research, these themes were described in detail in the narrative portion of the research report. Finally, the themes were organized and interpreted to answer the research questions (Creswell, 2012). While I looked for thematic similarities between the participants, I closely reviewed and included discrepant cases, as well.

Once the interviews were concluded and transcribed, transcript reviews were employed to produce evidence of quality and ensure the accuracy of the qualitative data. I provided a copy of the interview transcripts to six of the participants and asked them to review the contents of the document for accuracy and provide feedback, if necessary

(Creswell, 2012). Although it would have been ideal to have all of the participants involved in this process, several were not teaching during the second half of the summer or were unavailable. In addition, I also used member checks and asked the six participants to review the preliminary analysis of the findings. The participants were provided a document with the 13 themes identified during the coding as well as a brief summary of each theme. No suggestions for changes or improvement were given.

To further confirm the correctness of the data, information collected during interviews was triangulated with results of the quantitative data collection. Other measures undertaken to ensure validity of the qualitative findings included creation of open-ended questions, avoidance of questions that could potentially bias responses, and triangulation of data between cases such as full-time/adjunct faculty, experienced/new faculty and younger/older faculty members. By including participants with varied ages, experience levels, and work status, I also helped to contribute credibility to the study findings (Graneheim & Lundman, 2004).

Although research Question 1 was measured using the primarily through the quantitative survey data obtained through the INE-R, research Questions 2 and 3 were explored through the qualitative interviews. The quantitative portion of the study was completed first, and these data were analyzed using descriptive statistics. Because the INE-R was used to help focus the questions for the interviews, two additional interview questions (see Appendix D) were included in the interview protocol based on the survey findings. Once the quantitative data were reviewed, the qualitative interviews took place. Data from these interviews were organized into themes and analyzed using thematic

analysis. Once data from both the quantitative and qualitative aspects of the study were interpreted, summarized, and the research questions answered, the two aspects of the study were merged. The ways in which the qualitative data helped explain the quantitative results were discussed and differences identified from the data analysis between the two different aspects of the study were explored (Creswell & Plano Clark, 2011).

Protection of Participants Rights

To ensure the ethical treatment of the human participants who took part in this research, approval of both the Walden (# 01-21-15-0071232) and Central State College Institutional Review Boards (IRB) was obtained prior to the beginning of data collection. I also obtained a certificate denoting completion of the National Institutes of Health web-based training program entitled "Protecting Human Research Participants." This certificate was provided to the IRBs of the respective schools.

Protection of the research participants is of paramount importance to the researcher. Ethical issues specific to this study which were reviewed by the IRB included informed consent, protection from harm, and confidentiality. Although students are not the subject of this study, informed consent was still obtained from faculty participants. I was vigilant to keep personal opinion from influencing the data collection or reporting. Finally, because the number of faculty members at the college is a relatively small, it was of utmost importance that confidentiality had to be maintained at all times. It was imperative that participants remain free from harm and in no way compromised for having participated in the study (Rubin & Rubin, 2012). I remained cognizant of how

questions were phrased so confidential information was not divulged. It was also important that all identifying information be removed when data were reported. Because I undertook research with participants who were also co-workers, I needed to ensure that their responses were held in strict confidentiality. In addition, I assured participants that their responses were viewed in an objective and non-judgmental manner. No names were used to further protect the participants.

Faculty members were contacted via e-mail for the survey and approached in person about participation for the interviews. In addition, I also provided them with an invitation letter for the survey which delineated the details of the study and their rights as a participant prior to beginning the study. Participants received full disclosure about their rights and how the study would be conducted. Participants were given ample opportunity to ask questions and clearly informed that participation in the study was entirely voluntary, and that they would have the ability to withdraw from taking part in the research at any time. Participants who took part in the online data collection could withdraw from participation by not completing the survey. Minimal risks or adverse effects were associated with this study. An informed consent form was included at the beginning of the online survey and, by completing the survey, the faculty member gave consent to take part in the study. Any faculty members who agreed to participate in the interview portion of the study signed a consent form prior to the beginning of the research, which were stored in a secure, locked location at my home.

Research Findings

The research findings for this project study consisted of both quantitative and qualitative data and are discussed in detail in the following section. The quantitative data were obtained through the INE–R, and the qualitative data were collected during targeted interviews of 12 faculty members. The interpretation of these findings is discussed at the conclusion of this section.

Quantitative Findings

The types of student incivility nursing faculty members have experienced were explored primarily through the INE-R. This discussion focuses on the most important numbers, and items are rounded to the nearest tenth. All percentages and weighted averages for Question 5 and 6 can be found in Appendices F and G. The first four questions of the survey were demographic questions and these results were discussed previously (see Tables 1–4).

In Question 5 of the survey, participants were asked to identify their perceived level of incivility for each of 24 student behaviors that they might have experienced in the academic environment. On this item, three faculty members did not respond to all 24 behaviors and one did not respond to any of the behaviors. The two behaviors perceived to be most uncivil by faculty members were "threats of physical harm" and "demanding make up exams, extensions, or other special favors" which were rated moderately or highly uncivil by 71 % of respondents. "Making condescending or rude remarks toward others" and "using a computer, phone, or media device during class, meetings, and activities for unrelated purpose" were perceived to be uncivil by 67.7% of those

responding. The next behaviors rated most highly were "cheating on exam or quizzes," "demanding a passing grade when a passing grade has not been earned," and "using profanity," and "property damage" with 66. 7%. Other behaviors rated as "moderately uncivil" or "highly uncivil" by more than 60% of the respondents were "making rude gestures or non-verbal behaviors toward others," "holding side conversations that distract you or others," "sending inappropriate or rude e-mails to others," and "making discriminating comments."

The behavior perceived to be least uncivil, with 74.9% of faculty members rating "not uncivil" or "somewhat uncivil," was "refusing or reluctant to answer direct questions." These behaviors were followed closely by "expressing disinterest, boredom, or apathy about course content or subject matter" at 67.9%. The two other behaviors rated "not uncivil" or "somewhat uncivil" by at least 60% of the respondents were "being unprepared for class or other activities," and "skipping class or other scheduled activities."

Question 6 of the survey was used to measure the frequency of uncivil student behaviors experienced by faculty members over the past 12 months using the same 24 behaviors listed in the previous question. On this item, one faculty member did not respond to all 24 behaviors and three did not respond to any of the behaviors. The full results of this item are available in Appendix L. The behavior that had the highest percentage of faculty members saying they experienced it "sometimes" or "often" was "expressing disinterest, boredom, or apathy about course content or subject matter." Two additional behaviors were experienced quite frequently by faculty members. These were

"being unprepared for class or other scheduled activities" and "holding side conversations that distract you or other" with 82.8% experiencing the behavior "sometimes" or "often."

Almost all of the faculty members, 96.6%, reported that they had not experienced "property damage" or "making threatening statements about weapons." In addition, 92.9% of respondents stated they "never" experienced "threats of physical harm against others (actual or implied)." Five additional behaviors were "never' or "rarely" encountered by more than 75% of respondents. These included "being distant or cold toward other," "cheating on exams or quizzed," "making condescending or rude remarks toward others," and "demanding a passing grade when a passing grade has not been earned."

Two of the behaviors perceived as most uncivil were also experienced most frequently. These included "using a computer, phone, or other media device during class, meetings, activities for unrelated purposes" and "holding side conversations that distract you or others." Conversely, 10 of the behaviors that were believed to be most uncivil by the majority of faculty members were encountered least frequently. These included "cheating on exams or quizzes," "making condescending or rude remarks toward others," "demanding make up exams," "ignoring, failing to address or encouraging disruptive behaviors by classmates," "sending inappropriate or rude e-mails to others," "making discriminating comments," "using profanity," "threats of physical harm against others (implied or actual)," "property damage," and "making threatening statements about

weapons." Finally, there were nine behaviors that were not perceived as uncivil that were also encountered infrequently.

In Question 7, participants were asked about the extent of the incivility problem at Central State College. Likewise, in Question 8 respondents were asked to rate the level of student incivility in the program on a 0-100 scale with zero being no incivility and 100 being the highest level of incivility. The responses are summarized in Tables 4 and 5.

Table 4

Extent of Incivility at Central State College

Extent of problem	Percentages	Respondents
No problem at all	9.68%	3
Mild problem	61.29%	19
Moderate problem	22.58%	7
Serious problem	6.45%	2
Total		31

Table 5

Level of Incivility at Central State College

Level of incivility	Percentages	Respondents
0–10	6.45%	2
11–20	3.23%	1
21–30	35.48%	11
31–40	19.35%	6
41–50	6.45%	2
51–60	12.90%	4
61–70	3.23%	1
71–80	3.23%	1
81–90	6.45%	2
91–100	3.23%	1
Total		31

In Question 9, faculty members selected their top three strategies for improving the level of civility in nursing education. Respondents selected "establish code of conduct

that define acceptable and unacceptable behaviors and "role model professionalism and civility" as their top two choices with both receiving a 71%. A distant third was "raise awareness, provide civility education" at 38.7%. The responses for this question are summarized in Table 6.

Table 6

Top Three Strategies for Improving Civility in Nursing Education

Strategies	Percentages	Respondents
Use empirical tools (surveys etc.) to measure incivility/civility	0.00%	0
Establish codes of conduct that define acceptable and unacceptable behaviors	70.97%	22
Role-model professionalism and civility	70.97%	22
Raise awareness, provide civility education	38.71%	12
Integrate civility and collegiality into performance evaluations	22.58%	7
Provide training for effective communication and conflict negotiations	29.03%	9
Develop and implement comprehensive policies and procedures to address incivility	35.48%	11
Reward civility and professionalism	9.68%	3
Implement strategies for stress reduction and self-care	9.68%	3
Take personal responsibility and stand accountable for actions	12.90%	4
Other (please specify)	6.45%	2
Total		31

Two participants responded "other" and wrote in their own response. One faculty member suggested "accountability" was needed to address incivility in nursing education. A second faculty member stated, "Communication and discussion regarding professional, appropriate behaviors" was important.

Comparison of part time and full time status. Although part-time and full-time faculty members' perceptions of the level of student incivility were fairly consistent, there were some differences noted, and these have been included in Table 7. At Central State College, some of these differences may be attributed to the environment in which these faculty members teach most frequently. Full-time faculty members typically teach in both the classroom and the clinical environment; adjuncts, or part-time faculty members, teach exclusively in the clinical setting. The most pronounced difference between perceptions of incivility in full-time and part-time faculty members was evident in the item "using a computer, phone, or other media device during class, meetings, activities for unrelated purposes." For this item, 81.3% of full-time faculty members believed this behavior was moderately or highly uncivil as opposed 53.3% for part-time employees. This difference may be attributed to the amount of time that full-time instructors work with students in the classroom. Likewise, 81.3% of full-time employees also found "demanding make up exams, extensions, or other special favors" uncivil compared with 60% of part-time instructors. Adjunct professors do not administer exams and may have a different perspective about them than their full-time counterparts. Greater than 50% of full-time professors also believed that "leaving class or other activities early" and "being unresponsive to e-mails or other communications" were uncivil behaviors. Because the clinical setting is so structured, students are rarely in a position to leave early. Finally, adjunct instructors do send e-mails, but much less frequently than full-time faculty members. Although media devices may be used by students in the

clinical setting, there are strict rules about the specific locations in which students can use them.

There were two items that full-time instructors believed were less uncivil than adjunct instructors. These included "being distant and cold toward others," and "creating tension by dominating class discussions." It is unclear why part-time faculty would view "being distant or cold" as more uncivil than full-time professors. Domination of the discussion by a single student, however, frequently occurs in post-conference at the conclusion of the clinical day. Because adjuncts teach in the clinical setting exclusively, they may encounter more situations where students would have the opportunity to exhibit this behavior.

Table 7

Perceived Level of Student Incivility in the Nursing Academic Environment During Past 12 Months for Select Behaviors by Full-Time and Part-Time Status

Status	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil	Total
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes					
Full-Time	12.50%	6.25%	62.50%	18.75%	51.61%
	2	1	10	3	16
Part Time	20.00%	26.67%	26.67%	26.67%	48.39%
	3	4	4	4	15
Leaving class or other schedule activities early					
Full-time	12.50%	31.25%	37.50%	18.75%	51.61%
	2	5	6	3	16
Part Time	40.00%	26.67%	20.00%	13.33%	48.39%
	6	4	3	2	15

(*table continues*)

Status	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil	Total
Being distant and cold toward others (unapproachable, rejecting faculty or other student's opinions)					
Full-time	18.75%	50.00%	18.75%	12.50%	51.61%
	3	8	3	2	16
Part Time	33.33%	13.33%	40.00%	13.33%	48.39%
	5	2	6	2	15
Creating tension by dominating class discussion					
Full-time	12.50%	50.00%	25.00%	12.50%	51.61%
	2	8	4	2	16
Part Time	20.00%	26.67%	20.00%	33.33%	48.39%
	3	4	3	5	15
Demanding make up exams					
Full-time	6.25%	12.50%	50.00%	31.25%	51.61%
	1	2	8	5	16
Part Time	33.33%	6.67%	26.67%	33.33%	48.39%
	5	1	4	5	15
Being unresponsive to e-mails or other communications					
Full-time	18.75%	25.00%	37.50%	18.75%	51.61%
	3	4	6	3	16
Part Time	46.67%	13.33%	33.33%	6.67%	48.39%
	7	2	5	1	15

The majority of percentages were similar between full-time and part-time instructors, but differences were noted in the frequency of behaviors for certain items. The items with the most significant differences are outlined in Table 8. Again, many of these differences may be attributed to the teaching in the classroom versus the clinical setting. All of the full-time instructors experienced "using a computer, phone, or other media device during class, meetings, activities for unrelated purposes" sometimes or often, but only 71.4% of part-time instructors responded similarly. A significant difference was also noted for "arriving late for class or other scheduled activities." Although 86.7% of full-time instructors experienced this behavior regularly, only 42.3%

of adjuncts did. At Central State College, students who are late for clinicals are sent home and have to pay and attend a clinical make-up day. There is no such repercussion for arriving late to class. This scenario could account for the large difference in percentages between full-time and part-time faculty for the item "Skipping class or other schedule activities." Sixty percent of full-time professors found this to be problematic, but only 15.4% of adjuncts agreed. Similar differences were noted between "leaving class early," "being unresponsive to e-mails or other communications," and "sending inappropriate or rude e-mails to others."

Table 8

Perceived Frequency of Incivility in Nursing Academic Environment During Past 12 Months for Select Behaviors by Full-Time and Part-Time Status

Status	Never	Rarely	Sometimes	Often	Total
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes					
Full-time	0.00%	0.00%	60.00%	40.00%	51.72%
	0	0	9	6	15
Part Time	7.14%	21.43%	35.71%	35.71%	48.28%
	1	3	5	5	14
Arriving late for class or other scheduled activities					
Full-time	0.00%	13.33%	46.67%	40.00%	51.72%
	0	2	7	6	15
Part Time	14.29%	42.86%	35.71%	7.14%	48.28%
	2	6	5	1	14
Leaving class or other schedule activities early					
Full-time	0.00%	33.33%	40.00%	26.67%	51.72%
	0	5	6	4	15
Part Time	14.29%	64.29%	7.14%	14.29%	48.28%
	2	9	1	2	14
Skipping class or other scheduled activities					
Full-time	0.00%	40.00%	46.67%	13.33%	51.72%
	0	6	7	2	15
Part Time	30.77%	53.85%	7.69%	7.69%	44.83%
	4	7	1	1	13

(*table continues*)

Status	Never	Rarely	Sometimes	Often	Total
Being unresponsive to e-mails or other communications					
Full-time	0.00%	26.67%	46.67%	26.67%	51.72%
	0	4	7	4	15
Part Time	21.43%	64.29%	7.14%	7.14%	48.28%
	3	9	1	1	14
Sending inappropriate or rude e-mails to others					
Full-time	13.33%	53.33%	33.33%	0.00%	51.72%
	2	8	5	0	15
Part Time	71.43%	21.43%	0.00%	7.14%	48.28%
	10	3	0	1	14

These differences in the years of teaching experience between full-time and part-time instructors was apparent in their view of the level of student incivility present in the program at Central State College. Although 43.75% of full-time instructors believed student incivility was moderate or serious problem at the college, only 13.33% of part-time instructors believed incivility was a moderate problem. No adjunct professors perceived incivility as a serious problem for the nursing program.

Comparison by years as educator. There were few differences in perceived level of incivility based on years as an educator. When comparing the educators in the 2–5 year range and the 6–10 year range, there is a variation in percentages on whether or not certain behaviors were uncivil. The educators in the 11–19 year category all believed that use of media devices was somewhat uncivil, while those who had been with the school the longest were fairly evenly split between not/somewhat uncivil and moderately/highly uncivil.

Another example of the variations in opinion between educators with varying degrees of experience was "holding side conversations that distract you or others." All of

the educators attributed some level of incivility with this behavior. The educators with

fewer than 10 years' experience, and those with the most experience, were fairly evenly

split between "somewhat uncivil," "moderately uncivil," and "highly uncivil," while

those educators in the 11–19 years of experience range all believed this was moderately

uncivil" or "highly uncivil." A summary of these responses is shown in Table 9.

Table 9

Perceived Level of Student Incivility in the Nursing Academic Environment During the Past 12 Months for Select Behaviors by Years as an Educator

Years as Educator	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil	Total
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes					
	0.00%	0.00%	0.00%	100.00%	3.23%
0-1	0	0	0	1	1
	14.29%	21.43%	42.86%	21.43%	45.16%
2-5	2	3	6	3	14
	14.29%	28.57%	28.57%	28.57%	22.58%
6-10	2	2	2	2	7
	0.00%	0.00%	100.00%	0.00%	12.90%
11-19	0	0	4	0	4
	40.00%	0.00%	40.00%	20.00%	16.13%
20+	2	0	2	1	5
Holding side conversations that distract you or others					
	0.00%	0.00%	0.00%	100.00%	3.23%
0-1	0	0	0	1	1
	0.00%	42.86%	21.43%	35.71%	45.16%
2-5	0	6	3	5	14
	0.00%	42.86%	42.86%	14.29%	22.58%
6-10	0	3	3	1	7
	0.00%	0.00%	25.00%	75.00%	12.90%
11-19	0	0	1	3	4
	0.00%	40.00%	40.00%	20.00%	16.13%
20+	0	2	2	1	5

Although relatively few, there were some differences in how newer and more experienced educators perceived frequency of incivility. For the item "Sleeping or not paying attention in class," all of the educators in the mid-range, between 6 and 19 years, responded that this behavior occurred "sometimes" or "often." The educators on the lower and upper range of experience were split fairly equally between "Never/Rarely" and "Sometimes/Often." There was only one educator with less than 1 year experience and this instructor viewed the behavior as "highly uncivil." Although there were some variations in the percentages, these splits were evident in "arriving late for class or other scheduled activities" and "leaving class or other scheduled activities early." Percentages for select behaviors with the most variations are shown in Table 10.

Table 10

Comparison of Years as an Educator Perceived Frequency of Student Incivility in the Nursing Academic Environment During the Past 12 Months for Select Behaviors

Years as Educator	Never	Rarely	Sometimes	Often	Total
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)					
	0.00%	0.00%	0.00%	100.0%	3.45%
0-1	0	0	0	1	1
	8.33%	33.33%	41.67%	16.67%	41.38%
2-5	1	4	5	2	12
	0.00%	0.00%	100.00%	0.00%	24.14%
6-10	0	0	7	0	7
	0.00%	0.00%	75.00%	25.00%	13.79%
11-19	0	0	3	1	4
	0.00%	60.00%	40.00%	0.00%	17.24%
20+	0	3	2	0	5

(*table continues*)

Years as Educator	Never	Rarely	Sometimes	Often	Total
Arriving Late for Class or other Scheduled Activities					
	0.00%	0.00%	100.0%	0.00%	3.45%
0-1	0	0	1	0	1
	8.33%	50.00%	16.67%	25.00%	41.38%
2-5	1	6	2	3	12
	0.00%	0.00%	71.43%	28.57%	24.14%
6-10	0	0	5	2	7
	0.00%	25.00%	25.00%	50.00%	13.79%
11-19	0	1	1	2	4
	20.00%	20.00%	60.00%	0.00%	17.24%
20+	1	1	3	0	5
Leaving class or other scheduled activities early					
	0.00%	100.0%	0.00%	0.00%	3.45%
0-1	0	1	0	0	1
	8.33%	50.00%	16.67%	25.00%	41.38%
2-5	1	6	2	3	12
	0.00%	57.14%	14.29%	28.57%	24.14%
6-10	0	4	1	2	7
	0.00%	50.00%	25.00%	25.00%	13.79%
11-19	0	2	1	1	4
	20.00%	20.00%	60.00%	0.00%	17.24%
20+	1	1	3	0	5

When asked about the extent of the incivility problem at Central State College, only 14.29% of the faculty who had been teaching 2–5 years and 6–10 years believed that incivility was no problem at all. The only respondent who had been teaching for less than a year believed it was a "moderate" problem. More than 70% of faculty in the 2–5 year range and 6–10 year range believed incivility was a mild or moderate problem however; those faculty members who had been educators for 11–19 years were evenly split between "mild problem" and "moderate problem." For those faculty members who had been teaching more than 20 years, 80% considered incivility to be a moderate problem.

Comparison by age. Faculty members in different age groups by years as educator closely mirrored perceptions percentages related to level of student incivility. The biggest differences were noted in the categories of "using a computer, phone, or other media device during class, meetings, activities, for unrelated purposes," and "holding side conversations that distract your or others." The faculty members in the 20–45 age range, believed use of media devices was "not uncivil" or "somewhat uncivil," while more than 75% of the instructors in the 46–65 age range considered the behavior "moderately uncivil" or "highly uncivil." This may correspond with the comfort level the younger generation has with electronic devices (Jones, Ramanau, & Healing, 2010). Faculty members older than age 65 were equally divided between "somewhat uncivil" and "moderately uncivil" on the use of electronic devices.

Another behavior, "Holding side conversations that distract you or others," was perceived to be "moderately uncivil" or "highly uncivil" by each age group except those in the 20–35 range. Although the oldest faculty members differed on their opinions about media devices, they agreed that holding side conversations was an uncivil behavior. The statistics of responses by age are presented in Table 11.

Table 11

Perceived Level of Student Incivility in the Nursing Academic Environment over Past 12 Month for Select Behaviors by Age of Instructor

Age	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil	Total
Using a computer, phone, or other media device during class, meetings, activities, for unrelated purposes					
20-35	0.00%	100.00%	0.00%	0.00%	3.23%
	0	1	0	0	1
36-45	25.00%	50.00%	0.00%	25.00%	12.90%
	1	2	0	1	4
46-55	11.11%	11.11%	44.44 %	33.33%	29.03%
	1	1	4	3	9
56-65	20.00%	0.00%	60.00%	20.00%	48.39%
	3	0	9	3	1
66 and over	0.00%	50.00%	50.00%	0.00%	6.45%
	0	1	1	0	2
Holding side conversations that distract your or others					
20-35	0.00%	100.00%	0.00%	0.00%	3.23%
	0	1	0	0	1
36-45	0.00%	25.00%	25.00%	50.00%	12.90%
	0	1	1	2	4
46-55	0.00%	44.44 %	11.11%	44.44 %	29.03%
	0	4	1	4	9
56-65	0.00%	33.33%	33.33%	33.33%	48.39%
	0	3	3	3	1
66 and over	0.00%	0.00%	100.00%	0.00%	6.45%
	0	0	2	0	2

Faculty perceptions about the frequency of uncivil student behaviors based on age of instructors mirrored the total population. The majority of respondents throughout the age groups had little or no experience with discriminating comments, use of profanity, threats of physical harm, property damage, or threatening statements. Conversely, most respondents in all age groups believed they had "sometimes" or "often" experienced disinterest, sleeping in class, use of media devices for something other than coursework,

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and tardiness. Some minor differences were noted on select items and examples of these can be found in Table 12. For the items "leaving class or other scheduled activities early" and "being unresponsive to e-mails or other communications," respondents in the three lower age categories reported experiencing this behavior "never" or "rarely," although 50% or more of those greater than age 55 encountered this behavior "sometimes" or "often." At Central State College, the older faculty members are usually more experienced, and are also the ones who typically teach in the classroom, which may be reflected in the results. The majority of faculty members in every category except 56–65 "never' or "rarely" experienced students skipping class which does not correspond with the previous suggestion that the older faculty members were teaching in the classroom and encountering these student actions more often.

Table 12

Perceived Frequency of Student Incivility in the Nursing Academic Environment During Past 12 Months for Select Behaviors by Ages of Instructors

Age	Never	Rarely	Sometimes	Often	Total
Leaving class or other scheduled activities early					
20-35	100.00%	0.00%	0.00%	0.00%	3.45%
	1	0	0	0	1
36-45	0.00%	75.00%	0.00%	25.00%	13.79%
	0	3	0	1	4
46-55	0.00%	62.50%	12. 50%	25.00%	27.59%
	0	5	1	2	8
56-65	7.14%	35.71%	35.71%	21.43%	48.28%
	1	5	5	3	14
66 and over	0.00%	50.00%	50.00%	0.00%	6.90%
	0	1	1	0	2

(*table continues*)

Age	Never	Rarely	Sometimes	Often	Total
Skipping class or other scheduled activities					
20-35	100.00% 1	0.00% 0	0.00% 0	0.00% 0	3.45% 1
36-45	25.00% 1	50.00% 2	25.00% 1	0.00% 0	13.79% 4
46-55	0.00% 0	62.50% 5	25.00% 2	12. 50% 1	27.59% 8
56-65	14.29% 2	35.71% 5	35.71% 5	14.29% 2	48.28% 14
66 and over	0.00% 0	100.00% 1	0.00% 0	0.00% 0	3.45% 1
Being unresponsive to e-mails or other communications					
20-35	0.00% 0	100.00% 1	0.00% 0	0.00% 0	3.45% 1
36-45	25.00% 1	50.00% 2	0.00% 0	25.00% 1	13.79% 4
46-55	12.50% 1	62.50% 5	12.50% 1	12.50% 1	27.59% 8
56-65	7.14% 1	28.57% 4	42.86% 6	21.43% 3	48.28% 14
66 and over	0.00% 0	50.00% 1	50.00% 1	0.00% 0	6.90% 2

The majority of faculty members in each age group found that incivility at Central State College was a mild problem. One faculty member each in the 36–45, 46–55, and 66 and over categories perceived incivility to be "no problem at all." Student incivility was believed to be a "moderate problem" by 33.33% of the 46–55 age group and 26.67% of the 56–65 age group. In the 56–65 category, 13.33% of respondents perceived student incivility to be a "serious problem." Again, it is important to note that the faculty members in the 46–65 age range taught in the classroom more frequently and perceived student incivility to be a greater problem than their younger counterparts.

Open-Ended Survey Question Findings

Items 10–13 on the survey were opened ended questions that required a short answer. Of the four questions, 28 faculty members answered Questions 10, 12, and 13, and 30 faculty members responded to Question 11. For each of the questions, the responses were organized into categories based on topic. Because some of the respondents included two or more topic areas in their responses, the number of items total up to more than the number of people who responded to each question. A table which summarized the responses for each open-ended question was created. In Question 10, faculty members were asked to provide an example of an uncivil behavior that they have encountered or witnessed in the last 12 months. The answers to this question are summarized in Table 13.

Table 13

Summary of Uncivil Behaviors Encountered or Witnessed Within the Past 12 Months

Topic Area	Number
Grades and exams	6
Classroom behaviors	5
Inappropriate electronic communication	5
Lack of respect	3
Faculty evaluations	2
Student to student incivility	2
Domination of discussions	2
Lack of preparation	1
Leaving class early	1
Cell phones	1
Cheating and plagiarism	1

When asked to describe an episode of uncivil behavior they had experienced, six faculty members commented on incivility related to grades or exams. One faculty

member shared that a student displayed "anger at me when the student failed to answer all of the test questions on a computer-based test." Two faculty members experienced students arguing over test questions, while another had a student demand that course grades be re-calculated by two different methods because it was perceived the "syllabus was not 100% clear." Because faculty members encountered multiple episodes of uncivil behavior related to testing and grades, this topic was explored further during the interviews.

Other primary areas of concern for faculty members were disruptions in class and inappropriate electronic communication. Disruptive behaviors mentioned included side conversations, domination of discussions, watching movies on a computer during class time, sleeping in class, tardiness, and leaving class early. Of electronic communication, faculty members described e-mails that were demanding and included language that would not have been used in a face-to-face encounter. Other general comments related to episodes of uncivil student behavior included "back talk," interrupting, and negative course evaluations. One faculty member described a situation in which "a student's cellphone rang during her own oral presentation" and the student actually stopped to answer it. Because the improper use of media devices was such a prominent area of concern in both the questions related to level and frequency of incivility and the open-ended questions, this topic was also explored further during the faculty interviews.

In the second open-ended item, Question 11, respondents were asked to share their opinion about the primary cause of incivility nursing education. Table 14 summarizes faculty members' responses to this question.

Table 14

Summary of Faculty Members' Opinions of the Primary Cause of Incivility in Nursing Education

Topic Area	Number
Stress	7
Faculty Inconsistency	4
Lack of awareness/education	4
Lack of professionalism	3
Entitlement attitude	3
Societal factors	3
Faculty disrespect to students	2
Immaturity	2
Lack of respect for authority	1
Poor communication	1
Unknown	1

When asked to describe the primary cause of incivility in nursing education, respondents gave a wide range of opinions on the topic. Many of these survey comments paralleled themes that were identified during the interviews. Stress was the reason for incivility cited most frequently. This issue corresponded to Clark's (2013) conceptual model for fostering civility in nursing education in which she emphasized that stress in both students and faculty members is a major contributing factor to uncivil behavior. One respondent suggested that both faculty and students were stressed and overwhelmed. Two faculty members stated that program expectations and the number of assignments students had to complete contributed to the problem.

Closely behind stress, with four comments each, were the categories "faculty inconsistency" and "lack of student awareness/education." Several respondents in the open-ended questions believed that students did not receive proper instruction at home

and had not been taught how to behave properly. One faculty member suggested that students are unable to recognize the ramifications of uncivil behavior. Inconsistent faculty responses to incivility were identified as problematic in both the open-ended survey questions and the interviews. Respondents in the open-ended questions believed that faculty members had inconsistent expectations about the rules of the program and how to enforce them. In addition, clear guidelines were not in place to address inappropriate behaviors.

In the open-ended questions, faculty members identified several factors which they believed contributed to student incivility. These included student entitlement mentality, changes in societal norms, lack of professionalism, and a general lack of respect for faculty members. In addition, two respondents acknowledged that incivility is not only a student problem, and that faculty members can also be uncivil toward students. One respondent stated, "Apathy and a lack of genuine interest from faculty" also contributes to the feeling 'they are just trying to fail us." All of these topics were explored further in the faculty interviews.

In Question 12, respondents' opinions of the biggest consequence of incivility in nursing education were explored. Faculty member's responses are summarized in Table 15.

Table 15

Faculty Perceptions of Biggest Consequence of Incivility on Nursing Education

Topic Area	Number
Negative effect on the profession	12
Interference with the learning process	6
Lack of success in the nursing program	6
Lack of respect	3
Not a significant problem	2
Negative effect on faculty	2
Physical harm	1

Faculty members felt strongly about upholding the integrity of the nursing

profession, and 12 respondents mentioned a negative effect on the profession as the

biggest consequence of incivility in nursing education. Most of the comments cited a fear

that the behaviors developed in nursing school will carry forward into their career

resulting in "disrespect" or "harm" for patients. One faculty member explained, "It

divides the team…If we do not get it now at this level, we will carry the same into the

work environment and stay in the vicious cycle—or even create a worse issue."

The other consequences of incivility discussed most frequently were its effect on

the learning environment and students' ability to be successful in the nursing program.

One respondent believed that uncivil behavior resulted in "interference with the learning

process which ultimately results in nurses that are less compassionate to patients, their

families, and colleagues." Respondents suggested incivility caused increased student

dropout rate, failure to succeed, and ultimately dismissal from the program. "Lack of

respect" was a recurring theme in both the survey comments and the interviews. Another

potential consequence of uncivil behavior that was suggested included the potential for

physical harm if left unchecked. Only one faculty member mentioned the effect of

incivility on nurse educators; however, the emotional toll of uncivil behavior on faculty

members was mentioned frequently and discussed in depth during the interviews. One

respondent explained, "I think incivility takes a toll on nursing faculty. They get tired of

dealing with the disruption and disrespect—even if it is a minority of students. They

eventually lose the joy of teaching." Two faculty members did not believe that incivility

was having any major consequence on nursing education this time.

In the final open-ended question, item 13, faculty members were asked to share

their opinions on the most effective way to promote academic civility. The responses for

this item have been summarized in Table 16.

Table 16

Summary of Faculty Perceptions of the Most Effective Way to Promote Civility in Nursing Education

Topic Area	Number
Set clear expectations	13
Faculty role modeling	11
Demand respect	1
Reduce class sizes	1
Seek feedback from students	1

Faculty members' opinions on how to promote academic civility were more

focused than in previous questions. The majority of faculty members who responded

believed that clear expectations should be given to the students. One respondent

suggested that nurse educators should, "include instruction on what constitutes uncivil

and civil behavior in first semester nursing curriculum to create the foundation for

positive behavior and communication." Other suggestions included enforcement of policies and procedures, communication of expectations, establishment of behavioral norms, holding students accountable, and promoting professionalism.

Respondents believed that almost equally important as clear expectations was the need for faculty members to role model positive behavior. An instructor stated that educators should "always treat students with respect and demonstrate professional behavior at all times." Another asserted that if you "expect positive outcomes, you will get them." Other suggestion included treating students with civility, managing faculty stress levels, and setting realistic expectations.

Qualitative Findings

Reporting of the qualitative findings was organized by themes and is reported according to research question. For research Question 1: What types of student incivility have nursing faculty members experienced? The following themes were identified:

- Theme 1: Types of learning environment

- Theme 2: Collective behavior

- Theme 3: Technology in the learning environment

- Theme 4: Grading and exams

For research Question 2: How do nursing faculty members describe their understanding of incivility?

- Theme 1: Levels of incivility

- Theme 2: The meaning of incivility

- Theme 3: The reasons for incivility

Research Question 3: How do nursing faculty members respond to episodes of student incivility? was further divided into two sub-questions. Research Question 3a: How do nursing faculty members describe their own responses to student incivility?

- Theme 1: Response varied by learning environment

- Theme 2: Emotional toll

- Theme 3: Commitment to professionalism

Research Question 3b: How do nursing faculty members view other nursing faculty members' responses to student incivility?

- Theme 1: Learning from each other

- Theme 2: Coming to the rescue

- Theme 3: Double-standards

In addition to the themes identified during the data analysis, the interviews also resulted in some important background data which helps put the findings in context. To maintain anonymity Participants 1–12 will be referred to as P1, P2, P3, and so forth for the remainder of this discussion.

Background data. Faculty members at Central State College teach multiple student cohorts including those in the generic associate degree program, the concurrent program, and career transition track. At the time the interviews were completed, the college had three different cohorts of student: generic, concurrent, and transition. The generic track students follow the traditional 2-year path to receive their RN license while the concurrent students take baccalaureate classes at the same time they are in their associate degree program. When asked if there were any differences in civility levels

between the generic students and the concurrent students, most faculty members did not identify anything of significance. P4 pointed out that faculty frequently did not even know which students were generic and which were concurrent.

The third track, Career Transition, was discontinued as of summer of 2015. These students already worked in the medical field and only needed an additional year of course work to sit for licensure as a registered nurse. Several participants believed that the transition group was more uncivil than the generic or concurrent students. Faculty believed that this might be a result of the stressors of being employed full time while trying to complete a rigorous RN completion course. In addition, they postulated that because these students already work in the health care setting, they might believe they simply had to "put in" the required time to obtain their degree. Also, because these students were already employed as licensed practical nurses, respiratory therapists, and paramedics, they may also have been exposed to uncivil behavior in their employment settings. Three faculty members believed that the only reason they were going to school because it was necessary to obtain the RN, not because of a genuine desire to learn. When speaking about the challenges of teaching the transition group, P6 said, "I think they truly believe they can do the RN role; that they are doing it, that they just have to jump through hoops."

More faculty members identified age as a more important predictor of student incivility than their program-type. Traditional college-aged students were perceived to be more uncivil than some of their older counterparts by four of the faculty members interviewed. Much of this incivility was related to students' lack of maturity and included

texting and side conversations. P6 believed that younger students were more self-centered and had higher expectations for faculty members because they were spending money for their education. P7's perspective was slightly different than the others. This instructor believed that younger students were less likely to sit down and discuss a situation and simply want the faculty member to fix their problems. P10 had experienced older students policing younger students' behavior and said, "A lot of times the older students are the ones that will say, 'stop talking.' Listen. They are kind of like little mother hens." One instructor observed that both younger and older students were uncivil but expressed the incivility in different ways; younger students were always texting while older students were more prone to send e-mails about something with which they disagree. P12 observed that younger students were frequently accused of being more uncivil although older students could act "quite selfish." P12 believed that in any given cohort of students, half of the students were civil and half were uncivil. P5 echoed this belief, stating, "I think each group has its own quirks." Two of the participants believed that students, in general, became more uncivil as they progressed through the program, and that the newer students were more enthusiastic and willing to follow the rules.

Types of incivility experienced by nursing faculty. Faculty members experienced uncivil student behaviors in a variety of forms and settings. The first theme identified related to this behavior was type of learning environment--classroom, laboratory, and clinical setting. In addition, several participants believed students demonstrated incivility when filling out course evaluations at the end of each term. A second theme focused on how students developed a collective form of uncivil behavior.

In the third theme, faculty members experienced some form of incivility related to technology when teaching in the various settings. Finally, multiple faculty members described episodes of incivility related to grading and exams.

    Types of learning environment. The majority of faculty members interviewed believed incivility was more pronounced in the classroom than in the laboratory or clinical setting. The most common types of uncivil behaviors described by faculty members in this setting included side conversations, arguing, sleeping during lecture, not paying attention, tardiness, leaving early, and using technology for something other than school work. When discussing tardiness, six faculty members found it disturbing when students walked in front of the lecturer while he or she was talking rather than walking around the back of the classroom. P4 stated, "I do consider it to be uncivil when I'm lecturing and the student walks right through the front of the classroom to get to their [*sic*] seat. I'm like, 'Hello?'" While many faculty members found tardiness problematic, P9 did not and said, "I don't get to decide what is important that morning. Maybe what they really, really needed to do in order for them to be functional is stop at Starbucks and have a cup of coffee so that they get into the classroom and have some chance of being able to focus."

    Faculty members described other behaviors that were equally frustrating. Two participants found students working on assignments for another class during their lecture, while another participant witnessed students leaving class early to go to the hospital to obtain their clinical assignment for the next day. Three participants described situations in which students argued with them or another instructor during lecture. In one instance,

after several episodes of argumentative behavior, a student simply stood and walked out of class. Another faculty member witnessed students rolling their eyes and laughing when they perceived that a classmate was asking too many questions.

While most instructors believed that the classroom setting was where students were most disruptive, P7 has had the opposite experience and stated, "I don't really find students to be uncivil in my classroom. I've been very fortunate with that but I believe that part of the reason for that is because I have clear expectations when we begin the class." In P7's experience, the laboratory setting has been most problematic.

While faculty members did describe episodes of incivility in the nursing laboratory, they did not occur as frequently as in the classroom. Most faculty members attributed this to the smaller group sizes in the lab. The two types of uncivil behaviors described most frequently were tardiness and lack of preparedness. P9 stated, "People become very defensive of their bad behavior and [when] they show up late and you call them out on the fact that they are ten minutes late and they can't attend that session." Two participants described situations in which students believed that they knew more than the instructor or tried to dominate the laboratory session. P2 described an opposite experience in which students demonstrated, "lack of preparation, hanging back, having to be drawn in. That's different than if they are just shy. People that just think they know it and don't need to practice." P4 witnessed a student roll her eyes as the instructor explained a skill. This action upset the other faculty member who was teaching. Many times, the students are divided into small groups for patient care simulations in the nursing laboratory. P6 believed students were acting uncivil when they arrived for these

activities without being prepared. This faculty member explained, "If you come and you haven't done any preparation, you not only let yourself down, but you're letting down the rest of the group that you're with trying to do that simulation." Lack of preparation in general made it more difficult for instructors because the students did not come to the activity with the knowledge base necessary and were unable to participate effectively.

Another behavior in the lab considered uncivil by many faculty members were dress code violations. Female students were supposed to wear their hair up in the laboratory setting if it is longer than shoulder length, while all students were required to be in uniform with the appropriate identification badge. P8 witnessed students continuing to disregard the dress code rules even after being spoken to by a faculty member. P12 experienced similar behavior and stated, "I think there are some people that feel the need to rebel for whatever reason, and find little ways to exert their power." Uniform violations occurred more frequently as students progressed through the program.

Faculty members experienced the least amount of uncivil behavior in the clinical setting. Like the nursing laboratory, students enter the clinical environment in groups of no more than 10 students. Most faculty members described positive experiences with their clinical groups and only infrequently had a group that posed a challenge. P8 thought the reason for the lower levels of incivility in clinicals was because students were out of the classroom which is their "comfort zone." P12 responded similarly regarding both the laboratory and clinicals saying, "they feel more dependent on the faculty because it's not something they feel is their space." Because the classroom was where the students spent

most of their time, some faculty members perceived it to be the location where students

were more comfortable breaking the rules.

Faculty members did not identify one form of incivility more prevalent in the

clinical environment. Because the groups are smaller in the clinical setting, it was easier

to become familiar with the students on a more personal level. P1 believed that as an

instructor, it was important not to become to "chummy" with the students. Another

problem noted in the clinical environment was students who did not challenge

themselves. P4, who was bothered by students who do not challenge themselves in the

clinical setting said, "Picking the easiest number of patients with the least amount of

meds…That irritates me because it makes me wonder how they're going to function

when they are nurses." Of the uncivil behaviors experienced by faculty members in the

clinical setting, P11 described the most serious situation in which several students were

found to be copying course assignments and had to be disciplined.

Five faculty members described various type of communication issues they had

encountered in the clinical setting. P3 attempted to pair an older student with a younger

student. The older, more reserved, student thought the younger student was acting

unprofessionally because of her exuberance. This belief demonstrated a disparity in the

communication style of these two groups of learners and the way that they interact with

patients. This same faculty member also described situations in which one member of the

clinical group tried to dominate conversations. P4 recounted a situation where another

instructor's clinical group had such a difficult time working with each other, they nearly

came to blows. As a result, that clinical group was called together on campus for an

"intervention." P4 explained, "It was very unpleasant. They were uncivil to each other and their instructor." P5 and 6 both experienced different situations in the clinical environment in which students became argumentative with them. P8 described a circumstance in which a student become "snippy" with a staff member on the floor. Conversely, about one-fourth of those interviewed believed more incivility came from the staff toward the students rather than the other way around.

One-third of the faculty members thought that the comments left by students in anonymous, end of course evaluations were uncivil. P1 expressed concern about this anonymity saying, "it does matter whether this is a good student or not a good student." P12 observed that because students feel vulnerable, use course evaluations as a way to "get back" at faculty members. P12 went on to say, "If …this happens semester after semester, and after a while the teachers that do take risks and do try things new will either not do it anymore and say, 'I don't want to be beat up anymore,' or they'll leave." While the instructors believed it was important to enforce the rules and make decisions potentially unpopular with students, they frequently wondered how these decisions would affect their end of course evaluations.

After a particularly challenging experience, P11 was not happy about how the end of semester evaluations turned out but did believe that they reflected the reality of the situation. P7, while cognizant of the importance of student evaluations, stated, "I am not going to teach, or behave, or act towards a student so I receive a good evaluation. I will not do that." This instructor did observe that if a faculty member had evaluations that were consistently poor from semester to semester, it might be time for that person to

reflect on "why you are setting yourself up" for these evaluations and what could be done to rectify the situation.

Although mentioned infrequently, rude e-mails were also cited as a form of incivility. P10 described receiving e-mails that had a "negative tone" to them. P4 experienced a situation in which, "One student sent an e-mail to the highest hierarchy of the school without ever consulting [*sic*], did not go up the chain..." P5 observed that older students were much more willing than their younger peers to send an e-mail about something with which they disagreed.

Collective behaviors. Many participants encountered collective behavior from students which two participants described as "groupthink." Some faculty members stated that students frequently "feed off" of each other's poor behavior and attributed this, at least in part, to their use of Facebook. Students started creating pages for their respective classes several years ago and began communicating on Facebook rather than through the school's learning management system. Instructors believed that because Facebook is not sanctioned by the college, faculty members were not there to police the students' posts. If the opinions in the posts took on a negative tone, these feelings easily spread to the other students in the class. P1 explained, "They have this groupthink where they have talked on Facebook, and come up with their own reality." P3 echoed P1 and said, "They can feed off of each other. That mass or groupthink mentality, and it may start with one and then spread to others." P2 described students' Facebook discussions of school-related topics as "rude" because faculty members do not have access to what they are saying. P3 explained, "Rudeness is uncivil—incivility in a way—because you know they're talking

about what's going on in the classroom and all on their Facebook page, but you don't really know what they're saying." Instructors observed that because students can complain to each other on social media without faculty members monitoring the situation or having input, students may develop perceptions that are unrealistic based on what their peers post on the site.

Some faculty members believed class size contributed to this "groupthink" mentality. P10 explained with larger numbers of students in the class, the more they are going to "egg each other on." P6 explained that when students are talking in class, they are not always trying to be uncivil. Sometimes, they just can hear what is being said and are asking each other for clarification. P6 continued, "The problem is when you have a classroom of 100 people doing that, it gets to be really a problem." Collective behaviors, whether intentional or unintentional, were perceived by faculty to contribute to an uncivil environment.

Technology in the learning environment. Participants in both the survey and interviews expressed that students' use of technology for something other than schoolwork was troublesome. Half of the faculty interviewed mentioned that students in their classes were on Facebook or some other activity unrelated to the lesson. One faculty member described an occasion where it was suspected that two students were texting back and forth "because they kept looking at each other." P8 was sitting in the back of the classroom while another faculty member was lecturing and witnessed students watching movies on their computers. With respect to technology, though, P8 stated "I don't have a problem with [technology] being in the classroom. I think in this day and age it is

inevitable it is going to happen." P6 explained that their faculty team had requested that students "keep their computers tuned to course-related material" because other students complained that it is distracting when their peers are "playing a movie or they're dress shopping" during class.

Despite the fact that faculty expressed concern in both the survey and the interviews about uncivil behaviors related to technology, nine of the 12 faculty members interviewed said they did not care if students wanted to use technology in class as long as it was not distracting to the lecturer or other students. Several participants verbalized that these were adult students and if that was how they wanted to use their class time, it was their prerogative. P3 stated, "I'm okay with them using it because it is their money…They're supposed to be doing it for a purpose and that is to get an RN license so if you snooze, you lose." Similarly, P7 also did not have a problem as long as students were not disruptive, and said, "I feel they're adults and, if that is how they want to spend their two hours, that's their call." This faculty member continued, "I believe in picking my battles. For instance, in clinical post conference, I have a rule. When we sit down…all cellphones have to go on the table face down and turned off." P10's initial view of technology was "Absolutely not. No cell phones, no computers, no nothing. When I'm up there, you're to listen to me or we're to interact on whatever it is we're doing in the classroom." This stance softened as the instructor became more experienced. P10 now believes if it is not distracting to others, "so be it. They're the ones who are losing out on it." Faculty members are less concerned about the use of media devices when guest speakers are not present and if they are not in the clinical setting.

In addition, some participants acknowledged that, because these students are adults with multiple obligations, they may need to use their cell phones to communicate with their family members in case of emergency. P7 acknowledged that for some students with families, cell phones and other electronic devices are a "lifeline." P9, when discussing technology in the classroom, said, "It's none of my business, and explained that when working in the office, it was actually helpful to take a "three minute Facebook check." This instructor believed a brief break was necessary to clear the mind and focus on the task at hand.

Two faculty members incorporated technology in their classroom activities and lectures. P1 stated "I have no problems using the technology as part of the activity." P4 has built an activity into one of the lectures in which the students are asked to use their cellphones to research a topic on the internet. This participant plans to incorporate more technology activities in lectures in the future. Not all faculty members are as comfortable with this approach. P11 described going to a conference in which they suggested ways to incorporate electronic devices in classroom activities. Although this initially sounded like a good teaching technique, the faculty member now stated, "I can't see that working for me…I don't know that you can get 150, 120 people all doing what they are supposed to be doing." Some instructors thought that younger faculty members were more comfortable experimenting with technology in the classroom than their older counterparts.

Grading and exams. Eight of the 12 faculty members interviewed have experienced some form of incivility related to students challenging test questions or

arguing with instructors to obtain additional points so that they can achieve a higher grade. Faculty members explained that students are allowed to complete a test question protest form if they believe a question was unfair. Students were expected to include three scholarly resources to support their position when submitting this form. P5 described a situation in which a student made an appointment to discuss a test questions and did so in a professional manner compared to other students. Despite this positive experience, P5 believed that students saw protesting questions as a means to "get points back." P6 experienced a student who would challenge multiple questions on every test, and said, "I've heard about people that will try to get every last point any way they can just to go from a 'B' to an 'A.'" P7 had a student at the end of the semester who insisted that the faculty member "find those two points" so her letter grade would increase. This same instructor had another student who actually failed the course and was "adamant" that the faculty member help him obtain the extra points that would allow him to be successful in the course. P1summed it up saying:

> Arguments about test questions and content being taught…Not that we can't make mistakes because we are all human and can certainly make mistakes, but just the lack of respect of how they would go about doing that. All they wanted was their points back. They didn't care to learn the content.

Other factors also lead to student incivility related to testing. P3 attributes some of these problems to student "attitudes." This faculty member described experiences where students blamed faculty for their lack of success because they believed the instructors did not adequately cover the material on the exam saying "you didn't cover this. You didn't

tell me this specifically." Another factor which can lead to uncivil student behavior is the nursing department's policy in which test questions were nullified if a certain percentage of students were not successful. When nullification took place, all of the students got the test item correct. P6 explained, "People can get a little belligerent about that. They don't think it's fair. I try to explain to them that some questions aren't good questions or, for some reason, the class didn't get it." Because students in nursing programs are so driven to obtain good grades, they are frequently not content unless they achieve an "A." Others students may fail a course by one or two points and will try everything to negotiate with faculty members to get additional points.

Faculty members' understanding of incivility. An important aspect of this research was to explore faculty members' understanding of incivility—not only how they perceive incivility personally—but also their understanding of why uncivil behavior occurs. Three themes emerged from the data. In the first theme, faculty members' perceptions about different levels of incivility as they relate to Clark's (2014a) continuum were explored. Faculty members' definitions of what incivility means to them are described in the second theme. A third theme investigated the participants' beliefs about why student incivility occurs.

Levels of incivility. During the interviews, participants were asked about what behaviors they considered problematic and which of those behaviors they deemed uncivil. Most of the behaviors described as problematic were on the on lower end of Clark's (2014a) continuum of incivility. These included coming to class late, leaving early, side conversations, or using technology for something other than classwork. Of

these problematic behaviors, P9 stated, "I don't consider childish behaviors uncivil. I think they are just childish behaviors." Some faculty members interviewed observed that behaviors which might originally be perceived as problematic may progress to incivility if left unaddressed. Although participants were not introduced to Clark's (2014a) continuum, both P8 and P9 described the uncivil behaviors that they had experienced in this manner. P8 explained, "I think problematic behaviors could be the mildest form of incivility." P9 observed that there was a "subset of behaviors that become uncivil." P8 stated "it's such a wide spectrum of incivility because some people don't always consider being tardy, using cellphones, being disruptive, speaking not professional to faculty, but that's incivility. P8 went on to state that the more serious offenses such as "arguing with professors, fighting with professors, fighting in the classroom" are the types of behaviors that some would immediately identify as incivility. P9 stated:

> Coming to class late, having to go to the bathroom right before breaks so you don't have to wait in line. That's just childishness. I don't think it's uncivil, I think it's just immature and those are two different things to me. Incivility is not annoying me; it's when it scares me.

Some faculty members believed problematic behaviors did not rise to the level of "incivility," and, in their view, uncivil behaviors corresponded more with the middle and higher end of Clark's (2014a) continuum. P1 explained "incivility" is "a very strong word" and described uncivil behavior as "almost in your face, bold, purposeful disregard of what you've asked." Likewise, P2 also experienced uncivil behavior infrequently and thought that it occurred when a student was particularly "rude" or "disruptive." P2

described cheating as a more "insidious' form of incivility. Clark's (2014a) continuum does not make any reference to cheating. P12 summed up uncivil behavior as "when their actions are offensive, or interfere with other people's rights, or are hurtful. That's beyond annoying." Faculty members were mixed on whether or not those behaviors on the lower end of the continuum truly constituted incivility. While some participants viewed both benign and serious behaviors uncivil, others believed that the behavior had to be quite serious to rise to the level of incivility.

The meaning of incivility. When asked to describe their definitions of incivility, almost half of the faculty members interviewed thought that uncivil behavior involved some form of disrespect. P1 stated that incivility was "lack of respect." Similarly, P4 saw it as "being disrespectful to another individual," P5 suggested that the "basic rules of respect are disregarded," and P7 called it a "behavior that suggests disrespect for another person whether it be in your verbal or non-verbal behavior." P10 explained it as negative thoughts or actions toward another person that are "disrespectful." Finally, P11 called it "just disrespect for authority." It is interesting that so many of the participants independently characterized incivility as a form of disrespect.

Other faculty members described incivility in terms of selfishness. P9 characterized incivility as "narcissistic" and defined it as when "personal idiosyncrasies or desires" are more important than the needs of those people around them. P12 echoed this description and said that incivility is concern for one's own welfare and disregard for the needs of others. P3 compared incivility to the golden rule and described it as, "lack of empathy, a lack of caring and understanding…just etiquette and decency…it just means

the golden rule—do unto others as you would have them do unto you. And when you lose that…. that defines being uncivil." P6 depicted uncivil behavior in terms of its effect on the other person and said, "It's making someone feel uncomfortable or discounted as a result of behavior." Whether participants define uncivil behavior as lack of respect or in some other way, most participants agreed that it is an action which makes another person feel devalued.

The reasons for incivility. The reasons that incivility occurs are numerous and can be attributed to multiple circumstances. These can be broken down further to external factors and internal factors.

External factors. External factors identified by faculty members are those that occurred outside of the school setting. These consisted of attitudinal factors and societal change. Many faculty members believed students either had a negative attitude prior to entering the program or developed one while completing their education. P3 found that students in their first semester of nursing school were "more pliable, more receptive" and developed more of an uncivil attitude as they progressed through the program. This instructor continued that students frequently said "it should be this way because this is the way I thought it should be, or this is the way it was in the past, and so I think that those types of attitudes--you'd like to call it self-confidence--or maybe self-reliance, but really, truly it is just an attitude." A faculty member who teaches in higher level classes observed that some of the increased levels of incivility in the students who were closer to graduation occurred because they become more complacent. This faculty member explained:

Teaching in the higher level classes, the students feel more comfortable and are

less, I don't want to say intimidated, but when you're a new nursing student, you

are very engaged with the faculty…as they progress through the program, people

who get closer to the end tend to let their guard down and they just think they can

get away with more.

Faculty members cited that students exhibited a sense of entitlement or lack of

accountability. P4 described the types of students who were especially troublesome as

those who "are very self-centered and think that everything is about them… Students

feeling a sense of entitlement …just not being responsible for their actions." P1 described

students who believe they "know something" or are "entitled to something" and

experienced this entitlement orientation more frequently in the older students. P1

suspected that the students believed they had "a right to expect certain things because

they are paying for their education." Lack of accountability was also mentioned as an

attitudinal factor contributing to uncivil behavior. An experienced faculty member

explained "my biggest problem with students is that they don't want to be accountable for

their own lives." P12 took this concern about students' attitudes further and worried that

students who demonstrated selfish behavior in school will carry this pattern forward into

the work environment.

Many participants verbalized concern about the way social factors were affecting

how students were responding to others. Four faculty members attributed changes in

society as a major contributing factor to incivility. One newer faculty member stated that

"I think their own personal lives has a lot to do with it. I think it's whatever is happening

in society, what they are exposed to, because we don't know behind closed doors really what's going on with them." This instructor continued that the "neighborhoods they live in" and "how they are affected by social things" was part of the equation. P7 also attributed uncivil behavior to "what they've been taught at home" and thought faculty members must be aware of these factors when interacting when students. While societal factors play a role in incivility, two faculty members believed that the students acted out were only a small percentage of the entire student population. P9, elaborated on this, saying:

> I think it is overblown. I think that the 10% to 15% of the people who don't know how to behave suck all of the oxygen out of the room. The 85% who show up on time, do their work, focus through everything, get ignored a lot and I don't like that. I don't like making rules for the 10% and I think we tend to do that.

The need for instant gratification is another societal factor mentioned by faculty. P4 described today's society as one that "has the answers at their fingertips" and is "an entitlement society that hasn't had to work hard for things." Because "everything is made available" to students, they come into school with a different mindset. An experienced faculty member observed, "I see us getting a lot of students that are used to everything going their way, and I think we have certain part of our nursing population with that kind of personality." Many faculty members questioned some students' motives for entering the nursing profession. P4 also attributed this societal change to the large number of students who come in to the program with the intention of obtaining a high paying nursing job such as nurse practitioner or nurse anesthetist. Faculty members, who

recognize that nursing can be a difficult profession, expressed concern about the ultimate success of those students who are only in nursing school because of high earning potential.

Internal factors. Internal factors which faculty members said contributed to uncivil student behavior were those directly related to something that had taken place at Central State College. Interviews with the faculty members resulted in the identification of three internal factors which had an effect on student incivility. Issues identified included multiple pressures facing students, environmental factors within the college itself, and the role of faculty members in development of uncivil behavior.

Faculty members recognized stress as a contributing factor to uncivil behavior in both the survey and the subsequent interviews. Clark's (2013) conceptual model for fostering civility in nursing education cited stress in both students and faculty members as a major contributing factor to incivility. Multiple participants echoed this in the interviews and acknowledged that many of students at Central State College face the unique stressor of taking courses for Central State College and the University concurrently, and that this pressure contributes to episodes of incivility. P1, although frustrated to find a student working on an assignment for another course during class, stated, "I know they are pressured. They are taking two classes at the same time." This sentiment was echoed by P2 who said, "Pressures…our students have a lot of them—most of them are in the concurrent program. They have so much on their plate." P4, referring to the students who are dual enrolled, acknowledged, "I know there's a difference in the stress level. The students who are in the concurrent program have a

higher level of stress." One of the factors contributing to the higher levels of stress for

these students was that some were unable to prioritize classes by importance. Many

students became so caught up in the prestige of being dual-enrolled in a large university,

they lost sight of the fact that they need to pass their foundational courses at Central State

College in order to maintain enrollment in the concurrent program. While the ability to

graduate with a BSN in 2.5 semesters was an excellent opportunity for motivated

students, it also contributed to higher levels of stress in the already highly demanding

nursing school environment. P4 explained:

> I've had students in the concurrent program that are not passing their nursing
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> programs, but they're "I'm getting an 'A' in this course." But you're not passing
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> the nursing. You have to pass this in order for that to mean something. They get
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> so fixated on (the University) that they don't fixate on what they need.

The faculty members who were interviewed almost all expressed concern about

large class size. Participants believed this contributed to student incivility and made

uncivil behavior harder to address when it occurred. The classroom setting was described

by faculty as the location where uncivil behavior was most prevalent. Because of the

large numbers of students, it was difficult for faculty members to learn their students'

names. In addition, it is hard for faculty to ask students who were talking during lecture

to stay behind so that they can address the problem. P1 expressed frustration about the

large numbers of students, and said, "You get lost in numbers. In fact, we don't even

know all of our students' names…Even if you know that somebody…has done something

inappropriate during the class, you don't know their name to ask them stay after to talk."

Two faculty members suggested that because the faculty to student ratio is lower in both the laboratory and clinical setting, it is easier to pull students to the side and address inappropriate behaviors when they occur.

Faculty members also noted that the larger class sized made it difficult to address the individual needs of the student. When reflecting on the large class sizes, P9 stated, "The more people you have, the more divergent needs you have and so…the bigger the class size, the more general you have to become in the way you handle them, and you can no longer be individual- specific." Faculty members observed that frequently only a small handful of students were talking. Because of this situation, it was difficult to punish the entire class because of a small number of people. P11 observed, "I don't think it's as easy to deal with in a big classroom setting, because you can't blame everybody when it's only one or two people." Although participants were uncomfortable with the idea of disciplining the entire class for a few people, they had few other options for addressing the behavior.

Most participants thought the actions of faculty members contributed to student incivility. Clark's (2013) conceptual model emphasized that faculty members' stress is a major contributing factor for incivility in nursing education. Several faculty members acknowledged faculty contribution to student incivility, and that uncivil behavior can also be directed at students from faculty members. One of the newer faculty members stated, "There is sometimes…incivility on the part of the instructor, depending on what is going on in the classroom…their stress level and what is going on, so it is carried over to the group of students." P4 believed that incivility is a "two-way street" between faculty and

students but observed that students were probably more uncivil than faculty. P3 echoed the previous statement and said "It is coming from both ends. Is one more than the other? I'm not sure. It depends on the situation." A long time faculty member suggested that faculty members contribute to student incivility because they have power over them.

During participant interviews, faculty members admitted that they were inconsistent in their expectations, grading, and response when incivility occurred. Inconstancies in grading were one of the problems mentioned most frequently. Faculty members used rubrics in an attempt to make grading consistent, but that they were being interpreted differently depending on who was doing the grading. These differences were most pronounced between the full-time faculty members and adjunct instructors. P3 has experienced adjunct faculty members who will "just give straight 100s across the board because it is more important for them to be friendly with the students and not really put in the effort where the other instructors are being more hardcore." P8 observed these differences might be related to the variation in educational preparation between full-time faculty members and adjuncts and said:

> Some of that has to do with…just the nature of being adjunct versus full-time, also whether you bachelors or masters prepared…because when you have a masters in nursing education…you get courses on all that development and grading…so you learn it more in depth. Whereas in a bachelors program, it's a bachelors in nursing and you only have to have a bachelors to teach clinicals.

One instructor thought that to solve this problem, both full-time and adjunct faculty members had to be oriented on how to use the rubrics. P10 stated that although

rubrics are helpful, an orientation is necessary "because it does seem to cause a lot incivility with the students when they feel that their peers are being graded more lenient than others."

Faculty members also expressed frustration that student rules were not being applied consistently throughout the program. P10 explained, "It definitely affects me because if I have these clear expectations, and they just left so and so's classroom and they don't have those same expectations, it's going to be hard for them to switch back and forth." Consistency in enforcing the dress code was of particular concern to several participants. P10 addressed this saying, "We say 'This is what we want and we're very strict on the dress code,' and by the time of the end of semester, it's out the window." Another faculty member found that, although the dress code rules were strictly enforced in the early semesters, they became more lax as students progressed through the program. Throughout the interviews, faculty members shared many strong opinions about their own behavior. Participants were insightful into their own contributions, as faculty, to episodes of incivility from students.

An additional contributing factor identified by more than half of the participants was that students were not being treated like adult learners. Many faculty members expressed concern that students were not respected by faculty. P2 stated, "I think we need to remember that these are adults…I think the minute we stop respecting them is when the opportunity for incivility occurs." P9 took this a little further and stated, "When you treat them like children, you're going to get a childish behavior." Another faculty member echoed this sentiment and stated, "I think sometimes faculty members look at

students as being in elementary or middle school." A newer faculty member said, "We require them to attend (class,) and that's against adult learning principle. That treats them more like high school, but it's a school policy that they have to be there and we shouldn't require them to be there." Many faculty members were concerned about the number of rules in place in the program and believed that the more rigid environment leads to higher levels of uncivil student behavior.

Responses to episodes of incivility. Another important factor in developing a better understanding of faculty members' perceptions of student incivility was an exploration of their responses to uncivil behaviors. Interview participants were candid about their personal responses to incivility. In addition, they gave insight into their opinions about how their colleagues responded to uncivil behavior. A total of six themes were developed on this topic—three associated with personal response and three related to the response of others.

Faculty members own response. Incivility incited strong feelings in faculty members. The results of the interviews showed that while faculty members adapted their responses to uncivil episodes based on where they were teaching, the behavior also resulted in a negative emotional response. Despite this reaction, faculty still believed that it was important to teach students the importance of professionalism.

Response varied by learning environment. Many participants thought it was more difficult to address incivility in the large classroom. Most faculty members stated that they would try to address the situation with the student in a private setting, although this was frequently difficult to accomplish with so many students. Most participants would

not try to deliberately embarrass the students. While P9 did not advocate embarrassing students, the instructor found they sometimes did this to themselves and explained:

I recently had student come in late and walk directly in front of me across the classroom to get to the other side…I stopped and I looked at them and they turned around and I went "Really?" and they went, "Oh, I'm sorry." I said, "And I'm sure you won't do it again." They said, "No," and I said, "Okay, let's move on." I mean, I'm sorry that was like so in front of the group. It was like, "Are you kidding me?" That was when I couldn't take them aside later. It was like in the moment, "What?"

While some behaviors were irritating or distracting, many faculty members believed they did not all require immediate attention. P8 explained, "Something like cellphone use, coming in late, talking. Those kinds of things do not need immediate, at the time it happens, but maybe on break, maybe before the next class, that is something that will be addressed with that person." P1 was frustrated about trying to "track down" students to discipline them and explained, "Even to try and get them when they're filing out of the classroom and try to say, 'hey, hey, hey, hey, you—come see me.' It's more difficult." The large numbers of students made trying to address problems on an individual basis quite challenging.

Two faculty members explained that if students were too disruptive in class, they would stop talking until the offender caught on or another student told the person talking to stop. P4 had a situation in which many students were sending e-mails complaining to the faculty that there was too much talking in the class. The instructor explained, "What

I've started doing when I notice that in lecture, I just sit down in the chair and I would look at them. I didn't say anything. I just looked at the students." Eventually, the students would notice the silence from the professor and stop talking.

In addition, some faculty members verbalized that it was harder to maintain control of the learning environment with such a large class size. P2 shared, "In the classroom you are restricted. You're one person in a group of people and you have to maintain control of the situation. Another faculty member approached the behavior by addressing the group as a whole adding, "Half the time, I don't even remember who I need to talk to." P1 became frustrated with always having to "be the bad guy" and explained that it was easier to "turn it back to them" in a small group; however in the large classrooms "you become a…policeman." The role of enforcer often fell primarily to the lead faculty members in the class and this began to take an emotional toll on them, especially if they were always the course leaders who experienced these same problems semester after semester.

Most participants found that it was easier to address incivility in the laboratory and clinical setting because the groups are much smaller. Most faculty members agreed that in both settings, they would try to pull the student off to the side and speak to him or her individually. P12 explained, "I would probably address it more directly because it's a smaller group. In clinical, if …someone's being uncivil, it's so easy to pull them aside and, in a very private manner, address what they are doing." One participant observed that there are more formal repercussions for tardiness in lab and clinical, and explained, "If you're late to lab, you may miss the lab. If you're late to clinicals, you'll be sent home

and you'll make it up." Because the groups are smaller, three of the faculty members expressed particular concern about embarrassing students in front of the others.

In the clinical environment, maintaining patient safety became an additional factor faculty members had to take into consideration. P6 stated of clinicals, "There may be situations where I'd have to jump in and do something right then because of patient care and safety…Usually you can't wait very long if it is in the clinical setting." P11 echoed this concern and stated, "It's a scarier situation because they are with real patients. Maintaining the safety of the patient was of paramount importance to all of the participants.

In general, faculty members adapted their responses to student incivility based on the environment in which they were teaching. Most faculty members found it more difficult to address uncivil behavior in the classroom than in the laboratory or clinical. In both settings, faculty members preferred to address episodes of incivility by pulling the student aside and meeting privately. Participants were, however, concerned about embarrassing students in front of their classmates.

Emotional toll. Many faculty members described the negative emotional toll that episodes of incivility took on them. Half of the 12 participants described uncivil student behaviors as "frustrating" or "frustration." When describing the effect of incivility, P1 stated, "I get angry, which totally adds to the whole negative thing…in the classroom. You want it to be a positive thing where everyone is jointly learning, and I find myself very frustrated, very negative, angry at the group." When further discussing the ultimate effect of incivility on the teaching profession as a whole, P1 explained:

When you talk about burnout, that is where teacher burnout takes place…We all

know that burnout looks like angry--you know, you see the angry nurse, the

disengaged nurse--whatever. And when you start to see that happening to you in

this setting, you just thank God, and the beauty of teaching is that this group will

move on to the next, and I don't need to move on with them.

P5 also discussed incivility and how it affects the learning environment, stating,

"I think that as an educator, they don't see beyond what they're doing; they don't see

fault in it. I get frustrated because I think it distracts from everyone else's learning. My

keyword would be frustration." A new faculty member described frustration at expending

a great deal of time and effort to create a lecture, yet the students remain unengaged. This

professor explained, "It just puts emotional wear and tear on you as an instructor because

I'm here to help these students. I'm not here to get beat up by them verbally or any way."

P7 also expressed frustration about student incivility but from a different perspective than

the other faculty members, and said. "I do try to reflect on it. What I find most frustrating

for me is when I can brutally, honestly say, 'I did something to trigger that behavior.'

Then I feel bad." Faculty members were genuinely interested in seeing their students

succeed and most found uncivil behavior quite disheartening.

Three faculty members said they had a hard time not taking student incivility

personally. P10 initially took the uncivil behavior personally and stated, "You think, 'Oh

my gosh, I'm doing a horrible job, or why are they laughing at me? Is it me?" P10

encountered a change in perspective after gaining experience in the nurse educator role

and reflected, "I'm doing a pretty darn good job up here and it still occurs, then there

must be other factors causing it. Some I might know, some I might not know." P7, an

experienced nurse who is new to the nurse faculty role, has adopted this perspective:

> I take it personally, but I don't take it home…When I see something, or hear
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> something…I personalize it and I think what I can do differently? What's wrong
>
> with me? That's what I don't do anymore. There's nothing wrong with me. I'm
>
> not perfect but I can't personalize everything because if I do, I'll get sick because
>
> everyday somebody is going to be unhappy with something that we do.

P10 described how, as a new faculty member, it was important to be perceived by

students as their "friend." With time, being liked by everyone became less important. The

instructor reflected, "I still want people to like me and I feel bad if they don't…It doesn't

bother me as much because I don't want to be known as the easy professor." Faculty

members typically struggled with the concept of being the students' friends—especially

when they are new or part-time. Full time faculty usually no longer had this desire to

befriend students as they gained more experience and saw the complete scope of the

nurse educator role. The importance of educating a safe practitioner superseded the desire

to be liked. Because part-time faculty members usually worked with students only in the

clinical setting, they were not exposed to all aspects of the nurse educator role and,

subsequently, did not understand the reasons for the policies which the nursing program

had implemented. Because of this, adjunct faculty members struggled more with

maintaining appropriate faculty-student relationships.

Although many faculty members struggled with their emotional response to

student incivility, others brought a different perspective. P9 explained, "If it affects me,

it's a nuance. When I get annoyed in my job…it's not student incivility that makes me crazy. My emotional challenges in the workplace are not student incivility." P12, a long time faculty member, believed that incivility was no longer as troubling as it once was but expressed concern for newer instructors and said, "If…I was just embarking on this as a career and was coming semester after semester feeling like I was getting beat up…I think I would think twice about staying in the profession very long." Participants who were faculty members for longer periods of time often found ways of coming to terms with the emotional toll of incivility.

Commitment to professionalism. Although many faculty members stated that student incivility took an emotional toll on them as instructors, they still felt strongly about maintaining the integrity of the nursing profession. As educators, they believed a key aspect of their role was to instill a sense of professionalism in these students who would be the future of nursing. P1 asserted, "Our goal is to help students become more professional." This sentiment was echoed by several other faculty members interviewed. P6 made office appointments with students to discuss negative behavior and how it would "hurt them professionally." Faculty members recognized that unprofessional behavior, if allowed to continue, would carry over into the workplace.

Students often have difficulties with professionalism because what they learn in school does not always reflect what they experience in practice. This incongruence created frustration and the potential for incivility. P7 believed that, as nurse educators, this problem must be addressed early in their education and said, "I think we need to begin very early helping students understand that our profession is not a profession of

black and white. It is a profession of gray." Some faculty members had little tolerance for unprofessional behavior and thought that if these students could not meet expectations, they should consider another career path. Of these types of students, P9 stated, "You know, I'm sorry, you really need to go away…That is, you just don't need to be in this profession." Because providing compassionate care and maintaining patient safety are of the utmost importance, most faculty members had little patience with students who did not display these characteristics.

Two faculty members observed that students meet the challenge if expectations are made clear and set high. P2 asserted:

I find that if you place the bar high, students will work to achieve those expectations. If your expectations are low or minimal, that's what you'll get. My expectations for each student are very high based on their abilities of course. They know what I expect from them and nine times out of ten, they deliver.

P9, a professor who students frequently called "scary," explained, "I think that's why I don't get a lot of incivility is because I do have high expectations…People rise to the occasion of what's expected." Although faculty members frequently expressed frustration with students' behavior, they also were quite satisfied when students exceeded their expectations.

View of other faculty members' response. To gain a complete understanding of faculty members' responses to incivility, it was also important to explore how the participants viewed their colleague's responses when incivility occurred. The interviews resulted in three themes related to perceptions about peers' responses to uncivil behavior.

In the first theme, participants revealed that many of them had learned how to respond to incivility from each other. A second theme that surfaced was that many participants were compelled to come to the rescue of their fellow instructors when they were faced with student incivility. Finally, the third theme that emerged was presence of double-standards between what faculty members expected from their students and the behaviors they displayed themselves.

Learning from each other. Several faculty members mentioned they learned how to respond to incivility by observing their cohorts' responses—both positive and negative. Participant's opinions varied widely about how they viewed their co-workers' responses to episodes of uncivil behavior. Five instructors believed that their peers reacted too strongly to incivility. P4 described how a peer handled a situation as "a negative consequence to the student. I thought it was more punishment than was warranted." One participant describes another faculty member's reaction as "lame." The instructor explained, "I think, sometimes when it's more abrupt and more meaningful, they get it and feel bad that maybe they have hurt you in some sort of way. The lame…'don't do that again,' I almost want to roll my eyes." One faculty member stated that another let a confrontation go "too far." Yet another participant used the word "uncomfortable" to describe a peer's response to an episode of incivility. Finally, one participant observed that the instructor who was lecturing was "too busy" either to address the behavior or notice it was happening.

Many participants viewed opportunities to observe their peers' responses to uncivil behavior as a learning experience. In many cases, these observations had been a

positive experience. P3 felt "fortunate" to have observed peers and said, "I've probably learned how to respond. So I've replicated or duplicated their actions." P11 also believed that having the opportunity to observe other faculty members was helpful "because you see so many different variations of how people deal with things." Another faculty member observed:

I actually like to listen to people because I learn how it's helped me in this role as faculty. It was a difficult transition for me when I first started. I learned by watching other people—what they said, how they said it, what they didn't say. It helped me to formulate how I was going to respond.

While many faculty members learned how to handle difficult situations from their co-workers, others' experiences were less positive—but still provided an opportunity for learning. P4 reflected on how a faculty member responded to incivility and said "Yeah, I wouldn't have done that." P5 described every opportunity to observe a co-worker as a "learning opportunity." P7 had a different approach than the other faculty members and would try to mentor co-workers if their responses to incivility were inappropriate. The instructor stated "I have no problem going back to the person privately, whether it's my partner or another colleague, and just saying, 'Can we revisit that? I'm thinking maybe I misread you." Although faculty members interviewed had a wide range of opinions about how their peers handled incivility, most found that they could learn from one another. Both positive and negative interactions provided lessons for personal growth. While most faculty members formulated their opinions in silence, at least one would be willing to approach a peer and discuss a questionable interaction in person.

Participants had mixed feelings about having another faculty member present in the room when incivility occurred. Because the faculty members at Central State College team teach, there was usually one or more instructors present in the classroom during any given lecture. Five faculty members believed they would look to their peer for assistance with the situation. P8 observed, "Students tend to be less civil when there's only one faculty." A newer faculty member explained, "I am going to try to, with the knowledge I have…try to put it in check. And then if I can't, if it starts escalating…then I'm going to ask that other faculty member for help." If there was a question about whether or not student behavior was actually uncivil, P5 would turn to the second faculty member in the room for an opinion. One professor, concerned that the other faculty member might be judgmental, said, "I might be a little stricter…because I want them to think that I have control of the class." The majority of faculty members insisted they would not change their response to incivility if another faculty member was present.

Coming to the rescue. When in the classroom of a faculty member who was experiencing incivility, several participants expressed the need to intervene to help their co-workers through the situation. P1 said, "I'm protective of my fellow faculty members, and if (that person) is talking and I'm hearing side conversations…I do get angry, and I kind of stop things and I say, 'Professor so and so is talking right now…'" P6 explained that, when another faculty member was present in the room, they would make eye contact and "one of us may say something." This instructor also explained that it was usually observer in the back of the room who addressed the uncivil behavior.

Although most participants believed the presence of another instructor was helpful, three of the faculty members were less enthusiastic about having a peer in the classroom with them. P11 recognized that, while it might be helpful to have another faculty member sitting in the back of the room, there is only so much that other person can do to respond. The instructor explained:

Even if there's one other person in there with you, they're not going to interrupt you while you are trying to lecture to take over your class…there's only just so much you can do, professional for each other in that situation.

P9 disliked having another faculty member present saying, "I hate having another person in the room because they get all indignant for me. I'm not indignant. I don't need someone to be indignant for me." P7 stated that if another faculty member was going to be in the room, their presence should be "purposeful." Frequently, faculty members sat in the back of the room rather than interacting with the students. P7 expressed frustration with this behavior and said, "I think it sends a message that says they need to have a babysitter." This reflects faculty members' concerns that they were not respecting the students as adult learners.

Most participants would turn to their peers for assistance during episodes of student incivility in the classroom, if needed. Some faculty members the need to defend their cohorts or call out students who were acting out during lecture. Some faculty members did not want a peer present during their lectures at all or, if they were in the room, to have a meaningful presence rather than having little or no student interaction.

Double-standards. Faculty members believed that expectations were placed on students that were not upheld by faculty in similar circumstances. Four participants stated that faculty members had double-standards—particularly as they related to technology. Two participants used the example of faculty members' behavior when they attended professional conferences. While faculty members considered students to be uncivil if they hold side conversations and use their technological devices for something other than classwork, faculty conference participants chatted with their colleagues, read e-mails, and sent text message during presentations. P12 explained, "If I'm sitting in a conference for four hours, I'm checking my cellphone all of the time…If I'm in a group of a hundred people, and take a quick look at my cellphone, I don't think I'm bothering anybody." Like P12, an experienced faculty member, observed similar double-standards and said:

> I go to a professional conference of my peers and what do I see? People walking in and out when they want to. They have side conversations with peers. They're doing their work. They're on social media, and they're texting all over the place…Why is it incivility for our students, but it's not incivility for us?

One of the newer faculty members struggled with this dilemma and asked, "One of my issues when I sit in that class—is it okay for me as a second faculty to sit there and do my e-mails?" P6 recognized that if students are expected to display civility and respect in the classroom, faculty members must model this behavior. This instructor said, "I don't always think that happens." Faculty members recognized that, although they considered disruptive classroom behaviors uncivil when their students did it, they frequently behaved in the same manner when they attended a conference or classroom event. This troubled

some of the participants who believed that as nurse educators, they had higher expectations for the students than they had for themselves. These faculty members questioned why double-standards were considered acceptable.

Interpretation of the Findings

The INE-R provided insights into faculty perceptions of student incivility at Central State College. Data obtained from the survey not only answered research Question 1, but provided a foundation for the creation of a faculty development workshop on promoting civility in the academic environment. Responses received from the INE-R also allowed me to further explore and develop these ideas during the qualitative interviews that followed.

Based on the results of the survey, faculty members experienced uncivil behaviors that were on the lower end of Clark's (2014a) continuum of incivility but believed that behaviors at the higher end were most uncivil. Faculty members, as a whole, described incivility as a mild to moderate problem at Central State College. Full-time faculty members, however, perceived incivility to be higher than those who worked as adjuncts. In this study, "threats of physical harm" and "making condescending or rude remarks toward others" were behaviors deemed to be most uncivil by faculty. These results differed from Clark and Springer's (2007) study using the INE in which combined results of student and faculty perceptions of level and frequency of incivility were reported. In this study, cheating and use of electronic devices in class were perceived to be most uncivil. This study, however, consisted of a larger sample and used a combination of both student and faculty perceptions. Clark and Springer (2007) reported that arriving late for

class and holding side conversations as the behaviors encountered most frequently. The behaviors reported as occurring most often at Central State College were expressing disinterest, boredom, or apathy about course content or subject matter" and "demanding make up exams, extensions, or other special favors." Another study conducted by Clark (2007) using the INE, also included combined results of faculty and student responses. In this study, "holding distracting conversations" and "using the computer unrelated to class" were perceived to be most uncivil, while "arriving late for class" and "holding distracting conversations" occurred most often (pp. 461-462). Like Clark's (2007) study, faculty members at Central State College also encountered these behaviors often. The INE, while similar to the INE-R, is worded somewhat differently than the revised version of the tool.

Certain behaviors were considered most problematic by the majority of the faculty members surveyed. Use of media devices for something other than school work and uncivil behaviors related to grading and exams were particularly concerning. As a result, I chose to explore them further during the interviews. A surprising finding was that although the survey showed that faculty members considered the use of electronic devices in the classroom uncivil, the majority did not mind students using them as long as they did not distract others. This finding was not clear based on the survey results alone. Research Question 1 was further explored in the interviews where participants described the variations in types of uncivil behavior based on the learning environment such as classroom, nursing laboratory, and clinicals. Faculty members also believed that uncivil behavior took place in written form such as end of semester course evaluations.

Because faculty responses to the survey were sorted further by full-time/part-time, age, and years as educators, some interesting observations were made. Part-time faculty members perceived student incivility to be less of a problem than those who work as full-time professors. This perception is likely attributed to the type of environment in which they work. Adjunct instructors worked in the more structured clinical setting while full-time faculty members taught in the classroom and clinical setting. Results of the perceived level and frequency of incivility, when organized by age and years as educator, were similar to the combined results for all faculty members. Younger faculty members did not perceive side conversations or use of media devices for something other than coursework as uncivil as did their older counterparts. These results may show that faculty members' generation has an effect on how they view certain types of student behaviors. Some of these differences were also noted with newest and oldest nurse educators.

Research Questions 2 and 3 were answered primarily through the qualitative interviews, although aspects of the survey were also useful in exploring these concepts. In research Question 2, faculty members understanding of incivility was explored. In the open-ended survey questions, several of the faculty members mentioned lack of respect as an example of uncivil behavior and thought that it would have a negative effect on the profession. These responses corresponded with the interviews in which multiple faculty members characterized incivility as behavior that is disrespectful.

To further explore faculty members' understanding of incivility, perceptions of contributing factors were examined. Participants believed that both external factors outside of the college's control and internal factors at Central State College led to uncivil

student behaviors. External factors identified by participants were changes in societal norms and poor student attitudes. Environmental factors such as class size, faculty behaviors, and multiple stressors were considered internal factors at the school.

Student stress was singled out as problematic for students in both the open-ended questions in the survey and the interview responses. Stress is a significant problem in the student nurse population (Clark, 2008; Clark & Springer, 2010, Giancola et al, 2009; Gibbons et al., 2010). According to Clark's (2013) conceptual model for fostering civility in nursing education, stress is a major contributing factor to incivility in both faculty and students. Faculty members' response corroborated both Clark's (2013) conceptual model and previous research studies on the topic.

The third aspect of faculty members' perceptions of incivility examined in this study was their responses to uncivil behaviors when they occurred. This topic was explored through two research questions: one which explored faculty members' personal responses and another which examined their opinions of their peers' responses. Research Question 3A was: How do nursing faculty members describe their own responses to student incivility? Participants varied their responses to incivility based on the learning environment in which it occurred. Uncivil behavior occurred most often in the classroom which made it more difficult for faculty members to address the problem because of a large class size. Participants thought that incivility was much less prominent in the nursing laboratory and clinical environment because these settings were more structured. In addition, it was easier to control behavioral problems in the laboratory and clinical

environments because the numbers of students were considerably smaller than the classroom setting.

Many faculty members believed that uncivil student behavior took a significant emotional toll on them. Many faculty members described uncivil student behavior as frustrating, while others described feeling "beat up" or saying that they took these episodes personally. These feelings reflect other published literature on the topic (Luparell, 2007, Sprunk et al., 2014). Despite these challenges, many faculty members were passionate about instilling the importance of professionalism in future nurses. These sentiments were echoed in the quantitative survey, the open-ended questions, and the interview responses. Many participants were fearful that if students were uncivil while in school, this behavior would continue when they were providing patient care. This pattern of behavior is of concern because bullying behaviors are pervasive in the nursing profession (Bogossian et al., 2014) and have a negative effect on nurse retention and patient outcomes (Broome & Williams-Evans, 2011; Hubbard, 2014). Among the suggestions for instilling professionalism in student nurses were faculty role modeling and setting clear behavioral expectations.

In addition to reflecting on their responses to incivility, faculty members were asked to reflect on the responses of their peers. Research Question 3B was: How do nursing faculty members view other nursing faculty members' responses to student incivility? Many participants reported that they learned by observing how their peers handled episodes of uncivil behavior. While most responses were appropriate, others were considered too harsh. In both circumstances, faculty members learned from the

experience. When present in the classroom when a peer experienced student incivility, several participants wanted to help that person through the difficult situation. Finally, many participants believed that faculty members had high expectations about how students should behave in the learning environment, they did not hold themselves accountable for that behavior when in similar circumstances.

Although there were varying opinions about incivility among faculty members who were interviewed, the majority of interview participants had similar viewpoints. P9 shared some common beliefs with the other faculty members, but did offer some discrepant perspectives. These opinions were apparent with respect to student tardiness and what student behaviors actually rise to the level of incivility.

The combination of data collected from the INE-R and the targeted faculty interviews provided a detailed portrait of how faculty members' perceived student incivility at Central State College. Although there were some similarities between other studies on the subject which used the INE, new information was collected on the difference in perceptions between full-time and part-time faculty members, years as educator, and age. In addition, the interviews provided a description of the types of student incivility encountered, faculty members' understanding of uncivil behavior, and how they responded when student incivility occurred.

Conclusion

The purpose of this study was to develop an understanding of faculty perceptions of incivility in student nurses at Central State College. By employing a mixed-methods design, both descriptive survey data and targeted interviews were used to develop an in-

depth understanding of faculty experiences with uncivil behaviors. Using the data derived

from the study, such as causes of student incivility and responses to uncivil behavior, a 3-

day professional development project was created to help faculty members effectively

address the incivility problem, promote civility in the academic environment, and

contribute to positive social change at Central State College and nursing education as a

whole.

Section 3: The Project

After reviewing the findings from the research in Section 2, it was evident that faculty members had differing views on what constitutes student incivility and how to respond to it. In addition, several areas of knowledge deficit were identified among faculty members, particularly in effective methods to address incivility, stress reduction techniques, and conflict management strategies. The workshop may help participants to recognize uncivil behaviors in the classroom environment, provide learners resources to more effectively respond to episodes of uncivil behavior, and allow participants to exchange ideas related to academic incivility. The purpose of the Promoting Academic Civility (PAC) Workshop is to help participants develop strategies to respond to and reduce episodes of incivility. The faculty development workshop genre was chosen because it allows for the most in-depth exploration of many of the challenges related to student incivility raised by faculty in both the surveys and the interviews.

Description and Goals

PAC is a 3-day workshop designed to help faculty members gain a better understanding of the negative effect of uncivil behavior in the educational environment. In addition, the workshop sessions and group activities may provide resources that will help faculty members respond to this behavior when it occurs. The target audience for this workshop will include all full-time and part-time faculty members at Central State College. Participants will understand the consequences of student incivility on academia, recognize these behaviors when they occur, and gain valuable resources to combat incivility and cope with potential stressors that may lead to uncivil behavior. The

workshop, hosted by the nursing department at Central State College, will be presented by experts in the field, faculty, and support personnel.

The goal of the workshop is to help faculty members develop the knowledge, skills, and attitudes to promote civility in the academic environment. By attending the workshop, participants may gain an improved understanding of how incivility affects both fellow faculty members and students and be better able to recognize these behaviors when they occur in the learning environment. Once learners are able to identify when uncivil behaviors are occurring, they can employ techniques acquired in the workshop which allow them to respond appropriately in these situations. Participants will also learn strategies to address uncivil behavior in the learning environment, develop mentoring skills, and foster student professionalism. In addition, faculty members will learn stress and conflict reduction techniques that may help reduce the amount of uncivil classroom behaviors that are occurring. Finally, as a result of attending this workshop, learners may leave with a new appreciation for importance of preserving an atmosphere of civility in the academic environment.

Although the PAC workshop is designed to be face-to-face, it will have a companion site on the school's course management system that can be accessed at any time in which handouts and program resources will be posted. Additional tools such as articles, websites, and video clips on maintaining classroom civility will be made available to the learners in an online resource library. The site will also maintain an active discussion board, chat rooms, an archive of the session recordings, and a webinar for follow up activities related to the workshop.

The workshop will be presented on a Friday, Saturday, and Sunday in the summer of 2016. During the summer months, the college does not hold classes on Friday. Holding the event during a long weekend will make scheduling rooms for the workshop more manageable and will also help faculty members to coordinate workshop attendance with their schedules. Approximately 80 full-time and part-time faculty members will be eligible to participate in this event. Each day of the workshop will start at 8:00 a.m. and consist of 6 full hours of content. Session lengths vary based on the content being presented.

Each day of the workshop has a specific theme related to promoting student civility. The theme of the first day is "Incivility in Nursing Education" in which participants will focus on more global issues related to student incivility. During the first 2 hours of the first day, participants will listen to an expert in the field who will give the keynote presentation, "The Causes of Incivility." Participants will then attend three additional sessions on "The Impact of Incivility," "Identifying Uncivil Behaviors," and "Institutional Response to Incivility." On Day 2, the theme of the day is "Creating an Atmosphere of Civility in the Learning Environment." After a 45-minute welcome session and recap of Day 1, learners will attend four sessions: "Communication Techniques," "Incorporating Civility into the Syllabus," "Fostering Civility in the Classroom," "Active Learning Techniques to Promote Civility." Finally, Day 3's theme is "Fostering Professionalism in Nursing." Sessions will include "Professionalism," "Role Modeling Civility and Mentoring," "Managing Stress," and "Conflict Resolution." Participants will receive 1 hour for lunch and two 15-minute breaks each day. Faculty

members will have lunch on their own but will have the opportunity to order and pay for a boxed lunch in advance. Snacks will be provided on all 3 days because the college cafeteria will be closed. At the conclusion of each day, learners will participate in a 30-minute wrap-up session.

Rationale

Through the survey and interviews in Section 2, I found that faculty members at Central State College have experienced a wide range of uncivil behavior from students. They have widely differing opinions on what student incivility is and how to respond to these behaviors when they occur. Findings from the literature review on incivility demonstrated that uncivil behaviors are frequently encountered in schools of nursing and the health care workplace, and had a negative physical and emotional effect on those who experienced them (Broome & Williams-Evans, 2011; Clark, 2008b; Laschinger, 2010; Leiter et al., 2010; Longo & Sherman, 2007; Luparell, 2007; Sprunk et al., 2014; Vessey et al., 2009). The adverse effects of uncivil behavior were also described by faculty members Central State College in the interviews. In addition, incivility in the academic environment is frequently carried forward into the workplace and must be addressed by educators while students are still in school (Luparell, 2011). The literature review that follows outlines the importance of professional development for faculty and supports workshop content that may help faculty members more effectively respond to incivility when it occurs.

Review of the Literature

The purpose of this review of the literature was to investigate best practices for the creation of a faculty development workshop called "Promoting Academic Incivility" and to support methods to respond to uncivil behavior which will be presented in the workshop. Approximately 40 articles were reviewed to support the project. *Professional development* was searched using Boolean operations along with other terms such as: *professional development workshops*, *professional development, faculty development*, *faculty development workshops*, *professional development proposal*, *professional development faculty*, *professional development nursing faculty* and *faculty development proposal.* In addition, responses to incivility were also explored using Boolean operation and included terms such as: *incivility*, *uncivil behaviors*, *civility in higher education, civility in students nurses, incivility in student nurses*, *incivility in higher education, responses to incivility*, *promoting civility*, *active learning techniques*, *classroom assessment techniques*, *mentoring*, *professionalism*, *professionalism in student nurses, stress management*, *stress reduction techniques*, *stress management in student nurses*, *conflict resolution*, and *conflict resolution in student nurses*. Databases that were used included CINAHL, Education Research Complete, ProQuest, Ovid, Science Direct and Gale Academic One File. Sources older than five years were used if the information was still applicable and could not be located in more recent sources.

Professional Development

The PAC workshop is a professional development opportunity for faculty members which will provide them with practical techniques for fostering civility in the

academic environment. Boyden (2000) suggested that faculty development programs designed to specifically to address problems in the nursing profession are lacking. Faculty development programs are vital for giving faculty members the tools they need to address student incivility in a variety of situations (Luparell, 2007; Suplee et al., 2008). A 3-day workshop for promoting civility in the academic environment may help meet this need.

Many factors need to be taken into consideration when creating faculty development workshops. At the center of faculty development programs is transferring and applying newly acquired knowledge to the practice environment (Rock, 2014). It is imperative to select topics that are pertinent, not only to the local environment, but also those that are specific to growth in the role of professor (Drummond-Young et al., 2010). When considering faculty development offerings, instructional, professional, leadership, and organizational topics should be included (Barksdale et al. 2011; Drummond-Young et al., 2010). Topics of particular importance to reduce incivility in the learning environment are managing the classroom, using active learning strategies, and educating faculty members on how to become facilitators of learning (Clark & Kenaley, 2011). All three of these learning strategies will be incorporated into the civility workshop.

There are issues specific to schools of nursing that should be considered when designing PD for nurse educators. According to Foley et al. (2003), some of these unique factors include the knowledge gaps about new nursing practices, the increased use of part-time faculty members in the clinical setting, and the approaching retirement of many nurse educators. Foley et al. (2003) also suggested that attendance at faculty development

offerings may positively affect nursing faculty members' views of their responsibilities as professionals and may also allow them to take part in opportunities for scholarship. The 3-day PD workshop may potentially meet some of these specific needs. The workshop is designed to expose nursing faculty to new teaching practices, provide continuing education to adjunct instructors, and positively influence nurse educators' feelings about fostering civility in the academic environment.

Professional development (PD) is important for educators at all career levels and is necessary for both the experienced and the novice educator (Barksdale et al. 2011). For new instructors, faculty development opportunities can provide socialization opportunities. For both new and experienced educators, workshops and other PD offerings can help faculty members consider new approaches to teaching, evaluating curriculum, and developing courses. In addition, they can provide occasions for educators to review their educational activities and discuss teaching strategies with peers (Barksdale et al. 2011).

Numerous factors determine whether or not faculty members attend PD opportunities. Caffarella and Zinn (1999) described four domains which influence the success of faculty development. These included the people involved, the structure of the institution, personal factors, and intellectual traits (Caffarella & Zinn, 1999). Each of these factors can enhance or inhibit the success of a professional development offering. Some of the positive factors related to the first domain, people, included positive co-worker relationships, cohesiveness of faculty members, availability of mentoring, and recognition for role as faculty member. Institutional factors that positively affect

professional development included availability of resources, time provided for attendance to events, a departmental climate of collaboration, and written unit procedures which incorporate PD. Personal factors that positively affect PD include family support, availability of resources to meet personal obligations, absence of major adverse life events, good health, and a culture that values PD. Finally, intellectual traits which affect PD consist of high personal values, self-confidence, commitment to the professional role, belief that faculty members can make a difference, and willingness to be challenged (Caffarella & Zinn, 1999). Other factors that served as motivation for attendees of workshops included personal and professional growth, value of learning and self-improvement, topics pertinent to teaching, and opportunities for networking (Masuda et al., 2013; Steinert et al., 2010).

There are also many barriers to faculty member participation in PD offerings. Caffarella and Zinn (1999) also organized these barriers according to domain. Factors that impede the first domain, people, included absence of a personal system of support, opposition to PD by departmental leadership, lack of collaboration between faculty members, negative competitive interactions among co-workers, and family member disapproval of faculty role. Factors at the institutional level which may impede PD included shortage of resources, absence of PD opportunities, inadequate time for attendance, and competitive work climate. Challenges to PD in the personal domain included lack of family support, inadequate resources to meet demands of adult life, major live events, health concerns which interfere with the faculty role, and cultural factors which are incompatible with PD (Caffarella & Zinn, 1999). Steinert et al., (2010)

also suggested that heavy workload, lack of time, and concerns over scheduling are barriers to PD attendance. These challenges did not, however, prevent those who were genuinely interested in PD from finding time in their schedules to attend (Steinert et al., 2010).

Educators' willingness to attend PD activities varied depending on their career level (Masuda, Ebersole, and Barrett, 2013). Although early career educators described the amount of information they received during their first years as overwhelming, they still found PD topics specific to their new role as important to their growth as a faculty member. Those instructors in the middle of their careers enjoyed earning PD credit through these opportunities. They also viewed attendance as critical for their careers because professional development credit was often required by colleges and universities for tenure, salary increases, and career advancement. Finally, those educators nearing retirement preferred to attend activities that they perceived to be relevant to their teaching rather than those mandated by the institution (Masuda et al., 2013). Barksdale et al. (2011) proposed incentives to encourage faculty participation such as providing free contact hours, recognizing participation during annual faculty evaluations, and inviting participants to take part in future sessions.

Research has shown that some PD offerings are more effective than others. Birman, Desimone, Porter, and Garet (2000) asserted that although workshops are often unpopular in the literature, they are as effective as other types of PD as long as they are the appropriate length, contain targeted subject matter rather than generic topics, involve active learning, and build on previous activities and knowledge. Guskey and Yoon (2009)

suggested that workshops that are offered only once are much less likely to result in permanent change than those that offer continuing support. Sunal et al. (2001) reported that workshops which were shorter than one day or did not include any follow-up activities had less long-term success than those which were multi-day and had ongoing monitoring. Workshops which incorporate active-learning techniques may be more successful than those which consist of primarily lecture (Guskey & Yoon, 2009). Guskey and Yoon (2009) also found the amount of contact hours for workshops varied widely from five to 100, but the more successful PD offering consisted of greater than 30 contact hours. The proposed PD workshop meets many of these criteria as it included specific subject matter, continues over 3 days, and involves many active learning activities.

Several elements should be considered during workshop development. Davidson-Shivers, Salazar, and Hamilton (2005) suggested that facilitators from within the institution are ideal because they are more familiar with the culture and dynamics of the institution. Rock (2014) proposed that when creating PD workshops, presenters with a wide range of experience and backgrounds be included to enhance diversity. In addition, Davidson-Shivers et al. (2005) recommended that principles of instructional design be included in the workshop. These included moving from simple to complex concepts, providing attendees logistical information such as location of restrooms and breaks, times, incorporating presentations software and handouts in the sessions, and purchasing support materials like videos if applicable (Davidson-Shivers et al., 2005). When considering topics for PD workshops, Benton (2011) found that use of faculty evaluations could help direct workshop development. Because faculty members interviewed did

mention concern over comments made in end of semester evaluations, a review of these

evaluations may provide valuable information for subsequent workshops on topics related

to student incivility.

The conclusion of PD offerings must also be considered during the workshop

planning stage. At the end of any PD workshop, developers should give participants the

opportunity to evaluate the event and, if possible, provide continuing access to course

materials. The purpose of these evaluations is to determine if objectives were met, allow

participants to assess their own learning, and gather suggestion for improvements or

future PD offerings (Barksdale et al., 2011). Because of the challenges of scheduling the

workshop and finding times when the majority of faculty members are able to attend,

Barksdale et al. (2011) suggested that sessions be recorded and posted to a companion

site on the school's learning management system along with any handouts which may

have been provided during the workshop. Because the civility workshop will have a

companion site on the learning management system (LMS), this presentation is a way to

disseminate the information to all nursing faculty.

Workshop Components for Promoting Civility

The goal of the PAC workshop is to give faculty members tools to create a civil

atmosphere in their classrooms and working environments. The 3-day workshop includes

a keynote presentation, two sessions on recognizing uncivil behavior, the impact of

incivility and institutional response to incivility, and eight sessions on practical

techniques for responding to or reducing incivility. For this focused literature review, a

brief overview of suggested institutional responses to incivility will be discussed

followed by synopsis of the literature for each of the eight sessions. Many of the

responses to incivility discussed below have been successfully used in the classrooms of

experts in the field of incivility but have not been studied empirically.

Institutional Response to Incivility

In order for a workshop regarding civility to be successful, incivility should be

addressed at both the local and institutional level. Clark, Olender, Cardoni, and Kenski

(2011) suggested that a "culture of civility" should be established which included

creation of policies and procedure, educating faculty and staff, and initiatives for self-care

(p. 328). To lead this plan, colleges and universities should consider forming a civility

team which should encourage the inclusion of civility education in nursing curricula

(Clark et al., 2011). In addition, institutions should create clear, non-punitive policies and

codes of conduct to address uncivil behavior (Barrett, Rubaii-Barrett, & Pelowski, 2010;

Clark et al., 2011; Sprunk et al., 2014). To be successful, it is imperative that the college

leadership team and nursing faculty act as an example for students (Clark et al, 2011;

Sprunk et al., 2014).

Colleges and universities should also consider partnering with academic services

and student services to address the challenges created by uncivil student behavior and to

create a comprehensive training program for administrators, faculty, staff, and students

(Barrett et al., 2010, Clark, 2009). Clark (2009) asserted that counselors in student

services should be invited to nursing department faculty meetings develop plans to

address unruly student behavior. Because faculty may encounter post-traumatic stress

following episodes of incivility, Luparell (2007) suggested that "critical incident

debriefing" be used to address the emotional consequences of uncivil behavior (p. 18).

Counseling services are also necessary, not only because of the effect of incivility on

instructors, but also because students who engage in uncivil behaviors may have mental

health issues which need to be addressed (Barrett et al., 2010).

Communication Techniques for Promoting Civility

Effective communication is a key aspect of responding to student incivility.

Faculty members can demonstrate effective communication techniques for their students

by using language that is respectful, sustaining an inclusive learning environment, and

taking time to listen to students (Clark, 2009). Faculty should clearly articulate course

outcomes, learning objectives, and assignment and project expectations on the first day of

class and throughout the semester (Clark, 2009; Decker & Shallenbarger, 2012). Rather

than emphasizing negatives, Knepp (2012) suggested that faculty members focus on

behaviors they desire from their students. Minor episodes of uncivil behavior should be

addressed quickly to avoid escalation (Barret et al., 2010). Suplee et al., (2008)

recommended that faculty members establish "ground rules" which should be reinforced

in writing in the course syllabus and verbally in other learning environments such as the

classroom and clinical setting (p. 75). These guidelines included calling faculty members

by their title, not interrupting the instructor when speaking, and phrasing questions or

comments in a respectful manner (Suplee et al., 2008). Instructors should help create a

non-judgmental learning environment by taking part in discussions with students of

varying viewpoints and diverse beliefs (Clark, 2008c). Suplee et al., (2008) also

recommended setting communication standards for students in the online environment

such as creating posts that have pertinence and substance and replying to peers an upbeat, productive manner without offering criticism.

In addition to providing structure and establishing rules, faculty members should communicate with students in professional manner (Clark & Kenaley, 2011). Clark and Kenaley (2011) recommended that instructors display genuine enthusiasm when communicating with students to role model appropriate behavior. Likewise, faculty members should recognize students for good work and show interest in their career goals and plans for the future (Clark & Kenaley, 2011). For students who are withdrawn or do not interact with others, Suplee et al., (2008) suggested that professors take time to develop rapport by sitting with them on a lunch or coffee break. When students are less intimidated by their professors, they may then find it easier listen to positive feedback and may be less inclined to uncivil behavior (Suplee et al., 2008).

Specific verbal and non-verbal techniques for faculty members are found in the literature for responding to incivility when it does occur. Verbal techniques to respond to uncivil behaviors include expressing feelings to persons acting out about how their behavior feels, remaining calm, reassuring the person who is acting out that concerns will be addressed, discussing the behavior with a colleague, and going to the uncivil person's supervisor (Edwards and O' Connell, 2006). Non-verbal techniques in the literature include maintaining eye contact, moving away from the person being uncivil, using touch in an appropriate manner, and changing the subject to refocus the individual acting out (Edwards & O' Connell, 2006). Finally, Edwards and O' Connell (2006) recommended

keeping a written record of when the incidents occurred for future reference in case the situation escalated.

Other communication techniques that can be used to address incivility are surveys and forums. Clark and Springer (2010) suggested that collecting survey data from both faculty and students can be beneficial for identifying areas of concern in the classroom which may lead to incivility. Once surveys are collected and tabulated, a plan of action should be in place to give feedback to those who participated in the survey and address any findings which may lead to uncivil behavior (Clark & Springer, 2010). Another recommended avenue for facilitating communication about incivility was providing open forums, such as town hall meetings, in which students, faculty members, and administration can discuss challenges in a nonthreatening environment (Clark & Springer, 2010). Use of specific communication techniques to dispel negative behavior may reduce incidences of uncivil behavior.

Incorporating Civility Into the Syllabus

Incorporating civility in the syllabus is mentioned frequently in the literature and will be the focus of one full session in the workshop. Clark (2009) described the syllabus as an "excellent tool" for guiding classroom discussion on uncivil behavior and can be used to establish norms in the classroom on how to communicate, how to resolve conflict, and proper use of technology in the classroom (p. 3). The syllabus should include both the course and unit objectives so that students understand the expectations for the semester (Clark, 2009). When students do not understand expectations, they are more prone to uncivil behavior. In addition, the syllabus should be "user-friendly" for the

students and should include the instructor's philosophy of teaching, specific methods for success in the course, and ways to maintain a safe learning environment (Clark & Kenaley, 2011, p. 162). Berger (2002) recommended that faculty members include in their course syllabi any behaviors they deem objectionable. Poorly constructed syllabi may result in an increase of anger or resentment in students (Clark, 2009).

The majority of colleges and universities have codes of conduct or civility statements which can be included in the syllabus via a hyperlink to the online content (Clark, 2009). These documents can be displayed during the first class periods of the semester and can lead to further discussion about the school's guidelines for plagiarism and cheating, conflict resolution, guidelines for student grievances (Clark, 2009). Other useful websites for inclusion in the syllabus include standards of practice for nursing and codes of conduct so that students understand behavioral expectations for those entering nursing profession (Clark, 2009).

Expectations regarding student to faculty communication should be addressed in the syllabus as well as verbally. Because many students are used to communicating instantaneously via text messages or e-mail messages, faculty members should also include specific information in their syllabi about office hours and availability and how soon they will respond to electronic communication (Clark, 2009). Being unable to contact an instructor or not receiving an instantaneous e-mail response from the instructor may lead to student incivility. Knepp (2012) also recommended that faculty members specify in their syllabi appropriate use of electronic devices in the educational setting. These expectations about media devices are especially important for inclusion by faculty

members at Central State College because misuse of media devices was considered problematic in both the survey and the interviews. By including aspects of respectful communication with faculty members in the syllabus, faculty members can further reinforce the importance of civility in the learning environment.

Fostering Civility in the Classroom

Faculty members interviewed at Central State College described incivility more prevalent in the classroom than in the nursing laboratory and clinical setting. Several techniques can be employed to incorporate civility into the classroom. Although many instructors limit their discussion of classroom comportment to the first class period, discussion about appropriate classroom behaviors should continue to take place for the first few class periods (Clark, 2009; Knepp, 2012). Faculty members can use the discussions about behavioral expectations to establish classroom norms which have been mutually agreed upon by both students and professor (Clark & Kenaley, 2010; Clark & Springer, 2010). Discussion of the syllabus is one way to introduce the topic of civility, but it should continue to be threaded throughout the semester to reinforce important concepts. Bjorklund and Rehling (2010) asserted that instructors should discuss current research on incivility with students and highlight behaviors that both students and faculty members believe are uncivil. This technique will help students understand how their behavior is perceived by others.

Classroom observations by faculty peers can help enhance teaching in the college environment and help colleagues identify behavior that might contribute to incivility (Clark, 2009). In addition to allowing faculty members to observe one another's

classroom presentations, classroom assessment techniques (CAT) can help faculty

members understand how well students are comprehending the material being taught and

identify areas that may be causing students frustration (Clark, 2009). CATs allow the

instructor to receive feedback from students upon which they can act immediately

(Walker, 2012). Some of the most commonly used CATs are the 1 minute paper, one

sentence summary, and muddiest point (Walker, 2012, p. 905). CATs can be used to

assess content being taught or issues that might be occurring in the classroom. By

becoming aware of any concerns and student negativity early, faculty members may be

able to diffuse uncivil behavior before it occurs (Clark, 2009). By using CATs,

instructors demonstrate to students that they are interested in their feedback and

encourage student engagement in the classroom (Clark, 2009).

Different techniques should be employed to address episodes of passive and

active incivility. Passive incivility, or those behaviors on the lower end of Clark's

(2014a) continuum, can be addressed by making direct eye contact, moving to the area of

the classroom where the behavior is occurring, involving students in class, speaking to

students acting out in private, and asking about the behavior rather than accusing student

of wrongdoing (Berger, 2002). There are also specific techniques that can be employed

when active incivility occurs, Faculty members should listen to complaints students are

voicing, provide reassurance to the rest of the students if one student is acting out,

acknowledge when a classroom activity is not successful, and use the department's chain

of command if necessary (Berger, 2002). During all episodes of incivility, Berger (2002)

outlined several actions that may exacerbate the situation by angering the student further

such as ignoring or laughing at the uncivil behavior, arguing, shaming, or walking away from the student, making allowances about assignments, or trying to handle it all alone.

Preventative strategies can be incorporated into the classroom to curb incivility before it occurs. In addition to using CATs, Berger (2002) also suggested some preventative strategies included holding optional weekly workshops, spending time getting to know students prior to class, and conducting weekly evaluations to allow for regular feedback. By slowly incorporating some of these suggestion into the classroom, faculty members can help reduce incidents of uncivil behavior and gain a better understanding of the students.

Active Learning Techniques to Promote Civility

Active learning strategies can be used to encourage collaboration between students and faculty members and encourage a more civil learning environment. Clark (2009), a leading expert in the field of incivility, suggested several active learning techniques to promote student success, increase ability to communicate, and enhance students' ability to learn and be productive. Details about these strategies were not addressed at length in the literature. Boctor (2013) explained that most nursing students learn kinesthetically and like to learn in an active environment. If students are engaged in learning, incivility is less likely to occur. Problem-based learning is one such technique where students are presented with a specific problem and have to work collaboratively to find a solution (Clark, 2009; Clark & Kenaley, 2010; Clark, Ahten, & Macy, 2013). Because students need to be presented with situations similar to what they will encounter in the clinical setting, problem-based learning activities will provide students with an

experience that will allow them to identify and assess the situation, collect data, develop interventions, implement the plan, and evaluate whether or not it was successful (Clark & Kenaley, 2011).

Several other active learning strategies can also be incorporated into the learning environment. Self-directed learning is a method in which students can select their own direction for learning and faculty members take the role of guides (Clark & Kenaley, 2010). Teaching methodologies that work well with self-directed learning include simulation, discussions, and activities in small groups, problem-based learning, and role playing. While these strategies were mentioned anecdotally in the Clark and Kenaley study (2009), they were not discussed in depth. Journal clubs, in which students wrote about their experiences, were also an effective teaching strategy. Kerber, Jenkins, Woith, and Kim (2012) found that students who participated in a civility journal club were more conscious of issues related to incivility and more prone to assist their fellow students. Active learning strategies can help keep students engaged and reduce episodes of uncivil behavior (Clark, 2009).

Cultivating Student Professionalism to Promote Civility

One of the themes that emerged from the interviews was faculty members' passion for helping students grow professionally. Because professional behavior and civility are intertwined, professionalism will be included as one of the workshop sessions for the project. Russell (2014) suggested that established negative behavior patterns and reluctance to confront the incivility problem have resulted in stagnation in the nursing profession. By having faculty member direct attention to the student nurse's duty to

exemplify professional behavior, the collective voice of the registered nurse workforce can be strengthened (Russell, 2014). Narratives which illustrate nurses performing in a professional manner can be incorporated in the learning environment. In addition, having students read classroom narratives about unprofessional behavior from the patient's perspective may help students develop empathy (Russell, 2014). Likewise, having students take part in writing exercises, case studies, critical reflection of behavior, and role playing can help foster professionalism early in their careers (Felstead, 2013; Russell, 2014).

Key aspects of building professionalism in student nurses is faculty role modeling and mentoring (Clark, 2009; Clark & Kenaley, 2010; Clark & Springer, 2009; Felstead, 2013; Milesky, Baptiste, Foronda, Dupler, & Belcher, 2015; Russell, 2014; Sprunk et al., 2014). Students learn by following the example of their educators (Felstead, 2013). Learners have preconceptions prior to entering their nursing program about how nurses are supposed to appear and behave. Their initial role models in the profession are their faculty members because these are the first nurses to which students have been exposed (Felstead, 2013). Instructors can use some simple, but key strategies, to role model professionalism in the learning environment. These behaviors include arriving early to class, starting and ending class on time, dressing professionally, creating a welcoming atmosphere, and using respectful language (Clark, 2009, Clark & Kenaley, 2010). In addition, mentoring of students by nurse educators can lead to improved clinical and academic performance (Riley & Fearing, 2009). By being aware of their behavior, educators can model professionalism and help instill these qualities in their students.

Managing Stress to Prevent Incivility

Faculty members at Central State College acknowledged in both the surveys and the interviews that their students were under a great deal of stress. In the conceptual model for fostering civility in nursing education, Clark (2013) illustrated that increased stress levels in both faculty members and student lead to higher levels of uncivil behavior. By employing techniques which encourage relaxation, stress may be reduced. Mindfulness-based stress reduction is a technique which focuses caring for oneself, acceptance, and reflection and can include meditation and yoga (Moscaritolo, 2009; Shirey, 2007). In addition, deep breathing, guided imagery, progressive muscle relaxation can also be used to combat stress (Guimond-Plourde, 2011). Trossman (2013) described the "advanced stop technique" includes ending self-talk that is negative, breathing deeply, and then pondering a prudent answer to the situation.

Additional strategies can be employed by instructors and students to reduce stress and alleviate anxiety. Self-care activities that help reduce stress include starting the day by praying, meditating or reflecting, exercising daily, eating nutritious foods, consuming adequate amounts of water and fiber, taking vitamin supplements, and getting plenty of sleep (Thornton, 2010, Trossman, 2013). Other stress reduction techniques included taking at least one night a week to do something enjoyable, taking part in walking programs, engaging in aerobic activity, receiving a massage, or drinking less coffee (Clark et al., 2011; Trossman, 2013). By learning about techniques that can alleviate stress in nurse educators and their students, faculty and staff can help reduce incivility,

retain students in nursing programs, and enhancing student achievement (Moscaritolo, 2009).

Conflict Resolution

        Understanding how to address conflicts is as important as stress management in reducing or preventing uncivil behavior in students. It is important to not only teach conflict management strategies to faculty members, but also to emphasize prevention (Sprunk et al., 2014; Suplee et al., 2008). Lux, Hutchenson, and Peden (2014) conducted a qualitative study on nursing staffs' suggestions for reducing disruptive behaviors in the health care setting. Study participants agreed that it was important to share information on conflict management while students are still in their nursing programs. Likewise, Lux et al. asserted that nursing faculty members must take the lead on providing students ways to respond to disruptive before they start working in the health care setting. By including this content in the nursing curriculum, student nurses will have the resources necessary to confront, cope with, and lessen conflict, not only while in school but as they move forward into practice (Hartman & Crume, 2014).

        Specific strategies have been implemented to teach conflict resolution to students. Callanan and Perri (2006) used scenarios to teach conflict resolution and had class participants review five scenarios on conflict and choose from different courses of action. The actual teaching session consisted of a group discussion which centered on the participants' choices and the best alternative for handling the situation. The authors asserted that this approach allowed students to see the complicated dynamics of an episode in which conflict occurred and to review the effectiveness of different

interventions (Callanan & Perri, 200). Evans and Curtis (2011) took a different approach to using scenarios presented through the virtual Second Life ® environment. Following the synchronous classroom activity in which students complete the conflict scenarios, students were surveyed regarding their opinion of the activity. Results of a survey demonstrated that 72% of participants were more comfortable experiencing the conflict scenarios on the computer rather than in person. By working through the conflict scenarios in a controlled setting, students were better prepared for responding to similar situations in the real world. Finally, Russell (2013) suggested having students practice conflict responses and to have them participate in simulations based on "high-anxiety" situation (p. 317). By providing students opportunities to rehearse their responses to conflict while in school, they can use these skills to promote positive social change in the workplace.

Limitations of the Literature

Although many articles have been published on how to promote civility in the academic environment, limitations to the literature exist. Many of techniques described above are anecdotal suggestions based on the authors' personal experiences. Journal clubs as outlined Kerber et al., (2012) and problem-based learning as described by Clark et al., (2013) were studied empirically and shown to be effective strategies to promote civility in the student nurse population. In many of the published works on how to promote civility, multiple techniques are given without an in-depth discussion of how or why they work. Other authors cited the opinions and suggestions of experts in the field of incivility research. Some of the interventions included as content for the workshop were

based on studies of academic nurse leaders' and nurses executives' perceptions of how to promote civility in the educational and practice settings (Clark et al., 2011; Clark & Springer, 2010). Because there are few actual studies on interventions to address incivility, more research is needed to establish the efficacy of the strategies presented.

In conclusion, through this review of the literature, I demonstrated that a faculty PD workshop was an appropriate avenue for providing education on how to promote civility in the academic environment. By conducting a comprehensive review of the techniques experts use to address and combat incivility, I now have a solid foundation of resources upon which to build the 3-day faculty development offering.

Implementation

Potential Resources and Existing Supports

Undertaking a professional development project such as the PAC Workshop requires careful planning and numerous resources. The presenters in this workshop will consist primarily of myself, faculty members at the college with an expertise in specific content areas, and academic and support services staff. Participation in the workshop will be voluntary, and participants will not receive financial compensation. The keynote speaker will be an expert in the field of incivility and will be compensated for services rendered. Because the workshop will be presented during a period when the school is already in session, security, housekeeping, and maintenance personnel will already be present on campus. Technical support will need to be arranged in advance.

Because this presentation will be conducted primarily by faculty and staff volunteers, a large personnel budget will not be required. The keynote speaker will

require compensation for services, travel, and lodging for the presentation. The school's student nurses association will provide volunteers to host rooms and introduce presenters. The largest expenditures will be snacks for approximate 100 people, including presenters, volunteers, and support services present on the campus. Any printing needs can be accommodated through the school's print shop at a reduced cost. Approximately $500 will be allocated for print needs such as promotional flyers, handouts to accompany presentations, and survey materials for the evaluation.

The workshop setting is at Central State College's satellite health care campus. Workshop organizers from the school will need to reserve the rooms through the school's Task Integration Management (TIM) System. Total space required for this event will include main auditorium in which the presentations will take place. While there is not a large cafeteria on this campus, there is a large foyer outside of the auditorium where the snacks can be served and the prepurchased boxed lunches can be distributed; participants will be invited to eat in the auditorium. Tables for food distribution and extra trash receptacles will be set up in advance by the maintenance staff. All classrooms on campus have audio/visual resources for presentations. Any additional equipment can be requested through the TIM system.

Potential Barriers

The largest potential barrier to implementation would be the availability of space on the campus. Because the majority of classrooms are in use during the fall and spring semesters, it is proposed that the workshop be held on a weekend in the summer when fewer classrooms are in use. Other barriers that might be encountered are the availability

of faulty members to attend the event. While few full-time faculty members attend clinicals on the weekend, several adjunct faculty members do. Also, part-time faculty members may not be able to attend because of obligations at their primary jobs. Potential solutions to these challenges are to notify faculty members about the workshop early in the spring semester when course leaders are creating the summer clinical schedules so that these dates can be left open. In addition, by notifying both faculty members early about the scheduled dates, adjunct faculty may request release days from work or adjust their schedules to have that weekend free. Additional challenges may be availability or willingness of faculty members to give up personal time to attend. A potential solution to this barrier is to demonstrate to the instructors the importance of the topic being discussed and how attendance will prove beneficial to them in their role as professor. This task can be accomplished by discussing the workshop offerings at faculty meetings in the months preceding the event and providing real-world examples of how techniques presented in the workshop will help promote civility in the classroom, clinicals, and laboratory.

Proposal for Implementation and Timetable

The Dean of Nursing will be approached about the project at the end of 2015 for potential scheduling of the workshop for the following summer. Once approval is obtained from the dean, a steering committee, consisting of two nursing faculty members, one administrator, and one student services representative, will be formed with a target date for the first meeting in January, 2016. As the chair of the committee, I will decide upon the dates for the workshop, and I will assign committee members specific tasks of the workshop planning such as securing speakers, scheduling rooms, and budgeting. The

committee will continue to meet bi-weekly through March and will begin meeting weekly during the month of April with additional meetings as needed as the workshop date approaches.

The optimal time to present the workshop is early in the summer term which runs from May to August. The workshop will be offered Friday through Sunday. Because fewer classes are offered during the school's summer schedule, it is much easier to schedule classrooms in the summer term rather than in the fall or spring semesters. Classrooms can be reserved early in the spring for the summer workshop.

Roles and Responsibilities of Student and Others

Participation and cooperation from multiple people and departments will be necessary to help make this event a success. As the organizer of the workshop, I will have several key duties which will include:

1. Obtaining the necessary permissions to hold the workshop.

2. Working with Dean of Nursing to obtain funding.

3. Writing grants and contacting the school's Foundation for additional funding if needed.

4. Contacting the school's Faculty Center for Teaching and Learning to obtain any additional resources that might be available from the school.

5. Contacting the Provost to obtain room assignments and secure ancillary personnel (security, custodial).

6. Creating a steering committee of interested faculty members from nursing and other departments to help organize the event

7. Delegating assignments to the steering committee to secure speakers and accomplish any other assigned tasks (creating handouts, organizing student volunteers, securing catering services).

8. Serving as the facilitator during the workshop.

Ancillary services (technical support, housekeeping, student volunteers, and security) will need to be present on campus to ensure that event runs smoothly. Technical support will be needed to help with development of the companion website and to address any audio-visual issues that might arise during the presentation. Housekeeping, maintenance, and security services are on campus and can be available for the workshop. Finally, the Central State College Student Nurses Association will be used to recruit volunteers from the student body and to assist with food distribution and speaker introductions.

Project Evaluation

Evaluation methods for the workshop would be both formative and summative. Steward, Mickelson, and Brumm (2004) explained that the purpose of formative assessment was to gain a better understanding of the interaction that occurs between teaching and learning. Formative evaluation would take place at the conclusion of each session using a short written evaluation which includes Likert-style and open ended questions (see Appendix A). The purpose of the formative evaluation is to provide feedback on individual sessions to help presenters make improvements for future workshops.

Formative evaluation is best combined with summative evaluation to understand students' preferences for learning and make improvements for the future (Steward et al, 2004). Hoover and Abrams (2013) described summative assessment as measurement of student learning at the conclusion of instruction. Summative evaluation will occur at the conclusion of the entire workshop using a written questionnaire using Likert-style questions and open-ended questions. The purpose of this written questionnaire is to receive immediate feedback on the workshop as a whole rather than the individual sessions (see Appendix A). Summative evaluation will allow attendees to reflect on the workshop and provide feedback on the project, including suggestions for improvement and future workshops. While the formative evaluation will be used to obtain feedback on the quality of the individual session, the summative evaluations will measure whether the goals of the workshop were achieved. Guiding questions used for the summative evaluation will help determine whether the content of the workshop accurately reflected the program and learning outcomes. The summative tool will evaluate if the workshop helped participants understand the consequences of incivility, assisted participants to recognize uncivil behaviors when they occurred, described the effect of uncivil behaviors on the academic environment, provided resources to promote civility, offered stress reduction techniques, and if faculty members may change their teaching strategies to incorporate civility into the educational environment.

Key stakeholders include Central State College ADN and concurrent students, faculty, administrators, and university concurrent faculty. Central State faculty will be invited to attend workshop as will university concurrent faculty who teach on the health

programs campus. College administrators will be involved in the implementation process as they will need to approve the use of the building and will coordinate necessary facility personnel such as security, maintenance, and housekeeping staff. Students will benefit from any new knowledge or skills faculty members acquired at the workshop providing faculty members implement the strategies and content they learned.

<div align="center">**Implications Including Social Change**</div>

Local Community

The PAC workshop was designed to help instructors foster civility in the nursing program at Central State College. Because incivility in nursing school can transfer into the work environment, it is of critical importance that this behavior is addressed early, while students are still in the formative stage of their career (Luparell, 2011). By focusing on civility at the local level, faculty members can make a positive impact on both the lives of their students and also the lives of the patients for whom the students will care. By instilling the importance of civility in nursing students before they enter the workforce, the students can potentially be catalysts for change in the health care setting. Students who continue their education to become nurse educators may bring their civility education full circle and share what they have learned with their own students. In addition, by providing instructors with the techniques to respond to incivility in a more effective manner, lower stress levels, and resolve conflicts, nursing professors can better role model professional behavior for their impressionable students. Because faculty members at Central State were integral in the completion of this study and project, I would share the findings with the faculty members during one of the biweekly

faculty/curriculum meetings. After presenting the workshop at Central State College, the next logical step would be to take the workshop to other local colleges and universities with whom the school works closely and which are also experiencing student incivility. Because the workshop is designed in sessions which can be presented independent of one of another, other schools can use all or part of the workshop based on the needs of their own specific nursing program.

Far-Reaching

Once the project has been presented on the local level, it can be shared with nurse educators throughout the country via conference presentations and journal articles. The workshop can be used by schools of nursing outside of the state which are experiencing similar problems with uncivil student behavior. Because incivility is not a problem unique to nursing but is also prevalent in higher education in general, the workshop can be adapted for general use in colleges and universities (Connelly, 2009; Knepp, 2012, Nordstrom et al., 2009; Williams et al., 2013). By participating in the workshop, faculty members may help foster civility at the local level and nationally by giving educators practical tools for addressing this serious problem facing both nursing and higher education.

<div align="center">

Conclusion

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Section 3 focused on the development and implementation of the PAC workshop at Central State College based on findings from the research described in Section 2. Literature was reviewed to support, not only the use of a professional development offering as the basis for this workshop, but also to validate the content which will be

presented. Both formative and summative evaluation methods will be employed to improve the workshop once it is presented. Findings from the mixed-methods study, how the workshop was developed, and presentation of the workshop can also be shared through professional conferences and journal articles. Because uncivil behavior is problematic in nursing and higher education in general, the workshop can be a resource for promoting civility in academia.

Section 4: Reflections and Conclusions

Introduction

The purpose of this project was to help faculty members promote civility in the academic environment. Through implementation of this project, it is anticipated that both faculty and students will understand, recognize, and respond to episodes of incivility more effectively. In the narrative that follows, I will review the strengths and limitations of the project and will reflect upon my development as scholar, leader, and project developer. In addition, I will discuss the project's potential to facilitate social change and will elaborate on directions for future research based on the results of the study.

Project Strengths

Upon reflecting upon the development of the PAC workshop, numerous strengths were identified. The project, by nature of the individual sessions, can be adapted to meet the needs of specific programs and can be modified to a 1 or 2-day workshop or can be spread out over several weeks. Although the project was designed to accommodate the challenges facing a specific nursing department, the majority of concepts are global and can be applied to a multitude of settings in academia. Because incivility is a problem that is prevalent in higher education (Connelly, 2009), adoption of this workshop has the potential to positively affect the lives of faculty members and students around the country. Another strength of the project is that it is rather inexpensive to carry out. With budgetary concerns facing institutions of higher learning, cost effective alternatives are important for the implementation of faculty development offerings.

This workshop not only meets the needs of faculty PD described in the literature, but also provides solutions for instructors who wish to prevent, or are experiencing incivility, in the educational environment (Barksdale et al. 2011; Luparell, 2007; Suplee et al., 2008). Although incivility is frequently the topic of concurrent sessions at nursing education conferences, these sessions are generally only 45 minutes to an hour long. Occasionally, incivility is presented as half-day or day long preconference offering. The PAC workshop is a comprehensive 3-day event which is grounded in theory but still offers faculty members practical techniques for addressing the problem. In addition, one of the key design considerations of the workshop was to provide multiple opportunities for networking. Discussion times begin and end every day of the workshop, and all of the individual sessions are interactive. Faculty members can express feelings and exchange ideas in every session offered. This opportunity to exchange ideas is beneficial not only for instructors who are already working together but especially for instructors from other institutions who can share with their colleagues how their school responds to student nurse incivility.

<div align="center">**Recommendations for Remediation of Limitations**</div>

The two biggest concerns identified about the project were time and space limitations. Nursing faculty members have multiple obligations beyond classroom teaching which include laboratory and off campus clinical assignments. Many of these clinical assignments take place on weekends and at odd hours which makes it challenging for faculty to attend all 3 days of the event. A 1-day workshop would be much more realistic. Because of these multiple work responsibilities, they may be reluctant to

dedicate three days of their personal time for a professional development offering. It is also challenging to get part-time faculty members to attend PD workshops for which they are not paid. Most of adjuncts in schools of nursing work for local hospitals and would potentially have to relinquish 3 days' pay to attend the event. While offering free continuing education credits which can be used for renewing professional licenses may help, this incentive is likely still not enough for attendance. Instead of a 3-day workshop, it may be more prudent to schedule the workshop over a longer period of time such as three, 6-hour sessions or six, 3-hour sessions.

A second limitation is the availability of space at the host schools. Scheduling the workshop on weekends during the summer is one of the ways to address this challenge but does not eliminate the problem altogether. It is actually somewhat limiting as many classes are not offered during the summer months, and some full-time faculty members may have part or all of the summer off. Likewise, because many nursing schools offer a reduced amount of classes during the summer months, there are not as many clinical groups and fewer adjuncts working during this period. Although the workshop can be scheduled during the fall and spring semesters, space may be even more of an issue because classes are offered on Fridays and Saturdays during this period. If space limitations require schools to take the workshop off campus, it could result in a significantly higher cost to implement.

Recommendations for Alternative Approaches

An alternative approach to address the project of incivility would be a fully online course which faculty members could access at any time. The PAC workshop is web-

enhanced, meaning it has an online component in the school's learning management system that allows attendees to communicate, access resources, and view recorded sessions. By taking this one step further, the recorded sessions can be organized into modules which faculty members could access and view on their own time. Pre and post-tests could be used to assess formative learning with a comprehensive final exam being required for course completion. Offering the course completely online would be one solution to addressing the time constraints facing faculty members while still allowing them to participate in the course.

Based on the review of the literature, I highlighted the incivility problem that occurs not only in schools of nursing, but also in health care settings. Uncivil behavior, frequently called bullying, horizontal violence, lateral violence, and vertical violence, in hospitals negatively affects both nurse retention and patient outcomes (Broome & Williams-Evans, 2011; Hubbard, 2014). A second alternative for approaching this problem is the creation of task forces between practice and academic nurses to discuss problems unique to each and to common to both. By identifying potential solutions that give educators and staff nurses the opportunity to partner with one another, we are finding ways, as a profession, to address the incivility problem from different perspectives that help us attain a common goal of a civil academic and work environment.

Analysis of Self as Scholar

As a nurse educator, I have had to attend several nursing research classes prior to entering my doctoral program. While I had a working knowledge of quantitative and

qualitative research, there is no substitution for actually conducting the research oneself. I had been interested in the challenges of incivility in nursing education because I experienced it as a student and a novice nurse. As a result, I became quite passionate about the topic. When I settled upon it as the focus for my project study, I also saw the huge deficit with respect to educational offerings on the topic. It was not until I conducted my literature review that I truly began to understand the breadth and scope of the problem. My committee chair help me move beyond the obvious search terms and explore incivility from a larger scope by including search terms such as "bullying" and "lateral violence." I believe this allowed me create a thorough picture of uncivil behaviors in nursing education and the health professions.

Much of my doctoral coursework prepared me for writing the proposal for this study so that process was fairly straightforward for me. The literature review was time-consuming but rewarding. Working with the IRBs of two schools seemed like it slowed my progress down but, during that time, I created my survey in Survey Monkey ® which allowed me to be ready to move forward when approval came. Watching the results of my survey trickle in slowly was somewhat excruciating but, in the end, I was pleased because the return rate was higher than I anticipated and almost even split between full and part-time participants.

It was at the conclusion of the quantitative data collection, that a major loss occurred in my life and essentially brought my project study to a halt for at least 2 months. When I was able to move forward with the research again, the interviews went fairly quickly, and I completed them in approximately 3 weeks. My original plan was to

transcribe the interviews myself but, because I felt I was behind the schedule I had set for myself to complete the project study, I only transcribed two of the interviews and hired a transcription service for the remaining 10 interviews. This required me to go back through the IRB although I received approval quite quickly. I found the use a transcription service to be a great investment. Being a novice researcher, I had never even considered using on or I would have included the request in my original application to the IRB.

The data analysis phase was the most challenging aspect of the entire project for me. Analyzing and summarizing the quantitative was the most challenging aspect of the process. Sorting through the voluminous amounts of interview data and learning a new coding program was much less problematic than I anticipated it would be. During the data analysis process, I discovered that I am very much a qualitative researcher but am pleased that quantitative data added depth to my study and project.

Although complex, I believe that the mixed-methods design allowed me to grow as a scholar in a way that a single methodology could not. As I work now with my students, I have a much better grasp of both quantitative and qualitative design because I gone through the process myself. Because the research provided me with such rich data about faculty perceptions of student incivility at my institution, I was able to develop a professional development program that can benefit faculty in nursing education and throughout academia.

Because a second literature review was required for the project, I believe that I gained insight, not only faculty development, but also the numerous techniques that

educators can implement in the learning environment which may help reduce episodes of uncivil behavior. Because the first literature review focused on types of uncivil behavior, it was refreshing to identify potential solutions to the problem through the second literature review. Also, as a result of the second literature review, I also identified gaps in the incivility literature and am formulating ideas for future research on the topic.

Analysis of Self as Project Developer

I believe my doctoral studies have prepared me well for developing a project of the scope of the one described in this project study. In my role as nurse educator and health care professional, I have participated on committees for project development and have been heavily involved in curriculum development; however, I have never undertaken the creation of a professional development of this scope independently. In one of my previous doctoral classes, we had to create a program proposal and I was fortunate to have a professor who expected a great deal of detail. This assignment served me incredibly well as I began to develop the PAC workshop for my project study.

I attempted to design the professional development workshop in a systematic manner, while taking all aspects of the complex undertaking into consideration. In developing a project of this magnitude, scheduling, amenities, presenters, technology and evaluation were only some of the factors that had to be taken into consideration. In addition to the theoretical experience gained in my doctoral program, I believe my roles as course leader and now the manager of the nursing lab have also prepared me to organize and carry out complex undertaking with multiple stakeholders. I used the findings from my research and the corresponding support from the literature to create a

project that meets the specific needs of the faculty at the local environment. In addition, the workshop can also be easily adapted to meet the needs of other schools of nursing or even non-nursing academic environments.

Analysis of Self as Practitioner

Because of the sheer volume of information that had to be researched for both literature reviews in this project study, I am familiar with the research on incivility and can apply this knowledge as a practitioner who is both an educator and a nurse. As an educator, I can implement many of the techniques I learned during the development of the project into my own teaching. In addition, I can share these techniques with my colleagues at Central State College. I will implement this workshop at my own school first and then share the concept with nurse educators at other institutions. Because I am passionate about this topic, I would like to share my knowledge at conferences for nurse educators.

My role as a nurse educator is truly the best of both worlds. I am a nurse and take students into the clinical setting where they learn to provide safe, compassionate patient care. I am also a professor and can help establish the theoretical foundation of the profession through my teaching. If one of my colleagues implements the techniques presented in the workshop to reduce, or eliminate, incivility in student nurses, I believe I can make a positive impact on countless student lives. While I never underestimated the power I had to make positive change as a bedside nurse, I am hopeful that, as an educator, I will use this workshop to give my fellow educators tools that will improve the lives of their students. I hope, through my role as a practitioner in both the health care

and educational settings, students will go forth into the workplace where they, too, can positively impact the nursing profession and all of the patients for whom they care.

Analysis of Self as Leader and Change Agent

I am continuing to grow into the role of leader at my institution. I have been a course leader for several years and have only recently taken on the role of the faculty member in charge of the nursing laboratory. In both of these roles, especially the latter, I have also acted as change agent. It is frequently difficult to have leadership in the absence of change. To grow in my role of leader, I was selected to participate in a leadership development program during the next school year. Grossman and Valiga (2009) asserted for leaders to be effective change agents, they should ask for other's assistance to refine the vision and to help bring the change to fruition. A steering committee of faculty members will be essential in the implementation of the civility workshop.

I believe that I am also functioning as both a leader and change agent through my research and response to incivility. Although faculty members recognize that uncivil behavior is problematic, they frequently respond with additional rules are regulations, which may actually make the problem worse. By reviewing the literature, exploring faculty perceptions of incivility, and responding to the educational needs identified through the research, I have taken on a leadership role in both my institution and the field of incivility research. In addition, I plan to disseminate these research findings to my nursing colleagues throughout the country by publishing the results of my study. By implementing the workshop in the local setting and sharing study results with nurse

educators beyond my local setting, I am functioning as a change agent by giving faculty members new ways to address, and hopefully prevent, incivility in nursing education.

Reflections of the Importance of the Work

I believe wholeheartedly in the importance of the work that nurses do but also know that no profession is without challenges. Those challenges are numerous in nursing and were described in depth in the first review of the literature. Unfortunately, uncivil behavior is widespread (Bogossian et al., 2014). I experienced incivility while I was a student nurse and as a new nurse working in the hospital and it had a huge effect on me. My initial response was a promise to myself that I would never treat a student or a novice nurse the way I was treated, and this philosophy has become an integral aspect of the way I interact with students. I never imagined at the time that those experiences would have such an effect on me, and that they would drive the completion of my doctoral research.

This exploration of faculty perceptions of student incivility was important for numerous reasons. Every aspect of this project study was designed to promote social change in the nursing profession. Through my research, I explored aspects of faculty perceptions of student incivility which were not examined in previously published literature on the topic--specifically the differences in perceptions between ages of nurse educators, years as nurse educator, and full or part-time status. In addition, through the interviews, I investigated educators' understanding of incivility, perceptions of their own response and those of their colleagues. As a result of the mixed-methods design of the study, I created a detailed picture of the educational needs of faculty members at my institution on promoting civility. This research led to the development of a

comprehensive workshop that is inexpensive to present and can be easily adapted to the needs of other nursing schools or institutions of higher learning. I believe that everything happens for a reason and that my negative experiences have been the impetus for me to find a way to create positive social change in my profession by becoming a champion for civility in nursing.

Implications, Applications, and Directions for Future Research

Numerous opportunities for future research are possible based on the findings of this study. Because this was a small sample size, additional studies using the INE-R could be conducted on larger, more diverse groups of nurse educators to compare differences in perceptions of student incivility based on work status, age, and years as educator. Likewise, more studies on faculty members' perceptions of their own responses and their colleagues responses may contribute to the body of literature on the topic. In addition, many of the best practices for addressing incivility that were discussed in the second literature review are anecdotal. Future research is necessary to establish the efficacy of many of these techniques. Finally, a quantitative study to explore if faculty members who participated in the workshop had fewer incidences of incivility in their classroom would be an informative investigation on the effectiveness of the workshop.

Conclusion

The purpose of this project study was to explore faculty perceptions of student incivility and to develop a workshop to help faculty members respond effectively to uncivil student behavior. An extensive review of the literature provided the foundation to move forward with the survey and interviews. The data collected through this process

provided an in-depth picture of the types of incivility experienced by faculty members at Central State College, their understanding of the behavior, and their responses—both physical and emotional---when they are confronted with student incivility. Although the PAC workshop was tailored specifically to the needs of the college, the end result was a workshop design that was both comprehensive and flexible. Because the workshop was developed in sessions that can be presented independently or together, it can be customized to the educational needs and time constraints of other nursing programs. Although, much of the information is specific to nursing, many of the sessions are also applicable to faculty members from other disciplines. Promoting civility in the nursing profession starts with faculty. By learning practical ways to respond to, and possibly prevent, uncivil behavior in student nurses, educators have the potential to positively affect the lives of future nurses, the health care personnel with whom they will work, and the patients for whom they will care.

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Appendix A: The Project

Title of Program: "Promoting Academic Civility" Workshop

Purpose: To help faculty members gain a better understanding of the negative effect of uncivil behavior in the educational environment and resources for addressing this behavior when it occurs through workshop sessions and group activities. Participants will understand the consequences of student incivility on academia, to recognize these behaviors when they occur, and gain valuable resources to combat incivility and cope with potential stressors that may lead to uncivil behavior
.

Goals: The goal of the workshop is to help faculty members develop the knowledge, skills, and attitudes to promote civility in the academic environment.

> **Knowledge:** By attending the workshop, participants will gain a better understanding of how incivility affects fellow faculty members and students and will be able to recognize these behaviors when they occur in the learning environment.

> **Skills:** Once learners are able to identify when uncivil behaviors are occurring, they will be able to employ techniques acquired in the workshop that will allow them to respond appropriately in these situations. Participants will also learn strategies to address uncivil behavior in the learning environment, develop mentoring skills, and foster student professionalism.

> **Attitudes:** Faculty members will learn stress reduction techniques that will help to lower stress and reduce the amount of uncivil classroom behaviors that are occurring. Finally, as a result of attending this workshop, learners will leave with a new appreciation for importance of preserving an atmosphere of civility in the academic environment.

Learning Outcomes: At the conclusion of the presentation, faculty members will:
1. To foster an environment of civility in nursing education environment.
2. To help learners understand the effect of incivility in nursing education.
3. To provide resources to help cultivate an atmosphere of civility in nursing education.

Target Audience: All full and part-time nursing faculty members at Central State College.

Timeline: A 3-day professional development workshop. Details are listed in the workshop lesson plan.

Location: Auditorium (Smart Classroom)

Workshop Lesson Plan: The lesson plan to follow provides an outline of workshop materials, activities, and evaluation methods.

Workshop Lesson Plan

Topic/ Activity	Time Frame	Methodology	Presenter	Materials Needed
Day 1: Incivility in Nursing Education				
Welcome	8:00-8:15	Discussion	Facilitator	Microphone
Keynote Presentation: The Causes of Incivility	8:15-10:15	Presentation (1 hr. 15 min.) Question and Answer Session (45 min.)	Invited Speaker	Projector Computer Microphone Formative Evaluation Handouts Video recorder and tripod
Break	10:15-10:30			
Session 2: The Impact of Incivility	10:30-11:45	Presentation (20 min.) "Acting Out" Group Activity and Discussion (45min.) Video (10 min.)	Facilitator	Projector Computer with Internet Microphone Formative Evaluation Handouts Video recorder and tripod Behavior cards
Lunch/ Networking	11:45-12:45			
Session 3: Identifying Uncivil Behaviors	12:45-13:45	Presentation (20 min.) Video and large group discussion (10 min.) Small group activity (45 min.)	Facilitator	Projector Computer with Internet Microphone Easel paper and markers Formative Evaluation Handouts Video recorder and tripod

(*table continues*)

Topic/ Activity	Time Frame	Methodology	Presenter	Materials Needed
Break	13:45-14:00			
Session 4 Institutional Response to Incivility	14:00-15:00	Presentation (30 min.) Panel Discussion (45 min.)	Student Services Representative, Security Representative Administrator, Counselor	Projector Computer with Internet Microphones (4) Chairs (4) Formative Evaluation Handouts Video recorder and tripod
Group Discussion and Wrap Up	15:00-15:30	Group Discussion/ Reflection	Facilitator	Microphone x 2
Day 2: Creating an atmosphere of civility in the Learning Environment				
Welcome/ Recap	8:00-8:30	Group Discussion/ Reflection	Facilitator	Microphone x 2
Session 1: Communication Techniques	8:30-9:45	Presentation (25 min.) Communication Activity 1 (20 min.) Communication Activity 2 (20 min.) Discussion (10 min.)	Faculty Presenter	Projector Computer with Internet Microphone Formative Evaluations Video recorder and tripod
Break	9:45-10:00			
Session 2: Incorporating Civility into the Syllabus	10:00-11:15	Presentation (15 min.) Video (10 min.) Revise Syllabi (30 min.) Discussion (20 min.)	Facilitator-Discussion	Projector Computer with Internet Microphone Formative Evaluations Video recorder and tripod

(*table continues*)

Topic/ Activity	Time Frame	Methodology	Presenter	Materials Needed
Lunch/ Networking	11:15-12:15			
Session 3: Fostering Civility in the Classroom	12:15-13:30	Presentation (30 min.) Video and Discussion (25 min.) Activity: Muddiest Point and One Minute Paper (20 min.)	Faculty Presenter	Projector Computer with Internet Microphone Video recorder and tripod Formative Evaluations
Break	13:30-13:45			
Session 4: Active Learning Techniques to Promote Civility	13:45-15:00	Presentation (20 min.) Small Group Activity (25 min.) Discussion (30 min.)	Faculty facilitator	Projector Computer with Internet Microphone Video recorder and tripod Formative Evaluations
Group Discussion and Wrap Up	15:00-15:30	Group Discussion/ Reflection	Facilitator	Microphone x 2
Day 3: Fostering Professionalism in Nursing				
Welcome and Recap	8:00-8:30	Group Discussion/ Reflection	Facilitator	Microphone x 2
Session 1: Professionalism	8:30-9:30	Presentation (20 min.) Activity (55 min.)	Faculty Facilitator	Projector Computer with Internet Microphone Video recorder and tripod Formative Evaluations
Break	9:30-9:45			

(*table continues*)

Topic/ Activity	Time Frame	Methodology	Presenter	Materials Needed
Session 2: Role Modeling Civility and Mentoring	9:45-11:00	Presentation (30 min.) Guest Speakers: Student Nurse Association (45 min.)	Faculty Presenter	Projector Computer Microphone Video recorder and tripod Formative Evaluations
Lunch/Networking	11:00-12:00			
Session 3: Managing Stress	12:00-13:15	Presentation (20 min.) Video Activities (55 min,)	Mental Health or Psychology faculty	Projector Computer with Internet Microphone Video recorder and tripod Formative Evaluations
Break	13:15-13:30			
Session 4: Conflict Resolution	13:30-14:45	Presentation (20 min.) Video (10 min.) Activity (45 min.)	Mental Health or Psychology faculty	Projector Computer with Internet Microphone Scenario handouts Video recorder and tripod Formative Evaluations
Group Discussion and Wrap up	14:45-15:30	Group Discussion/ Reflection/ Complete Summative Evaluation	Facilitator	Microphone Summative Evaluations

Content and Resources Day by Day

Day 1: Incivility in Nursing Education
Welcome
Content: • Overview of the Day

- Housekeeping

Keynote: The Causes of Incivility

- Presentation Talking Points (1hr 15 min.)
    - Student Factors
        - Multi-generational learners
        - Student entitlement mentality
        - Would rather be entertained in class than acquire knowledge
        - View higher education as a "commodity"
        - Taking college courses because of earning potential rather than desire to learn
    - Institutional Factors
        - Colleges and universities only punish the worst offenses
        - Large class sizes
        - Classroom environment
        - Societal Changes
        - Students increasingly isolated
        - Home-schooled students at risk if not given opportunities for socialization by parents
        - Inadequate parenting
        - Exposure to media violence
        - Poverty
        - Racism

    - Faculty factors
        - Faculty attitude of superiority toward students
        - Research-focused faculty in academia not adequately prepared
    - Stress
        - Stress is primary cause of incivility in both students and faculty
        - Students unprepared for the rigors of college
        - Non-traditional students facing multiple demands
        - First time in college
        - Single parents
        - Older students
    - Mental Health and Medical Concerns
    - Technology
        - Students consider e-mail, instant messaging, social media the norm
        - Informal communication style with friends used with faculty
        - Society of instant gratification
        - Use of sites such as "RateMyProfessors.com" as a form of intimidation
        - Cyberbullying

o Question and Answer Session with keynote speaker (45 min.)

Resources:
- Clark's (2013) Conceptual Model for Fostering Civility in Nursing Education

Session 2: The Impact of Incivility
- Presentation Talking Points (20 min.)
    - o Effect on Faculty
    - o Physical
    - o Difficulty sleeping
    - o Migraines
    - o GI Disorders
    - o Emotional
    - o Frightened
    - o Worried
    - o Stressed
    - o Feeling defeated
    - o Loss of self-esteem
    - o Loss of confidence in ability to teach
    - o Post-traumatic stress disorder
    - o Leave the profession
- Effect on Student: Similar to faculty
    - o Physical
    - o Headache
    - o Sweating
    - o GI issues
    - o Cardiac
    - o Emotional
    - o Anger
    - o Anxiety
    - o Frustration
    - o Fear
    - o Disappointment
    - o Embarrassment
    - o Defeat
    - o Guile
    - o Shame
    - o Depression
    - o Thoughts of leaving nursing
- Effect on Health Care System
    - o Students who display uncivil behavior in the academic have a higher propensity toward lateral violence in the workplace
- Effect on Learning Environment

- o Students may lose respect for instructor and institution
- o Interfere with student learning
- o Compromise of educational environment
- Participants will break into groups of four. One volunteer from each group will be handed a card with an uncivil behavior listed on it but will not share this behavior with the rest of the group. The person with the card will then interact with the rest of this group for 5 minutes based on the uncivil behavior listed on the card. Groups will be given 10 minutes to discuss the interaction. One representative from the group will share the behavior and how they felt when it occurred with the other participants. (Total time 45 min.)
- Conclude with video "Lateral Violence and the New RN."

Resources:

Video:
Lateral Violence and the New RN

Session 3: Identifying Uncivil Behaviors
- o Presentation Talking Points (20 min.)
  - ▪ Discuss Clark's (2014a) continuum
    - ▪ Passive Incivility
      - Inattention
      - Sleeping
      - Cell phones use/texting in class
      - Lack of preparedness
      - Not taking notes
      - Making excuses
      - Acting disinterested
      - Arriving late or leaving early
      - Skipping class
      - Not completing work
      - Asking for extensions
    - ▪ Active Incivility
      - Intimidation
      - Rude comments and gestures
      - Challenging faculty authority
      - Unwarranted negative feedback on evaluations
      - Complaints to a faculty member's supervisor that are not deserved
      - Violations of academic integrity
      - Verbal harassment
      - Yelling
      - Threatening

- Stalking
- Or worse……
- View video "Classroom Incivility." What types of incivility were occurring? Brief large group discussion. Was behavior active or passive? (10 min.)
- Small Group Discussion: What types of incivility have you experienced? Participants will receive an agenda at the beginning of the day that has a number written on the back (1–10). Participants will form groups in the classroom based on their number. Each group will be given a piece of easel pad paper and a marker. Participants will write the types of incivility they have experienced on the paper. One group member will present to the entire group of participants. At the conclusion of the presentation, the entire group will discuss similarities and differences and identify types of passive and active incivility. (45 min.)

Resources:

Clark, C. (2014a). Continuum of Incivility. Retrieved September 7, 2014, from

http://hs.boisestate.edu/civilitymatters/docs/Clark-Continuum-of-Incivility-

revised-2014.pdf

Video:
Classroom Incivility

Session 4 Institutional Response to Incivility

- Presentation Talking Points (30 min.)
  - Expert speakers
  - Civility campaigns
  - Civility contracts
  - Develop a civility team
  - Promote a culture of civility
  - Encourage civility education in curricula
  - Clear, non-punitive policies and procedures focusing on civility
  - Positive role modeling by leadership- team
  - Clear codes of conduct
  - Judicial Boards
  - Partner with student services
  - Faculty support networks
  - Provide training and education to students, administration, faculty, and staff members
  - Critical incident debriefings

- Panel Discussion-Four representatives from different departments in the college will have a panel discussion which will conclude with a question/answer session. Panel participants will consist of an administrator, a security officer, a student services representative, and a counselor. (45 min.)

Wrap Up Day 1:

- Group Discussion/Reflection
- Ask participants to bring a copy of their syllabus tomorrow
- Ask participants to review articles by Clark, 2009; Kerber et al., 2012.

Day 2: Creating an atmosphere of civility in the Learning Environment

Welcome and Recap:
Overview of the day. Open discussion about previous day's content.

Communication Techniques:

- Presentation Talking Points (25 min.)
    - Put polices in place and enforce them
    - Learning expectations, limitations, concerns
    - Identify course objectives
    - Have clear expectations-outcomes, objectives, projects
    - Meaningful dialogue, listen
    - Display enthusiasm
    - Focus desired behaviors
    - Address minor incivilities early
    - Responses to uncivil behavior
        - Express feelings to person who is being uncivil
        - One to one communication
        - Mirror behavior
        - Talk about it with a coworker or human resources
        - Provide reassurance
        - Make eye contact
        - Move away from the person acting out
        - Use touch in an appropriate manner
        - Change the topic
        - Keep a written record of the incidents and when they occurred
- Activity-Divide into groups of four and complete the following two activities.
    - Communication Activity 1: I know you believe you understand (20 min.)
    - Communication Activity 2: Interactive Listening Tips (20 min.)
- Group Discussion (10 min.)

Web Resource:

50 Communication Activities, Icebreakers, and Exercises

Incorporating Civility into the Syllabus:

- Presentation Talking Points (15 min.)
  - o Include statements regarding technology
  - o Respectful communication
  - o Website links to important institutional docs like code of conduct, civility statements
  - o If no college-wide statement on civility, create and include your own
  - o Response time for e-mails
  - o User friendly
- Watch video: "Preparing and Effective Course Syllabus" (10 min.)
- Break into groups based on class taught (Fundamentals, Physical Assessment, Basic, Intermediate, and Advanced Medical Surgical Classes, Mental Health, Pediatrics, and Obstetrics). In each group, collaborate to review and revise syllabus for that class. (30 min)
- One representative from each group will present the changes they made to their syllabi to the rest of the participants. (20 min.)

Web Resource:
Preparing an Effective Course Syllabus

Fostering Civility in the Classroom:

- Presentation Talking Points (30 min.)
  - o Share research on incivility—include student views
  - o Discuss civility with students during first few class periods of the semester
  - o Recognize student achievements and future plans
  - o Co-create classroom norms with students
  - o Assessing the learning environment via classroom assessment techniques (Internet site)
  - o Verbal and non-verbal techniques
  - o Teachable moments when students unhappy
  - o For passive incivility
    - ▪ Direct eye contact with student
    - ▪ Move to that section of the class—ask questions of someone next to that student
    - ▪ Get students involved (active learning)
    - ▪ Speak to student(s) in private

- Ask, don't make accusations
  - o For active incivility
    - Listen with respect to student complaints—don't be defensive
    - Provide reassurance to other students in the class
    - Be honest if something doesn't work
    - Understand the chain of command and use it if necessary
  - o In all settings
    - Don't…
    - Ignore it
    - Laugh off inappropriate comments or behavior
    - Argue
    - Try to get an immediate explanation of the uncivil behavior
    - Make expectations
    - Try to go it alone—seek advice
    - Take it personally
- View Video "Promoting and Maintaining Classroom Civility" and discuss as large group (25 min.)
- Ask all participants to discuss "Muddiest Point" with facilitator and have each complete a "One Minute Paper" on one technique to foster civility in the classroom. "One Minute Paper" will be submitted at conclusion of session (20 min.)

Resources:
Classroom Assessment Techniques

Video:
Promoting and Maintaining Classroom Civility

Wrap Up Day 2:
- Group Discussion/Reflection
- Complete Formative Evaluation

Day 3: Fostering Professionalism in Nursing

Welcome and Recap:
Overview of the day. Open Discussion about previous day's content.

Professionalism:
- Presentation (20 min.)
  - o Educators should direct students' attention to their obligation to act ethically and behave in a professional manner.

- o Include stories about professional behavior in lectures
  - o Writing exercises
  - o Case studies
  - o Reflection
  - o Role playing
- Activity (55 min.)
  - o Faculty members will break up into groups based on number written on the back of their day three agenda.
  - o Each group will be assigned one of the nine provisions of American Nurses Association's (2001) *Code of Ethics with Interpretive Statements.* Each group's task will be to identify at least two learning activities that will help students understand and apply the concepts.
  - o Spokesperson will share the activities with the rest of the workshop participants.

Web Resource:
- http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthics forNurses/Code-of-Ethics-For-Nurses.html

Role Modeling Civility and Mentoring:

- Interactive discussion (30 min.)
  - o Plan appropriately for first day of class
  - o Start and end class on time
  - o View relationship with learners as a partnership
  - o Create welcoming atmosphere
  - o Dress professionally
  - o Provide training in communication, teamwork leadership
  - o Use respectful language
  - o Welcoming tone
  - o Inclusive attitudes
  - o Be aware of own behavior
  - o Role play professional behaviors
  - o Provide examples of appropriate and inappropriate behavior
  - o Mentoring improves performance in the classroom and clinical setting
- o Guest Speakers-Student Nurses Association (SNA) Faculty Advisor on Mentoring, Student SNA members speak how faculty mentors made a difference in their lives. (45 min.)

Web Resource:
http://www.nsna.org/

Managing Stress:

- Presentation (20 min.)
  - Spending time with family and friends
  - Exercise
  - Lunchtime walking
  - Healthy foods
  - Drink water
  - Five-minute massage
  - Meditation
  - Deep breathing and muscle relaxation
  - Guided visualization and mental imagery
  - Taking one night for yourself
  - Mindfulness-based stress reduction

- Presenter will show three demonstrations and have participants complete the relaxation techniques included in each video.
  - Guided imagery (15 min)
  - Progressive relaxation (20 min.)
  - Mindfulness (20 min.).

Resources

Videos:
Guided Imagery for Stress Relief

Progressive Muscle Relaxation

Minute Mindfulness Meditation

Web Resources:
Stress Management for Nurses Handout

101 Ways to Cope with Stress Handout

Stress Reduction Techniques

Stress Management

Conflict Resolution:
- Interactive discussion

- Disseminate information to student to address conflicts
- Provide info to change disruptive behavior in the workplace
- Prevention strategies
- Develop scenarios
- Second life
- Practice conversations
- Simulate anxiety producing situations (20 min.)

- View Video "Student Incivility"
  - Discuss (10 min.)

- Activity
  - Break into groups based on number on agenda, hand out a scenario to each group
  - Review scenario as a group and discuss potential responses
  - As a group, decide on one response.
  - Two group members will read scenario and present solution to other participants in the entire group. (45 minutes)

Resources:

Video:
Student Incivility

Activity:
Conflict Negotiation Scenarios

Scenario 1: A student, who works in the health care setting, is dominating discussions during clinical post conference and not allowing other students to speak. As a result, tensions between the students are high and it is beginning to interfere with the learning process.

Scenario 2: A student arrives for clinical five minutes per nursing department policy and is instructed to go home. Rather than leave, the student begins yelling at the faculty member and threatens to go straight to the dean.

Scenario 3: Two students are chatting continuously during class and another student tells them to be quiet. The students who were talking become belligerent and begin making derogatory remarks about the other student.

Scenario 4: A student, who disagrees with a statement made by a faculty member during a lecture, repeatedly challenges that faculty member's comment during class. The student is becoming louder with each subsequent comment and other students in the class are starting

to look uncomfortable with the situation.

Scenario 5: A student, who failed a test by two points, makes and appointment with the faculty member to discuss the grade. When the faculty member refused to give back the points, the student begins arguing loudly and leaning across the desk toward the faculty member.

Scenario 6: A student in the front row of the class continues to send text message on a cell phone despite the polite reminder the faculty member gave to the entire class. The student's inattention is becoming distracting for the lecturer and the faculty member decides to confront the student during the next break.

Scenario 7: A student brings a cup of coffee to class and accidentally spills it on the laptop computer of the student sitting in the next seat. The angry student stands up abruptly and hurls obscenities at the student with the coffee.

Scenario 8: A faculty member in the clinical setting approaches the nurses' station just as a staff nurse starts berating a student for not responding to a patient call bell.

Scenario 9: A faculty member suspects a student who has been problematic in the past of cheating on exam and confronts the student after class. The student vehemently denies that allegation and begins shouting at the faculty member.

Additional Resources:
Five Styles of Conflict Management

Group Discussion and Wrap up:

Interactive discussion
- Impressions?
- What is your takeaway?
- What changes will you make to your classroom?
- View Video "A Call for Civility"

Resources:
Video:
A Call for Civility

Course Evaluation Tool

Formative Evaluation Tool

Promoting Academic Civility Formative Survey

Thanks you for attending the session. Your feedback is important. Please take a few minutes to fill out the following survey.

Session_____

PLEASE CIRCLE YOUR RESPONSE TO EACH OF THE FOLLOWING ITEMS.

The presenter demonstrated sufficient expertise on the content.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

The presentation was well-organized and easy to follow.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

The material was presented in sufficient depth.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

The presentation enhanced my understanding of the subject.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

Handout materials enhanced presentation content (if applicable)

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

How will you apply the information learned in this session to create an atmosphere of civility in your work place or institution?

Please share any additional thoughts on the topic or presentation:

Summative Evaluation Tool

Promoting Academic Civility Summative Survey
Thanks you for attending the workshop. Your feedback is important. Please take a few minutes to
fill out the following survey.

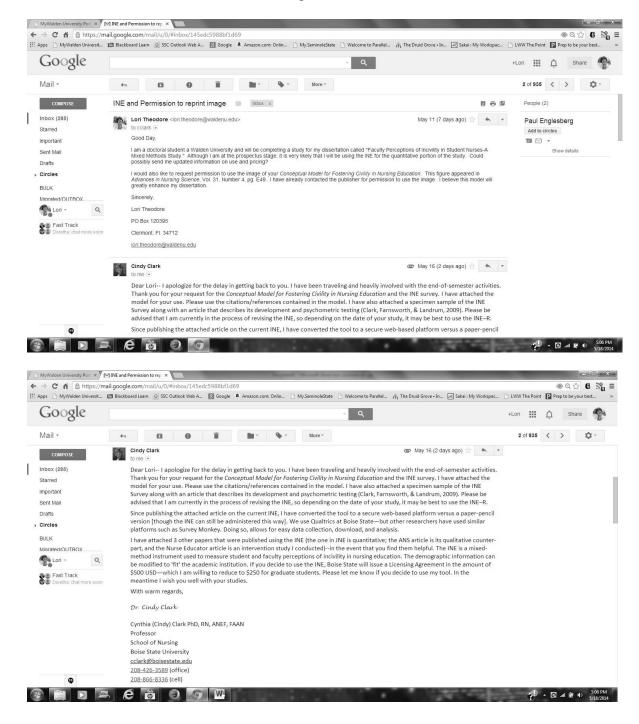**PLEASE CIRCLE YOUR RESPONSE TO EACH OF THE FOLLOWING ITEMS.**

The workshop was well-organized and easy to follow.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The material was presented in sufficient depth.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The physical environment was conducive to learning.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
As a result of attending the workshop, I have a better understanding of the impact of uncivil behaviors on schools of nursing, faculty members, and students				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The workshop provided resources to create an atmosphere of civility in both the academic and employment setting.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
As a result of attending the workshop, I learned stress reduction techniques that will help me lower stress and reduce uncivil behaviors in the classroom.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The workshop promoted exploration of feelings related to uncivil behavior.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I will make changes to my classroom/educational strategies as a result of attending this workshop.				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

How will you apply the information learned in this presentation to create an atmosphere of civility in your institution?

Please share any additional thoughts on the workshop:

Appendix B: Permission to Reproduce Conceptual Model for Fostering Civility in

Nursing Education

Order Completed

Thank you very much for your order.

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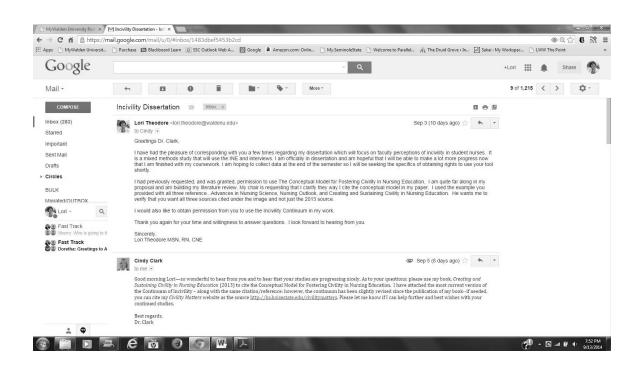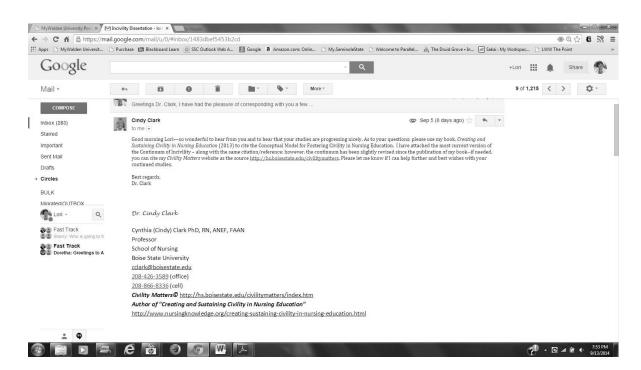|	
License Number	3386180667729
License date	May 11, 2014
Licensed content publisher	Wolters Kluwer Health
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Licensed content author	Cynthia Clark
Licensed content date	Jan 1, 2008
Volume number	31
Issue Number	4
Type of Use	Dissertation/Thesis
Requestor type	Individual
Portion	Figures/table/illustration
Number of figures/tables/illustrations	1
Figures/tables/illustrations used	figure 1
Author of this Wolters Kluwer article	No
Title of your thesis / dissertation	Faculty Perceptions of Incivility in Student Nurses: A Mixed Methods Study
Expected completion date	Aug 2015
Estimated size(pages)	160
Total	0.00 USD

Appendix C: Permission to Reproduce the Continuum of Incivility

Appendix D: Sample Interview Protocol-Faculty Participants

Thank you for agreeing to participate in this interview. As we proceed, please refrain from identifying any student by name when describing student interactions.

1) What student behaviors do you see as problematic?

2) Based on your experiences, how would you define incivility?

3) When you think of problematic behaviors, what student behaviors would you describe as incivility and which behaviors would you describe in other ways?

    a) What behaviors would fall under the label of incivility?

4) I would like you to describe the types of student incivility you have experienced in the different educational settings—for instance, in the classroom, laboratory, and clinical setting.

    a) Tell me about student incivility you have experienced in the classroom.

    b) Give me some examples of student incivility you have experienced in the nursing laboratory.

    c) Describe student incivility you have experienced in the clinical setting.

5) In which setting have you found incivility to be more of a problem?

    a) Why do you believe this to be true?

6) What factors or experiences do you believe contribute to student incivility?

7) There are several different types and cohorts of students at the school. In which group of students do you believe episodes of incivility occur most frequently?

    a) Tell me more about why you feel this is the case.

8) How would you describe your own responses when student incivility occurs?

9) Describe your emotional reaction when students are uncivil.

10) How do you respond differently to acts of incivility in the various educational

settings—for example the classroom, laboratory, or clinicals?

 a) Why do you feel that you react differently in this setting?

11) Describe any differences in how you respond to incivility if another faculty member

is present.

a) Why do you feel you respond differently when another faculty member is

present?

12) How you view other faculty members' responses to student incivility?

a) Tell me more about how other faculty members' responses—or lack of response--

to incivility impacts you.

13) The study showed that _____was especially problematic for

faculty. Can you please elaborate on this behavior is so concerning?

14) The survey demonstrated that _____ is occurring quite frequently.

What has your experience been with this behavior?

15) Is there anything else you would like to share with me?

Appendix E: Demographic Survey Questions

1. Please indicate your status at the college.

2. Please indicate your number of years a as an nurse educator/

3. What is your age?

4. What is your area of specialization? (Optional)

Appendix F: Perceived Level of Student Behaviors in Academic Environment During the
Past 12 Months

Perceived Level of Student behaviors in Academic Environment over Past 12 Month

Behaviors	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil	Total	Weighted Average
Expressing disinterest, boredom or apathy about course content or subject matter	16.13% 5	51.61% 16	25.81% 8	6.45% 2	31	2.33
Making rude gestures or nonverbal behaviors toward others	9.68% 3	29.03% 9	29.03% 9	32.26% 10	31	2.84
Sleeping or not paying attention in class	12.90% 4	45.16% 14	29.03% 9	12.90% 4	31	2.42
Refusing or reluctant to answer to direct questions	29.03% 9	45.16% 14	12.90% 4	45.16% 14	31	2.10
Using a computer, phone, phone or other media device during class, meetings, activities for unrelated purposes	16.13% 5	16.13% 5	45.16% 14	22.58% 7	31	2.74
Arriving late for class for other scheduled activities	19.35% 6	32.26% 10	29.03% 9	19.35% 6	31	2.48
Leaving call or other scheduled activities early	25.81% 8	29.03% 9	29.03% 9	16.13% 6	31	2.35
Being unprepared for class or other scheduled activities	19.35% 6	41.94% 13	25.81% 8	12.90% 4	31	2.32
Skipping class or other scheduled activities	32.26% 10	35.48% 11	19.35% 6	12.90% 4	31	2.13
Being distant and cold toward others	25.81% 8	32.26% 10	29.03% 9	12.90% 4	31	2.29
Creating tension by dominating class discussion	16.13% 5	38.71% 12	22.58% 7	22.58% 7	31	2.52
Holding side conversations that distract you or others	0.00% 0	35.48% 11	29.03% 9	35.48% 11	31	3.00

(*table continues*)

Behaviors	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil	Total	Weighted Average
Cheating on exams or quizzes	23.33% 7	10.00% 3	6.67% 2	60.00% 18	30	3.03
Making condescending or rude remarks toward others	9.68% 3	35.48% 11	6.45% 2	61.29% 19	31	3.19
Demanding make up exams, extensions, or other special favors	19.35% 6	9.68% 3	38.71% 12	32.26% 10	31	2.84
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	22.58% 7	19.35% 6	25.81% 8	32.26% 10	31	2.68
Demanding a passing grade when a passing grade has not been earned	25.81% 8	9.68% 3	19.35% 6	45.16% 14	31	2.84
Being unresponsive to e-mails or other communications	32.26% 10	19.35% 6	35.48% 11	12.90% 4	31	2.29
Sending inappropriate or rude e-mails to others	25.81% 8	9.68% 3	12.90% 4	51.61% 16	31	2.90
Making discriminating comments	25.81% 8	9.68% 3	3.23% 1	61.29% 19	31	2.90
Using profanity	29.03% 9	3.23% 1	3.23% 1	64.52% 20	31	3.03
Threats of physical harm against others (implied or actual)	29.03% 9	0.00% 0	3.23% 1	67.74% 21	31	3.10
Property damage	30.00% 9	3.33% 1	0.00% 0	66.67% 20	30	3.03
Making threatening statements about weapons	33.33% 10	0.00% 0	0.00% 0	66.67% 20	30	3.00

Appendix G: Frequency of Student behaviors in Academic Environment During the Past
12 Months

Frequency of Student Behaviors in Academic Environment over Past 12 Months

Behaviors	Never	Rarely	Sometimes	Often	Total	Weighted Average
Expressing disinterest, boredom or apathy about course content or subject matter	3.45% 1	10.34% 3	79.31% 23	6.90% 3	29	2.90
Making rude gestures or nonverbal behaviors toward others	6.90% 2	44.83% 13	48.28% 14	0.00% 0	29	2.41
Sleeping or not paying attention in class	3.45% 1	24.14% 7	58.62% 17	13.79% 4	29	2.83
Refusing or reluctant to answer to direct questions	27.59% 8	34.48% 10	34.48% 10	3.45% 1	29	2.14
Using a computer, phone, phone or other media device during class, meetings, activities for unrelated purposes	3.45% 1	10.34% 3	48.28% 14	37.93% 11	29	3.21
Arriving late for class for other scheduled activities	6.90% 2	27.59% 8	41.38% 12	24.14% 7	29	2.83
Leaving call or other scheduled activities early	6.90% 2	48.28% 14	24.14% 7	20.69% 6	29	2.59
Being unprepared for class or other scheduled activities	3.45% 1	13.79% 4	55.17% 16	27.59% 8	29	3.07
Skipping class or other scheduled activities	14.29% 4	46.43% 13	28.57% 8	10.71% 3	28	2.36
Being distant and cold toward others	20.69% 6	68.97% 20	10.34% 3	0.00% 0	29	1.90
Creating tension by dominating class discussion	10.34% 3	48.28% 14	41.38% 12	0.00% 0	29	2.31
Holding side conversations that distract you or others	0.00% 0	17.24% 5	65.52% 19	17.24% 5	29	3.00
Cheating on exams or quizzes	50.00% 14	32.14% 9	17.86% 5	0.00% 0	28	1.68
Making condescending or rude remarks toward others	27.59% 8	62.07% 18	10.34% 3	0.00% 0	29	1.83
Demanding make up exams, extensions, or other special favors	27.59% 8	44.83% 13	24.14% 7	3.45% 1	29	2.03

(*table continues*)

Behaviors	Never	Rarely	Sometimes	Often	Total	Weighted Average
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	31.03% 8	37.93% 11	27.59% 8	3.45% 1	29	2.03
Demanding a passing grade when a passing grade has not been earned	48.28% 14	48.28% 14	17.24% 5	0.00% 0	29	1.69
Being unresponsive to e-mails or other communications	10.34% 3	44.83% 13	27.59% 8	17.24% 5	29	2.52
Sending inappropriate or rude e-mails to others	41.38% 12	37.93% 11	17.24% 5	3.45% 1	29	1.83
Making discriminating comments	82.76% 24	10.34% 3	6.90% 2	0.00% 0	29	1.24
Using profanity	65.52% 19	31.03% 9	3.45% 1	0.00% 0	29	1.38
Threats of physical harm against others (implied or actual)	92.86% 26	7.14%	0.00% 0	0.00% 0	28	1.07
Property damage	96.55% 28	3.45% 1	0.00% 0	0.00% 0	29	1.03
Making threatening statements about weapons	96.55% 28	3.45% 1	0.00% 0	0.00% 0	29	1.03